

QUALITY OF LIFE ASSESSMENT IN A GROUP OF PATIENTS ADMITTED TO THE REHABILITATION CLINIC WITHIN THE CLINICAL COUNTY EMERGENCY HOSPITAL OF SIBIU

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Abstract: Introduction: quality of life is a complex concept, which allows a picture of people's lives and of the society in which they live. Quality of life, seen as a result of care refers to survival after the therapeutic intervention, the impact of the disease and treatment on the health status in terms of physical and emotional wellbeing and on the lifestyle of the patient. Purpose: this paper aims at assessing the quality of life of a group of patients admitted to the Medical Rehabilitation Clinic II within the Clinical County Emergency Hospital of Sibiu and the level of satisfaction of the patients who have benefited from the services of this clinic, during 2013 -2014. Material and methods: the study is a descriptive, transversal one, comprising 100 patients interviewed based on an anonymous questionnaire with open and closed questions. Results: 59 of the patients were hospitalized for medical rehabilitation for the existence of neurological distress. The most affected area of activity was housework, the ability to move, sleep and the availability for the social activities. For 80% of patients, there is a degree of disability induced by the disease, and 21 of them have noted a negative influence of the suffering on the quality of life, rated as unsatisfactory. Conclusions: the study demonstrates the need for quality of life assessment so as to highlight the therapeutic needs of medical rehabilitation and the efficacy of these therapeutic measures with a view to improve the patient's condition, respectively the level of satisfaction about his own life.

Cuvinte cheie: calitatea vieții, pacient, evaluare

Rezumat: Introducere: calitatea vieții este un concept complex, care permite realizarea unei imagini de ansamblu asupra vieții oamenilor și a societății în care aceștia trăiesc. Calitatea vieții, văzută ca rezultat al îngrijirilor medicale se referă la supraviețuirea după intervenția terapeutică, impactul bolii și al tratamentului asupra stării de sănătate ca bunăstare fizică și emoțională și asupra stilului de viață al pacientului. Scop: prezenta lucrare își propune să evalueze calitatea vieții unui lot de pacienți internați în Clinica de Reabilitare Medicală II a Spitalului Clinic Județean de Urgență Sibiu și nivelul de satisfacție a pacienților care au beneficiat de serviciile acestei clinici, în perioada 2013 -2014. Material și metodă de lucru: studiul este unul descriptiv, transversal, care cuprinde 100 de pacienți, intervievați pe baza unui chestionar anonim, cu întrebări deschise și închise. Rezultate: 59 din pacienți s-au internat pentru reabilitare medicală pentru existența unei suferințe neurologice. Cel mai afectat domeniu de activitate a fost munca în gospodărie, capacitatea de deplasare, somnul și disponibilitatea pentru activități sociale. Pentru 80% dintre pacienți, există un grad de dizabilitate indus de boală, iar 21 dintre aceștia au remarcat o influență nefastă a suferinței asupra calității vieții, cotate ca fiind nesatisfăcătoare. Concluzii: Studiul demonstrează necesitatea evaluării calității vieții pacienților, atât ca evidențiere a nevoilor terapeutice de reabilitare medicală, cât și ca evaluare a eficacității acestor măsuri terapeutice menite să îmbunătățească starea pacientului, respectiv gradul de satisfacție cu privire la propria viață.

INTRODUCTION

In assessing a patient's quality of life, we must consider both the physical, mental and spiritual health of an individual or group, or even of an entire society, as well as the economic and social resources that improve the overall living conditions.(1)

The quality of life assessment of a patient in terms of his/her health status is actually the evaluation of the way in which the wellbeing of the patients is adversely influenced over time by the condition the patient is suffering from.

The first versions of the instruments for measuring the quality of life in relation to health care referred to the simple assessment of the physical abilities by an external evaluator

(whether the patient is able to get up, eat, care etc.) The current concept of quality of life assessment recognizes that patients evaluate their current situation in relation to their own expectations.(2)

This may vary over time and may react to the external influences, such as the length and the severity of the disease, family support etc. The perspectives of the patients and physicians regarding the assessment of life in relation to health differ significantly. Therefore, this concept is now assessed by using questionnaires filled out by patients. These are often multidimensional and include physical, social, emotional, cognitive aspects, work-related aspects, responsibilities and a variety of symptoms related to illness, medication side effects

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and even financial matters.(3)

Life quality regarding health depends directly proportional with the quality of health care services from the perspective of the patient and refers to the efficiency of the use of resources within the established limits.(4,5)

Health services quality is a concept difficult to define. In fact, this is the first definition used in all reports issued by the Institute of Medicine since the 1990s. In medicine, the term “quality” defines the degree to which health services for individuals, populations help to achieve the desired results in their health status, fully consistent with the experience and knowledge of the health professionals.(6) This definition is similar to those offered by various organizations, such as the Joint Commission for Accreditation of Care Organizations (7) or the Office of Health Technology Assessment (8) and refers to the health services in general, not only to patients or to the medical act itself. Therefore, quality of care takes into consideration both the individuals and the groups who use the medical services, but also those who do not use them.

An important aspect of the definition is the emphasis on outcomes of care, the expectations of patients, assuming they are properly informed and make the best decisions together with their physician. At the same time, this definition emphasizes the importance of professional knowledge, which must be in accordance with the medical services provided, showing the traditional notions about the assessment and continuing professional development of the health professionals.

PURPOSE

The purpose of this paper is to assess the quality of life of a group of patients admitted to the Medical Rehabilitation Clinic II within the Clinical County Emergency Hospital of Sibiu

The main objectives of the study were:

- ü the assessment of the patient’s skills to care himself and to ensure autonomy;
- ü the assessment of the practical skills of the patient and his social and professional relationships;
- ü the assessment of the level of satisfaction of the patients who benefited from medical rehabilitation services between 2013 and 2014.

METHODS

We performed a descriptive, transversal study developed between 1 November and 31 March 2014 on a group of patients that included 100 patients who received medical rehabilitation services in the Medical Rehabilitation Clinic II within the Clinical County Emergency Hospital of Sibiu.

The inclusion criteria of the patients taken in the study took into consideration the patient’s consent, hospitalization in the Rehabilitation Clinic, both genders, the rural or urban area of origin, the ability to understand the concepts and the terms presented.

The exclusion criteria referred to the patient refusal, pronounced mental retardation or dementia.

As a working tool, we used the questionnaire called the Health Assessment Questionnaire. The questionnaire was anonymous and included open and closed questions and preformed and open answers.

The first part of the questionnaire contains questions related to the patient’s ability to care and to ensure autonomy (satisfying the need for independence):

- o *dressng and personal hygiene*
- o *ability to stand up or lie down*
- o *nutrition*
- o *gait*

The second set of questions relates to both the practical skills of the patient as well as to his socio-professional relations:

- o *hygiene*
- o *ability to manipulate objects*
- o *manual dexterity*
- o *daily activities*

RESULTS AND DISCUSSIONS

After gathering and processing the data obtained as a result of filling out the questionnaires by those 100 patients during hospitalization, we analysed the data on the demographic characteristics of the study group, as well as the information about the type of condition and its impact on the quality of life (table no. 1).

Table no. 1. Patients’ distribution according to the age group

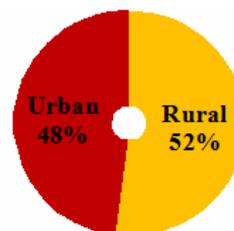
| Age group | Number of patients |
|-------------------|--------------------|
| < 20 years old | 1 |
| 20-29 years old | 2 |
| 30-39 years old | 1 |
| 40-49 years old | 13 |
| 50-59 years old | 27 |
| 60-69 years old | 25 |
| 70-79 years old | 29 |
| > 80 years old | 2 |
| Total of patients | 100 |

The study group included patients aged 15 to 85 years old, the mean age being 59.37 years.

It can be seen that a significant number of cases increases after the age of 40 years old, the maximum number of patients belonging to the age group of 70-79 years old.

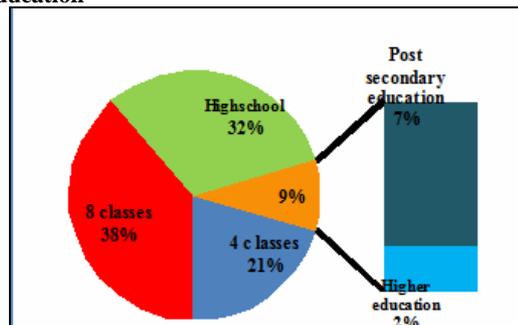
Regarding the area of origin of the patients included in the study, rural patients register a higher proportion (52%) than those in the urban areas (48%) (figure no. 1).

Figure no. 1. Distribution of patients according to the area of origin



It is expected that the persons with a higher level of education to address earlier and more frequently the health care services, the interest for an increased level of life quality being in direct relation with the level of studies. The group included patients with varying degrees of education (figure no. 2).

Figure no. 2. Distribution of patients according to the level of education



The education level is correlated with the area of origin. Following the survey, we noted differences in the level of education in relation to the area of origin.

The education level correlates with the degree of information and health education of the individuals, with the level of understanding of the necessity of being helped by another person, the need to use certain tools or means designed or adapted to the needs of these patients, in direct relation to the type and degree of disability.

Another important aspect of the quality of life is the professional activity and the level of satisfaction and the sense of professional achievement (accomplishment). Professional activity and unemployment are very important in that they provide income and hence, material wealth. The status of the main financial sponsor of the family influences the mental state of the patient or the patient's quality of life, respectively the patients' quality of life in terms of material wealth. The lower level of education and the professional skills have a negative effect on patients' in general (figure no. 3).

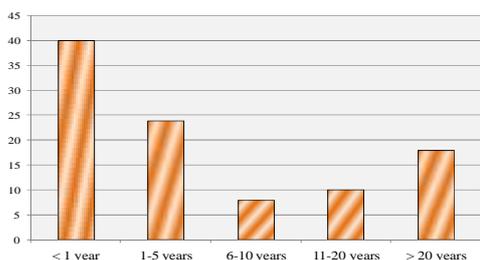
Figure no. 3. Patients' distribution according to the professional activity



Regarding the diagnosis at admission, 59 patients had neurological disorders, 32 joint disease, and 9 patients, posttraumatic diseases.

The type of disease regarding the duration from onset till present suggests the disease development, as well as its type: recent or chronic. Thus, in the case of the group of patients on which this investigation was conducted, there was the following distribution, grouping the patients according to the length of the disease (figure no. 4).

Figure no. 4. The period between the onset of the disease till present



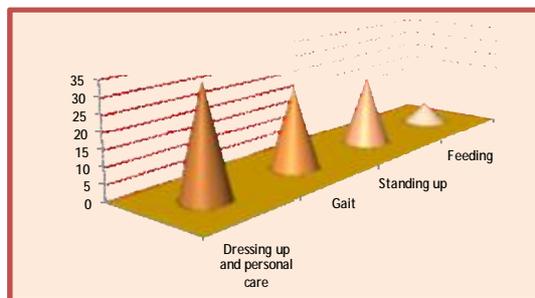
From the above data, it is observed that most patients have a recent disease with an early onset that occurred more than a year ago, and more than half of the patients had a disease that did not exceed more than five years old.

In terms of the number of admissions, half of the patients are at their first hospitalization, but there are patients who had more than 3 admissions, some of them having even more than 10 hospitalizations due to a disease diagnosed about 30 years ago.

Individuals need to be able to pursue their own activities for their individual needs underlying self-esteem and the sense of self dignity. The dependence level of the individual directly impacts on its satisfaction on the quality of life.

To assess the independence level of the rehabilitated patients, we considered the following areas: movement, feeding, dressing and personal care, standing. We have found that there are patients in need of assistance from another person to carry out these activities, as a result of the disability related to the disease (figure no. 5).

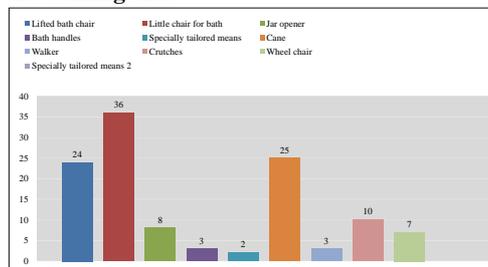
Figure no. 5. Patients' distribution regarding the need for assistance to carry out different activities



From the data analysis, we see that the most affected areas of the patients' life are those related to care and dressing up, orthostatism and gait.

With a view to improve the quality of life of these patients, given that a considerable percentage of them are suffering from different conditions accompanied by chronic disability, the use of some walking aids are absolutely necessary (figure no. 6). Thus, 25 patients use the cane, 10 patients need crutches, 7 patients need a wheelchair, and three of the patients use a walker. One patient reported using a special tool tailored to its needs.

Figure no. 6. Patients' distribution according to the use of the walking aids



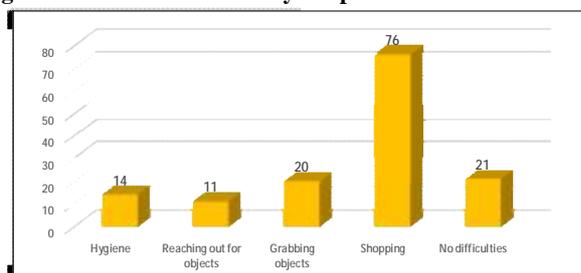
In addition to the objective clinical criteria, quality of life assessment became necessary when it has been raised the question of the effectiveness of the medical interventions for chronic or incurable diseases, when only a temporary relief can be obtained, and the goal of care is to make the patient's life more comfortable. The goal of care and treatment is to prolong life and add quality.

Following the evaluation, by applying the last set of questions, we found that 21 patients had a very good level of quality of life in terms of these issues, while shopping and performing domestic work areas were affected so that 76 patients had significant difficulties in these areas, the other targeted areas being impaired as follows: hygiene - 14 cases, reaching out for objects - 11 cases, gripping and opening objects - 20 cases (figure no. 7).

Regarding the overall evaluation of life, the patients awarded one mark on a scale of 0-10 (0 - normal, 10 - absent) to the following areas: good mood, ability to move, work (domestic and outside the home), relationships, sleep, social

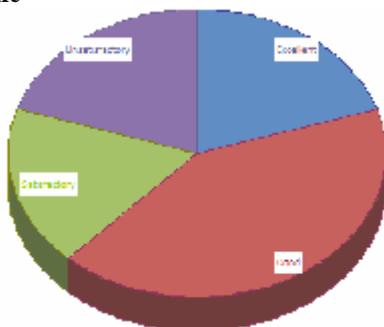
activities availability. The results show that the most affected field of activity was the housework (5.43), the ability to move (4.61), sleep (3.60), availability for social activities (3.07).

Figure no. 7. Areas affected by the presence of the disease



The general health assessment is done on a scale from 0 (very good) to 3 (poor) so higher the scores, the more serious health is and the quality of life is diminished.

Figure no. 8. Distribution of scores regarding the patients' quality of life



Following the centralization of responses for each field, we appreciated the quality of life for the patients in the study group. Thus, 20 cases had an excellent quality of life, not being influenced at all by the current condition, 42 patients have rated the quality of life as good, and 18 patients had a satisfactory level, while 18 patients noted a bad influence of the suffering on the quality of life, which is rated as unsatisfactory (figure no. 8).

CONCLUSIONS

Patients included in the study group were aged between 15 and 85 years old, an average of 59.37 years, and the maximum frequency was recorded for the age group of 70-79 years old.

More than half of the patients come from rural areas (52%) and in terms of education level, 91% have no more than high school.

Patients' occupation is closely related to the level of education as well as to their age, taking into consideration that an important percentage is over 60 years old.

Most patients were hospitalized for medical rehabilitation in the presence of neurological distress, and almost one third of patients were suffering from joints diseases.

Almost half of patients were at their first hospitalization.

For most of the patients, there is a degree of disability induced by the disease, and a part of these patients noted a negative influence on the quality of life, which is rated as unsatisfactory.

There is a significant increase in the number of patients receiving medical rehabilitation services after the age of 40 years old.

The fields of activity most affected by the disease are

shopping and performing housework activities. For these activities, the patients need either help from another person, or they are done by themselves, but with great difficulty.

Quality of life is closely related to health. Thus, a certain condition, related to the ability to move of the individual, has an important impact on the quality of life of the persons concerned, but also on their loved ones.

The goal of care and treatment is "to add years to life and give life to years" through the increase of its quality.

The present study is relevant for the medical practice regarding the conditions that impair the every day life of the patients, important goal of every health care service.

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