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Thinking Reflectively about Self-Care in Patients with Heart Disease

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Abstract: Self-care is a foundational component of cardiovascular disease management, yet it is often undervalued in clinical teaching and underutilized in practice. This reflective case report explores the role of self-care among patients with heart disease through the lens of nursing education. Drawing on direct supervision of graduate nursing students in a cardiac care unit, the author presents three cases that illustrate how psychosocial stressors, health literacy, and support systems influence patients' engagement with self-care behaviors.

The first case highlights a patient who maintained excellent follow-up and lifestyle habits despite a significant emotional burden, underscoring how early and consistent self-care can support timely interventions. The second case demonstrates how a lack of social support and high occupational stress contributed to poor medication adherence, despite previous cardiac surgeries. The third case reveals a pattern of medical nonadherence and preference for repeat procedures over long-term lifestyle changes, raising questions about empowerment and informed decision-making.

Across all three cases, the author reflects on how integrating psychosocial assessment, patient education, and empowerment strategies into nursing care can foster more sustainable self-care. These experiences not only enhanced student learning but also emphasized the need for holistic, patient-centered approaches in cardiovascular nursing. The reflection concludes with a call for innovative tools, such as digital health technologies and peer support networks, to help bridge gaps in self-care for patients with complex needs.

Keywords: Self-care, reflective practice, cardiac nursing, patient empowerment, nursing education, psychosocial support

INTRODUCTION AND RATIONALE

Nearly two decades ago, Hatem and Rider published a pivotal article in *Patient Education and Counseling* emphasizing the role of reflection in clinical practice [1]. They defined reflection as a process of cultivating awareness of oneself and the broader context that shapes individuals, experiences, and interactions. Their insights deeply resonated with me and inspired a personal reflection on my role as a clinical nursing instructor supervising graduate nursing students. As a faculty member in a cardiac care unit, I have long recognized our responsibility to help students develop a holistic understanding of patient care. Yet, I observed a recurring oversight: students often failed to acknowledge or engage with the self-care efforts made by patients themselves. This gap in perspective prompted a critical conversation with my fellow clinical instructors.

Reflection is recognized as a core pedagogical tool in nursing education, fostering critical thinking, empathy, and the integration of theory into practice [2]. To address this gap, we introduced a series of reflective sessions aimed at helping students recognize, support, and promote self-care among cardiac patients. In these sessions, we defined self-care as an individual's ability to maintain health, prevent disease, and manage illness or disability independently or in partnership with healthcare providers [3].

Teaching self-care as a clinical competency is essential in nursing, particularly in managing chronic conditions such as heart disease, where lifestyle behaviors and psychosocial factors play a key role in patient outcomes [4]. The following case reflections illustrate how self-care manifests

in diverse cardiac patients and highlight the importance of addressing this dimension in clinical education.

Case #1A 50-year-old woman presented with progressive chest pain and generalized fatigue over three weeks. Her symptoms, relieved by rest, raised concern given her medical history of hypertension and childhood mitral regurgitation. At the same time, she was experiencing profound emotional stress from caring for her teenage children while grieving the recent loss of her husband. Although she had previously maintained a healthy lifestyle, including daily walking and balanced nutrition, she reported difficulty sustaining these routines.

During a routine cardiology visit, her provider noted signs of deterioration and referred her for elective hospital admission. Diagnostic testing revealed severe mitral regurgitation in the absence of coronary artery disease, and she subsequently underwent minimally invasive mitral valve repair. Postoperatively, she received close monitoring in the cardiac care unit (CCU) and was discharged with a plan for follow-up care.

Prior to discharge, the student nurse, under my supervision, conducted a comprehensive assessment, including medical history, psychosocial evaluation, and physical examination. This encounter prompted a deeper reflection on the role of self-care in long-term cardiac health. Despite an immense psychological burden, the patient had remained engaged with her cardiology care since childhood and had made sustained efforts to maintain her health through diet and physical activity.

Reflecting on her case, it became evident that her ongoing self-care behavior played a pivotal role in facilitating early detection and timely surgical intervention. Her story underscored the importance of recognizing and reinforcing self-care as a critical component of cardiovascular health, particularly among patients balancing profound emotional and caregiving demands. This case also reaffirmed the value of incorporating psychosocial awareness and patient empowerment into our teaching of future nurses.

Case #2A 55-year-old Algerian male was admitted to the cardiac care unit (CCU) with recurrent episodes of crushing chest pain over the past two weeks. He rated the pain between 6 and 8 out of 10 on a numerical scale, typically lasting 15 to 30 minutes without identifiable relieving or aggravating factors. His medical history included hypertension, hyperlipidemia, and a prior sciatica surgery. Notably, in 2015, he had undergone a percutaneous coronary intervention (PCI), followed by a coronary artery bypass graft (CABG) three months later. Despite the severity of his cardiac history, the patient reported poor adherence to his prescribed post-operative medications, citing the demands of a hectic work schedule.

On admission, his clinical workup revealed normal blood test results, preserved sinus rhythm, and a stable ejection fraction. However, due to arterial narrowing, three new stents were placed during his hospitalization. He stabilized and was discharged after one week with recommendations for follow-up care.

As part of the discharge process, the student nurse, under my supervision, conducted a comprehensive assessment, including the patient's medical history, psychosocial context, and physical status. We learned that he lived in Saudi Arabia for work and periodically visited his family in Japan. He expressed significant anxiety about unfinished professional obligations and his long-distance family relationships. These insights prompted a deeper reflection on how geographic separation, emotional stress, and limited social support can undermine a patient's ability to maintain self-care behaviors.

Reflecting on this case, it became clear that the patient's self-care was compromised not by a lack of knowledge but by unaddressed psychosocial burdens. The absence of nearby emotional and familial support appeared to exacerbate his stress and diminish his capacity to manage his health. This case underscored that effective cardiac care must go beyond physical treatment. Nurses play a critical role in identifying psychosocial stressors and implementing appropriate interventions, such as referrals for counseling, cognitive behavioral therapy, or structured stress management programs. Collaborating with exercise physiologists to tailor cardiac rehabilitation plans may further enhance patient engagement. Ultimately, empowering patients with both emotional and practical support strategies is vital for sustained self-care and improved cardiovascular outcomes.

Case #3A 48-year-old man was admitted to the cardiac care unit with progressive chest pain persisting for the past three weeks. He was diagnosed with acute coronary syndrome (ACS) and stabilized during hospitalization. Diagnostic tests revealed three major coronary artery occlusions. Given his

history of six percutaneous coronary interventions (PCIs) over the past four years, the cardiologist recommended coronary artery bypass grafting (CABG). However, the patient declined surgery and requested another PCI instead. His seventh PCI was completed without complications.

Prior to discharge, the student nurse and I conducted a comprehensive assessment that included his medical history, psychosocial context, and physical health. The patient had long-standing type II diabetes and hypertension, both poorly controlled despite pharmacologic treatment. He had been diagnosed with coronary artery disease four years earlier and had undergone multiple revascularization procedures since. Lifestyle factors, such as poor diet, physical inactivity, and a heavy smoking history, were compounded by work-related stress from his military duties and the pressure of supporting a family.

This case underscored the complexity of sustaining self-care in the context of chronic disease and social stressors. Despite repeated cardiac events and ongoing medical management, the patient had not engaged in the behavioral changes necessary to reduce risk. His continued preference for less invasive interventions raised important questions about health literacy, risk perception, and informed decision-making.

Reflecting on this case, our discussion centered on the concept of patient empowerment, which involves four core components: self-awareness, disease-specific knowledge, the ability to engage in self-care, and an understanding of available treatment options. When these elements are lacking, patients may defer to repeated short-term fixes rather than adopting long-term behavior change. Nurses have a critical role in bridging these gaps, providing education, addressing misconceptions, and supporting patients in building realistic and sustainable self-care routines.

CONCLUDING REFLECTION

Through these cases, we developed a deeper understanding of the challenges and opportunities related to promoting self-care among patients with heart disease. These experiences have also helped our students and clinical team feel more connected to our patients' lived experiences. Common barriers to effective self-care include low health literacy, psychological distress, limited time or resources, and competing family or work responsibilities. Without adequate support and education, even highly experienced patients may struggle to make informed decisions or adopt lasting health behaviors.

These reflections have encouraged us to explore innovative strategies for enhancing self-care support. For example, integrating digital tools such as mobile health apps and wearable trackers may improve adherence by providing real-time feedback and automated reminders. In addition, community-based support groups can offer valuable peer encouragement, helping patients stay accountable to their goals. Ultimately, fostering an environment that values education, psychosocial support, and personalized care can empower patients to take ownership of their health and improve cardiovascular outcomes.

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