

**DESCRIPTIVE STUDY ON QUALITY OF LIFE AMONG PATIENTS WITH DIABETES MELLITUS VISITING OUT-PATIENT DEPARTMENT OF SELECTED HOSPITAL AT SRI GANGANAGER, RAJASTHAN**

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**BACKGROUND OF THE STUDY:** Currently, India is considered the 'Diabetes Capital' of the world. This is because the largest number of people with diabetes lives in this country. The International Diabetes Federation estimated that the number of diabetics in India has doubled between 1995 and 2005, and by 2025 it would reach a figure of about 70 million.

**Material & Methods:** The research approach adopted was cross-sectional descriptive survey which was correlational in nature. The research approach adopted was cross-sectional descriptive survey. Target population of this design was patient having Diabetics Mellitus. 100 patients were selected by purposive Sampling techniques. Research setting for this study was selected community area of Ganganagar district.

**Result:** Depicts association between Health-Related Quality of Life and Socio-Demographic variables of study participants. Significant association was observed between health-related quality of life and participant's area of residence ( $p < 0.05$ ) whereas no association were found with other variables of study participants ( $p > 0.05$ )

**Discussion:** Study concluded that Diabetes had an adverse effect on the QOL of these study subjects. Females had a significantly poorer QOL than males. The domains most affected were General Health and Vitality.

**Keyword:** Quality, Diabetes Mellitus, Visiting

**INTRODUCTION:** Diabetes mellitus (DM) is one of the major world health problems of modern society. According to the Diabetes Atlas published by the International Diabetes Federation (IDF), around 382 million people suffer from this disease in 2013. Diabetes is a typical chronic medical condition that places serious constraints on patients' activities. There is a need for extensive education and behavior change to manage the conditions.

India plays a unique role in the diabetes picture of the world. Compared to any other ethnic groups, Asian Indians have a higher propensity to insulin resistance, diabetes mellitus and coronary artery disease.

**NEED FOR THE STUDY:-** According to WHO estimates India will be the global capital of diabetes by 2025, accounting for 57.2 million diabetics. Worsening the situation is the fact that diabetes affects the economically productive age-group (45-65 years) in developing countries.

The prevalence of diabetes mellitus has increased significantly over the past two decades. Recent estimates project around 285 million people with diabetes around the world presently, and this number is set to increase to 438 million by the year 2030. According to the World Diabetes Atlas, India is projected to have around 51 million people with diabetes. The public awareness of the disease is low, more so in the rural areas where there are increasing number of patients. Approximately 742 million people in India live in rural areas where the awareness of chronic disease is extremely low, and the ratio of unknown-to-known diabetes is 3:1, as compared to urban India wherein it is 1:1. There are more than 37.76 million diabetics in India; 21.4 million in urban areas and 16.36 million

in rural areas. Recently published data reveal that the age-standardized prevalence of total diabetes (previously diagnosed and previously undiagnosed diabetes) ranges from 8-18% in urban India and 2.4-8% in rural India.

## **OBJECTIVES**

- 1- To assess the Quality of Life among patients with Diabetes visiting out-patient department of selected hospital at Shri Ganganagar city
- 2- To determine the association between socio-demographic factors and QOL among patients with diabetes mellitus

## **MATERIAL & METHODS:**

**Research Approach:** Descriptive research approach

**RESEARCH DESIGN:** A researcher over all plans for obtaining answers to research question for testing the research hypothesis and this is referred to as the research design<sup>55</sup>

**Population :-** Population is the entire set of individuals who meet the sampling criteria<sup>57</sup>.

People suffering from diabetes mellitus and visiting out-patient department of medicine at Sihag Health Care Foundation of shri Ganganagar city Rajasthan.

### **Sample and Sampling Technique**

Sample is a sub-set of population elements. Sampling is the process of selecting a portion of the population to represent the entire population<sup>58</sup>. People suffering from diabetes mellitus and visiting out-patient department of medicine at Sihag Health Care Foundation of shri Ganganagar city Rajasthan

**Setting:-** Setting is the physical location and condition in which data collection takes place in the study<sup>55</sup>

Present study was conducted among patients suffering from diabetes mellitus and visiting out-patient department of medicine at Sihag Health Care Foundation of shri Ganganagar city Rajasthan.

### **Development of Tool**

Tools are the procedure or instruments used by the researcher to collect data<sup>55</sup>.

The tool was prepared on the basis of the objectives of the study the following steps were adopted prior to the development of the tool

- Review of literature provided adequate content for the tool preparation.
- Expert opinion of experts from mental health nursing department.
- A structured interview schedule was developed to assess the quality of life among diabetes mellitus

## **RESULTS:**

### **Part-A::**

Section-I: Frequency and percentage distribution of study participants according to their Socio-Demographic profile.

Section-II: Assessment of health related quality of life among study participants.

Section-II: Domain wise Assessment of health related quality of life among study participants

Section-V: Association of sample characteristics and quality of life.

**Part-B:** Association of participant's socio-demographic characteristics and health related quality of life.(testing of hypothesis)

**Section-II Questions on knowledge, attitude and practices on infection prevention and control among nursing students.**

Table-2- Questions on knowledge regarding infection prevention and control among nursing students

**PART-A**

**Section-I Socio-Demographic Variables Frequency and Percentage distribution of subjects as per socio demographic variables**

N= 100

Demographic Variables	Frequency and Percentage distribution of subjects	
	f	%
<b>1. Gender</b>		
a. Male	73	73%
b. Female	27	27%
<b>2. Age (in years)</b>		
a. 26-30	4	4%
b. 31-35	6	6%
c. 36-40	15	15%
d. 41-50	48	48%
e. >50	27	27%
<b>3. Marital status</b>		
a. Married	89	89%
b. Unmarried	2	2%
c. Widow	8	8%
d. Divorced	1	1%
<b>4. Education</b>		
a. Illiterate	17	17%
b. Up to 5 <sup>th</sup>	31	31%
c. Up to 10 <sup>th</sup>	31	31%
d. Up to 12 <sup>th</sup>	12	12%
e. Graduate or above	09	09%
<b>5. Residence</b>		
a. Village	30	30%
b. Semi urban	52	52%
c. Urban	18	18%
<b>6. Income</b>		
a. <=12000	43	43%
b. Rs.13000 to 24000/-	51	51%
c. Rs 25000 to 50000 /-	04	04%
d. >50000	02	02%
<b>7. Duration of illness</b>		
a. Less than 3 years	16	16%
b. Five years	69	69%
c. Above eight years	15	15%
<b>8. Other illnesses</b>		
a. Yes	18	18%
b. No	82	82%

**Section-II: Assessment of Health Related Quality of Life among Study Participants.**

<b>Domain of Health related Quality of life</b>	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Mean %</b>
<b>Role limitation due to physical health (Social life, work, travelling)</b>	100	46.67	70.00	59.6000	4.02796	36.12
<b>Physical Endurance</b>	100	56.67	80.00	64.0000	5.03634	38.78
<b>General Health</b>	100	46.67	93.33	75.1333	10.02153	45.53
<b>Treatment Satisfaction</b>	100	45.00	75.00	56.1500	6.06593	34.03
<b>Symptom Botherness</b>	100	40.00	73.33	55.2000	8.04477	33.45
<b>Financial Worries</b>	100	35.00	65.00	44.5000	7.22999	26.96
<b>Emotional/ Mental Health Satisfaction</b>	100	40.00	80.00	57.6000	9.19706	34.90
<b>Overall of HRQOL</b>	100	<b>53.33</b>	<b>66.67</b>	<b>58.8533</b>	<b>3.18538</b>	<b>35.66</b>

**Section-III**

**Rank wise Mean and Standard Deviation of HRQOL**

<b>Sr. No</b>	<b>Domain</b>	<b>Mean &amp; S.D</b>	<b>Mean %</b>	<b>Rank</b>
01	General Health	75.1333±10.02	45.53	01
02	Physical Endurance	64.±5.03	35.78	02
03	Role limitation due to physics health (Social life. work, travelling)	59.60±4.02	36.12	03
04	Emotional/ Mental Health Satisfaction	57.60±9.19	34.90	04
05	Treatment Satifaction	56.15±6.06	34.03	05
06	Symptom Botherness	56.15±6.06	34.03	06
07	Financial Worries	44.50±7.22	26.96	07

**Percentage Distribution of Health Related Quality of Life among**

<b>S.No</b>	<b>HRQOL</b>	<b>Score</b>	<b>Frequency</b>	<b>Percentage</b>
1	Very good	132-165	0	0%
2	Good	99-131	0	0%
3	Poor	33 to 98	100	100%

## Section-V

## Association between Socio-Demographic Profile and Quality of Life

N=100

Quality of Life and age	Between Groups	.106	4	.026	1.044	.389
	Within Groups	2.406	95	.025		
Quality of Life and marital status	Between Groups	.198	3	.066	2.737	.051
	Within Groups	2.313	96	.024		
Quality of Life and education	Between Groups	.233	4	.058	2.425	.053
	Within Groups	2.279	95	.024		
Quality of Life and area of residence	Between Groups	.284	2	.142	6.187	.003**
	Within Groups	2.227	97	.023		
Quality of Life and income	Between Groups	.060	3	.020	.788	.503
	Within Groups	2.451	96	.026		
Quality of Life duration of illness	Between Groups	.034	2	.017	.663	.518
	Within Groups	2.477	97	.026		

**DISCUSSION:**The findings of the present study revealed that the quality of life among study participants, in which all the patients of diabetes mellitus (100%) were having poor Health Related Quality of Life.

It is in the discussion, the researcher ties together all the loose ends of the study. The findings of the present study have been discussed in accordance with the objectives of the research and literature review.

**CONCLUSION:** The main objective of the study was to assess the Quality of Life among patients with Diabetes Mellitus in Sihag Health Care Foundation in Shri Ganganagar.. To accomplish the objective and determine methodology for study, a thorough review of literature was done. The cross-sectional descriptive survey approach was adopted for the study. The developed tool was circulated among the panel of experts for establishing the validity of the content and necessary modifications were made according to expert's views, the prepared tool was having following sections

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