A Study to assess the Quality of Life among patients with Coronary Artery Diseases.

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ABSTRACT

Objective- *To assess the quality of life among patients with coronary artery diseases.*

Method- *Non - Experimental design was adopted for the study.* **Conclusion-***. As health care team member, nurses always plays a vital part in imparting knowledge and educating the patients with coronary artery disease to prevent complications and to improve their quality of living.*

Keywords: *Quality Of Life, Coronary Artery Diseases, Descriptive Study.*

Introduction

Quality of life is amultidimensional concept and indicatorof health status and outcome in patientswith coronary artery diseases.[2] Amongcardiovascular diseases coronary arterydiseases is the leading cause of death inhigh income countries with 1.33 million deaths accounting for 16.3% of totaldeaths and becoming a significant causeof death in low to middle incomecountries. As nursing profession islooking towards a holistic nursing care, itis in the hands of the nursing fraternity toimprove the quality of life of patientsliving with coronary artery diseases.[4]

Objectives

• To assess the quality of life amongpatients with coronary artery diseases.

• To find the association of quality of life ofpatients with coronary artery diseaseswith selected demographic variables.

Hypothesis

H1: There is a significant difference inquality of life of patients with coronary artery diseases.

H2: There is a significant association of Quality of life of patients with coronaryartery diseases with selecteddemographic variables.

Methodology

The study was conducted amongthe patients attending cardiology OPD inMGMCRI. Non - Experimental design was
adopted for the study. The samples whomet the inclusion criteria were selectedby simple random sampling. The samplesof the study comprises of 100 patientswith coronary artery diseases.

Tool Development

The questionnaire was developedand modified from "Health status andquality of life questionnaire". The toolconsisted of 2 parts,First part consisted ofdemographic variables which include age, sex, marital

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status, educationalstatus, occupation andincome. Second part consisted of modifiedhealth status and quality of lifequestionnaire which included fourdomains- physical, functional, emotionaland social aspects. The reliability of thetool was established by Karl Pearson. Thereliability score obtained was r=0.915which indicated that the tool was reliable.The tool was given to experts in the fieldof nursing and medicine for validation.

Data collection procedure

After obtaining ethical clearance the data collection procedure was done for a period of six weeks. After getting the consent from the samples, the questionnaire was distributed to the samples. Their doubts were clarified. After 30 minutes the answer sheets were collected back. The data were assessed and documented on the format developed.

Data Interpretation

S. no	Quality of life	N	%
1	Very good	0	0
2	Good	75	75%
3	Poor	25	25%
4	Very poor	0	0

Quality of Life

The above table reveals frequency&percentage distribution of quality of lifewith patients with coronary arterydisease. Among the patients with coronary artery disease 75% had good QOL and 25% had poor QOL

Result

S.NO	Quality of life	Physical quality of life	Functional quality of life	Emotional quality of life	Social quality of life
Very good	0%	-	-	-	-
Good	75%	41%	45%	-	-
Poor	25%	50%	50%	28%	31%
Very poor	0%	9%	5%	72%	69%

The study revealed a significantassociation with selected demographicvariables like educational status, life style practices, occupation, dietary practices,duration of illness and number ofhospitalization, income, and type of work.It also revealed that there was noassociation between age, sex, maritalstatus, living condition, family history,and treatment.

Implications

Periodically the quality of life needs to be reviewed, evaluated andmotivated on different aspects for thebetter health and based on the evaluationof patients

Conclusion

The study was conducted to evaluate the changes in quality of life of patients living with coronary artery disease in terms of physical, functional, emotional and social aspects. The findings showed that though 75% had good quality of life, there was a marked deterioration in physical, functional, emotional and social aspects of patient living with coronary artery diseases. As health care team member nurses always

play a vital part in imparting knowledgeand educating the patients with coronaryartery disease to prevent complicationsand to improve their quality of living.

Recommendations

• The study can be conducted with large sample size.

• A similar study can be conducted for patients undergoing cardiothoracic and vascular surgery.

Limitations

• Study was limited for 100 patients

• Period of data collection was limited to 6 weeks

• Study was limited to coronary artery

References

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Mnemonics – "To Remember

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5 W's

Wind: pneumonia and atelectasis
Wound: wound and surgical incision infections
Water: Urinary Tract Infection
Walking: deep vein thrombosis and pulmonary embolus
Wonder-drugs: especially anesthesia