

Factors Contributing to Quality of Life for Individuals Diagnosed with Chronic Diseases

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Purpose/Aims: The purpose of this study is to determine factors that can contribute to quality of life for men and women diagnosed with a chronic disease, such as heart failure (HF). The factors that may be impacting HF are heart failure self-care practices, spiritual self-care practices, and depression. The aims are:

- Does heart failure self-care practices moderate the relationship between depression and quality of life for individuals diagnosed with HF?
- Does spiritual self-care practices moderate the relationship between depression and quality of life for patients diagnosed with HF?

Design: A correlational research design was used in this study. This research design is appropriate when trying to determine relationship among variables. The data used in this study was part of a previously conducted study on chronic disease and self-care.

Population/sample Studied: The participants included 140 male and female African American outpatients who had previously been diagnosed with heart failure. The participants had to be at least 18 years of age and able to read and understand English.

Methods (include instruments): The participants completed a short demographic survey, Heart Failure Self-Care Behavior Scale, White Spiritual Self-Care Practice Scale (SSCPS); World Health Organization Quality of Life – Bref (1996). The surveys were completed in the clinic using a private office to ensure confidentiality of the patient.

Data Analysis: The data were analyzed using IBM-SPSS ver. 24. The data were analyzed using moderation procedures developed by Baron and Kenny. Multiple linear regression analysis will be used to determine which of the predictor variables can be used to explain variance in quality of life among African American men and women diagnosed with HF.

Findings: Results indicated that depression was a statistically significant predictor of QOL in a negative direction, while heart failure self-care was significant in a positive direction. The interaction between depression and heart failure self-care was added to the analysis, heart failure was no longer a statistically significant predictor and depression became a stronger predictor of QOL. Results of the moderation effect of spiritual self-care practices on the relationship between QOL and depression indicated that the addition of the interaction between spiritual self-care practices and depression reduced the effects of spiritual self-care practices and decreased the relationship between depression and QOL, although the interaction effect was not statistically significant.

Implications: The findings indicated that self-care practices can have a positive effect on decreasing the relationship between depression and QOL. Nurses should provide self-care education to patients with chronic illnesses, specifically HF.

Conclusions/Recommendations: The results of this study indicated that self-care practices can help moderate the relationship between depression and quality of life for patients with chronic illness such as HF. Further research is needed to determine if patients who are practicing self-care have fewer negative episodes associated with their illnesses.

Biography:

Mary L. White is an associate professor and teaches across the undergraduate and graduate nursing programs. As a certified family nurse practitioner, she continues to practice in the community. Her research interests involve spirituality and spiritual self-care for chronic illnesses. She earned her BSN and MSN from University of Detroit Mercy and PhD from Wayne State University