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This Study Aims to Assess the Quality of Life Among Hypertensive Patient Allowing inOPD In IMS &SUM Hospital

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ABSTRACT

Introduction: Hypertension is a significant global public health crisis and is among the most important contributors to chronic conditions such as cardiovascular disease, stroke, arrhythmias, heart failure, and kidney diseases. This condition impacts the quality of life for patients, yet there is a lack of comprehensive evidence regarding the elements thatinfluence health-related quality of life in individuals with hypertension. Consequently, the aim of this study is to investigate the determinants that affect the health-related quality of life of adult patients with high blood pressure.

Research Design: - A cross –sectional survey

Result: Distribution of sample according to age of the hypertensive patient depict (0%) of the patient were in the age group of 30-40, 24% were or 40-50 and 76% were in the group of 50-60 years.Distribution of samples according to the sex shows that 73% are male and 27% are female distribution of samples according to their religion shows that 80% are Hindi, 6.7% are Muslims 13.3% are Christian and 0% are others.Distribution of samples assessments to education of patient shows that 13.3% were primary educated, 16.6% where secondary educated, 33.3% had done higher education and 36.8% were post graduated.Distribution of sample according to their occupation shows that 16.6% are daily worker, 20% are private worker, 26.6% are govt. worker and 36.8% are businessmen.Distribution of sample among to the source of information were 53.3% by TV & Radio, 26.8% were by Books and Newspaper, 6.6% were by family member and 13.3% were by health worker. Distribution of sample according to their family history of any disease shows 36.6% were diabetes, 36.6% were hypertensive, 10% were having Thyroid disease, & 16.8% were having any other disease. Association between quality of life of hypertensive patient and selected demographic variable of patient revealed that there is a satisfied level of quality of life found between age, sex, education, occupation, Religion and family history of any disease and source of information

Keywords: *Quality Of Life, Hypertensive Patient*

1. INTRODUCTION

In today's public health world, the term neglected disease consume up absence tropical illness of little relevance contemparmypractice in all over the world, yet when consider the actual meaning of the world , the time may be right to add hypertension to this list.

Hypertension is a chronic condition of occurrence due to this role in causation of coronary heart disease , stroke &other vascular complication. It is the commonest cardio vascular disease causing as major public health challenges to population is socio economics & epidemiological transmission for which it is sometimes called "SILENT KILLER".

Although control of hypertension can be successfully achieved by medication (secondary prevention) the ultimate goal in general is to reduce the incidence of disease in a population by reducing risk factors. The earlier the prevention starts the more likely it is to be effective –**WHO, 1974.**

Hypertension is a major risk factor for ant hypertension, cardio- vascular disease, heartfailure, stroke&kidney failure, it carries the risk for no bodily . Blood pressure evaluation damages the blood vessels in target organ(heart, kidney, Brain, eye)

2. NEED FOR THE STUDY

The Blood pressure is the pressure of the blood within the achieves. It is produced primarily by the contraction of the heart muscles. Its measurement is reduced by two numbers systolic &Diastolic.

The first (Systolic pressure) is measured after the heart conholen& it is highest. The soured (Diastolic pressure) is the lowest one & measured before the heart conholen. A blood pressure cuff is used it measure the pressure. Elevation of blood pressure is called Hypertension. **Suzanne o,2000.**

Among men 44yrs of age & younger 80% of adults are having blood pressure due to obesity. It may occur genetically consuming two or there alcoholic drinks at a line can cause of release harmful chronic that lead to increase blood pressure. – **Lijing L,2003.**

Hypertension has become a significant problem in many developing countries expressing epidemiological transmission from communicable to non-communicable chronic disease. The emergence of hypertension& other cardio-vascular disease as a public health problem related to the gives of the population, urbanization, socio-economic changes, obesity, alcohol consumption & salt intake among others. – **Dodu SRA,2005.**

Regular physical activity at least 30-60mins most days of the week can lower. Blood pressure up to 4-9 millenniums of Hg & it doesn't take long to see a difference.Incoming examine & active activity can lower blood pressure level with in just a few weeks. –**Markhan LKL, 2006.**

The exact causes of hypertension are usually unknown .There are several failures that have been highly associated with the condition, these include smoking, high level & salt intake insufficient calcium ,vitamin d deficiency, stroke, ageing, chronic kidney disease. –**Carretero OA, 2007.**

Prevalence in the developing countries seems to be similar to that in European or other technically developed society managing from 10%- 70% as namely as 20% among health. –**Rose G , 2008.**

The prevalence ofhypertension was 59.9% & 69.9% per 100 in males & females respectively in the urban population, && 35.5% , & 35.9% per 1000 in males & females respectively in the rural population.

-WHO , 2009.

In India hypertension prevalence rate from male is 59.98% & 71.36% in female in 35yrs old people. In Odisha the prevalence rate in blood pressure now is increasing due to various causes.41% males & 39% females in odisha having blood pressure. –**Gupta R,2010.**

The population of the world population with high blood pressure on uncontrolled hypertension felt mostly between 1980 & 20078. However because of population growth & ageing the number of people with uncontrolled hypertension rises from 600 million in 1980 to nearly 1billion in 2008. –**WHO, 2012.**

Adults are important for own society. so we should take care of the adult .It is essential to assess the knowledge regarding cause & effect of blood pressure among adult people having blood pressure & provide information to the specified aspect which will help & guide them in a proper way & also improve their knowledge of blood pressure and quality of life among hypertensive patient.

STATEMENT

A study to assess the quality of life among hypertensive patient allowing in OPD in IMS & SUM Hospital.

OBJECTIVE

- Toassess the quality of life among the hypertensive patient.
- To find out the association of quality of life among the patient with hypertension.
- Comparison of the association with socio economic demographic data.

ASSUMPTION

- Prevention enhances the quality of life among the patient with hypertension.
- Knowledge improve the practice of life style changes our quality of life of hypertensive patient.

OPERATIONAL DEFFINITION

ASSESS

It refers to gathering the information on knowledge of patient with quality of life.

QUALITY OF LIFE

It means it is the type of life which can be changed & undertaken the remain in the best possible condition in their limits to

reduce BP & over all cardio-vascular risk.

HYPERTENTION

Hypertension is chronic medical condition in which the systolic arterial blood pressure is elevated.
It is classified as either primary or secondary.

PATIENT

Patient with hypertension are having systolic BP >= 140 mmHg & BP>90 mmHg

KNOWLEDGE

It is the correct response of the adult age people regarding the knowledge then related to cause & effect of blood pressure.

DELIMITATION

- The study is limited to the adult people who are
- In between the age group 30-60yrs
- Attending the OPD in IMS & SUM hospital.
- Willing to participate in the study.
- Present during the period of data collection.

3. LITERATURE REVIEW

This chapter reviews the literature or hypertension & their relation to risk failures including age, gender, genetics, diet &weight,alcohol,smoking, lack of activity & co-morbidity.
It also examines mediating factors including economic failure, stress /personality, medication, lifestyle modification. Finally it reviews out comes (quality of life) including physiological, psychological & socio-economic changes.

BACKGROUND TO THE LITERATURE REVIEW

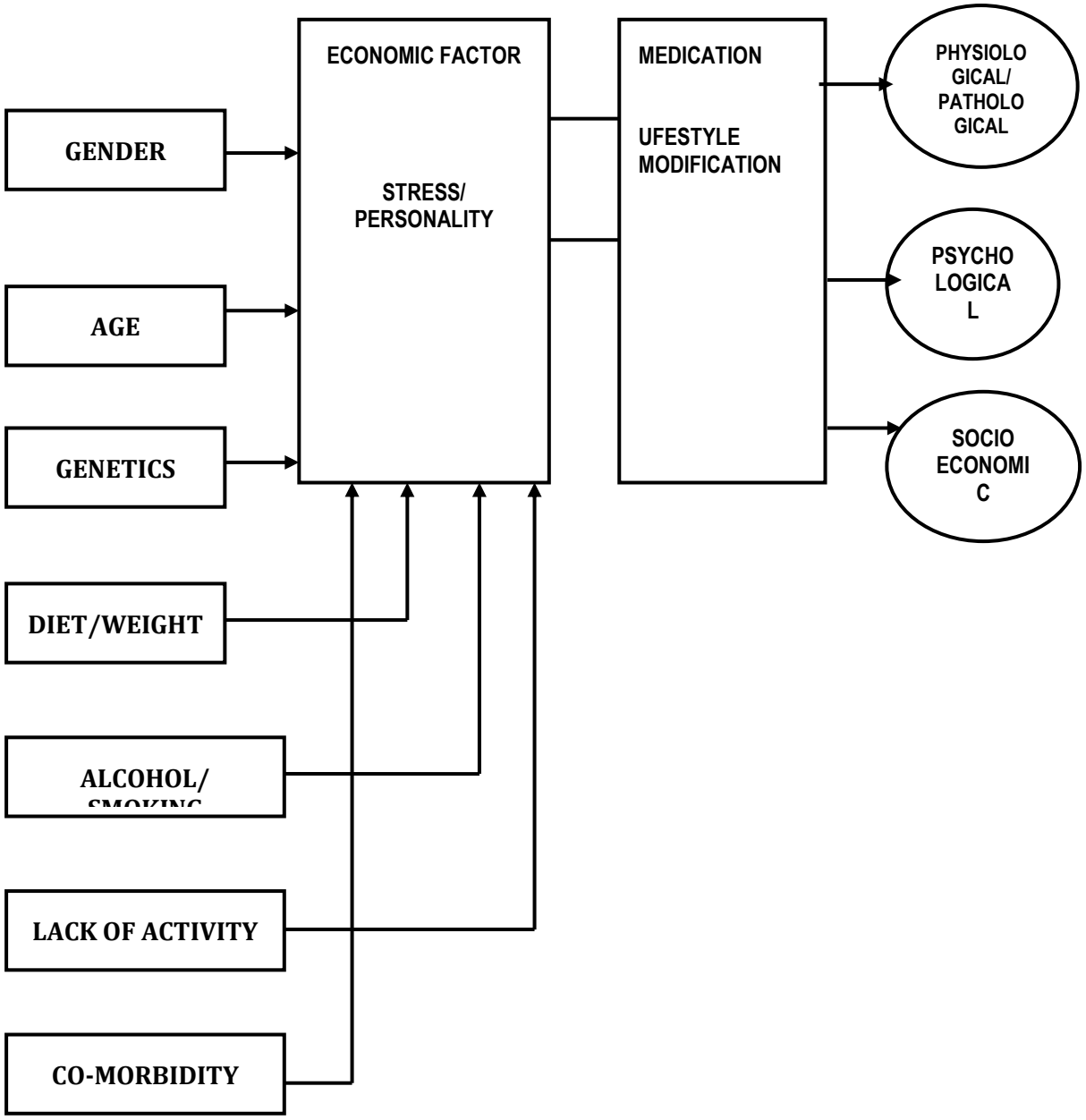
The occurrence of hypertension, a chronic condition, is increasing in developing countries due to sociological, political & economic changes & the associated alteration in people lifestyle .These lifestyle changes can cause chromic health problem, as a result of poor habits in food& alcohol consumption, lack of physical activity, smoking & increased stress.

National Economic & social Development Board, 1997.

The literature review aimed to investigate what is known from previous studies relating to the relationship between hypertension &

- Risk factors including age, gender, genetics, diet & weight, alcohol, smoking, lack of activity & co-morbidity.
- Mediating factors including financial difficulties, stress or personality, medication, lifestyle modification.
- Quality of life.

Study framework Mediating failure
Optional quality of life



Failure:

RISK FACTOR

a. Age & Gender:-

Increased age & male genderare important risk factors for cardio-vascular disease . males have a give that influences hypertension more than females .

KHOURY (1992) examined blood pressure of 131 patient released to the effects of age &sex. Blood pressure measurement were taking every 10-60mins over a 24 hrs. The result should that patients aged 65yrs had a higher systolic&lower near diastolic pressure & mar had higher diastolic & near anlunia pressure than women.

b. Genetics:-

Genetics is also claimed to contribute the hypertension. Jia(**1999**) studied of 591 people family history related to the incidence of hypertension & the reported family history or the genetics factor is closely related to hypertension.

Williams (2000) examined 6000 patients genetics effects or hypertension & compared with the risk in the general population & formed genetics are related to a change of blood pressure in between 30% -50% of individuals & the gave identified as influence hypertension was tend more frequently in hypertension than nomotensive people .

c. Diet & Weight:-

Consumption of food high in saturated fat , salt on sodium , the level of alcohol intake , & weight gain play an important role in contribution to hypertension

I .Obesity & Body mass index:-

As the body mass index increases, blood pressure also increase.

Singlr (1997) studied 984 Indian men & 951 Indian women to find the risk failure for hypertension. The study found that being overweight on obese and leading or secondary lifestyle was significant risk factors for hypertension.

ii. Consumption of food high in sodium:-

High sodium intake is formed to be a factore influencing hypertension development . High sodium inlake contribute to an impairment of reval blood flow , a disease of the glomeruler filtration rate & also include hypertension.

Sandens (2005) studied 1000 people to find the effect of high sodium consumption in diet , found high salt diet caused fibrons and hypertrophy in the left ventricle & impairment in the elasticity of large antencies .

iii. Alcohol consumption:-

Several studies have demonstrated a non- linear relationship between alcohol & blood pressure . Both blood pressure & the heart rate significantly increased in healthy normolinene men after drinking 40gms of beer.

Nan caudal , Ashlon , & wood (2000), studied the risk of hypertension who drank alcohol , & found drinking of alcohol help to disease the thickness of the carotidartery & hypertension.

Smoking:-

Smoking plays a role as a risk failure form hypertension.

Groppelli (1992) studied the relationship between smoking & hypertension in 12417 near from 10 medical center & found that smokes has significantly greater risk of hypertension compared to non smokers .

Smoking in patients with hypertension contributes to complication such as thickness , nervousness & stiffness of the carotid artery , SAH & decreased life span.

LACK OF ACTIVITY

A decrease in daily activity is related to hypertension.

Singer(1997) studied a high study of 2548 middle aged men who either had no hypertension look hypertensive drug assessed the relationship between daily activity & found secondary lifestyle is an important risk failure for hypertension.

Co-Morbidity:-

Many clinical condition such as diabetes , cerbrovascular disease , heart disease & chronic kidney disease are co- morbidities of hypertension . The most common causative co-morbidity of hypertensive is diabetes mellitus.

Mediating factors for hypertension:-

In addition to the risk factor discussed above, there are mediating factor which affect the lifestyle on quality of life in patient with hypertension. These include

Economics factor:-

Chronic disease insurecosts for drugs, health insurance, medical consultation laboratory list , transportation & food .

Low socioeconomic status & financial difficulties were found to be answered with high blood pressure .

Mendez (2003) undertook a story to outline the negative relationship between socioeconomic states & hypertension. It found that blood pressure has substantially higher in poor men with a low level of education, women with a high income experienced higher blood pressure.

Stress & Personality:-

Stress is claimed to contribute to development of hypertension through its stimulation of the sympathetic nervous system.

Chronic stress in care givers combined with low expression of this stress , stress from work , unemployment and job insecurity associated with increase blood pressure .

Friedman (2001) studies the relationship between hypertension, personality & psychological characteristics (anger , anxiety , depression ,behavior) of mild hypertensionnear &normotenive near aged 30-60yrs found no difference in personality & psychological characteristics , highly defensive people tended to have high blood pressure .

Hypertension & Medication:-

Hypertensive drugs are useful & effective in treating hypertension & preventing its complication.

Death rates & complication rates from stroke & coronary heart disease by high antihypertensive drugs.

Lifestyle modification:-

An unhealthy lifestyle can cause hypertension, so lifestyle modifications are an essential components of hypertensive management.

Weight loss:-

Weight gain cause higher blood pressure and conversely, weight loss causes lower blood pressure .

Thompson (2000) studied the long term effects of weight loss and dietary sodium reduction was taken on181 men & women aged 30-54yrs.All participants had systolic/diastolic (160/80-89mHg) and they all randomly assigned to one or two months lifestyle modification .

The result should that the weight loss intervention program has associated with a 77% reduction in the evidence of hypertension Where as the sodium reduction program did not really statistical significance in reducing the incidence of hypertension .

Exercise:-

Aerobic exercise significantly reduced mean systolic & diastolic blood pressure in both hypetensive normotensive person .
Physical activity significantly decreased levels of total serum cholestral , LDL , triglyceride.
To achieve benefits from exercise, patient should exercise continuously and gradually for 30 mins or more a day or more a week.

Dieting sodium reduction ,low fat diet :-

The recommended maximum daily sodium intake is 24gms of Nacl .

A Meta analysis study on 734 hypertension & 2220 normative people or the effect of reducing salt intake for 4/none weeks should that salt reduction could significantly lower both systolic & diastolic BP.

Reduction in alcohol data & smoking:-

There is no evidence of a dimity positive relationship between smoking (ersation& blood pressure, however quality smoking provides other benefits.

Outcomes:-

The sustain below discus the quality of life outcomes factors including physical health changes .psychological changes , socioeconomics changes related to risk factors & mediating factor . Some factors contribute to positive changes while other being negative changes.

Negative changes in quality of life :-

Antihypertensive agent :- Hypertension contributes to a significant decrease in patients quality of life especially changes in physical health.

Economic factors(financial difficulties):-

Patient with hypertension who have a low incomee are likely to also have low quality of life.

Cote(2005) studied health related quality of life in 91 patient with hypertension or a 9 months of period. The result showed that group with high income had a significantly higher quality of life allowing to a higher in

Stress:- Stress is a major factor influencing the quality of life of patient with hypertension and a low increase.

Sarason , Johnson & Siegel(1978) studied patient with hypertensive and a low income investigated their quality of life R/T stress in 2yrs period & found that major & minor stress significantly impacted on the quality of life of patient with hypertension .

Co-Morbidity:- Patient with hypertension & co-morbidity condition tend to have a lower quality of life .

Positive changes in quality of life

Antihypertensive agent

Some antihypertensive drugs such as the calcium channel broken manidipine may improve patient quality of life.

Conclusion

The literature review shows that people with hypertension suffer or have a decrease in quality of life as a result of many factors such as co-morbidity , financial difficulties , stress event & treatment .However there is the potential for an important in symptoms of quality of lifestyle or by with complimentary therapies.

4. RESEARCH METHODOLOGY

The methodology of research design indicates the general put them of organizing the procedure for getting valid, reliable data for problem under investigation.

The methodology enables the research to project or blue print of the datalied abort data approach, analysis & finding of the research (Kothani-1998).

Research approach

Research approach is an overall plan to carry out research its aim is to achieve the objective of the study.
A cross –sectional survey approach will be appropriate to assess the quality of life among the hypertensive patient.

Research Design

According to "Bur groove " A research design is a blue print for the conduct of the study that maximize , control our factor that could influence with the studies outcome .The research design for the present study will be descriptive design.

Setting of the study

The word setting point out the place where the study is to be conducted .The present study is conducted in the medicine OPD of IMS & SUM hospital.

Variables

Variables are qualities, properties or characteristics of person,things, or situation that changes on varies.

Independent variable – Assessment of quality of life among hypertensive patient.

Extraneous variable –Age,sex, Economic status,occupation, habits, knowledge,lifestyle.

Population & selection of sample

Population is an entire set of individual having common characteristics and is of interest to the researcher .The need for defining a population for the researcher project arises from the requirement to specify the group to which the results of the study will be applied. **(polif&hunglen , 1995).**

Target population

Target population is the population in which the researcher would be like to generalize the results of the study. In present study, it consists of the patient of med OPD of IMS & SUM hospital BBSR, who meet the study criteria.

Accessible population

Accessible population refers to the portion of target population which researcher has reasonable access. In this study accessible population consists of 50 patient diagnoses of HTN or of OPD patient of IMS & SUM hospital, BBSR.

Sampling Technique

The process of selecting a portion of population to represent the entire population **(Polif& Hung Len, 1999).**For the present study non-probability –purposive sampling will be appropriate to collect sample.

Sample size

The number of sample who fulfills the study criteria.In the present study the sample size will be 50 OPD patient of IMS & SUM hospital, BBSR.

Inclusion criteria for sampling

Sampling inclusion identified by the researcher that must be present for the element on subject to be included in the study.

In this study the inclusion criteria will be

Adult between the age group 30-60yrs.

The adult group these are present at the line of data collection.

The adult who can understand Oriya /English & Hindi.

Exclusion criteria for sampling

Sampling requirement identified by the researcher that eliminate on exclude an element or subject from being in a sample in the present study.

In the present study the exclusion criteria are the age below 30yrs.

Data collection instrument

The instrument in the researcher should be as possible the vehicle that would obtain for drawing coherence, which are next for the study & it was prepared by reviews Literature & consultation of guide.

In the present study researcher instrument will be

- Demographic Performa.
- Interview scheduled.
- Talk & Discussion.
-
-

Data collection procedure /Technique

- Prior permission for the HOD of medicine OPD.
- Self introduction& purpose of the study will be explained to the study sample.
- Oral consent will be taken from sample to participate in the study.
- 50 samples will be selected by purposive sampling technique & data will be collected by interview scheduled & discussion.

Plan for data analysis

The data analysis will be planned or the objective of the study using descriptive & influential statistics.
Descriptive statistics such as frequency percentage will be completed to analysis socio-demographic variable.

Ethical consideration

For the present study the investigation took in to corridor the ethical issues.
The study will be accepted by the researcher committee of the SUM nursing college & prior permission will be obtained for conducting the final study.
The purpose of the study will be explained to the patient those who participate. The subject will be assumed that confidential, the information will be used only for the purpose of the study.

Summary

This chapter deals with researcher approach, research design, study setting, sampling technique,and development& descriptive of tool, methods of data collection & planned analysis in relating to the objective stated.

5. ANALYSIS AND INTERPRETATION OF DATA.

Analysis is the process of categorizing, ordering, manipulation and summarizing the data to obtain answer to research question. The purpose of analysis is to reduce data to intelligible and interpretable form from which the relation of research problem can be studied and tested.

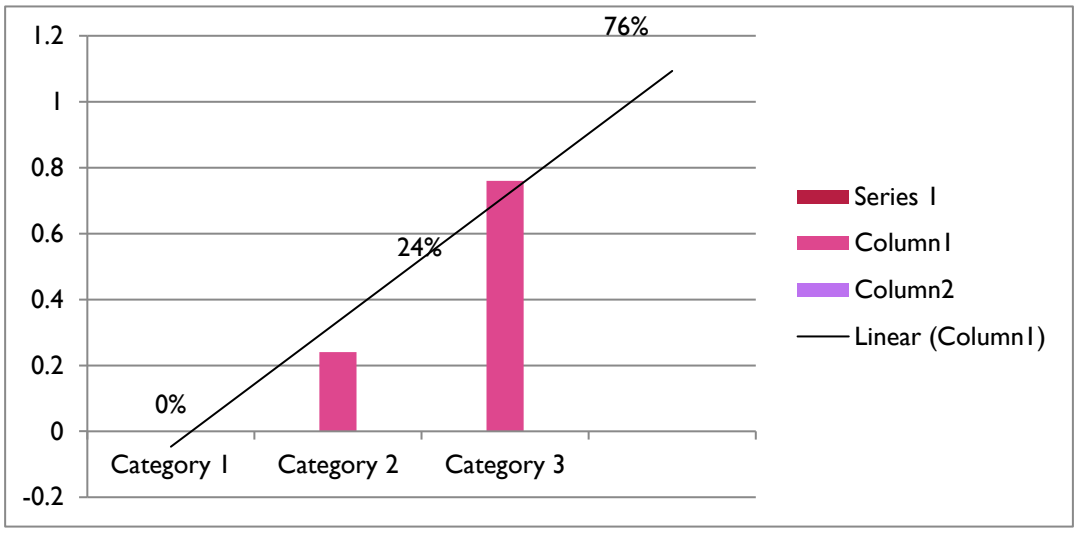
This chapter deals with analysis and interpretation of information collected from 30 hypertensive patient in IMS and SUM Hospital, Bhubaneswar. The present study was designed to assess the quality of life among hypertensive patient attending OPD in IMS & SUM hospital, Bhubaneswar. The collected data were tabulated, organized analysis and interpreted using descriptive and inferential statistics based on the objective of the study.

SECTION-A
Description of sample based on characteristics of hypertensive patient in frequency & percentage.

Table-1Frequency & percentage distribution of sample according to age.

AGE IN YEAR	FREQUENCY(F)	PERCENTAGE(%)
30-40Yrs	0	0%
40-50Yrs	7	24%
50-60Yrs	23	76%

Table-1 shows that distribution of subjects according to the age of hypertensive patient depicts 0% of the patient was in the age group of 30-40Yrs, 24% were in the age group 40-50Yrs & 76% were in the age group 50-60Yrs.

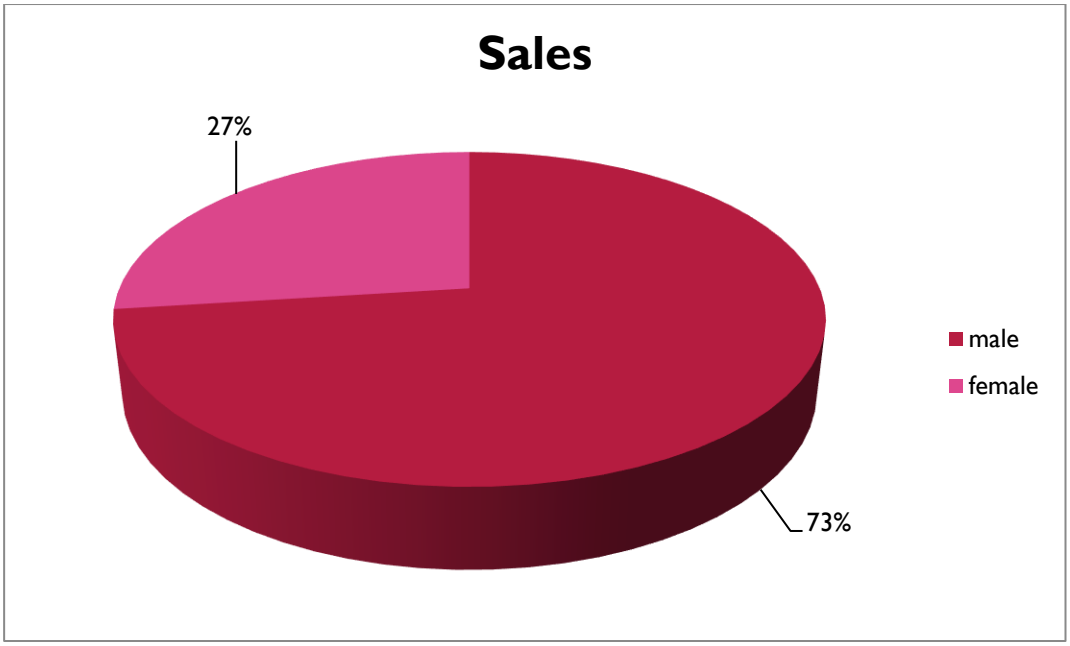


(Figure-1.1column diagram showing the percentage distribution of sample according to age of the patient.)

Table-2Frequency & percentage distribution of sample according to sex.

SEX	FREQUENCY(f)	PERCENTAGE(%)
MALE	22	73%
FEMALE	8	27%

Table-2 shows that distribution of data according to their sex shows that 73% are male&26% are female.

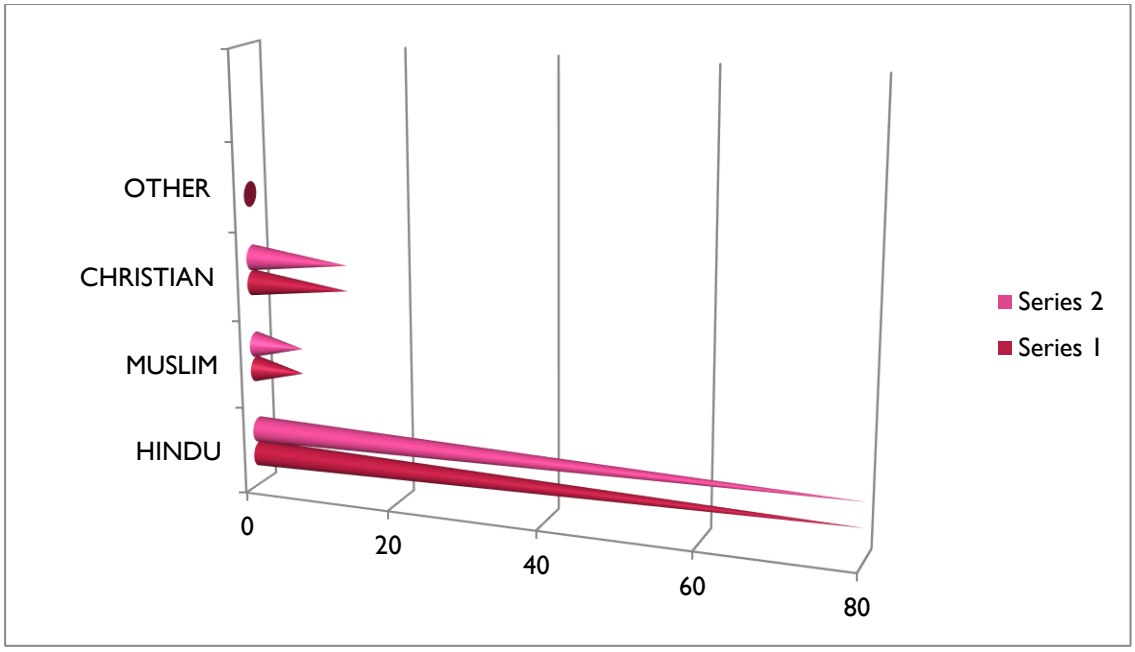


(Figure-1.2 pie chart showing percentage distribution of samples according to sex.)

Table-3Frequency & percentage distribution of sample according to religion.

RELIGION	FREQUENCY(f)	PERCENTAGE(%)
HINDU	24	80%
MUSLIM	2	6.7%
CHRISTIAN	4	13.3%
OTHER	0	0%

Table-3 shows that distribution of data according to religion shows that 80% are hindu,6.7% are muslim,13.3% are Christian.

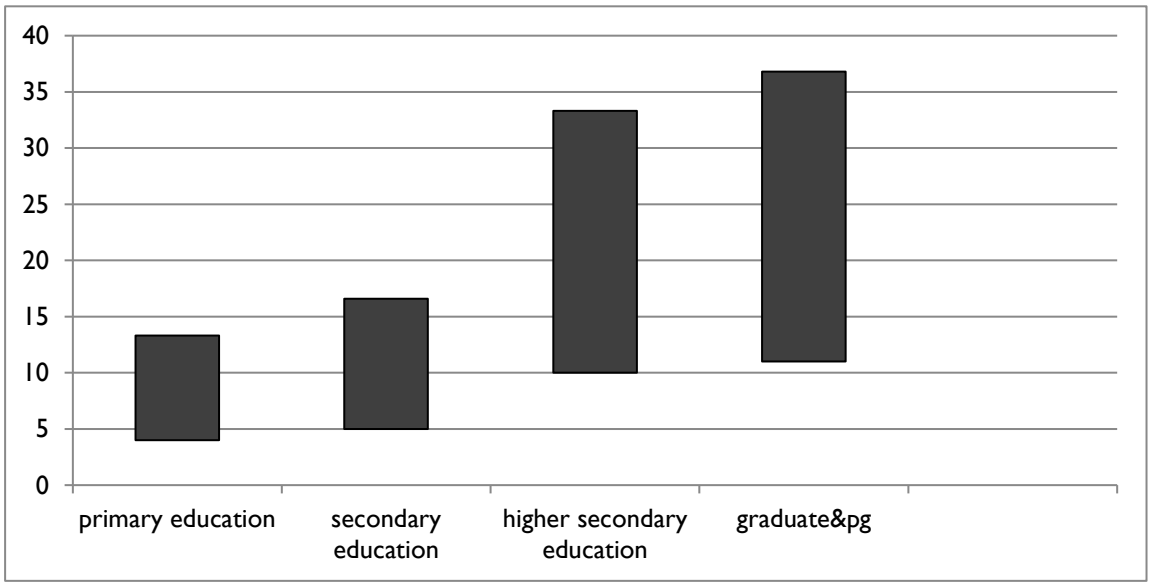


(Figure-1.3 cone graph shows frequency distribution of samples according to their religion.)

Table-4Frequency & percentage distribution of sample according to their education.

EDUCATION	FREQUENCY(f)	Percentage(%)
PRIMARY EDUCATION	4	13.3%
SECONDARY EDUCATION	5	16.6%
HIGHER SECONDARY EDUCATION	10	33.3%
GRADUATE & PG	11	36.8%

Table- 4 shows that distribution of data according to education of the patient shows that 13.3% are having primary education,16.6% are having secondary education,33.3% are having higher secondary education,& 36.8% are having graduation &PG.

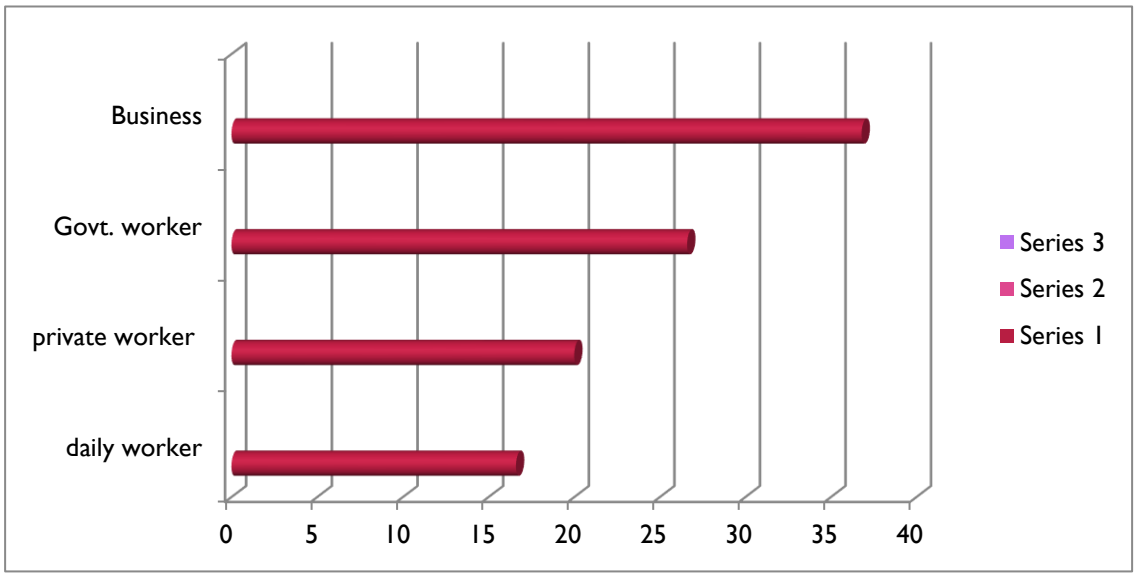


(Figure-1.4 column shows percentage distribution of samples according to education.)

Table-5Frequency & percentage distribution of sample according to of their occupation.

OCCUPATION	FREQUENCY(f)	PERCENTAGE(%)
Daily worker	5	16.6%
Private worker	6	20%
Goverment worker	8	26.6%
Business	11	36.8%

Table-5 shows the distribution of sample according to occupation shows that 16.6% are daily worker,20% are private worker,26.6% are government worker,&36.8% are having business.

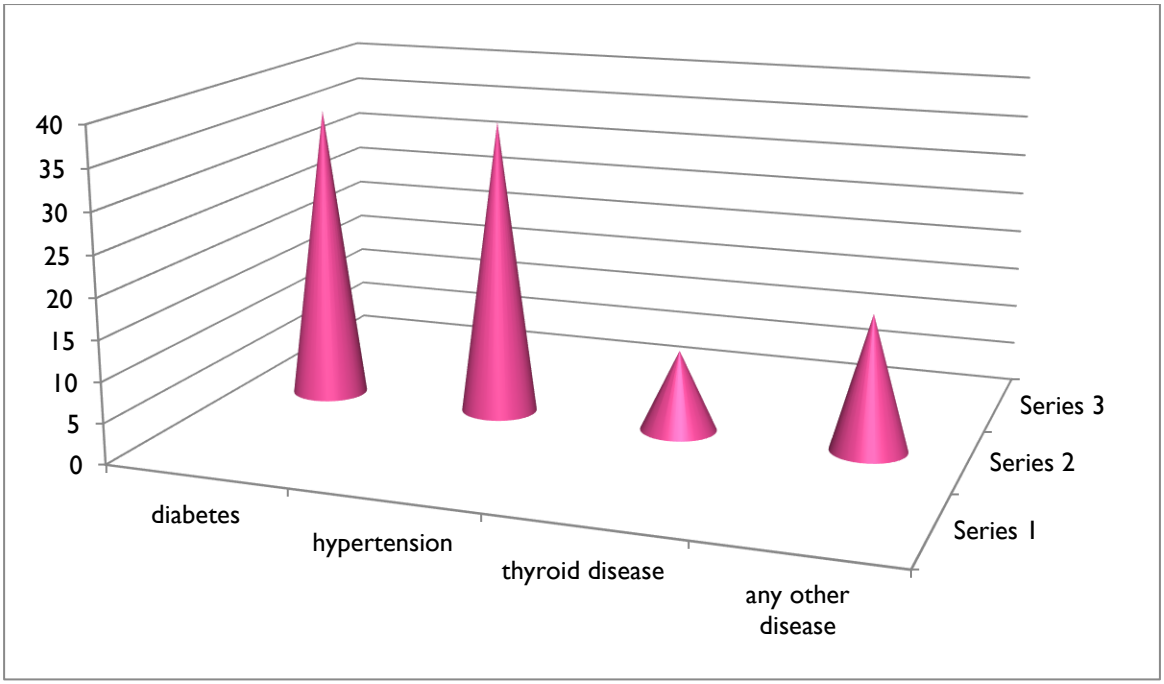


(Figure-1.5 Bar diagram shows frequency distribution of samples according to their occupation.)

Table-6Frequency & percentage distribution of sample according to family history of any disease.

FAMILY HISTORY	FREQUENCY(f)	PERCENTAGE(%)
Diabetes	11	36.6
Hypertension	11	36.6
Thyroid disease	3	10
Any other disease	5	16.8

Table-6 shows that distribution of sample which presents 36.6% of family have history of diabetes,36.6% have hypertension,10% have thyroid disease,&16.8% have any other disease.

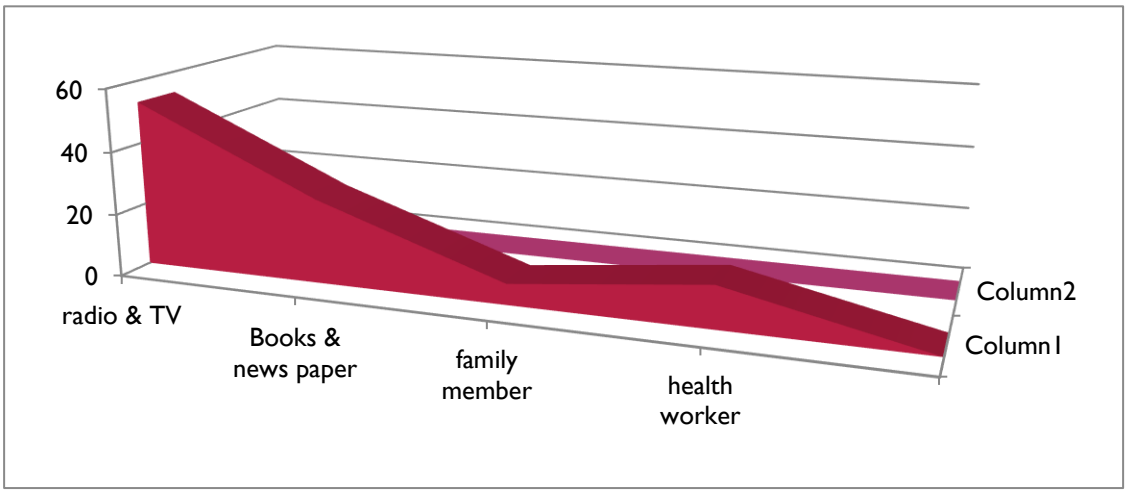


(Figure-1.6 cone diagram shows frequency distribution of samples according to their family history of any disease.)

Table-7Frequency & percentage distribution of sample according to their source of information.

SOURCE OF INFORMATION	FREQUENCY(f)	PERCENTAGE(%)
RADIO & TV	16	53.3%
BOOKS & NEWS PAPER	8	26.8%
FAMILY MEMBER	2	6.6%
HEALTH WORKER	4	13.3%

Table -7 shows the distribution of data according to the source of information shows that they get the information from 53.3% are from radio & TV, 26.8% are from books&news paper,6.6% are from family member & 13.3% are from health worker.



(Figure-1.7 area diagram shows percentage distribution of sample according to their source of information.)

SECTION-B

Description of item wise assessment of each question on knowledge of the patient on quality of life of hypertensive patient by using frequency and percentage.

Sl. No.	Question	Characteristics	Frequency (F)	Percentage (%)
1.	How would you rate your quality of life?	Very poor	0	0%
		Poor	0	0%
		Neither poor nor good	16	
		Good	8	
		Very good	6	
2.	How satisfied are you with your health?	Very dissatisfied	0	0%
		Dissatisfied	0	0%
		Neither satisfied nor dissatisfied	4	
		Satisfied	20	
		Very satisfied	6	
3.	To what extent do you feel that sickness prevent you from doing what you need to do?	Not at all	6	
		A little	15	
		A moderate amount	9	
		Very much	0	0%
		An extreme amount	0	0%
4.	How much do you need any medical treatment to function in your daily life?	Not at all	12	
		A little	15	
		A moderate amount	3	
		Very much	0	0%
		An extreme amount	0	0%

Sl. No.	Question	Characteristics	Frequency (F)	Percentage (%)
5.	How much do you enjoy life?	Not at all	0	
		A little	7	
		A moderate amount	8	
		Very much	13	
		An extreme amount	2	
6.	To what extent do you feel your life to be meaningful?	Not at all	0	
		A little	4	
		A moderate amount	5	
		Very much	12	
		An extreme amount	9	
7.		Not at all	0	

	How much do you trust your physician advice?	A little	0	
		A moderate amount	2	
		Very much	6	
		An extreme amount	22	
8.	How much are you able to concentrate on your work?	Not at all	0	
		A little	0	
		A moderate amount	2	
		Very much	21	
		An extreme amount	7	
9.	How healthy is your environment?	Not at all	0	
		A little	2	
		A moderate amount	10	
		Very much	11	
		An extreme amount	7	

Sl. No.	Question	Characteristics	Frequency (F)	Percentage (%)
10.	How much safe do you feel about anticipative agent?	Not at all	0	
		A little	1	
		A moderate amount	6	
		Very much	20	
		An extreme amount	3	
11.	Can you able to avoid your own stress?	Not at all	1	
		A little	8	
		A moderate amount	8	
		Very much	11	
		An extreme amount	2	
12.	Do you have enough time for yoga and meditation in your everyday life?	Not at all	9	
		A little	6	
		A moderate amount	8	
		Very much	6	
		An extreme amount	1	
13.	Are you able to accept abese body appearance?	Not at all	7	
		A little	11	
		A moderate amount	8	
		Very much	3	
		An extreme amount	1	
14.	Have you enough money to take proper treatment?	Not at all	1	
		A little	8	
		A moderate amount	14	
		Very much	9	
		An extreme amount	2	

Sl. No.	Question	Characteristics	Frequency (F)	Percentage (%)
15.	How available to you is the information R/T health that you need in your day to day life?	Not at all	0	
		A little	6	
		A moderate amount	14	
		Very much	10	
		An extreme amount	0	
16.	To what extent do you have time for regular health check up?	Not at all	0	
		A little	8	
		A moderate amount	9	
		Very much	13	
		An extreme amount	0	
17.		Very poor	4	

	How well are you understand the meaning of life style modification (R/T health)	Poor	2	
		Neither poor nor good	9	
		Good	15	
		Very Good	0	
18.	How nuclear do you understand a menu plan of diet for a hypertensive client?	Very poor	5	
		Poor	1	
		Neither poor nor good	14	
		Good	7	
		Very Good	3	
19.	Are you aware of the co-morbidities of hypertension?	Very poor	5	
		Poor	1	
		Neither poor nor good	13	
		Good	6	
		Very Good	5	

Sl. No.	Question	Characteristics	Frequency (F)	Percentage (%)
20.	Do you have any idea for the prevention of hypertension?	Very poor	5	
		Poor	1	
		Neither poor nor good	7	
		Good	17	
		Very Good	0	
21.	How satisfied are you with your sleep?	Very satisfied	0	
		Dissatisfied	0	
		Neither satisfied non dissatisfied	5	
		Satisfied	24	
		Very satisfied	1	
22.	How much one you satisfied for morning walk?	Very satisfied	0	
		Dissatisfied	0	
		Neither satisfied non dissatisfied	1	
		Satisfied	23	
		Very satisfied	6	
23.	How satisfied are you with your capacity for walk?	Very satisfied	0	
		Dissatisfied	0	
		Neither satisfied non dissatisfied	0	
		Satisfied	24	
		Very satisfied	6	
24.	Do you think is excessive help to maintain the body weight.	Very satisfied	0	
		Dissatisfied	0	
		Neither satisfied non dissatisfied	5	
		Satisfied	12	
		Very satisfied	13	
Sl. No.	**Question**	**Characteristics**	**Frequency (F)**	**Percentage (%)**
25.	To what extent do you think avoidance of alcohol and ……. Can reduce the rate of hypertension?	Very satisfied	0	
		Dissatisfied	0	
		Neither satisfied non dissatisfied	2	
		Satisfied	9	
		Very satisfied	19	

Companion of quality of life with socio-economic demographic data :

Frequency and penetrate distribution of agent using five point rating scale.

Age	0-25 (No/%)	26-50 (No/%)	51-75 (No/%)	76-100 (No/%)	101-125 (No/%)
A	0/0%	0/0%	0/0%	0/0%	0/0%
B	0/0%	0/0%	0/0%	7/0%	0/0%
C	0/0%	0/0%	5/21.7%	18/78.3%	0/0%

This table shows that the quality of life also depend upon the different age group. Age group 40-50 years and 50-60 years show a satisfactory level of quality of life.

Frequency and percentage distribution of sex by unity five point rating scale.

Age	0-25 (No/%)	26-50 (No/%)	51-75 (No/%)	76-100 (No/%)	101-125 (No/%)
A	-	-	1/12.5%	7/87.5%	
B	-	-	1/12.5%	7/87.5%	

This table shows that both male and female are showing a satisfaction level of quality of life with 87.5% and 81.9% respectively. But male having better quality of life in compare to female.

Frequency and percentage distribution of educational level of hypertensive patient unity five point rating scale.

Education	0-25 (No/%)	26-50 (No/%)	51-75 (No/%)	76-100 (No/%)	101-125 (No/%)
a			1/25%	3/75%	
b			1/20%	4/80%	
c			1/10%	9/80%	
d			2/18.1%	9/81.9%	

This table show that the level of education depend upon the quality of life and it is satisfied in this study.
Frequency and percentage distribution of religion by unity five point rating scale.

Religion	0-25 (No/%)	26-50 (No/%)	51-75 (No/%)	76-100 (No/%)	101-125 (No/%)
a			5/21.7%	18/78.3%	
b				2/100%	
c				4/100%	
d					

This table shows that all religion having satisfied level of quality of life and it is satisfied in all religion in this study.
Frequency and percentage distribution of occupation by using fine part rating scale.

Occupation	0-25	26-50	51-75	76-100	101-125
a			1/20%	4/80%	
b			2/33.3%	4/66.7%	
c			1/12.5%	7/87.5%	
d					

This take shows that the quality of life depends upon the occupation and it is satisfactory on all occupation in this study.
Frequency and percentage of distribution of family history of any disease by with 5 point rating scale.

Family history	0-25	26-50	51-75	76-100	101-125
a			2/18.1%	9/81.9%	
b			2/18.1%	9/81.9%	
c			1/33.4%	2/66.6%	
d				5/100%	

This table shows that the quality of life of the people depends on disease (history) condition and it is satisfaction on this study.

Frequency and percentage distribution of some of information unity five point rating scale.

Some of introduction	0-25	26-50	51-75	76-100	101-125
a			1/62.5%	15/93.5%	
b			1/12.5%	7/64%	
c			-	2/100%	
d			3/75%	1/25%	

This table shows that proper source of information lead to a better quality of life and it is satisfied here.

Description of level of quality of life of hypertensive patient with 5 point rating scale.

Level of quality of life	Rate	No	%
Very dissatisfied	0-25	-	0%
Dissatisfied	26-50	-	0%
Neither satisfied non dissatisfied	51-75	4	13.35
Satisfied	76-100	26	86.7%
Very satisfied	101-125	0	0%

This table is showing that the quality of life among hypertensive patient (IMS & SVM Hospital), found a satisfied level of quality of life with 86.7% and neither satisfied nor dissatisfied with 13.3%.

SUMMARY, DISCUSSION, CONCLUSION, IMPLICATIONS, LIMITATION, RECOMMENDATIONS

This chapter presenting a summary of the conclusion drawn from the findings, the implication, limitation, recommendation for future study.

The study was conducted to assess the quality of life of hypertensive patient OPD in IMS & SUM Hospital, Bhubaneswar,Odisha.

The objects of the study was

- To assess the quality of life among hypertensive patient.
- To compare the quality of life of hypertensive patient with their socio-economic demographic variable.
- To find out the association of life with saturate socio-economic demographic area.

The research approach adopted for the study was descriptive survey approach. The study was conducted in IMS & SUM Hospital, Bhubaneswar with 30 nos. of sample of hypertensive patient. Descriptive summary design has used for the study.

The objective used for data collection was questionnaire schedule of hypertensive patient, in IMS & SUM Hospitals. The content validity of the tool was done by five expirty of repulsive field.

The analysis of detained data as done based on the objective of the study. Descriptive and inferential statistics were used for data analysis and data interpretation.

Major findings of the study:

Distribution of sample according to age of the hypertensive patient depict (0%) of the patient were in the age group of 30-40, 24% were or 40-50 and 76% were in the group of 50-60 years.

Distribution of samples according to the sex shows that 73% are male and 27% are female distribution of samples according to their religion shows that 80% are Hindi, 6.7% are Muslims 13.3% are Christian and 0% are others.

Distribution of samples assessments to education of patient shows that 13.3% were primary educated, 16.6% where secondary educated, 33.3% had done higher education and 36.8% were post graduated.

Distribution of sample according to their occupation shows that 16.6% are daily worker, 20% are private worker, 26.6% are govt. worker and 36.8% are businessmen.

Distribution of sample among to the source of information were 53.3% by TV & Radio, 26.8% were by Books and Newspaper, 6.6% were by family member and 13.3% were by health worker.

Distribution of sample according to their family history of any disease shows 36.6% were diabetes, 36.6% were hypertensive, 10% were having Thyroid disease, & 16.8% were having any other disease.

Association between quality of life of hypertensive patient and selected demographic variable of patient revealed that there is a satisfied level of quality of life found between age, sex, education, occupation, Religion and family history of any disease and source of information.

6. DISCUSSION

This present study was conducted to assess the quality of life among hypertensive patient according Din IMS & SUM Hospital, Bhubaneswar, Odisha.

The study findings show that 0% of patient were in the age group of 30-40 years, 24% were between 40-50 years, 76% were in 50-60 years. 73% are male 27% are female, 80% are Hindu, 6.7% are Muslim, 13.3% Christian, 0% are others, 13.3% are purely education, 16.6% are secondary educated, 33.3% are having higher education, 36.8% having post graduate and 16.6% are daily worker, 20% are private worker, 26.6 are govt. worker, 36.8 are business men, 36.6% family have family history of diabetes, 36.6% have hypertensive, 10% thyroid and 16.8% have other diseases, 53.3% are getting information by TV & radio, 26.8% are from books and newspaper 6.6% are from family member and 13.3% are getting for health worker.

Association between quality of life of hypertensive patient and selected demographic variable of hypertensive patient revealed that there is a satisfied kind of quality of life with age, sex, educational level, occupation, religion family history of any disease and source of information.

IMPLICATION :

The present study emphasizes the need of association the quality of life among hypertensive patient attending OPD in IMS & SUM Hospital, Bhubaneswar, Odisha.

The findings of the study have in implication for nursing education, nursing administration and research.

Nursing Administration :

With teleological advancement and ever growing changes of society, the nurse administration have responsibility to arrange awareness programme among the nurses.

The finding of the study could be utilized as a basis for conducting awareness programme for the nurse so that they can develop their content awareness and clear understanding about the level of quality of life among the hypertensive patient.

The administration of nursing service need to encouraging staff members to be involved counseling to arrange awareness programme. The hospital can arrange posters, role playing for hypertensive patient including counseling and teaching skill.

Nursing Patient :

The study implies the importance of as sessions the quality of life of hypertensive patient. All nurses should spend their time for creation awareness about quality of life among hypertensive patient.

Nursing education :

- An awareness need to be created among the hypertensive patient about the importance of quality of life and how it affects the hypertensive patient's life style.
- Give information regarding the diet, execute, sleep, etc.
- The nurses education should give proper information about the health aspects of the hypertensive patient on hospital and community as well as they should give adequate information regarding. Hypertension, regarding between quality of life, complication, regarding co-morbidities of hypertension, so that students nurse can take necessary measurements as early possible to reduce the problem.

Nursing Research :

The nurse is expected to provide awareness which should be researcher based. The essence of research is to build body of knowledge in running as it is an evolution profession. The researcher design findings and the tool can be used avenues for further research. There is a need for extend and intensive running researcher in the rural areas to create awareness about the quality of life among hypertensive patient, evidence based nursing intervention can be given through the research.

7. LIMITATIONS

The study was limited to hypertensive patient of 30-60 years of age.

Limited to only one hospital.

Description was used.

Only 50 sample has taken.

CONCLUSION

On the basis of finding of the study the following conclusion were done.

The nurse should develop proper understanding about the assessment of quality of life.

Nursing personnel can do focused group discussion teacher wherever it is necessary.

Regular healthy check-up of the hypertensive patient should be done.

8. RECOMMENDATION

Keeping view the finding of a report study the following recommendations are made, since this study is carried out a non-probability- convince sampling, the result can be used only as a guide for further study.

The study can be replicated on large samples in different age group to take a wider applicability by generalization.

A comparative study can be made assess the quality of life among the hypertensive patient attending OPD in IMS & SUM Hospital.

Summary:

The present chapter summarized the methodology. The major findings of the study and its implication also discuss in the chapter about the limitation of the study, recommendation and suggestion for further study.

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