



## Abstract

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**PI Name:** HATHAWAY, DONNA K.

**PI Email:** [dhathaway@utmeh1.utmeh.edu](mailto:dhathaway@utmeh1.utmeh.edu)

**PI Title:** PROFESSOR/DEAN

**Project Title:** POSTTRANSPLANT QUALITY OF LIFE INTERVENTION STUDY

**Abstract:** *Nearly 12,000 people annually choose kidney transplantation as treatment for end-stage renal disease in an effort to improve their quality of life (QoL). We previously examined 5 different QoL outcomes in kidney recipients, identifying factors predictive of enhanced posttransplant QoL. This investigation found that, regardless of the dimension examined, early posttransplant morbidity, employment, and social support predicted a significant portion of the variance in QoL. We therefore propose to build on our previous work and use these predictors of QoL as the basis for an experimental posttransplant program of care. The primary objective of this study will be to demonstrate how an experimental posttransplant care program influences the QoL experienced by kidney recipients. Three sets of interventions will emphasize 1) proactive patient-initiated care designed to prevent transplant morbidities, 2) maintenance of vocational productivity, and 3) enhancement of social support. Research aims will seek to determine if the experimental program improves QoL by decreasing morbidity, increasing employment, and enhancing social support compared to standard care. Cost effectiveness will also be determined. Fortunately, a cohort of patients already exists which as received standard transplant care and completed all study instruments, enabling us to use a sequential cohort design, saving time and costs associated with this investigation. Data will be retrieved from existing records for cohort 1 (control). The experimental program will be put in place and pilot tested prior to beginning data collection for cohort 2 (experimental). Data from both cohorts will be collected at transplantation, one year, and two years. Outcome measures will include 5 QoL measures, frequency of morbid events, posttransplant employment, and perceived social support. Quality adjusted life days will be the cost effectiveness outcome. Although QoL is often cited as the reason for choosing transplantation as opposed to*

*remaining on maintenance dialysis, there has yet to be a prospective study designed to test interventions aimed at improving QoL outcomes. Such a study is particularly timely in the current era of health care where efforts are focused on assuring patients derive maximum benefit, both physiologically and psychosocial, at a minimum cost. In addition, because allocation policies for the equitable distribution of organs seeks to consider QoL outcomes, it is important that data-based interventions be established to assure all patients equal opportunity to achieve optimal QoL. Finally, by demonstrating an effective way to improve transplant outcomes, we will both increase the life of the transplanted organ and the productivity of the recipient, resulting in reduced costs for the patient and society.*

***Thesaurus Terms:***

*human morbidity, human therapy evaluation, kidney transplantation, nursing intervention, posthospitalization care, quality of life  
emotional dependency, employment /unemployment, functional ability, health care cost /financing, longitudinal human study, outcomes research, physiology, social support network  
clinical research, human subject*

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SCIENCE CENTER  
MEMPHIS, TN 38163

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