"A Study to Assess the Quality of Life in Patients with Selected Respiratory Tract Problems in Selected Areas of Sangli, Miraj and Kupwad."

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ABSTRACT

"A STUDY TO ASSESS THE QUALITY OF LIFE IN PATIENTS WITH SELECTED RESPIRATORY TRACT PROBLEMS IN SELECTED AREAS OF SANGALI, MIRAJ KUPWAD'' **Objectives of the study**: To assess the mental well-being among the patients with respiratory problems. ii. To assess the social interaction among the patients with respiratory problems. iii. To assess the effect of climatic changes in the patients with respiratory problems. iv. To assess association between quality of life among patients with respiratory tract infection with their selected socio demographic variables. **Materials and methods**: Qualitative research approach was used for study. The sample for study was selected as per the criteria with non-probability purposive sampling technique. A final study was carried out with 50 sample from selected areas of Sangli Miraj and Kupwad co-operation. Based on the objectives of the study the data was analyzed using statistical method that is percentage, mean and standard deviation. In this study, research design is non- experimental descriptive exploratory design and Non probability sampling technique was used in this study the sample constituted of 50 respiratory patients from sangli, Miraj and kupwad cooperation area. **Results and conclusions:** For Quality of analysis according to the global aspect of the patientswith selected respiratory tract problems in selected areas of Sangli, Miraj and Kupwad was excellent in 12% of respiratory patients, good in 8% and poor in 40% of respiratory patient. For the breathing pattern was good in 42% of the respiratory patient and poor in 58%.The level of discomfort or restlessness in performing their daily activity was good in 26% of therespiratory patient and poor in 74%.

Fatigue level after detection of the disease was good in 62% of the respiratory patient and poor in38%.QOL for Rest and sleep pattern was good in 62% of the respiratory patient and poor in 38%. Day to day work capacity was good in 34% of the respiratory patient and poor in 66%. Sexual life was excellent in 6% of respiratory patients, good in 66% and poor in 28%.

Alteration in the physical activities due to respiratory condition was found out to be good in 26% of the respiratory patient and poor in 74%. The feelings of respiratory patient during their condition was good in 58% and poor in 42%.Thinking and learning capacity during respiratory problem were excellent in 4% of respiratory patients,good in 68% and poor in 28%.According to the patients, mental imbalance due to their respiratory condition was excellent in 6% of respiratory patients, good in 66% and poor in 28%.The decrease in confidence was excellent in 2% of respiratory patients, good in 80% and poor in 18% .The chances that the patient will take help from any spiritual individual was excellent in 6% of respiratory patients, good in 50% and poor in 44%., according to the social relationship domain of the patients with selected respiratory tract problems in selected areas of Sangli, Miraj and Kupwad.

The result of the respiratory disease affected on the patient's relationship with their family and friends was excellent in 26% of respiratory patients, good in 40% and poor in 34%Social support the patient's got from their loved ones during their current health problem was excellent in 6% of respiratory patients, good in 58% and poor in 36%.The social life after diagnosis of patient's with respiratory condition was excellent in 16% ofrespiratory patients, good in 30% and poor in 54%.

The effectiveness of coping strategies adopted by patients was excellent in 18% of respiratory patients, good in 32% and poor in 50%. The hospital facilities available in patient's area was excellent in 14% of respiratory patients,good in 40% and poor in 26%.The family environment of the patient was excellent in 12% of respiratory patients, good in 66%and poor in 24%.The humid climate affecting patient's respiratory problem was excellent in 14% of respiratory

patients, good in 66% and poor in 22%.The air pollution around the patient which affects his health was excellent in 30% of respiratorypatients, good in 34% and poor in 36%.

INTRODUCTION

Respiratory diseases, or lung diseases, are pathological conditions affecting the organs and tissues that make gas exchange difficult in air-breathing. They include conditions of the respiratory tract including the trachea, bronchi, bronchioles, alveoli, pleurae, pleural cavity, the nerves and muscles of respiration. [1] Globally, lung diseases are one of the major causes of morbidity and mortality in the 21st century. Despite generous investments and some notable progress in biomedical research, a substantial reduction in the burden of lung disease around the world was not noted. Respiratory diseases impose a massive burden on health across the globe with significant implications for death and disability.[2] India has 18% of the global population and an increasing burden of chronic respiratory diseases. However, a systematic understanding of the distribution of chronic respiratory diseases and their trends over time is not readily available for all of the states of India.[3,]

NEED FOR STUDY

Respiratory problems are the major and increasing global health problem with enormous amounts of expenditure of direct/indirect health-care costs. Respiratory condition impairs quality of life. [4] Anxiety and depression are frequently associated with respiratory conditions and with acute andchronic respiratory diseases in general. Overall, the quality of life is subjective and dependent upon individual perceptions. The most frequent associations with both well-being and quality of life in respiratory patients are good health and functional ability, a sense of personal adequacy or usefulness, social participation, the existence of friends and social support, and physiological and psychological wellbeing.[5]

Material and Method

Materials and methods: Qualitative research approach was used for study. The sample for study was selected as per the criteria with non-probability purposive sampling technique. A final study was carried out with 50 sample from selected areas of Sangli Miraj and Kupwad co-operation. Based on the objectives of the study the data was analyzed using statistical method that is percentage, mean and standard deviation. In this study, research design is non- experimental descriptive exploratory design and Non probability purposive sampling technique was used in this study .[6]

RESULT

SECTION I

Deals with analysis of demographic data of the patients with selected respiratory tract problems in selected areas of Sangli, Miraj and Kupwad in terms of frequency and percentage.

Table 1: Frequency & Percentage distribution of the patients with selected respiratory tractproblems in selected areas of Sangli, Miraj and Kupwad.

n=50

Sr. No.	Variable	Groups	Frequency	Percentage
1	Age (in years)	below 40	20	40.00
		41-50	17	34.00
		51-60	6	12.00
		61 & above	7	14.00
2	Sex	Male	30	60.00
		Female	20	40.00
3	Education	Illiterate	2	4.00
		Primary	6	12.00

		Secondary	23	46.00
		Graduate & above	19	38.00
4	**Occupation**	Farmer	11	22.00
		Business	9	18.00
		Worker	20	40.00
		Housewife	10	20.00
5	**Income (in rupees)**	below 10000	6	12.00
		10001 -20000	22	44.00
		20001 -30000	12	24.00
		30001-40000	10	20.00

The above table No 1.depicts that according to age of the patients with selected respiratory tract problems in selected areas of Sangli, Miraj and Kupwad, 40% of them were from group below 40 years, 34% were from 41-50 years of age, 12% from the 51-60 years and 14% from the age group 61 & above years.

According to sex 60% of them were males and 40% of them were females.

According to education, 4% of them were Illiterate, 12% of them educated up to primary, 46% educated up to secondary and 38% of patients were graduates and above.

According to occupation 22% of them were farmers, 18% of them had own business, 40% of them were workers, and 20%of patients were housewives.

According to income of the patients with selected respiratory tract 12% of them had income below 10000, 44% of them had income in 10001-20000 Rs, 24% had income in 20001-30000 and 20% of them answered in 30001-40000 Rs per month**.**

SECTION II

Deals with analysis of data related to assessment of the quality of life of patients with selected respiratory tract problems in selected areas of Sangli, Miraj and Kupwad in terms of frequency andpercentage.

TABLE 2: QUALITY OF LIFE - GLOBAL ITEMS

n=50

Sr.no	**GLOBAL ITEMS**	**POOR(1)**		**GOOD(2)**		**EXCELLENT(3)**	
		Freq	**%**	**Freq**	**%**	**Freq**	**%**
1	How do you rate overall quality of life?	20	40.00	24	48.00	6	12.00

The above table shows that, in the study, according to the global aspect of the patients with selected respiratory tract problems in selected areas of Sangli, Miraj and Kupwad, overall quality of life was excellent in 12% of respiratory patients, good in 8% and poor in 40% of respiratory patient.

TABLE 3: QUALITY OF LIFE - PHYSICAL HEALTH DOMAIN

n=50

Sr.no	ITEMS	POOR		GOOD		EXCELLENT	
		Freq	%	Freq	%	Freq	%
1	what do you think aboutthe way you are breathing	29	58.00	21	42.00	0	0.00
2	Rate the level of discomfort or restlessness in performing your daily activity.	37	74.00	13	26.00	0	0.00
3	After detection of your disease, rate your fatigue level ?	19	38.00	31	62.00	0	0.00
4	Rate your Rest andsleep pattern	19	38.00	31	62.00	0	0.00
5	Rate your Day to day work capacity	33	66.00	17	34.00	0	0.00
6	Rate about your sexuallife.	14	28.00	33	66.00	3	6.00
7	Rate the level of which your physical activities altered due to your respiratory condition?	37	74.00	13	26.00	0	0.00

The above table shows according to the physical health domain of the patients with selected respiratory tract problems in selected areas of Sangli, Mirajand Kupwad.shows

the way patients are breathing, the breathing pattern and It was good in 42% of therespiratory patient and poor in 58%.

The level of discomfort or restlessness in performing their daily activity was good in 26% of therespiratory patient and poor in 74%.

The Fatigue level after detection of the disease was good in 62% of the respiratory patient and poor in 38%.

The Rest and sleep pattern was good in 62% of the respiratory patient and poor in 38%. Day to day work capacity was good in 34% of the respiratory patient and poor in 66%. Sexual life was excellent in 6% of respiratory patients, good in 66% and poor in 28%.Alteration in the physical activities due to respiratory condition was found out to be good in 26%of the respiratory patient and poor in 74%.

TABLE 4: QUALITY OF LIFE - PSYCHOLOGICAL HEALTH DOMAIN

n=50

Sr.no	ITEMS	POOR		GOOD		EXCELLENT	
		Freq	%	Freq	%	Freq	%
1	Rate your feelings in your respiratory condition	21	42.00	29	58.00	0	0.00
2	rate your thinking and learning capacity during respiratory problem	14	28.00	34	68.00	2	4.00
3	According to you is there any mental imbalance due to your respiratory condition?	9	18.00	40	80.00	1	2.00
4	How much has your confidence isdecreased?	22	44.00	25	50.00	3	6.00
5	what are the chances that, you will take helpfrom any spiritual individual?	20	40.00	27	54.00	3	6.00

The above table shows that the psychological health domain of the patients during their condition was good in 58% and poor in 42%.

Thinking and learning capacity was excellent in 4% of respiratory patients,good in 68% and poor in 28%.

Mental imbalance due to their respiratory condition was excellent in 6% of respiratory patients, good in 66% and poor in 28%.

The decrease in confidence was excellent in 2% of respiratory patients, good in 80% and poor in 18% .

The chances that the patient will take help from any spiritual individual was excellent in 6% of respiratory patients, good in 50% and poor in 44%.

TABLE 5: QUALITY OF LIFE - SOCIAL RELATIONSHIP DOMAIN

n=50

Sr.no	ITEMS	POOR		GOOD		EXCELLENT	
		Freq	%	Freq	%	Freq	%
1	How much has the respiratory condition affected your personal relationship with your family and friends?	17	34.00	20	40.00	13	26.00
2	Rate the social support you get from your loved ones during your current health problem.?	18	36.00	29	58.00	3	6.00
3	Rate your social life after diagnosis of your respiratory condition	27	54.00	15	30.00	8	16.00
4	Rate the effectiveness of your coping strategies ?	25	50.00	16	32.00	9	18.00

The above table shows that, according to the social relationship domain of the patients with selected respiratory tract patient's relationship with their family andfriends was excellent in 26% of respiratory patients, good in 40% and poor in 34%

Social support the patient's got from their loved ones during their current health problem was excellent in 6% of respiratory patients, good in 58% and poor in 36%.

The social life after diagnosis of patient's with respiratory condition was excellent in 16% of respiratory patients, good in 30% and poor in 54%.

The effectiveness of coping strategies adopted by patients was excellent in 18% of respiratory patients, good in 32% and poor in 50%.

TABLE 6: QUALITY OF LIFE – ENVIROMENTAL DOMAIN

n=50

Sr.no	ITEMS	POOR		GOOD		EXCELLENT	
		Freq	%	Freq	%	Freq	%
1	Rate the hospital facilities available inyour area	13	26.00	20	40.00	7	14.00

2	How would you rate your family environment?	12	24.00	33	66.00	6	12.00
3	How much is humid climate affecting your respiratory problem?	11	22.00	33	66.00	7	14.00
4	Rate the air pollution around you, which is affecting your health	18	36.00	17	34.00	15	30.00

The quality of life of environmental health domain of the patients was excellent in 14% of respiratory patients,good in 40% and poor in 26%.

The family environment of the patient was excellent in 12% of respiratory patients, good in 66%and poor in 24%.

The humid climate affecting patient's respiratory problem was excellent in 14% of respiratory

patients, good in 66% and poor in 22%.

The air pollution around the patient which affects his health was excellent in 30% of respiratory

patients, good in 34% and poor in 36%.

SECTION III

Deals with analysis of data related to the association between quality of life among patients with respiratory tract infection with their selected socio demographic variables.

Table 7: Association between quality of life among patients with respiratory tractinfection with Socio demographic variables

n=50

Sr. No.	Variable	Groups	Quality of life		Chi Square	d.f.	p value	Significance
			below Md	above Md				
1	Age (in year)	below 40	9	11	1.99	3	0.57	Not Significant
		41-50	10	7				
		51-60	4	2				
		61 & above	5	2				
2	Sex	Male	17	13	0.01	1	0.90	Not Significant
		Female	11	9				
3	Education	Illiterate	2	0	2.67	3	0.45	Not Significant
		Primary	3	3				
		Secondary	11	12				
		Graduate & above	12	7				
4	Occupation	Farmer	6	5	2.2	3	0.53	
		Business	6	3				Not Significant
		Worker	9	11				
		Housewife	7	33				
5	Income (in rupees)	below 10000	2	4	5.13	3	0.16	Not Significant
		10001 -20000	10	12				
		20001 -30000	8	4				
		30001-40000	8	2				

For all the demographic variables age (0.57), sex(0.90), education(0.45), occupation(0.53) and income(0.16), the p value of the association test with quality of life among patients with respiratory tract infection was more than 0.05. That means, there is no association between the quality of life among patients with respiratory tract infection with these demographic .

DISCUSSION

The study was conducted in selected areas of Sangli, Miraj and Kupwad using modified rating scale utilizing a non-probability purposive sampling technique. the results of the study was found that. 54% patients had poor quality of life, 20% had good quality of life and 26% had excellent quality of life.For all the demographic variables age, sex, education, occupation and income, the p value of the association test with quality of life among patients with all the demographic variables was more than 0.05 which concludes that there was no significant association of these demographic variables with the quality of life.

A similar study was conducted by Malik Shanawaz Ahmed , Arslan Neyaz, and Ahmad Nadeem Aslami on health related quality of life of chronic obstructive pulmonary disease patients result from a community based cross sectional study in Aligarh , Uttar Pradesh. The finding of the study revealed that patients with COPD showed significantly reduced health related quality of life (HRQOL).no association between QOL and education, body mass index (BMI), and gender was observed,so this study results support the present results of Association.[7]

It was observed that the patients with respiratory tract infections experience lack energy, tired easily, worn out, sick easier and health status worse easier than those who get care and support due to nature of the disease [8,9]

SUMMARY

A study was conducted to assess the quality of life in respiratory patients with Non- probability purposive sampling technique with 50 samples and Itwas found that maximum 54% patients had poor quality of life, [10,] 20% had good quality of life and 26% had excellent quality of life.so it concludes that the quality of life among maximum the respiratory patients was poor which needs to be focused and teach them needed strategies to improve the quality of life[11]It is the responsibility and right of an individual to attain a positive state of health .[12]. .

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