

Paper Session A2: Self-Management in Chronic Disease

What's Confidence Got to Do with It? : Self-care and Health Related Quality of Life for Older Adults with End-stage Heart Failure

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Purpose: To describe the relationship between heart failure (HF) self-care and health related quality of life (HRQOL) in older (65+) adults with NYHA Class III/IV HF.

Theoretical Framework: Geriatric End Stage Disease Experience Model

Methods: This is a secondary analysis of a national dataset. Older adults (65+) with NYHA class III/IV HF were selected. Self-care was measured with the Self-care of Heart Failure Index (SCHFI) a three scale (maintenance, management, and confidence) index (scores range from 0-100; with higher number indicating better self-care). HRQOL was measured with the Minnesota Living with Heart Failure Questionnaire (MLHFQ), a two subscale (physical and emotional) instrument. Lower numbers on the MLHFQ indicate better HRQOL. Pearson's correlations, independent sample t-tests (without assuming equal variance), and linear and logistic regression modeling were used to describe the relationships.

Results: In 207 adults (age- M 72.9, SD 6.3), NYHA Class III (82%), significant linear associations were observed between self-care confidence and total ($r=-0.211$; $p=.002$), physical ($r=-.189$; $p=.006$), and emotional HRQOL ($r=-0.201$; $p=.004$). No significant correlations were found with self-care maintenance or management. Patients with HRQOL total scores above the sample median had higher confidence scores than patients with HRQOL scores below (58.77 ± 19.20 vs. 52.80 ± 19.58 ; $p=.028$). Confidence was an independent determinant of total ($\beta_s = -3.191$; $p=.002$), physical ($\beta_s = -2.346$; $p=.002$), and emotional ($\beta_s = -3.182$; $p=.002$) HRQOL controlling for other SCHFI scores, age, gender, and NYHA class. Each one-point increase in confidence was associated with a decrease in the likelihood that patients had worse (above median) HRQOL scores ($OR=0.980$ (95%CI=0.963-0.998)) with the same controls.

Conclusions and Implications: Lapses in self-care add to the likelihood of unplanned hospitalizations and are theorized to decrease HRQOL. HRQOL is associated with additional morbidity and mortality, and thus, health care utilization and cost. In previous studies self-care confidence was found to improve the degree of self-care, increase the likelihood of developing expertise in self-care, and reduce health care utilization and cost. This study has shown that confidence is also a determinant of HRQOL. The policy implication is that both the individual and the health care system benefits from nursing interventions geared towards improving self-care confidence in older adults with HF.