

Assessing the Quality of Life of People with Chronic Diseases in a Selected Community of Ambala (Haryana)

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Abstract

Chronic diseases may not kill but they consume a lot of health care resources and threaten the quality of life of the sufferers. The present study was undertaken to assess the Quality of life of people with chronic diseases. Sample comprised of 160 subjects with chronic diseases in a selected community of Ambala, Haryana and was selected using purposive sampling technique. Subject data sheet and WHOQOL-BREF Questionnaire were used to collect data. Study findings show that 51.25 percent people with chronic diseases had fair quality of life, 46.87 percent had poor quality of life and 1.87 percent had good quality of life. Based on these findings, it has been concluded that as more than half of the subjects had fair quality of life, nurses must plan some strategies in order to improve the quality of life of people with chronic diseases.

In recent decades chronic diseases have emerged as the major cluster of health concerns worldwide. Chronic conditions are slow in progression, long in duration and void of spontaneous resolution and it often limits the functional productivity and quality of life of those living with them. These diseases may or may not contribute significantly to mortality but can severely impact the quality of life of individuals who live with them. India is currently facing an uncertain future in relation to the potential burden that chronic diseases such as diabetes mellitus and Hypertension may impose upon the country. Many factors affect the prevalence of disease throughout the country, and identification of those factors is necessary to address these challenges as well as promote health and quality of life.

A quality of life (QOL) assessment is of great importance for patients with chronic diseases, because problems caused by specific diseases impact specific area of their lives. Nurses are involved in all stages of care and spend more time with patients than any other health care providers. Thus, this study was an initiative to assess the quality of life of people with chronic diseases such as diabetes mellitus and Hypertension as by assessing the quality of life of people, various strategies can be planned by nurses (if required) to improve quality of life of their patients.

Objectives

The study comprised of following objectives:

1. To assess the quality of life of people with chronic diseases.
2. To find the association of level of quality of life of people having chronic disease with selected demographic and clinical variables.

Literature Review

A cross-sectional study on diabetes-dependent quality of life among 285 older patients with diabetes mellitus was carried out in Slovenia. Results of the study show negative impact of diabetes on QOL among 96.1 percent patients whereas 3.9 percent patients reported no impact of diabetes on their QOL.

Another study was conducted to assess the quality of life of patients with type 2 diabetes mellitus in Oman. Data was collected from 200 diabetic subjects using diabetes quality of life questionnaire (DQOL). Results of the study demonstrated that patients with diabetes had moderate quality of life which appears to be related to demographics, medical history, and management regimens.

A systematic review and meta-analysis of 20 observational studies regarding health-related quality of life of hypertensive clients identified lower quality of life in patients with hypertension. The meta-analysis identified lower scores in hypertensive patients for physical [-2.43; 95% confidence interval (CI) -4.77 to -0.08] and mental (-1.68; 95% CI -2.14 to -1.23) components. Quality of life was lower in the eight domains of the SF-36: physical and functional functioning, role physical and emotional, bodily pain, general health, vitality and mental health. Quality of life of individuals with hypertension was slightly worse

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Table 1: Frequency and percentage distribution of people having chronic disease based on demographic and clinical variables (n=160)

S. No.	Variable		Frequency	Percentage (%)
1	Age (years)	20-40	32	20
		41-60	89	55.6
		61-80	38	23.75
		>81	1	0.62
2	Sex	Male	80	50
		Female	80	50
3	Educational status	Non-literate	26	16.25
		Primary	43	26.28
		Secondary	66	41.2
		Higher Secondary	24	13.12
		Graduate	21	2.5
4	Religion	Hindu	77	48.12
		Sikh	80	50
		Muslim	03	1.87
5	Marital Status	Married	146	91.25
		Single	01	0.6
		Widowed	11	6.8
		Divorced	02	1.25
6	Occupation	Govt employee	19	11.87
		Private employee	26	16.25
		Self employed	30	18.75
		Household work	85	53.12
7	Dietary Habits	Vegetarian	127	79.3
		Non-vegetarian	33	20.6
8	Type of family	Joint	99	61.87
		Nuclear	61	38.12
9	Family Income (In Rs)	< 5,000	26	16.25
		5,001-10,000	59	36.8
		10,001-20,000	35	21.87
		> 20,001	40	25
10	Average Sleep	≤ 7 Hours	114	71.25
		> 7 Hours	46	28.75
11	Daily Activities	Exercise	73	45.6
		Gardening	15	9.37
		Playing	15	9.37
		Watching TV	100	62.5
		Others	11	6.87
12	Type of disease	DM	47	29.37
		HTN	90	56.25
		DM + HTN	23	14.375
13	Duration of Illness	6m -3 years	68	42.5
		3.1-6 years	45	28.13
		6.1-9 years	08	5
		9.1-20 years	36	22.5
		>20 years	03	1.8
14	Medications Used	No	07	4.37
		Home Remedies	03	1.87
		Ayurvedic	17	10.62
		Allopathic	139	86.87
		Others*	02	1.25
15	Presence of acute illness within 15 days	Yes**	22	13.75
		No	138	86.25

* includes Homeopathic and Unani medications; ** such as cough, fever, cold etc.

than that of normotensive individuals.

Methodology

Research approach adopted in the present study was quantitative non-experimental research approach, while research design was descriptive type. The study setting was Singhpura village of Ambala, Haryana;

the sample consisted of 160 people with chronic diseases living of Singhpura village, Ambala, Haryana. The sampling technique used was purposive sampling technique.

Sample selection criteria: People with chronic diseases having diabetes mellitus, hypertension or both, above the age of 20 years, who could understand Hindi, present at the time of data collection and willing to participate in the study were included.

Data collection tools & techniques

1. Subject data sheet consisted of age, sex, education status, religion, marital status occupation, dietary habits, types of family, monthly income, average sleep, daily activities, disease, duration of disease, medicine and presence of acute illness.

2. World Health Organisation Quality of Life- WHOQOL - BREF questionnaire to assess the quality of life of people with chronic diseases. It is a standardised tool consisting various domains such as general, physical, psychological, social and environment health domain. The reliability of tool was 0.70 as assessed by Cronbach's alpha method. Pilot study was done earlier on 16 subjects to assess the feasibility of the study.

Results and Discussion

The collected data was analysed and interpreted in accordance with objectives using inferential and descriptive statistics (Table 1).

The data presented in Table 2 indicates that 51.25 percent of the subjects were having fair quality of life, 46.87 percent of the subjects were having poor quality of life and 1.87 percent of the subjects were having good quality of life.

The data in Table 3 indicates that mean, median and range of overall quality of life of people with chronic diseases was 76.9, ±9.1, 76 and 54 – 108 respectively.

Table 4 shows that domain wise also most of the subjects were having fair quality of life.

Association of quality of life of people having chronic diseases with selected demographic and clinical variables such as age, sex, education, religion, marital status, occupation, dietary habits, type of family, family income, average sleep, daily activities, disease, duration of diseases, medicine,

Table 2: Frequency and percentage distribution of people having chronic disease based on overall quality of life (n=160)

S.No.	Level of quality of life	Frequency	Percentage Distribution (%)
1.	Poor	75	46.87
2.	Fair	82	51.25
3.	Good	03	1.87

Minimum = 26; Maximum = 130

Table 3: Mean, Median, SD and range of overall quality of life of people with chronic diseases (n=160)

Mean	Standard deviation (±)	Median	Range	Level of quality of life
76.9	9.1	76	54-108	Fair

Minimum = 26; Maximum = 130

Table 4: Frequency and percentage distribution of level of quality of life of the people with chronic disease (domain wise) (n=160)

Domain	Level of quality of life	Frequency	Percentage distribution (%)
1. Physical	Poor	50	31.25
	Fair	103	64.37
	Good	07	4.37
2. Psychological	Poor	67	41.87
	Fair	75	46.87
	Good	18	11.25
3. Social	Poor	63	39.37
	Fair	77	48.12
	Good	20	12.5
4. Environmental	Poor	66	41.25
	Fair	92	57.5
	Good	02	1.25

presence of acute illness depicts no association between them as assessed by Chi-square test at $p \leq 0.05$ level of significance.

Discussion

In present study, findings related to quality of life of patients with chronic diseases revealed that more than half of the subjects (51.25%) were having fair quality of life. These findings were similar to the systematic review conducted by Kiadaliri et al (2013) including 46 identified studies examining HR QOL among the Iranian patients with diabetes. The findings of the review showed that generally people with diabetes had worse HR QOL than their healthy counterparts.

46.87 percent people with chronic diseases had poor quality of life. These findings were in line with the study done by Al-Maskari et al (2011) to measure quality of life of type 2 diabetes patients in Oman, which suggested that moderate diabetic quality of life was reported by patients.

In present study, it was found out that there is no association found between levels of quality of life with

selected demographic and clinical variables such as age, sex, education, cigarettes smoked, activity etc. These findings are in contrast to the study done by Khalifeh et al (2015) to assess the impact on health-related quality of life of hypertension in the adults in Lebanon. The finding of the study shows that quality of life significantly decreases with older age, female, lower education, and cigarettes smoked daily; regular sport activity significantly increased quality of life. Possible explanation for this mismatch in the results could be different setting with limited sample size.

Implications

Nursing Administration

The nurse administrators are in a key position to prepare policies and procedure to provide quality care. Efforts should be made by the administration to assess the quality of life of an individual including various aspects of health such as physical, psychological, social, environmental etc.

Nursing Practice

Nurses should assess the quality of life of patients with chronic diseases admitted in the hospital or residing in the community area, on regular basis and take necessary steps to improve the quality of life of their patients.

Nursing Education

Nursing students must be taught to assess the quality of life of people having chronic diseases in their curriculum. During in-service education programmes, nurses should be encouraged to assess their patients having chronic disease for quality of life.

Recommendations

1. The study can be replicated on a large sample in other settings to validate the finding and make generalisation.
2. Some interventions-based studies can be done to improve the quality of life of people with chronic diseases.
3. A correlation survey can be conducted to assess the quality of life for chronic ill patients in rural and urban areas.
4. A study can be done to compare quality of life between normal population and chronic ill patients.

Conclusion

Based on the study findings, it has been concluded that as more than half of the subjects had fair quality of life, nurses must plan some strategies in order

to improve the quality of life of people with chronic diseases.

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