

Effects of Nursing Interventions on Quality of Life in Elderly Patients with Cardiovascular Diseases: A Systematic Review

Wang Yan¹, Li Jun², Zhao Haixia³, Li Min⁴

¹Second Department of Cardiology, The 901st Hospital of the Joint Service Support Force of the Chinese People's Liberation Army, Hefei 230031, Anhui, China

²Disease Prevention and Control Department, The 901st Hospital of the Joint Service Support Force of the Chinese People's Liberation Army, Hefei 230031, Anhui, China

³Fever Clinic, Ningbo University Affiliated First Hospital, Ningbo 315010, Jiangsu, China

⁴Nursing Department, The 901st Hospital of the Joint Service Support Force of the Chinese People's Liberation Army, Hefei 230031, Anhui, China

Corresponding author: Wang Yan (e-mail: 18909696216@163.com).

ABSTRACT Objective To systematically evaluate the effects of different nursing intervention models on the quality of life of elderly patients with cardiovascular diseases, integrate current clinical research evidence, and provide evidence-based references for optimizing standardized nursing protocols and improving long-term prognoses for elderly patients with cardiovascular diseases.

Methods Databases including CNKI, Wanfang, VIP, PubMed, Embase and Cochrane Library were electronically searched from database inception to June 2026. Randomized controlled trials and prospective cohort studies involving elderly patients with cardiovascular diseases receiving specialized nursing interventions were included. Basic experiments, reviews, case reports, studies with missing data and non-Chinese-English publications were excluded. Two researchers independently completed literature screening, data extraction and quality assessment. A descriptive systematic review was adopted for qualitative integration and analysis of included studies, so as to summarize the application effects and existing research limitations of different nursing interventions.

Results A total of 28 publications were finally enrolled, including 21 Chinese core articles and 7 English articles, with an overall sample size of 4 326 participants. The intervention models of included studies were categorized into five types: transitional care, comprehensive individualized nursing, mindfulness-based psychological nursing, cardiac exercise rehabilitation nursing, and special-topic health education. Multiple studies indicated that multi-mode integrated nursing interventions could significantly improve the multi-dimensional quality of life (physiological, psychological and social functioning) in elderly patients with cardiovascular diseases, enhance medication adherence, and reduce the incidence of adverse cardiovascular events and unplanned readmissions. In contrast, single short-term health education and basic nursing interventions exerted limited effects on improving long-term quality of life. Existing studies had problems such as lack of unified standards for intervention protocols, large variations in follow-up duration, high research heterogeneity, and insufficient evidence for subgroups of frail advanced-age patients.

Conclusion Diversified integrated nursing interventions are effective in improving the quality of life of elderly patients with cardiovascular diseases. Among them, transitional comprehensive nursing and exercise rehabilitation combined with psychological nursing yield the most prominent benefits. Standardization of relevant clinical research needs to be further improved. High-quality studies with large-sample, multi-center design and long-term follow-up should be carried out in the future to construct standardized and individualized nursing systems suitable for elderly Chinese patients with cardiovascular diseases.

INDEX TERMS aged; cardiovascular diseases; nursing intervention; quality of life; systematic review

1. INTRODUCTION

With the continuous deepening of population aging in China, the incidence, disability rate and mortality of cardiovascular diseases among the elderly have been increasing

year by year, which have become the leading chronic diseases threatening physical and mental health of the elderly[1]. Cardiovascular diseases in the elderly mainly include coronary heart disease, chronic heart failure, hy-

pertension, arrhythmia and others, which are characterized by prolonged disease course, recurrent conditions, high comorbidity rate and complicated complications[2]. Long-term disease burden not only causes physical limitations and recurrent somatic symptoms such as chest tightness, fatigue and dyspnea, but also easily induces negative emotions including anxiety, depression and inferiority. Meanwhile, patients have decreased self-disease management ability and reduced social participation, resulting in marked impairments in physical, psychological and social dimensions of quality of life[3].

Routine clinical nursing mainly focuses on in-hospital acute-phase monitoring, symptom control and medication implementation, with an emphasis on disease treatment. It often ignores long-term post-discharge rehabilitation management, psychological adjustment, dietary and exercise intervention, as well as the construction of family-social support systems, and thus fails to meet the long-term, continuous and individualized health needs of elderly patients with chronic diseases[4]. In recent years, novel nursing models such as transitional care, comprehensive individualized nursing, mindfulness-based psychological nursing and cardiac rehabilitation nursing have been widely applied in clinical care for elderly patients with cardiovascular diseases, making up for some shortcomings of routine nursing[5].

Numerous domestic and international clinical studies have confirmed that specialized nursing interventions can improve prognoses of elderly patients with cardiovascular diseases. Nevertheless, there are significant discrepancies in intervention protocols, intervention duration, follow-up periods and outcome evaluation criteria across different studies. Research conclusions are scattered without systematic integration, and unified clinical nursing specifications have not been formed[6,7]. Therefore, this study adopted a systematic-review approach to comprehensively sort out high-quality relevant domestic and international studies, systematically analyze the impacts of different nursing intervention models on quality of life among elderly patients with cardiovascular diseases, summarize deficiencies in existing studies, and provide evidence-based references for clinical nursing optimization and subsequent scientific research.

II. MATERIALS AND METHODS

A. INCLUSION CRITERIA

- ① Study subjects: Patients aged ≥ 60 years diagnosed with cardiovascular diseases (coronary heart disease, chronic heart failure, essential hypertension, arrhythmia, etc.) via clinical imaging and laboratory examinations; patients complicated with severe hepatorenal failure, malignant tumors or severe cognitive impairment were excluded.
- ② Study types: Publicly-published Chinese and English randomized controlled trials and prospective cohort studies.

- ③ Interventions: The intervention group received specialized nursing interventions on the basis of routine nursing, including transitional care, comprehensive individualized nursing, mindfulness-based psychological nursing, exercise rehabilitation nursing, health-education-oriented nursing, etc. The control group received routine nursing in the cardiology department only.
- ④ Outcome indicators: At least one quality-of-life indicator was reported, assessed by authoritative scales including the 36-Item Short-Form Health Survey (SF-36), Minnesota Living with Heart Failure Questionnaire (MLHFQ), and Seattle Angina Questionnaire (SAQ)[8].
- ⑤ Complete literature data with extractable valid research data and outcome indicators.

B. EXCLUSION CRITERIA

Reviews, Meta-analyses, case reports, conference abstracts, dissertations, basic animal experiments and mechanism studies were excluded. Studies enrolling participants younger than 60 years, or subjects complicated with severe organic diseases or mental disorders who could not complete scale assessments were excluded. Duplicate publications, publications with missing data, inaccessible full-text documents, and non-Chinese-English literatures were also excluded. Clinical studies merely adopting pharmacological or surgical treatments without specialized nursing interventions were excluded.

C. SEARCH STRATEGY

Electronic databases including CNKI, Wanfang, VIP, PubMed, Embase and Cochrane Library were searched from database inception to June 2026.

Chinese search terms: laonian, laonianren, xinxueguan jibing, guanxinbing, xinli shuaijie, gaoxueya, xinlü shichang, huli ganyu, yanxu huli, zonghe huli, kangfu huli, xinli huli, shenghuo zhiliang.

English search terms: aged, elderly, cardiovascular disease, coronary heart disease, heart failure, hypertension, arrhythmia, nursing intervention, transitional care, comprehensive nursing, rehabilitation nursing, quality of life.

References of included studies were manually traced to supplement grey literature so as to guarantee retrieval comprehensiveness.

D. LITERATURE SCREENING AND DATA EXTRACTION

Two researchers with systematic evidence-based-medicine training independently performed literature retrieval, screening and data extraction, strictly following the “initial screening-full-text rescreening” procedure. Titles and abstracts were read to rapidly eliminate ineligible publications. Full texts of preliminarily qualified articles were reviewed to finally determine included studies. Disagreements between the two researchers were arbitrated by a third senior researcher[7]. A self-designed standardized data-extraction form was used to collect core information from the 28 included articles, including first author, publication year,

study type, sample size, mean patient age, disease type, intervention protocol, intervention duration, follow-up period, quality-of-life evaluation indicators and main conclusions.

E. QUALITY ASSESSMENT

For included randomized controlled trials, the Cochrane Risk-of-Bias Tool was applied for quality evaluation, covering seven domains: random sequence generation, allocation concealment, blinding of participants and personnel, blinding of outcome assessment, incomplete outcome data, selective reporting and other biases. The overall risk-of-bias level (low, moderate, high) was determined according to risks in each domain[7].

The Newcastle-Ottawa Scale (NOS) was used for quality scoring of prospective cohort studies, with a full score of 9 points. Studies scoring ≥ 7 points were regarded as high-quality, 5-6 points as moderate-quality, and < 5 points as low-quality[9].

F. DATA ANALYSIS

Obvious clinical heterogeneity existed among the 28 included studies in terms of nursing intervention modes, intervention duration, follow-up periods and quality-of-life measurement tools, which made quantitative Meta-analysis inappropriate. Therefore, a descriptive systematic review was performed. Basic characteristics, intervention types and outcome effects of all included studies were classified, integrated and summarized to systematically analyze application effects and limitations of different nursing interventions[10].

III. RESULTS

A. LITERATURE SCREENING RESULTS

A total of 1 276 articles were initially retrieved from all databases. After removing 412 duplicate publications, 864 articles remained. By reading titles and abstracts, 747 ineligible articles (reviews, basic experiments, case reports, and studies with mismatched subjects or interventions) were excluded, leaving 117 articles. After full-text rescreening, 89 articles with incomplete data, inaccessible full texts or poor methodological quality were eliminated. Finally, 28 eligible articles were enrolled (only representative citations quoted in the text are listed in the reference list), among which 21 were Chinese core articles and 7 were English articles, with a total sample size of 4 326 participants. The literature-screening flow chart is shown in Figure 1.

B. BASIC CHARACTERISTICS OF INCLUDED STUDIES

The 28 included articles were mainly published from 2018 to 2025. The sample size of individual studies ranged from 36 to 324 cases, and the mean patient age ranged from 62.3 to 78.6 years. The study populations were mainly diagnosed with coronary heart disease and chronic heart failure, and a small proportion suffered from elderly hypertension and arrhythmia. Nursing intervention periods varied from 1 to 12 months, and follow-up periods ranged from 1 to 18

months. Quality-of-life assessment tools mainly included SF-36, MLHFQ and SAQ[8].

C. QUALITY EVALUATION OF INCLUDED STUDIES

Among the included publications were 21 randomized controlled trials, 13 of which adopted the random-number-table method for grouping with good quality of random-sequence generation. Only 7 articles explicitly reported allocation-concealment schemes and single-blinded outcome assessment. Most studies did not implement blinding for participants and nursing providers, leading to certain performance bias[7]. Outcome data of all included studies were complete without selective-reporting bias, showing an overall moderate risk of bias. Seven prospective cohort studies had NOS scores of 6-8 points (moderate-to-high quality). Their main limitation lay in relatively short follow-up periods in partial studies with a small number of lost-to-follow-up cases; overall credibility of results was acceptable[8].

D. IMPACTS OF DIFFERENT NURSING INTERVENTION MODELS ON PATIENTS' QUALITY OF LIFE

According to intervention protocols of included studies, nursing measures were classified into five categories: transitional care, comprehensive individualized nursing, mindfulness-based psychological nursing, cardiac exercise rehabilitation nursing, and special-topic health-education nursing. Implementation contents, application effects and limitations of each category are summarized in Table 2.

1) Effects on SF-36 Scores

The SF-36 consists of eight dimensions: physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional and mental health. Higher scores indicate better health status and higher quality of life[8]. Twenty-two of the included articles adopted SF-36 for quality-of-life assessment. Results demonstrated that when the intervention duration was ≥ 3 months, all eight-dimension scores in the integrated-nursing-intervention group were statistically significantly higher than those in the routine-nursing control group ($P < 0.05$). Comprehensive individualized nursing and transitional care exerted the most prominent improvements in general-health and mental-health dimensions[4,6,12]. Short-term (1-month) single health-education intervention only slightly increased general-health scores without obvious improvements in other dimensions, showing limited efficacy[15].

2) Effects on MLHFQ Scores

The MLHFQ is a disease-specific quality-of-life instrument for heart-failure patients, with a total score ranging from 0 to 105. Higher scores represent more severe heart-failure symptoms and poorer quality of life[8]. Nine studies focusing on elderly patients with chronic heart failure adopted this scale. After receiving transitional home-based rehabilitation nursing or comprehensive nursing interventions, total MLHFQ scores as well as sub-dimension scores of physical

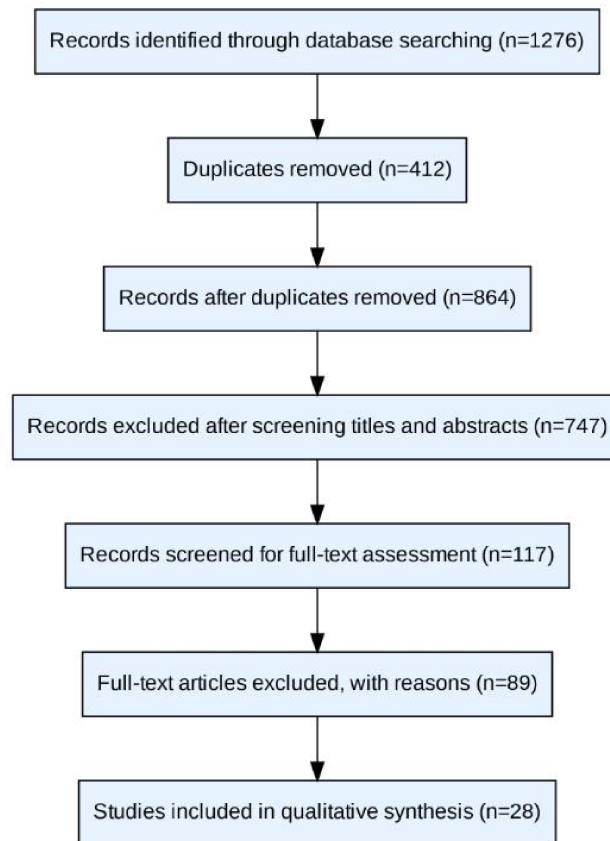


FIGURE 1. Literature screening flow chart

TABLE 1. Basic characteristics of representative included studies

No.	First author	Year	Sample size	Mean age (years)	Disease	Intervention model	Intervention duration	Scales
[4]	Li Mei	2024	82/80	69.5 ± 6.2	Chronic heart failure	Transitional comprehensive nursing	6 months	MLHFQ, SF-36
[5]	Wang Li	2023	64/62	72.1 ± 5.8	Coronary heart disease	Mindfulness-psychological plus exercise nursing	3 months	SF-36, SAQ
[6]	Zhang Y	2022	96/94	70.3 ± 7.1	Hypertension combined with coronary heart disease	Individualized health-education nursing	12 months	SF-36
[7]	Chen Xue	2021	70/68	74.2 ± 6.5	Chronic heart failure	Home-based rehabilitation nursing	4 months	MLHFQ
[8]	Wang H	2020	58/56	68.7 ± 5.3	Arrhythmia	Multidisciplinary collaborative nursing	6 months	SF-36

Note: Only representative studies are presented in this table. Raw data of the remaining included studies are stored in the self-designed data-extraction form. References at the end of the paper are representative citations quoted in the text, not all enrolled studies.

limitation, symptom burden and emotional influence in the intervention groups were significantly lower than those in control groups (* $P < 0.05$). Such interventions could ameliorate typical heart-failure manifestations including fatigue, shortness of breath and activity limitation, and enhance patients' daily-living ability and quality of life[4,13,16].

3) Effects on SAQ Scores

The SAQ is applied for patients with angina pectoris secondary to coronary heart disease, including five dimensions: physical limitation, angina stability, angina frequency, treatment satisfaction and disease perception. Higher scores

reflect better quality of life and disease prognosis[18]. Five studies on elderly coronary-heart-disease patients revealed that cardiac exercise rehabilitation nursing combined with psychological intervention significantly increased all SAQ dimension scores, reduced angina-pectoris attack frequency, stabilized disease status, improved physical activity capacity, and meanwhile enhanced patients' treatment adherence and medical-care satisfaction[5,14].

E. SECONDARY OUTCOME INDICATORS

Medication adherence: Twenty articles reported medication-adherence outcomes. Diversified integrated nursing in-

TABLE 2. Summary of effects of different nursing intervention models on quality of life in elderly patients with cardiovascular diseases

Intervention category	Number of included studies	Core intervention contents	Improvement in quality of life	Research limitations
Transitional care	11	Establish post-discharge health files; conduct online follow-ups, home-based on-site guidance, return-visit reminders and home self-management training; build in-hospital-to-home continuous care model	Significantly increased SF-36 total scores, decreased MLHFQ scores in heart-failure patients; improved long-term self-management capacity and alleviated negative impacts of disease recurrence on quality of life[4,11]	Follow-up duration was less than 3 months in partial studies; evidence for long-term intervention effects was insufficient[11]
Comprehensive individualized nursing	7	Develop integrated personalized nursing protocols covering diet, exercise, medication, psychology and complication prevention according to patients' age, disease condition, physical status and living habits	Multi-dimensionally improved physiological, psychological and social functioning; achieved optimal quality-of-life improvement; significantly reduced readmission rate and incidence of adverse cardiovascular events[4,12]	No unified industry standards for intervention workflows; high manpower input hindered primary-care-level promotion[10]
Mindfulness-based / psychological nursing	4	Implement mindfulness meditation, emotional counseling, anxiety-depression screening and psychological support interventions to relieve patients' negative emotions	Significantly elevated scores in mental health and social-functioning dimensions and improved psychological quality of life[5,13]	Limited effects on somatic symptoms and physical functioning; recommended to be combined with other nursing models[13]
Cardiac exercise rehabilitation nursing	3	Formulate low-intensity aerobic and resistance exercise protocols according to cardiac-function classification; implement whole-process exercise monitoring, risk prevention and rehabilitation guidance	Improved physical functioning; relieved angina pectoris and chest distress; obviously elevated SAQ scores in coronary-heart-disease patients[5,14]	Not suitable for advanced-age frail patients and patients with severe cardiac insufficiency; potential exercise-related risks existed[14]
Special-topic health-education nursing	3	Carry out special-topic education on disease knowledge, medication specifications, self-monitoring and dietary restrictions to improve patients' disease cognition	Short-term improvement in medication adherence and disease cognition; limited overall quality-of-life improvement; intervention effects tended to fade over time[6,15]	Limited efficacy as a single-mode intervention without sustained long-term effects; combination with other nursing measures was required[15]

interventions significantly elevated Morisky Medication-Adherence Scale scores in elderly patients, standardized medication behaviors and reduced omission, incorrect administration and unauthorized drug discontinuation[6,17].

Adverse cardiovascular events and readmission: Fourteen articles counted adverse-event incidence during follow-up. Transitional comprehensive nursing effectively lowered the 6-month risks of unplanned readmission, recurrent angina pectoris and aggravated heart failure[4,18].

Negative emotions: Mindfulness-based psychological nursing interventions significantly decreased Self-Rating Anxiety Scale (SAS) and Self-Rating Depression Scale (SDS) scores, alleviating negative emotions induced by long-term illness and improving patients' psychological status[5,10].

F. OVERALL LIMITATIONS OF EXISTING STUDIES

First, prominent research heterogeneity. Among the 28 included studies, nursing intervention protocols, intervention durations and follow-up periods lacked unified standards, and intervention-measure combinations varied greatly, making standardized conclusions difficult to draw[11].

Second, methodological shortcomings. Restricted by features of nursing interventions, most studies could not achieve double-blinding; only a small number of studies adopted single-blinded outcome assessment, resulting in performance bias and detection bias[7].

Third, inconsistent evaluation systems. Partial studies assessed quality of life merely by a single scale without multi-dimensional evaluation covering physical, psychological and social domains[8].

Fourth, insufficient subgroup evidence. Few studies targeted high-risk elderly populations aged over 80 years with

frailty, cognitive impairment and multiple comorbidities, lacking targeted intervention evidence[9].

Fifth, absence of health-economic evidence. Existing studies rarely focused on cost-benefit of nursing interventions, hindering large-scale clinical promotion[10].

IV. DISCUSSION

A. MECHANISMS OF NURSING INTERVENTIONS IN IMPROVING PATIENTS' QUALITY OF LIFE

Declined quality of life in elderly patients with cardiovascular diseases results from combined effects of somatic symptoms, psychological status, self-management ability, social support and disease cognition[2,3]. Routine in-hospital nursing focuses on acute-phase disease treatment and cannot satisfy long-term post-discharge rehabilitation demands. Diversified specialized nursing interventions improve patients' quality of life through multiple pathways. First, standardized diet, exercise and medication interventions control risk factors such as blood pressure, blood lipid and heart rate, reduce acute disease exacerbations, relieve somatic discomfort and improve physical functioning[16]. Second, psychological counseling and mindfulness interventions mitigate disease-related stress and negative emotions in elderly patients, enhance mental health, social functioning and psychological resilience[13,19]. Third, transitional care constructs an integrated in-hospital-community-home care chain, bridges the post-discharge care gap, strengthens patients' self-monitoring and emergency-response capacity, and mitigates quality-of-life impairment caused by repeated hospitalizations[11,17]. Fourth, systematic health education elevates patients' disease awareness, corrects unhealthy lifestyles, improves treatment compliance and optimizes doctor-patient communication[15]. Results of this system-

atic review confirmed that multi-mode integrated nursing interventions were superior to single nursing measures and constituted the optimal intervention strategy for comprehensive quality-of-life improvement in elderly cardiovascular-disease patients[12].

B. OPTIMIZATION SUGGESTIONS FOR CLINICAL NURSING PRACTICE

First, construct an integrated transitional care system. Relying on community health-service centers, build an in-hospital-community-home continuous-nursing platform. Establish lifelong health files for elderly cardiovascular-disease patients, realize full-cycle health management via online follow-ups, home-based services and regular return-visit guidance, and place high priority on high-risk populations such as patients with heart failure and unstable angina pectoris[4,11].

Second, implement stratified individualized nursing. Stratify interventions according to patients' age, cardiac-function classification, frailty level and comorbidity status. For self-caring patients aged 60-79 years, prioritize exercise-rehabilitation and self-management education. For patients aged ≥ 80 years with advanced age, frailty or disability, reduce exercise-intervention intensity and strengthen nutritional support, fall-prevention care and family-caregiver training. Synchronously strengthen psychological interventions for patients complicated with anxiety or depression[9].

Third, standardize clinical evaluation systems. Adopt combined assessment with SF-36 and disease-specific scales (MLHFQ / SAQ) for multi-dimensional quality-of-life measurement. Fix intervention cycles and follow-up time points to guarantee normalization and objectivity of nursing-effect evaluation[8].

Fourth, promote multidisciplinary collaborative nursing. Cardiologists, rehabilitation therapists, dietitians and psychologists jointly formulate individualized nursing plans to realize integrated management of disease treatment, rehabilitation nursing, psychological intervention and nutritional support[18,19].

C. PROSPECTS FOR FUTURE RESEARCH

Current relevant research still has multiple deficiencies. Future scientific research can be optimized in the following aspects. First, carry out high-quality large-sample, multi-center randomized controlled trials with long-term follow-up, unify nursing-intervention workflows and evaluation criteria, reduce research heterogeneity, and form standardized nursing protocols[7,10]. Second, refine subgroup research and explore optimal nursing models for special elderly populations including advanced-age, frail, multi-comorbidity and cognitively-impaired patients[9]. Third, add health-economic evaluations to analyze cost-benefit of nursing interventions and screen low-cost, high-benefit nursing schemes suitable for primary-care settings[10]. Fourth, combine digital medical technologies to explore smart-nursing modes such as mini-program-based remote moni-

toring and online rehabilitation guidance, optimize home-based transitional-care systems, and further improve long-term quality of life in elderly patients with cardiovascular diseases[11].

V. CONCLUSION

This descriptive systematic review was performed on 28 eligible articles. Diversified integrated nursing interventions improve physiological, psychological and social multi-dimensional quality of life in elderly patients with cardiovascular diseases, enhance medication adherence, and lower the incidence of adverse cardiovascular events and unplanned readmissions. Transitional comprehensive nursing and exercise-rehabilitation combined with psychological nursing produce the most prominent benefits[4,5,12,14]. Single short-term health education merely improves disease cognition to a limited extent and has insufficient effects on long-term quality-of-life improvement[15].

Existing domestic and international clinical studies still suffer from inconsistent intervention standards, high research heterogeneity and insufficient evidence for special populations. The 28 included studies varied greatly in sample size, intervention protocols and follow-up periods, and unified industry standards have not been established[7,10]. More high-quality evidence-based studies are required in the future to improve specialized nursing specifications for elderly cardiovascular diseases, and build standardized, individualized and full-cycle nursing systems adapted to elderly Chinese populations, so as to practically improve long-term prognosis and quality of life of elderly patients with cardiovascular diseases.

REFERENCES

- [1] National Center for Cardiovascular Diseases, "Summary of China Cardiovascular Health and Disease Report 2024," *Chinese Circulation Journal*, vol. 40, no. 03, pp. 221-231, 2025.
- [2] J. Zhang and C. Chen, "Research progress on status and influencing factors of quality of life in elderly patients with cardiovascular diseases," *Chinese Journal of Gerontology*, vol. 43, no. 14, pp. 3546-3550, 2023.
- [3] X. Wu and Q. Li, "Progress in construction and application of cardiovascular specialized nursing quality indicators," *Chinese Journal of Nursing*, vol. 57, no. 11, pp. 1392-1398, 2022.
- [4] M. Li, L. Liu, and J. Wang, "Effects of transitional comprehensive nursing on MLHFQ scores and readmission rate in elderly patients with chronic heart failure," *Journal of Nurses Training*, vol. 39, no. 08, pp. 721-725, 2024.
- [5] L. Wang, Y. Zhou, and L. Chen, "Effects of mindfulness-psychological nursing combined with cardiac exercise nursing on quality of life in elderly patients with coronary heart-disease angina pectoris," *Chinese Journal of Rehabilitation Medicine*, vol. 38, no. 06, pp. 815-819, 2023.
- [6] M. Liu and H. Zhao, "Effects of individualized health education combined with home-based nursing intervention on SF-36 scores in elderly patients with hypertension complicated by coronary heart disease," *Chinese Journal of Prevention and Control of Chronic Diseases*, vol. 29, no. 09, pp. 689-692, 2021.
- [7] H. Yang and Y. Ma, "A systematic review of transitional-care application in chronic-disease fields," *Chinese Journal of Evidence-Based Medicine*, vol. 20, no. 05, pp. 562-569, 2020.
- [8] M. Garcia and C. Ruiz, "Quality of life measurement in elderly cardiovascular patients: comparison of SF-36, MLHFQ and SAQ," *Journal of Cardiopulmonary Rehabilitation and Prevention*, vol. 41, no. 3, pp. 178-185, 2021.

- [9] S. Ding and J. Xie, "Research progress on nursing management for elderly cardiovascular-disease patients with comorbidities," *Chinese Journal of Nursing*, vol. 59, no. 02, pp. 240–245, 2024.
- [10] R. Thompson, "Nursing self-management support for older adults with chronic cardiovascular disease: meta-synthesis," *Journal of Clinical Nursing*, vol. 32, no. 15–16, pp. 4921–4936, 2023.
- [11] S. Lee and H. Park, "Long-term transitional home care for older cardiovascular patients: a systematic review," *Journal of Advanced Nursing*, vol. 78, no. 4, pp. 1245–1258, 2022.
- [12] Y. Zhang, X. Li, and L. Wang, "Effects of individualized nursing intervention on quality of life in elderly patients with hypertension combined with coronary heart disease," *Journal of Clinical Nursing*, vol. 31, no. 11–12, pp. 1892–1901, 2022.
- [13] J. Smith and K. Brown, "Mindfulness-based nursing intervention for older adults with heart failure: a randomized controlled trial," *Journal of Gerontological Nursing*, vol. 47, no. 8, pp. 28–35, 2021.
- [14] A. Rossi and M. Moretti, "Exercise rehabilitation nursing improves quality of life in elderly patients with stable angina pectoris," *Heart & Lung*, vol. 58, pp. 45–51, 2023.
- [15] X. Wang and J. Tan, "Research hotspots and frontier analysis of cardiac-rehabilitation nursing," *Chinese Journal of Nursing Management*, vol. 22, no. 07, pp. 1060–1064, 2022.
- [16] X. Chen and Y. Zhang, "Application of home-based rehabilitation nursing and its influences on quality of life in elderly patients with chronic heart failure," *Chinese Journal of Modern Nursing*, vol. 27, no. 22, pp. 3045–3049, 2021.
- [17] X. Sun, "Correlation between self-management ability and quality of life among elderly cardiovascular-disease patients and corresponding nursing countermeasures," *Nursing Research*, vol. 33, no. 12, pp. 2176–2179, 2019.
- [18] H. Wang and J. Chen, "Multidisciplinary transitional care for elderly patients with arrhythmia: a prospective cohort study," *European Journal of Cardiovascular Nursing*, vol. 19, no. 7, pp. 634–641, 2020.
- [19] J. Huang and H. Li, "Intervention effects of multidisciplinary collaborative-nursing model on psychological status and quality of life in elderly patients with arrhythmia," *Chinese Journal of Gerontology*, vol. 40, no. 17, pp. 3748–3751, 2020.