RELATIONSHIP BETWEEN AGE AND GENDER WITH QUALITY OF LIFE IN PATIENTS WITH CONGESTIVE HEART FAILURE

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ABSTRACT

Quality of life often decreases in patients with congestive heart failure. Based on the World Health Organization report, there are 17.5 million people (31%) of the 58 million deaths in the world caused by heart disease. Age and gender determine differences in coping strategies in dealing with decreased function in patients with congestive heart failure. This study aims to determine the relationship between age and gender with quality of life in patients with congestive heart failure at Cibinong Hospital. This type of research uses descriptive analytic with cross sectional research design. The population in this study were 40 respondents. The way of taking samples by means of total sampling is as many as 40 respondents. Quality of life is measured by the WHOQOL (World Health Organization's Quality of Life) questionnaire. Data collection was obtained through distributing questionnaires. The data analysis used is Univariate and Bivariate. Age of patients with heart failure is divided into 46-55 years, 56-65 years and >65 years. 22 (78.5%) of the 28 male respondents had a poor quality of life, and 8 (66.6%) of the 12 female respondents had a poor quality of life. The statistical test results for age and quality of life using the Kendall's Tau test obtained ρ value = 0.000 meaning that ρ value ≤ 0.05 then Ha is accepted. 05 then Ha is rejected. It was concluded that there is a relationship between age and quality of life in Cibinong Hospital. But there is no relationship between gender and quality of life in Cibinong Hospital.

Keywords: Quality of life, congestive heart failure patients, gender, age

INTRODUCTION

Congestive heart failure is a progressive clinical syndrome caused by the inability of the heart to pump blood to meet the body's metabolic needs.[1]According to PERKI quoted in Yayang Hariagustian, et al. that the typical symptoms of heart failure patients, namely: shortness of breath when resting or doing activities, fatigue, and leg edema, while the typical signs of heart failure are tachycardia, tachypnea, breath sounds crackles, pleural effusion, increased jugular veins, peripheral edema and hepatomegaly.[2]

Based on data obtained from the World Health Organization (WHO) in 2016, it was stated that 17.5 million people (31%) of the 58 million deaths in the world were caused by heart disease.[3]There are approximately 5.7 million adults with heart failure in the United States and 550,000 new cases are diagnosed each year. Heart failure contributes to 287,000 deaths per year. About half of people who have heart failure die within five years of being diagnosed. The incidence of Congestive Heart Failure (CHF) increases with increasing age. The death rate for Congestive Heart Failure (CHF) is around 50% within five years.[3]

Based on Basic Health Research (RISKESDAS) data from the Indonesian Ministry of Health in 2016, the prevalence of Congestive Heart Failure (CHF) in Indonesia is 0.3% of the total population in Indonesia. Disease prevalence data was determined based on the results of interviews with respondents aged ≥15 years in the form of a combination of disease cases that had been diagnosed by a doctor or cases that had symptoms of heart failure.[4]

According to the World Health Organization cited in Setyaningsih, et al, that quality of life is a person's perception in the context of culture and norms in accordance with goals, expectations, standards and concerns throughout his life.[5]According to Cummins quoted in Imanda, that quality of life is a terminology that indicates a person's health, physical, social and emotional well as his ability to carry out daily tasks.[6]Then according to Murphy and Zadeh quoted in Nurchayati, that quality of life is an individual's perception of abilities, limitations, symptoms and psychosocial characteristics of life in the context of culture and value systems to carry out their roles and functions.[7]In general, quality of life decreases with increasing age. Along with the development of age, the more problems and levels of stressors that are faced can affect a person's quality of life.[8]

Age is the period of time since a person's existence and can be measured using a unit of time in terms of chronology, normal individuals can be seen with the same degree of anatomical and physiological development. Gender is the difference between women and men biologically from birth.[9]Heart failure is a health problem that continues to grow in the world with more than 20 million sufferers. The prevalence of heart failure increases exponentially with age, with 6-10% over the age of 65 years.[10]

Gender is one of the factors that affect the quality of life. Women have a lower quality of life than men. Age and gender determine differences in coping strategies in overcoming various declines in function in heart failure patients.[8]

The results of a preliminary study conducted by researchers on June 16 2022 at RW 03 Nagrak Village, Bogor Regency. Using the interview method on 8 patients with congestive heart failure, of which there were 6 males and 2 females. With an age range of 45-65 years, and the incidence of quality of life itself in RW 03 Nagrak Village, Bogor Regency, 6 out of 8 people who suffer from congestive heart failure have a low quality of life and 2 others have a moderate quality of life.

Based on the description of the background above, the researcher is interested in conducting research on "The Relationship between Age and Gender with Quality of Life in Patients with Congestive Heart Failure at Cibinong Hospital".

RESEARCH METHODS

This study uses a quantitative research type with an analytic descriptive design, namely a study to determine whether or not there is a relationship between variables through a cross sectional approach. Cross sectional is a non-experimental study that studies the dynamics of the correlation between factors and effects, by means of an observation approach or data collection at once (point time approach) meaning that each research subject is only observed once and measurements are made of and carried out on the status of the character or subject variable at the same time without any follow-up.[20] The sampling technique is the total sampling technique and the sample is calculated using the slovin formula totaling 78 respondents to mothers giving birth. In this study, data were collected on the independent variables of age and sex and the dependent variable on quality of life in

patients with congestive heart failure at the same time. The population of this study were all patients with congestive heart failure at Cibinong Hospital who had an age range from 46 years to ≥65 years. The number of samples in this study were 40 respondents.

The tool used to collect quality of life data is using a questionnaire. The questionnaire used in this study is a measuring tool that has been standardized and tested for validity and reliability, namely the world health organization's quality of life (WHOQOL) instrument. As for the data regarding the characteristics of the respondents which include name, age, gender obtained by using a checklist given to the respondent.

RESEARCH RESULT

1. Characteristics of Respondents

a. Age

Table 1 Characteristics of Respondents by Age

	Characteristics	Frequency (f)	Percentage (%)
Age	46 - 55 years	10	25%
	56 - 65 years	20	50%
	>65 years	10	25%
	Amount (n)	40	100%

Source: Processed primary data

Based on table 1, the age characteristics of the 40 respondents found that the majority were aged 56-65 years, namely 20 respondents (50%).

b.Gender

Table 2 Characteristics of Respondents by Gender

	Characteristics	Frequency (f)	Percentage (%)
Gender	Man	28	70%
	Woman	12	30%
	amount(n)	40	100%

Source: Processed primary data

Based on table 2, the sex characteristics of the 40 respondents found that the majority were male, 28 respondents (70%).

2. Univariate analysis

a. Quality of Life in patients with congestive heart failure in Cibinong Hospital

Table 3 Frequency Distribution of Quality of Life in Patients with Congestive Heart Failure

Quality of Life	Frequency	Percentage
Good	1	2.5%
Currently	11	27.5%
Not enough	28	70%
Amount	40	100%

Source: Processed primary data

Based on Table 3 above, it is known that out of 40 respondents, in the frequency distribution of quality of life at Cibinong Hospital in 2020, there were 28 (70%) respondents with poor quality of life.

b. The quality of life of patients with congestive heart failure at Cibinong Hospital in 2020 is based on dominance

To find out the distribution of the frequency of respondents according to the frequency of the quality of life of patients with congestive heart failure at Cibinong Hospital in 2020 based on dominance is as follows:

Table 4 Frequency Distribution of Quality of Life for Patients with Congestive Heart Failure at Cibinong Hospital Based on the Domain

No.	Domain		Frequency	Percentage
1	Physique	Good	0	0%
		Currently	0	0%
		Not enough	40	100%
2	Psychology	Good	0	0%
		Currently	0	0%
		Not enough	40	100%
3	Social	Good	0	0%
		Currently	12	30%
		Not enough	28	70%
4	Environment	Good	35	87.5%
		Currently	5	12.5%
		Not enough	0	0%

Source: Processed primary data

Based on table 4 above, it is known that of the 40 respondents, the frequency distribution of the quality of life of patients with congestive heart failure at Cibinong Hospital in 2022 is known that in terms of the domain, all respondents are known to have a poor quality of life in the physical and psychological domains, except in the social domain there are respondents with quality of life is moderate and in the environmental domain most of the respondents are known to have a good quality of life.

3. Bivariate Analysis

Relationship between age and gender and quality of life in patients with congestive heart failure at Cibinong Hospital

The bivariate analysis carried out aims to determine whether there is a relationship between the independent variables
(independent), namely age and sex with the dependent variable (dependent) namely quality of life. The results of the bivariate analysis are presented in the following table:

DISCUSSION

A. Univariate

1. Implementation of Patient Safety Goals

Based on table 5 it can be seen that of the 50 respondents who implemented the Patient Safety Goalsas many as 23 nurses with a percentage of 46.0%.

Implementation is the implementation of an action plan that is determined with the intention that the client's needs are met optimally which includes aspects of improving, maintaining and restoring health by involving the client and family.

The Patient Safety goal is to drive specific improvements in patient safety. The objectives highlight problematic parts of health care and describe evidence and solutions based on evidence-based consensus and expertise on these issues. 6

The results of this study are in line with research conducted by Clara Atika Cahyani (2019) with the title "Relationship of Implementation of Patient Safety Goals with Patient Safety Incidents in the Emergency Room at Marine Hospital Cilandak and Dr. Mintohardjo DKI Jakarta "the results of his research showed that based on the Implementation of Patient Safety Goals, the majority of nurses carried out the Implementation of Patient Safety Goals according to 21 nurses (56.8%).

The argument from the researchers was that from the results obtained there were more implementations of appropriate patient safety goals by 23 respondents out of a total of 50 respondents because the results of the statements on the questionnaire items that the researchers had distributed were known to nurses. by providing care according to what must be done, the better the knowledge and experience of a nurse, the more effective the care provided.

2. Patient Safety Incidents

The results of research conducted by researchers at Cibinong Hospital, Bogor City, showed that patient safety incidents with 50 respondents occurred in 19 respondents (38.0%).

Patient Safety Incident (IKP)/Patient Safety Incident is any event or situation that may result in or has the potential to result in harm (illness, injury, disability, death, etc.) unintentional and conditions that result in or have the potential to result in preventable injury to the patient. 7 Patient safety incidents can be in the form of KTD, KNC, KTC and KPC.

The results of this study are in line with research conducted by Clara Atika Cahyani (2019) with the title "Relationship of Implementation of Patient Safety Goals with Patient

Safety Incidents in the Emergency Room at Marine Hospital Cilandak and Dr. Mintohardjo DKI Jakarta "the results of his research showed based on Patient Safety Incidents that the number of patient safety incidents reached 10 respondents (27%),

The argument from the researcher is that from the results obtained, there were 19 respondents out of a total of 50 respondents. From the results of the analysis of patient safety incident questionnaire items, respondents were able to provide appropriate statements on related statement items, To improve quality and safety there is a latent or difficult to change condition that may become apparent at times where the consequences of an incident are only when “misjudgment” aligns or adapts to other system variables such as work overload and distractions, poorly designed equipment installations, and fast and busy schedule in serving patients. . Management factors determine and influence the quality of health services, including the occurrence of patient safety incidents.

B. Bivariate

The relationship between the implementation of patient safety goals and patient safety incidents with a total of 50 respondents, bivariate analysis with the Chi Square test, it is known from 50 respondents that the implementation of patient safety goals did not occur with patient safety incidents occurring with a frequency of 27 (54.0%).

Implementation of patient safety goals is the implementation of action plans to avoid unexpected events or harm to patients and to encourage specific improvements in patient safety.

A patient safety incident is any unintentional event and condition that results or has the potential to result in preventable injury to a patient.

This is in line with research conducted by Clara Atika Cahyani (2019) with the title "Relationship of Implementation of Patient Safety Goals with Patient Safety Incidents in the Emergency Room at Marine Hospital Cilandak and Dr. Mintohardjo DKI Jakarta” There is a significant relationship between the implementation of patient safety goals and patient safety incidents with a correlation coefficient of 0.009.

Based on the results of research conducted by researchers, there is a relationship between the implementation of patient safety goals and patient safety incidents. Due to the implementation of solutions to minimize risks and injuries caused by errors due to carrying out an action that should have been taken.

CONCLUSION

From the results of the study it can be concluded as follows

1. It is known that out of 50 respondents implementing patient safety goals at Cibinong Hospital, Bogor City in 2022, there were 23 respondents (46.0%) who had appropriate implementation of patient safety goals.
2. It is known that from 50 respondents the results were 19 respondents (38.0%) of patient safety incidents that occurred.
3. There is a relationship between Implementation of Patient Safety Goals and Patient Safety Incidents at Cibinong Hospital, Bogor City in 2022 with a p value of 0.049 (p value <0.05).

SUGGESTION

Based on the results of this study, there are several suggestions that can be conveyed by researchers, including:

1. For educational institutions
   To provide input for the development of science, especially nursing management science related to the implementation of patient safety goals with patient safety incidents.
2. For Cibinong Hospital, Bogor City
   As input knowledge, especially regarding the implementation of patient safety goals with patient safety incidents.

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