

PREDICTORS OF COPING AND DEPRESSION IN ADULTS WITH HEART FAILURE

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Purpose: This study explored psychosocial and demographic factors that influence coping and depression in adults with heart failure (HF). Understanding the psychosocial context of HF will allow investigators and clinicians to have better comprehension of coping processes and psychological distress in this population.

Method: An exploratory, correlational, cross-sectional design was used to examine the relationships among perceived control, perceived social support, coping, spiritual well-being, and depression in a convenience sample ($N = 75$) of adults with HF. All participants were recruited from an academic health science center in the southeast United States. Six questionnaires were verbally administered following a scheduled clinic visit: Demographic Questionnaire, Multidimensional Scale of Perceived Social Support, Ways of Coping Questionnaire, Spiritual Well-Being Scale, Control Attitudes Scale, and Beck Depression Inventory. Correlation/regression analyses were used to explore relationships among study variables and demographic factors.

Findings: Participants were mostly male (69.3%), Caucasian (81.3%), 27 to 82 years of age ($M=54.6$), and experienced moderate to severe functional impairment due to their disease. Perceived control ($\beta = -.34, p < .01$) and perceived social support ($\beta = -.38, p < .01$) had direct, negative effects on depression, while functional status had a direct, positive effect ($\beta = .47, p < .01$) on depression. Spiritual well-being and coping functions had indirect effects on depression. Influential demographic factors included gender, marital status, ethnicity, and illness duration. Spiritual well-being had direct, positive effects on both problem-focused ($\beta = .37, p < .01$) and emotion-focused ($\beta = .28, p < .05$) coping. Illness duration had a direct, positive effect on problem-focused coping ($\beta = .25, p < .05$).

Discussion: Less perceived control, less perceived social support, and poorer functional status were shown to predict more depression in this sample of adults living with HF. Coping functions were not shown to directly predict depression, but instead had indirect relationships with depression through spiritual well-being, perceived control, and perceived social support. Increased spiritual well-being was shown to predict more problem-focused and more emotion-focused coping. Longer illness duration was shown to predict more problem-focused coping. Future study is needed to evaluate potential causal relationships between psychosocial factors, demographic factors, coping, and depression.