



Basic research

# Quality of life impact related to foot health in a sample of sea workers



Daniel López López <sup>a,\*</sup>, Marta Rivas López <sup>a</sup>,  
María de los Ángeles Bouza Prego <sup>a</sup>, Leida María Mónaco <sup>a</sup>,  
Marta Elena Losa Iglesias <sup>b</sup>, Jesús Luis Saleta Canosa <sup>a</sup>,  
Ricardo Becerro de Bengoa Vallejo <sup>c</sup>

<sup>a</sup> *Unidade de Investigación Saúde e Podoloxía, Departamento de Ciencias da Saúde, Facultad de Enfermaría e Podoloxía, Universidade da Coruña, Spain*

<sup>b</sup> *Facultad Ciencias de la Salud, Universidad Rey Juan Carlos, Spain*

<sup>c</sup> *Fisioterapia y Podología, Facultad de Medicina, Escuela Universitaria de Enfermería, Universidad Complutense de Madrid, Spain*

## KEYWORDS

Foot;  
Quality of life;  
Healthy worker effect;  
Surveillance of the workers health

**Abstract** *Background:* People working at sea show a marked presence of musculoskeletal pain as well as an important coexistence of pain in diverse anatomical regions, which is believed to have a harmful effect on the quality of life related to foot health. The aim is to describe and compare the impact in a sample of sea workers and people who work on the ground in the light of the scores obtained with regard foot health and health in general.

*Methods:* A sample of 94 participants of a mean age of  $41.29 \pm 10.603$  came to a health centre where self-reported data were registered, informants' professional activity was determined and the scores obtained were compared in the Foot Health Status Questionnaire.

*Results:* The sea workers group showed a worse quality of life related to health in general and to foot health specifically. Differences between the two groups were evaluated by means of a t-test for independent samples, showing statistical significance ( $P < 0.05$ ) for the dimensions of pain and general health related to the foot.

\* Corresponding author. Universidade da Coruña, Unidade de Investigación Saúde e Podoloxía, Departamento de Ciencias da Saúde, Campus Universitario de Esteiro s/n, 15403 Ferrol, Spain.

*E-mail addresses:* [daniellopez@udc.es](mailto:daniellopez@udc.es) (D. López López), [marta.rivas@udc.es](mailto:marta.rivas@udc.es) (M. Rivas López), [prego@udc.es](mailto:prego@udc.es) (M. de los Á. Bouza Prego), [leidamaria.monaco@udc.es](mailto:leidamaria.monaco@udc.es) (L. María Mónaco), [marta.losa@urjc.es](mailto:marta.losa@urjc.es) (M.E. Losa Iglesias), [jesus.luis.saleta.canosa@udc.es](mailto:jesus.luis.saleta.canosa@udc.es) (J.L. Saleta Canosa), [ribebeva@ucm.es](mailto:ribebeva@ucm.es) (R. Becerro de Bengoa Vallejo).

*Conclusions:* People working at sea present a negative impact on the quality of life related to foot health, which appears to be associated with the presence of deformities, sprains, plantar warts and fungus.

© 2015 Tissue Viability Society. Published by Elsevier Ltd. All rights reserved.

## 1. Introduction

People working at sea show a marked presence of musculoskeletal pain in diverse anatomical regions [1,2], this being recognised by the governments as an important threat to public health due to its negative impact on the individual and on society [3]. Despite this, no studies have been carried out so far to analyse the quality of life related to foot health in these professionals. This kind of problems may affect work and personal activity as it happens to general population, who present a high rate of prevalence of foot health problems (between 71% and 87%) which has a multifactorial origin and which is potentially a factor that might predict loss of independence, vulnerability, defencelessness, and loss of quality of life and wellbeing [4,5].

Based on these antecedents, and taking into account the existence of a necessity, so far unattended, of attention and follow-up in foot care for patients who suffer from this chronic disease [6], it is important to consider illnesses and deformities of the foot, postural alterations and other basic illnesses as factors to be taken into account when planning treatment and preventive care activities in the attempt to find a better quality of life and wellbeing for sea workers.

Thus, the aim of this study was to describe and compare the scores obtained with regard to foot health and health in general in a sample of sea workers as opposed to a sample of people who work on the ground with normalised reference values.

## 2. Methods

### 2.1. Design and sample

This is a descriptive observational study carried out in a health centre between September 2013 and June 2014. The selection of the cases subject to study was made by consecutive sampling, the criterion for inclusion being a range of age between 18 and 65 years. Disregarded cases include: people with immunodepression, people who had

experienced previous trauma and feet surgery records, neurologic alterations, or lack of or partial autonomy in daily activities, as well as those who refused to sign the consent form or were incapable of understanding the instructions necessary to carry out the present study.

### 2.2. Procedure

All measurements were carried out by one single researcher. The height, weight and body mass index (BMI) of the informants were calculated in the first place. After that, informants filled out the *Foot Health Status Questionnaire* (FHSQ) [7]. This self-administered questionnaire on health-related quality of life is intended specifically for the foot which is recognised as a validated test [8,9].

Foot-specific and general health-related quality of life was assessed by using the Foot Health Status Questionnaire (version 1.03) [9], which comprises three main sections. Section 1 consists of 13 questions reflecting four foot health-related domains (Table 1): foot pain, foot function, footwear, and general foot health. This section has demonstrated a high degree of content, criterion, and construct validity (Cronbach  $\alpha = 0.89$ – $0.95$ ) and high retest reliability (intraclass correlation coefficient =  $0.74$ – $0.92$ ) [8], and it has been shown to be the most appropriate measure of health-related quality of life for the CPHP population [10].

This has 13 questions that assess 4 health domains of the feet, namely pain, function, general health and footwear (Table 2). Each domain has a specific number of questions. Thus, there are 4 on pain, 4 on function, 3 on footwear and 2 on general foot health. The assessment of pain and function is based on physical phenomena, the evaluation of footwear uses practical aspects related to availability and the comfort of the shoes, while the perception of the foot's general health is based on the patients' self-assessment of the state of their feet. Each question allows several answers and these are placed on a Likert-type ordinal scale (words or phrases corresponding to a numeric scale). The descriptors for these scales vary for each domain and the person completing the

Download English Version:

<https://daneshyari.com/en/article/2671302>

Download Persian Version:

<https://daneshyari.com/article/2671302>

[Daneshyari.com](https://daneshyari.com)