Resiliency Experiences of Heart Disease Survivors and their Family Members
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ABSTRACT
This study describes the experiences of family in caring for a family member who is a heart disease survivor. A sample of 10 respondents, the researcher interviewed five heart disease survivors and five family members using self-made questions. Qualitative research method was used in providing in-depth description related to health issues and in attaining the descriptive narration of the respondents’ experiences, opinions and point of views. The experiences were thematic analyzed; experiences of Filipino families, coping strategies, outlook in life and sources of strength. The researcher found that both survivors and family members considered the biggest part of their resiliency was their family, mainly because of optimistic appraisal and moral support. With social support, maintaining positive outlook in life, and with different coping strategies the evolution of their recovery was fast and unexpected, and the love they felt from their families was the very reason why it happened.

Keywords: Heart Disease, Survivors, Families, Resiliency, Experiences, Coping

Coronary Heart Disease Deaths in Philippines reached 57,864 or 13.73% of total deaths according to the World Health Organization (WHO, 2011). The data published by the National Statistics Office (NSO) in October 2011, from 1 out of every 5 deaths in the past year heart disease remains the leading cause of death among Filipinos. Heart disease is one of the major causes of 100,908 deaths or 21% percent of the 480,820 deaths reported from January 2009 to March 2010 according to the NSO. Followed by Cerebrovascular disease, with 56,670 death and cancer with 47,732 deaths. According to the Philippines health secretary, Enrique Ona (2011) 90% of Filipinos are exposed to one or more risk factors that trigger the progression of heart disease. The NSO said two-thirds of the total deaths in the country were not medically attended to. Their data stated that during the period more males died (279,513) compared to females (201,307). The NSO states that the Median age at death was 62.7, with 59.6 for males and 67.9 for females. The NSO said more infants died with a total of 21,659 during the period compared to children ages.

Recent study by Dua, Cooper, Fox and Stuart (2009) stated that physical activity intervention like walking or any regular physical activity can help and can safely improve physical health in the adult patients at all stages of congenital heart disease. Moreover, study by Greeff, Vansteenwegen and Gillard (2012) stated family strength, positive coping strategies, optimistic appraisal in a stressful situation and practicing social support are identified by both patient and family as resources and qualities of resiliency.

Resilience and Quality of Life
As Steward and Yuen (2011) stated, resilience is the extent of individuals in order to preserve mental health by means of significant adversity, like physical ailment. The scheme of getting by or actually coping up, are positive cognitive appraisal, emotional, active coping and mastery were also correlated with resilience. In other analysis (Ozbay, Johnson, Dimoulas, Morgan, Charney, and Southwick, 2007), a big part of maintaining the patient’s mental health at good condition is social support. What resiliency is; is that it is formed by the social and physical atmosphere around the patient, not an unchanging factor. One of the examples of good factor that can advocate health resilience in some communities is healthy diet, even those where there is a level of socioeconomic prejudice. Lee and Park (2012) planned to check to thoroughly the influence of resilience and symptom experience on quality of life. Participants without physical functional limitations showed higher level of both resilience and quality of life. Participants with
bad health status showed a lower level of both resilience and quality of life and higher level of symptom experience. The study focuses mainly about the patients only, however, they lack sufficient information on how the family members can also recover or resilient from the adversity. More studies like Silva, Viana, and Moura’s (2011) study resulted that patients can have a better perception of quality of life than did the general population, through psychological, social relationship and environment scales basis. On psychological scale, it resulted that older patients hold a better perception of quality of life. Resilience is known as the volume for defiance, and rebound of psychological health after an objection like chronic illness (Szanton & Gill, 2010). Rybarczyk, Emery, Guequierre, Shamaskin, Behel (2012) stated that age relation to psychological development, with increased wisdom, body and ego supremacy, increased social capability, selective development with compensation, and increased spiritually have also been implicated as protective factors. Moreover, female participants are more exposed to experience depression compared to males in both pre operation and post operation period (Sorensen & Wang, 2009).

**Resilience in patients with heart disease**

“Heart disease” is commonly coined from the original term “cardiovascular disease”, one of the most known diseases in history. Heart defects that are born with like coronary artery disease and heart rhythm problems are under complications in the blood vessel. (Grogan & Harms, 2014). One of the famous people who survived bypass surgery, is Larry King, underwent about 5 bypass surgeries and known to be as the “Resilient King”. (Klein, 2012). Heart disease survivors are patients who underwent successful surgery, they are about 100% recovered and living a much more balanced life, with proper exercise with balanced diet and they are better in handling stressful situations (Lincoln, 2011). Social support to patients can improve, increase resilience and promote positive adjustments to illness. There are also factors that may play role in adjustment to congenital heart disease, either to improve the perception of quality of life or to make it worse. A prospective study by Dua, Cooper, Fox and Stuart (2009) stated that physical activity intervention like walking or any regular physical activity can help and can safely improve physical health in the adult patients at all stages of congenital heart disease. Improving the self-perception, fulfillment in life, physical activity levels and overall health can also help improve the quality of life of a patient. There are several domains that can affect the patient’s quality of life; family, job or education, friend, health and leisure activity. Fewer patients significantly considered financial means, material well-being and future as the important determinants of quality of life. (Moons, Van Deyk, Marquet, Raes, De Bleser, Budts and De Geest, 2004). According to the study of Banner, Miers, Clarke, Albarran (2011) throughout preoperative period, participants encountered difficulties in overcoming their symptoms. They also had to bear physical and emotional distress throughout the period. Accompanying surgery, women experienced practical impediments and limitations which constrained them and give up their roles and activities.

**Resilience on the family**

Family plays an important role to the patients. The patients are not the only one who are experiencing or facing adversity but also the family. A relatively neglected topic is the impact of the person with heart disease on the well-being of the family. More studies like West and Buettner (2012), resilience range were above average for both the patients and for the family members. The patient’s pain of suffering and social support is greater compared to the family member. However, the resiliency scale of the patient is lower compared to the family member. Greeff & Wentworth (2009) study concluded that family time and everyday habits, parents to child togetherness, chores for the family and consistent communication are the most important qualities for concealing family adaptation while provocative and incendiary interaction was found to be negatively associated with family adaptation. With the recent study conducted by Greeff, Vansteenwegen and Gillard (2012), family strength, positive coping strategies, optimistic
appraisal in a stressful situation and practicing social support are identified by both patient and family as resources and qualities.

Synthesis

From previous studies, Quality of Life has a resilience effect in many patients with congenital heart disease. Bartley, Schoon, Mitchelle and Blane (2010) and Choi, Park and Lee (2012) showed similar studies that patients who practice healthy living promotes healthy resiliency and those with bad health status shows poor resiliency and quality of life. Physical limitations, financial and employment issues are some of the hindrance that made them feel different and brought social impediment. (Moons, Van Deyk, Marquet, Raes, De Bleser, Budts and De Geest, 2004). According to Mackie, Ionescu-Ittu & Therrien (2009) and Latal, Helfricht, Fischer., (2009) family plays an important role to the patients. Both patients and family faces and experiences hardship and difficulty. Moreover, from the study of Hearps, McCarthy, Muscara, et. Al., (2013) family members who are close to the patients are more likely to experience psychosocial risk.

The purpose of this research is to give insights and awareness to the readers about the experiences and reactions—both family members and survivors—and how they resilient from the said adversity that can enhance or improve their psychological needs. The study explores the following questions: 1) What are the experiences of the respondents in terms of emotional and physical experiences. 2) What are their coping strategies that helped them overcome the adversity? 3) What is their outlook in life before and after the surgery? 4) Who or what are their sources of strength?

Method

Research Design

The researcher used a qualitative research design. This design is used in creating research question that helps generate the participants’ ideas, opinions and experiences and this research design is the most flexible and effective method that is used for providing in-depth description of procedure, beliefs, and knowledge related to health issues. (Biddix, Ph.D. 2009). Furthermore, an in-depth interview questions are used in gaining insights to generate the needed data.

Participants and Sampling

The researcher used a purposive sampling method with a total of 10 respondents; five of them were heart disease survivors and the other five participants were their family members which consist of three children and two siblings. This sampling technique is based on the population and the purpose of the study. The criteria that fits for this study from the chosen participants are: (a) Filipino family who has a member diagnosed with heart disease (b) fully treated from heart disease, having maintenance in their current health status and went under treatment, (c) a patient with estimated four years post off surgery (d) family members’ age ranging from 18 years and above.

Instruments

The data needed for this study was gathered through self-made questionnaire which consist of 12 questions divided by two sets with follow-up questions expected during interviews for clarification. The questions focused on the experiences of the participants to understand how they resilient such as “What are your feelings and reactions when you found out that one member of your family is diagnosed with heart disease.” And “What are your experiences in terms of emotional experiences and physical changes?” to know how the Filipino Families managed to overcome such adversity as their coping strategies; “What are your coping strategies that helped you overcome?” and “Who or what are your sources of strength?” that leads the focus of the study which are their resilient experience, social support and positive outlook. The researcher used an audio recorder for the documentation of interview.

Procedures
The researcher sent a letter of consent to the respondents to be allowed an interview from the targeted participants. Upon the approval of the respondents, the researcher visited the family, introduced herself with a personal background of the research, and gave a short briefing. The interview lasted for about an hour and was recorded through voice recorded. During the first week of June 2015, the researcher started gathering data and contacted first the families that were recommended. Some concepts of Filipino Psychology, which are the method of pakikipagkwentuhan and pakikipagpalagayang loob were used to help the participants be confident in answering sensitive questions. The researcher interviewed the family and the survivors separately and personally. On the next data gathering, the researcher went to Philippine General Hospital (PGH) during Mondays, Wednesdays and Fridays. Two Filipino families were interviewed on different dates. After gathering the needed data, the researcher gave the participants token of appreciation and asked for the contact information for the purpose of interviewing one of their family member. The researcher built rapport and confidentiality was totally ensured. After the interview, the researcher then debriefed the respondents.

Data Analysis
After the interviews, observations, and self-made questionnaires were analyzed the researcher compared and separated the answers of the respondents in a thematic way. The researcher then, grouped the answers according to the similarities and differences of their answers. Themes are categorized according to the corresponding order of the research questions.

Results and Discussion
Results were grouped thematically which consist of four sections: experiences of the Filipino families, coping strategies that helped them overcome, outlook in life and sources of strengths. These sections answers and mainly focus on the four research questions: 1) what are the experiences of the respondents in terms of emotional and physical experiences, 2) what are their coping strategies that helped them overcome the adversity? 3) What is their outlook in life before and after the surgery? and 4) who or what are their sources of strength?

Demographic Profile of the Respondents
For the 1st family, they live in Paranaque. Survivor 1 is a 61 year old widow and worked as a nurse before she was diagnosed with congenital heart disease. She has undergone a multiple bypass surgery (Angioplasty and Coronary Artery Bypass Surgery) at the age of 57. Family Member 1 is her 24 year old son. He is the youngest child and the closest family member to Survivor 1. As for the 2nd family, they currently live in Sta. Mesa, Manila. Survivor 2 is a 52 year old woman, diagnosed at the age of 20 and went under bypass surgery at the age of 47. She is a housewife and a mother of four children. Family Member 2, the eldest son, is a 31 year old entrepreneur who also has a family of his own and lives on the outskirts of Cavite. The 3rd family, Survivor 3 is a 40 year old woman. She is an elementary teacher and a wife with no children. At the age of 21, she was hit with a mild stroke, at the age of 26 she first knew that she was diagnosed and at the age of 34 she went to bypass surgery for twice. Family Member 3 is the sister of the patient and is three years older. She has a family with 4 children. As for the 4th family, they are a Filipino family that currently resides in Georgia, USA. Survivor 4 is a 67 year old man. He is divorced and lives with the family of his son. He has undergone bypass surgery at the early age of 47. Family Member 4, the sister of the patient, also lives in Georgia. And currently works as a QC (Quality Control) abroad. Lastly, the 5th family is a Filipino family that lives in Pasig City. Survivor 5 is a 66 year old retired ECG Technician who underwent the surgery at the age of 61. She has 4 children, all of which has a family of their own. Family member 5 is a 31 year old son and works as a designer with 2 children; they are currently residing in Pasig City.
Experiences of the Survivor

During the process of pre operational and post operational, the survivors shared their experiences that they had to endure that none of us normally experience. The researcher came up with three themes for the survivors; difficulties, emotional and physical limitations.

**Difficulties**

Constantly the survivors bore unusual pain they have not felt before like what the survivors stated “Mabigat 'yong dibdib ko konting galaw ko pagod talaga ako parang merong nakatusok sa dibdib ko na gusto kong bunutin para makaramdam ng ginhawa.” -Survivor 1. She also mentioned that she experienced often times shortness of breath, cramps in some part of her body such as head and chest. Moreover, she went multiple bypass surgery that caused her to experience more difficulties and pain. One of the survivors shared experience of social restriction while in the preoperative period, “Gusto mong makipag communicate hindi pede. Tapos puro complications... yung mga na-experience ko pa yung parang feeling mo, last days mo na. Yung feeling na parang eto na yon, dumating na nagka pneumonia ako, yung hininga ko parang tinanggal na isda sa tubig... sisinghap-sisinghap.”- Survivor 3. According to her, the first operation was the time when she bore more pain due to complications. Survivor 3 mentioned that there was effusion in her heart that caused the second operation. Moreover, Banner, Miers, Clarke & Albarran (2011) stated that throughout preoperative period, participants encountered difficulties in overcoming their symptoms.

**Emotional and Physical Experiences**

There came a time in the survivors’ pre-operative life that they felt dysfunctional because of physical limitations. According to Banner, Miers, Clarke & Albarran (2011) women experienced practical impediments and limitations which constrained them and give up their roles and activities such the survivors have stated “Mahirap… para kang nauupos na kandila. Para kang... akala mo hanggang doon ka nalang. Paglakad mo mairap... ‘di ka makagawa ng gawaing bahay. Hanggang dyan ka lang sa upuan mo. Lalakad ka ng kaunti, hihingalin ka kaagad.”-Survivor 2. Before the operation, Survivor 2 stated that she lost a lot of weight resulting more physical impediments for her. In addition, she was not able to finish household chores and felt useless because of the fact that she often experience shortness of breath and exhaustion. Finishing one chore such as sweeping dust in their bedroom takes a lot of time before she finished cleaning one room. Survivor 4 also shared how emotionally distressed he felt, “After surgery I was stuck with persistent chest pain, swelling in my legs and I was on total disability. I felt useless... at some point.” They also had to bear physical and emotional distress throughout the period. According to Survivor 1, watching massive news or television dramas that will make her feel too emotional were avoided. Due to the fact that anytime her blood pressure could increase and she might felt palpitations. Survivor 2 also stated that there were times she felt scared and depressed. This agrees to Sorensen & Wang’s study (2009), states that female participants are more exposed to experience depression compared to males in both preoperative and postoperative period.

Experiences of the Family Members

The researcher came up with a theme of feelings and reactions. Wherein the family members described their feelings and reactions upon discovering that one of their family members is suffering from heart disease, on which most of them were more affected than the patients.

**Feelings and Reactions**

Four of the family members experienced emotional distress and worry for the patients. “Noong una akala ko malit na bagay lang kaya naman ako...Pero nung araw na siya ay nag pacheckup...yun pala malala na 'yong kalagayan nya. Kinikailangan agad syang operahan at ayon, dun na talaga ako sobrang natakot at kinabahan.”- Family Member 1. Not only the
survivors can experience adversity and emotional distress but their family members too, stated by Family member 3, “Noong una natakot kami talaga kasi, wala naman kaming experience na ganun kalala sa pamilya namin.” In addition, Family member 5 shared his feelings and reaction; he stated that he felt hopeless and worried of the survival rate and the outcome of the operation. However, family member 4 stated that they did not worry much on the outcome of the surgery as they trust the high technology on medicine in United States.

**Coping Strategies That Helped the Survivors Overcome the Adversity**

The survivors described their different coping mechanisms that helped them resilient. The researcher came up with three themes for the survivors which are 1) healthy lifestyle, 2) self-help, and 3) spiritual coping.

**Lifestyle**

According to Ozbay, Johnson & Dimoulas (2007) one of the examples of good factor that can advocate health resilience in some communities is healthy diet. One of the survivor’s way of coping up is improving their diet. “‘Yong diet ko talagang, low salt, low fat, almost ano yong mga kinakain ko eh. Oatmeal, oatmeal lang...fruits tapos konting fish lang na steam.”- Survivor 1

Moreover, Survivor 2 stated that she also maintain a healthy and balanced diet through avoiding fatty food and switching to non-salty and non-fatty food. Daily exercise is also added to their daily routine. Morning walks, jogging or cleaning the house are some of their exercises, according to Survivors 1, 2 and 3.

**Self-help**

Self-discipline is a big help for recovering and for maintaining their health, following the doctor’s instruction and the do’s and don’ts. “In-explain na sakin eh na maaaring bumalik yan kapag hindi ka magaling sa pagkaen.”- Survivor 1. Moreover, Survivor 2 stated that abusing self-limitations must be avoided, “Syempre yong disiplina sa katawan, disiplina sa sarili mo. Kailangan susunod ka sa sinasabi ng doctor ‘di mo abusuhin katawan mo.” In addition, the scheme of getting by or actually coping up, are positive cognitive appraisal, emotional, active coping and mastery were also correlated with resilience (Steward & Yuen, 2011). There are twelve domains that can affect the patient’s quality of life; family, job or education, friend, health and leisure activity (Dua, Cooper, Fox and Stuart 2009). One survivor stated that one way of forgetting and remedy is through going to casino and fishing with family. It also helped the survivor not to focus on the surgery.

**Spiritual**

Spiritual coping is one of the survivors’ coping strategy, “...keep believing... ipagpasadyos ba. Yun yong numero uno don... God is good all the time.”- Survivor 3, Survivor 1 also shared her spiritual thoughts in overcoming her situation, “...kaya lang nilalakasan ko nalang ng loob, ayon, nagprayr ako. Sinasabi ko na Lord, ikaw may hawak ng buhay ko, ng puso ko. Kasi wala na namang iba eh.” Moreover, the survivors statements are congruent to the study of Rybarczyk, Emery, Guequierre, Shamaskin, et. Al., (2012) age-relation to psychological development, with increased wisdom, body and ego supremacy, increased social capability, selective development with compensation, and increased spiritually have also been implicated as protective factors.

**Family Members’ Way of Support**

For the reason that the family members shared how they supported and reliable for the patients that added as a factor of coping strategies for both survivors and family members. They became the foundation of their strength as well. Each of them nursed and took care of the patients both physically and mentally.

**Way of Support**

Family member 1 stated that he often missed the class because he rather stay in the hospital and be the caretaker of his mom than be in school yet worried and distracted. He also mentioned that he cannot take the fact that at such young age living a life without his father had
more trouble accepting the fact that his mother could be gone soon. The family members also
gave out financial support for the patients and explained how these little things can become the
very root of the patients’ recovery, “Financially and moral support. Lahat ginawa namin para
lang makasurvive si Nanay.” -Family Member 5 Moreover, They exerted efforts and sacrificed
their time for the well being of the patients. Giving up activities such as basketball and hanging
out with friends just to take care of the patients are some of their sacrifices, however, their
sacrifices are done open heartedly for the patients. One of them shared how they spend quality
time by watching Sunday Mass in television and cooking breakfast for the patient. The results is
parallel to the study of Greeff & Wentworth (2009) that family time and everyday habits,
parents to child togetherness, chores for the family and consistent communication are the most
important qualities for concealing family adaptation and help not only the patient to resilient but
also the family members.

**Outlook in Life of the Survivors**

The survivors described their outlook in life while on their way of recovery that helped
them resilient. The common point of view of the survivors whilst experiencing these events is
that they remained brave and hopeful for the best out of the situation they are facing.

**Positive Outlook**

The survivors described their present resiliency which is how optimism helped them
resilient and in their aspirations towards the future as such Survivor 5 stated, “Simple lang, be
brave and determined as to what will happen before the surgery. I prepared myself for the best
and the worst outcomes. And of course, after the surgery, I thanked God kept telling myself to
recover as soon as possible to get back to my normal life and enjoy what lies in front me.” In
relation to Dua, Cooper, Fox & Stuart’s (2009) study, improving the self-perception, fulfillment
in life, physical activity levels and overall health can also help improve the quality of life of a
patient. One of the reasons why the survivors maintained their positive outlook in life is because
of their families. They want to keep the faith and show hope to their families. “Three times ako
nag-critical. Pero ‘yon nga inaano ko na kelangan ko lumaban. Sabi ko... wala na ngang father
(the children of the survivor)... hindi na sya nahintay ng father nya tapos pati ako. So ayon
talagang motivation ko para lumaban.” -Survivor 1

**Sources of Strength of the Survivors**

The survivors shared how and why they won the fight against heart disease, both post-
operation and pre-operation. They also described what makes them feel strong and their feet on
the ground.

**Family**

Family strength, positive coping strategies, optimistic appraisal in a stressful situation
and practicing social support are identified by both patient and family as resources and qualities
stated by Greeff, Vansteenwegen and Gillard (2012). In connection to their study, Silva, Viana,
and Moura (2011) stated that patients can have a better perception of quality of life than did the
general population, through psychological, social relationship and environment scales basis such
as the survivors stated “Syempre mga anak ko, yong pamilya ko. Basta ang naisip ko kelangan
magpaganot ako, hindi na ako nagdalawang isip pa. Dahil may anak ako na kelangan pa
sakin... kelangan ng kalinga.” -Survivor 2, Survivor 5 shared his sources of strength came from
his grandchildren and his children “The greatest gift I’ve ever received are the ones who are
keeping me alive and well. Totoong kung wala sila, wala na ako.” Social support to patients can
improve, increase resilience and promote positive adjustments to illness.

**Sources of Strength of the Family Members**

They shared how they entertained themselves and how family plays a big part on their
recovery. They described how faith took place for them to stay hopeful for the best. All of them
states that their main source of strength are from their families.That is why the researcher came
up with three themes; 1) Family, 2) Friends and 3) Religiosity.
Family

Two family members shared their sources of strength, “Our father... He's an example to his own life having heart disease eh.” - Family Member 4. Family Member 5 is a family man since then, his source of strength comes from his family, “That time... my siblings and my wife. They've been there for us since day 1.” According to West and Buettner (2012), resilience range were above average for both the patients and for the family members. Although the resiliency scale of family member is quite greater compared to the patients. However, family members needed a source of strength too, to help them resilient.

Friends

In relation to Ozbay, Johnson and Dimoulas, et al., (2007) study, a big part of maintaining the patient’s mental health at good condition is social support. One of them shared their sources of strength, “Yong family ko lahat supportive. Ma-swerte lang ako kasi may mga kapamilya ako na nahindihin ko masyadong kakilala, nagbibigay “oh ate panggamot”. Plus nan-blessed ako ng asawa. Kahit wala kaming anak... supportive paren sya.” - Survivor 3

Religiosity

Two of the family members explained that both religious beliefs and faith from the other family members helped them manage to resilient and remain strong. Family member 1 stated that he became closer to God and most specially to his family, “...mas tumatag 'yong faith ko kay God. Sakanya ako una talagang lumapit lalo noong habang inooperahan si mama. Higit sa lahat, sarili ko.” While Family member 2 focused himself to his faith and to the positive outcome in his family, and I quote, “Kaming magpapamilya at faith sa sa Dyos. Cliche at mukang galing sa pelikula pero, totoo, basta masaya at nagmamahalan ang pamilya parang wala namang nangyayaring masama sa buhay.”

Conclusion and Recommendation

The study in general focuses on the experiences of resiliency in the survivors and in the family members. Results from the interviews show both family members and the survivors can bounce back in any adversity. The survivors faced a difficult trial in life, both pre and post-operatively, mainly for physical and emotional limitations, they remained strong for others and especially for themselves. By continuing a normal life and actually improving it. The researcher found that they considered the biggest part of their recovery was their family, mainly because of optimistic appraisal and moral support. And as for the family members, even though they were greatly affected about what happened, even to the point where they got scared and worried as to what might happen to the patient, they remained positive to set an example for the patients to help them realize that determination plays as one of the biggest part on the process of recovery. Moreover, with social support, maintaining positive outlook in life, and with different coping strategies the evolution of their recovery was fast and unexpected, and the love they felt from their families was the very reason why it happened. Their experiences taught them to remain positive in life and made them and their families' bond stronger and helped them resilient.

Future research needs to gather a greater number sample of participants and equal number of both males and females for a more reliable and valid study. The researcher also suggests for future research concurrent in this study warrants further exploration and more studies about heart disease. Furthermore, these findings encourage the readers to keep their lifestyle in a healthy and balanced diet associating with physical exercises such as jogging or simply cleaning the house as stated by the respondents. Maintaining positive outlook and keeping faith helps to improve not only the physical health but also the mental health of the patient. Lastly, family togetherness and strong support from family is a big factor in improving the quality of life of not only the patient but also the people close to them.
References: