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Impact of Hypertension on the Quality of Life among  
Patients attending Government and UNRWA Clinics Gaza  
- Palestine

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Impact Of Hypertension On The Quality Of Life Among  
Patients Attending Government And UNRWA Clinics  
Gaza - Palestine

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## Thesis Approval

Impact of Hypertension on the Quality of Life among patients attending  
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## **Dedication**

To the soul of my father, to my mother, wife, sons and daughters,

For Their

endless support, encouragement and patience

Wail Afif Elayyan

**Declaration**

I certify that, this thesis submitted for the degree of Master is the result of my own research, except where otherwise acknowledged, and that, this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signature: .....

Wail Afif Mohammed Elayyan

Date:.....

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Researcher

Wail Afif Elayyan

## Abstract

The aim of this study was to evaluate the quality of life among hypertensive patients attending governmental and UNRWA clinics. It used a descriptive analytical cross sectional design, the study sample included 340 subjects aged between 40 – 71 years old, whom had hypertension at least for two years. Two settings were chosen randomly one belongs to the government and the other one belongs to UNRWA. Subjects were recruited by using non probability convenient sample method, 170 subjects from each setting comprising 85 males and 85 females. Subjects were told to sign a consent in order to participate in the study. A face to face structured interview was used to collect data from the participants by using demographic information sheet and the WHOQOL – BREEF questionnaire.

Results of the study revealed that, the percentage of the total scores of the QOL among the whole study sample 65.63%, the highest domain was the social at (70.14%), and the lowest one was the environmental at (62.40%). Demographic characteristics including, age, sex, marital status, educational attainment, duration of disease, monthly income, family size, working status and clinic being visited, was statistically significant except for some domains pertaining to some groups. Physical, psychological and social domains were lower in the group of monthly income 3000NIS and above in comparison with the group of monthly income 2001 – 3000NIS at level of significance ( $f = 12.51, 15.85, 13.61$ ) respectively.

In regard to marital status psychological and social domains were higher in the married group in comparison with divorced group, but the physical domain in the divorced group was better than that in the married group at level of significance ( $f = 19.55, 18.22, 24.22$ ) respectively .

Family size and clinic being visited, showed no statistical significance, except for the social domain in favor of subjects visiting the governmental clinic, statistical significance at ( $t = 2.19; df = 338; p < 0.05$ ). As a matter of fact, health care providers and decision makers should consider the results of this study to contribute in the promotion of health care services provided to hypertensive patients to reduce their suffering, prevent and delay future complications as well as helping them to have and enjoy a better quality of life.

## ملخص الدراسة

هدفت هذه الدراسة الوصفية التحليلية القطعية إلى تقييم جودة الحياة عند مرضى ضغط الدم المسجلين في عيادات الحكومة والوكالة , حيث أن تقويم جودة الحياة عند هؤلاء الأفراد يمثل تقويماً شاملاً للبعد الجسماني , النفسي , الاجتماعي و كذلك البعد البيئي, كما أنه يعتبر معياراً لمدي رضا هؤلاء الأفراد عن الخدمات الصحية المقدمة لهم , حيث تم اختيار عيادة وكالة وعيادة حكومة عن طريق العينة العشوائية , ولقد تم اختيار الأفراد المشاركين في الدراسة بواسطة استخدام نظام العينة المتاحة أو الملائمة داخل العيادة المحددة لإجراء عملية جمع المعلومات بالشكل السليم . لقد شملت الدراسة 340 فرد تتراوح أعمارهم ما بين 40 إلى 71 سنة حيث تم اختيار 170 فرد من كل عيادة , 85 ذكر و 85 أنثى , يعانون من مرض ضغط الدم لمدة عامين فأكثر حيث تم شرح أهداف الدراسة للمشاركين وتم اخذ الموافقة منهم على المشاركة في الدراسة بتوقيع كل فرد على إقرار بالموافقة على المشاركة في الدراسة , و قد أجريت المقابلات الانفرادية من خلال مقابلة شخصية وجها لوجه وذلك باستخدام استبانته البيانات الشخصية وكذلك استبانته تقييم جودة الحياة.

لقد أظهرت نتائج هذه الدراسة أن معدل جودة الحياة بين جميع أفراد العينة الدراسية كان 65.63% , حيث حصل الاهد الاجتماعي على أعلى نسبة وهي 70.14% أما الاهد البيئي فقد حصل على اقل نسبة وهي 62.40% . بالنسبة للعوامل الديمغرافية والتي تشمل على (العمر, الجنس , الحالة الاجتماعية , التحصيل الدراسي, عدد سنوات المرض , الدخل الشهري , عدد أفراد الأسرة , حالة العمل , العيادة التي يزورها المريض ) . أظهرت دلالة إحصائية ما عدا بعض الأبعاد عند بعض المجموعات مثل الاهد الجسماني , والنفسي والاجتماعي عند ذوى الدخل 3000 شيكل فأكثر اقل منها عند ذوى الدخل الذي يتراوح بين 2100 إلى 3000 شيكل , حيث كانت الدلالة الإحصائية (  $f = 12.51, 15.85, 13.61$  ) على التوالي .

بالنسبة للحالة الاجتماعية لقد أظهر الاهد النفسي والاجتماعي عند المتزوجين معدلاً أعلى بالمقارنة مع المطلقين , ولكن المجال الجسماني أظهر معدلاً أعلى منه بالمقارنة مع المتزوجين حيث كانت الدلالة الإحصائية (  $f = 19.55, 18.22, 24.22$  ) على التوالي .

أما بالنسبة لعدد أفراد الأسرة والعيادة التي يزورها المريض فلم يكن لها أي دلالات إحصائية ما عدا الاهد الاجتماعي حيث كان لصالح مرضى عيادة الحكومة حيث كانت الدلالة الإحصائية (  $t = 2.19 - df = 338, p < 0.05$  ) . توصى الدراسة مقدمي الخدمات الصحية وصانعي القرار أن يأخذوا مثل تلك النتائج بعين الاعتبار من أجل المساهمة في تطوير الخدمات الصحية , المقدمة لمرضى ارتفاع ضغط الدم من أجل تخفيف معاناتهم والحيلولة دون حدوث مضاعفات مستقبلية وكذلك مساعدتهم في التمتع بحياة ذات جودة أفضل .



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## List of Abbreviations

<b>Abb.</b>	<b>The complete term</b>
<b>NCD</b>	Non-communicable Diseases
<b>CVDs</b>	Cardiovascular Diseases
<b>DALYs</b>	Attributable Disability Adjusted Life Years
<b>JNC7</b>	Joint National Committee Report NO. 7
<b>UNESCO</b>	United Nations Education Science Culture Organization
<b>QOL</b>	Quality Of Life
<b>WHOQOL-BREF</b>	World Health Organization Quality Of Life Questionnaire- short version
<b>HRQOL</b>	Health-Related Quality Of Life
<b>NGOs</b>	Non Governmental Organization
<b>PCBS</b>	Palestinian Central Bureau of Statistics
<b>GNI</b>	Gross National Income
<b>GNP</b>	Gross National Product
<b>GS</b>	Gaza Strip
<b>PHC</b>	Primary Health Care
<b>MOH</b>	Ministry of Health
<b>GDP/C</b>	Gross Domestic Product Per Capita
<b>mmHg</b>	Mel Meter Mercury
<b>TPR</b>	Total Peripheral Resistance
<b>NIS</b>	New Israeli Shekels
<b>CVA</b>	Cerebro-Vascular Accident
<b>ACE</b>	Angiotensin-Converting Enzyme
<b>HDI</b>	Human Development Index
<b>PNA</b>	Palestinian National Authority
<b>SES</b>	Socioeconomic Status
<b>BMI</b>	Body Mass Index
<b>UNRWA</b>	United Nations Relief and Works Agency For Palestinian Refugees
<b>US\$</b>	United States Dollar
<b>USA</b>	United States of America
<b>WB</b>	West Bank
<b>WHO</b>	World Health Organization
<b>ANOVA</b>	Analysis of Variance
<b>ISH</b>	Isolated Systolic Hypertension
<b>SPSS</b>	Statistical Package for Social Sciences
<b>Epi-Info</b>	Epidemiological Package
<b>CI</b>	Confidence Interval
<b>OR</b>	Odd Ratio
<b>UK</b>	United Kingdom

<b>TPR</b>	Total Peripheral Resistance
<b>HDI</b>	Human Development Index
<b>BP</b>	Blood Pressure
<b>SBP</b>	Systolic Blood Pressure
<b>DBP</b>	Diastolic Blood Pressure
<b>UAE</b>	United Arab Emirates
<b>SD</b>	Standard Deviation
<b>PHCCs</b>	Primary Health Care Centers
<b>NHEFS</b>	National Health Epidemiologic Follow-up Study
<b>RR</b>	Relative Risk
<b>J\$</b>	Jamaican Dollars
<b>LDL-C</b>	Low-Density Lipoprotein Cholesterol
<b>HDL-C</b>	High-Density Lipoprotein Cholesterol
<b>ABP</b>	Ambulatory Blood Pressure
<b>DQOL</b>	Diabetes Quality Of Life measure
<b>DCP</b>	Diabetes Care Profile
<b>PGWB</b>	Psychological General Well-Being
<b>EuroQOLQ</b>	European's Quality Of Life Questionnaire
<b>HTNG</b>	Hypertension Group
<b>CNTIG</b>	Control Group
<b>SDC</b>	Symptom Distress Checklist
<b>SF-36</b>	Study Short Form-36
<b>EuroQOL-5D</b>	European Quality of Life-5 Dysfunction
<b>ED</b>	Erectile Dysfunction
<b>IIEF-5</b>	International Index of Erectile Function
<b>NHANES</b>	National Health and Nutrition Examination Survey
<b>P</b>	P-Value
<b>df</b>	Degree of Freedom



**Definitions:**

**Hypertension:** Hypertension was defined according to World Health Organization (WHO) standardized criteria as systolic BP  $\geq$ 140 mmHg and/or diastolic BP  $\geq$  90 mmHg and/or the use of antihypertensive medication (WHO, 1999).

**Quality of life:** The world health organization has defined quality of life as "individuals' perceptions of their position in life in the context of the culture and value system in which they live and in relation to their goals, standards, and concerns" (WHO, 1993).

**Hypertensive patient:** any patient was diagnosed as hypertensive and the diagnosis was confirmed by a specialized physician.

**Government clinic:** any clinic being run and under the authority of the ministry of health (MOH).

**UNRWA clinic:** any clinic being run and under the authority of UNRWA.