INFLUENCING FACTORS ON THE QUALITY OF LIFE OF TUBERCULOSIS PATIENTS

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Abstract

Improvement in quality of live has become a focus for the management of chronic disease including Tuberculosis disease. The aim the present study was to investigate factors influencing the quality of life patients with Tuberculosis. Fourty patients were recruit from patient with Tuberculosis were administrated in the pulmonary ward and visiting to pulmonary clinic Arifin Achmad Government Hospital Pekanbaru. World Health Organization Quality of Life (WHOQOL) to assess quality of life status, self-efficacy questioner and self care family questioner. All data were analyzed using chi square. The all of participant were active Tuberculosis. The mean age was 47.2 years and 72% were male. The mean score of the total quality of life was 54.97, while 47.80 was for physical, 59.26 for social, and 59.51 for psychological domains, which showed a higher impairment physical health. In subscale, the mean score of quality of life was lower on lack of family support. The amount of self efficacy of the majority of patients were moderate (41.6%) and it was related to age, job, and level education. There was significantly self-efficacy and self care family influence quality of life on TB patients ($p<0.001$/ $p<0.01$). Patients with TB have impaired quality of life on physical health compared with psychological and social health because of symptoms and limitation on physical activities. Hence physical health, self-efficacy and self care family can influence the of quality of life need to be considered while planning intervention to improve the quality of life of patients with TB.

Keywords:Quality of life, Tuberculosis

BACKGROUND

Tuberculosis is a chronic infectious disease caused by germs Micobakterium tuberculosis. The phenomenon that occurs at this time is anxiety feeling for people with pulmonary tuberculosis, so it appears the attitude of excessive caution as reluctant to communicate with the other people directly need to cover mouth and nose. Sufferers become alienated and avoid making a quick impact on the mental condition of the patient and the resulting quality of life to be down (Ratnasari, 2012).

The Global Tuberculosis Report predicts that the uterus par TB disease will increase and in 2013 the case of Tb has reached 9 million and 1, 5 million die predicted 13% of new TB cases are HIV positive. The World Health Organization concluded that many TB cases occur in developing countries with the majority of patients are of childbearing age living residential areas were dirty and had a weak economy. The highest incidence of pulmonary TB cases in 2014 occurred in China, India and Indonesia.

TB cases is an indicator of the results for the Millennium Development Goals to be achieved by Indonesia to reduce the incidence and mortality in half by 2015 compared to 1990. The prevalence of TB 443 / 100,000 population and the target in 2015 was 222 / 100,000 population. Besides the death rate in 2009 was lowered to 39 / 100,000 population. Changes in the prevalence of TB cases the effects of the implementation of the DOTS strategy. Based Tuberculosis Operational Research Group in 2009 found 71% of new TB cases and 90% treatment success for pendertia TB program.

Based on data from Kepmenkes (2014) that the mortality rate of new TB cases in the province of Riau there is 67% and the highest

cases in the area Puskesmas Hopes Kingdom by 72%, which will have an effect on the quality of life of patients with pulmonary tuberculosis. According to Muhammad Atif et al (2014) that 67% of respondents who started treatment at risk of depression and require follow-up to complete the treatment and require attention to identify factors that worsen the quality of life that includes mental health, physical health, spiritual and monthly income. Some studies also say that the pulmonary tuberculosis patients should complete the treatment in maintaining quality of life by increasing self-confidence and increase the family's ability to care to family members who suffer from tuberculosis Ratnasari, 2012; Pricilia, 2012; Muhtar, 2013).

Measurement of quality of life needs to be done because the measurement of quality of life has benefits, namely as a comparison of several alternative management, the data clinical studies, assessment of the benefits of a clinical intervention, early recognition of the impact of a disease that can be given additional interventions, as well as a predictor for estimating health care costs (Varni, et al, 1999 quoted from the Moon, 2009). When a person has a high quality of life then he will have a strong desire to heal and can increase the degree of health. Conversely, when the quality of life decreases the desire to heal is also decreased.

Many factors can affect to the quality of life such as age, gender, income, marital status, safety, environment and health (Nazir, 2006; Rochmayanti, 2011). Yudianto, Hana, and Ida (2008), stating that quality of life is important to study because knowing the quality of life can help health care workers who in this case the nurse to know the state of health of a person that can be a direction or a benchmark in determining interventions must be given appropriate the state of the client.

The purpose of this study is to identify the quality of life of people with TB and identify the factors that affect the quality of life of patients with pulmonary tuberculosis, also identify the relationship factors that affect the quality of life of patients with pulmonary TB (self-efficacy, self-care activity family member) on the quality of life of patients with pulmonary tuberculosis.

METHODS

This research is descriptive correlation to be performed in hospitals Arifina Achmad Pekanbaru. The population in study was pulmonary tuberculosis patients who life in Pekanbaru city and the number of samples was 40 peoples that collected by purposive sampling.

The data will be measured from the sample is about demographic data, quality of life and self efficacy pulmonary tuberculosis patients as well as the family's ability to perform self-care of patients with pulmonary tuberculosis. The demographic data include age, gender, education level, employment. Quality of life of patients with pulmonary TB using standard instruments called WHOQOL (WHO, 2004). Data includes keperayaan self self efficacy against TB treatment success and data family's ability to care of TB patients in the home to be used in this measurement is a questionnaire sheet.

The collected data will be analyzed using freksi distribution to analyze demographic data and the level of self-efficacy and self-care family member. Relationship of self-efficacy and self-care to the quality of life of family members of TB patients will be analyzed using the chi-square next stage after data collection is data analysis

RESULTS

A total of 40 TB patients who were eligible to participate in this study, Their mean age range was 47.2 years and 72% were male. On the status of smoking was mayority (56%). The mean age was 47.2 years and 72% were male. The mean score of the total quality of life was 54.97, while 47.80 was for physical, 59.26 for social, and 59.51 for psychological domains, which showed a higher impairment physical health. In subscale, the mean score of quality of life was lower on lack of family support. The amount of self efficacy of the majority of patients were moderate (41.6%) and it was related to age, job, and level education. There was significantly self-efficacy and self care family influence quality

of life on TB patients ($p<0.001$/ $p<0.01$). Patients with TB have impaired quality of life on physical health compared with psychological and social health because of symptoms and limitation on physical activities.

DISCUSSION

The results of this study show that the highest mean score to the psychological domain followed by the social domain. This might be related to age of respondent. The adult age have more positive sense of well being but the have moderate self efficacy to manage their disease. However the level education would effect to self efficacy of patients. They felt unconfident to get recovery from them disease because they were afraid with the cost for buying medicine as long as they need. Patient TB also felt down when the care giver seldom came to observe their condition especially for patient that admitted in the isolation room. The patient felt that they are source disease for care giver and less get information to manage Tuberculosis. provide information about the didn't want to know how to manage their life and it will make quality of life among TB patient getting worse.

Patients TB become lack of awareness of the importance of physical exercise, a culture that discourages physical exercise. Quality of life of tuberculosis patients in psychology was better than other might be the self care family was support. Also, religion played an important role in the high level of psychology.

CONCLUSION

Patients with TB have impaired quality of life on physical health compared with psychological and social health because of symptoms and limitation on physical activities. Hence physical health, self-efficacy and self care family can influence the of quality of life need to be considered while planning intervention to improve the quality of life of patients with TB.

The findings of this study indicate that quality of life among patients with tuberculosis had significantly correlate with self efficacy and self care family.

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