

SELF-CARE AND QUALITY OF LIFE IN PATIENTS WITH HEART FAILURE

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Key Words: Self-Care, QOL, Heart Failure

Purpose: Hospital discharges for heart failure (HF) rose from 377,000 in 1979 to 995,000 in 2001. Approximately one third of all patients hospitalized for HF are readmitted to the hospital within 90 days. One way to prevent frequent hospitalizations and promote quality of life (QOL) among patients with HF is to assure that the amount and quality of self-care (SC) used is appropriate to the patients' situation. Therefore, to achieve an understanding of SC and its relationship to QOL, it is necessary to study the self-reported process of how patients with HF make decisions to perform SC and thereby enhance QOL.

Method: This study will be accomplished using a descriptive correlational research design. 114 patients with HF will be recruited for the study. Inclusion criteria: 1) diagnosed with NYHA class I, II, III, or IV of HF; 2) HF diagnosis for at least three months; 3) an ejection fraction of 40% or less; 4) undergoing medical treatment for HF; 5) 18 years of age or older; 6) ability to read and write English; and 7) willing to participate the study. The study will be approved by the institutional review board (IRB). Dillman's tailored design method for survey will be employed. The packet including a consent form, study instruments, incentive, and return envelope will be mailed to each participant. They will be asked to sign a consent form, complete a 78-item questionnaire, and return it to the investigator in a postage-paid envelope. SC will be measured using the Self-Care of Heart Failure Index (SCHFI). QOL will be measured using the Minnesota Living with Heart Failure Questionnaire (LHFQ) as a disease-specific instrument. The 12-item Short-Form Health Survey (SF-12) will be used as a generic measure of QOL. Pearson's product moment correlation coefficient will be used to investigate the relationship between SC and QOL. Multiple regression will be used to examine the significant relationships found using correlation analysis.

Findings: The anticipated outcomes for this study are that subjects with better SC demonstrate better QOL.

Discussion: Exploring patient decision-making can assist nurses in identifying how to improve decision-making performance, thereby reducing morbidity associated with HF and improving QOL. This knowledge will facilitate development of interventions to improve SC and QOL.

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