

Assessment Quality of Life for Patients with Chronic Obstructive Pulmonary Disease in Outpatients Clinic at Beni-Suef University Hospital

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Abstract

Background: chronic obstructive pulmonary disease (COPD) is a chronic pulmonary disorder that is characterized by progressive and partially reversible airflow limitation. The natural history of COPD is punctuated by recurrent episodes of acute exacerbations, which often require hospitalization and negatively affect patients' quality of life. **Aim:** the aim of study was to Assess quality of life for patients with chronic obstructive pulmonary disease in outpatients clinic at Beni-Suef University Hospital. **Subjects and methods:** this study was Descriptive study, **Sample:** A purposive sample was selected and this study was performed on 100 patients, **Setting:** Outpatients clinic at Beni-Suef University Hospital **Tool:**Two tool was used to collect data., **Tool (I):** Structured interviewing questionnaire and it was consisted of three **Tool II.** Quality of life questionnaire for COPD. **Results:** •More than one third (37%) of the studied patients are 50<60 years old with Mean/ +-SD 2.77+- .1033 years. All (100%) of them studied patients have previous hospitalization. • Vast majority of the sample (90%) has unsatisfactory knowledge about COPD disease. Majority (87%) of the studied patients has inadequate level of total QOL. **Conclusions:** The knowledge of the studied patients was unsatisfactory and the QOL of them was inadequate regarding COPD. **Recommendations:** Continuous educational program for patients with COPD and their family about COPD management, complication and ways of prevention.

Keywords: Chronic obstructive pulmonary disease, Quality of Life, Outpatients Clinic, Role of CHN.

Introduction

Chronic Obstructive Pulmonary Disease (COPD) is a growing health concern globally. COPD is a chronic pulmonary disorder that is characterized by progressive and partially reversible airflow limitation. COPD is classified as preventable and treatable by various studies. The disease is caused by an abnormal inflammatory response triggered by show to particles or gases. Currently, the condition is one of the leading causes of death globally, and the financial burden is growing with the disease presently ranked fifth. COPD is currently the fourth among the leading killers (Alshahrani, 2021).

Chronic obstructive pulmonary disease (COPD) is an umbrella term that also includes chronic bronchitis and emphysema. COPD causes the airways of the lungs to become narrow due to inflammation, matter, or other damage. This affects the ability to breathe normally and often results in shortness of breath, especially on exertion. COPD often occurs from smoking and long-term pulling of fumes or pollution. Second-hand smoke show can be a contributing factor and comorbidities such asFGF asthma also increase the risk. Symptoms of

COPD include dyspnea (press with breathing), cough, and sputum production. The natural history of COPD is punctuated by recurrent episodes of acute exacerbations, which often require hospitalization and negatively affect patients' quality of life, accelerate the rate of decline in lung function, and are associated with mortality (Radbruch, 2020).

The prevalence of Chronic Obstructive Plenary Disease (COPD) varies across countries, with a disproportionate impact on low-income nations. Current data indicates that Africa is the most affected continent globally, displaying an average prevalence rate of 13.4%. Notably, men are more susceptible than women. Projections anticipated COPD to become the third leading cause of death by 2020, with 10% of cases occurring in high-income countries. Worldwide, 380 million individuals are affected by COPD, resulting in three million annual deaths. Late diagnosis is a key factor contributing to high mortality rates, diminishing prospects for recovery and survival, particularly in low-income countries (Raptis et al., 2021).

The diagnosis of COPD necessitates a comprehensive approach involving spirometry, symptom assessment, and consideration of risk factors. While the disease typically manifests a broad array of respiratory features, three—dyspnea, cough, and sputum production—are prevalent. Unfortunately, a lack of awareness in both the general community and COPD patients often leads to overlooking the clinical presentation. Consequently, COPD remains underdiagnosed, and prevalence rate data are often inaccurate in numerous countries (Cudzik et al., 2021).

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) was established with the aim of enhancing the diagnosis and treatment of COPD. Since its inception, GOLD has issued annual reports analyzing published studies to improve physicians' techniques in managing COPD. These reports serve as valuable reference tools, contributing to the refinement of medical practices (Alotaibi et al., 2018).

Initially, public awareness of COPD was lacking, posing a challenge in combating the disease. However, the significant number of COPD cases and related deaths captured the attention of governments, leading to the formation of the Global Initiative for Chronic Obstructive Lung Disease. Consequently, community health nursing plays a crucial role in promoting health, facilitating early case identification, detection, and preventing complexes associated with COPD, ultimately preserving sick quality of life (Peate & Hill, 2022).

Significance of Study:

As per the World Health Organization (WHO), approximately 65 million individuals grapple with moderate to severe chronic obstructive pulmonary disease (COPD). This respiratory condition affects 10-20% of the global population aged 40 and above, resulting in over 3 million annual deaths. Projections suggest that by 2030, COPD will emerge as the third leading cause of death worldwide. Notably, 11 Asian countries collectively bear 6.2% of the global COPD burden, according to surveys by the Asian Pacific Society of Respiratory Diseases (Peate & Hill, 2022).

In Egypt, the prevalence of COPD is notably high, impacting around 7.5% of the population. Men exhibit a higher prevalence compared to women, and the likelihood of COPD increases with age. Various factors contribute to the elevated prevalence in Egypt, including

widespread smoking, air pollution, and occupational show. Smoking stands out as the most significant risk factor, with approximately 25% of the population being smokers. Additionally, indoor air pollution stemming from the use of solid fuels for cooking and heating constitutes a substantial risk for COPD in Egypt. Occupational hazards, particularly show to dust and chemicals in industries like mining, construction, and agriculture, further contribute to the prevalence of COPD in the country (El-Sayed et al., 2022).

Aim of the study:

The aim of study was to assess quality of life for patients with chronic obstructive pulmonary disease in outpatients clinic at Beni-Suef University Hospital

Subject and Methods

Subject and methods used for this study were portrayed under the four main designs as the following:

1. Technical design
2. Operational design
3. Administrative design
4. Statistical design

1. Technical design:

The technical design includes (research design, setting, subjects and tool for data collection)

Research design:-

A descriptive study design (is defined as a research method that describes the characteristics of the population or phenomenon that is being studied). A descriptive study is one that is designed to describe the distribution of one or more variables, without regard to any causal or other hypothesis. Descriptive studies can be of several types, namely, case reports, case series, cross-sectional studies, and ecological studies. In the first three of these, data are collected on individuals, whereas the last one uses aggregated data for groups (Sharma, 2019).

Setting:

The study was conducted in Outpatient Chest Clinic of Beni-Suef University Hospital Because the availability of the studied sample at previous setting. The Outpatient Chest Clinic of Beni-Suef University Hospital is located in a separate unit on the second floor and has a separate entrance from the hospital (entrance patient). The Pediatric

Outpatient Clinic is located next to the Rheumatoid clinic, and in front of Ear, Nose and Throat Clinic.

Sampling:

A purposive sample from of chronic obstructive pulmonary disease (COPD) patients attending to the previous setting throughout 6 months. The sample was chosen according to the following criteria: Adult Patients with chronic obstructive pulmonary disease, oriented persons, both sex and accepted to participate in this study; the total sample which the investigator can be collected is 100 of COPD patients from the start collect the data .

Tools of data collection:

Two tools were used to collect data:

Tool (I): Structured interviewing questionnaire was developed by the investigator to collect data, under supervision staff based on reviewing related literatures and expert opinions and written in a simple Arabic language and it was consisted of three parts:-

Part I: Included demographic characteristics of the patients with COPD and it consists of(age, sex, marital status, educational level, and occupation, income, residence, numbers of rooms, housing near from source of air pollution, if yes, what the of source of air pollution, presence of sun rays, ventilation presence of pure water supply and sanitation) (Assaf et al., 2022).

Part II: Included the COPD family past history (family history, the degree of consanguinity, suffering from other diseases such as D.M, Hypertension, heart disease and arteriosclerosis) (Assaf et al., 2022).

Part III: Included the COPD patient current history about (suffering from any disease, taking unprescribed medication, if yes, mention it, when disease detection, Symptoms appeared such as (difficult breathing, rapid breathing, cyanosis and sever cough), Tests performed such as (CBC, blood gases, chest x-ray and CT), Previous hospitalization, duration of Previous hospitalization, Reasons of admission; difficult breathing, rapid breathing, acute cough and swollen legs , How symptoms relieved such as O2 inhalation, mechanical ventilation and taking medication, Complication happened such as chest infection, heart failure, arrhythmia, pulmonary arterial hypertension) (Assaf et al., 2022).

Part VI: Included **Knowledge Assessment questionnaire:** This tool adapted from ((Alotaibi

et al., 2018) & Bollmeier, S. G., & Hartmann, A. P. (2020). It will be used to assess the knowledge of patients about chronic obstructive pulmonary disease. These questions covered areas about (Definition of COPD , COPD described as , risk factors, Symptoms of COPD, Lab tests performed, diagnostic tests, Treatment of COPD, Complication of COPD, intervention for COPD, COPD is the leading cause of death, prevention of COPD including Follow a healthy diet to boost immunity, not to expose to air pollution, Stop smoking Wearing mask, Annual flu vaccine, Vaccination against pneumococcal infection & Periodic lung examination)

Scoring system for knowledge:

A scoring system for COPD patients' knowledge was calculated as follows (2) score for yes answer, (1) score for no answer and (0) score for don't know, for each section of knowledge, the total scores (88 scores) of the items was summed up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a percent score. The total score was converted into percentage and construed as follows:

- Satisfactory > 70% (≥ 61.6 score)
- Unsatisfactory < 70% (< 61.6 score) (Raptis, et al., 2022).

Tool II. Quality of life questionnaire for COPD:

- This tool will be adapted from (*Institut de recherches cliniques de Montréal, 2008*), translation into Arabic and modification was done based on related literature. It will be used to assess QOL of patients with chronic obstructive pulmonary disease. The questionnaire comprises five parts:-

Part I: Include items to assess practices about healthy diet habits. These questions covered areas about Do you eat 3 meals a day?, Do you eat between meals?, Do you eat fast food outside the home?, Do you eat vegetables?, Do you eat fruit?, Do you eat meat?, Do you eat chicken skin or visible fat on the meat?, Do you eat fish?, Do you eat any kinds of cheese?, Do you eat milk and dairy products?, Do you use fats and oils in cooking?, you eat starches and carbohydrates?, Do you eat sweets?, Do you eat salty foods?, Do you add salt to your food?, Are you trying to lose weight?. (Hickman et al., 2018)

Part II: Include items to assess practices about exercise. These questions covered areas about how often do you go around on foot or by bike?, How often do you take the stairs instead of using the elevator?, How often do you exercise for 30 minutes a week?, Are you excited to do sports?, Are you tired of doing sports?, Do you enjoy while doing sports?, Do you organize your time to exercise?, Do you adjust your current exercise program with your doctor's recommendations?, Do you limit your physical activity for fear of shortness of breath during or at the end of a training session?, Do you do breathing exercises?.

(Hickman et al., 2018)

Part III: Include items to assess practices about motivation, state of mind, and the way to deal with stress. These questions covered areas about Do you just stay at home and watch TV in your spare time?, Do you follow the health system set by your doctor?, Do you set high standards for yourself to improve your health? , Are you tired to cook or exercise?, Do you feel like giving up and not wanting to follow your health system when you feel exhausted, stressed or bored?, Do you conceal your feelings?, Do you feel down?, Do you feel anxious?, Do you feel angry in all situations? , Do you feel lonely?, Do you feel unwilling to change your lifestyle?, Do you refuse to reduce the level of stress in your daily life?.

(Hickman et al., 2018)

Part (IV): Include items to assess practices regarding medication prescribed medication . These questions covered areas about Do you forget to take your medication? Do you think that the medications you are taking cause some side effects?, Do you continue to take your medications knowing that they may cause some side effects?, Do you see that you take a lot of medication?.

(Hickman et al., 2018)

Part (V). Include items covered areas about Do you smoke, Duration of smoking, Have you stopped smoking, Staying with smokers, Difficult to stop smoking, Time never stopped smoking)

(Hickman et al., 2018).

The scoring system

The scoring system for COPD patients QOL was calculated as follows (2) score for always and (1) for often and (0) score for never. The total score (84 scores) of the items was summed- up and the total divided by the number of the items, giving a mean score. The total score was converted into percentage and construed as follows:

- Satisfactory practice $\geq 70\%$ (≥ 58.8 scores).

- Unsatisfactory practice $< 70\%$ (<58.8 scores) **(Raptis, et al., 2022).**

Content validity of the tools:

Content validity of the tools was done by five from different speciality fields such as (2 community health nursing , 2 medical surgical nursing of faculty of nursing and 1 Chest medicine)

Reliability of the tools:

Reliability of the study tools were tested for its internal consistency by Cronbach's Alpha. Reliability of the study tools was 0.924 for knowledge sheet, 0.790 for the practice checklist of QOL.

Preparatory phase:

Preparation of the study design and data collection tools was based on extensive review of the current and past available national and international references related literature about COPD by using a journal, textbooks and internet search to contrast the tools. This was necessary for the researcher to be acquainted with and oriented about aspects of the research problem as well as to assist in the development of data collection tools.

Ethical considerations :

All ethical consideration was issued; oral consent was being obtained from each COPD patients who attending the chest outpatients clinic before conducting the interview and given them a brief orientation to the purpose of the study. patients were also reassured that all information gathered would be in a confidential manner and used only for the purpose of the study. No names were required on the forms to ensure anonymity and confidentiality. patients were also informed about their right to withdraw at any time from the study without giving any reasons.

Pilot study:

The pilot study was collected by 10% from the total sample and taken in 3 weeks. The pilot study was aimed to test the content, clarity, applicability and simplicity of the tool using the interviewing questionnaire and the observational checklist about QOL. The estimation of the time needed to fill the questionnaire time needed to fill each sheet consumed about 30 minutes Because no modifications and vital changes were done

Field work:

Data were collected over 6 months from the beginning of June 2022 to the end of November 2022. The study was carried out by the investigator for the studied sample in the selected setting of Chest Outpatient Clinic at Beni-Suef University Hospital. The investigator visited the previous setting two days per week (Monday and Wednesday) from 9:00 am to 12:00 mid- day. The investigator chose these days because these two days are specified for chest outpatient clinic examination at Beni-Suef university hospital and increasing the frequency of COPD patients in these days and these days appropriate for investigator. The average time needed for the sheet was around 30-45 minutes, the average number interviewed at the outpatient clinic were 2-3 patients/day depending on flow of the participants in these two days. The COPD patients were asked to give oral agreement to participate in the study; the investigator explained the aim and objectives to the participants. The total sample included 100 of patients with COPD.

Statistically significant

P < 0.05*

Not significant

P > 0.05

Administrative approval:

Official letter was issued with permission for conduction this study from Dean of Faculty of Nursing, Beni-Suef University to the Director of Beni-Suef University Hospital in Beni-Suef City. Oral consent was being obtained from each COPD patients before conducting the interview, the title, objectives, study technique and tools were illustrated for cooperation from patients.

Statistical Design:

All data collected were organized, tabulated and analyzed using appropriate statistical test. The data were analyzed by using the Statistical Package for Social Science (SPSS) version 21 which was applied to calculate frequencies and percentage, mean and standard deviation, as well as test statistical significance and associations by using Chi- square test (χ^2) and linear correlation coefficient (r) and matrix correlation to detect the relation between the variables (P value).

Significance levels were considered as follows:

Highly statistically significant

P < 0.001**

Results

Table (1-a): Dispersion of DPT sick as per segment show more than 33% (37%) of the concentrated on sick are 50<60 years old with

Mean/+SD 2.77+-.1033 years, 66% (67%) of them are male, 33% (33%) was governate business, almost 3/4 (73%&70%) are hitched and haven't for

the point of covering essential necessities individually.

Figure (1): Exhibits that half (half) of the concentrated on sick can peruse and compose. Almost two fifth (39%) of them are uneducated however just a single 10th (11%) have fundamental training.

Table (1-b) Circulation of DPT sick as indicated by climate uncovers that, the greater part of the example (51% and 58%) has (3-4) room and tape unadulterated water supply, separately. Not exactly half (48%-48%) of them has sun beams however adequately not and awful ventilation, respectively, and Anywhere near two third (60% and 62%) of them present air contamination and have great sewage.

Figure (2) Illustrate that nearly two third (63%) of the studied sick are from rural areas.

Figure (3) Show that multiple thirds (67%) of the concentrated on sick have not relative background of DPT and just more than one 10th (12%) have previous history of DPT the infection.

Table (2) Appropriation of DPT sick as indicated by relative's ancestry, almost one 10th (12%) from the absolute example has previous history of DPT with half (half) of them first relationship. As per relative enduring sickness, one third(34%) of them has DM, not exactly half (49%) of them have hardly any familiarity with hypertension and two third (66%) of them haven't arteriosclerosis.

Table (3) Conveyance of DPT sick as per current history shows that 33% (34%) of the concentrated on sick distinguish DPT from 1 for under 3 years of age. The greater part (82% and 79%) of them has troublesome tube and fast tube when they distinguish the illness, separately. Most of the concentrated on sick play out a wide range of tests when infection recognized, with the exception of respiratory capabilities test just a single third (33%) from them done. Under 66% (62%) of them take meds without specialist orders and two fifth (40.3%) of them take pain relieving without specialist request.

Table (4): Conveyance of DPT sick as indicated by past hospitalization shows that all (100 percent) of them concentrated on sick have past hospitalization and gotten O2 inward breath for ease illness side effects, individually, however just a single 10th (12%) utilize mechanical ventilator. The greater part (86%) of them take drug for ease side effects. Only a small percentage of them experience the other complication, but nearly two fifths of them (39%) develop a step infection.

Figure (4) show that almost than two third (65%) of the concentrated on understanding

are hospitalized by a day, and one quarter (26%) are hospitalized by seven days while almost one 10th (9%) are hospitalized by a month.

Table (5): Dissemination of the concentrated on sick information with respect for DPT shows that multiple thirds (70%) of the concentrated on sick have close for zero insight into DPT definition, while just (10%) of them offer right response. The larger part (89%) of them have barely any familiarity with kind of DPT, half (51%) of them don't realize that lengthy timespan presented for exhaust from normal gamble elements and quick tube as normal side effects of DPT, short of what one fifth (18%) of them has right response about respiratory capability as normal lab test directed and greater part (91%) of them have hardly any insight into reverberation as Normal beams led for DPT sick.

Table (6): Circulation of the concentrated on sick information in regards for DPT clears that 3/4 (74% and 75%) of the concentrated on sick has right response about sign and steroids as pharmacological managing, separately. The greater part of them (95%) has right response about delicate hot beverages as non pharmacological managing, not exactly half (45%) of them has mistaken reply about pneumonia and most (94%) of them have hardly any familiarity with bitel emission as DPT entanglement and larger part (88% and 90%) of them have close for zero insight into member transplantation and member volume decrease a medical procedure as mediation of DPT confusion, individually.

Table (7): Circulation of the concentrated on sick information in regards for counteraction of DPT, exhibit that almost 3/4 (73% and 75%) of them have barely any familiarity with following a solid eating regimen for support resistance and immunization against pneumococcal contamination, separately. Two thirds of them, or 66% and 66 percent, are unaware of the annual flu vaccine and wearing a mask as DPT prevention strategies.

Figure (5): gets that greater part free from the example (90%) has unacceptable information about DPT infection, while the minority (10%) has agreeable information about DPT.

Table (8) Distribution of the studied sick MTC regarding well-being diet habits proves that nearly two thirds (65%, 65%, 67% & 66%) of the studied sick answers often about eating 3 meals daily, eat between meals, eating fruit daily and eating fish weekly, **respectively**. Three quarters (74%) of them answers "often" about eating vegetables daily and majority (85%) of them trying for lose weight.

Figure (6) illustrate that majority (87%) of the studied sick has inadequate level of total MTC while, just more than one tenth (13%) has adequate level of total MTC.

Table (9) Proves that, there is a **highly statistically significant difference** as P-value= .007 & 0.000 & 0.086 is $p < 0.001$ between the studied sick total knowledge form and their age and their educational level and occupation, **respectively**. There is **statically significant difference** as P-value= .05 is $p < 0.05$ between the studied sick' total knowledge form and their marital status, but there is **no statistically significant difference** between the studied sick total knowledge form and their gender as p-value =0.138.

Table (10) Proves that, there is **highly statistically significant difference** P-value= 0.005

Table (1-a): Circulation of DPT sick as per segment qualities directed at Short term step Center of Beni-Suef College Clinic in 2022 (n=100)

Demographic characteristics	N	%
1-Age		
Less than 40 years old	16	16
40<50 years	19	19
50<60 years	37	37
More than 60	28	28
Mean \pmSD = 2.77\pm 0.1033 years		
2-Gender		
Male	67	67
Female	33	33
3-Marital status		
Married	73	73
Single	27	27
4-Occupation		
No Work	20	20
Governate employment	33	33
Free business	11	11
Housewife	23	23
On retire	13	13
5-Income		
Enough for cover basic needs	30	30
Not enough for cover basic needs	70	70

is $p < 0.001$ between the studied sick total Quality of age (QOL) forms and their educational level and there is **statically significant difference** P-value= 0.05 & 0.02 is $p < 0.05$ between the studied sick total quality of age (QOL) form and their age and occupation, but there is no statistically significant difference between the studied sick total Quality of age (QOL) form and their gender and marital status as p-value =0.87 & 0.733, **respectively**.

Table (11) proves that there is highly positive correlation between the studied sick total knowledge form and their total Quality of age (QOL) form as p-value= 0.000 is $p < 0.001$.

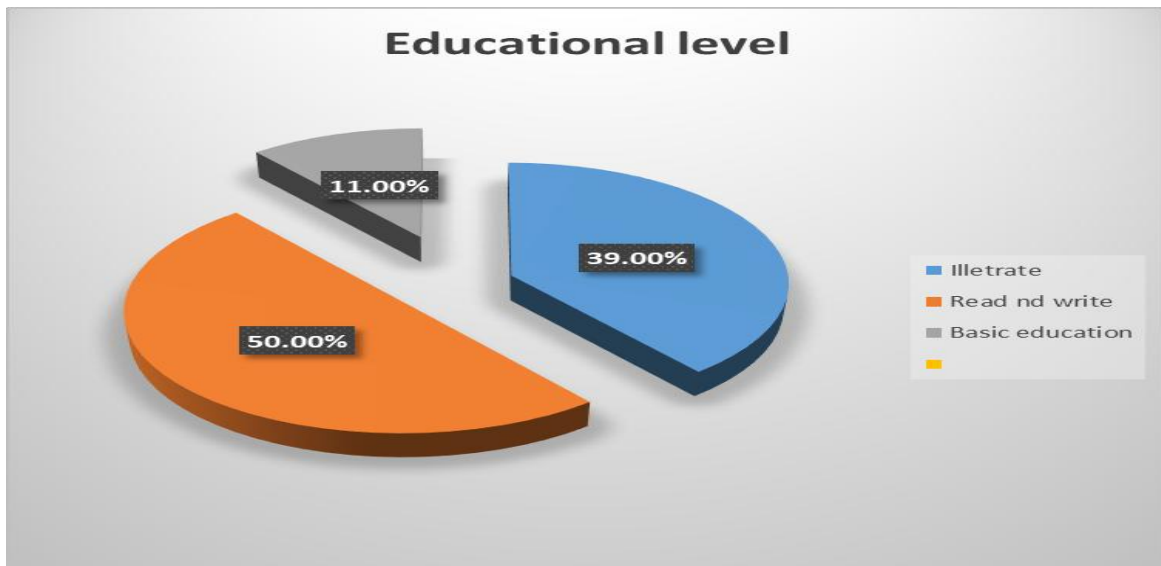


Figure (1): Distribution of the studied sick according level of education (n=100).

Table (1-b): Circulation of DPT sick as per climate qualities at Short term step Facility of Beni-Suef College Clinic in 2022 (n=100)

Environmental characteristics	N	%
1-Number of rooms Except kitchen and Bathroom		
1 to2 rooms	39	39
3 for 4 rooms	<u>51</u>	<u>51</u>
5 and more rooms	10	10
2-Presence of air pollution?		
Present	<u>60</u>	<u>60</u>
Not present	40	40
3-Source of air pollution (N=60)		
Factory	4	4
Car exhaust	<u>19</u>	<u>19</u>
Dust and fumes	17	17
Rubbish	8	8
Animal care	12	12
4-Sun's rays		
Yes, and enough	25	25
Yes, but not enough	<u>48</u>	<u>48</u>
Not present	12	12
5-Pure water supply		
Yes tape	<u>58</u>	<u>58</u>
Yes, water pump	30	30
No	12	12
6-Ventilation		
Good ventilation	25	25
Bad ventilation	<u>48</u>	<u>48</u>
No	27	27
7-Sewage		
Good sewage	<u>62</u>	<u>62</u>
Bad sewage	38	38

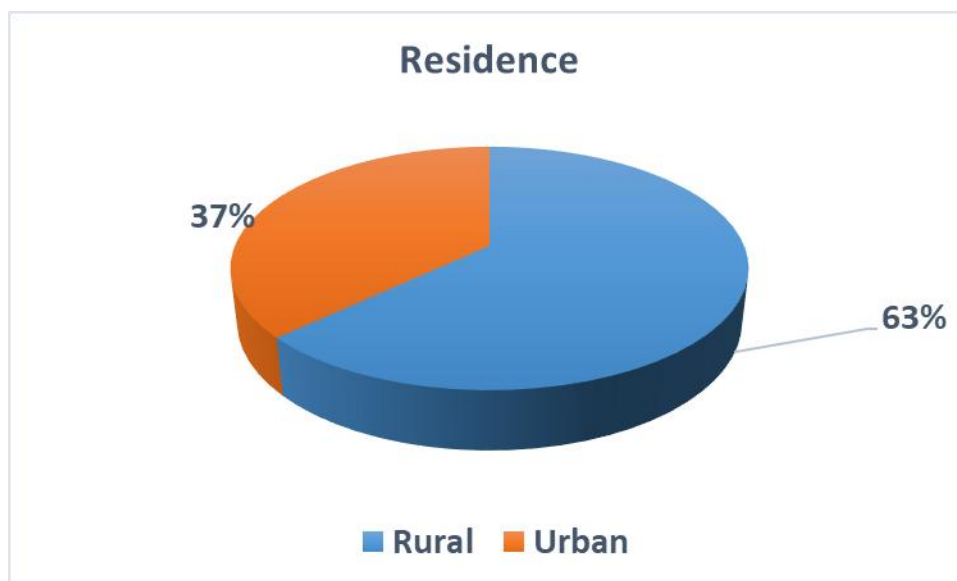


Figure (2): Distribution of the studied sick residence at Outaffected step Clinic of Beni-Suef University Hospital in 2022 (n=100)

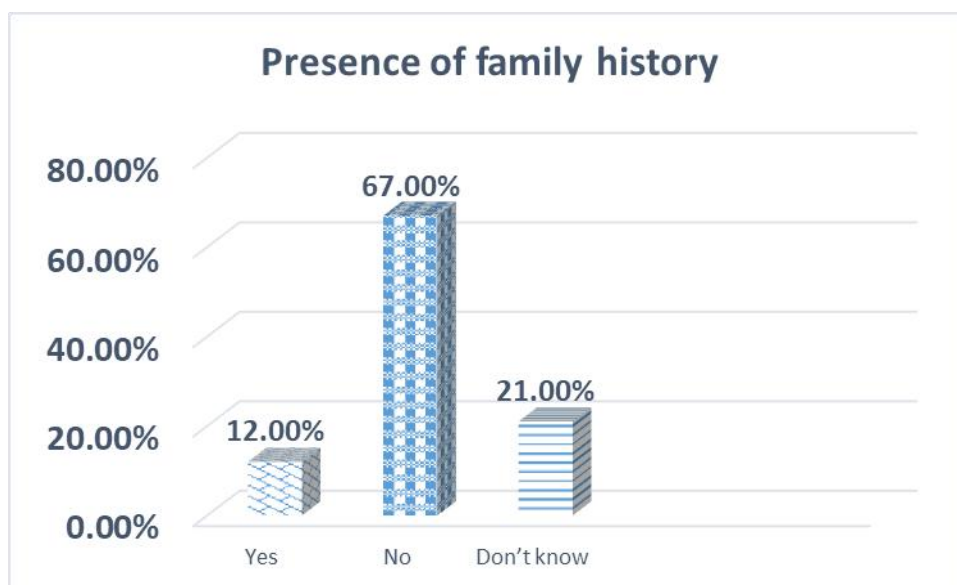


Figure (3): Distribution of the studied sick relative history at Outaffected step Clinic of Beni-Suef University Hospital in 2022 (n=100).

Table (2): Distribution of DPT sick according for relative's past history of DPT at Outaffected step Clinic of Beni-Suef University Hospital in 2022 (n=100)

Items	N	%
1-Consanguinity (N=12)		
First degree	<u>6</u>	<u>50</u>
Second degree	1	8.3
Third degree	4	33.3
Don't know	1	8.3
2-Relative suffering sickness		
2-1D.M		
Yes	<u>34</u>	<u>34</u>
No	41	41
Don't know	25	25
2-2Hypertension		
Yes	9	9
No	42	42
Don't know	<u>49</u>	<u>49</u>
2-3Heart sickness		
Yes	25	25
No	<u>45</u>	<u>45</u>
Don't know	30	30
2-4 Arteriosclerosis		
Yes	14	14
No	<u>66</u>	<u>66</u>
Don't know	20	20

Table (3): Distribution of DPT sick according for current history at Outaffected step Clinic of Beni-Suef University Hospital in 2022 (n=100)

Current history of sick	N	%
1-When did you detect the sickness: -		
Less than one year	28	28
1 for less than 3 years	<u>34</u>	<u>34</u>
3-6 years	22	22
More than 6 years	16	16
2-Features appeared when detected		
2-1Difficult tube		
Yes	<u>82</u>	<u>82</u>
No	10	10
Don't know	8	8
2-2-Rapid tube		
Yes	<u>79</u>	<u>79</u>
No	16	16
Don't know	5	5
2-3-Cyanosis		
Yes	47	47
No	41	41
Don't know	12	12
2-4-Sever cough with sputum: -		
Yes	52	52
No	41	41

Don't know	7	7
2-5-Limb swelling: -		
Yes	12	12
No	87	87
Don't know	1	1
2-6-Weight loss: -		
Yes	4	4
No	91	91
Don't know	5	5
2-7-Wheezing: -		
Yes	63	63
No	34	34
Don't know	3	3
3-Tests performed when sickness detected		
3-1-C.B.C		
Yes	<u>93</u>	<u>93</u>
No	7	7
3-2-Blood gases		
Yes	<u>84</u>	<u>84</u>
No	16	16
3-3-Chest x-ray		
Yes	<u>96</u>	<u>96</u>
No	4	4
3-4-CT		
Yes	<u>78</u>	<u>78</u>
No	22	22
3-5- Respiratory section: -		
Yes	<u>33</u>	<u>33</u>
No	67	67
4- Taking medication without doctor prescription		
Yes	<u>62</u>	<u>62</u>
No	38	38
4-2- If yes, medication taken (n=62): -		
Stomach medication	24	38.7
Antibiotic	13	21
Analgesic	<u>25</u>	<u>40.3</u>

Table (4): Distribution of DPT sick according for previous hospitalization at Outaffected step Clinic of Beni-Suef University Hospital in 2022 (n=100)

Items	N	%
5- Previous hospitalization		
Yes	<u>100</u>	<u>100</u>
6- How features relieved		
6-1 O2 pulling		
Yes	<u>100</u>	<u>100</u>
Not		
6-2 Mechanical ventilation		
Yes	<u>12</u>	<u>12</u>
No	88	88
6-3 Taking medication		
Yes	<u>86</u>	<u>86</u>
No	14	14
7- Complication happened		
7-1 step infection		
Yes	<u>39</u>	<u>39</u>
No	61	61
7-2 Heart failure		
Yes	6	6
No	94	94
7-3 Arrythmia		
Yes	6	6
No	94	94
7-4 Plenary arterial hypertension		
Yes	19	19
No	81	<u>81</u>

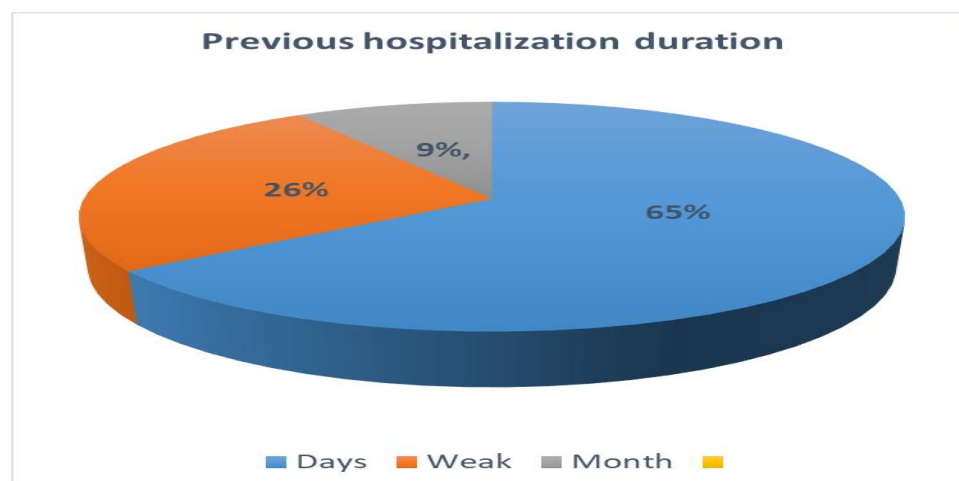


Figure (4): Circulation of the concentrated on sick agreeing length of hospitalization at Short term step Center of Beni-Suef College Clinic in 2022.

Table (5): Circulation of the concentrated on sick information in regards for DPT at Short term step Center of Beni-Suef College Medical clinic in 2022 (n=100)

Knowledge items	Correct		Incorrect		Don't know	
	N	%	N	%	N	%
1-Definition of DPT	10	10	20	20	<u>70</u>	<u>70</u>
2-Type of DPT	0	0	11	11	<u>89</u>	<u>89</u>
3-Common risk factors: -						
3-1-Negative smoking	10	10	41	41	49	49
3-2-Long time exposed for fumes	10	10	39	39	<u>51</u>	<u>51</u>
3-3-Genes	12	12	41	41	<u>47</u>	<u>47</u>
3-4-Asthma	14	14	41	41	<u>45</u>	<u>45</u>
3-5-Not enough ventilation	14	14	41	41	<u>45</u>	<u>45</u>
4-Common features of DPT: -						
4-1-Difficult tube	<u>10</u>	<u>10</u>	41	41	49	49
4-2-Rapid tube	10	10	39	39	<u>51</u>	<u>51</u>
4-3-Acute cough with sputum	12	12	41	41	47	47
4-4-Limb swelling	14	14	41	41	45	45
4-5-cyanosis	<u>16</u>	<u>16</u>	40	40	44	44
4-6-Weight loss	15	15	42	42	43	43
5-Common laboratory test conducted for DPT sick: -						
5-1-CBC	15	15	41	41	44	44
5-2-Blood gases	22	22	35	35	43	43
5-3-Respiratory section	<u>18</u>	<u>18</u>	41	41	41	41
6-Common rays conducted for DPT sick: -						
6-1-Normal rays	20	20	40	40	43	43
6-2-CT	13	13	40	40	47	47
6-3-Cest x-rays	21	21	37	37	42	42
6-4-Echo	<u>0</u>	<u>0</u>	9	9	<u>91</u>	<u>91</u>

Table (6): Distribution of the studied sick knowledge regarding managing, complication, intervention and leading cause of DPT at Outaffected step Clinic of Beni-Suef University Hospital in 2022 (n=100)

Knowledge items	Correct		Incorrect		Don't know	
	N	%	N	%	N	%
7-Managing of DPT: -						
7-1-Pharmacological managing						
Bronchodilator	<u>74</u>	<u>74</u>	22	22	14	14
Antibiotic	43	43	39	39	43	43
Steroids	<u>75</u>	<u>75</u>	10	10	15	15
7-2-Non pharmacological managing						
Deep tube exercise	0	0	48	48	52	52
O2 pulling	56	56	4	4	40	40
Soft hot drinks	<u>95</u>	<u>95</u>	5	5	49	49
8-DPT complication						
Lung cancer	15	15	41	41	44	44
Plenary HTN	13	13	34	34	53	53
Pneumonia	12	12	42	42	46	46
Pneumothorax	21	21	<u>45</u>	<u>45</u>	34	34
Plenary embolism	14	14	35	35	51	51
Weakness of the muscle of the right ventricular of the heart	16	16	41	41	43	43
Bitel effusion	0	0	6	6	<u>94</u>	<u>94</u>
9-Intervention of DPT complication						
Lung transplantation	2	2	10	10	<u>88</u>	<u>88</u>
Air bubble excision	4	4	32	32	64	64
Lung volume reduction surgery	0	0	10	10	<u>90</u>	<u>90</u>
10-DPT the leading cause of death						
	8	8	43	43	49	49

Table (7): Circulation of the concentrated on sick information in regards for counteraction of DPT at Short term step Center of Beni-Suef College Clinic in 2022 (n=100)

Knowledge item	Correct		Incorrect		Don't know	
	N	%	N	%	N	%
11-Follow a well-being diet for boost immunity	13	13	14	14	<u>73</u>	<u>73</u>
12-Not for expose for air pollution	21	21	30	30	49	49
13-Stop smoking	10	10	47	47	43	43
14-Wearing mask	14	14	20	20	<u>66</u>	<u>66</u>
15-Annual flu vaccine	14	14	20	20	<u>66</u>	<u>66</u>
16-Vaccination against pneumococcal infection	14	14	11	11	<u>75</u>	<u>75</u>
17-Periodic member examination	10	10	43	43	47	47



Figure (5): Distribution of the studied affected according for total knowledge about DPT (n=100)

Table (8): Distribution of the studied sick MTC regarding well-being diet habits at Outaffected step Clinic of Beni-Suef University Hospital in 2022 (n=100)

well-being diet habits items	Always		Often		Never	
	N	%	N	%	N	%
1-eating 3 meals daily	15	15	<u>65</u>	<u>65</u>	20	20
2- eating between meals	9	9	<u>65</u>	<u>65</u>	26	26
3- eating fast food outside the home	22	22	27	27	51	51
4- eating vegetables daily	21	21	<u>74</u>	<u>74</u>	5	5
5- eating fruit daily	22	22	<u>67</u>	<u>67</u>	11	11
6- eating meat weekly	34	34	60	60	6	6
7- eating chicken skin or visible fat on the meat weekly	<u>39</u>	<u>39</u>	26	26	35	35
8- eating fish weekly	13	13	<u>66</u>	<u>66</u>	21	21
9- eating any kinds of cheese daily	17	17	58	58	25	25
10- eating milk and dairy products daily	19	19	55	55	26	26
11-using fats and oils in cooking	20	20	62	62	18	18
12- eating enough starches and carbohydrates daily	24	24	64	64	12	12
13-eating sweets daily	22	22	61	61	17	17
14- eating salty foods	26	26	51	51	23	23
15- adding salt for your food	24	24	57	57	19	19
16- trying for lose weight.	6	6	9	9	<u>85</u>	<u>85</u>

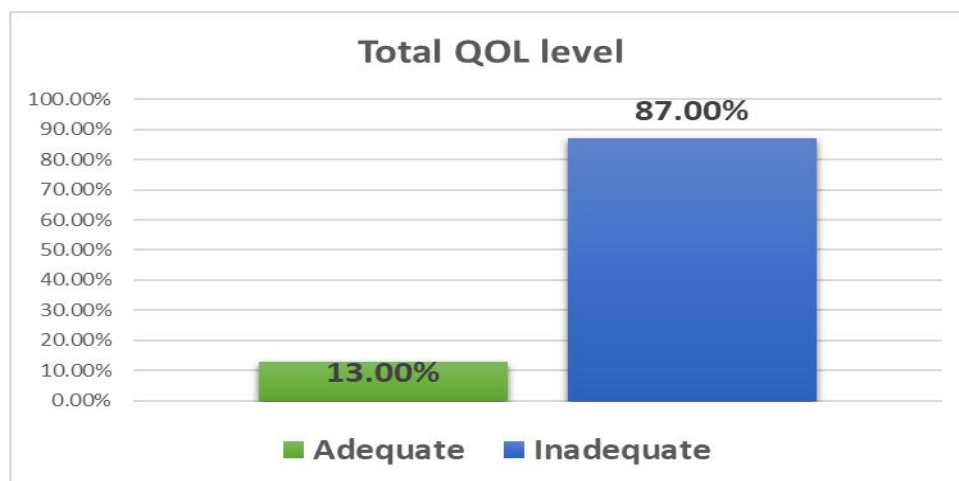


Figure (6): Distribution of the studied sick according total MTC form at Outaffected step Clinic of Beni-Suef University Hospital in 2022.

Table (9): Relations between the studied sick demographic characteristics and their total knowledge form at Outaffected step Clinic of Beni-Suef University Hospital in 2022 (n=100)

Demographic characteristic	N	total knowledge score				X2	P - value
		Satisfactory		Unsatisfactory			
		No.	%	No.	%		
1-Age							
Less than 40 years	16	0	0	16	16	7.979	.007**
40<50 year	19	0	0	19	19		
51<60 year	37	4	4	33	33		
More than 60 years	28	6	6	22	22		
2-Gender							
Male	67	4	4	63	63	3.664	0.138
Female	33	6	6	27	27		
3-Marital status							
Married	73	6	6	67	67	0.953	.05*
Single	27	4	4	23	23		
4-Educational level							
Illiterate	39	6	6	33	33	2.701	.000**
Read and write	50	4	4	46	46		
Basic education	11	0	0	11	11		
5-Occupation							
Not work	20	2	2	18	18	6.651	0.086**
Governate employment	23	0	0	23	23		
Free business	11	0	0	11	11		
Housewife	33	6	6	27	27		
On retire	13	2	2	11	11		

(**) Highly statistically significant $p < 0.001$

(*) Statistically significant $p < 0.05$

Table (10): Relations between the studied sick demographic characteristics and their total Quality of age (QOL) form at Outaffected step Clinic of Beni-Suef University Hospital in 2022 (n=100)

Demographic characteristic	N	Total MTC score				X2	P - value
		Adequate		Inadequate			
		No.	%	No.	%		
1-Age							
Less than 40	16	2	2.0	14	14.0	0.574	0.05*
40<50 year	19	2	2.0	17	17.0		
51<60 year	37	6	6.0	31	31.0		
More than 60 years	28	3	3.0	25	25.0		
2-Gender							
Male	67	6	6.0	61	61	2.937	0.87
Female	33	7	7.0	26	26.0		
3-Marital status							
Married	73	10	10.0	63	63.0	0.117	0.733
Single	27	2	4	14	28		
4-Educational level							
Illiterate	39	8	8	31	31	4.374	.005**
Read and write	50	3	3	47	47		
Basic education	11	2	2	9	9		
5-Occupation							
Not work	20	1	1	19	19	3.578	.02*
Governate employment	23	3	3	20	20		
Free business	11	1	1	10	10		
Housewife	33	7	7	26	26		
On retired	13	1	1	12	12		

(**)Highly statistically significant $p < 0.001$ (*) Statistically significant $p < 0.05$ **Table (11): correlation between the studied sick total knowledge form and total Quality of age (QOL) form at Outaffected step Clinic of Beni-Suef University Hospital in 2022 (n=100)**

Item		Total knowledge score	Total MTC score
Total knowledge score	R	1	.534
	P- value	-	.000*
Total MTC score	R	.534	1
	P- value	.000*	-

(**)Highly statistically significant $p < 0$.

Discussion

Endless block plenary disease (DPT) is a respiratory illness characterized by gradually worsening dyspnea and irreversible airway obstruction and the development of emphysema. Due for the high rate, incapacity and mortality of DPT, it will bring different degree of movement impediment, mental hindrances and diminished

social flexibility for debilitated, which will incredibly influence age nature of wiped out. Most debilitated are inclined for dyspnea during everyday exercises and actual activity, and the uneasiness brought about by dyspnea frequently leads for obstruction for partake in actual activity. Additionally, muscle weakness will result from insufficient or long-term physical inactivity. Over

the long haul, low-force exercises can likewise cause wind current hardships (Peate & Hill, (2022).

People with DPT suffer from diminished quality of life because they are unable to participate in hobbies and social activities. Additionally, many people feel irritated and frustrated at not being able to accomplish their goals. The Worldwide Drive for Unending Block part Infection (GOLD) rules have distinguished the objectives of overseeing for debilitated with DPT, these incorporate the wiped out objectives of further developed practice resistance and close to home capability (prosperity related nature old enough) and furthermore significant clinical objectives like anticipation of ailment movement and minimization of elements (Safiri et al., 2022).

The momentum preliminary went for the gold old enough for debilitated with unending block entire disorder in out wiped out facility at Beni-Suef College Emergency clinic through survey information on debilitated in regards to perpetual block whole affliction and evaluate the nature old enough for debilitated with perpetual block entire ailment (research questions).

Part I: Segment normal for the concentrated on DPT wiped out

The ongoing preliminary exhibited that more than 33% of the concentrated on debilitated were 50<60 years old with Mean \pm SD 2.77 \pm .1033 years, 66% of them were male and almost 3/4 were hitched.

This preliminary was in a similar line with Kharbanda and Anand, (2021) who researched 'Prosperity related nature old enough in debilitated with perpetual block entire disorder: A hospital-based study in India found that 86 percent of the participants were male, and two fifths of them were between the ages of 50 and 65, with a mean age of \pm -SD 3.01 \pm -.1073 years.

This tracking down wasn't in concurrence with Van et al., (2019) who researched 'Consequences of an Impacted Study In regards to DPT Information, Overseeing Encounters, and Practices With Pulling Gadgets' in San Francisco, California and showed that under two third (60%) of the members were from 50-60 years of age. This might be expected for old age influence movement of ailment and Test size distinction.

As to appropriation of the concentrated on wiped out concurring degree of schooling, our ongoing preliminary shows the way that portion of the concentrated on debilitated could peruse and

compose. Almost two fifth of them were ignorant however one 10th had essential training.

This preliminary was upheld with Scoditti et al., (2019) who research 'Affliction information and self-managing conduct of DPT wiped out in China' and demonstrated that the greater part (59.54%) of the members could peruse and compose. Then again, this finding was contradicted Xie et al., (2020) who explored 'Appraisal of information, mentality, and practice towards entire recovery among DPT debilitated: A multicenter and cross-sectional review in China' in China and showed that main two fifth (41%) of the members could peruse and compose. Furthermore, Safiri et al., (2022) who examined 'Evaluation of information, demeanor, and conduct about the affliction cycle and physiotherapy managing in debilitated with unending block entire disorder: A subjective preliminary' in India and uncovered that the greater part (54%) of the members had fundamental schooling. This might be expected for the members were from metropolitan regions and level of instruction is low.

Concerning of DPT debilitated concurring for climate qualities, the ebb and flow preliminary showed almost two third of the concentrated on wiped out were from provincial regions and the greater part of the example had tape unadulterated water supply.

This preliminary was upheld with Van et al., (2019) who explored 'Nature old enough of Debilitated with Perpetual Block Entire Infection Going to a Tertiary Consideration Emergency clinic, Kavre, Nepal' showed that the greater part (55%) of the members were from provincial regions. This preliminary was concurred with Elsayad et al., (2020) who researched 'Home Prosperity Care Mediation in regards to Nature old enough for Old Wiped out with Unending Block Entire Ailment's in Benha, Egypt and tracked down 3/4 (76%) of the members had agreeable wellspring of water for drinking.

Our preliminary uncovered that not exactly 50% of wiped out had sun beams yet adequately not and awful ventilation and anywhere close to two third of them present air contamination. Furthermore, Amer et al., (2021) who researched "Prosperity Related Nature old enough among wiped out with Perpetual Block Entire Disorder at a tertiary consideration showing medical clinic in southern India" and showed that 33% (33.5%) of the

members had terrible ventilation. This finding was conflict with **Gomaa, (2020)** who examined 'Appraisal agestyle for Debilitated with Unending Block Entire Ailment's in Egypt and demonstrated that all (100 percent) of concentrated on wiped out had sun sparkle openness, all (100 percent) of concentrated on wiped out had great ventilation. This may be because participants have low socioeconomic status and cook with wood and animal waste.

Concerning of the concentrated on wiped out relative ancestry, the ongoing preliminary Showed that multiple thirds of the concentrated on debilitated have not relative background of DPT and just more than one 10th have previous history of DPT. This preliminary was in concurrence with **Alshahrani, (2021)** who researched 'Overview of DPT K y of DPT Information, Abilities, and An information, Abilities, and Perspectives Among s Among Saudi Bedouin Respiratory Advisors' in g Saudi Middle Eastern and viewed as the greater part (60%) of the members had no relative background of disorder. This is might be expected for 66% of members were male and might be smoker and terrible inactive age style.

Concerning of the concentrated on wiped out relative ancestry, the ongoing preliminary cleared that only one 10th around had relative ancestry with half of them first degree affiliation. This finding was in a similar line with **Amer et al., (2021), who demonstrated that nearly** two fifths of the participants (25.8%) had a relative history of DPT and that two fifths (20.8%) were at first degree relative. According to the scientist perspective, this is might be expected for the significance of inclining factors in movement of the ailment and assume imperative part in happening of entanglement.

With respect to of DPT debilitated concurring for current history, the ongoing preliminary delineated that 33% of the concentrated on wiped out recognized DPT from 1-3 years of age. Most of them experienced issues wind current and fast wind current when they identify the infection. This preliminary was upheld with **Elsayad et al., (2020)** who viewed that as (30%) of them had beginning of ailment from 1-3 years of age and all (100 percent) of the members had dyspnea. This preliminary wasn't in a similar line with **Amer et al., (2021)**, who discovered that only 48.2% of participants had dyspnea and 95.5 percent had a

severe cough. This might be expected for DPT influence capability of respiratory framework causing sore and expanding of aviation routes causing troublesome wind stream.

Concerning of DPT wiped out concurring for past hospitalization, the ongoing preliminary showed that every one of them concentrated on debilitated had past hospitalization and gotten O2 pulling for assuage infection highlights, separately. Likewise, almost than third of the examined impacted were hospitalized by a day. Additionally, **Ghamari et al., (2023)** who tracked down larger part (80%) of the members were overseen by oxygen levels. This is might be expected for DPT highlights are cut off and require o2 which tracked down in medical clinics so they need hospitalization.

Part Two: debilitated information with respect to DPT:-

As to of the concentrated on debilitated information in regards to DPT, the ongoing preliminary uncovered that multiple thirds of the concentrated on wiped out have barely any familiarity with DPT definition, greater part of them have close to zero familiarity with sort of DPT and greater part of them have hardly any insight into reverberation as Normal beams led for DPT debilitated. This finding is in concurrence with **Amer et al., (2021)** who exhibited multiple quarters (76%) of the members had unsuitable responses about meaning of DPT and the greater part (58% and 66%) of them had unacceptable responses about Analytic examinations particularly reverberation. According to the specialist's perspective this finding could be expected for absence of instructive program executed for further develop mindfulness about DPT.

Regarding the distribution of the studied patients' knowledge of DPT, the current trial revealed that the majority of them are unaware of the type of DPT, half of them are unaware of the common risk factors for long-term show to fumes, and half of them are unaware of the rapid tube characteristic of DPT. This finding is upheld with **Askratni, (2018)** who examined "A Perpetual Block Entire Disorder Self-Managing Bundle for Diminish 30-Day Readmissions" and uncovered that two third (66.3%) of the members had lacking data about risk factors and highlights of infection.

Concerning of the concentrated on debilitated information with respect to making due, inconvenience, intercession and driving reason for DPT, the ongoing preliminary delineated that 3/4

of the concentrated on wiped out had right response about sign and steroids as pharmacological overseeing and the majority of them had right response about delicate hot beverages as non-pharmacological making due.

The ongoing preliminary uncovered that not exactly 50% of them has wrong response about pneumonia and a large portion of them have close to zero insight into bitel radiation as DPT inconvenience and greater part of them have barely any familiarity with part transplantation and part volume decrease a medical procedure as intercession of DPT confusion. This was in a similar line with **Amer et al., (2021)** who examined 'Impact of Instructive Projects on Information and Self-Managing of Wiped out with Perpetual Block Entire Disorder's in Egypt and tracked down that multiple quarters (76.1%) the members had an unfortunate information about entanglement and mediation. This could be because most of them have a mild illness that doesn't cause complications and doesn't call for treatment; they also don't know enough about DPT.

Regarding the distribution of the studied patients' knowledge regarding DPT prevention, the current trial demonstrates that nearly three quarters of them were unaware of the benefits of a healthy diet to boost immunity or of pneumococcal vaccination as a DPT prevention strategy. According to the scientist perspective, this might be expected for absence of wellspring of data and need presence of instructive program.

Regarding the distribution of the studied patients' knowledge regarding DPT prevention, the current trial revealed that two thirds of them are unaware of the importance of wearing a mask and getting an annual flu shot to prevent DPT. This preliminary was in a similar line with (**Amer et al., 2021**) who examined "Nature old enough of Debilitated with Interminable Block Entire Disorder Going to a Tertiary Consideration Medical clinic, Kavre, Nepal" and tracked down that three quarter (76.2%) of the members had wrong response about yearly influenza immunization. This might be expected for low degree of instruction which empower them for read and take data about how for forestall the infection.

Regarding the distribution of the people who were studied in terms of their total knowledge score, the current study revealed that the vast majority of the sample had inadequate knowledge of DPT, while a small percentage had adequate knowledge. This

preliminary was in concurrence with **Brett et al., (2018)** who explored 'OPD disorder information, mindfulness and explanations behind clinic introductions among a predominately Native Australian companion: a preliminary for investigate preventable hospitalization' in Australian and tracked down that multiple thirds (68%) of members revealing they 'know nothing/had never known about DPT. Additionally, this finding was in concurrence with **Wong and Yu, (2016)** who examined 'Corresponds of affliction explicit information in Chinese debilitated with DPT' and demonstrated that introduced that larger part (82%) of preliminary wiped out had hindrance in the degree of Unending block entire disorder information. According to the analyst perspective, this is might be expected for unfortunate schooling and lessening level of consciousness of the members.

Part III: debilitated nature old enough (QOL) with respect to DPT.

With respect to of the concentrated on wiped out MTC in regards to prosperity diet propensities, the ongoing preliminary showed that almost 66% of the concentrated on debilitated addressed frequently about eating 3 feasts everyday, eat between dinners, eating organic product day to day and eating fish week by week. This finding was in a similar line with **Scoditti et al., (2019)** who looked into the "Role of Diet in Endless Block Plenary Sickness Prevention and Management" found that 74.3 percent of participants frequently followed the diet, eating three meals in between each one.

Concerning of the concentrated on wiped out Nature old enough (QOL), work out, the ongoing preliminary demonstrated that larger part of them never doing you practice for 30 minutes per week, invigorating for do sports, appreciating while at the same time doing sports and coordinating time. **Xiang et al.** were in agreement with this trial, **(2022)** who explored 'Active work and unending block entire affliction: a perusing survey' in China and exhibited that two third (66.1%) of the members with DPT had a huge decrease in the span, force and counts of active work. According to the specialist perspective, this might be expected for that dreading of windedness during or toward the finish of an instructional meeting.

As to of the concentrated on wiped out Nature old enough (QOL) mental prosperity age style, our preliminary showed that under 3/4 of them

frequently executing the prosperity plane system recommended by specialist request, not exactly 50% of them cooking and exercise weighty and almost 50% of them of them feeling furious with all circumstances, feeling a desolate and feeling reluctant for change agestyle. This preliminary was concurred with **Sharma and Singh, (2016)** who researched 'Evaluation of the psyche in perpetual block entire disorder: Mind or never mind' in India and said that the greater part (57.1%) of the wiped out with DPT had clinical gloom, nervousness, expanded laziness, focus trouble, and social withdrawal. This might be expected for the apprehension about outcomes, confusion and passing from ailment, furthermore the confined age style.

As to of the concentrated on debilitated Nature old enough (QOL) in regards to taking endorsed medicine shows the greater part of the read up wiped out always remember for take prescription, greater part of them frequently as yet agreeing with DPT drug with its position impacts.

The current trial revealed that, when it comes to the distribution of the sick's Quality of Life (QOL) regarding their smoking habits, less than half of the sick smoke, and three quarters of them have been smoking for more than ten years. This preliminary was upheld with **Brett et al., (2018)** conducted an Indonesi study titled "Relationship between severity and quality of age in endless block plenary sickness sick at hospitals' outaffected units in Jakarta," and discovered that forty percent (25 percent) of the participants had smoked for more than ten years. Furthermore, this finding was concurrence with **Ghamari et al., (2023)** who viewed as under 33% of members (33%) were alluded for smoking and tobacco.

With respect to dispersion of the concentrated on wiped out concurring complete MTC, the ongoing preliminary demonstrated that greater part of the concentrated on debilitated has lacking degree of all out MTC while, only more than one 10th has sufficient degree of absolute MTC. This result was in line with the findings of **Cudzik et al., (2021)**, who conducted research on "Quality of age in sick with endless block plenary sickness (DPT) in outaffected care" in Poland and discovered that Pandey et al. found that 74 percent of the participants had poor quality of life (QOL). 2021) who demonstrated that the majority of participants (81 percent) had age-related quality impairments in all SGRQ-C domains. From the researcher's

perspective, this may be the result of a low education level, as low education results in poor MTC.

Part VI: Relations between the concentrated on debilitated segment qualities and their all out information form and absolute practices score

As to between the concentrated on wiped out segment qualities and their all out information score, the ongoing preliminary uncovered that there was an exceptionally measurably huge distinction as P-value= .007 and 0.000 and 0.086 is $p < 0.001$ between the concentrated on debilitated all out information form and their age and their instructive level and occupation, separately. There was statically tremendous distinction as P-value= .05 is $p < 0.05$ between the concentrated on wiped out' all out information form and their conjugal status. This result was consistent with those of **Amer et al., (2021)** who showed that there was profoundly genuinely huge contrast ($p < 0.001$) between the concentrated on debilitated all out information form and their instructive level. Furthermore, **Ghimire et al., (2022)** who examine 'Rule based information and practice of doctors in the managing of DPT in a low-for center pay country' and showed that there was statically huge contrast ($p < 0.05$) between the concentrated on debilitated' complete information form and conjugal status. This might be expected for instructive level influence the standard data and increment their mindfulness and getting schooling.

Concerning between the concentrated on wiped out segment attributes and their absolute MTC score, the ongoing preliminary showed that there was exceptionally genuinely massive distinction P-value= 0.005 is $p < 0.001$ between the concentrated on debilitated complete Nature old enough (QOL) forms and their instructive level and there was statically huge contrast P-value= 0.05 and 0.02 is $p < 0.05$ between the concentrated on debilitated all out nature old enough (QOL) form and their age and occupation. This preliminary was in a similar line with **Brett et al., (2018)** conducted an investigation into "Sociodemographic and clinical factors affecting the quality of age of sick with endless block plenary sickness" and discovered that a higher level of education was statistically significant with the MTC level form (P0.05).

Part V: correlation between the studied sick total knowledge form and total MTC score

With respect to between the concentrated on wiped out absolute information form and complete Nature

old enough (QOL) score, the ongoing preliminary demonstrated that there was exceptionally sure connection between's the concentrated on debilitated all out information form and their all out Nature old enough (QOL) form as $p\text{-value}=0.000$ is $p<0.001$. This preliminary was in concurrence with **Amer et al., (2021)** who demonstrated that there was an exceptionally certain connection measurably huge connection between debilitated information and complete MTC was found and **Ghimire et al., (2022)** who demonstrated that there was positive connection test between complete information and MTC forms. This might be expected for the way that the information is the gauge of practices which influence emphatically on their MTC.

Conclusion

After conducted of the current trial, it was found the following:

This trial has investigated knowledge and MTC of sick with DPT at Outaffected step Clinic of Beni-Suef University Hospital. The knowledge of the studied sick was unsatisfactory and the MTC of them was inadequate regarding DPT. There is a highly statistically significant difference as $P\text{-value}= .007$ & 0.000 & 0.086 is $p<0.001$ between the studied sick total knowledge form and their age and their educational level and occupation, respectively, and there is highly statistically significant difference $P\text{-value}= 0.005$ is $p<0.001$ between the studied sick total Quality of age (QOL) forms and their educational level. There is highly positive correlation between the studied sick total knowledge form and their total Quality of age (QOL) form as $p\text{-value}= 0.000$ is $p<0.001$.

Recommendations:

The recommendations were illustrated as follow:

- 1) Continuous educational program for sick with DPT and their relative about DPT dealing, complication and ways of prevention.
- 2) Replication of the trial on longer sample for be able for generalize the result trial.

Further recommendation:-

- 1) Further studies is recommended for evaluate the effect of age style changes on progression of endless block plenary sickness.
- 2) Prospective follow up studies are warranted for develop and refine intervention for improve sick adherence for managing and prevent further deterioration.
- 3) Recommendation concerning Ministry of well-being (MOH) activities, hospitals and specialized centers' activities and increase awareness among the population at risk and general population.
- 4) Approvals should be available for improve nurse's knowledge and performance toward advanced technology and dealing of sick with DPT and encourage them for teach about everything they need about DPT.

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