

# **Assessment Quality of Life for Clients Affected with Chronic prostatitis**

## **Thesis**

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## Summary

Chronic prostatitis representing up to 95 % of the prostatitis cases, defined by urologic pain or discomfort in the pelvis with symptoms of urinary pain and sexual dysfunction. Symptoms of CP are associated with diminished quality of life (QoL) with impaired physical and psychological domains. The etiology and cure remain uncertain with treatment benefit modest or nonexistent. Furthermore, CP symptoms may not remit, with 66 % of patients reporting continued symptoms for 1 year's duration(**Tripp, 2013**).

Prostatitis comprises of a group of syndromes that affect almost 50% of men at least once in their lifetime and makeup the majority of visits to the Urology Clinics. It has been divided into four distinct categories by National Institutes of Health namely, acute bacterial prostatitis, chronic bacterial prostatitis, chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) which is further divided into inflammatory and non-inflammatory CP/CPPS and asymptomatic inflammatory prostatitis (**Khan&Murphy, 2015**).

Chronic prostatitis accounts for 90% of prostatitis cases in outpatient clinics in United States and it is characterized by chronic pelvic pain symptoms lasting at least 3 months during the previous 6 months, in the absence of a urinary tract bacterial infection but in the presence of urinary symptoms and sexual dysfunction. Over the past 20 years the incidence of prostatitis in Egypt increased about twice (**Smith, 2016**) and (**Sadek&Adly, 2017**).

**The aim of this study was to:**

**Assess quality of life for clients diagnosed by chronic prostatitis through:**

1. Identify the client's knowledge concerning chronic prostatitis.
2. Identify the effect of chronic prostatitis on quality of life.

**Research Questions:**

Q1: What is the knowledge of client about chronic prostatitis?

Q2: What are the effects of chronic prostatitis on quality of life?

Q3: Are there relationship between chronic prostatitis and the quality of life?

**Methodology:**

**Design:**A descriptive research design was used in this study.

**Setting:**The study was conducted at the urology outpatient clinics in El-Fayoum University and General Hospitals in El-Fayoum City.

Urology Outpatient clinics of El-Fayoum University Hospital received 40-45 clients and outpatient clinics of El-Fayoum General Hospital received 45-50 clients monthly, this disease consider from the largest disease in Urology outpatient clinics.

**Sample:**

A Purposive sample of this study collected through 3 month with the following criteria:

- The client aged 21 years & more
- Clients diagnosed with chronic prostatitis in urology outpatient clinics.

**Tools of data collection:**

**The data was collected through using the following tools:**

**Tool I: An Interview Questionnaire:**

Data for this study were collected by using a questionnaire sheet which designed by the investigator after reviewing the current related literature, the questionnaire sheet was designed in Arabic form to avoid misunderstanding, it consists of five parts:

**Part I:** Socio-demographic data of the clients such as age, marital status, residence, family number, number of children, level of education, occupation, social class, age at marriage, duration for marriage/years, and income.

**PartII:** Assess the client's past medical and surgical history.

**Part III:** Assess the client's present medical history. It deals with information about onset of disease, how discover the disease, sign and symptoms and complication.

**Part IV:** Assessment of client's knowledge about chronic prostatitis such as meaning and causes of prostatitis, function of prostate gland and methods of treatment.

**Part V: Quality of Life Scale (QOL):**

The QOL scale was used to determine quality of life for patients diagnosed by prostatitis. This scale was established and translated into Arabic by the investigator. The scale constituted of questions and divided into the following (physical/ functioning wellbeing, psychological wellbeing, socioeconomic status and spiritual wellbeing).

**Results: The important findings that were obtained from the study can be summarized as follow:-**

1. The study results indicated that 54.9% of the studied samples were in the age group 40-60 with mean age  $56.28 \pm 12.29$ . Regarding level of education, it was found that 29.7.0% of the studied samples were highly educated and 50.5% of them was employee. This table also showed 33% of them were married from 21-30 years.
2. Slightly less than three fifth (58.2%) didn't know prostatic gland and patient's knowledge about function of prostatic gland and it was found that 41.8% of the studied sample know prostatic gland, 48.9% of the studied sample know function of prostatic gland, as well as 51.1% didn't Know function of prostatic gland. Regarding patient's information about treatment method, it was found that 76.9% of the studied sample having information about treatment method, and 23.1% of the studied sample don't having information about treatment method.
3. The study results indicate that the highest poor quality of life was for health functioning followed by psychological wellbeing followed by socioeconomic status and followed by Spiritual wellbeing.
4. There were statistical significant relations between patients' socio-demographic characteristics and physical wellbeing.
5. There were no statistical significant relations between patient's socio-demographic characteristics and Psychological wellbeing.
6. There were statistical significant relations between patients' socio-demographic characteristics and socioeconomic status.
7. There were statistical significant relations between patients' socio-demographic characteristics and spiritual wellbeing.
8. There were statistical significant relations between patients' socio-demographic characteristics and level of total QOL.
9. There were statistical significant relations between level of total quality of life (QOL) among the studied samples with chronic prostatitis in

relation to their medical data for past history of medical disease, past history of surgical intervention and duration of the disease diagnosis.

10. There were statistically significant relations between level of total quality of life (QOL) and knowledge score of the studied samples with chronic prostatitis.

**Conclusion: From the result of the current study, it could be concluded that:**

The current study answered the research questions the majority of the studied subjects had poor knowledge about chronic prostatitis, more than three quarters of studied subjects had low physical status, psychological status and spiritual status, more than half the studied subjects had low economic status and more than half of them had poor total quality of life.

**Recommendations: From the previous findings, the following recommendations are suggested:**

- Educational programs should be given to clients with chronic prostatitis and their family about causes, symptoms and management of chronic prostatitis.
- Educational program for health team to increase their knowledge about the importance of quality of life through improving quality of life care.