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A study on quality of life and lived experiences of cad survivors in Narayan Medical College and Hospital, Jamuhar, Sasaram, Bihar

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Abstract

Introduction: The American Heart Association, in conjunction with the National Institutes of Health, annually reports coronary artery disease (CAD) accounts for approximately 610,000 deaths annually (estimated 1 in 4 deaths) and is the leading cause of mortality in the United States. It is the third leading cause of mortality worldwide and is associated with 17.8 million deaths annually. A large percentage of this burden is found in low and middle income countries like India; this accounts for nearly 7 million deaths and 129 million DALYs annually and is a huge global economic burden. Coronary artery disease caused disturb of physical, psychological, and social aspects on quality of life. The aims in this study was to examine effecting factors of quality of life (QOL).

Objectives of the study: To find the quality of life among CAD survivors • To find lived experiences of CAD survivors admitted in NMCH.

Methodology: The research approach used in the study was quantitative research approach and the research design is descriptive study. In this study sampling was done by purposive sampling method. The setting of the study were Narayan Medical College And Hospital. The Target population in this study were all the CAD patients. The accessible population was Selected patients at Narayan Medical College and Hospital. Structured questionnaire was of 14 questions, were asked by samples. The investigator collected data from 30 patients, who were came for treatment in Narayan medical hospital.

Result: In this study majority (56.7%) of patient have medium level of HRQOL score (0-14), 26.7% of patient have low level of HRQOL score and 16.7% of patient have high level of score. The significant association between selected demographical variables i.e. age, gender, religion, education, occupation, family, lifestyle ill habits, duration of illness, past family history with HRQOL Score was tested by chi square test, p value was found greater than 0.05. So, there is no significant association with demographic variables and HRQOL scores. The standard deviation of total HRQOL score is 6.777.

Keywords: Knowledge, clinical features, complications, coronary artery disease, adults

Introduction

Coronary artery disease (also called coronary heart disease) is the number one killer of both men and women, and it's the most common type of heart disease; CAD is preventable disease it causes the dangerous thickening and narrowing of the coronary arteries—the vessels that bring blood to the heart—which disrupts the flow of oxygen and nutrients to the heart, causing serious problems (14) Prevention of coronary artery diseases involves quit smoking, eat less of the foods that add to heart problems, and more of the foods that protect the heart, become more active, and stay active, all through life, keep your weight within the normal range on a Body Mass Index (BMI), find healthy outlets for your stress

Nursing care involves emotional support; someone to talk to, or practical support; dressing wounds, mobility assistance or medication checking; Focus groups discussion and examination by a caregiver are essential transitions comprising of participating in the role before identifying as a caregiver, acceptance of the role, engaging in it with awareness and sometimes moving beyond the care giving role when the patient moving to paid care settings or bereavement occurs. This process is not linear and people move through the different transitions at varying rates, acknowledging this, it is imperative for caregivers to receive a caregiver needs assessment as legally stipulated.

In the current study the researcher has done an extensive review of literature and found six concepts relating to caregiver's role in current study which includes (1) mental health, (2) caregiver role, (3) lifestyle change, (4) support for caregivers, (5) knowledge and (6) relationships. Four additional concepts were identified from qualitative papers only (6) expert by experience, (7) vigilance, (8) time and (9) shared care. The researcher in the current study wants to apply both quantitative and qualitative approach and find the results accordingly.

Assumptions There will be some amount of variations in quality of life among coronary artery disease patients.

Methodology

Research Approach: The researcher plans to adapt qualitative phenomenological approach and quantitative approach, hence it would be a mixed approach. .

Research Design: Descriptive phenomenology design, and descriptive survey design will be used .i.e., the essence of an experience is described along with quality of life Variables Study Variable: quality of life (Mac New Heart Disease HRQOL questionnaire tool), Lived experiences (Structured Interview with open ended questions).

Setting of the study: The settings in the current study is cardiac care unit and myocardial intensive care unit of Narayan Medical College and Hospital, Jamuhar, Sasaram, Bihar, India.

Target Population: (Target & Accessible) Target Population: Patients admitted at Narayan Medical College and Hospital, Jamuhar, Sasaram, Bihar, India.

Accessible Population: Patients admitted at cardiac care unit and myocardial intensive care unit of Narayan Medical College and Hospital, Jamuhar, Sasaram, Bihar, India, with complains of CAD disease.

Sampling Technique: Purposive Sampling Technique was used.

Sampling Criteria

- Both male and female patients admitted at cardiac care unit and myocardial intensive care unit of Narayan Medical College and Hospital, Jamuhar, Sasaram, Bihar, India, with complains of CAD disease.
- CAD patients who can communicate
- CAD patients willing to participate in the study
- CAD patients who are available at the time of data collection

Data analysis and interpretation

Hypothesis

H1: There will be significant phenomenological experiences among survivors with coronary artery diseases

H2: There will be significant association between selected demographic variables and HRQOL Score.

Organization of the findings

The study findings were organized and presented in following Section- Analysis was categorized into 2 Section:

Section I: Analysis of Socio Demographic data

Section II: Analysis of Mac New Heart Disease health related quality of life questionnaire tool.

Section I: Analysis of Socio Demographic data

Table 1: Representing frequency and percentage of CAD patients in NMCH, Jamuhar, Sasaram.

S. No.	Demographic variables	Frequency (f)	Percentage (%)
Age (in year)			
1.	a) 21-40	8	26.7
	b) 41-60	21	70.0
	c) 61-80	1	3.3
	d) >80	0	0
Gender			
2.	a) Male	20	66.7
	b) Female	10	33.3
Religion			
3.	a) Hindu	21	70.0
	b) Muslim	9	30.0
	c) Christian	0	0
	d) other	0	0
Education			
4.	a) No formal education	13	43.3
	b) Primary	8	26.7
	c) Higher secondary	7	23.3
	d) Graduate and above	2	6.7
Occupation			
5.	a) Unemployed	13	43.3
	b) Farmer/labour	8	26.7
	c) Private/business	6	20.0
	d) Government sector	3	10.0
Family			
6.	a) Nuclear	21	70
	b) Joint	7	23.3
	c) Extended	2	6.7
	d) Single parent	0	0
Lifestyle ill habits			
7.	a) Smoking	10	33.3
	b) Oral tobacco chewing	8	26.7
	c) Alcohol	4	13.3
	d) none	8	26.7
Suffering with CAD since _year			
8.	a) 0-3 yr	27	90
	b) 3-5 yr	3	10
	c) 6-10 yr	0	0
	d) >10 yr	0	0
Family history of CAD present, if yes who			
9.	a) Yes	22	73.3
	b) No	8	26.7

Table 1: Characteristics of sample (Demographic variables)

Section B

Analysis of Mac New Heart Disease health related quality of life questionnaire tool.

Table 2: Result of HRQOL Score

Score	Frequency	Percent
High	5	16.7
Low	8	26.7
Medium	17	56.7

This reveals that majority (56.7%) of patient have medium level of HRQOL score (014), 26.7% of patient have low level of HRQOL score and 16.7% of patient have high level of score.

This chart represents that about HRQOL score.

This reveals that majority (56.7%) of patient have medium level of HRQOL score (014), 26.7% of patient have low level of HRQOL score and 16.7% of patient have high level of score.

Table 3: Association of Demographic variable with Mac new HRQOL scores the chi square test result that demographic variable are not significant the HRQOL score, as the p value is greater than 0.05 which should be less than it.

S. No.	Demographic variables	Frequency (f)	Percentage (%)	X2
1.	Age (in year)			.182
	(a) 21-40	8	26.7	
	(b) 41-60	21	70.0	
	(c) 61-80	1	3.3	
	(d) >80	0	0	
2.	Gender			.132
	(a) Male	20	66.7	
	(b) Female	10	33.3	
3.	Religion			.792
	(a) Hindu	21	70.0	
	(b) Muslim	9	30.0	
	(C) Christian	0	0	
	(d)other	0	0	
4.	Education			.174
	(a) No formal education	13	43.3	
	(b) Primary	8	26.7	
	(c) Higher secondary	7	23.3	
	(d) Graduate and above	2	6.7	
5.	Occupation			.087
	(a) Unemployed	13	43.3	
	(b) Farmer/labour	8	26.7	
	(c) Private/business	6	20.0	
	(d) Government sector	3	10.0	
6.	Family			.288
	(a) Nuclear	21	70	
	(b) Joint	7	23.3	
	(c) Extended	2	6.7	
	(d) Single parent	0	0	
7.	Lifestyle ill habits			.172
	(a) Smoking	10	33.3	
	(b) Oral tobacco chewing	8	26.7	
	(c) Alcohol	4	13.3	
	(d) none	8	26.7	
8.	Suffering with CAD Since year			.075
	(a) 0-3 yr	27	90	
	(b) 3-5 yr	3	10	
	(c) 6-10 yr	0	0	
	(d) >10 yr	0	0	
9.	Family history of CAD present, if yes who			.720
	(a) Yes	22	73.3	
	(b) No	8	26.7	

Table 4: Standard deviation of HRQOL Score

S. No.	Question	Standard Deviation
1	Walk indoors on level ground?	1.167
2	Garden. Vacuum/Brooming or carrying groceries.	1.163
3	Climb a hill or a flight of stairs without stopping.	1.009
4	Walk more than 100 yards at a brisk pace.	.952
5	Lift or move heavy objects Now, in the last 4 weeks, have you been bothered by:	.837
6	Feeling short of breath?	.765
7	Being physically restricted?	.814
8	Feeling tired, fatigued, low on energy?	.817
9	Not feeling relaxed and free of tension?	.900
10	Feeling depressed?	.858
11	Being frustrated?	.928
12	Being Worried?	.868
13	Being limited in doing sports or exercise?	.850
14	Working around the house or yard?	.777
Total		6.777

Standard deviation of HRQOL Score

The standard deviation of total HRQOL score is 6.777.

Discussion and Results

This section discuss findings of the study derived from statistical analysis with its pertinence to the objectives for the study and related literature. The findings of study based on objectives were

Objective 1. To find the quality of life among CAD survivors

In Mac New Heart Disease Health Related Quality of Life Questionnaire tests. Majority (56.7%) of patient have medium level of HRQOL score (0-14), 26.7% of patient have low level of HRQOL score and 16.7% of patient have high level of score.

Objectives 2. To find lived experiences of CAD survivors admitted in NMCH.

It was found that majority of 33.3% of CAD patient are from smoking habits, 26.7% are oral tobacco chewing habits, 13.3% are alcohol habits, 26.7% are none habits.

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Conflict of Interest

Not available

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