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Patients' experiences of atrial fibrillation and an evaluation of a nurse-led person-centred clinic

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Akademisk avhandling

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Abstract

Background: Living with and managing atrial fibrillation (AF) can be complex, and patients' health-related quality of life (HRQoL) is often low. Effects of AF on daily life vary among those affected and are not fully understood. Therefore, more knowledge is needed about patients' experiences of AF and factors influencing HRQoL. Research indicates that the care of patients with AF needs to change and be more based on the patient's personal preferences and values.

Aim: The overall aim of this thesis was to explore patients' experiences of AF and to evaluate the effects of a nurse-led, person-centred clinic.

Methods: In Study I, 15 participants were interviewed about their experiences of living with symptomatic AF. Studies II and III were based on questionnaires completed by patients, before and 6 months after scheduled electrical cardioversion. In Study II, 52 women and 115 men participated; illness perception and HRQoL were described, and their relationship was explored. In Study III, 53 newly diagnosed (<6 months) and 76 previously diagnosed patients (≥6 months) were compared regarding HRQoL, illness perception, symptom burden, anxiety and depression at baseline and 6 months. In Study IV, a randomised controlled trial, the effects of a nurse-led, person-centred clinic were evaluated. Patients were randomly assigned to a nurse-led intervention group (n=50) or a control group with a physician visit (n=53). At baseline and 6 months after, patients completed questionnaires with the same subjects as in Study III. Study I involved a qualitative content analysis, while Studies II–IV involved statistical analysis.

Results: In Study I, the participants described their struggle to understand AF, prevent recurrence, and manage anxiety. Some were not involved in decision-making, lacked continuity of care, felt that most information focused on medical issues and requested more support and self-care advice. Study II showed that HRQoL was related to and negatively affected by more symptoms, consequences and negative emotions regarding AF, and by perceiving AF as recurrent. Women reported worse HRQoL and lower personal control than men. Study III showed that newly diagnosed patients reported more positive outcomes such as better HRQoL, lower symptom burden and higher personal control. In Study IV the participants in the nurse-led group showed reduced negative emotions against AF compared to the controls, also, their concerns decreased, and their personal control improved.

Conclusions: The experiences of AF differ. Negative illness perceptions contribute to worse HRQoL. Time from diagnosis seems to influence the person's experiences of AF and well-being. The support from a nurse-led person-centred clinic reduced patients' negative emotions and concerns about AF and improved their personal control. Healthcare professionals should assess patients individually based on their needs and preferences, actively listen to their experiences of AF and adapt care accordingly.

Keywords

anxiety, atrial fibrillation, experiences, health-related quality of life, illness perception, nursing, nurse-led clinic, patient-reported outcomes, person-centred care, randomised controlled trial, symptom, symptom burden

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