Patient Satisfaction with Healthcare and Self-Efficacy in Chronic Obstructive Pulmonary Diseases

Helly Jones*

Editorial Office, Journal of Health and Medical Research, Belgium

Corresponding Author*

Helly Jones

Editorial Office, Journal of Health and Medical Research, Belgium E-mail: healthres@peerjournal.org

Copyright: ©2022 Jones H. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 05-Feb-2022, Manuscript No. JHMR-22-51954; **Editor assigned:** 07-Feb-2022, PreQC No. JHMR-22-51954(PQ); **Reviewed:** 10-Feb-2022, QC No. JHMR-22-51954(Q); **Revised:** 16-Feb-2022, Manuscript No. JHMR-22-51954 (R); **Published:** 25- Feb-2022, DOI: 10.37532/jhmr.22.4(1).105.

Abstract

Chronic Obstructive Pulmonary Disease (COPD) is a chronic and progressive condition that causes the lower airways to deteriorate. The goal of this study was to see if there were any links between patients with COPD's self-efficacy and their satisfaction with healthcare services. Patients who visited polyclinics were included in the study. The chronic obstructive pulmonary disease self-efficacy measure, the patient information form, and the patient assessment of chronic illness care were all employed in this study. Researchers gathered the information through face-to-face interviews with participants following their medical assessment. For correlation analysis, the Spearman correlation test was applied. Scale scores were analysed using the Student's t-test, one-way ANOVA, Kruskal-Wallis test, and Mann-Whitney U test. Males made up 62.4 percent of the total participants, and the average age was 65.19 to 12.28 years.

Keywords: COPD • Healthcare endothelial Perceived self-efficacy • chronic obstructive pulmonary diseases

Introduction

Life expectancy and the incidence of chronic diseases have both increased in tandem with technological and medical advancements. According to World Health Organization (WHO) data, chronic illnesses are responsible for 60% of deaths, with 80% of these deaths occurring in low- and middle-income nations. Chronic illnesses can cause slow and progressive alterations in normal physiological functioning as well as irreversible changes; they last a long period and necessitate ongoing medical care and therapy [1]. Cardiovascular illness, diabetes, and cancer are some of the most common ailments seen around the world. Cardiovascular disorders are the leading cause of death in the globe. People are becoming increasingly disengaged from healthy lifestyle practises, and as a result of exposure to health risks such as poor diet, lack of physical activity, and smoking, diseases have become more prevalent. Another leading cause of death is Chronic Obstructive Pulmonary Disease (COPD), which is exacerbated by increased smoking. COPD is a widespread, chronic, and debilitating ailment that necessitates a variety of self-management measures. Patients may sense a loss of independence, changed self-image, and low self-esteem as a result of their lack of control over their self-care activities. Cardiovascular illness, diabetes, and cancer are some of the most common ailments seen around the world. Cardiovascular disorders are the leading cause of death in the globe. People are becoming increasingly disengaged from healthy lifestyle practises, and as a result of exposure to health risks such as poor diet, lack of physical activity, and smoking, diseases have become more prevalent [2].

Another leading cause of death is Chronic Obstructive Pulmonary Disease (COPD), which is exacerbated by increased smoking. COPD is a widespread, chronic, and debilitating ailment that necessitates a variety of measurements. Patients may sense a loss of independence, changed self-image, and low self-esteem as a result of their lack of control over their self-care activities. The purpose of chronic disease management is to help people cope with their issues, providing education to help them increase their self-efficacy and self-care abilities, and improve their quality of life and freedom by empowering their knowledge and skills.

Researchers gathered the information through face-to-face interviews with participants following their medical assessment. For correlation analysis, the Spearman correlation test was applied. Scale scores were analysed using the Student's t-test, one-way ANOVA, Kruskal-Wallis test, and Mann-Whitney U test. The average age of the participants was 65.19 12.28 , and 62.4% of the participants were male. Individuals with COPD have a low degree of satisfaction with the healthcare treatments they get, as well as a low level of self-efficacy. Conclusions: COPD patients expressed low self-efficacy and low satisfaction with healthcare service. As a result, efforts to improve patient satisfaction with healthcare services and self-efficacy are required [3].

In terms of preserving individuals' health against chronic illnesses such as COPD, self-efficacy is critical in adopting and maintaining healthy practises. When people with COPD engage in specific workouts, they may have poor self-efficacy expectations for managing their respiratory issues, and they may find themselves in an acute respiratory health condition. This may lead to self-imposed limitations. This circumstance has a detrimental influence on a person's life and jeopardises the efficiency of healthcare delivery. Patients' self-efficacy improves both the healthcare they receive and their coping abilities, thus nurses who play an important role in preserving and enhancing their health and managing chronic illnesses should try to raise their patients' self-efficacy [4].

Chronic Obstructive Pulmonary Diseases (COPD)

Self-Management (SM) refers to the activities that patients initiate and carry out in order to control their disease and maintain their health and well-being. The factors of health literacy and patient activation in selfmanagement treatments for patients with Chronic Obstructive Pulmonary Diseases (COPD) are examined in this review. We looked studied how the intervention affected persons with COPD's health-related quality of life, self-efficacy, depression, and anxiety. We conducted a comprehensive evaluation of papers examining the efficacy of self-management therapies in COPD patients using the keywords health literacy and patient activation. To find relevant studies, researchers searched four electronic databases: Medline, EMBASE, PsycINFO, and Google Scholar. Predetermined inclusion criteria were used to screen these papers. The data was gathered in accordance with the review questions. Twenty-seven studies satisfied the inclusion criteria. All of the research included in this review included elements of health literacy and focused on COPD and self-management abilities [5]. Three studies looked at health literacy; two found that disease knowledge had improved, and one found that health-related behaviours had changed significantly. Seventeen studies looked at how to increase and quantify self-efficacy, but none looked at patient activation. Eleven studies using multicomponent therapies found that people's quality of life improved. Self-efficacy was improved in six studies that focused on specific behavioural changes with frequent coaching and monitoring [6].

Anxiety and depression were improved in two programmes that included psychosocial therapy and patient empowerment strategies. Health literacy or patient activation was not measured as outcomes in the majority of self-management treatments. In order to address self-management, successful treatments were multifaceted and thorough. The

influence of comprehensive self-management therapies that address and measure both health literacy and patient activation on COPD patient health outcomes is needed to be evaluated [7].

References

- Golec, M., et al. "Relationship between COPD and lower socioeconomic status in farmers from south-eastern Poland (Lublin region)." Rural Remote Health 14.1(2014):114-125.
- Rosemann, T., et al. "Evaluation of a culturally adapted German version of the patient assessment of chronic illness care (PACIC 5A) questionnaire in a sample of osteoarthritis patients." J Eval Clin Pract 13.5 (2007):806-813.
- 3. Bonsaksen, Tore. "Factors associated with selfefficacy in persons with

- chronic illness." Scand J psychol 53.4 (2012):333-339.
- Glasgow, E., et al. "Implementing practical interventions to support chronic illness self-management." Jt Comm J Qual Saf 29.11 (2003):563-574.
- Dignani, Lucia., et al. "Sleep and quality of life in people with COPD: a descriptive-correlational study." Clin Nur Res 25.4 (2016): 432-447.
- Kara, Magiret., & Asti Türkinaz. "Effect of education on self-efficacy of Turkish patients with the chronic obstructive pulmonary disease." Patient Educ Couns 55.1 (2004): 114-120.
- Kaplan, M., et al. "Self-efficacy expectations predict survival for patients with the chronic obstructive pulmonary disease." Healt Psy 13.4 (1994):366.