

# SURVEY ON ASSESSMENT OF THE QUALITY OF LIFE IN PATIENTS DIAGNOSED WITH CHRONIC CONDITIONS WITH A DEGREE OF DISABILITY LIMITING THEIR PERFORMANCE ON DAILY ACTIVITIES

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**Keywords:** chronic pathology, invalidity degree; emotional issues

**Cuvinte cheie:** patologie cronică, grad de invaliditate, probleme emoționale

**Abstract:** The present study evaluates the life quality of the persons diagnosed with a chronic pathology that needs to be classified in a invalidity degree through the autoevaluation of the level of the life quality and restrictions imposed by the presence of the chronic pathology

**Rezumat:** Studiul evaluează calitatea vieții persoanelor diagnosticate cu patologie cronică care necesită încadrarea într-un grad de invaliditate prin metoda autoevaluării nivelului calității vieții și restricțiilor impuse de prezența patologiei cronice

## INTRODUCTION

The common ground of health care strategies concerning both physical and psychological well-being shapes itself in accordance with the current European social standards and addresses disabled individuals' personal independence from all points of view. Apart from its psychosomatic aspect, disease, that is, loss of health, represents a living condition different from the normal one experienced before the the disease has settled in.

Occupational disease and work-related accidents may lead to partial or complete loss of the ability to work and, thus, to a certain degree of disability, which, in its turn, results in reducing the functional level of an individual affected both physically and psychologically. This will cause the disabled to be assigned into a particular medical and social category.

From this perspective the disabled individuals face various limitations in their daily activities and participation in social life that basically translate into difficulty in solving social or professional problems or in grappling with their disabled condition. All these generate a decrease in the quality of life.

Decision-making and administration forums are responsible with granting protection against decrease in the quality of life while their support should translate into a set of measures intended maintain at high level both qualitative and quantitative indicators of the quality of life. These measures are definitely needed since any disabled individual is entitled to enjoy the same rights as any other healthy person regardless of the origin and nature of their disability.

Social security addresses several areas from which collective effort is needed such as health care, instruction and education, culture, conditions of rest and recreation, the social and political environment, in other words, the living conditions. To the above one should add material aspects (such as housing and the living environment, employment and work conditions, income and expenses), family and social life aspects, as well as respect towards the social and legal order.

## PURPOSE OF THE STUDY

With the specific purpose not only of improving the current situation and raising the level of the quality of life for the disabled population groupbut also of becoming involved in

offering real support to the members of this category, I have embarked on assessing the quality of life of individuals diagnosed with chronic disease and requiring assignment of a degree of disability. I have resorted to the method of using their own assessment of the quality of life and of the limitations brought along by their chronic condition in what concerns daily routines, the ability to preserve human relationships with family members, friends, acquaintances and strangers, and the possibility to enjoy an adequate social life.

## MATERIAL AND METHOD

I have created an original questionnaire with multiple choice answers centering on the patients' own assessment of the chronic condition and its impact on the quality of life from the point of view of how the physical health and the psycho-emotional state influence daily social activities and the ability to relate to others.

The first part of the questionnaire consists of questions intended to identify and characterize the surveyed respondents. Next come questions intended for respondents to assess not only their own ability to care for themselves and do house chores but also the impact on daily life, human relationships and social activities that their physical health and emotional problems caused by diagnosis and disability may have.

The survey relied on 100 individuals from the county of Sibiu that have been diagnosed with a chronic condition which resulted in thier being assigned a degree of disability. Every eleventh person was selected for the survey out of the total number of disabled individuals in the county of Sibiu. Out of the 100 questionnaires, 7 have proved inconclusive, and thus have not been analyzed, leaving a total of 93 respondents.

## RESULTS AND DISCUSSIONS

The survey shows that, out of a total of 93 responding patients, more than half (59.14%) are women and all of them are within 30 and 65 years of age. A third of the respondents (33.34%) have a low level of education, about a quarter of them (24.73%) attended vocational schools while the rest of them, more than two fifths (41.93%) have a medium-to-high level of

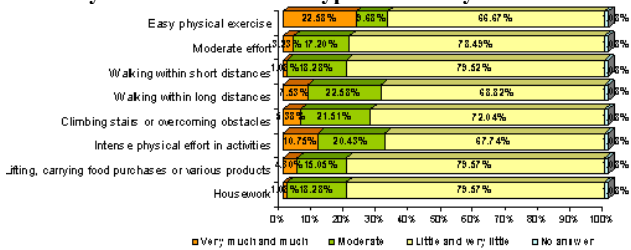
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education. The survey also shows that more than half of the respondents (61.29%) live in urban areas of Sibiu county.

Analyzing the data on the patients' own assessment of the ability to perform daily routines prior to being diagnosed and medically assigned a degree of disability, one may notice that the majority of the respondents claim not to have had major difficulty in carrying out these particular activities.

**Figure no. 1. The percentage of responding patients and their own assessment of the ability to perform daily routines prior to being diagnosed and medically assigned a degree of disability. Data classified into types of activity**

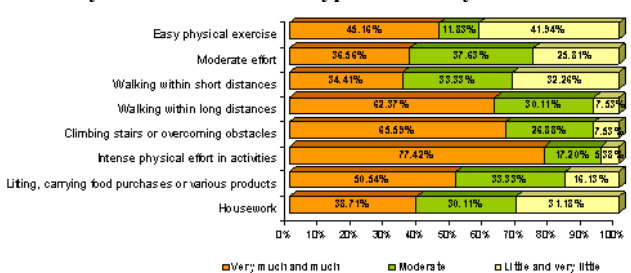


Not to ignore though are the percentages of patients stating that prior to being diagnosed they felt major or moderate discomfort in performing daily activities as well as in maintaining their personal hygiene and getting dressed (19.36%), in lifting and carrying food purchases or other products (19.35%), in performing activities requiring intense physical effort such as practising sports or lifting weights (31.18%), in climbing stairs or overcoming obstacles (26.89%), in walking both long distances (30.11%) and short ones (19.36%), and in doing physical exercise, even easy, fitness exercises such as bends, squats and lunge slides (32.26%). The lack of answers to questions is represented by a percentage of 1.08 for all types of activities (see graph 1).

Analyzing the data in graph 2, it is evident that the majority of the responding subjects feel major or moderate difficulty in carrying out daily routines after being diagnosed with a chronic disease and being assigned a degree of disability. This points out that there is a negative impact of the chronic condition on the patients' quality of life.

The analysis also shows that almost two fifths of the respondents (38.71%) feel a major influence of the chronic condition in performing regular daily activities. Also, more than half (50.54%) claim that, after being diagnosed, their ability to lift and carry food products or other items was highly affected and this has resulted in their dependence on other individuals.

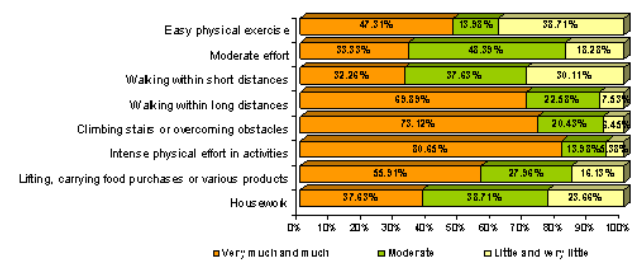
**Figure no. 2. The percentage of responding patients and their own assessment of the ability to perform daily routines after being diagnosed and medically assigned a degree of disability. Data classified into types of activity**



Just as important is that more than three quarters of the subjects (77.42%) claim that upon diagnosis their ability to perform activities requiring intense physical effort was considerably reduced encountering more than just many difficulties in carrying out these tasks.

We may also notice high and impressive percentages of respondents (65.59% and 62.37%) who claim that after being diagnosed feel great difficulty in climbing stairs and overcoming obstacles as well as in walking long distances. We find relatively equal percentages (34.41% and 36.56%) of patients who claim to encounter great difficulty in walking even short distances and in carrying out daily routines that require moderate effort. In addition, more than two fifths of respondents (45.16%) state that their chronic condition has considerably affected their ability to do physical exercises such as bends, squats and slide lunges. (see graph 2)

**Figure nr. 3. The percentage of responding patients and their own assessment of the ability to perform daily routines a year after being diagnosed and medically assigned a degree of disability. Data classified into types of activity**

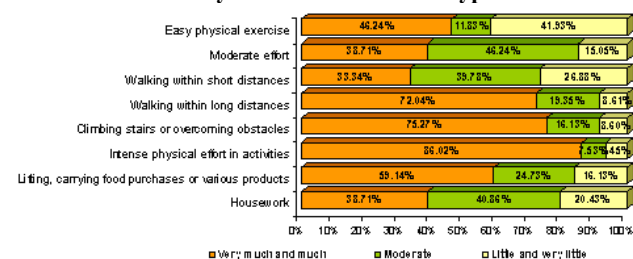


Analyzing the same aspects as before, one may notice that the respondents' situation has not improved even a year after being diagnosed. The percentage of the patients claiming that they encounter major difficulty in performing daily routines has actually increased compared to the period represented in the previous graph.

The analysis of graph 3 shows that the greater majority of responding patients display their dissatisfaction with the impact of their chronic condition on the ability to care for themselves and do housework and this clearly points to a drop in their quality of life.

Compared to the previous studied period, a considerable percentage of patients confirm the presence of discomfort generated by their chronic disease and causing their dependence on other individuals since most of them are unable to carry out daily household routines. They also claim that, even if still able to perform these routines with great difficulty, it still may mean that in a couple of years they will end up completely dependent on their family members or other individuals.

**Figura nr. 4. The percentage of responding patients on their own assessment of diagnosed chronic condition and its impact on the quality of life, their condition being perceived as limitation on daily routines and various types of activities**

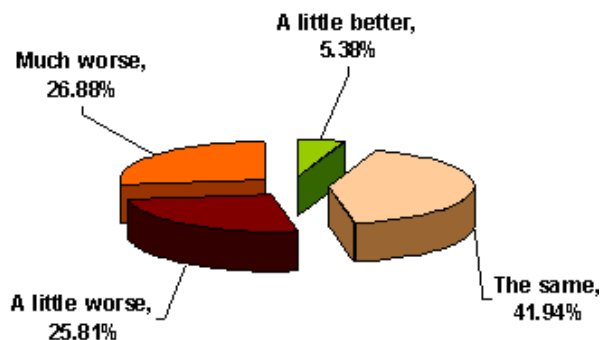


According to this data, three quarters of the patients (79.57%) claim to meet major and moderate difficulty in performing household activities such as maintaining their personal hygiene and getting dressed. More than 80% of respondents also claim that their chronic condition brings along limitations in lifting and carrying food products or other personal use items while the greatest percentage of patients feel the major impact of their chronic disease on performing activities that

involve intense physical effort, on climbing stairs or overcoming obstacles, and on walking long distances. One may also notice that a considerable percentage also meet major and moderate difficulty in walking even short distances, in carrying out routines that require moderate effort and in doing physical exercise.

The analysis further points out that most responding patients voice their dissatisfaction with the influence that their chronic condition has on the quality of life and perceive it as a limitation brought on their daily routine.

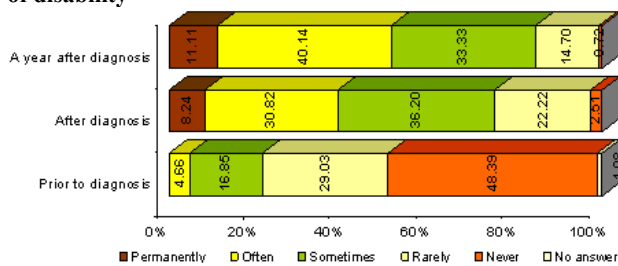
**Figure no. 5. The percentage of responding patients on their own assessment of health as compared to their health state a year before**



Graph 5 brings forward the fact that only 5.38% of the patients feel a slight improvement of their condition compared to their same condition a year before. More than two fifths of the respondents (41.94%) feel that their health is the same it was a year before. Significant, though, is the high percentage of respondents (52.69%) who claim a slight worsening (25.81%) and even a major worsening (26.88%) of their health when comparing it to what it was like a year before.

These results lead to the conclusion that all the responding patients express their disappointment in their health state when comparing it to the one a year before, since this definitely reduces their quality of life.

**Figure no. 6. The percentage of responding patients on their own assessment of the influence of physical and emotional health on daily routines prior to, in the period after and a year after being diagnosed and medically assigned a degree of disability**



Graph 6 shows that not only physical health but also emotional problems can more or less influence the patients' ability to perform daily routines not only from the point of view of the time allotted to such routines but also from that of the quality of work, power of concentration and focus needed to carry out those activities.

It can be easily noticed that prior to diagnosis and medical assignment of a degree of disability, the responding patients claim that their physical health and emotional state did not significantly influence their ability to carry out daily activities. Only a little more than a fifth of them (21.51%) state that they often (4.66%) encountered or sometimes (16.85%) met

difficulty in carrying them out.

The analysis also shows that a percentage of 8.24 of the patients feel the impact of physical health and emotional problems generated by the chronic condition claiming that it brings permanent limitations in their ability to carry out daily activities while a 30.82 percent often feel the influence of their physical health and emotional issues on this ability.

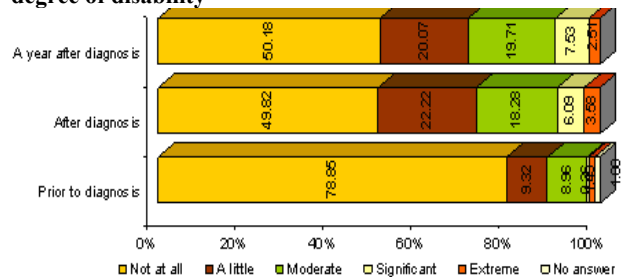
Moreover, the percentage of those who only sometimes feel the impact of these factors on their abilities has doubled from the moment prior to diagnosis to the one immediately after diagnosis (from 16.85% to 36.20%) while the percentage of those claiming they never encountered such limitations prior to diagnosis dropped significantly (from 48.39% to 2.51%)

Analysing the data on the assessment of physical and emotional health and its impact on daily life a year after diagnosis, the constant decrease in the respondents' abilities becomes evident. This reflects both a decrease in this population group's quality of life and an increase in their dependence on others generated by their inability to care for themselves and do household activities

The analysis of graph 7 shows that prior to diagnosis and assignment of a degree of disability, more than three quarters of respondents (78.85%) did not feel any impact of physical health or emotional problems on their ability to preserve human relationships while the rest of them claim that it has an insignificant impact on their relationships with family, friends, neighbors or other acquaintances.

One may also observe that, in the period after diagnosis, the percentage of patients who were previously not affected by their physical and emotional problems in their relationships drops almost to half (49.82%). This aspect generates an increase in the percentage of those who feel a slight, moderate or even significant and extreme influence of their physical health and emotional problems on healthily preserving human relationships around them.

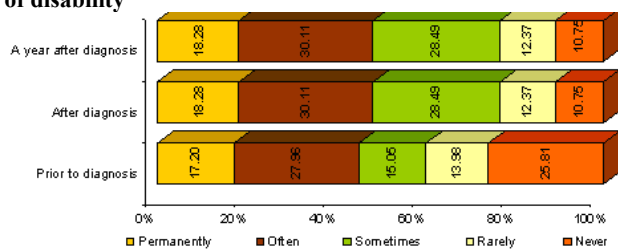
**Figure no. 7. The percentage of responding patients on their own assessment of the impact of physical and emotional health on human relationships, prior to, in the period after and a year after diagnosis and medical assignment of a degree of disability**



Looking at the data for a year after diagnosis, one may notice the resemblance with the results obtained in the period immediately after diagnosis since the patients' situation has not significantly changed.

As graph 8 shows, prior to being diagnosed a 17.20 percentage of the respondents claim that physical and emotional health permanently limited their abilities to lead an adequate social life reducing their option to visit friends and relatives prevented them from becoming involved in social activities.

**Figure no. 8. The percentage of responding patients on their own assessment of physical and emotional health and its impact on social activities prior to, immediately after and a year after being diagnosed and medically assigned a degree of disability**



On further analysis, it is evident that both in the period after and a year after diagnosis, the percentage of responding patients is much the same; 18.28% claim they have permanently encountered limitations in such activities as visiting friends and relatives, which were generated by their physical and emotional health both immediately after and a year after being assigned a degree of disability. 30.11% of the subjects have stated that they often meet difficulty in performing social activities while 28.49% only sometimes feel the influence of their physical and emotional health on this aspect of their life.

In addition, equal shares of subjects (12.37%) state that their emotional and physical states experienced immediately after and a year after diagnosis rarely reduce their opportunities to visit friends and relatives.

Still equal percentages of respondents (10.75%) claim that immediately after and a year after diagnosis they have not encountered such difficulty.

Hence, this survey clearly points out that physical and emotional health have a great impact on the patients' ability to participate in social activities which reduces the quality of life and the patients' fair chance at having an adequate social life.

### CONCLUSIONS

1. Prior to being diagnosed and assigned a degree of disability, the majority of respondents claim not to have had any significant difficulty in performing daily routines.
2. Soon after being diagnosed and medically assigned a degree of disability, most subjects have felt major and moderate difficulty in carrying out daily routines.
3. A year after being diagnosed and medically assigned a degree of disability, a considerable percentage of subjects claim to experience the discomfort of their chronic condition which determines their dependence on other individuals as most of the patients are unable to perform housework or, if able to do so, encounter major difficulty.
4. Most patients express their disappointment in the influence that their chronic condition has on the quality of life and they perceive it as a limitation brought on carrying out daily activities.
5. Almost all responding patients express their dissatisfaction with their physical health when comparing it to the one a year before claiming that it reduces the quality of life.
6. Both physical and emotional health more or less influence the patients' ability to carry out daily routines, both from the point of view of time allotted to these activities and from the point of view of quality of work, concentration and focus required by these specific activities.
7. A year after diagnosis and assignment of a degree of disability, the constant decrease in patients' ability to perform daily routines is evident. This clearly reflects a drop in the quality of life as well as an increase in their dependence on others as they are unable to care for

themselves and do house chores.

8. Physical health and emotional problems may be considered risk factors in maintaining human relationships with family members, friends, neighbors or other acquaintances. Prior to diagnosis only a small percentage of the responding patients claim to have dealt with difficulties of this kind. In the period after and a year after diagnosis one can see an increase in the percentage of those who state that physical and emotional health impact significantly on their ability to maintain appropriate relationships with family, friends, neighbors and other people around them.
9. Physical and emotional problems have a significantly negative impact on the patients' ability to participate in social activities and this reduces their quality of life as well as their fair chance at leading an adequate social life.

All these studied aspects reflect the major negative impact of the chronic disease or condition and the physical and emotional health on the patients' ability to perform daily routines, to maintain human relationships and lead a social life.

This survey also shows that respondents claim a drop in the quality of life especially during the period after and a year after being diagnosed and medically assigned a degree of disability by being unable to care for themselves and do their own housework.

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