INTERNATIONAL JOURNAL OF MEDICAL AND APPLIED SCIENCES
Earthjournals Publisher
E-ISSN:2320-3137
www.earthjournals.org

Research Article

QUALITY OF LIFE AMONG INDIVIDUALS WITH CHRONIC PHYSICAL CONDITIONS

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Abstract

Background: Quality of life (QoL) assessment is often concentrated on the psychological aspects of an illness, with most classical tools designed to measure mental illnesses or the treatable elements of illnesses. Objectives: The study aimed to measure the quality of life of a group of physically ill subjects of chronic nature and correlated the same with their socio-demographic attributes. Methods: 60 individuals of age 18 to 60 were interviewed using Lehman QoL questionnaire. The various domains of life were scored separately and global satisfaction was assessed independently. Various subscores were analysed separately for sexes. Correlation coefficients were calculated for domain wise scores with global score. A p-value of less than 0.05 was considered significant.Results: Daily activities were good in majority of individuals. Females were noted to have a variety of activities compared to males. Comparative health was better in most individuals. Present health and quality of life were not rated good by many individuals. Dissatisfaction stemmed mostly from lack of leisure activities rather than job related activities. Financial comfort was equally important in life satisfaction. Current health and medical set-up were the chief determinants in reaching a good global level of satisfaction.Conclusion: QoL is probably the most important indicator to consider in chronic disease management. The study looked at various socio-demographic deterrents of achieving this using Lehmann QoL questionnaire. The results emphasize the pre-eminent role of health and health services in this cohort of physically ill subjects. The financial and social aspects of life were only secondary to these in terms of fullness of life.

Keywords: Quality of life, life satisfaction, chronic illness.

INTRODUCTION

Individual patients rarely matter when it comes to clinical outcomes in many of the low-to-middle income countries. Recently the attention of researchers has been turning to the patient reported outcomes in many chronic medical conditions[1]. The social, psychological and material well-being is the central theme of expanding literature in medical sciences and the physical disorders which do not get cured permanently are often associated with aberrations in these

dimensions affecting even the mental health of the patients thereof. The patients are often outcast from the families and they become debased and dependent on destitute homes for their daily existence. The satisfaction with life is often at the lowest in these circumstances and there comes a need to assess the impact of not only the mental aspects of being a vagabond but also the physical aspects of the illness itself. Most instruments purport to measure the quality of life from a mental point of view. The satisfaction model put forth by Lehman et al approaches this dilemma in a way personal happiness and well-being are measured in multi-dimensional aspects[2]. Life domains are analyzed threadbare to conclude on overall level of satisfaction with life and also the satisfaction from the point of view of treatment and the effects thereof.

There have been studies of qualitative nature in conditions as varying as asthma through chronic obstructive pulmonary disease (COPD) to multiple sclerosis[3]. Sickness impact is often highlighted so much so the improvement in symptoms make the patients appear happier at the end of short intervention whereas the real day-to-day existential issues get sidelined[4]. The application of Lehman Quality of Life scale to multiple chronic conditions thus assumes a global social significance from a public health point of view rather than a physiological one. A disease such as multiple sclerosis subjected to HR-QoL could bring out a wider perspective as to the many-fold issues of neurological and other physical disabilities linked to that condition[5]. Such studies typically analyze the immediate physical aspects of the illness such as breathlessness in asthma and COPD as often the customized tools for QoL measurements in physical illnesses are used to measure the effects of treatment. Hence the life satisfaction angle to the human story pales into oblivion. Our paper reports the overall life satisfaction and happiness related negatively to chronic physical conditions in a marginalized group of subjects in an upcoming city of India. The aims and objectives were to assess the overall quality of life of patients with chronic physical disorder and to compare the quality of life index with the socio-demographic profile.

METHODOLOGY

60 individuals suffering from various physical conditions of persistent nature were the subjects of the study. They were recruited into the study from the field practice area of a medical college in Mangalore. The ages were from 18 to 60 years. The individuals were subjected to Lehman Quality of Life Interview after obtaining their informed consent. Life satisfaction was assessed on a Likert-type scale. The subjects rated their satisfaction with various domains of their life and sometimes the level of importance of each of them with regard to the physical ailment which they were suffering from. The Satisfaction model was made appropriate for the study because of various issues with regard to income and housing of the subjects which made decisive impact on their ability to take treatment or sustain health care activities. Global wellbeing was assessed independently of the subscores. The scores were correlated with socio-demographic items to find out the relevance of such. The tables were presented with relevant percentages and chi-square tests were done to derive p-values, which when less than 0.05 signified statistical inference. The significance of the socio-demographic variables was depicted using biplots showing deviations from agreement between dichotomies.

RESULTS

There were 41 males and 19 females enrolled for the study. Their age distribution and other major descriptives are given in table 1. Majority of them were in the age group of 41 to 60 years. 25 (60.9%) of males had children of which 11 (26.8%) were less than 18 years. 15 (78.9%) of the females had children, 8 of which (42.1%) were less than 18 years.

Table1: Demographic Characteristics

Variables	Categories	Male (%)	Female (%)	P-value
Age group	18-40 years	17 (41.5)	9 (47.4)	0.368
	41-60 years	20 (48.8)	10 (52.6)	
	> 60 years	4 (9.4)	0 (0)	
Marital status	Married	28 (68.3)	13 (68.4)	0.0512
	Widowed	0 (0)	2 (10.5)	
	Separated	0 (0)	1 (5.3)	
	Never married	13 (31.7)	3 (15.8)	
Education	No schooling	3 (7.3%)	0 (0)	0.626
	1st to 7thstandard	13 (31.7%)	6 (31.6%)	
	8th to 12th	24 (58.5%)	12 (63.2%)	
	Graduation	1 (2.5)	1 (5.2%)	
Income	None	7 (17.1)	2 (10.5)	0.389
	Only 1 source	28 (68.3)	13 (68.5)	
	2 sources	4 (9.8)	4 (21.0)	
	More than two	3 (4.8)	0 (0)	

As per residential status, 2 were living in skilled nursing facility, 1 was in a transitional group home, 1 in a cooperative apartment, 1 in a board and care home, 1 in a boarding home and 2 were in shelters. The 2 staying in shelters were males. There was no significant difference otherwise between males and females in terms of residence (p = 0.842) or other variables as shown in table 1.

Table 2:Satisfaction with regard to various aspects of living

Variables	Categories	Male (%)	Female (%)	P-value
Daily activities and functioning	Good	16 (39.0)	13 (68.4)	0.100
	Fair	19 (46.3)	5 (26.3)	
	Poor	6 (14.7)	1 (5.3)	
Number of types of activity	None	3 (7.3)	2 (10.5)	0.613
	1 to 4	22 (53.7)	9 (47.4)	
	5 to 8	11 (26.8)	8 (42.1)	
	9 and more	5 (12.2)	0 (0)	
Present health rating	Very good	2 (4.9)	3 (15.8)	0.475
	Good	15 (36.6)	7 (36.8)	
	Fair	16 (39.0)	7 (36.8)	
	Poor	8 (19.5)	2 (10.6)	
Comparative health	Better	12 (29.3)	9 (47.4)	0.148
	Same	10 (24.4)	1 (5.2)	
	Worse	19 (46.3)	9 (47.4)	
Quality of Life (QoL) in general	Terrible	1 (2.4)	0 (0)	0.414
	Unhappy	3 (7.3)	4 (21.1)	
	Mostly dissatisfied	9 (22.0)	1 (5.2)	
	Mixed feelings	12 (29.3)	4 (21.1)	
	Mostly satisfied	8 (19.5)	6 (31.6)	
	Pleased	5 (12.2)	3 (15.8)	
	Delighted	3 (7.3)	1 (5.2)	

Females exhibited a better rating as per the activities of daily living which was however not significant as shown in table 2. Similarly number of types of activities showed a trend towards more among females. Males and females did not vary significantly in terms of satisfaction with regard to various facets of life. Comparative health was seen as worse in almost half of the respondents and quality of life in general was also equally on the negative side.

Table3:Aspects of quality of life

Variables	**Dissatisfied**	**Mixed Feelings**	**Satisfied**
Residential environment	7 (11.7)	4 (6.7)	**49 (81.6)**
Neighbourhood	6 (10.0)	6 (10.0)	**48 (80.0)**
Family relations	6 (10.0)	8 (13.3)	**46 (76.7)**
Safety environment	6 (10.0)	7 (11.7)	**47 (78.3)**
Job Satisfaction	**4 (13.8)**	**4 (13.8)**	**21 (72.4)**
Leisure activities	**18 (30.0)**	11 (18.3)	31(51.7)
Social relations	12 (20.0)	15 (25.0)	33 (55.0)
Health and medical setup	12 (20.0)	16 (26.7)	32 (53.3)
Financial comfort	**27 (45.0)**	17 (28.3)	16 (26.7)
Overall life satisfaction	**18 (30.0)**	16 (26.7)	26 (43.3)

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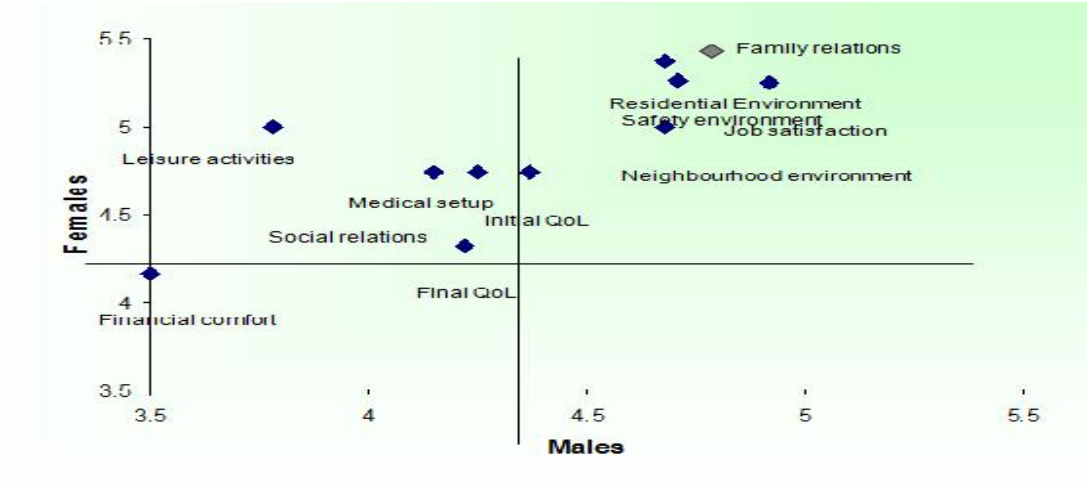

Figure 1: Quality vs. Gender

The analysis of quality of life revealed that residential, neighbourhood, family and safety aspects generated adequacy as per a majority of respondents. The aspects which fared worse were leisure activities, social relations, health/medical setup, and financial comfort. This does not imply that those who are employed did not enjoy their job related activities. Overall life satisfaction was on the lower side because of obvious differential weighting of the various domains. The biplot generated to compare these between the genders is shown in figure 1. Leisure activities are featured heavily among the females compared to males. In all other domains there was no difference.

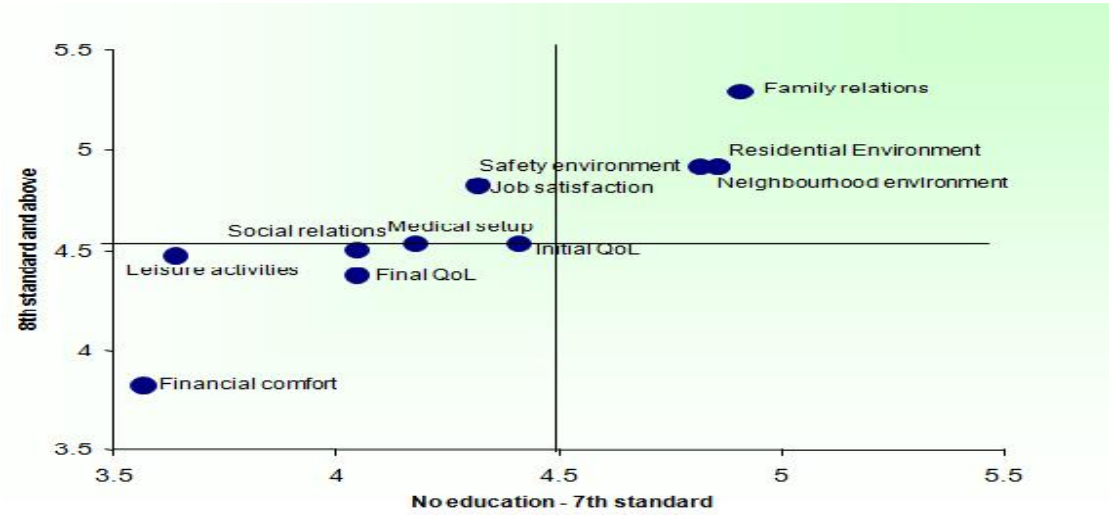

Figure 2: Quality vs. Education

Leisure activities were more among the group which had education upwards from 8th standard as in figure 2. Marital status did not reveal much significant findings except a relatively higher score in neighbourhood/residential environment and safety concerns.

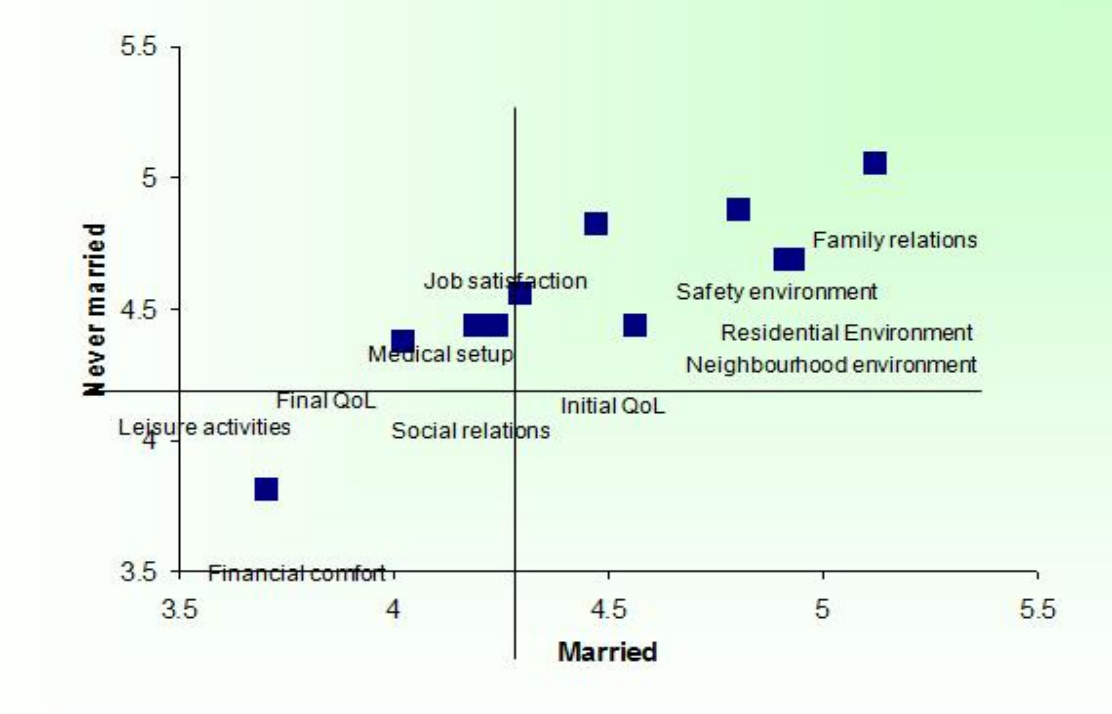

Figure 3: Quality vs. Marital Status

It may appear that the physical ailment is the important factor in causing the deterioration in global quality rating than any other variable independently. Table 4 analyzed the correlation between the various factors and global satisfaction. As expected the components contributed different weights to the overall satisfaction in life. The residential environment was significantly associated whereas neighborhood did not matter much. Leisure activities did matter as also telephone facilities. Social and family relation mattered positively as did all the factors mentioned above. Financial comfort and job satisfaction were strong factors in life satisfaction. Spending time however was negatively associated with life satisfaction. Eventually, current health and medical setup were the most important components which affected their life satisfaction.

Table 4: Correlation coefficients between global satisfaction and other components

Residence 0.3*	Neighbourhood 0.22	Activity 0.23	Functioning 0.11
Leisure 0.34*	Telephoning 0.41*	Meeting family 0.08	Family relations 0.41*
Social contacts 0.08	Social relations 0.36*	Finance 0.08	Money -0.08
Usual minimum 0.03	Basic minimum 0.23	Financial comfort 0.41*	Spending time -.26*
Hours a week -.02	Job satisfaction 0.48*	Safety environment 0.29*	Comparative health .02
Current health 0.68**		Medical setup 0.62**	

DISCUSSION

The quality of life is one among the vital elements which is fast becoming important in treating a patient suffering from chronic disease in developed countries, which is far from being important in developing countries. In recent times, various studies have pointed in new directions where researchers are looking for patient reported outcomes in chronic medical conditions[1]. There is a remnant physical limitation in most chronic medical conditions which are rarely free or completely cured of the primary disorder. Hence, the patient is often a burden for the family and results in impaired psychological and social life of the said individuals.

Chronic illnesses are inevitable. It affects a range of ages regardless of gender. More males were found to be unmarried in presence of such illnesses. In spite of such illnesses females tended to study to higher levels compared to males. The individuals in the study tended to be in different surroundings other than family settings. Their financial situation was also dismal considering only limited avenues of resource generation. Daily activities become hurdles to the physically ill persons and hence activities tend to get limited. Lehmann scale addressed most of these issues successfully as proved by our study. Present health rating was not satisfactory according to our analysis. Comparative health was worse in a good number of individuals. The overall quality of life thus was not quite bright in many of their lives.

CONCLUSION

On exploring the relationships hidden in the wealth of data, it was found that more than the abstract needs in life such as environment and society, health and availability of health care were of paramount importance to their assessment of quality[2]. QoL is ultimately related to their health set-up and current health status than any other socio-demographic variable. Wherever possible, QoL can be improved by engaging them in more satisfying and gainful occupations. QoL and the patients' attitude towards the illness and health setup can be improved via a better therapist-patient relationship and better caring.

ACKNOWLEDGEMENT

Authors would like to thanks all the study participants whose cooperation was important for the completion of the study.

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