Abstract

The purpose of this study is to determine if heart failure interventions, on the heart failure population, could increase patients’ self-efficacy and thus increase patients’ quality of life. It is to be noted that for the purpose of this research, the definition of quality of life is meaning depression – the higher the quality of life, the less depressed the patient is. The population of this study is New York Heart Association (NYHA) Class I – III heart failure patients. This research is a secondary analysis of Dr Angela Clark’s study on “Health-Promoting Self Care in People with Heart Failure”. The study included fifty heart failure patients, over the age of forty-five with diagnosed NYHA class I – III heart failure for at least three months. The participants also had to live independently in a house, with a spouse or in a retirement facility. There was no exclusion on race, as long as participant could read, speak and write in English. Lastly, the participants had to be willing to participate in a nine month long study and score a 23 or higher on the Mini-Mental Status Examination (MMSE), which tested cognitive function. These findings will be extremely beneficial for nurses because nurses are educators to patients. If this study shows that there is an increased self-efficacy and quality of life for patients with heart failure due to the heart failure interventions, nurses at hospitals and clinics will hopefully emphasize more routine calls or meetings with patients to discuss their heart failure.