

Research Article

A study to assess the coping strategies and quality of life among women suffering from chronic disease in selected hospitals of Pune city

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Abstract

Aim: Coping strategy refers to activities and behaviour of women suffering from chronic diseases which will help them in particular situation. Some chronic illnesses do not contribute significantly to mortality but can have impact on the quality of life. **Purpose:** To assess coping strategies and quality of life among women suffering from chronic diseases. **Objectives:** To assess coping strategies among women suffering from selected chronic diseases, to assess quality of life among women suffering from selected chronic diseases, to associate coping strategies with quality life among women suffering from selected chronic diseases, to associate the coping strategies and quality of life with selected chronic diseases, to associate coping strategies and quality life among women with selected demographic variables. **Method:** This was a quantitative descriptive survey study of 40 women aged between 30-60 years, completed 2 -6 years of disease duration with chronic diseases like chronic renal disease, breast cancer and osteoarthritis from selected hospitals of Pune during February 2015 to June 2015. The assessment of the coping strategies and quality of life were done from the chronic disease patients by self reporting and structured interview and in depth information collected according data collection tool. **Results:** The findings of coping strategies revealed that only 7.5% of subjects had good coping where as 46.8% of the women had very poor coping, 45.8% of them had poor coping respectively. The finding of quality of life revealed very less percentage of subjects (1.3%) had very good quality of life and 70.3% of the subjects had average and 28.5% of them had poor quality of life respectively. **Conclusion:** The assessment of coping will help to know current adjustment and how to cope with chronic diseases to reduce stress level of woman and will help to improve quality of life and prevent complications.

Key words: coping strategies, quality of life, chronic diseases

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1. Introduction

The important aspects of health are physical, mental, social, spiritual and sexual health as whole. If any one aspect is imbalance it affect on our normal psychology. A coping strategy is a conscious effort to solve a personal or interpersonal problem that will help in overcoming, minimizing, or tolerating stress or conflict. We need ways to calm our minds and bodies after a stressor has taken its toll. If woman are not able to cope with all these stressful disease situations then ultimately it will have an affect on her quality life [1], [2].

A centre of disease control survey showed that 117 million people had one or more chronic health conditions. Chronic diseases were seen in 1 adult out of 4 in world. Chronic diseases were seventh cause for the death out of top 10 causes. The chronic disorders like heart disease, cancer led to nearly 48% of all deaths. Arthritis was the most common cause of disability. 53 million adults diagnosed as arthritis, diabetes which is leading to kidney failure [3].

Pune Cancer Registry (2012) showed that, out of total 1,493 women affected by cancer, 469 had breast cancer. Breast Cancer is commonest cancer in women of Pune city, it accounts for 31.3% of all cancers in women and new cases of breast cancer are seen in clinics on daily basis. Maximum cases of breast cancer

were reported from women belonging to Hindu community. Earlier considered to be a health problem only in developed countries, 4 out of 5 chronic disease deaths now occur in low and middle-income countries [4].

Recent researches shows that, chronic renal disease was seen 1 in 10 out of the population between 50-60 years age, 1 out of 50 in 30-40 years age and 1 out of 2 people those aged over 75 years. Even it also shows that Chronic Kidney Disease was increased with cardiovascular mortality and disability. The globally the diseases are increasing in chronic renal diseases were seen due to increased in prevalence of diabetes mellitus, hypertension, obesity, and aging globally [5]. According to national hospital ambulatory survey 40% of female patients aged 50 years suffered from knee osteoarthritis, 80% had osteoarthritis, Rheumatoid arthritis was reported by 165 million people in 2015 [6-7].

Coping strategies adopted by Indian woman like going to temple and praying, sharing diseases related of experiences, listening spiritual music that the specific efforts taken both behavioural and psychological to master, to tolerate and to reduce the stressful events [5].

2. Method and material

From February 2015 to June 2015, 40 women suffering from chronic diseases like chronic renal disease, breast cancer and osteoarthritis of selected hospitals of Pune participated in present study. The study population was determined by based on inclusion criteria were patient with chronic renal disease, breast cancer and osteoarthritis, on treatment, age group 30-60years. Data were recorded in a questionnaire divided in to three parts.

The first part covered with demographic information including age, education, occupation place of residence, marital status, type of family, marital status, expenses for treatment, duration of disease and treatment and hospitalization. Second part consisted of assessment of coping with very poor coping, poor coping, average coping, good coping and excellent coping and third part consisted of assessment of quality of life with very poor quality life, poor quality life, average quality life, good quality life and very good quality life.

Statistics:

Data were statistically analyzed using percentage and frequency to coping and quality of life and Fishers extract test to evaluate the association with coping and quality of life, and chronic diseases and relation to demographic data, a P value of less than 0.05 was considered significant.

3. Results

1. Demographic variables

The women suffering from Chronic diseases had age 41-50 yrs(45%) , 51-60 yrs (37.5%) and 31-40 yrs (17.5%) . education range of secondary education 30%, higher secondary education, 22.5%, 15% of them were graduates, and another 15% of them were post graduates, 10% of them had primary education and 7.5% of them were illiterates. 37.5% of them had private service, 32.5% housewives, 17.5% self-employed, 7.5% government service and 5% of them were laborers. 50% from suburban place, 42.5% from urban place and 7.5% of them were residing in rural place. majority of 77.5% of them were married, 12.5% widow and 10% of them were divorced. 80% of them had joint family and 20% of them had nuclear family. Income Rs.10001-15000, 22.5% of had monthly income Rs.5001-10000, 17.5% of them had income below Rs.5000, 5% of them had income Rs.25001-30000. 40% of them had three dependents, 37.5% had two dependents, 17.5% had one dependent and 5% had four dependents at home. 50% of them had Rs.2001-4000 expense, 25% of Rs.2000, 17.5% Rs.4001-6000 and 7.5% of them had monthly expense for treatment Rs.6001-8000.

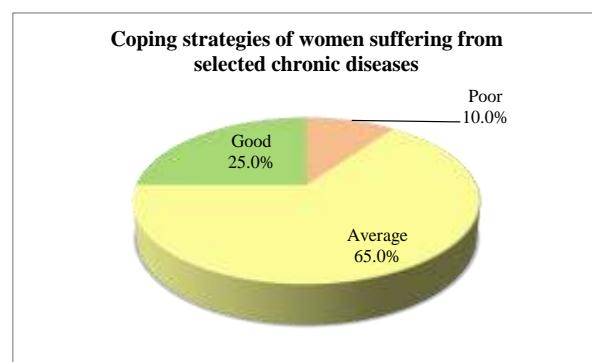
52.5% were suffering from chronic disorders for 4-5 years, 32.5% of them had disorders for 3-4 years and 15% of them had chronic disorders for 2-3 years.

97.5% were takes treatment for their disease, 30% of them go for health check up whenever they have some health complaint, 27.5% of them go for health checkup once in six months, and 75% of them had been hospitalized whenever they had some health complaint related to their current disease.

Table no-1

2. Assessment of coping strategies of women

Coping	Frequency	%
Poor	4	10.0%
Average	26	65.0%
Good	10	25.0%
Excellent	0	0.0%



Coping	Quality of Life			p-value
	Low	Moderate	Positive	
Poor	2	2	0	0.132
Average	2	21	3	
Good	0	8	2	

Figure no. 1

Table no 1 and figure no. 1 shows, majority of 65% of the women suffering from selected chronic diseases had average coping strategies, 25% of them had good coping and 10% of them had poor coping.

Table no- 2

3. Assessment of the quality of life among women

How would you rate your quality of life?	Frequency	%
Very poor	6	15.0
Poor	17	42.5
Neither poor nor good	15	37.5
Good	2	5.0

**Figure no .2**

Table no 2 and figure no. 2 shows, 42.5% of the women suffering from chronic diseases had poor quality of life, 37.5% of them had quality of life neither poor nor good, 15% of them had very poor quality of life and 5% of them had good quality of life.

Table No -3

4. Association of coping strategies and quality of life among women

Table no. 3 shows, p-value greater than 0.05, Coping and quality of life of women suffering from selected chronic diseases were not found to have significant association.

5. Association between coping and demographic variables:

Since p-values corresponding to monthly income of family and Expenses for treatment per month in Rupees are < 0.05 , so monthly incomes of family and Expenses for treatment per month in Rupees are the demographic variables which were found to have significant association with the coping of women suffering from selected chronic diseases.

6. Association between quality of life and demographic variables:

Since p-values corresponding to marital status and monthly income of family are small (less than 0.05), the null hypothesis is rejected. Marital status and monthly income of family are the demographic variables which were found to have significant association with the Quality of life of women suffering from selected chronic diseases.

4. Discussion

Majority of 65% of the women suffering from chronic diseases had average coping strategies, 25% of them had good coping and 10% of them had poor coping. The similar findings are seen by Surender kundal, Fathima and felton, (2008) who conducted longitudinal study on the coping strategies used by 151 middle aged and older female patients suffering from one out of four different chronic illness like rheumatoid arthritis, cancer, diabetes and hypertension. result shows that information seeking for adjustment and wish fulfilling fantasy were the coping strategies of patients with different chronic diseases [7].

Women suffering from chronic diseases had poor quality of life (42.5%), 37.5% of them had quality of life neither poor nor good, 15% of them had very poor quality of life and 5% of them had good quality of life. This has been supported by Akshay Bidar (2014), who investigates the correlation between anxiety, stress, depression and quality life among 1392 with rheumatoid arthritis with osteoporosis for 3 months. the finding of researchers shows a positive and meaningful relation between anxiety, stress and depression with poor quality life among woman suffering from chronic diseases, stress and depression with poor quality life in subjects suffering from rheumatoid arthritis with osteoporosis [8].

The findings of the present study indicates that assessing coping and how coping can help to control

further complications and improve quality of life among women with chronic diseases.

Conclusion

The result of this study confirmed coping and quality of life among women suffering from chronic diseases like breast cancer, osteoarthritis. In conclusion it is thought that the current information of coping and quality of life will assist in plan to for coping and improve quality of life. Furthermore, it is also thought that it can add to the literature and increase understanding of woman's coping and quality of life with chronic diseases and on prevention of complications.

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