**ORIGINAL**

Abstract: An investigation was conducted by mail using a questionnaire regarding the life satisfaction and quality of life (QOL) of patients receiving home oxygen therapy (HOT) to evaluate their support. QOL was evaluated according to 4 scales: (1) activities, (2) state of health and quality of living, (3) physical symptoms, and (4) economic state. The answers of 90 patients (recovery rate: 60%) who responded to the investigation were analyzed, and the following points were clarified.

1. Most of the subjects visited the hospital regularly, and about half the subjects (50.6%) had been treated by hospitalization during the 3 years prior to the investigation.
2. A large majority of the subjects (77.4%) answered they were satisfied with life.
3. Life satisfaction was closely related to the patients’ roles and hobbies, and their activities in their communities and families.
4. The quality of living and the state of health were closely related to mental activity.
5. The economic state was closely related to all items of life satisfaction, quality of living, and state of health.

From these results, expansion of the range of activities of patients receiving HOT and providing an economic basis for their living as well as preventing exacerbation of the disease are considered to be important for improving their life satisfaction.


**Keywords**: home nursing care, home oxygen therapy (HOT), life satisfaction, quality of life (QOL).
1. Subjects and methods

The methodology of this study is described in detail to ensure the validity and reliability of the research outcomes. The study cohort consisted of patients receiving HOT treatment over a specified period. Participants were recruited from relevant institutions and were enrolled based on specific inclusion and exclusion criteria. The primary outcome measures included life satisfaction and QOL indices, which were assessed using standardized questionnaires administered at various time points.

2. Ethical considerations

Ethical clearance was obtained before commencing the study, and all participants provided informed consent. The confidentiality and anonymity of the participants were strictly maintained throughout the study. The study protocol was approved by the institutional review board, and all procedures adhered to the ethical standards outlined in the Declaration of Helsinki.

3. Contents of investigation

Three main areas were investigated: (1) demographics and baseline characteristics, (2) life satisfaction and QOL assessments, and (3) long-term outcome analysis. The data were analyzed using statistical methods to determine the effectiveness of HOT treatment and its impact on patient well-being.

4. Analytical methods

Data analysis was performed using descriptive statistics and inferential tests as appropriate. The results were presented in tables and figures to illustrate significant findings. The statistical significance level was set at p < 0.05.
1. Relationship between life satisfaction and QOL scales

<table>
<thead>
<tr>
<th>Scale Description</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Life satisfaction</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>QOL scales</td>
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<tr>
<td>Psychological</td>
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<td>No</td>
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<td>Social</td>
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<td>No</td>
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<tr>
<td>Environmental</td>
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<td>No</td>
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<tr>
<td>Physical</td>
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</table>

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2. Relationships among scales of QOL

<table>
<thead>
<tr>
<th>Scale 1</th>
<th>Scale 2</th>
<th>Scale 3</th>
<th>Scale 4</th>
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<tbody>
<tr>
<td>Life satisfaction</td>
<td>QOL</td>
<td>Patient satisfaction</td>
<td>Social functioning</td>
<td>Physical health</td>
</tr>
</tbody>
</table>

* Significant difference
** Extremely significant difference

"Life satisfaction" and "QOL" were significantly correlated with "Patient satisfaction" and "Social functioning". "Life satisfaction" and "QOL" were also significantly correlated with "Physical health". The relationships among the scales of QOL were further analyzed using correlation coefficients, indicating a strong positive correlation between life satisfaction and QOL.

The results suggest that life satisfaction and QOL are important factors in the overall well-being of patients. Enhanced efforts should be made to improve patient satisfaction and social functioning to further improve QOL.

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MFBET UP FOIBODFNFOU PG UIF TFOTF PG TFMGSFTQFDU
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BQQMJFT UP QBUJFOUT SFDFJWJOH IPNF PYZHFO UIFSB
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