

FACTORS AFFECTING THE QUALITY OF LIFE PATIENTS CHRONIC DISEASE, THAILAND

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ABSTRACT

The goal of this study is to assess the quality of life and gather general information on 210 chronically ill patients who live in Tha Kha Subdistrict, Amphawa District, Samut Songkhram Province, Thailand. The information was gathered via questionnaires. We employed descriptive statistics and Pearson correlation coefficients to analyze the data. The study's findings revealed the following general information about the chronic patients who participated: The majority of chronic patients are female. With a marital status and an income of less than 5,000 baht, and between the ages of 51 and 60, whose illness had persisted for a minimum of five years, and assessed the quality of life of patients with chronic illnesses. The study focuses on the holistic well-being of individuals who suffer from chronic illnesses. The majority of patients with chronic diseases have a high quality of life, according to research and lifestyle and environmental factors family connections assistance to others socially have a moderate relationship with chronic disease patients' quality of life. Conversely, individuals afflicted with chronic illnesses experience no correlation between the financial burden of treatment and their quality of life.

Keyword: Quality of Life / Chronic Disease / Relationship

INTRODUCTION

In the present situation, the number of patients suffering from chronic illnesses has increased. This is due to changes in lifestyle, physical condition, and social norms. According to the survey, certain individuals are at risk for developing diabetes, as well as a significant population afflicted with hypertension in Tha Kha Subdistrict, Amphawa District, Samut Songkhram Province. Researchers discovered that the number exceeded 5,163 individuals in the previous year (Panjaphong, C., 2020).

Based on the degree of diabetes, 200 people suffer from it daily, or eight people every hour. Additionally, roughly 10 percent of individuals with diabetes are asymptomatic. The average annual diabetes-related mortality rate exceeds 8,000 people due to Thailand's high diabetes prevalence (Damrongpipatkul, U., 2020). Blood pressure-related diseases account for 95.35% of annual deaths, while diabetes and hypertension account for 18.02% and 18.71% of deaths, respectively (Health Statistics of Thai People., 2021). Researchers have identified

smoking as a significant risk factor among patients suffering from chronic illnesses. Particularly for patients who also have diabetes and hypertension, which will exacerbate the condition by contributing to elevated blood pressure levels (Benjanirat, T. et al., 2021). Increased blood sugar levels can lead to complications risk to life and disability (Ruamsuk, T., Lamrod, N. & Likhitphongwit, B., 2021). The COVID-19 epidemic in Thailand is rapidly spreading, particularly affecting the elderly population to effect to take care (Siladlao, S. et al., 2024)

Quality of life is defined as a complete and vibrant existence. Life quality has an immediate effect on every aspect of existence—physically, mentally, socially, and spiritually. It can potentially enhance an individual's overall well-being. According to the study's findings, chronic illness impairs an individual's quality of life in the following four domains: environmental concerns. The expense of treatment family connections assistance to others socially. This specific factor impacts patients, resulting in a diminished self-perception of their health condition, especially for those who have endured the condition for a prolonged period. Patients may experience an increased number of complications or develop a more severe perception of their illness, both of which can have adverse effects on their emotional, social, and potential quality of life (Prochaska, J. O., & Velicer, W. F., 1997).

Patients who enjoy a high quality of life will experience absolute happiness and improved physical well-being patients with chronic diseases will, however, experience adverse health effects if their quality of life is mediocre. To be able to utilize research findings to improve the health conditions of individuals with chronic illnesses so that they may enjoy a higher quality of life. Additionally, they should be able to live a joyful existence.

OBJECTIVE

The study aimed to gather general information about the respondents who were chronic disease patients, assess their quality of life, and investigate the correlation between lifestyle factors and the quality of life of these patients.

LITERATURE REVIEW

A chronic disease is defined as an unusual occurrence or change in an organism's typical physiological state. The condition is permanent in nature. The illness results in considerable disability. Patients diagnosed with this condition are required to adhere to a long-term treatment program. The condition may qualify as a chronic disease if symptoms persist for more than three months and necessitate continuous treatment for chronic diseases.

Zhan, L. (1992) has stated that quality of life pertains to the extent to which an individual is content with fundamental characteristics that determine the life that unfolds within an individual. Age, social conditions, culture, and environment all have an impact on how individuals perceive interpersonal interactions. The environment, which is amenable to objective evaluation, comprises four components: psychological aspects in life, health aspects, physical function, and socio-economic aspects.

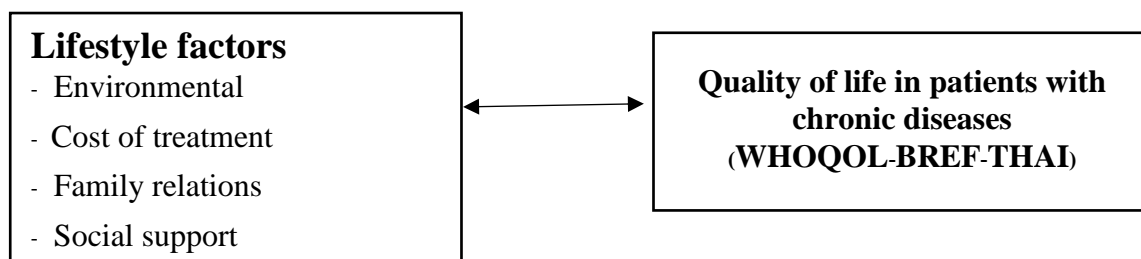


Figure 1. Conceptual framework

METHODOLOGY

The population is composed of diabetic patients with higher blood pressure and in 2022, 460 individuals resided in the community area of Tha Kha Subdistrict, Amphawa District, Samut Songkhram Province. The calculation of the sample size was performed using the formula developed by Krejcie, R. V. & Morgan, D. W. (1970). The sample comprised 210 individuals.

The tool in question is the World Health Organization Quality of Life Questionnaire. (WHOQOL-BREF-THAI) Part 1: General Information Questionnaire, 5 items. Part 2: Quality of Life Questionnaire, 26 items, including environmental quality of life (10 items), quality of life regarding treatment costs (3 items), quality of life regarding family relationships (5 items), and quality of life in terms of social support (8 items), with a score of 26-60 points meaning having a poor quality of life, a score of 61-95 points meaning having a moderate quality of life, and a score of 96-130 points meaning having had a good quality of life.

The study was endorsed by the Human Research Ethics Committee of Suan Sunandha Rajabhat University (Certificate number COA.1-017/2023; dated 03-02-2023). The analysis of the data was conducted using descriptive statistics and ascertained the correlation using Pearson's correlation statistics.

RESULTS

A general analysis of data. The classification is based on primary variables such as age, gender, marital status, income, and malady duration. To elucidate the data, the researcher employed descriptive statistics, such as frequency and percentage (%). General information regarding the chronic patient respondents: The majority of chronic patients are female. Individuals aged 51 to 60 with a minimum income of 5,000 baht.

Marital status and having assessed the quality of life of chronically ailing patients for a minimum of five years. The holistic well-being of individuals afflicted with chronic illnesses is a crucial aspect to consider. The majority of patients with chronic diseases have a high quality of life, according to research. Following that, there is a moderate standard of living.

From Table 1, the number and percentage of patients with chronic diseases, most of whom have a good quality of life, are 187, accounting for 88.60 percent, followed by those with a moderate quality of life, 23 people, accounting for 11.40 percent, respectively.

Table 1: Number and percentage of overall quality of life of patients with chronic diseases (n = 210)

Overall quality of life of patients with chronic diseases	Quantity	Percent
Have a poor quality of life	0	0.00
Have a moderate quality of life.	23	11.40
Have a good quality of life.	187	88.60
Total	210	100.00

Environmental lifestyle factors Family relations and social support there was a moderate relationship with quality of life ($r = 0.49$, $r = 0.44$, and $r = 0.40$), while treatment costs had no relationship with quality of life, as shown in Table 2.

Table 2: Analysis of the relationship between lifestyle factors and the quality of life of patients with chronic diseases (n = 210)

Factors	Environmental variables	Cost of treatment	Family relations	Social support	Quality of life
Environmental variables	1				
Cost of treatment	0.427*	1			
Family relations	0.320*	0.071	1		
Social support	0.428*	0.511*	0.196*	1	
Quality of life	0.488*	0.105	0.436*	0.403*	1

*Statistically significant at the 0.05 level.

CONCLUSION AND DISCUSSION

Overall, the results of assessing the quality of life of patients with chronic illnesses across all four domains were exceptionally favorable. It was determined that the majority of patients with chronic diseases enjoyed an exceptionally high quality of life in three areas when each factor was considered: the ecological system, family connections, low-cost social support, and treatment.

The environment as a whole was in outstanding condition. The residences were determined to be appropriate for relaxation. The home is stable and long-lasting. Staying areas remain unaffected by air pollution that induces chronic illnesses. The research by Ruchiranukul, P., and Donwiset, T. (2022) supports this finding, demonstrating that the physical environment offers the highest quality of life. Have a permanent status for a minimum of five years. Throughout the year, residential properties have sufficient amounts of potable water that is free from contaminants. Moreover, the lodging features perfect restrooms. Hygienic, devoid of health-threatening pollutants, noise, water, or waste. Furthermore, it was at its pinnacle in terms of comprehensive social support. We discovered that it represents the support that close friends

and family members provide for individuals with chronic illnesses. There are individuals in whom one places trust to receive advice and can discuss any problem at hand. Respected neighbors and related groups deliver excellent healthcare services. This is because patients seek government consultation when they encounter issues or want to express their concerns. Diverse organizations or associations provide opportunities for individuals in the neighboring community to participate in their activities. It was discovered that environmental variables and family connections. A correlation exists between social support and quality of life, whereas treatment costs do not exhibit any discernible relationship with quality of life.

The overall cost of treatment is minimal. Because of their low treatment costs, patients with chronic diseases are exempt from making payments. So, the majority of patients receive comprehensive treatment benefits. The creation of national health insurance and reimbursement for medications relieves patients of the financial responsibility associated with treatment. This stands in stark contrast to the findings of Chamniansuk, A. (2017) research to analyze the quality of life of Sriracha District patients with chronic illnesses in Khon Kaen District. They are characterized by a moderate quality of life. This is because district hospitals provide the greatest volume of chronic disease treatment services to the elderly. Typically, district hospitals provide healthcare services at no cost. Furthermore, universal health insurance grants treatment privileges to the majority of patients. Therefore, overall, family relationships were at their peak. Researchers found that patients with chronic illnesses maintained positive familial relationships, albeit at a higher level. Patients typically receive assistance from their families. They receive excellent care from their family when they are ill. Consequently, Chamniansuk, A. (2017) research contradicts this finding. To analyze the quality of life of Sriracha District patients with chronic illnesses in Khon Kaen province, it was discovered that chronic disease patients maintained moderate family relationships. A family with strong familial bonds will instill in its elderly members a deep appreciation for care and attention. These factors also improve the quality of life for elderly people with chronic diseases.

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REFERENCES

- Benjanirat, T. , Ounprasertsuk, J. , Suksatan, W. , Jaroengarmsamer, P. , Kantawut, N. , Rojanabenjakun, P., & et al. (2021). Health Behavior among Elderly in Huey Chinsri Municipal, Ratchaburi Province, Thailand. *Systematic Reviews in Pharmacy*, 12(1), 715-719.
- Chamniansuk, A. (2017). Quality of life of the elderly with chronic diseases in Si Chom District. *Khon Kaen Province Ratchapruerk Journal*, 15 (2), 17-26.
- Damrongpipatkul, U. (2020). Diabetes. Know how to prevent it and know how to control it at Bangkok Hospital. Chiang Mai. Chiang Mai Province.

- Health statistics of Thai people. (2021). Summary of the main points of the National Economic and Social Development Plan 11. Bangkok: Office of the Prime Minister.
- Krejcie, R. V. & Morgan, D. W. (1970). Determining Sample Size for Research Activities. *Educational and Psychological Measurement*, 30(3), pp.607-610.
- Panjaphong, C. (2020). Improving the quality of life through real population education innovation. *Journal of Population Studies*, 7, 25-26.
- Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of behavioral change. *American Journal of Health Promotion*, 12, 34-38.
- Ruamsuk, T., Lamrod, N. and Likhithongwit, B. (2021). The role of community practice nurses in helping to quit smoking in patients with chronic non-communicable diseases. *Nursing Journal*, 70(1), 34-41.
- Ruchiranukul, P., and Donwiset, T. (2022). Guidelines for promoting the quality of life of the elderly in Chanthaburi Province. *Ramphaibarni Research Journal* 10(1), 61-67.
- Siladlao, S., Rojanabenjakun, P., Songsin, N., Panrinsaen, R., Jummaree, T., Chusuton, S., ... & Mekwimon, W. (2024). Factors Related to Health Literacy in the Prevention of COVID-19 Disease in the Elderly in Lad Yai Subdistrict, Mueang District, and Samut Songkhram Province. *International Journal of Geoinformatics*, 20(3), 74-80.
- Zhan, L. (1992). Quality of life: conceptual and measurement issues. *Journal of Advanced Nursing*, 17(7), 795-800.