



**ORIGINAL RESEARCH PAPER**

**Nursing**

**A STUDY TO ASSESS THE KNOWLEDGE AND QUALITY OF LIFE OF ASTHMA AMONG ADULT ASTHMATICS IN SELECTED HOSPITAL, KELAMBAKKAM, KANCHIPURAM DISTRICT , TAMILNADU**

**KEY WORDS:** Knowledge, quality, adult asthmatics

**Mrs .Thenaruvi**

MSC.,(N) M.Sc Nursing Associate Professor-Guide, Chettinad College of Nursing,Chettinad Academy of Research and Education,Tamilnadu,India.

**Ms. L. Acshal Rachel\***

B.Sc Nursing Student, Chettinad College of Nursing,Chettinad Academy of Research and Education, Tamilnadu, India. \*Corresponding Author

**Ms.B. Sandhiya**

B.Sc, Nursing Student, Chettinad College of Nursing,Chettinad Academy of Research and Education, Tamilnadu, India.

**ABSTRACT**

**OBJECTIVES OF THE STUDY:**

1. To assess the knowledge and quality among adult asthmatics.
2. To determine the association between the knowledge and quality of life and selected demographic variables regarding Asthma among Adult Asthmatics.

**METHODOLOGY:** Methodology is the major phase of research in which the investigator makes a number of decisions about the methods and materials to be used to study the research problem basically through the collection of data. These methodological decisions generally have several implications for the validity and the reliability of the study findings. In this study the investigator is used Evaluative Approach, Descriptive Design and Purposive Sampling technique with the 53 samples.

**RESULT:** The objectives were to assess the knowledge and quality of life regarding adult asthmatic among patient in selected hospital and to determine the association between the knowledge and quality of life regarding bronchial asthma among adult asthmatic patient with selected demographic variables. The questionnaires were formulated, structured questionnaire schedule were used to assess the knowledge. The variables were assessing the level of knowledge and quality of bronchial asthma patient. Hypotheses were formulated the level significance selected was  $p < 0.05$  level. An extensive review of literature and guidance by experts formed the foundation to the development of questionnaires. The investigator used demographic variables Performa, structured questionnaire schedule to collect data. The data collection for the main study was done .The collected data was tabulated and analyzed. Descriptive and inferential statistical were used. The first objective mean value is knowledge (12.4%) and quality of life (1.64%) the standard deviation is 0.5336. The study shows that 0% inadequate knowledge.66% have moderate knowledge and 33.08% have adequate knowledge. The association between demographic variables in related with the knowledge aspects of Asthma. The collected data were tabulated and analyzed by using descriptive and inferential statistics. The collected data were tabulated and analyzed by using descriptive and inferential statistics.

The second objective of the study showed that there is no significant association between Asthma with the selected demographic variables patients without patient department age( $X^2=6.77$ ), gender( $X^2=5.73$ ), education( $X^2=4.27$ ), occupation( $X^2=2.61$ ),religion( $X^2=2.901$ ),sources of information ( $X^2=0.708$ ), marital status ( $X^2=1.058$ ) pet animals( $X^2=2.453$ ) ventilation( $X^2=2.456$ )

**INTRODUCTION**

**“EVERY HUMAN BEING IS THE AUTHOR OF HIS OWN HEALTH OR ILLNESS” -BUDDHA**

Asthma is derived from the Greek word “asthma”, “panting”; is a common chronic inflammatory disease of the airway characterized by variable and recurring symptoms, reversible airflow obstruction and bronchospasm. When an asthma attack occurs, the muscles surrounding the airways become tight and the lining of the air passages swell. This reduces the amount of air that can pass by, and can lead to wheezing sounds. Most people with asthma have wheezing attacks separated by symptom-free periods. Some patients have long-term shortness of breath with episodes of increased shortness of breath and in others; a cough may be the main symptom.

Asthma is one of the most common chronic diseases of childhood, affecting more than 6 million children. Asthma is a chronic inflammatory lung disease that can cause repeated episodes of cough, wheezing and breathing difficulty. During an acute asthma episode, the airway lining in the lungs becomes inflamed and swollen.Asthma is characterized by:Airway inflammation: The airway lining becomes red, swollen, and narrow. Airway obstruction: The muscles encircling the airway tighten causing the airway to narrow making it difficult to get air in and out of the lungs. Airway hyper-responsiveness: The muscles encircling the airway respond more quickly and vigorously to small amounts of allergens and irritants.

Asthma is a chronic inflammatory disorder of airways in which many cells and cellular elements play a role. The chronic inflammation is associated with airway hyper responsiveness that

leads to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing particularly at night or in early morning. These episodes are usually associated with widespread, but variable, air flow obstruction within the lung that is often reversible either spontaneously or with treatment. The World Health Organization recognizes asthma as a major health problem. Asthma can occur at any age but children and young adults are the commonly affected age groups. Both sexes are affected almost equally though slight differences in prevalence between males and females have been reported. This study was planned with the aim to collect information about the knowledge, attitudes, and quality of life of asthmatics.

**(MIRIJAM LUKASSE, 2014) RESEARCH METHODOLOGY**

A evaluative approach with descriptive design was used in the study. The study was conducted in a pulmonary OPD in a selected hospital. A purposive sampling technique was used to select 53 samples with the following inclusion criteria viz. Adult asthmatics who are willing to participate in the study and the out patients who all are attending pulmonary OPD.

**TOOL FOR THE STUDY**

Structured administered questionnaire used to elicit the demographic variables and to assess the knowledge and quality of life among adult asthmatics.

**SCORING AND INTERPRETATION**

A structured questionnaire is used in this study. Knowledge Scoring is based on the "Likert" scale, which includes 'True' or 'False' of 20 questions. Each (True) answer carries "1" (One) mark and (False) answer carries "0"(Zero) mark.

SCORE	PERCENTAGE	KNOWLEDGE AND PRACTICE
< 6	< 34	Inadequate
7-13	35 - 69	Moderately adequate
>14	>70	Adequate

For Quality of Life Scoring is based on "Likert" scale, which includes Not at All, Mild, Moderate, Severe and Very Severe of 20 questions.

SCORE	Quality of Life
1	Not at All
2	Mild
3	Moderate
4	Severe
5	Very Severe

**STUDY FINDINGS:**The First Objective of the Study was

**Objective – 1:** To assess the knowledge on Asthma among Adult Asthmatics in selected hospital, Kelambakkam, Kanchipuram.

- Majority of the asthmatics were in the age group of 41-50years (30%),
- Majority of the asthmatics were educated under graduate (32%).
- Majority of the asthmatics were pet animals none (58%) dogs (21%).
- Majority of the asthmatics occupational moderate workers (47%).
- Majority of the asthmatics of genders of male (51%) female (49%).
- Majority of the asthmatics level of knowledge (66.04%).
- Majority of the asthmatics level of quality Not at all (34%).

**The Second Objective of the study was**

**Objective – 2: To association between the knowledge and quality and selected social demographic variables**

Under the association of personal information data of asthmatics we have drawn tabular column of various personal information of Age in Years, education, occupation, pet animals, gender, ventilation in which we have find out the chi-square value, P value and whether it is significant or not significant.

The Result that there is having significant association between the level of the age ( $\chi^2=6.77$ ), gender ( $\chi^2=5.73$ ), education( $\chi^2=4.27$ ), occupation ( $\chi^2=2.61$ ) religion ( $\chi^2=2.901$ ), sources of information ( $\chi^2=0.708$ ), marital status( $\chi^2=1.058$ ) pet animals( $\chi^2=2.453$ ) ventilation ( $\chi^2=2.456$ ).

The first objective mean value is knowledge (12.4%) and quality of life (1.64%) the standard deviation is 0.5336. The study shows that 0% inadequate knowledge.66% have moderate knowledge and 33.08% have adequate knowledge. The association between demographic variables in related with the knowledge aspects of Asthma. The collected data were tabulated and analyzed by using descriptive and inferential statistics. The collected data were tabulated and analyzed by using descriptive and inferential statistics.

**CONCLUSION:**

The finding of the present study reveals that significant association between knowledge and quality of life with selected structured questionnaires of asthma among adult asthmatics (Age, Gender, Education, Occupation, Marital status, Religion, Source of information, Pet animals, Ventilation.)There is no significant association between like **Age, Gender, Education, Occupation, Marital status, Religion, Source of information, Pet animals, ventilation.**

**REFERENCE**

**BOOK REFERENCE:**

1. "Joyce M Black", "Medical Surgical Nursing clinical management of positive outcomes,

2. 7thEdition. Volume 2, Elsevier Publisher.Pg. no 1170-1180
3. "Barbara K. Temby and Nancy F smith", "Introductory Medical Surgical Nursing". 10th Edition, Wolters Kluwer Publishers.Pg. no 345-355
4. "Nancy K. Maeve's", "Introduction to Medical Surgical Nursing". 6th Edition, Elsevier Publisher pg. no 567-577.
5. "Wilma J Phipps", "Medical Surgical Nursing". 7th Edition, BI Publishers.Pg. no 143-153
6. "ChrisWinkelman", "Medical Surgical Nursing patient centered collaborative care", 8TH Edition Elsevier Publisher. Pg. no 565-575
7. 6." Nancy M Holloway", "Medical Surgical Nursing Care Planning". 4th Edition, Law Publishers Pg. No 656-624
8. "Usha Ravindran Nair", "Textbook of Medical Surgical Nursing" 1st Edition 2009 Jaypee Brothers Publisherspg. no 1230-1260
9. "Janice L Hinkle, Kerry H.Cheer", "Textbook Of Medical Surgical Nursing", Volume 2014 13th Edition 1416 jaypee brother 'spg. no 675-685
10. "BT Basawathappa"(2007) "Nursing Reserch". 2nd edition, , jaypee brother medical publication private limited, page No 226-250
11. "Linda's Williams", "Understanding Medical Surgical Nursing". Raula Hopper.5th Edition JaypeeBrothers Publisherspg. no 430-440

**JOURNAL REFERENCE:**

12. Childress JF. The Failure to Give: Reducing Barriers to Asthma. Kennedy
13. Institute of Ethics Journal, 2001; 11(1):1-16.
14. Hauptman PJ, O'Connor K. Procurement and allocation of solid Asthma... New England Journal of Medicine, 1997; 336:422-431.
15. The Stanford Encyclopedia of Philosophy webpage.plato.stanford. edu/entries/justice-distributive/. Accessed 11/20/03.
16. University of Washington School of Medicine .hscer. Washington .edu/bioethics/tools/.Accessed 11/13/3.
17. Benjamin M. Medical Ethics and Economics of Asthma... Health Progress, 1988; 69(2):47-52. 37
18. Douglas DD. Should Everyone know to Asthma, An Argument in Favor. Archives of Internal Medicine, 2003; 163:1883-1885.
19. Saint-Arnaud J. Ethical Analysis of Arguments Supporting the Use of Certain Exclusion Criteria in Asthma Canadian Journal of Cardiovascular Nursing, 1997; 8(2):9-12.
21. Kluge EH. Drawing the Ethical Line between Asthma and Lifestyle Abuse. Canadian Medical Association Journal, 1994; 150(5):745-746.
23. Neuberger J. Should know about Asthma be made available to everyone? The case
24. Against. Archives of Internal Medicine, 2003; 163:1881-1883.
25. Williams A. The rationing debate: Rationing health care by age: The case for. British Medical Journal, 1997; 314:820.
27. Umbel PA, Arnold RM, Caplan AL. Rationing failure: Asthma in the US. Journal of the American Medical Association, 1993; 270:2469-2474.
28. Childress JF. Putting Patients First in Asthma an Ethical Analysis of the
29. U.S. Debate. Cambridge Quarterly of Healthcare Ethics, 2001; 10(4):365-376.
30. Childress JF. Putting Patients First in Asthma: An Ethical Analysis of the
31. U.S. Debate. Cambridge Quarterly of Health care Ethics, 2001; 10(4):365-376.
32. Small R. The ethics of life expectancy. Bioethics, 2002; 16(4):307-34.
33. Hauptman PJ, O'Connor K. Procurement and allocation of solid Asthma. New England Journal of Medicine, 1997; 336:422-431.
34. United Network for Asthma www.unos.org. Accessed 8/13/03

**NET REFERENCE**

35. Minnesota Medical Association website.
36. www.mnmed.org/News/fullstory.cfm?recNum=2777. Accessed 12/16/03.
37. Department of Health and Human Services Asthma website. Www.organdonation.gov. Accessed 11/5/03.