

# The Impact of Resilience and Individuals with Visual Impairment on The Quality of Life of Eye Fatigued Pharmacy College Employees in India

Rahul Hajare\*

School of Pharmaceutical Sciences, Sandip University, India

\*Corresponding author: Rahul Hajare, School of Pharmaceutical Sciences, Sandip University, India. Email: rahulhajare17@gmail.com

**Citation:** Hajare R (2024) The Impact of Resilience and Individuals with Visual Impairment on The Quality of Life of Eye Fatigued Pharmacy College Employees in India. Ameri J Clin Med Re: AJCMR-127.

**Received Date:** 10 April, 2024; **Accepted Date:** 18 April, 2024; **Published Date:** 25 April, 2024

## Abstract

The pupil is the opening that gets bigger or smaller in responses, saying all about your life satisfaction. To determine how duration of disease and resilience as determinants correlate with life satisfaction amongst eye fatigue patients. This was a prospective cross-sectional survey amongst eye fatigue patients at pharmacy staffs in Maharashtra, India, using a pretested interviewer-administered structured questionnaire. Information such as the socio-demographics, duration of disease, and questions aimed at assessing the resilience and life satisfaction scores of these patients were collected. A total of 137 staff in the age range of 24 to 60 years, with disease duration ranging from 1 to 16 years, were enrolled. The gender and age of the participants were controlled as covariates. There was a significant correlation between duration of eye pathology diagnosis and life satisfaction ( $r = -0.22, p = 0.01$ ) and resilience and life satisfaction ( $r = 0.30, p = 0.01$ ). In other words, as the duration of the eye fatigue diagnosis increases, it is more likely that the patient will report less life satisfaction. In contrast, patients who reported higher resilience were more likely to also report higher life satisfaction. Life satisfaction amongst eye fatigue staff is significantly determined by the duration of eye disease and resilience.

## Introduction

Life satisfaction is the central aspect of human welfare. It is an ultimate goal and every human being strives to achieve this goal throughout their life. According to Ed Diener it refers to an individual's personal judgment of wellbeing and quality of life based on his or her own chosen criteria. [1] It is subjective, but measurable. Life satisfaction is based on the variables that an individual find personally important in their own life. A person's life satisfaction will not be determined based on a factor that he/she does not actually find personally meaningful. [2] Quality of Life (QOL), a term related to life satisfaction, is a measure of well-being. It is associated with living conditions like the amount and quality of food, the state of one's health, and the quality of one's shelter. [3] However, the difference between this related variable and life satisfaction is that life satisfaction is subjective and more inherently emotional. Someone who is homeless or terminally ill may well have a higher life satisfaction than a wealthy person in good health, because they may place importance on a very different set of variables than those involved in quality of life. Amongst the factors listed by experts' income and self-assessed level of health are the most important predictors of Life satisfaction. [4]

Resilience, although with several definitions, fundamentally, refers to positive adaptation, or the ability to maintain or regain mental health, despite experiencing adversity. [5] More broadly, it is "the protective factors and processes or mechanisms that contribute to a good outcome, despite experiences with stressors shown to carry significant risk for developing psychopathology. [6] The various definitions together acknowledge 2 points: various factors and systems contribute as an interactive dynamic process that increases resilience relative to adversity; and resilience may be context and time specific and may not be present across all life domains. [7]

Resilience is multidimensional and can be affected by multiple factors. There are four main themes of factors affecting resilience: (1) the influence of individual factors (e.g., individual traits, temperament, having a higher purpose, being self-determined), (2) environmental and organizational factors (e.g., workplace culture), (3) approaches that an individual takes when interacting with her or his professional circumstances (e.g., professional shielding and self-reflection), and (4) effective educational interventions (e.g., resilience workshops). [8] Ocular health has a unique place in the overall health and functioning of an individual. Reasonably, most people dread having eye problems in their lifetime, let alone getting blind. A survey of 2044 Americans showed that loss of sight was rated the worst health affliction for an individual, and 87.5% believed that for a person to be said to be in overall good health, good vision must be present. Blindness was rated worse than, or equal to, other serious losses like loss of limb, memory, speech, and hearing. The participants' major reason was degradation of quality of life associated with loss of vision. [9] A person lives his life, and sees life from personal perspective. In other words, an individual ultimately determines the metrics of his satisfaction. A low QOL may co-exist with good life satisfaction. In this light, a life satisfaction study of persons with eye pathologies might reveal the situation from the patient's point of view. A number of authors have carried out vision related QOL studies worldwide with outstanding results, however, as life satisfaction is the ultimate goal the authors have set out to investigate the effects of eye pathologies on the life satisfaction of adults in India; looking out for any moderating roles of age and gender. The results of this study will be useful in the wholesome management of the patients with eye pathology.

**Materials and Method**

This is a cross-sectional descriptive study in which patients diagnosed with eye pathologies were recruited consecutively at the pharmacy colleges, Maharashtra, India

A sample size of participants with visual impairment was determined using the formula

$$N = z^2pq/d^2$$

Where,

N = Minimum sample size.

Z = The standard normal deviate, usually set at 1.96 corresponding to 95% confidence interval.

p = Assumed prevalence taken from the estimated prevalence of visual impairment (mild, moderate and severe) which is 10.1% (0.101). [10]

$$q = 1.0 - p (1.0 - 0.101) = 0.899.$$

d = Precision level acceptable = 5% (0.05).

This gives a minimum sample size of approximately 140. Informed verbal consent was obtained from each respondent. Oral informed consent was considered since the data was collected by using an interview administered structured questionnaire (see appendix) and also there was no invasive examination procedure conducted on the patients for the sake of this research. Patient information was obtained with no identifier and confidentiality was maintained.

Data was analyzed using the Statistical Package for the Social Science version 22 (IBM Software Group, Chicago, IL, USA). Means of continuous variables was compared using Student's *t*-test and ANOVA. Statistical significance was set at *P* < 0.05 for all analyses.

**Results**

One hundred and thirty-seven patients with ocular fatigueness were interviewed. The age range was from 24 to 60 years while the duration of illness ranged from 1 to 16years.

**Table 1:** Descriptive (mean and standard deviation) and correlation of the study variables.

		mean	SD	1	2	3	4	5
1	Age	54.61	16.47	1				
2	Gender	-	-	-	1			
3	Life satisfaction	24.25	5.85	.15	.03	1		
4	Duration of Illness	4.32	4.22	.14	-.13	-.22**	1	
5	Resilience	32.29	3.78	.02	.02	.30**	-.10	1

\*\*p=.01

The study explores the duration of eye fatigueness diagnosis, and resilience as determinants of life satisfaction among patients living with some eye fatigueness. Gender and age of the participant were controlled as covariate.

The initial correlations showed that there was significant correlation between duration of eye fatigueness diagnosis and life satisfaction *r*= -.22, *p*=.01; resilience and life satisfaction *r*= .30, *p*=.01 (see Table 1).

**Table 2:** Multiple regression for duration of illness and resilience as determinants of life satisfaction.

	R <sup>2</sup>	Df1(df2)	F	Beta	T
Model 1	.01	2(134)	1.78		
Age				.16	1.85
Gender				.05	.56
Model 2	.13	2(132)	6.17**		
Duration of Illness				-.21**	-2.56
TResilience				.28**	3.47

\*\*p=.01

Further analysis to test the study hypotheses utilizing hierarchical multiple regression shows that duration of eye pathology diagnosis, and resilience contributed to 13.2% (R<sup>2</sup> = .132) of life satisfaction among the participants. The ANOVA summary shows that the model was significant at F (4,136) =6.18, *P*=.01 (see Table 2).

Specifically, the beta coefficient shows that duration of eye pathology diagnosis negatively and significantly predicted Life satisfaction. B=-.21, *P*=.01. In other words, as the duration of eye pathology diagnosis increases, the more likely that the patient will report lesser life satisfaction. The second hypothesis was accepted, resilience positively and significantly predicted life satisfaction among patients living with some eye pathologies at beta =.28, *P*=.01 (see Table 2). In other words, patients who report higher resilience were more likely to also report higher life satisfaction.

**Discussion**

There are several qualities of life (QoL) studies on patients with eye fatigueness, however, none was found dwelling on the aspect of life satisfaction and its determinants in patients with ocular diagnoses. Nonetheless, few studies have suggested that 'life satisfaction assessment could be considered a measure of quality of life'. [11,12] Yildirim et al reported that a significant positive correlation was found between life satisfaction and QOL among nursing students in Turkey.<sup>12</sup>This correlation is true for the various domains of QoL. In corroborating the choice of life satisfaction assessment over QoL as in this study, Diener and co-workers asserted that the judgement of how satisfied people are with the present state of affairs is based on a comparison with a standard which each individual set for him or herself. They say that it is not externally imposed. For this reason, researchers believe that self-report is the most direct and most accurate way to measure life satisfaction. [13,14]

From this study it was found that as the duration of the eye diseases since diagnosis increased the patients were less satisfied with life ( $r = -0.22$ ,  $p = 0.01$ ). This significant negative correlation may be accounted for by the fact that most long lasting eye diseases tend to cause more burden of visual impairment hence more impact on life satisfaction. In fact, the Blue Mountain Study on the impact of bilateral visual impairment on health-related quality of life (HRQOL) reported that the impact appeared to be directly related to the severity of visual impairment but not to the underlying eye condition. The impact of visual impairment was comparable with that of major medical conditions and affected mental more than physical domains. [15] A different report from study of Parkinson disease patients indicated that increasing disease duration correlated with lower HRQOL when assessed as a global construct. However, when subscales were evaluated, difficulties with bodily discomfort and cognitive complaints were comparable in individuals in the 1-5 years and 6-10 years duration groups.<sup>16</sup> Furthermore, in contrast to the finding of this study an assessment of the satisfaction with life in a group of psoriasis patients in Poland revealed a surprise when the duration of the disease was considered. A longer duration of the disease was associated with a higher satisfaction with life. This phenomenon was most evident in women. In contrast, in men the disease lasting longer than 16 years was reflected by a marked decrease in the satisfaction levels, despite men having an increased satisfaction with life proportionally to the disease duration up to this cut off value. [17] Some patients who experience disease remission following improved modern care over time may expectedly gain in their satisfaction with life. It is possible this aspect of positive correlation between duration of disease and life satisfaction resulted from build-up of resilience to the disease over considerable number of years.

This study found that the more resilient the eye fatigued patients were the better their satisfaction with life ( $r = 0.30$ ,  $p = 0.01$ ). This was consistent with most other previous studies.

Peng et al in China, while studying glaucoma patients, reported a significant positive correlation between resilience and QoL with sleep disturbance as a mediating factor [18]. They found that this relationship between resilience and QoL is mitigated in patients with sleep disturbance. Accordingly, glaucoma patients with severe sleep disturbance have lowered QoL. In a similar study, resilience was found to mediate the relationship between social support and quality of life in primary glaucoma patients. [19] This finding suggested that increasing resilience and social support can improve the quality of life of primary glaucoma patients in clinical practice. Studies done in other chronic medical conditions showed similar trend: inflammatory bowel disease, [20] recurrent coronary artery disease, Parkinson's disease, rheumatoid arthritis, epilepsy, diabetes and colon cancer. This study shows that in combination resilience and duration of disease significantly accounted for 13.6% of total life satisfaction of the patients although further analysis was not done to determine the other contributors to life satisfaction. This may include level of income/employment, educational level, social support and environmental factors. Similarly, a study has shown that the extent of resilience exhibited may be determined by the type of coping strategy adopted by the patients especially the strategies of "positive refocusing", "positive reevaluation" and "positive thinking". In contrast, few studies show that the physical component of quality of life is also related

to resilience, but in a negative way. Patients undergoing oncological treatment could be suffering from numerous physical severe symptoms that directly influence their physical condition, such as bodily pain, fatigue, sleep difficulties, gastrointestinal or endocrine disorders, among others. This relation could be derived from the influence of bodily pain, which is also negatively and significantly associated with resilience.

This study is limited by the non-categorization of the specific eye fatiguedness in relation to the findings as most eye fatiguedness do not carry the same weight of visual morbidity. In addition, the comparison of QoL studies with this present study on life satisfaction may pose some analytical errors. However, the findings of significant correlations of disease duration and resilience with life satisfaction will open a new horizon of further studies on the validity of inter change ability of usage of both tools in assessing patients.

### Conclusion

The life satisfaction of eye disease patients is negatively affected as the duration of the disease prolongs. However, patients with enhanced resilience have improved satisfaction with life. Psychotherapies aimed at enhancing resilience will positively impact on life satisfaction of eye fatigued patients.

### Consent

The authors report no conflict of interest concerning this work.

### Reference

1. Budenz DL, Bandi JR, Barton K, et al. Blindness and visual impairment in an urban West African population: the Tema eye survey. *Ophthalmology* 2012; 119:1744–53. 10.1016/j.ophtha.2012.04.017 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
2. World report on aging and health. Geneva, Switzerland: World Health Organization; 2015. [Google Scholar]
3. Carter TL. Age-Related vision changes: a primary care guide. *Geriatrics* 1994; 49:46–7. [PubMed] [Google Scholar]
4. Abokyi S, Ileshie A, Nsiah P, et al. Visual impairment attributable to uncorrected refractive error and other causes in the Ghanaian youth: the University of Cape coast survey. *J Optom* 2016; 9:64–70. 10.1016/j.optom.2015.04.002 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
5. Akpabla JA. Causes of visual impairment in the Bolgatanga Municipality in the upper East region of Ghana. *JOJ Ophthalmol*; 7 10.19080/JOJO.2019.07.555718 [CrossRef] [Google Scholar]
6. Nuertey BD, Amissah-Arthur KN, Addai J, et al. Prevalence, causes, and factors associated with visual impairment and blindness among registered pensioners in Ghana. *J Ophthalmol* 2019; 2019:1–10. 10.1155/2019/1717464 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
7. Mousa A, Courtright P, Kazanjian A, et al. Prevalence of visual impairment and blindness in upper Egypt: a gender-based perspective. *Ophthalmic Epidemiol* 2014; 21:190–6. 10.3109/09286586.2014.906629 [PubMed] [CrossRef] [Google Scholar]

8. Rius Ulldemolins A, Benach J, Guisasola L, et al. Why are there gender inequalities in visual impairment? *Eur J Public Health* 2019; 29:661–6. 10.1093/eurpub/cky245 [PubMed] [CrossRef] [Google Scholar]
9. Hong YA, Kim SY, Kim S-H, et al. The association of visual impairment with clinical outcomes in hemodialysis patients. *Medicine* 2016;95: e3591. 10.1097/MD.0000000000003591 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
10. Lartey SY, Aikins AK. Visual impairment amongst adult diabetics attending a tertiary outpatient clinic. *Ghana Med J* 2018; 52:84–7. 10.4314/gmj.v52i2.4 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
11. Carabellese C, Appollonio I, Rozzini R, et al. Sensory impairment and quality of life in a community elderly population. *J Am Geriatr Soc* 1993; 41:401–7. 10.1111/j.1532-5415.1993.tb06948.x [PubMed] [CrossRef] [Google Scholar]
12. Zheng DD, Swenor BK, Christ SL, et al. Longitudinal associations between visual impairment and cognitive functioning: the Salisbury eye evaluation study. *JAMA Ophthalmol* 2018; 136:989–95. 10.1001/jamaophthalmol.2018.2493 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
13. Court H, McLean G, Guthrie B, et al. Visual impairment is associated with physical and mental comorbidities in older adults: a cross-sectional study. *BMC Med* 2014; 12:181. 10.1186/s12916-014-0181-7 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
14. Owsley C, McGwin G, Scilley K, et al. Effect of refractive error correction on health-related quality of life and depression in older nursing home residents. *Arch Ophthalmol* 2007; 125:1471–7. 10.1001/archophth.125.11.1471 [PubMed] [CrossRef] [Google Scholar]
15. Ofeibea Amedo A, Adade S, Yaa Koomson N, et al. Influence of visual impairment on the quality of life: a survey of patients reporting at the low vision centre of the eastern regional hospital of Ghana. *JOS* 2016; 1:1–13. 10.14302/issn.2470-0436.jos-16-940 [CrossRef] [Google Scholar]
16. Guo C, Wang Z, He P, et al. Prevalence, causes and social factors of visual impairment among Chinese adults: based on a national survey. *Int J Environ Res Public Health* 2017; 14:1–3. 10.3390/ijerph14091034 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
17. Biritwum R, George M, Yawson A, et al. Ghana-Study on global ageing and adult Health-2007/8, wave 1. Geneva, Switzerland: World Health Organization, 2013. <https://apps.who.int/healthinfo/systems/surveydata/index.php/catalog/6/download/1940> [Google Scholar]
18. Charlton K, Ware LJ, Menyanu E, et al. Leveraging ongoing research to evaluate the health impacts of South Africa's salt reduction strategy: a prospective nested cohort within the WHO-SAGE multicountry, longitudinal study. *BMJ Open* 2016;6: e013316. 10.1136/bmjopen-2016-013316 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
19. Kowal P, Chatterji S, Naidoo N, et al. Data resource profile: the world Health organization study on global ageing and adult health (SAGE). *Int J Epidemiol* 2012; 41:1639–49. 10.1093/ije/dys210 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
20. WHO Mental and behavioural disorders, 2019. Available: <https://icd.who.int/browse10/2019/en#/F32> [Accessed 22 April 2020].