FACTORS INFLUENCING HEALTH-RELATED QUALITY OF LIFE IN THAI PATIENTS WITH RHEUMATOID ARTHRITIS

Keywords: Health-related quality of life, illness beliefs and rheumatoid arthritis

Introduction: Health-related quality of life (HR-QOL) is one of the indicators to identify whether a person can live in a society with happiness. HR-QOL is also related to healthy or illness conditions, especially patients who are suffered from both signs and symptoms of rheumatoid arthritis. The illness has various impacts on physical, psychological, social well-being and general health perception. Moreover, it can also affect on their health-related quality of life. Thus, nurses should enhance the patients’ health-related quality of life.

Purpose: The purpose of this research was to examine health-related quality of life and to analyze selected factors affecting health-related quality of life. The selected factors consisted of joint pain, pain coping, depression, fatigue, sleep quality, functional ability and illness beliefs.

Methodology: Descriptive Research Design

Instruments: The Demographic Patients’ Data, The Short Form of the McGill Pain Questionnaire, The Pain Coping Inventory, Beck Depression Inventory, The Multidimensional Assessment of Fatigue, The Pittsburgh Sleep Quality Index, Health Assessment Questionnaire Disability Index, The Brief Perception Questionnaire and The Short Form Health Survey-36. All questionnaires were tested for content validities by five panels of experts and the alpha Cronbach reliabilities were .70 to .93.

Samples: 150 out-patients with rheumatoid arthritis aged 20-59 years old, who followed up at the Department of Rheumatology, Police General Hospital and Faculty of Medicine, Vajira Hospital, Bangkok, Thailand.

Data analysis: Descriptive statistics (Percentage, mean, and standard deviation), Pearson’s production-moment correlation and Stepwise multiple regression.

Results: The results were showed as following:
1. The mean score of health-related quality of life of patients with rheumatoid arthritis was in good level. (X̄=44.36, SD=173.10)
2. Model 1: Variables explained health-related quality of life were illness beliefs, fatigue, functional ability, depression and sleep quality which significantly predicted health-related quality of life at the .05 (F=68.58) level. The predictive power was 71.6% (R² = .718) of the variance.
3. Model 2: The variable that explained illness beliefs was fatigue, depression, functional ability, joint pain. It was accounted for 51.1% of the variance.
4. Model 3: The variable that explained depression was illness beliefs, passive pain coping, sleep quality. Illness beliefs accounted for 41.0% of the variance.

According to path analysis, we found that illness beliefs, fatigue, functional ability, depression and sleep quality were both direct and indirect affected on health-related quality of life while joint pain and passive pain coping were only indirect affected on health-related quality of life by passing illness beliefs and depression respectively.

Conclusions: The results of this study indicated that nurses should promote health-related quality of life for patients with rheumatoid arthritis not only physical signs and symptoms but also psychological signs and symptoms of patients intuitively. In addition, nurses should empower patients to believe that their RA signs and symptoms would be better if they took care themselves well.

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