

An Exploratory Study to Assess the Quality of Life of Women Diagnosed with Rheumatic Heart Disease (RHD) in Selected Hospitals of Mumbai

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Abstract

The study was conducted to assess the quality of life of women with rheumatic heart disease in selected hospitals of Mumbai. An exploratory descriptive approach was used in the study. The sample consisted of 200 women diagnosed with RHD receiving treatment in selected hospitals of Mumbai. The study was conducted at a Municipal and a Government Hospital of Mumbai. Non probability convenience sampling technique was used in this study. The Self reporting technique and Rating scale was used to assess the quality of life of women with rheumatic heart disease. The result revealed that 50 per cent samples belonged to the age group of 15-24 years, majority of the samples (62%) were Hindus, (72%) were from joint family, (75%) were non vegetarian. Majority of the samples (77 %) were housewives. About 55% of samples were living in chawls. The finding showed that various factors along with disease contribute to good and bad quality of life of women with rheumatic heart disease.

Keywords: Quality of life; Rheumatic heart disease.

Background

The term "Health Related Quality of Life" (HRQOL) was coined as a way of justifying the use of currently available measures under a new banner. The rationale was such that, since they focused on those aspects of existence that were affected by ill health, must also give some indication of the impact of illness on quality of life. Physicians have used HRQOL to measure the effect of chronic illness in their patients to better understand how an illness interferes with a person's day to day life.[1]

Worldwide, rheumatic heart disease remains a major health problem. Chronic rheumatic heart disease is estimated to exist in 5-30 million children and young adults; 90,000 patients die from this disease each year. The mortality rate from this disease remains 1-10%.[2]

It is evident that in RHD the prognosis of females

is worse than that of males. According to 'American Heart Association' in RHD the female death rate is approximately double that of male deaths.[3]

This study was aimed at finding out the quality of life of women with Rheumatic heart disease in certain selected parameters which can affect the quality of life.

Objectives

- 1) To identify changes experienced by women in selected areas of life after the diagnosis of RHD.
- 2) To compare the quality of life of women with RHD with selected variables such as education, socioeconomic status, marital status, duration of disease and operative status.

Methodology

Research approach

Exploratory descriptive approach was used.

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Sample and sample size

In this study the sample consisted of 200 women diagnosed with RHD receiving treatment in selected hospitals of Mumbai.

Setting of the study

The study was conducted in one of the Government hospital & Municipal hospital in Mumbai.

Sampling technique

Non probability convenience sampling technique was used in this study

Technique and Tool

Self reporting was used to collect data for assessing the quality of life of women with RHD.

Tool used

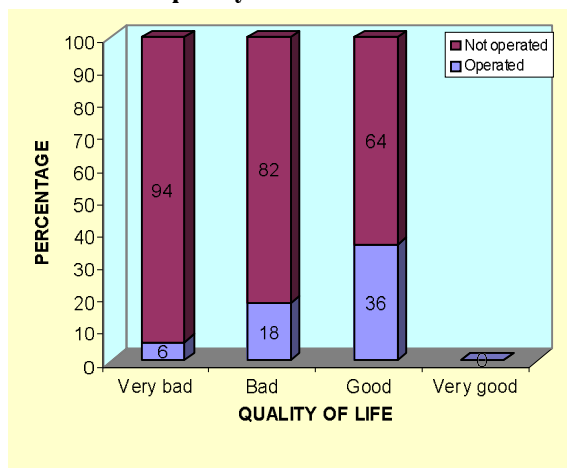
Rating scale was used to assess the quality of life of women with rheumatic heart disease.

Result and Discussion

The findings of study were as follows:

- Twenty four per cent samples were illiterate, 22 per cent had completed primary level education, 26 per cent had completed secondary education, 22 per cent had completed higher education and six per cent were graduates.

Distribution of samples with regard to their quality of life score



Quality of life of the women with RHD related to their physical activity

N=200

Physical activity	f	%
Fatigue		
a) Never	50	25
b) Sometimes (once in a day)	71	35
c) Often (twice in a day)	30	15
d) All the time (whole day feels tired)	49	25
Difficulty in meeting personal needs		
a) Great difficulty	09	05
b) Moderate difficulty	18	09
c) Some difficulty	64	32
d) No difficulty	109	54
Difficulty in doing household work		
a) Greatly affected	15	07
b) Moderately affected	29	15
c) To Some extent affected	74	37
d) Not at all affected	82	41
Rest in between the physical activity		
a) Always	31	15
b) Often	25	13
c) Sometimes	93	47
d) Never	51	25

- With regard to marital status, majority of them (57%) were married and 39 per cent were unmarried.
- Seventeen per cent of the samples had duration of illness less than 2 years, 34 per cent had 3-4 years of duration of illness, 24 per cent had 5-6 years duration of illness, 12 per cent had 7-8 years duration of illness, and 13 per cent had duration of illness for more than 8 years.
- Majority of patients (78%) were only on medications and 22 per cent had been operated earlier.

Comparison of significance of difference between the means of quality of life scores of married and unmarried group

It was found that there was significant relationship between the mean score of married and unmarried group at 0.01 level. The mean was higher in unmarried; so quality of life was better in unmarried group than the married group.

Distribution of samples according to quality of scores

Majority of samples (67%) had bad quality of life, eight per cent of the samples had very bad QOL and only 25 per cent samples had good quality of life.

The figure below shows that the quality of life

was better in operated women than the non operated women.

This finding was also supported by WHO study report 2001, where it was mentioned that with operation quality of life improves.

Conclusion

It was found that many of the women's quality of life was changed because of the various factors involved in the disease process as well as from social factors. Women showed their keen interest for participation in the study.

References

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