

A Study to Assess the Self-Efficacy, Health Related Quality of Life and Attitude towards Hospitalization among Re-Admitted Patients in Selected Hospitals, Vijayapur

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Abstract:- We sought to examine the relationship between health-related quality of life (HRQL) and a first emergency rehospitalization and mortality in patients with heart failure (HF) having a wide variation in ventricular ejection fraction and functional status¹.

➤ Aim

The present study was aimed to evaluate the self-efficacy, health related quality of life and attitude towards hospitalization among re-admitted patients

➤ Materials and Methods

Hospital patients who have been readmitted are the study's source of data. A sample 142 obtained from hospitals for the correlation descriptive research design and quantitative methodology.

➤ Results

Out of 142 patients majority 79(55.6%) had very high self efficacy, 58(40.8%) had high self efficacy and remaining 5(3.5%) patients had very low self efficacy out of 142 patients majority 121(85.2%) had good health related QOL, 19(13.4%) had moderate QOL and remaining 2(1.4%) patients had very good QOL out of 142 patients majority 79(55.6%) had positive attitude, 39(27.5%) had strongly positive attitude and remaining 24(16.9%) patients had fairly positive attitude.

➤ Conclusion

The aim of the study to assess quality of life among readmitted patients and some of the study subjects has the moderate quality of life and majority of the study subject is good quality of life and some of the participants fairly positive attitude towards the hospitalization and self efficacy.

Keywords:- Self-Efficacy, Quality of Life, Attitude Readmitted Patients.

I. INTRODUCTION

A cross-sectional survey was conducted with primary care patients in England. Potential participants were mailed a questionnaire containing quality of life measures (the EQ-5D-5L and the Long-Term Conditions Questionnaire (LTCQ)), the Disease Burden Impact Scale (DBIS) and the Self-efficacy for Managing Chronic Disease Scale. Descriptive statistics, analysis of variance and linear regression analyses were conducted to examine the relationship between quality of life (dependent variable), self-efficacy, and demographic and disease-related variables. The 848 participants living with multi-morbidity reported a mean of 6.46 (SD 3.49) chronic long-term conditions, with the mean number of physical conditions 5.99 (SD 3.34) and mental health conditions 0.47 (SD 0.66). The mean scores were 15.45 (SD 12.00) for disease burden, 0.69 (SD 0.28) for the EQ-5D-5L, 65.44 (SD 23.66) for the EQ-VAS, and 69.31 (SD 21.77) for the LTCQ. The mean self-efficacy score was 6.69 (SD 2.53). The regression models were all significant at $p < 0.001$ (adjusted $R^2 > 0.70$). Significant factors in all models were self-efficacy, disease burden and being permanently sick or disabled. Other factors varied between models, with the most notable being the presence of a mental health condition in the LTCQ model².

The impact of hospitalizations on health-related quality of life was estimated by calculating the difference in utility measured using the EQ-5D-3L in patients that were hospitalized and had records of utility before and after hospitalization. The variation in differences between the utilities pre and post hospitalization was explained through two multiple linear regression models using (1) the individual patient characteristics and (2) the hospitalization

characteristics as explanatory variables. The mean difference between health-related quality of life measurement pre and post hospitalization was found to be 0.020 [95% CI: -0.020, 0.059] when measured with the EQ-5D index, while there was a mean decrease of -0.012 [95% CI: -0.043, 0.020] in the utility measured with the visual analogue scale. Differences in utility variation according to the primary cause for hospitalization were found. Regression models showed a statistically significant impact of body mass index and serum creatinine in the index utility differences and of serum creatinine for utilities measured with the visual analogue scale. Knowing the impact of hospitalization on health-related quality of life is particularly relevant for informing cost-effectiveness studies designed to assess health technologies aimed at reducing hospital admissions. Through using patient-level data it was possible to estimate the variation in utilities before and after the average hospitalization and for hospitalizations due to the most common causes for hospital admission³.

A cross-sectional descriptive study was conducted. Participants were 141 nurses employed at the National Cancer Center in Mongolia. Data was collected using a self-administered questionnaire. The median score for the knowledge of palliative care was 8.0/20. "Psychosocial and spiritual care" was the lowest score on the palliative care knowledge subscale. The mean score for attitude toward care of the dying was 69.1%, indicating positive attitudes. The mean score for the palliative care self-efficacy was 33.8/48. Nurses reported low self-efficacy toward communicating with dying patients and their families, and managing delirium. Palliative care knowledge and duration of experience as an oncology nurse significantly predicted self-efficacy toward palliative care, accounting for 14.0% of the variance. Palliative education for nurses should address the knowledge gaps in EOL care and focus in increasing palliative care self-efficacy. Considering palliative care knowledge and nursing experience as an oncology nurse were significant predictors of self-efficacy toward palliative care, more effort is needed to fill the knowledge gaps in EOL care among nurses, especially for less experienced nurses⁴.

➤ *Aim of this Study*

- To assess the self- efficacy, health related quality of life and attitude towards hospitalization among re-admitted patients
- To correlate the self- efficacy, health related quality of life and attitude towards hospitalization
- To find association between self- efficacy, health related quality of life and attitude scores with their selected demographic variables

II. MATERIAL AND METHODS

The study focuses on re-admitted patients in hospitals, using a correlation descriptive research design, quantitative approach, and semi-structured interviews, with a sample size of 142.

III. RESULTS

Frequency and percentage distribution of the study participants according to their age majority 52(36.6%) of the study participants were in the age group of 41-50 years of age followed by 41(28.9%) were aged 51 years and above, 32(22.5%) were between 31-40 years of age and only 17(12.0%) were between 20-30 years of age, majority 88(62.0%) of the study subjects were males and remaining 54(38.0%) were females, , majority 88(62.0%) of the study participants were employed followed by 23(16.2%) were unemployed, 20(14.1%) were retired and only 11(7.7%) were students, , majority 50(35.2%) of the study participants had income < 10000rs followed by 47(33.1%) had income between 20001-30000, 27(19.0%) had income between 10001-20000 and only 18(12.7%) were students, majority 73(51.4%) of the study subjects were living in urban area and remaining 69(48.6%) were living in rural area, out of 142 study subjects, majority 85(59.0%) of the study subjects had social support and remaining 57(40.1%) had no social support, , out of 142patients majority 79(55.6%) had very high self efficacy, 58(40.8%) had high self efficacy and remaining 5(3.5%) patients had very low self efficacy, , out of 142 patients majority 121(85.2%) had good health related QOL, 19(13.4%) had moderate QOL and remaining 2(1.4%) patients had very good QOL,

Table 1: Assessment of the Attitude towards Hospitalization among Re-Admitted Patients

SI NO	Attitude	Frequency	Percentage
1	Fairly Positive	24	16.9
2	Positive	79	55.6
3	Strongly Positive	39	27.5
	Total	142	100

Out of 142 patients majority 79(55.6%) had positive attitude, 39(27.5%) had strongly positive attitude and remaining 24(16.9%) patients had fairly positive attitude

Table 2: Correlation between Self Efficacy and Health Related QOL among the Patients

		Self Efficacy	QOL
Self efficacy	Pearson Correlation	1	-0.118
	Sig. (2-tailed)		0.160
	N	142	142
QOL	Pearson Correlation	-0.118	1
	Sig. (2-tailed)	0.160	
	N	142	142

** Correlation is significant at the 0.01 level (2-tailed).

Table no 2 revealed that, the correlation between self efficacy and health related QOL among the patients was -0.118 and it was not significant with smaller p-value =0.16

Table 3: Correlation between Self Efficacy and Attitude among the Patients

		Self Efficacy	Attitude
Self efficacy	Pearson Correlation	1	-0.044
	Sig. (2-tailed)		0.602
	N	142	142
Attitude	Pearson Correlation	-0.044	1
	Sig. (2-tailed)	0.602	
	N	142	142

** Correlation is Significant at the 0.01 level (2-tailed).

Table no 3 revealed that, the correlation between self efficacy and attitude among the patients was -0.044 and it was not significant with smaller p-value =0.602

Table 4: Correlation between Health Related QOL and Attitude among the Patients

		QOL	Attitude
QOL	Pearson Correlation	1	-0.076
	Sig. (2-tailed)		0.371
	N	142	142
Attitude	Pearson Correlation	-0.076	1
	Sig. (2-tailed)	0.371	
	N	142	142

** Correlation is significant at the 0.01 level (2-tailed).

Table no 4 revealed that, the correlation between QOL and attitude among the patients was -0.076 and it was not significant with smaller p-value =0.371

Table 5: Association between Self- Efficacy of the Patients with their Selected Demographic Variables

S.I No.	Pre-test knowledge		Chi-square	Df	p-value	Result
	≤M	>M				
Age(years)						
20-30	12	5	3.84	3	.278	
31-40	14	18				
41-50	30	22				
51 & Above	25	16				
Gender						
Male	45	43	3.9	1	0.04	S
Female	36	18				
Education Level						
Illiterate	8	4	2.107	3	0.551	NS
SSLC	7	8				
PUC	16	16				
Other	50	33				

Occupation						
Employed	45	43	4.70)	3	0.195	NS
Unemployed	15	8				
Student	9	2				
Retired	12	8				
Income						
< 10000	33	17	6.437(a)	3	.092	NS
10001-20000	17	10				
20001-30000	25	22				
> 30000	6	12				
Place						
Urban	42	31	0.015(b)	1	.903	NS
Rural	39	30				
Chronic illness						
Cardiac Problems	16	18	4.96	3	0.174	NS
Renal Problems	6	9				
GI Problems	24	12				
Others	35	22				
Social support						
Yes	51	34	.756	1	0.385	NS
No	30	27				
Health Literacy						
Below Basic	18	13	4.909	3	0.179	NS
Basic	32	28				
Intermediate	25	20				
Proficient	6	0				
Duration						
Less than week	57	44	.053(b)	1	.819	NS
More than Week	24	17				

Table no 5 showed that. There was no association between self- efficacy of the patients with their selected demographic variables such as Age, education level ,occupation ,income level ,residence, chronic illness, social support, health literacy ,duration but it was highly associated with gender,

Table 6: Association between QOL of the Patients with their Selected Demographic Variables

S.I No.	Pre-test knowledge		Chi-square	Df	p-value	Result
	≤M	>M				
Age(years)						
20-30	11	6	1.604(a)	3	.658	NS
31-40	17	15				
41-50	32	20				
51 & Above	21	20				
Gender						
Male	54	34	1.764(b)	1	0.184	NS
Female	27	27				

Education Level						
Illiterate	4	8	3.774(a)	3	0.287	NS
SSLC	9	6				
PUC	21	11				
Other	47	36				
Occupation						
Employed	52	36	1.532(a)	3	.675	NS
Unemployed	13	10				
Student	7	4				
Retired	9	11				
Income						
< 10000	27	23	.89	3	.826	NS
10001-20000	15	12				
20001-30000	27	20				
> 30000	12	6				
Place						
Urban	42	31	0.015	1	.903	NS
Rural	39	30				
Chronic illness						
Cardiac Problems	22	12	1.616(a)	3	.656	NS
Renal Problems	9	6				
GI Problems	18	18				
Others	32	25				
Social support						
Yes	50	35	.274(b)	1	0.601	NS
No	31	26				
Health Literacy						
Below Basic	19	12	5.835(a)	3	.120	NS
Basic	38	22				
Intermediate	23	22				
Proficient	1	5				
Duration						
Less than week	55	46	.955(b)	1	.328	NS
More than Week	26	15				

Table no 6 revealed that There was no association between QOL of the patients with their selected demographic variables such as Age, gender education level ,occupation ,income level ,residence, chronic illness, social support, health literacy ,duration.

Table 7 : Association between Attitude Scores of the Patients with their Selected Demographic Variables

S.I No.	Pre-test knowledge		Chi-square	Df	p-value	Result
	≤M	>M				
Age(years)						
20-30	8	9	.855(a)	3	.836	NS
31-40	14	18				
41-50	27	25				
51 & Above	22	19				
Gender						
Male	44	44	0.0	1	1.0	NS
Female	27	27				
Education Level						
Illiterate	5	7	1.826(a)	3	.609	NS
SSLC	8	7				
PUC	19	13				
Other	39	44				
Occupation						
Employed	38	50	7.5(a)	3	.042	S
Unemployed	17	6				
Student	5	6				
Retired	11	9				
Income						
< 10000	30	20	3.087	3	.378	NS
10001-20000	12	15				
20001-30000	21	26				
> 30000	8	10				
Place						
Urban	36	37	.028(b)	1	.867	NS
Rural	35	34				
Chronic illness						
Cardiac Problems	18	16	2.605(a)	3	.457	NS
Renal Problems	8	7				
GI Problems	21	15				
Others	24	33				
Social support						
Yes	43	42	.029(b)	1	.864	NS
No	28	29				
Health Literacy						
Below Basic	19	12	2.670(a)	3	.445	NS
Basic	26	34				
Intermediate	23	22				
Proficient	3	3				
Duration						
Less than week	50	51	.034(b)	1	.853	NS
More than Week	21	20				

There was no association between attitude score of the patients with their selected demographic variables such as Age, gender education level, occupation, income level, residence, chronic illness, social support, health literacy, duration but it was highly associated with their occupation

IV. DISCUSSION

Patients majority 79(55.6%) had positive attitude, 39(27.5%) had strongly positive attitude and remaining 24(16.9%) patients had fairly positive attitude and the correlation between self efficacy and health related QOL among the patients was -0.118 and it was not significant with smaller p-value =0.16 and the correlation between self efficacy and attitude among the patients was -0.044 and it was not significant with smaller p-value =0.602 and the correlation between QOL and attitude among the patients was -0.076 and it was not significant with smaller p-value =0.371. There was no association between QOL of the patients with their selected demographic variables such as Age, gender education level, occupation, income level, residence, chronic illness, social support, health literacy, duration.

V. CONCLUSION

Important aspects of patient care and management. The findings reveal valuable insights into the factors influencing readmission rates and patient experiences within healthcare settings. Understanding the relationship between self-efficacy, quality of life, and attitudes towards hospitalization can guide healthcare professionals in developing targeted interventions to improve patient outcomes and reduce readmission rates. Implementing strategies that enhance self-efficacy, address quality of life concerns, and address negative attitudes towards hospitalization holds promise for enhancing the overall effectiveness and efficiency of healthcare delivery for re-admitted patients. Further research and implementation of evidence-based interventions are warranted to address the multifaceted needs of this vulnerable patient population and promote better health outcomes.

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