

ORIGINAL RESEARCH

Exploring Barriers to Self-Care Behaviors: Beliefs of Jordanian Patients with Heart Failure



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Abstract

Background: Heart failure (HF) is a prevalent cardiovascular disease. Despite the crucial role of self-care behaviors in reducing complications and hospitalizations, many patients still struggle to adhere to these behaviors. However, the specific barriers that impede self-care behaviors among Jordanian patients with HF remain insufficiently understood.

Purpose: This study sought to develop a comprehensive understanding of the barriers to self-care behaviors among Jordanian patients with HF.

Methods: A descriptive qualitative study was conducted in outpatient medical clinics. Using purposive sampling, 22 Jordanian adults aged ≥18 years who had a confirmed diagnosis of HF and were receiving regular care were recruited. Data were gathered through semi-structured in-depth interviews and analyzed using the six-phase reflexive thematic analysis framework.

Results: The qualitative analysis identified four main themes reflecting barriers to self-care behaviors: lack of self-care knowledge, financial burden, difficulty of changing habits, and disturbance of feelings. Participants described inadequate knowledge of disease management and self-care, financial constraints affecting access to medications and healthcare, difficulty modifying long-established health behaviors, and emotional challenges that interfered with adherence to recommended self-care practices.

Conclusion: Patients with HF encounter various barriers to self-care behaviors, including knowledge-related, financial, behavioral, and emotional challenges. These findings highlight the need for healthcare providers to recognize these barriers and implement interventions to enhance self-care behaviors among patients with HF.

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1. Introduction

Globally, about 64 million individuals have heart failure (HF). The mortality rate among patients with HF within 30 days after treatment ranges from 2% to 3%, and only 50% survive for more than five years (Shahim et al., 2023). HF is an important chronic and progressive illness that affects millions of people worldwide. It can reduce individuals' functional capacity, increase morbidity and mortality, and lead to poor self-care and quality of life (Molla et al., 2021; Savarese et al., 2023; Sugebo et al., 2024). Self-care refers to the process of maintaining health through health-promoting practices and illness management (Jaarsma et al., 2017).

Self-care is a key component of HF management and involves self-care maintenance, symptom recognition, and symptom self-management (Riegel et al., 2015; Riegel & Dickson, 2008). HF necessitates sustained self-care behaviors to maintain stability, including adherence to medication and dietary recommendations, exercise, lifestyle modifications, weight monitoring, and decision-making based on symptom changes (Jiang & Wang, 2021; Riegel et al., 2019).

Patients who regularly engage in self-care behaviors and consistently follow their treatment plan have higher survival rates, better quality of life, and lower rates of rehospitalization and healthcare costs (Buck et al., 2015). Previous research on self-care practices among patients diagnosed with HF in 15 countries showed that self-care behaviors were below optimal levels; more than half of participants did not routinely monitor their body weight or engage in physical activity (Jaarsma et al., 2013).

Despite the recognized significance of self-care, individuals diagnosed with HF encounter barriers to self-care behaviors because of various factors, including lack of knowledge, inadequate social support, emotional distress, difficulty in changing habits, and restricted access to medical resources (Negarandeh et al., 2021). Health information literacy is crucial for effective self-care in chronic diseases, including HF, as patients must understand their illness, lifestyle recommendations, and treatment regimen to manage the disease effectively (Magi et al., 2024; Van Driel et al., 2025). A systematic review by Zarei et al. (2022) found that a lack of knowledge was a barrier to self-care among patients diagnosed with diabetes. The importance of health information literacy in enhancing effective self-care behaviors has also been highlighted during recent public health crises. For example, Gholian-Aval et al. (2024) reported that individuals with higher health literacy engaged more frequently in self-care behaviors and preventive measures during the COVID-19 pandemic.

Prior research has also highlighted these barriers in different contexts, including limited knowledge regarding HF and poor self-care behaviors among Jordanian patients diagnosed with HF (Tawalbeh et al., 2017). Internationally, Kwan et al. (2024) found that misunderstanding about the importance of medication adherence, costs associated with clinic visits, and psychological distress were barriers to engagement in self-care behaviors (Kwan et al., 2024). Another qualitative study highlighted additional barriers to self-care behaviors among patients diagnosed with HF, including an inability to recognize symptoms, symptom severity, psychological problems, lack of information about HF management and self-care behaviors, and short-term HF education (Siabani et al., 2013). Psychological factors also play a crucial role in patients' engagement in self-care behaviors. Emotional burden, including anxiety and depression, negatively affects self-care behaviors among patients diagnosed with HF by reducing adherence to medication and dietary regimens and symptom monitoring (Rashid et al., 2023). Furthermore, Delshad et al. (2022) showed that belief in personal capability and anxiety symptoms influence self-care behaviors during the COVID-19 pandemic.

Although previous research has objectively and statistically described barriers to self-care behaviors in patients diagnosed with HF, patients' perspectives on the barriers they encounter in their daily self-care remain poorly understood (Sezgin et al., 2017). Understanding why some patients manage self-care well while others struggle is crucial. Nurses and clinicians need insight into these barriers to provide tailored education, consultation, and support. Exploring these barriers from patients' perspectives may therefore help improve interventions for patient-centered care. Furthermore, in Jordan, HF is a common cardiovascular disease and is considered the fourth leading cause of death among adults. Approximately 562 of 6,436 deaths attributed to cardiovascular diseases were due to HF (World Health Organization, 2020). However, no studies in Jordan have explored barriers to self-care behaviors from the perspectives of patients with HF. Therefore, this study aimed to explore barriers to self-care behaviors among patients diagnosed with HF based on their lived experience.

2. Methods

2.1. Research design

This study adopted a descriptive phenomenological (Husserlian) approach to explore barriers to self-care behaviors among Jordanian patients diagnosed with HF (Creswell & Poth, 2016).

2.2. Setting and participants

The current study was undertaken across two public hospitals in Jordan's northern region: one located in Irbid and the other in Al-Mafraq. Using purposive sampling, the researcher selected participants to achieve maximum variation regarding their experiences and self-care practices. The inclusion criteria were Jordanian adults aged ≥ 18 years, diagnosed with HF, and receiving regular care at outpatient medical clinics.

2.3. Data collection

After receiving approval from the outpatient departments of the two hospitals in northern Jordan and the Jordanian Ministry of Health Research Ethics Committee, the researchers coordinated with the nursing staff to identify eligible patients. The researcher then provided an invitation letter and participant information sheet describing the study's aims, data collection procedures, and any potential risks. Participants were also informed that they could decline to answer questions they found uncomfortable and could withdraw from the study at any stage without negative consequences. Interested patients contacted the researcher to schedule an interview and provide written informed consent.

Between October and December 2024, semi-structured, in-depth, individual one-on-one interviews were conducted by the researchers in a quiet, private room; interviews lasted between 40 and 85 minutes. These interviews were guided by open-ended questions: "Tell me about the barriers that hinder your self-care behaviors?" Prompts such as "Can you explain more?" and "What does this mean to you?" were used when necessary.

Audio recordings and observational notes were collected to capture contextual and nonverbal cues. All recordings and transcripts were stored in a password-protected folder. All interview data were transcribed verbatim and translated from Arabic into English, with cross-checking and repeated reviews to ensure linguistic and cultural accuracy. Data collection continued until the 22nd interview, at which point no additional themes emerged, and saturation was considered reached. Refreshments were offered during the interviews to create a welcoming atmosphere and enhance participant comfort. To clarify the process, a flowchart ([Figure 1](#)) illustrates the step-by-step data collection process.

2.4. Data analysis

A descriptive phenomenological approach was followed to analyze the data. The six-phase Reflexive Thematic Analysis framework of [Braun and Nieman \(2023\)](#) guided the analysis process. This approach was used because it is well suited to identifying, analyzing, and reporting themes in rich, descriptive datasets, such as the semi-structured interviews used in this study. This approach was also appropriate because it captures participants' experiences in depth while allowing flexible yet rigorous theme development, aligning with the study's aim of understanding barriers to self-care behaviors.

The researchers thoroughly familiarized themselves with the data, generated initial codes, identified emerging themes, examined theme relevance, defined and labeled the themes, and produced the final report ([Fuster Guillen, 2019](#); [Nieman, 2023](#)). Each transcript was first coded independently by members of the research team, followed by iterative discussions to identify patterns and themes. The transcripts were analyzed using NVivo 7. The authors conducted coding, categorization, grouping, and theme identification as part of the qualitative data analysis. An impartial rater then examined the analysis for validity. The independent rater, a qualitative research specialist with prior experience in thematic analysis and knowledge of nursing research, critically assessed the coding, theme formulation, and data interpretation. This procedure helped reduce researcher bias and confirmed that the themes accurately reflected participants' perspectives. The analysis produced four coherent themes, and no subthemes were created because the data did not show meaningful internal divisions that warranted further breakdown.

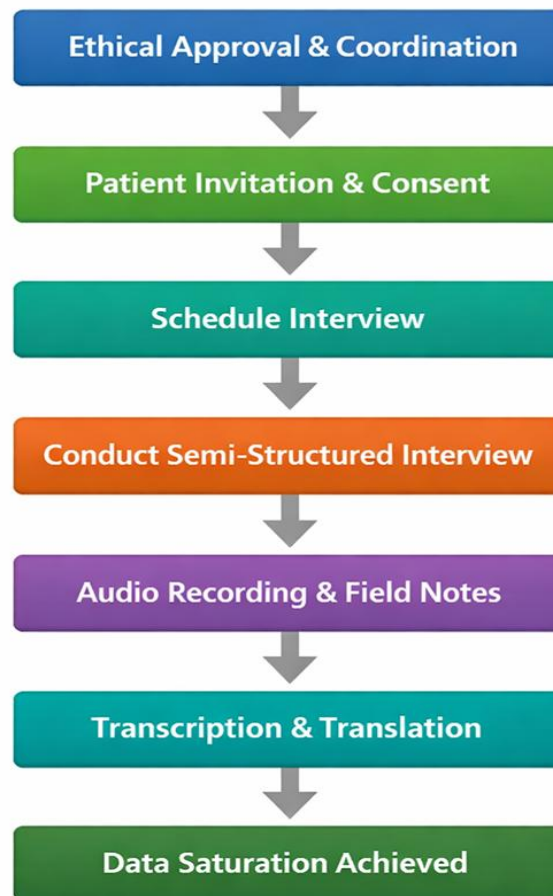


Figure 1. Flowchart of the data collection process

2.5. Trustworthiness

To strengthen the trustworthiness of the study findings, Lincoln and Guba's (1985) criteria of credibility, dependability, confirmability, and transferability were applied, along with authenticity. The researcher's in-depth engagement with participants during the interviews and the use of probing questions to elicit deeper perceptions helped strengthen credibility. In addition, some participants reviewed their interview transcripts to ensure that their experiences and perspectives were accurately documented. Dependability was supported by maintaining an audit trail documenting all steps in data collection and analysis. The transcripts were compared with the original audio recordings by the authors to ensure accuracy. All raw data and reflective and analytical notes were retained to support confirmability. Transferability was supported by describing the study setting and using purposive sampling to recruit participants whose characteristics were consistent with the study purpose. Lastly, authenticity was supported by using participants' verbatim quotations to represent their perspectives as expressed during the interviews.

2.6. Ethical consideration

Ethical clearance was provided by the Institutional Review Board (IRB) of the Ministry of Health (IRB No: 16074). Written informed consent was obtained from all participants before the interviews began. Participation was voluntary, and participants could withdraw at any stage of the study without adverse consequences. Participants' confidentiality and anonymity were ensured by assigning code numbers in place of their names. All collected data and audio recordings were stored securely and were accessible only to the researchers.

3. Results

3.1. Characteristics of the participants

The final sample included 22 participants from northern Jordan: 11 males and 11 females. Participants were aged 50-80 years, with a mean age of 62.61 ± 9.01 years. Their educational backgrounds ranged from elementary school to baccalaureate degrees. Most participants were married (90.9), and the duration of HF diagnosis ranged from less than one year to more than six years (Table 1).

3.2. Themes

Four key themes emerged from the data analysis: lack of self-care knowledge, financial burden, difficulty of changing habits, and disturbance of feelings. These themes emerged inductively from participants' accounts and represented their lived experiences and perspectives regarding barriers to self-care behaviors. An overview of the themes, their descriptions, and supporting participant quotations is presented in Table 2.

Table 1. Demographic characteristics of the participants

Characteristics	Frequency (f)	Percentage (%)
Gender		
Male	11	50.0
Female	11	50.0
Educational level		
Elementary school	10	45.5
High school	8	36.4
University	4	18.2
Age (years), mean $\pm$ SD = 62.61 ± 9.01		
50–54	6	27.3
55–59	4	18.2
60–69	5	22.7
70–74	5	22.7
75–80	2	9.1
Marital status		
Single	2	9.1
Married	20	90.9
Countries of birth		
All patients were born in Jordan	22	100.0
Occupation		
Housewife	9	40.9
Teacher	3	13.6
Retired	9	40.9
Engineer	1	4.5
Duration of HF diagnosis		
<1 year	3	13.6
1–3 years	8	36.4
4–6 years	7	31.8
>6 years	4	18.2

Table 2. Development of themes with supporting participant quotes

Theme	Description	Participant Quotes
Lack of self-care knowledge	The theme emerged from participants repeatedly mentioning confusion or a lack of information about medications, diet, exercise, and HF management. Participants expressed uncertainty and stress due to inadequate explanations from healthcare providers.	<i>I am afraid and stressed since I was not given any information on the adverse effects of the medications, how to take care of myself because of my illness, or the future course of treatment. (P15)</i> <i>I dislike leaving my house because the medication causes me to urinate more frequently, and I am unsure how to use that when I am outside. (P17)</i> <i>When I have an issue, I am unable to determine whether it is due to HF or something else. Since I don't know the answer, I feel extremely nervous and anxious. I live with this ignorance, along with a great deal of worry and a fear of making mistakes, because no one taught me how to assess clinical changes. (P17)</i>
Financial burden	The theme developed from frequent references to economic challenges, including high treatment costs, lack of insurance, transportation expenses, and dietary requirements that limited adherence to self-care behaviors.	<i>I'm not covered by health insurance. I take the anticoagulant Plavix. Therefore, I don't always have the money to buy my medications. (P12)</i> <i>Some of the treatments or medications were not covered by insurance or not available. Therefore, I can't buy them because I don't have enough money. This makes me not adherent to my medications, so I feel tired. (P19)</i>
Difficulty of changing habits	The theme arose from repeated mentions of difficulty modifying long-standing behaviors related to diet, medication adherence, physical activity, and routine health checks. Participants found it challenging to adjust lifelong habits even when aware of their importance.	<i>Since I was young, I have consumed a lot of high-fat and high-salt foods. Now that I realize that I should cut back on these things, and since they will taste terrible without salt, I get upset and stressed. No way! I eat everything I want. (P10)</i>
Disturbance of feelings.	The theme emerged as participants repeatedly described emotional distress, anxiety, stress, hopelessness, or fear of social stigma, all of which affected motivation and adherence to self-care practices.	<i>Sometimes, when I'm under stress, I do not take my medications. (P5)</i> <i>In social events, I eat whatever they provide because I'm afraid of being different. (P8)</i> <i>I have occasionally observed that I have not made a significant recovery and that some of my drugs cause me to feel exhausted, which in turn contributes to my negative mood. I stopped taking my meds after that, and I still don't. (P13)</i>

3.2.1 Theme 1: Lack of self-care knowledge

Almost all participants highlighted a lack of understanding of self-care behaviors as a major barrier to self-care. Their knowledge of HF and its underlying causes was inadequate. Participants were unaware of important self-care components, such as taking prescription drugs, regularly tracking weight, limiting fluid intake, exercising regularly, and following a healthy diet. Low educational attainment, limited health-related knowledge, and the lack of comprehensive health education programs provided by healthcare facilities were identified as contributing factors.

Some participants stated that treatment options and alternatives were not adequately explained, and that future treatment plans were unclear, which created barriers to their self-care behaviors.

I am afraid and stressed since I was not given any information on the adverse effects of the medications, how to take care of myself because of my illness, or the future course of treatment. (P15)

Other participants reported that they were not given adequate information regarding medication administration, adverse effects, interactions among prescribed medications, and appropriate medication timing.

I dislike leaving my house because the medication causes me to urinate more frequently, and I am unsure how to use it when I am outside. (P17)

I take a lipid-lowering medication right away after consuming a high-fat meal to counteract its effects. (P13)

For some participants, uncertainty about their disease was associated with feelings of burden and reduced confidence in performing self-care behaviors. P17 stated:

When I have an issue, I am unable to determine whether it is due to HF or something else. Since I don't know the answer, I feel extremely nervous and anxious. I live with this ignorance, along with a great deal of worry and a fear of making mistakes, because no one taught me how to assess clinical changes. (P17)

3.2.2 Theme 2: Financial burden

Financial strain was an important challenge for participants and represented a significant barrier to their self-care behaviors. Participants expressed concern about their economic situation due to job loss and medical costs, including recurrent hospitalizations, frequent transportation, dietary needs, laboratory tests, prescription medications, and routine medical checkups. Accordingly, some participants reported difficulty adhering to self-care behaviors due to financial constraints, particularly because they were their families' main providers. A lack of health insurance was another significant barrier that prevented some participants from undergoing necessary investigations and, in some cases, resulted in discontinuation of treatment:

I'm not covered by health insurance. I take the anticoagulant Plavix. Therefore, I don't always have the money to buy my medications. (P12)

Some of the treatments or medications were not covered by insurance or were not available. Therefore, I can't buy them because I don't have enough money. This makes me not adherent to my medications, so I feel tired. (P19)

Other participants reported that transportation costs to reach the hospital and treatment expenses contributed to non-adherence to their medications and recommended investigations.

I didn't have enough money to go to the hospital when I was experiencing dyspnea, and my ankle was swollen with fluid. (P3)

3.2.3 Theme 3: Difficulty of changing habits

Difficulty of changing habits related to diet, medication adherence, routine health checks, and physical activity was a significant barrier to self-care among patients with HF. These behaviors often required substantial changes to long-standing habits that were difficult to establish and maintain over time. Participants' experiences showed that they did not adequately follow the recommended diet, particularly regarding the consumption of high amounts of salt, animal-derived fats, and sugar, which was attributed to their limited ability to change unhealthy eating patterns that they had developed from a young age.

Since I was young, I have consumed a lot of high-fat and high-salt foods. Now that I realize that I should cut back on these things, and since they will taste terrible without salt, I get upset and stressed. No way! I eat everything I want. (P10)

3.2.4 Theme 4: Disturbance of feelings

Participants who experience psychological distress reported reduced motivation and mental energy, which could lead to non-adherence to treatment. For several participants, psychological distress seemed to be a significant obstacle to their self-care behavior. For example, P5 stated:

Sometimes, when I'm under stress, I do not take my medications. (P5)

Some participants were also afraid of social stigma because of others' opinions about their abilities. They made an effort to conceal their illness from others, which meant that they either neglected or only partially carried out certain self-care behaviors.

In social events, I eat whatever they provide because I'm afraid of being different. (P8)

Hopelessness in some participants was associated with anxiety, impatience, and anger. Accordingly, they did not adhere to their medications and self-care practices.

I have occasionally observed that I have not made a significant recovery and that some of my drugs cause me to feel exhausted, which in turn contributes to my negative mood. I stopped taking my meds after that, and I still don't. (P13)

I always attempt to forget about my illness by smoking when I'm having anxiety about it, despite being aware that I have a heart condition. (P15)

Another participant stated that feelings of avoidance and anxiety were also associated with non-adherence to dietary restrictions.

I sometimes simply eat anything I want and don't think about my diet since it makes me anxious. (P22)

4. Discussion

This study explored barriers to self-care behaviors among patients diagnosed with HF. The findings revealed four main themes, namely lack of self-care knowledge, financial burden, difficulty changing habits, and disturbance of feelings. Orem's Self-Care Deficit Nursing Theory could interpret these findings, as it emphasizes knowledge, skills, motivation, and resources as key factors in supporting effective self-care. A lack of knowledge restricted participants' ability to control their diet, symptoms, and medications, indicating gaps in self-care agency. Financial

constraints limited accessibility to clinic visits and medications, explaining how environmental factors affect self-care. Difficulty changing established routines reflects limitations in behavioral adaptability and self-care agency. Emotional distress, including frustration and anxiety, further hampered adherence, underlining the impact of psychological health on self-care practices. Orem's framework offers a multidimensional understanding of these challenges and suggests that to enhance HF self-care management outcomes, interventions should focus on knowledge enhancement, resource support, behavior modification, and emotional care ([Mahmoud et al., 2023](#)).

The results showed that a lack of self-care knowledge was a prominent barrier to self-care behaviors. Participants reported insufficient understanding of symptom management, diet, and medications, reflecting gaps in self-care agency. This may be attributed to limited health literacy and insufficient education from healthcare providers, which may contribute to their low level of knowledge about self-care behaviors. The findings align with prior studies that identified lack of knowledge as a major barrier to self-care behaviors in patients with HF ([Hassan & Al-Fayyadh, 2023](#); [Ionescu et al., 2025](#); [Van Driel et al., 2025](#)). Additionally, the findings align with studies indicating a significant association between health literacy and self-care behaviors ([Fabbri et al., 2020](#); [Jo et al., 2020](#); [Nakon et al., 2024](#)). This also aligns with a study that found successful self-care behaviors are associated with better knowledge of HF and its management ([D'Souza et al., 2025](#)). The insufficient knowledge observed in the present study may also be explained by a shortage of specialized educational programs, limited follow-up care, and the limited availability of cardiac educators in many healthcare settings in Jordan. Thus, health education programs regarding HF and its management may enhance patients' knowledge and improve self-care behaviors ([Alshahrani et al., 2023](#); [Clark et al., 2015](#); [Dessie et al., 2021](#); [Hernandez et al., 2022](#)).

The current study found that financial burden was a major obstacle to self-care behaviors. Participants reported difficulty affording transportation, medications, and healthcare services, which reduced their ability to adhere to treatment. This can be attributed to the high economic demands related to HF management, including frequent hospital visits and long-term medication use, lost income, and thereby decreasing patients' self-care ability. These findings align with prior studies showing that financial strain negatively affects self-care behaviors ([Echouffo-Tcheugui et al., 2017](#); [Olchanski et al., 2018](#); [Urbich et al., 2020](#)). Furthermore, income level is a major factor influencing self-care adherence ([Dunlay et al., 2011](#); [Shahrabaki et al., 2016](#); [Silva et al., 2023](#); [Spaling et al., 2015](#)). This aligns with the findings of [Sedlar et al. \(2020\)](#), who found that financial difficulties are considered a barrier to self-care behaviors among patients with HF. In contrast to our findings, one study reported that financial difficulties had minor effects on self-care behaviors ([Prentice et al., 2017](#)). This discrepancy may be because most participants in the present study were unemployed or retired and thus had low income; however, in that study, most participants were employed and thus had fewer financial problems. Overall, financial difficulties contribute to poor adherence, increased hospitalizations, and poor quality of life ([Bernard et al., 2019](#); [Campbell et al., 2014](#); [Gunn et al., 2024](#)).

A further notable finding was the difficulty of changing habits. Many participants found it difficult to change some unhealthy habits, including dietary patterns, medication routines, and lifestyle behaviors, particularly those deeply rooted in preferences for traditional foods and in cultural and personal practices; as a result, they struggled to stick to new habits over time. This was consistent with the findings of previous studies, which reported that patients with HF found changing their unhealthy lifestyle habits and integrating adherence to recommended self-care behaviors into everyday activities to be a difficult task ([Bahrodi et al., 2024](#); [Gunn et al., 2024](#); [Lim et al., 2019](#); [Mehta & Todi, 2018](#); [Setyowati et al., 2024](#)). This might be explained by the fact that some people find it extremely difficult to change eating habits, such as consuming excessive salt, sugar, and fat that were established during childhood and reinforced within the family culture ([American Association of Critical-Care Nurses, 2004](#); [Kostecka, 2014](#); [Mogre et al., 2015](#)). Jordanian dietary habits, such as the consumption of high-salt and high-fat foods, lead to unhealthy habits among patients with HF ([Al-Awwad et al., 2022](#)). Therefore, an appropriate and

healthy diet is one of the most essential aspects of care for patients with HF (Esteban-Fernández et al., 2023).

From a theoretical perspective, Pender's Health Promotion Model explains how interpersonal factors, self-efficacy, individual knowledge, and perceived benefits and barriers influence behavior change (Delshad et al., 2019). Similarly, Delshad et al. (2024) reported that applying the Theory of Reasoned Action to patients with chronic back pain and improving intention, attitude, subjective norms, and normative beliefs could enhance physical activity (Delshad et al., 2024). Mather et al. (2022) found that behavior modification counseling programs are not frequently conducted because they require considerable time. Thus, new strategies are required to alter unhealthy habits and behaviors. Socioeconomic status, age, educational attainment, cultural factors, mental diseases, and comorbid conditions are major obstacles to behavior change (Nielsen et al., 2017). This suggests that patients and their families must actively participate in changing unhealthy habits and behaviors by building self-efficacy and receiving practical training (Rippe et al., 2019; Wu et al., 2024).

The study also found that emotional and psychological factors significantly affected self-care behaviors. Participants described feelings of anxiety, frustration, and depression, which decreased their motivation and adherence to treatment. This highlights how psychological health affects self-care behaviors. This might be explained by psychological factors, including anxiety, depression, and sadness, which might impair patients' capacity to acquire knowledge, recognize symptom deterioration, and make informed decisions. These factors might also decrease patients' willingness to engage in self-care behaviors and limit the effectiveness of educational programs (Bauer et al., 2012; Dekker, 2014; Delshad et al., 2022; Freedland et al., 2021).

The present findings are consistent with earlier research showing an association between poor self-care behaviors and psychological factors (Kessing et al., 2016; Riegel et al., 2009; Sugebo et al., 2024; Sumaqa et al., 2023). Additionally, evidence from other health contexts supports the role of emotional and social determinants in influencing self-care behaviors. For instance, a study by Joulaei et al. (2023) among women in the northeast of Iran found that fear of breast cancer and limited social support were significantly associated with decreased engagement in health-promoting behaviors, such as cancer screening (Joulaei et al., 2023). Similarly, findings from another study demonstrated that patients living with HF experience psychological distress, including sadness, anxiety, and hopelessness, as a result of fear, social isolation, and a lack of control (Riegel et al., 2009). In view of the high burden of psychological distress in patients diagnosed with HF, early recognition and effective management might be beneficial in promoting patients to care for themselves and improve their quality of life (Freedland et al., 2020; Hwang et al., 2014; Kessing et al., 2017; Patel & Ghosh, 2017; Wang et al., 2023).

5. Implications and limitations

The present findings revealed that healthcare organizations must understand the barriers to self-care behaviors among patients with HF. Moreover, nurses should provide resources to promote self-care behaviors among patients with HF. Administrators, policymakers, and nurses should emphasize developing and implementing guidelines for evaluating self-care behaviors as part of comprehensive treatment, which could positively affect patients' health. They should also encourage more training programs that focus on the barriers that hinder patients' self-care behaviors. Healthcare providers should also assess patients' self-care needs when providing care.

The present study has some limitations that should be considered when interpreting the findings. Although data were collected from two hospitals, the qualitative design limits generalizability, as the results reflect participants' subjective experiences within a specific context. The sample size, while appropriate for a qualitative study, might not capture the full range of experiences among patients diagnosed with HF. Furthermore, self-reported data may introduce recall bias, as participants may not accurately remember all details, and social desirability bias, as they may offer responses they perceive as more acceptable. Despite these limitations, the study provides valuable insights into the barriers to self-care behaviors among Jordanian patients with

HF and may inform the development of patient-centered interventions to support effective self-care.

6. Conclusion

The present study identified barriers to self-care behaviors among patients diagnosed with HF and explored four main themes: lack of self-care knowledge, financial burden, the difficulty of changing habits, and disturbance of feelings. The current findings reveal the complex, multidimensional nature of self-care in HF, shaped by cognitive, emotional, behavioral, and socioeconomic factors. Patients with HF encounter multiple barriers that negatively affect their ability to engage in effective self-care. The present findings emphasize the need for a holistic, patient-centered approach in clinical practice. Healthcare providers, particularly cardiac nurses, should emphasize individualized, culturally appropriate education and integrate psychological assessment into routine care.

Furthermore, nurse educators play a vital role in designing and implementing structured, ongoing educational programs that improve patients' knowledge, skills, and self-efficacy, with active family participation to support adherence and behavior change. Clinical managers at the organizational level should ensure access to multidisciplinary services and advocate for policies that improve healthcare accessibility and reduce financial burdens. Additional research is required to assess the efficacy of individualized educational and behavioral interventions in enhancing self-care among HF patients and to explore culturally specific barriers, to develop context-sensitive strategies that consider the comprehensive needs of patients diagnosed with HF, including financial, psychological, and behavioral challenges.

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Author contribution

Conceptualization: YA, SAO; Data curation: YA; Formal analysis: YA, SAO; Investigation: YA, AA; Methodology: YA, NA; Project administration: YA, NA; Resources: YA, OA; Software: YA, SA; Supervision: YA, OA, YWN; Validation: YA, SAO; Visualization: YA, AA, SA; Writing – original draft: YA; Writing – review & editing: YA, YWN, SAO, AA.

Conflict of interest

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