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RESEARCH ARTICLE

A DESCRIPTIVE STUDY TO ASSESS THE QUALITY OF LIFE AND COPING STRATEGIES ADOPTED BY PULMONARY TUBERCULOSIS PATIENTS AT SELECTED DOTS CENTERS WITH A VIEW TO DEVELOP A PAMPHLET.

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Abstract

The study aimed to identify the quality of life and coping strategies adopted by Pulmonary Tuberculosis patients. The research design adopted for the study was descriptive survey design in which 100 Pulmonary Tuberculosis patients were taken at Pataudi, DOTS centre of District Gurugram. The tools used for data collection was structured WHOQOL rating scale to assess the quality of life and Moo's coping rating scale to assess the coping strategies adopted by pulmonary tuberculosis patients. A final study was conducted in the month of December of 2018 and the data was collected by using interview technique. The data obtained were analyzed using descriptive statistics.

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Introduction:-

Humanity has probably recognized pulmonary tuberculosis as a killer disease since the ice age. It is a debilitating disease which can prove fatal if left untreated. Pulmonary tuberculosis is the single largest infectious cause of death among young people and adult in the world, accounting for nearly two million death per year. Pulmonary tuberculosis was declared "global emergency" by who 1993 overall progress f a country.¹

Although pulmonary tuberculosis is commonly thought to be a disease of the poor, this is not exclusively the case. A significant proportion of those infected are literate, have considerable education, and high income. The impact of pulmonary tuberculosis comes from the size of the problem and from the fact that in developing countries majority of those affected are in the economically active of the population.²

Review of Literature:

According to the 13th annual pulmonary tuberculosis report published by WHO on world tuberculosis day. There were 10.4 million new cases founded of Pulmonary Tuberculosis worldwide. Country with the highest prevalence included INDIA, CHINA, INDONESIA, SOUTH AFRICA with an estimation of two million,13 million,530,000,460,000 and 460,000 cases of Pulmonary Tuberculosis.³

It is estimated that 40% of the population in India is infected with the Pulmonary Tuberculosis bacilli and about 10% of then will develop Pulmonary Tuberculosis disease during their life time. There are over 8.5 million Pulmonary Tuberculosis patients in India with an incidence of 1.9 million cases annually including 0.8 million newly infected cases. It was concluded that one sputum positive patients can infect 10 -15 persons in a year. Poorly treated patients

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can develop drug resistant and potentially incurable forms of Pulmonary Tuberculosis. The economic burden of Pulmonary Tuberculosis on India is huge and is a great loss in terms of lives, money and work days. It is estimated that about 170 million workdays are lost annually in the country due to this disease.⁵

Pulmonary Tuberculosis is a major contributor to the burden of disease specially in low and middle income countries where it is being fuelled by the HIV-AIDS Epidemic. DOTS is the internationally recommended control Strategy for Pulmonary Tuberculosis .This strategy include the delivery of a standard short course of drugs lasting six months for new patients and eight months for those who diagnosed with Pulmonary Tuberculosis the delivery includes the direct observation of treatment taking (DOTS), either by a health worker or by someone nominated by the health worker. The strategy has been promoted widely and implemented globally ⁸

Objectives of Study

1. To assess the quality of life of pulmonary tuberculosis patients.
2. To assess the coping strategies adopted by pulmonary tuberculosis patients.
3. To develop and validate a pamphlet on quality of life and coping strategies for pulmonary tuberculosis patients.

Methodology:-

Quantitative research approach and descriptive research design was used in the study.

Population:

Patients who diagnosed with pulmonary tuberculosis Prior 10 days before

Sample:

Pulmonary tuberculosis patients coming to DOTS centre of District Gurugram

Sample Size:

100

Sampling Technique:

Purposive Sampling Technique

Data Collection of Tool and Technique

1. WHO QOL to identify the quality of life of Pulmonary Tuberculosis patients
2. Modified Moo's coping rating scale to identify the coping strategies adopted by Pulmonary Tuberculosis patients.

Technique:

Interview technique is used in this study

Reliability

Section	Formula used	Results	Normal value
WHO QOL structured tool	Split Half method	1.008	0.74-1.00
Modified MOO'S coping rating	Split Half method	1.004	0.74-1.00

Content Validity of Tool:

The developed pamphlet was given to seven experts in the field of psychology, community health nursing, medical surgical nursing for the content validation along with the criteria rating scale. The experts were requested to tick mark in one of the three columns in the criteria rating scale. They were also requested to give suggestions in remark column.

Data Collection

The final study was conducted in Pataudi village, District Gurugram. The data was collected from 01/12/18 to 30/12/18 By using interview technique.

Result Analysis:-**Table 1:-**Frequency Percentage Distribution of Pulmonary Tuberculosis Patients by Demographic Variables.

N= 100

S.NO	Sample characteristics	Frequency(%)
1	Age (in years)	
1.1	20-30	30
1.2	31-40	41
1.3	41-50	18
1.4	51 and above years	11
2	Gender	
2.1	Male	63
2.2	Female	37
3	Religion	
3.1	Hindu	79
3.2	Muslim	17
3.3	Sikh	04
4	Educational Status	
4.1	Non literate	41
4.2	Primary	34
4.3	Secondary	21
4.4	Senior Secondary	04
5	Occupation	
5.1	Unemployed	47
5.2	Self employed	23
5.3	Private service	26
5.4	Government service	04
6	Types of Family	
6.1	Nuclear	56
6.2	Joint	41
6.3	Extended	03
7	Marital Status	
7.1	Married	78
7.2	Single	20
7.3	Window/windower	02
8	Total Family income/Month	
8.1	<10,000	55
8.2	Rs 10,000-20,000/-	40
8.3	Rs 21,001-30,000/-	05
9	Type of house	
9.1	Kaccha	31
9.2	Pucca	56
9.3	Semi pucca	13
10	Numbers of rooms in the residing house	
10.1	1 Room	19
10.2	2 Rooms	45
10.3	3 Rooms	26
10.4	4 Rooms	10
11	Numbers of family members Living in the House	
11.1	2-4 Members	33
11.2	5-7 Members	52
11.3	8-10 Members	11
11.4	Above 10 members	04
12	Place of Residence	

12.1	Own house	78
12.2	Rented house	22
13	Duration of illness	
13.1	6 Month	71
13.2	6 month to 1 years	24
13.3	1 year to 2 years	05
14	Previous Hospitalization due to tuberculosis	
14.1	Yes	24
14.2	No	75
14.1.1	If yes then number of times and duration(specify)	01
14.2	No	75
14.1.1	If yes then number of times and duration(specify)	01
15	Any formal health education programe attended on ATT before starting anti-tubercle treatment	
15.1	Yes	06
15.2	No	94
16	Category of treatment	
16.1	Category I	75
16.2	Category II	19
16.3	Category IV	06
17	Dietary Pattern	
17.1	Vegetarian	43
17.2	Non vegetarian	50
17.3	Eggetarian	07

The data presented in Table 1 shows that 41% percent of subjects were in age group of 31-40years. Maximum numbers of them (63%) were male. 79% were Hindu. 34% percent subjects had primary education and 47% percent subjects were unemployed. Maximum numbers of subject (56%) were from nuclear families. Majority of subjects (78%) were married and had income below Rs. 10,000/- per month is (55%). All of subjects were living in pucca houses and had one to two rooms in their residing houses where as 45% had 2 rooms. Maximum of subjects (52%) were having five to seven members living in the house and Majority of subjects (78%) were residing in their own house.

Table 2:-Frequency Percentage Distribution of Pulmonary Tuberculosis Patients in Terms of Severity of Quality of life
N=100

Range of score	Severity of quality of life	F(%)
35-82	Poor	9
83-130	Good	75
131-175	Excellent	16

Table 3:-Frequency Percentage Distribution of quality of Life of tuberculosis Score on Domains of Pulmonary Tuberculosis Patients
N=100

Quality of Life of Tuberculosis on Health Status	N (f%)	L (f%)	M (f%)	V (f%)	E (f%)
Physical					
How satisfied are you with your health?	12	25	31	22	10
To what extent do you feel that physical pain prevents you from doing what you need to do?	17	15	24	32	12
How much are you bothered by any physical problem related to your pulmonary Tuberculosis?	24	19	22	25	10
Do you have enough energy for everyday life?	23	22	16	24	5
How satisfied are you with your sleep?	19	11	12	32	26

To what extent are you bothered by fears of developing any physical problem?	14	32	21	30	3
Psychological					
How much do you enjoy life?	12	18	33	31	06
How well are you able to concentrate?	29	18	19	19	15
Are you able to accept your bodily appearance?	17	23	30	24	06
How satisfied are you with yourself?	24	25	09	26	16
How satisfied are you with your ability to make decision?	07	33	22	23	15
To what extent do you feel guilty when you need the help and care of others?	35	28	16	19	02
Level of Independence					
How much do you need medical treatment to function in your daily life?	16	08	22	29	25
How well are you able to get around?	19	31	18	19	13
How satisfied are you with your ability to perform your daily living activities?	20	34	16	22	08
How satisfied are you with your capacity for work?	30	25	09	29	07
Social					
How satisfied are you with your personal relationship?	11	11	19	38	21
How satisfied are you with the support you get from your friends?	10	14	18	2	29
How often do you have negative feelings such as blue mood,despair,anxiety,depression?	27	28	06	22	17
How well are your exual needs fulfilled?	26	24	25	19	06
To what extent do you feel accepted by your community?	37	27	27	35	04
How often do you feel guilty when you need the help and care of others?	43	33	12	07	05
Environmental					
How safe do you feel in your daily life?	12	26	28	29	05
How healthy is your physical environment?	15	14	28	37	06
Have you enough money to meet your needs?	36	30	12	18	04
How much is available to you the information that you need in your day to day life?	25	26	27	19	03
To what extent do you have the opportunity for leisure activities?	16	19	26	21	18
How satisfied are you with your conditions of your living place?	10	26	27	27	10
How satisfied are you with your access to health services?	12	14	12	42	20
How satisfied are you with your transport?	15	43	18	18	06
Personal					
How would you rate your quality of life?	19	14	26	27	14
To what extent do you feel your life to be meaningful?	11	17	27	32	13
To what extent are you bothered by people blaming you for your pulmonary tuberculosis?	43	25	15	09	08
How much do you fear the future?	31	17	16	23	13
How much do you worry about death?	28	21	17	19	15

N[Not at all], L[a little], M[moderate], V[very much], [extreme]

The data presented in table 3 shows that physical health domain had the maximum quality of life. Psychological health domain expressed the maximum quality of life of pulmonary tuberculosis patients with the feeling that this illness is punished from God followed by feeling of worthless/helpless/hopeless, worries much about their illness than other matters.

Social life domain expressed the maximum quality of life of pulmonary tuberculosis patients with the feeling that this illness is barrier in their success as followed by partners doesnot share household responsibility and give more important to job.

Table 4: Frequency Percentage Distribution of Pulmonary Tuberculosis Patients in Terms of Coping Strategies
N=100

Range	Level of Coping Strategies	Frequency (%)
0-47	Poor	8
48-94	Good	84
95-141	Excellent	8

Table 5:-Frequency and Mean Percentage Distribution of Coping Strategies Adopted by Pulmonary Tuberculosis Patients Score on logical Analysis, Positive Reappraisal, Selecting Guidance and Support, Problem Solving Domain
N=100

Description of coping strategies	N f	O F	S F	F F
LOGICAL ANALYSIS				
Did you think the different ways to deal with the problem?	50	22	18	10
Did you tell yourself to make yourself feel better?	32	23	22	23
Did you talk with your family members about the problem?	13	26	23	38
Did you make a plan of action and follow it?	24	23	29	24
Did you try to forget the whole thing?	11	03	08	78
Did you feel that time would make a difference and the only To do is waiting?	30	28	24	18
POSITIVE REAPPRAISAL				
Did you try to help others deal with a similar problem	30	25	31	15
Did you take it out on other people when you felt angry or Depressed	29	26	30	15
Did you try to step back from the situation?	27	19	30	24
Did you remind yourself how much worse things could be?	29	23	24	24
Did you talk with your friend about the problems?	17	29	23	31
Did you know what had to be done and try hard to make things Work?	25	20	27	28
SELECTING GUIDANCE & SUPPORT				
Did you try not to think about the problem?	44	18	15	23
Did you realize that you had no control over the problem?	33	23	24	20
Did you get involved in new activities?	33	22	23	22
Did you take a chance and do something risky?	25	28	28	19
Did you go over in your mind what you would say or do?	15	30	32	23
Did you try to see the good side of situation?	15	27	24	28
PROBLEM SOLVING				
Did you talk with a professional person(eg ,doctor or clergy etc)?	25	24	23	28
Did you decided what you wanted and try hard to get it?	26	25	28	21
Did you daydream or imagine a better time or places than the One you were in?	29	28	18	25
Did you think that the outcome would be decided by fate?	42	21	17	20
Did you try to make new friends?	39	21	22	18
Did you keep away from people in general?	28	22	32	18
COGNITIVE REAPPRAISAL				
Did you try to anticipate how things would turn out?	25	25	26	24
Did you think about how you were better off than other people With similar problems?	36	21	24	19
Did you seek help from person or groups with the same types or Problems?	35	24	25	16
Did you try atleast two different ways to solve the problem?	35	31	19	15

Did you try to put off thinking about the situation ,even through	41	26	25	08
You knew you would have to some point?	28	24	19	29
Did you accept it, nothing could be done	24	24	29	23
ACCEPTANCE OR REJECTION				
you read more often as a source of enjoyment?	31	25	25	19
Did you yell or shout to let off steam?	25	20	31	24
Did you try to find some personal meaning in the situation?	21	28	26	25
Did you try to tell yourself that things would get better?	24	22	26	28
Did you try to find out more about the situation?	25	23	21	31
Did you try to learn to do more things on your own?	39	24	14	33
SEEKING ALTERNATIVE REWARD				
Did you wish the problem would go away or somehow be overwith?	38	24	20	33
Did you except the worst possible outcome?	23	24	20	33
Did you spent more time in recreational activities?	29	25	21	23
Did you cry to let your feelings out?	27	19	33	21
Did you try to anticipate the new demands that would be placed on you?	22	25	27	26
Did you think about how this event could change your life in appositve way?	15	27	28	30
EMOTIONAL DISCHARGE				
Did you pray for guidance abd/or strength?	16	34	27	23
Did you take things a day at a time, one step at a time?	24	32	23	21
Did you try to deny how serious the problems really were?	23	23	20	24
Did you lose hope that the things would even be the same?	25	36	27	12
Did you turn to work or other activities to help you manage things?	45	35	12	0
N(0), O(1), S(2), F(3)				

The data presented in table 5 represents that logical analysis domain had adopted maximum coping strategies by talking with family members about the problem that is(26%), as followed by felling that time would make a difference i.e(28%).Further coping strategy adopted by pulmonary tuberculosis patients in positive reappraisal domain was try to help others deal with similar problem (25%) as followed by things could be worse (23%),talk with your friend about the problem(24 %) The most common coping strategy adopted by pulmonary tuberculosis patients in selecting guidance & support domain was get involve in new activities (18 %) followed by try to see the good side of the situation(27 %)The most common coping strategy adopted by pulmonary tuberculosis patients in problem solving domain was by talk with professional person about illness (24 %) followed by think that outcome would be decided by fate(21%)

Most common coping strategy adopted by pulmonary tuberculosis patients in cognitive reappraisal domain was thinking that how they can be better off than other with similar problem. (25%) as followed by seek help from person or group with same types of problem (24%).

Further the most common coping strategy adopted by tuberculosis patients in acceptance or rejection was try to tell themselves that things would get better (22%) as followed by yell or shout to let off steam (20%)The most common coping strategy adopted by tuberculosis patients in seeking alternative rewardDomain was wish the problem would go away or somehow be over (24%) as followed by expect the worse possible outcome (24%) The most common coping strategy adopted by tuberculosis patients in emotional discharge was pray for guidance and strength (35 %) as followed by turn to work or activities that help to manage things(35%) .

Conclusion:-

Nine had poor quality of life and 75 subjects had good quality of life of pulmonary tuberculosis and 16 subjects had poor quality of life of pulmonary tuberculosis. Eight had poor quality of life and 84 subjects had good quality of life of pulmonary tuberculosis and eight subjects had poor quality of life of pulmonary tuberculosis.

Limitation

The study was confined to small number(100) of pulmonary tuberculosis patients spite of total enumeration technique. This limit the generalization of the finding to the study sample only.

Recommendations

1. A similar study can be carried out on larger sample for generalization of findings
2. A study can be carried out to identify and develop strategies for nursing personnel to deal with the psychosocial problems of the pulmonary tuberculosis patients and promote adoption of healthy coping strategies in health care as well as community setting
3. A similar comparative study can be undertaken between rural and urban areas
4. A comparative study can be carried out among the elderly of upper, middle and low socio economic class
5. A follow up study may be conducting to check the effectiveness of pamphlet on coping strategies adopted by pulmonary tuberculosis patients.

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