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## QUALITY OF LIFE AMONG PATIENTS SUFFERING WITH HEART DISEASES AT SELECTED HOSPITALS

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**Abstract:** This study has been undertaken to assess quality of life of patients suffering with heart disease in selected hospitals in PCMC Pune. Quantitative approach was used with non experimental descriptive survey group design. Non probability purposive sampling technique was used to select the samples. A total of 200 samples were selected to collect the data by using questionnaire. Informed consent was taken from participants after which questionnaire given participants. Data was analyzed by statistical tests such as frequency, percentage, mean standard deviation, chi-square test.

**Result of the study:** A majority of the samples 28.5% were of the age group between 61 yrs to 70 yrs. In the gender 52% of them were females. 26% of them were illiterate. In the occupation majority of samples were workers (16%). In the duration of heart disease 53 % were having heart disease from less than 1year. In physiological dimension 37% of samples were having pain, 60.5% said they are able to do activities of daily living ,51% said they go for marketing and shopping. 56% of samples said they getting sound sleep, 60% are able to eat required meal. 56% of samples don't have difficulty or straining in passing stool.

In psychological dimension 37.5% of samples feel frustrated sometimes and 36% feels frustrated. 40% of samples feel restless, 55% feel irritable, 34.5% didn't feel loss of selfcontrol,33.5% sometimes and 32% feels loss of selfcontrol.55% were worried about life,36.5% feel hopeless , 57% of samples don't fear of death , 63% of samples don't feel burden to family, 74.5% don't feel taking treatment or medication is worthless. In social dimension 71 % of samples like to meet family members or relatives, 74.5% like to meet friend, 79.5% like to meet colleagues. In financial dimension 52.5% unable to earn money after sickness. Poor social , spiritual and financial quality of life mean % was observed , overall quality of life is average with mean % was 54.91 (28-55) .The satisfactory mean of Physical Domain 1(Mean score 21.45), Psychological domain (mean score 18.28), social domain (mean score 11.71 ) and environmental domain (mean score 24.61) as compare to a raw score,

Most SD from mean (SD = 1.94) was observed in DOM 3 (Social Relationships). Greater SD of mean obtained from DOM 2 and DOM 4 might be associated with different interpretations of the questions used in this domain and also small number of questions. Association of demographic variables with quality of life, the p-values corresponding to the gender is small (less than 0.05) was found association of gender with quality of life. For the very purpose monthly time series data has been arranged from Jan 2015 to Dec 2020.

**Conclusion:** Quality of life was found satisfactory in physical, psychological, social and environmental domain. But in social domain there is greater satisfactory result in social relationship. This study suggests that intervention to be implemented to improve all domains of quality of life.

**Key words:** Quality of life, heart disease, patients

## I. INTRODUCTION

Heart is a muscular organ that pumps blood throughout the circulatory system. Blood vessel's circulate the blood throughout the body, blood transport nutrients and oxygen from the tissue.<sup>1</sup>

The state of health and disease are the expression of success or failure experienced by the organism in its efforts to respond adaptively to environmental challenges.

A measure of the optimum energy or force that endows a person with the power to cope successfully with the full range of challenges encountered in the real world. The term applies to all individuals, regardless of illness or handicap on the job at home or in leisure activity is called as quality of life.

Quality enrichment methods can include activities that reduces boredom and allow a maximum amount of freedom in choosing and performing various task.<sup>2</sup>

A patient enters a health crisis situation with an actual or potential reduction in quality of life manifested by the sign and symptoms of the illness. The objective of health care interventions is to improve quality of life.<sup>4</sup>

People are now demanding a better quality of life. Therefore governments all over the world are increasingly concerned about improving the quality of life of their people by reducing morbidity and mortality, providing primary health care and enhancing physical, mental and social wellbeing. It is conceded that a rise in the standard of living of the people is not enough to achieve satisfaction or happiness. Improvement of quality of life must also be added and this means increased emphasis on social policy and on reformulation of societal goal to make life more livable for all.<sup>3</sup>

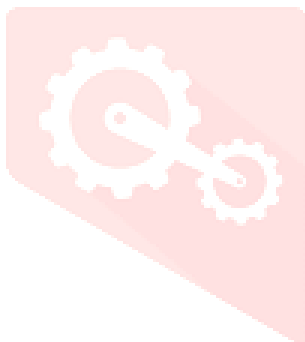
Quality of life was defined by W.H.O as the condition of life resulting from the combination of the effects of the complete range of factors such as those determining health happiness (including comfort in the physical ,environment and a satisfying occupation), education , social and intellectual attainments freedom of action, justice and freedom of expression

## II. RESEARCH METHODOLOGY

The research approach adopted for present study is quantitative approach, aimed to assess quality of life of patient with heart disease in selected hospitals. In the present study the investigator has adopted non experimental descriptive survey design, keeping in the view the objectives of the study. Research variable in this study is quality of life of patients with heart disease. Demographic variables are this study is Age, Gender, Education, Occupation, and Duration of disease.

The population of the present study comprises Patients suffering with heart disease of selected hospitals The samples of the present study are the patients with heart disease-Coronary artery disease attending OPD of selected hospitals. The sample size of the present study comprised of 200 patients with heart disease in selected hospitals. A Non probability purposive sampling technique was used and the participants who are easily accessible to the researcher and who meet the criteria of the study.

Questioning technique was used to collect the data Paper pencil method adopted. Structured questionnaire used to assess quality of life .



## III. RESULTS AND DISCUSSION

## Section - I.

Table 1 Description of samples as per demographic variables.

N=200			
Sr. No	Demographic variables	Frequency	Percentage
1	<b>Age</b>		
	Less than 30 years	11	5.5
	30-40 years	21	10.5
	41 -50 years	36	18
	51- 60 years	51	25.5
	61-70 years	57	28.5
	Above 70 years	24	12
2	<b>Gender</b>		
	Male	96	48
	Female	104	52
3	<b>Education</b>		
	Illiterate	52	26
	Primary (1 <sup>st</sup> -7 <sup>th</sup> )	53	26.5
	Secondary(8 <sup>th</sup> – 10)	60	30
	Higher Secondary(11-12 <sup>th</sup> )	17	8.5
	UG	14	7
	PG	4	2
4	<b>Occupation</b>		
	Farmer	25	12.5
	Service	27	13.5
	Worker	32	16
	Retired	16	8
	House wife	78	39
	Govt. Service	9	4.5
	Business	10	5
	No job	3	1.5
5	<b>Duration of heart Disease</b>		
	Less than 1 year	106	53
	1-3 years	46	23
	4-6 years	36	18
	7-9 years	8	4
	9 years	4	2

The above table (1) shows that a majority of the samples 28.5% were of the age group between 61 yrs to 70 yrs and 25.5% from age group from 51 yrs to 60yrs. In the gender 52% of them were females and 48% of them were males. 26.5% of them had primary education and 26% of them were illiterate. In the occupation majority of samples were worker (16%), 13.5% were in service and 12.5% are farmer. In the duration of heart disease 53 % were having heart disease from less than 1year.

## Section II

Table 2.1 Item wise distribution health Physiological dimensions of samples.

Sr. no	Content	N=200					
		Yes		Sometimes		No	
		2		1		0	
	<b>PHYSIOLOGICAL DIMENSION</b>	f	%	f	%	f	%
1.	Do You have episodes of chest pain ?	74	37	62	31	64	32
2.	Do you have sweating at rest ?	48	24	58	29	94	47
3.	Do You have breathless ness at rest?	47	23.5	65	32.5	88	44
4.	Do you have palpitations?	61	30.5	69	34.5	70	35
5.	Do you feel fatigued/tired?	102	51	61	30.5	37	18.5
6.	Do You have giddiness/ syncope/ unconsciousness?	56	28	48	24	96	48
7.	Do you have swelling on body?	47	23.5	37	18.5	116	58
8.	Are you able to do activities like , brushing teeth, combing hair, taking bath , grooming without symptoms?	121	60.5	23	11.5	56	28
9.	Are you able to do exercise like walking jogging, stretching without symptoms?	101	50.5	30	15	69	34.5
10.	Are you able to do household work cooking washing cloths, sweeping, dusting, gardening without symptoms?	102	51	48	24	50	25
11.	Do you go outside for (marketing) shopping?	119	59.5	34	17	47	23.5
12.	Do you go to job?	78	39	24	12	98	49
13.	Do you manage workload of your job without symptoms	77	38.5	40	20	83	41.5
14.	Do you get sound sleep for 8 hrs?	112	56	33	16.5	55	27.5
15.	Are you able to eat required meals?	120	60	25	12.5	55	27.5
16.	Do you have difficulty/straining in passing stool	52	26	36	18	112	56
17.	Do you have problem in urination?	39	19.5	43	21.5	118	59

The above table(2.1) shows that 37% of samples were having pain, 47% of samples were not having sweating at rest, 44% of samples said that they don't have breathlessness, 35% of samples were not suffering with palpitation. 51% of samples said they are having fatigue and tiredness. 48% of samples don't have giddiness/syncope/ unconsciousness, 58% of samples said they are not having swelling on body.60.5% said they are able to do activities of daily living , exercise 50.5% able to do , 51% are able to do household work, 51% said they go for marketing and shopping. 49% don't go for job, 41.5% are unable to manage workload of job without symptoms. 56% of samples said they getting sound sleep, 60% are able to eat required meal. 56% of samples don't have difficulty or straining in passing stool, 59% don't have problem in urination

Table 2.2 Item wise distribution health Psychological dimensions of samples.

		N=200					
Sr. no	Content	Yes		Sometimes		No	
		2		1		0	
<b>PSYCHOLOGICAL DIMENSION</b>		f	%	f	%	f	%
1.	Do you feel frustrated?	72	36	75	37.5	53	26.5
2.	Do you feel restless?	80	40	71	35.5	49	24.5
3.	Do you feel irritable?	110	55	47	23.5	43	21.5
4.	Do you feel loss of self control in you life?	64	32	67	33.5	69	34.5
5.	Are you worried about life?	110	55	40	20	50	25
6.	Do you feel hopeless?	73	36.5	66	33	61	30.5
7.	Do you have fear of death?	67	33.5	19	9.5	114	57
8.	Do you feel burden to your family?	54	27	20	10	126	63
9.	Do you feel taking treatment /medication is worthless?	30	15	21	10.5	149	74.5

Above table (2.2) shows that 37.5% of samples feel frustrated sometimes and 36% feels frustrated. 40% of samples feel restless, 55% feel irritable, 34.5% didn't feel loss of selfcontrol, 33.5% sometimes and 32% feels loss of selfcontrol. 55% were worried about life, 36.5% feel hopeless, 57% of samples don't fear of death, 63% of samples don't feel burden to family, 74.5% don't feel taking treatment or medication is worthless.

Table 2.3 Item wise distribution health Social dimensions of samples.

		N=200					
Sr. no	Content	Yes		Sometimes		No	
		2		1		0	
<b>SOCIAL DIMENSION</b>		f	%	f	%	f	%
1.	Do you like to meet family member/ relatives?	142	71	21	10.5	37	18.5
2.	Do you like to meet your friends?	149	74.5	23	11.5	28	14
3.	Do you like to meet your colleagues ?	159	79.5	18	9	23	11.5
4.	Do you like to go for social/family functions?	136	68	29	14.5	35	17.5
5.	Do you like to join support group	101	50.5	48	24	51	25.5

Above table (2.3) shows that 71 % of samples like to meet family members or relatives, 74.5% like to meet friend, 79.5% like to meet colleagues, 68% like to go for social or family functions and 50.5% like to join support group.

Table 2.4 Item wise distribution health Spiritual dimensions of samples.

		N=200					
Sr. no	Content	Yes		Sometimes		No	
		2		1		0	
SPIRITUAL DIMENSION		f	%	f	%	f	%
1.	Do you able to do meditation?	107	53.5	22	11	71	35.5
2.	Do you able to perform prayer / worship of God?	138	69	32	16	30	15
3.	Do you able to read holy book/listen?	109	54.5	47	23.5	44	22
4.	Do you participate in religious/ spiritual activities?	119	59.5	38	19	43	21.5
5.	Do you go to religious place?	133	66.5	39	19.5	28	14

The above table (2.4) shows that 53.5% samples were able to do meditation, 69% able to perform prayer or worship to God, 54.5% able to read holy book or listen, 59.5% participates in religious or spiritual activities and 66.5% go to religious place.

Table 2.5 Item wise distribution health Financial dimensions of samples.

N=200

The	Sr. no	Content	Yes		Sometimes		No	
			2		1		0	
		f	%	f	%	f	%	
1.	Are you able to earn money after sickness?	82	41	13	6.5	105	52.5	
2.	Are you able to cover up with financial loss due to illness?	87	43.5	19	9.5	94	47	
3.	Do you able to regain financial status?	87	43.5	21	10.5	92	46	
4.	Do you feel that financial burden is increased due to illness?	57	28.5	49	24.5	94	47	
5.	Do you feel that money is not enough for treatment of illness?	69	34.5	44	22	87	43.5	

above table(2.5) shows that 52.5% unable to earn money after sickness, 47% unable to cover up with financial loss due to illness, 46% unable to regain financial status, 47% don't feel that financial burden is increased due to illness and 43.5% don't feel that money is not enough for treatment of illness.

## Section III

Assessment of the mean, SD, Median and Mean percentage of health dimensions.

Table No. 3 Assessment of Health Dimensions.

N=200

Sr. No	Domains	No of items	Max Score	Mean	SD	Median	Range	Mean %
1	Physiological	17	34	17.24	5.15	17	4-29	50.71
2	Psychological	09	18	8.73	3.77	9	00-16	48.50
3	Social	05	10	7.56	2.67	8	00-10	75.60
4	Spiritual	05	10	6.95	3.08	8	00-10	69.50
5	Financial	05	10	4.55	2.96	5	00-10	45.50
	<b>Total/Overall</b>	<b>41</b>	<b>82</b>	<b>45.03</b>	<b>8.90</b>	<b>45</b>	<b>24-67</b>	<b>54.91</b>

The above table (3) shows that average physiological quality of life mean % is 50.71 which is average (28-55), psychological quality of life is 48.50 (28-55) which is average, Poor social quality of life mean % is 75 (56-82), poor spiritual quality of life mean% is 69 (56-82), poor financial quality of life mean% is 45(56-82) overall quality of life is average as mean % is 54.91 (28-55)

## Section IV

Description related to Health related quality of life of patient with heart disease.(WHO)

Table No.4 Domain wise Mean, Median, SD and Mean% of the quality of life of patient with heart disease.

N=200

Domains	Total Raw Score	Mean	Median	SD
<b>Domain 1</b> Physical	4291	21.45	22	3.02
<b>Domain 2</b> Psychological	3656	18.28	18	4.19
<b>Domain 3</b> Social	2342	11.71	12	1.94
<b>Domain 4</b> Environmental	4922	24.61	24	4.33

[Physical health (raw score range: 7-35), Psychological health (raw score range: 6-30), Social relationships (raw score range: 3-15), Environment (raw score range: 8-40)]

Above table (4) shows that satisfactory mean of Physical Domain 1 (Mean score 21.45), Psychological domain (mean score 18.28), social domain (mean score 11.71) and environmental domain (mean score 24.61) as compare to a raw score,

Most SD from mean (SD = 1.94) was observed in DOM 3 (Social Relationships). Greater SD of mean obtained from DOM 2 and DOM 4 might be associated with different interpretations of the questions used in this domain and also small number of questions.

## Section V

Analysis of data related to Association between the demographic variables with health dimensions score and Association between the demographic variables with quality of life.

Table No.5 Association between the demographic variables with health dimensions score.

N=200

Sr. No	Demographic variables	N	Health Dimensions score				Chi square test
			≤ Median		>Median		
			f(114)	%	f(86)	%	
1	<b>Age</b>						<b>1.26,</b> <b>df=5,</b> <b>NS</b>
	Less than 30 years	11	6	54.55	5	45.45	
	30-40 years	21	13	61.90	8	72.73	
	41 -50 years	36	21	58.33	15	41.67	
	51- 60 years	51	31	60.78	16	31.37	
	61-70 years	57	34	59.65	23	40.35	
2	<b>Gender</b>						<b>0.06,</b> <b>df=1,</b> <b>NS</b>
Male	96	56	58.33	40	41.67		
3	<b>Education</b>						<b>1.47,</b> <b>df=</b>
Female	104	58	55.77	46	44.23		
Illiterate	52	34	65.38	18	34.62		
Primary (1 <sup>st</sup> -7 <sup>th</sup> )	53	31	58.49	22	41.51		
Secondary(8 <sup>th</sup> – 10)	60	35	58.33	25	41.67		
Higher Secondary(11-12 <sup>th</sup> )	17	10	58.82	7	41.18		
4	<b>Occupation</b>						<b>3.09,</b> <b>df=6,</b> <b>NS</b>
UG	14	9	64.29	5	35.71		
PG	4	2	50.00	2	50.00		
Farmer	25	14	56.00	11	44.00		
Service	27	15	55.56	12	44.44		
Worker	32	19	59.38	13	40.63		
Retired	16	9	56.25	7	43.75		
House wife	78	46	58.97	32	41.03		
5	<b>Duration of heart Disease</b>						<b>1.96,</b> <b>df=4,</b> <b>NS</b>
Govt. Service	9	5	55.56	4	44.44		
Business	10	6	60.00	4	40.00		
No job	3	2	66.67	1	33.33		
Less than 1 year	106	58	54.72	48	45.28		
1-3 years	46	28	60.87	18	39.13		
4-6 years	36	20	55.56	16	44.44		
7-9 years	8	6	75.00	2	25.00		
9 years	4	2	50.00	2	50.00		

Above table (5) shows that association of health dimension scores with demographic variables not significant as chi square values are more than p value 0.05 level of significant.



Table No.6 Association between the demographic variables with quality of life.

N=200

Sr. No	Demographic variables	N	Quality of life score				Chi square test
			≤ Median		>Median		
			f(105)	%	f(95)	%	
1	<b>Age</b>						3.42,
	Less than 30 years	11	5	45.45	6	54.55	df=5,
	30-40 years	21	8	38.10	13	61.90	NS
	41 -50 years	36	22	61.11	14	38.89	
	51- 60 years	51	27	52.94	24	47.06	
	61-70 years	57	29	50.88	28	49.12	
	Above 70 years	24	14	58.33	10	41.67	
2	<b>Gender</b>						<b>7.88,</b>
	Male	96	60	62.50	36	37.50	<b>df=1,</b>
	Female	104	45	43.27	59	56.73	<b>S*</b>
3	<b>Education</b>						9.59,
	Illiterate	52	35	67.31	17	32.69	df=5,
	Primary (1 <sup>st</sup> -7 <sup>th</sup> )	53	26	49.06	27	50.94	NS
	Secondary(8 <sup>th</sup> – 10)	60	26	43.33	34	56.67	
	Higher Secondary(11-12 <sup>th</sup> )	17	11	64.71	6	35.29	
	UG	14	6	42.86	8	57.14	
	PG	4	1	25.00	3	75.00	
4	<b>Occupation</b>						11.22,
	Farmer	25	11	44.00	14	56.00	df=6,
	Service	27	12	44.44	15	55.56	NS
	Worker	32	18	56.25	14	43.75	
	Retired	16	5	31.25	11	68.75	
	House wife	78	50	64.10	28	35.90	
	Govt. Service	9	4	44.44	5	55.56	
	Business	10	3	30.00	7	70.00	
	No job	3	2	66.67	1	33.33	
5	<b>Duration of heart Disease</b>						1.77,
	Less than 1 year	106	53	50.00	53	50.00	df=4,
	1-3 years	46	28	60.87	18	39.13	NS
	4-6 years	36	19	52.78	17	47.22	
	7-9 years	8	5	62.50	3	37.50	
	9 years	4	0	0.00	4	100.00	

The above table (6) shows that the researcher applied chi square test to find association of demographic variables with quality of life, the p-values corresponding to the gender is small (less than 0.05) was found to association of gender with quality of life.

## DISCUSSION

Wang J et al conducted study in China to assess physical activity (PA) and factors affecting its maintenance among patients with coronary heart disease (CHD). A total of 1162 patients completed 6 questionnaires at 12 months post hospitalization to assess their maintenance of PA, stage of change, symptoms of depression and anxiety, and health-related quality of life and sleep. Only 40% of patients with CHD maintained regular physical activity (PA) 12 months after hospital discharge. Walking was their primary PA. Thirty-seven percent of patients reported no intention of having regular PA. In the present study 50.5% participants were performing PA regularly which includes walking jogging and stretching without any symptoms also 51% were performing all household work. Male sex (odds ratio [OR], 1.69), awareness of PA's cardiac benefit (OR, 4.12), in present study 52% were male and 48% were female, a history of regular PA before the cardiac event (OR, 6.08), history of chronic disease (OR, 1.43), mild depressive symptoms (OR, 1.40), moderate and severe depressive symptoms (OR, 0.41), smoking (OR, 0.54), and years of CHD (OR, 0.96) were related to maintenance of regular PA. Patients with CHD who maintained regular PA had better quality of life and sleep ( $P < .001$ ) and fewer unplanned clinic visits ( $P = .001$ ) and cardiac cause readmissions ( $P = .012$ ) and reported fewer declines in PA capacity ( $P < .001$ ). In present study 36.5% participants were feeling hopelessness, 36% were frustrated, 40% were restless, 55% were irritable and 35% were having fear of death. 56% were getting sound sleep for 8hrs. Walking is the most common form of PA 12 months post hospitalization among patients with CHD in China. Patient education and counselling about the cardiac benefits of PA, taking into account stage of change, are important considerations to improve maintenance of PA.<sup>32</sup>

Ladak, L.A et al, conducted study in 2017 aimed to explore parental perspectives on the influence of socio-cultural factors and environmental resources on the HRQOL of children and adolescents after congenital heart disease (CHD) surgery. Using a descriptive, qualitative design, semi-structured interviews of children/adolescents who had CHD surgery in this low-middle income country (LMIC) were collected between July to December 2017. There were 20 families enrolled, which included 18 parent dyads (mother and father) and two single mothers, making a total of 38 participants. Initial inductive analysis was further refined using the Social Ecological Model as an analytic lens. Results: At the intrapersonal level, unrealistic expectations of surgery, residual CHD symptoms and difficulty maintaining educational progress were of great concern. There were low levels of

health literacy and understanding about CHD among family and friends, however, strong kinship ties were an important resource at the interpersonal level. These families lived in poverty and mothers often carried the sole burden of care for their sick children. At the institutional level, there were unclear expectations of the child's needs at school, and parents had poor access to psychological, family-planning and genetic counselling, and poor access to CHD education resources. At a socio-cultural level, religion and trust in God were important coping factors, however, CHD was a gendered experience with particular concerns around scarring and the marriage ability of girls. Parents noted the deficit of antenatal and specialist CHD services and felt the consequence of a lack of a universal health care system at the public policy level. Conclusion: Socio-ecological factors have the potential to explain the issues and challenges that children living in LMIC experience with CHD after surgery. The study findings will help to inform future interventions to be implemented in countries like Pakistan.<sup>33</sup>

Research on the underlying structure of sleep measures in patients with coronary heart disease (CHD) is lacking. Existing research on sleep and health outcomes primarily focused on only one dimension of sleep (e.g., sleep duration), leaving other aspects unexamined. To address this gap, this study examined the measurement structure of Pittsburgh Sleep Quality Index (PSQI) and its associations with health-related quality of life among CHD patients. Participants were 167 CHD patients from a cardiac wellness program. Confirmatory factor analysis revealed that the two-factor structure with sleep efficiency and perceived sleep quality best fitted the data. Concurrent validity analyses with structural equation modeling showed that, when considered simultaneously, perceived sleep quality, but not sleep efficiency, was significantly associated with emotional, physical, and social quality of life. Findings demonstrated that the PSQI consists of two moderately correlated factors that are differentially associated with separate health domains in cardiac patients.<sup>34</sup>

Implantable cardioverter defibrillators (ICDs) save lives, but often induce significant psychological distress among patients. Positive psychological constructs are associated with improved outcomes among cardiac patients. In this NHLBI-funded randomized controlled trial, one aim was to evaluate the feasibility and acceptability of a positive psychology intervention (Quality of Life Therapy; QOLT, n = 11), compared to a Heart Healthy Education (HHE) control (n = 10), among ICD patients. A majority of participants across groups attended all 12 sessions (71%) and completed homework assignments (80%). Agreement on participant engagement and interventionist protocol adherence were high, with no differences between groups (ps > 0.20). A greater proportion of QOLT participants rated their sessions as "very" helpful compared to HHE participants (63% vs. 10%, p = 0.19). These initial data support the feasibility and acceptability of QOLT. A larger-scale trial using positive psychology interventions among ICD patients is indicated to determine potential mechanisms underlying the relationship between positive psychological constructs and cardiovascular health.<sup>35</sup>

## SUMMARY

A majority of the samples 28.5% were of the age group between 61 yrs to 70 yrs. In the gender 52% of them were females. 26% of them were illiterate. In the occupation majority of samples were worker (16%). In the duration of heart disease 53 % were having heart disease from less than 1year

In physiological dimension 37% of samples were having pain, 47% of samples were not having sweating at rest, 44% of samples said that they don't have breathlessness, 35% of samples were not suffering with palpitation. 51% of samples said they are having fatigue and tiredness. 48% of samples don't have giddiness/syncope/ unconsciousness, 58% of samples said they are not having swelling on body.60.5% said they are able to do activities of daily living , exercise 50.5% able to do , 51% are able to do household work, 51% said they go for marketing and shopping. 49% don't go for job, 41.5% are unable to manage workload of job without symptoms. 56% of samples said they getting sound sleep, 60% are able to eat required meal. 56% of samples don't have difficulty or straining in passing stool, 59% don't have problem in urination.

In psychological dimension 37.5% of samples feel frustrated sometimes and 36% feels frustrated. 40% of samples feel restless, 55% feel irritable, 34.5% didn't feel loss of selfcontrol,33.5% sometimes and 32% feels loss of selfcontrol.55% were worried about life,36.5% feel hopeless , 57% of samples don't fear of death , 63% of samples don't feel burden to family , 74.5% don't feel taking treatment or medication is worthless.

In social dimension 71 % of samples like to meet family members or relatives, 74.5% like to meet friend, 79.5% like to meet colleagues , 68% like to go for social or family functions and 50.5% like to join support group.

In financial dimension 52.5% unable to earn money after sickness, 47% unable to cover up with financial loss due to illness, 46% unable to regain financial status, 47% don't feel that financial burden is increased due to illness and 43.5% don't feel that money is not enough for treatment of illness

Poor social , spiritual and financial quality of life mean % was observed , overall quality of life is average with mean % was 54.91 (28-55) .

The satisfactory mean of Physical Domain 1(Mean score 21.45), Psychological domain (mean score 18.28), social domain (mean score 11.71 ) and environmental domain (mean score 24.61) as compare to a raw score,

Most SD from mean (SD = 1.94) was observed in DOM 3 (Social Relationships). Greater SD of mean obtained from DOM 2 and DOM 4 might be associated with different interpretations of the questions used in this domain and also small number of questions.

Association of demographic variables with quality of life, the p-values corresponding to the gender is small (less than 0.05) was found association of gender with quality of life.

## CONCLUSION

Quality of life was found satisfactory in physical, psychological, social and environmental domain. But in social domain there is greater satisfactory result in social relationship. This study suggests that intervention to be implemented to improve all domains of quality of life.

## RECOMMENDATION

Keeping in view the findings of the present study, the following recommendations are drawn for further practice and research:

1. A similar study may be conducted with a different sampling technique and larger sample size.
2. A similar study may be conducted with a different research design.
3. A similar study can be carried out using different study settings.
4. Nurse led study can be conducted.
5. Tele Nursing pilot project can be taken in consideration

### LIMITATIONS OF THE STUDY

1. This study was limited to the hospitals of the selected geographic disease.
2. The study was limited to patients with selected heart disease.

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