ABSTRACT

ROLE OF SHARED CARE IN THE RELATIONSHIP BETWEEN DEPRESSIVE SYMPTOMS AND SELF-CARE IN PATIENTS WITH HEART FAILURE

Susan M. Cole, MSN, RN
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Heart failure (HF) is a chronic condition affecting over 5 million Americans and is the most common cause of hospitalization for persons 65 years of age or older. Patients with HF experience poor self-care, are at risk for depression, and have high rates of 30-day hospital re-admissions. Social support influences depressive symptoms and self-care. Shared care is a system of three relationship processes, communication, decision making, and reciprocity, used by HF patients and their caregivers to exchange social support. The purpose of this study was to describe the moderating effects of shared care on the relationship between depressive symptoms and self-care of community dwelling patients with HF.

A cross-sectional study was conducted with 89 patients recruited from a HF clinic in Southeastern Wisconsin. The Theory of Self-Care of Chronic Illness and the conceptual model of Processes of Self-Management in Chronic Illness along with the Stress-Buffering Model provided an over-arching structure to guide the study. Demographic data was collected. The PHQ-8, SCI-3, and EHFScb-9 were used to measure depressive symptoms, shared care, and HF self-care respectively. Additional qualitative questions assessed subjective experiences related to depressive symptoms, shared care, and self-care. Descriptive, correlation, and regression analysis were used to analyze quantitative data. Content analysis was used for qualitative analysis.

The contributions of shared care to depressive symptoms were supported by a significant inverse association between shared care communication and reciprocity and depressive symptoms. Increased HF severity was associated with increased depressive symptoms. Age was associated with self-care in that older patients reported better self-care. The study supported prior research related to the role of social support in decreasing depressive symptoms, and the association between depressive symptoms and HF severity. Themes in the qualitative data added to understanding of the relationships identified in the quantitative analysis.

HF patient’s perception of shared care with their caregiver is important to their psychological health. The development and testing of interventions to mobilize family caregiver support are essential for improving HF self-care.