Three Predictors of Quality of Life in Veterans with Heart Failure

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5 million Americans affected by Heart Failure (HF) (550,000 new cases/yr)

25 million Veterans
- 38% live in southeastern states (rural & urban areas)
- #1 diagnosis of Veterans discharged in VA (Veterans Affairs) system
- Knowledge of HF has been shown to contribute to compliance
- **Significance**
  - Nursing Education: development of curricula targeted toward our Veterans
  - Nursing Practice: complex issues
  - Nursing Research: ongoing research understand perceptions

- **Hypothesis**
  - There is a multiple correlation between a set of three predictors (proximity to health care, general health perception, knowledge of HF) and the outcome, HRQOL (Health Related Quality of Life).
Brief Overview of Literature

- **Proximity to Health Care:**
  - Weeks et al. (2004, 2005, 2006): rural settings more vulnerable patients; lower scores on physical/mental health exams; ER (emergency room) visits were used as primary care visits; larger # vets with HF (9.2%)

- **General Health Perceptions:**
  - Singh et al. (2005) & Eurich et al. (2006): lower physical scores

- **Knowledge of HF:**
Results

- 45 participants (43 male, 2 female)
- Age range: 41-83 (M = 62.06)
- Ethnicity: 75.6% Caucasian, 22.2% Black, 2.2% Hispanic
- Co-morbidities
  - Hypertension
  - Diabetes
  - Coronary Artery Disease
  - Chronic Obstructive Pulmonary Disease
- Educational Level
  - 31.1% had some college
  - 26.7% high school graduate
- Participants lived mean 68.89 miles from healthcare facility
- 55.6% had HF > 6 yrs, 22.2% 3-5 yrs
- Significant, positive relationship knowledge of HF & proximity to health care
- Significant inverse relationship proximity to health care & HRQOL
- Hypothesis: Proximity to health care is only independent variable that contributes to model
Discussion

- Theoretical model: characteristics of environment predictive of HRQOL
- Nursing Implications
  - Education: Incorporate HRQOL into curricular plans; large # returning vets going back to school
  - Evidence-based practice: knowledge in VA to aim directly at caring for high risk patients (veteran-centric care)
  - Research: Qualitative study & larger Quantitative study
  - Social Policy: VA research overlaps into general pop; developing policies on HF guidelines