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Self-Efficacy for Quality of Life for Ischemic Heart Disease Patients: A Systematic Review

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A B S T R A C T

Self-Efficacy is a variable that can influence Quality of Life (QoL). Individuals with high self-efficacy will be self-motivated and confident in their ability to engage in healthy lifestyle habits that lower potential risks for ischemic heart disease. This systematic review proposed to assess the research results on how self-efficacy impacts patients' ischemic heart disease (IHD) quality of life. This Systematic Review was conducted on seven articles found in databases online from PubMed, ScienceDirect, Proquest, Scopus, Crossref, Springer, and Google Scholar. Good self-efficacy shows better healthy behavior when compared to respondents with low self-efficacy. Patients with high self-efficacy will adopt healthy behavior patterns, and their quality of life will also be satisfactory. Self-efficacy preservation increases the quality of life of heart disease patients, especially those with conditions that require lengthy therapy, such as ischemic heart disease. The findings contribute to a thorough understanding of the influences of self-efficacy and have implications for enhancing elderly cardiac patients' quality of life.

Kata kunci:

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Penyakit Jantung Iskemik
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A B S T R A K

Efikasi Diri merupakan variabel yang dapat mempengaruhi Quality of Life (QoL). Individu dengan efikasi diri yang tinggi akan memiliki motivasi diri dan percaya diri dalam kemampuannya untuk melakukan kebiasaan gaya hidup sehat yang menurunkan potensi risiko penyakit jantung iskemik. Tinjauan sistematis ini diusulkan untuk menilai hasil penelitian tentang bagaimana efikasi diri berdampak pada kualitas hidup pasien penyakit jantung iskemik. Tinjauan Sistematis ini dilakukan pada tujuh artikel yang ditemukan di database online dari PubMed, ScienceDirect, Proquest, Scopus, Crossref, Springer, dan Google Scholar. Self-efficacy yang baik menunjukkan perilaku sehat yang lebih baik jika dibandingkan dengan responden dengan self-efficacy yang rendah. Pasien dengan efikasi diri yang tinggi akan mengadopsi pola perilaku yang sehat, dan kualitas hidupnya juga akan memuaskan. Pelestarian efikasi diri meningkatkan kualitas hidup pasien penyakit jantung, terutama yang memiliki kondisi yang memerlukan terapi jangka panjang, seperti penyakit jantung iskemik. Temuan ini berkontribusi pada pemahaman menyeluruh tentang pengaruh efikasi diri dan memiliki implikasi untuk meningkatkan kualitas hidup pasien jantung lanjut usia.

INTRODUCTION

Generally, Ischemic Heart Disease (IHD) patients have a lower quality of life, usually in their physical and psychological well-being (Chaudhury, S., & Srivastava, 2013). Adverse effects on physical health include chest pain, dyspnea, exhaustion, nausea, tiredness, and experiencing physical activity limitations (Lawton et al., 2022). In addition, the adverse effects on the psychological aspects, in general, include depression, anxiety and stress, and the perception of illness, in line with research (Panthee & Kritpracha, 2011) that patients who are likely to experience a decrease in physical function after a diagnosis of ischemic heart disease.

The QoL is an important aspect of the health care system, particularly for chronic disorders (Baradaranfard et al., 2018; Rosyid et al., 2020). It may be the next cause of death, regardless of other health indicators such as hypertension and smoking (Wardoku et al., 2019). Good QoL in heart disease patients is crucial to be maintained so that patients can get good health status (Ravera et al., 2021; Widodo & Pratiwi, 2021).

Self-efficacy is one of the circumstances that can build up a patient's QoL (Fahamsya et al., 2022). Self-efficacy aims to escalate the belief that the creature will succeed in performing self-care (Ayunarwanti & Maliya, 2020). It is carried out optimally to improve health status (Afandi, A. T., & Kurniyawan, 2017). The greater a patient's self-efficacy, the better a patient's ability to treat his disease (Okatiranti et al., 2017). Patients with better self-efficacy can mobilize social wealth to deliver and convalesce their QoL. (Tsay & Healstead, 2014).

Prior studies showed that self-efficacy is essential in considering the improvement and control of disease and how patients modify their daily lives as illness compensation (Barham et al., 2019). Self-efficacy improves the patient's proficiency in accomplishing self-management behaviors, whereas self-regulation is more associated with life satisfaction (Köbling et al., 2020; Nakaue et al., 2019). It eliminates the link between depression symptoms and self-care capacity(Suresh et al., 2018), an indispensable component of psychosocial interventions that can improve QOL and mood (Jacobs et al., 2020).

Accordingly, a comprehensive review is urgently needed to assess self-efficacy's influence on the QoL of ischemic heart disease patients. To overcome this issue, we conducted a systematic review to examine and summarize the QoL of coroner's heart patients, indicators of the QoL assessment of coroner's heart patients, self-efficacy of ischemic heart disease, instruments used to assess the QoL and self-efficacy.

METHODS

Registration

The reporting standards conform to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) Statement (Page et al., 2021). They systematically reviewed the protocol registered accessible data-based PROSPERO (reference number CRD42021246174; https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42021246174).

Search and database strategy

Seven electronic data-based (PubMed, ScienceDirect, Proquest, Scopus, Crossref, Springer, and Google Scholar) were used in the study search. One author designs and completes systematic searches on four data-based (PubMed, Proquest, Crossref, and Google Scholar). The first author searched three other data-based (ScienceDirect, Scopus, and Springer). PROSPERO and full-text articles not available in seven electronics data-based are searched hand searching by a third author. Keywords used for "ischemic heart disease", "ischemic artery disease", "self-efficacy", and "quality of life".

Selection Criteria and Process

There are inclusion criteria including the time of articles between 1 January 2000 - 30 November 2020, documents published in English, articles covering problems of self-efficacy, quality of life (QoL), ischemic heart disease patients, articles only cross-sectional study, and other than literature reviews. Exclusion criteria include study populations other than ischemic heart disease patients and inaccessible articles in full text.

The abstract and full-text analysis stages in this Systematic Review are carried out by analyzing the literature titles following the topic and paying attention to predetermined criteria. This stage is carried out by each researcher independently. The next stage is to analyze the abstract in the literature or journal by paying attention to research problems, research methods, research objectives, and research results to assess whether the problems discussed follow those to be solved in a journal. Then after analyzing the abstract section of the journal, it is continued by paying attention to the keywords used in the literature. If the title analysis, abstract, and keywords follow the topic, proceed with a complete text analysis. The tool used to select articles is using systematic review management from Covidance.

Quality Assessment

The quality assessment tool used in this systematic review study was taken from the JBI Critical Appraisal Checklist for Analytical Cross-Sectional Studies, which consists of 8 items to consider when conducting a quality assessment.

Data Extraction

Data extraction is carried out if all the data collected follows the provisions that have been made previously. Data extraction is done before synthesis, referring to the relevant research question (Munn et al., 2014).

Data Synthesis

The synthesis results in this literature review are displayed as a synthesis matrix. Data synthesis aims to compile and classify phenomena or findings that are different from several articles that have been reviewed and combine these findings to obtain results or conclusions to all articles in general in the narrative form (Ramdhani et al., 2014).

RESULTS AND DISCUSSION

Article searches found around 2,499 articles and added a search through hand searching totaling three articles. The search results were 2,502, then selected starting from duplication, title, abstract, and full text. An amount of 107 duplicate articles must be removed so that 2,395 articles are remaining, then a selection is made, and 49 articles are obtained, which are then selected for eligibility. The initial inclusion criteria were not met by 42 articles, leaving seven full-text articles for review. Figure 1 demonstrates the outcomes.

Analysis

Respondents Characteristics

In seven articles analyzed, 2,166 respondents had ischemic heart disease. The respondent's ages range from 25 to 90 years old. The analysis of seven articles revealed that males outnumbered female respondents by 1,551 to 615.

Measuring Instruments Used

Three articles use The Seattle Angina Questionnaire to measure the quality of life (Allahverdipour, H., Asgharijafarabadi, M., Heshmati, R., & Hashemiparast, 2013). The other two articles use the Short Form Health Survey (Ahn et al., 2016a). One article uses the global Quality of Life (-26) tool to measure the quality of life (Nekouei et al., 2014). One article uses the EuroQoL 5-dimensions questionnaire, a 5-level version, and the EuroQol Visual Analogue Scale (VAS) to measure the quality of life (Barham et al., 2019).

Five articles assist cardiac self-efficacy in measuring self-efficacy (Allahverdipour, Jafarabadi, et al., 2013; Barham et al., 2019; U Sarkar et al., 2007; Wang et al., 2016; Wantiyah et al., 2020). One article uses General Self Efficacy (Nekouei et al., 2014), one article uses Subscale Of The Motivation Scale (Ahn et al., 2016a), and one article uses The Self-Efficacy For Managing Chronic Disease and the Perceived Efficacy In Patient-Physician Interaction Scale (Barham et al., 2019) measures self-efficacy.

Quality Assessment

Researchers rigorously evaluate seven articles that meet the inclusion requirements. The average score for critically reviewed articles is between 5 and 6. (maximum score of 8). The evaluation revealed that approximately 63% of the article's methodological quality was good, and the likelihood of bias in design, behavior, and analysis was low.

Data Synthesis

According to the evaluated publications, the quality of life of patients with ischemic heart disease varies. In ischemic heart disease, the quality of life has declined, although there are various discrepancies in the results of how this decline is perceived (Allahverdipour, Asgharijafarabadi, et al., 2013; Barham et al., 2019; U Sarkar et al., 2007; Wang et al., 2016). A decreased quality of life could be perceived in the patient's functional status. Decreased quality of life in physical aspects of physical mobility, physical activity, and discomfort. Anxiety and despair make up the mental components of pain. (S Ahn et al., 2016; Allahverdipour, Jafarabadi, et al., 2013; Barham et al., 2019; U Sarkar et al., 2007).

The findings contradict previous studies, suggesting that the quality of life in ischemic heart disease is good or that patients perceive problems in the quality of life domain. Indicators of quality of life in ischemic heart disease are physical aspects, mental aspects, some symptoms such as pain or discomfort, and self-care ability (S Ahn et al., 2016; Barham et al., 2019; Urmimala Sarkar et al., 2007; Wang et al., 2016; Wantiyah Wantiyah et al., 2020). Self-efficacy is significantly related to ischemic heart disease QoL patients (S Ahn et al., 2016; Allahverdipour, Jafarabadi, et al., 2013; Barham et al., 2019; Nekouei et al., 2014; Suresh et al., 2018; W Wantiyah et al., 2020). However, there are some differences of opinion about the role of self-efficacy. However, there are some differences of opinion about the role of self-efficacy (Ahn et al., 2016b; Nekouei et al., 2014) have different results that self-efficacy does not directly impact the quality of life; however, self-efficacy in ischemic disease patients affects self-care health behavior, physical activity, and drug use, as well as the application of a healthy lifestyle in heart patients, which has a direct and substantial positive effect on the quality of life.

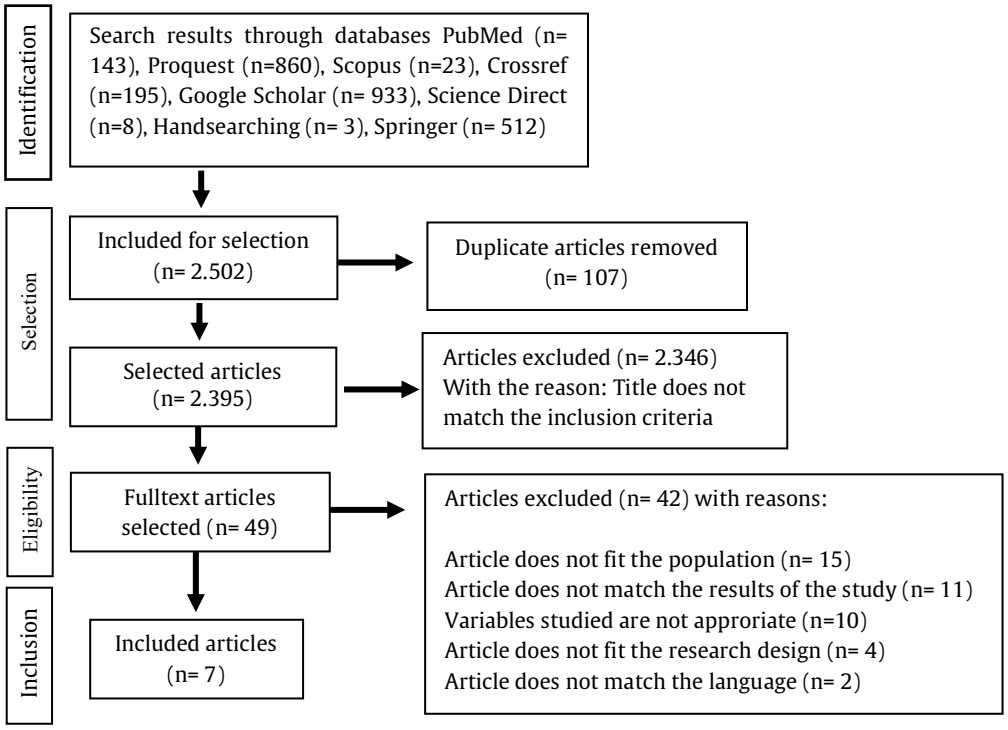
According to the current study, In ischemic heart disease, self-efficacy is a distinguishing characteristic that can improve quality of life. Good self-efficacy can improve the quality of life for patients with ischemic heart disease (Sukhee Ahn et al., 2016; Allahverdipour, Jafarabadi, et al., 2013; Barham et al., 2019; Nekouei et al., 2014; Urmimala Sarkar et al., 2007; Wang et al., 2016; Wantiyah Wantiyah et al., 2020). Self-efficacy is essential in managing or controlling behavior for healthy living, motivating individuals to carry out self-care, and modifying threats in ischemic heart disease (Ahn et al., 2016b; Nekouei et al., 2014).

According to study (Ahn et al., 2016b; Nekouei et al., 2014), self-efficacy is essential in managing or controlling behavior for healthy living, motivating individuals to carry out self-care, and modifying threats in ischemic heart disease*Tables and Figures*

All tables and figures written in the manuscript must be adjusted in the order of 1 column or full size of one paper, to make it easier for reviewers to examine the meaning of images.

Table wrote with Times New Roman 10 pt and within a space under the title of the table. The title of the table is written with 10 pt letters, bold and placed above the table. Table numbering uses Arabic numerals (1,2, ...). The tables are laid as soon as is mentioned in the text. If the table has a row/column pretty much, can use a single-column format or a full page. If the title on the label row is too long, then the row is numbered and labeled below the table 1.

Figure 1. PRISMA *Flow Chart Diagram*



The main characteristics of this study integrated into the systematic review

Table 1 Data Extraction

No	Author	Country	Research Design	Sample	Age vulnerable (Th)	Research Instrument	Result Research
1.	Allahver dipour et al., 2013	Iran	cross-sectional analysis	98 IHD patients	25-83 years	QoL: The Seattle Angina Questionnaire (SAQ) SE: Cardiac Self-Efficacy Scale Anxiety level: State-Trait Anxiety Inventory (SATI)	The findings revealed a statistically significant positive correlation between functional status and ($p < 0.001$). Thus, an increase of 1 unit in self-efficacy resulted in an increase of 1.74 units in functional status. These results indicate that self-efficacy will increase the functional status score significantly.
2.	Wang et al., 2016	Singapura	cross-sectional analysis	129 IHD patients	35- 80 years	QoL: short form 12-item health survey version 2 SE: Cardiac Self-Efficacy Scale (CSS) Stress: The Perceived Stress Scale (PSS) Anxiety level: The Hospital Anxiety and Depression Scale (HADS)	The significant predictors for the physical health domain are self-efficacy in symptom control ($p < 0.001$) and self-efficacy in available defense ($p < 0.001$). The analysis showed that functional defense self-efficacy ($p < 0.05$) was significant for physical health. Through its relationship with secondary prevention practices, functional defense self-efficacy influences the patient's physical health.
3.	Nekouei et al., 2014	Iran	cross-sectional study	398 IHD patients	25 – (>60) years	QoL: quality of life (WHOQOL-26), SE: general self-efficacy (GSE-10), life orientation (LOT-10), multidimensional social support (MSPSS-12), perceived stress (PSS-14), alexithymia (TAS-20), depression, anxiety, and stress	Self-efficacy is a protective factor that affects the QoL. In this study, self-efficacy has a relationship of 0.55 with a protective factor for ischemic heart disease. This is owing to the crucial role of self-efficacy in the management and control of behavior, physical activity, in addition to the implementation of a healthier life in heart patients.

						(DASS-21), Coping stress (CISS- 21), spiritual intelligence (SQ-23).	
4.	Ahn et al., 2016	Korea	A cross-sectional	130 IHD patients	38 – 76 years	QoL: Short Form Health Survey SE: subscale of the Motivation Scale for Health Behavior Self-care level: Self-care health habits with the subscales of health awareness, physical activity, and healthy food consumption.	Self-efficacy has a significant encouraging direct effect on health behavior self-care (p = .006) and a positive indirect effect on the quality of life (p = 0.007). Self-care health behavior significantly positively affected the quality of life (p = 0.009). Self-efficacy indirectly affects the quality of life and directly affects self-care health behaviors that can improve quality of life.
5.	Barham et al., 2019	Palestine	cross-sectional study	275 IHD patients	≥18 years	QoL (EQ-5D-5L) and (EQ-VAS), Sullivan's cardiac self-efficacy scale 13 items (SCSES), SE (PEPPI-5), (SEMCD-6).	Using the 5-Item Perceived Efficacy Scale, self-efficacy was assessed in Patient-Physician Interaction Scale (PEPPI-5), The Self-Efficacy For Managing Chronic Disease 6-Item Scale (SEMCD-6), and Sullivan's Cardiac Self-Efficacy Scale 13-Items (SCSES). Patients with a higher PEPPI-5 score (p = 0.036) and a higher SCSES score (p = 0.004) were substantially related with a higher quality of life score, according to the analyses.
6.	Sarkar et al., 2007	Unite State	cross-sectional study	1024 IHD patients	±67 years	QoL: Seattle Angina Questionnaire SE: Sullivan's validated five-item summative "Maintain function" scale cardiac activity: echocardiographic measurement of resting left ventricular ejection fraction (LVEF), stress echocardiography for evaluation of fixed and inducible ischemia (wall motion anomalies), and treadmill exercise test for exercise capacity.	The evaluation showed that self-efficacy was associated with depressive symptoms (p< 0.001). The presence of depressive symptoms is indicative of poor health. Poor health status is connected with low self-efficacy.
7.	Wantiyah et al., 2020	Indonesia	cross-sectional	112 IHD patients	(<45) – (≥74) years	QoL: Seattle Angina Questionnaire (SAQ) version Indonesia SE: Sullivan's Cardiac Self Efficacy (CSE) questionnaire.	The findings revealed a substantial correlation between health status and self-efficacy (p < 0.001). Self-efficacy is in the excellent group (71.41 points), and health status is in the excellent category (79.56 points). These findings imply that the importance of health status increases as self-efficacy increases.

Characteristics of respondents

The most apparent finding to emerge from the analysis is that has been reviewed shows the characteristics of respondents according to age between 50 - 67 years (Wantiyah et al., 2020a). This finding broadly supports the work of other studies that the prevalence of ischemic heart disease has increased between the age of 45 to 54 and peaks between the ages of 65 and 74 (Ghani, L., Susilawati, M. D., & Novriani, 2016). The study validates that the risk of ischemic heart disease increases up to five times at 50-60 years old (Novriyanti et al., 2014).

The characteristics of respondents in this study are in addition to based on age, but gender too. The article review results showed that male respondents dominated ischemic heart disease (1,551) and female (615) among 2,166 respondents. In the same way that the majority of patients with ischemic heart disease were male (75%), and a small proportion was female (25%) (Basri & Ningsih, 2017).

Ischemic heart disease morbidity in men is twice as considerable as in women, so women are relatively more

immune to the disease (Patriyani & Purwanto, 2016). In contrast to earlier research that found no correlation between gender and ischemic heart disease, women have the hormone estrogen, which is protective and protective. (Marleni, L., & Alhabib, 2017). In women, the incidence of IHD increases during perimenopause due to a reduction in estrogen levels. Incidence and severity of IHD are three times higher in postmenopausal women compared to premenopausal women of the same age. In premenopausal women, the most severe manifestations of ischemic heart disease, such as mortality and myocardial infarction, are uncommon. Moreover, women who have experienced menopause, kidney disorders, and lack of physical activity risk ischemic heart disease (Ferreira-González, 2014).

Quality of life of IHD patients and quality of life indicators

According to the evaluated publications, the quality of life of patients with ischemic heart disease varies. Physical and mental components of ischemic heart disease patients' quality of life diminish, with the physical part being the most prevalent (Allahverdipour, Asgharijafarabadi, et al., 2013). Physically, ischemic heart disease patients can experience angina, dyspnea, distress, and sexual disorders (Rosidawati et al., 2016).

After being diagnosed with ischaemic heart disease, a patient may experience a decline in physical function, such as an inability to perform household chores, engage in physical activities, and perform routine activities (Panthee & Kritpracha, 2011). Prior to the patient receiving a disease diagnosis.

Patients with ischemic heart disease often endure a deterioration in quality of life due to their physical and mental health (Chaudhury & Srivastava, 2013). In another study, cardiovascular disease patients' average quality of life was higher in the mental domain than in the physical domain. Moderate cardiovascular disease risk had an average mental component score (MCS) of 49.44, while the average score was in the physical component domain, the score (PCS) is 48.42 (García-Ortiz et al., 2016). Anxiety can increase the heart's workload and lower the level of immunity. This condition can worsen the disease if it is associated with ischemic heart disease patients. It occurs because of increased cardiac workload and can worsen myocardial perfusion due to increased oxygen demand (Nuraeni, A., & Mirwanti, 2017).

Self-efficacy and the impact of self-efficacy on quality of life

The self-efficacy results from previous article reviews vary widely (Ahn et al., 2016b; Wantiyah et al., 2020b). It is revealed that the self-efficacy of ischemic heart disease patients was classified as good. It is connected with a high quality of life for people with ischemic heart disease. The research results (Hendiarto, 2014) demonstrate that the level of healthy behavior in ischemic heart disease patients is proportional to their self-efficacy. According to (Tovar et al., 2016), adherence to healthy behaviors such as low salt consumption, taking medication as directed, regular physical activity, not smoking, drinking one bottle of alcohol or less, and a low-fat diet.

Self-efficacy can influence an individual's thinking based on their cognitive process. People with solid self-efficacy will have a high sense of success in achieving a goal (Bandura, 1997). Cognitive becomes one of the factors that influence changing healthy living behavior. Individuals who want to carry out healthy behavior must have functional cognitive abilities to plan healthy behavior (Sarafino & Smith, 2011).

Other research (Fors et al., 2016) found that self-efficacy is closely related to patients' beliefs about their ability to recover. Patients undergoing therapy who have confidence in their skills will engage in behaviors that can lead to success. Therefore, self-efficacy can improve the quality of life of patients recovering from the disease.

On the other hand (Sarkar et al., 2007a), the efficacy experienced by patients with ischemic heart disease decreased. It was related to the quality of life or poor health status. A few of the characteristics that may lead to a low self-efficacy is the source of efficacy from bad experiences, others' experiences, and physiological conditions. (Susanti, L., Murtaqib, 2020). Following the theory (Bandura, 1997), self-efficacy can be grown and learned through four information source principles: experience, verbal persuasion/suggestion, and physiological conditions.

LIMITATION OF THE STUDY

In the majority of instances, studies are initiated when researchers find literature gaps and attempt to fill them. Nevertheless, the researchers' amount of access to the current literature determines their ability to recognize or comprehend a gap. What may appear to be a research gap may instead be a massive misunderstanding since the individual lacked access to a wider variety of scholarly publications. Consequently, access to books might sometimes be a constraint.

CONCLUSIONS AND SUGGESTIONS

The majority of patients with ischemic heart disease have a lower quality of life, especially in the mental and physical domains. Self-efficacy is one of the variables that may affect life satisfaction. Life quality is positively correlated with self-efficacy. Indirectly, self-efficacy influences the self-care health behaviors, physical activity, and healthy lifestyle of heart patients, directly impacting their quality of life. Low self-efficacy is related to poor health and life quality. To enhance their quality of life, patients with a high feeling of self-efficacy will adopt healthy behavior patterns.

Researchers recommend that more studies on the influence of self-efficacy on patients' quality of life with ischemic heart disease be conducted using different methodologies, such as a meta-analysis so that this research can be durable and enduring. There are quantitatively proven results.

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Conflict of Interest Statement

The authors state that there are no conflicts of interest.

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