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 a multidimensional concept and indicator of health status and outcome in patients with coronary artery diseases. Among cardiovascular diseases, coronary artery diseases is the leading cause of death in high-income countries with 1.33 million deaths accounting for 16.3% of total deaths and becoming a significant cause of death in low to middle-income countries. As nursing profession is looking towards a holistic nursing care, it is in the hands of the nursing fraternity to improve the quality of life of patients living with coronary artery diseases.

**Objectives**

- To assess the quality of life among patients with coronary artery diseases.
- To find the association of quality of life of patients with coronary artery diseases with selected demographic variables.

**Hypothesis**

**H1**: There is a significant difference in quality of life of patients with coronary artery diseases.

**H2**: There is a significant association of Quality of life of patients with coronary artery diseases with selected demographic variables.

**Methodology**

The study was conducted among the patients attending cardiology OPD in MGMCR. Non - Experimental design was adopted for the study. The samples who met the inclusion criteria were selected by simple random sampling. The sample size of the study comprises of 100 patients with coronary artery diseases.

**Tool Development**

The questionnaire was developed and modified from "Health status and quality of life questionnaire". The tool consisted of 2 parts, first part consisted of demographic variables which include age, sex, marital

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status, educational status, occupation and income. Second part consisted of modified health status and quality of life questionnaire which included four domains—physical, functional, emotional and social aspects. The reliability of the tool was established by Karl Pearson. The reliability score obtained was \( r = 0.915 \) which indicated that the tool was reliable. The tool was given to experts in the field of 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**

<table>
<thead>
<tr>
<th>S. no</th>
<th>Quality of life</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very good</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Good</td>
<td>75</td>
<td>75%</td>
</tr>
<tr>
<td>3</td>
<td>Poor</td>
<td>25</td>
<td>25%</td>
</tr>
<tr>
<td>4</td>
<td>Very poor</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Quality of Life**

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

**Result**

The study revealed a significant association with selected demographic variables like educational status, life style practices, occupation, dietary practices, duration of illness and number of hospitalization, income, and type of work. It also revealed that there was no association between age, sex, marital status, living condition, family history, and treatment.

**Implications**

Periodically the quality of life needs to be reviewed, evaluated and motivated on different aspects for the better health and based on the evaluation of 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 patients living with coronary artery diseases. As health care team member nurses always
play a vital part in imparting knowledge and educating the patients with coronary artery disease to prevent complications and 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**

**Mnemonics – “To Remember**

**Post-Operative Fever**

**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