Chapter Six

CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS FOR FUTURE RESEARCH

Conclusions

The findings of the present study have led to certain conclusions.

- The present research has contributed significantly to the understanding of disease awareness and its effects on the health related quality of life. It is hoped that the use of health-related quality of life indicators or factors can encourage a more holistic approach to assessment.

- In general, the assessment of health-related quality of life can contribute towards the improvement in the quality of health care and well-being.

- Assessment of the coping behaviour can be used as an outcome measure in research on the relative benefits of different treatment methods. For example, yoga or exercise may have equal efficacy against the myocardial infarction or angina pectoris, but if the health-related quality of life of patients is significantly better with one method, it should be preferred.

- These coping styles or engagement strategies can potentially reduce cardiovascular risk, ameliorate the burdens of illness, and promote recovery and rehabilitation.
Implications

A regimen of psychosocial and physical interventions concerning to coping behaviour and life-style modifications, exercise, walking, relaxation, positive thinking, healthful dietary and activity patterns can be the best approach for disease prevention and healthy living. The most important application, however, is perhaps in sensitizing health care professionals to look beyond diseases, disabilities and symptoms. The instruments of health-related quality of life and coping behaviour can help to identify the ways in which disease affects people and to find suitable interventions. It can also encourage health care professionals to focus attention on the positive aspects of CVD patients’ lives and how they can be strengthened.

The findings of the present study have clinical utility and implications for rehabilitation professionals. It could be argued that if the physicians or cardiologists referred their patients of cardiovascular diseases, to the clinical or health psychologists, who adopt a more skill training approach, for the rehabilitation of persons who survive cardiac disease should consider focussing on instilling in the patients more active, problem focussed, and approach oriented coping skills. Since coping effectiveness is often enhanced through the use of cognitive behavioural skill training (Devins & Binik, 1996; Meichenbaum, 1977), Cardiologists may get benefit from psychologists’ expertise in using skill training for the rehabilitation of the patients. Types of cognitive-behavioural skill training are problem solving,
decision making, goal attaining, cognitive restructuring, and reframing, self-monitoring, progressive relaxation, and stress inoculation. Psychologists may employ these programmes to help the clients, referred by the cardiologists or physicians, to improve their skills of managing stress emotional distress, and enhancing well-being.

The results of the present study have special implications for the management. The results of the present study reveal that the cardiovascular disease has organizational effects on the patients. Therefore, every effort should be made to provide a healthy climate in the organization and thereby enhancing the level of commitment with job and reducing absenteeism among employees suffering from cardiovascular disease.

**Recommendations for Future Research**

The research agenda for studying health-related quality of life and coping behaviour of coronary artery disease and hypertensive patients is challenging. Despite the spurt of research work in the field of cardiovascular disorder there are some areas that need to be explored further in order to gain better understanding of the phenomena.

- The awareness of risk factors associated with cardiovascular disease.
- To what extent disease per se affect the health-related quality of life of the patients suffering from various stress-related disorders.
- Role of behavioural, familial, environmental and psychosocial factors on individuals in the development of cardiovascular disease.
- There is a need to extend this study to female patients and to compare the results of analyses from the male patients.
- Research on the role of psychological and behavioural factors in the management of cardiovascular disease must be expanded. For example, the role of 'hardiness', 'social support', 'ego-strength', 'learned optimism', and so on.
- The role of individual techniques, or engagement strategies such as exercise, walking, yoga or relaxation techniques, positive reappraisal, seeking social support, recreational activities should be adopted for the rehabilitation of cardiovascular disease patients.
- Further research should also explore certain other dimensions of health-related quality of life and coping behaviour among diverse samples.
- An important research area concerns the way patients' kith and kin view their health. We know little about the children's benefits concerning the health of their parents.
- The community health intervention programmes should demonstrate clearly about future benefits of interventions on health. For example, prevention of cigarette smoking, physical exercise and reducing cholesterol, proper dietary habits may result in the prevention of lung and heart diseases later in life.
- The influence of social and environmental variables such as socioeconomic status, caste, lack of social support, unemployment,
occupational stress, geographical region, and so on in increasing the risk for cardiovascular diseases.

Finally, there is a need to integrate behavioural or psychological and pharmacological approaches in achieving better quality of care for cardiovascular disease patients and in improving patients' quality of life. It is likely that no one approach to improving health-related quality of life will be successful and that a range of techniques including education of doctors and patients, use of guidelines, clinical audit, and so on will be needed.