Factors Influencing the Quality of Life of Chronic Heart Failure Patients admitted at Specialized Hospital

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Background

Chronic Heart Failure is a complex clinical conditions affecting patients' quality of life globally. In Bangladesh, Heart Failure has been considered to be as the 4th leading cause of disability and mortality. Chronic Heart Failure causes increased infections, maximum use of health care resources and excessive burden to the family and society which ultimately decrease in the Quality of Life of Heart Failure patients. The study was aimed at identifying the factors influencing the Quality of Life of Chronic Heart Failure Patients.

Method

A descriptive exploratory study was carried out by face-to-face interview with structured standard questionnaire. One hundred and forty two hospitalized chronic heart failure patients were conveniently recruited from a specialized hospital of Bangladesh. Data were collected from January to February, 2019. Quality of life related factors were identified using Patients' general Characteristics Questionnaire. QOL of chronic heart failure patients was measured by the Minnesota Living with Heart Failure Questionnaire (MLHFQ) and the World Health Organization's Quality of Life Instrument - Short Version (WHOQOL-BREF). Descriptive statistic was used to describe the samples' characteristics. Association between Socio-demographic characteristics and QOL of chronic heart failure patients was measured using t-test and one way of ANOVA. Relationship between continuous variables was measured by Pearson correlation.

Results

Findings reveals that mean of the total chronic heart failure related quality of life was 94.16(SD=3.20) out of maximum of 105. This high score indicates worsen chronic heart failure patients' quality of life. The mean score of general quality of life of chronic heart failure patients was calculated as 41.05(SD=5.109) out of maximum of 130 which indicates low level of general quality of life of chronic heart failure patients. There is a significant positive correlation found between disease related quality of life and general quality of life of chronic heart failure patients. Dimensions of physical (r=.248, p=.000), mental (r=-.180, p=.000) and total (r=-.141, p=.000) of MLHFQ were significantly correlated with psychological dimension of WHOQOL-BREF except two dimensions of its. Gender, marital status, education, income, smoking, residence, BMI, NYHA Functional class were identified as factors having an effect on QOL of Chronic Heart Failure patients.

Table 1 Relationship between socio-demographic characteristics and disease related QOL and general QOL (n = 142)

Variable	Category	Disease related QOL		General QOL	
		M ± SD	t/r/F/p	M ± SD	t/r/F/p
Gender	Male	4.49 ± .15	1.149(.253)	1.56 ± .19	-2.451(.015)
	Female	4.45 ± .13		1.68 ± .15	
Marital Status	Married	4.29 ± .16	-2.309(.022)	1.53 ± .35	-.472(.637)
	Others	4.49 ± .15		1.58 ± .19	
Education	Few education	4.449 ± .15	.346(.730)	1.56 ± .18	-2.864(.005)
	Higher education	4.47 ± .16		1.68 ± .21	
Monthly Income	<20302.82	4.46 ± .13	8.096(.000)	1.53 ± .16	11.930(.000)
	21000-40000	4.50 ± .16		1.70 ± .22	
	>40000	4.66 ± .16		1.68 ± .15	
Residence	Urban	4.54 ± .18	2.068(.040)	1.63 ± .20	1.457(.147)
	Rural	4.47 ± .14		1.57 ± .19	
BMI	<23	4.49 ± .16	-.134(.874)	1.56± .18	.171(.042)
	23 – 24.9	4.48 ± .15		1.54 ± .17	
	>25	4.47 ± .12		1.65 ±.22	
Smoking	Non Smoker	4.46 ± .13	-1.205(.230)	1.67± .17	3.138(.002)
	Smoker	4.49 ± .15		1.55 ± .19	
NYHA Class	I	4.63 ± .160	6.084(.003)	1.59 ± .086	.020(.980)
	II	4.60 ± .219		1.58 ± .150	
	III+IV	4.47 ± .143		1.58 ± .203	

Table 2 Correlation between disease related QOL and general QOL (n = 142)

Quality of Life Measurements	MLHFQ, Physical	MLHFQ, Mental	MLHFQ, Total	WHOQOL-BREF, Physical	WHOQOL-BREF, Psychological	WHOQOL-BREF, Total
MLHFQ, Physical	1			.		
MLHFQ, Mental	.583(.000)	1				
MLHFQ, Total	.893(.000)	.886(.000)	1			
WHOQOL-BREF, Physical	.130(.123)	.036(.674)	.094(.267)	1		
WHOQOL-BREF, Psychological	-.248(.003)	-.180(.032)	-.241(.004)	.509(.000)	1	
WHOQOL-BREF, Total	-.044(.604)	.074(.380)	.016(.850)	.298(.000)	.509(.000)	1

Conclusion

The result of this study could act as a baseline data for further experimental study to evaluate the efficacy of lifestyle modification program to reduce the factors related to heart failure patients and also to provide information to the nurses developing strategy to prevent factors influencing quality of life for the patients with chronic heart failure.

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