

Psychological Problem of Patients with Rheumatoid Arthritis and Guidelines for Health Professionals

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"I am struggling with a body that is failing me. Everything you do, the way you used to do it, you never thought about it. Now, when you are doing with arthritis, it hurts. When you stand on your feet it hurts. My body is chained to me - a dead weight. It is my warden. I can do nothing without first consulting it and seeking its permission. On this bully I am dependent for everything the world can give me".

Feelings of an arthritis client as quoted by Plach and Moss (2003)

Introduction

A strong body of knowledge exists about pathology and objective signs and symptoms of illnesses such as rheumatoid arthritis. There is still much to learn from the viewpoint of "inside" who live with rheumatoid arthritis, over decades of lives. Living with rheumatoid arthritis meant having to relate overtime to an increasingly noncompliant body.

Rheumatoid arthritis is a chronic systemic inflammation disorder of unknown aetiology that frequently involves synovial lining of peripheral joints. The course of rheumatoid arthritis is variable and ranges from mild and relapsing type to more progressive and severely debilitating one.

Rheumatoid arthritis has a worldwide distribution and affects all racial and ethnic groups. Incidence has been reported to be 0.31-1.5 per cent.

This study was carried out to identify the psychosocial problems faced by patients with rheumatoid arthritis and to seek their relationship with selected factors, with a view to develop guidelines for health professionals for providing psychosocial care to patients, attending rheumatology clinic of a selected hospital in Delhi

Need for the study

In many hospitals, the facilities for

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patient seeking counselling and information regarding rheumatoid arthritis are not adequate. Patient with chronic disease like rheumatoid arthritis will inevitably suffer psychologically (Oberai & Kirwan, 1988). Many have to come to terms with the fact that there is no cure for the disease. Resultant deformity inevitably creates feeling of shock and grief in these people. As time passes and the situation continues, maybe without any remission of disease activities, anxiety and depression can occur.

The psychological effects of chronic illness are often forgotten in the busy world of medicine and yet how individuals cope psychologically can have a tremendous effect on their level of physical ability (Altrechul and Sinclair, 1986). Many arthritis patients are found psychologically disturbed and unable to adjust to their surroundings.

Nurses should try to identify the patients who are socially isolated, so that they can be offered help either in the hospital or through home nursing.

Luckmann & Sorrenson (1987) stated that "Nurses are professionally inadequate if they ignore psychosocial factors concerning patient is to enable nurses to understand patient's experience accurately and to offer comprehensive care to the patients".

Therefore the investigation was carried out to explore the various psychosocial problems to pro-

vide care to help the client cope with these problems in a healthy way.

Objective of the study

The study aimed to :

(1) identify the various psychosocial problems faced by rheumatoid arthritis patients, (2) determine the severity of psychosocial problems among rheumatoid arthritis patients, (3) find the relationship of psychosocial problem with following selected factors: (a) Age (b) Sex (c) Education (d) occupation (e) Associated illnesses (f) Duration of illness and (g) Marital status, (4) develop guidelines for health professionals for providing psychosocial care to arthritis patients.

Methodology

The conceptual framework adopted for the study was based on Sister Callista Roy's Adaptation Model and Betty Neuman's Health Care System Model. The study was conducted in Rheumatology clinic and Orthopaedics OPD of All India Institute of Medical Sciences, New Delhi. Purposive, non-probability sampling technique was used to select the subjects. The sample comprised of 100 rheumatoid arthritis patients. A self administered structured questionnaire was used for data collection. The questionnaire, developed by the investigator consisted of 50 items to assess the psychosocial problems faced by rheumatoid arthritis patients. The structured ques-

tionnaire consisted of two parts. Part I deals with demographic data of respondents such as age, sex, marital status, education, occupation, associated illnesses, type of family and duration of illness. Part II deals with various psychosocial problems which such patients might have, it is divided into six sections (1) psychological problems (2) Family problems (3) Marital problems (4) Social problems (5) Sexual problems (6) Treatment-related problems.

Severity of psychosocial problem experienced by rheumatoid arthritis patients can be classified into three categories - mild, moderate and severe. The content validity of the tool was established by 11 experts, which included two professors in orthopaedics, one professor in rheumatology, one consultant in psychiatry, two lecturers in Psychiatry Nursing, three psychologists and two lecturers in Medical-Surgical Nursing. Reliability of the tool was established by Cronbach alpha formula and the tool was found to have a reliability of 0.78. Thus the questionnaire was found to be reliable and valid. The data collection was done from the 23 December 2005 to 15 January 2006. The data was then analysed and interpreted in accordance with the objective, using descriptive and inferential statistics. The guidelines were developed after extensive review of literature and consulting the experts in the field and was based on identified psychosocial problems of rheumatoid arthritis patients. After developing the guidelines, these were given to seven experts in the field of Rheumatology, Orthopaedics, Psychology, Psychiatry and Nursing for content validation along with the criteria rating scale. The guidelines were found to be valid and appropriate in meeting the learning needs of

health professionals for provision of psychosocial care to the patients.

Major Findings

- ♦ Majority of rheumatoid arthritis patients (40%) were above 51 years. Majority i.e. 70 per cent were female, and the remaining 30 per cent were males. As for education, most of them were higher secondary (24%). Only 7 per cent of the subjects were illiterate.

- ♦ Major proportion of the arthritis patients were housewives (36%) and 3-4 per cent labourers and students. Majority belonged to joint family (59%) and the remaining 41 per cent were from nuclear family. None belonged to extended family.

- ♦ Most of the patients (85%) were married; only 8 per cent were unmarried. About 7 per cent were either widow or widower. Majority (35%) of the patients were suffering from the illness for a duration of 11 years and above. Only 9 per cent had illness duration of less than 1 year.

- ♦ Most of the subjects (56%) did not suffer from any associated illnesses. About 27 per cent of the sample had hypertension as associated illness, followed by 3-4 per cent suffering from rheumatic heart disease, diabetes mellitus and tuberculosis respectively.

- ♦ Sixty-three per cent had moderate psychosocial problems, whereas 33 patients (33%) had mild psychosocial problems. Only 4 per cent of the patients had severe psychosocial problems.

- ♦ The modified mean score of psychological problems (0.938) was highest and modified mean score of marital problems (0.400) was lowest among various psychosocial problems. The modified mean score of various psychosocial problems are given in descending order of severity of problems, i.e.

psychological (0.938), social (0.851), sexual (0.753), treatment-related (0.659) and marital (0.400) respectively.

- ♦ Rheumatoid arthritis patients who were in the age group of 51+ years had the highest psychosocial problem scores (mean score 44.84). It is also evident that mean psychosocial problem score increases with age.

- ♦ Male arthritis patients had lower psychosocial problems as compared to that of the females. The females had highest psychosocial problem score of 42.76 versus 34.43 for males.

- ♦ The mean psychosocial problem score was higher among non-working group (39.96) than that of the working group (38.86) with a mean difference of 1.1.

- ♦ Widows/widowers had the highest mean psychosocial problem score (50.29). The married patients had greater mean psychosocial problem score (40.04) as compared to the unmarried (33.86).

- ♦ The patients suffering from the illness for over 11 years had the highest mean psychosocial problems score (43.25). It is evident that the mean score of arthritis patients on psychosocial problems increases with duration of illness.

- ♦ The mean psychosocial problem scores of arthritis patients in relation to the associated illnesses are hypertension-40.14, diabetes mellitus- 42.71, rheumatic heart disease- 38.85 and in the absence of associated illnesses-30.04. Psychosocial problem score decreases in absence of associated illness.

- ♦ No significant relationship was found between psychosocial problems and age, sex, education, occupation, marital status and associated illness in rheumatoid patients.

Conclusion

A majority of the rheumatoid ar-

thritis patients were females with a duration of illness above 11 years. Such patients face various psychosocial, family, marital, sexual, social and treatment-related problems. Most patients have moderate psychosocial problem. Marital problems are the least among various psychosocial problems faced by such patients. Psychosocial problems among rheumatoid arthritis patients are not influenced by factors like age, sex, education, occupation and marital status.

Implications

For Nursing Practice: Nursing, as a profession aims at giving comprehensive nursing care to the patient in which his physical, psychological, social and spiritual aspects are taken into consideration. Care is complete by working with the health team to provide individualised holistic health care.

For Nursing Administration: It is essential for nurse administrators to be familiar with the philosophy of holistic health. Nursing service department should facilitate promotion of physical, mental, social and spiritual health of the clients.

For Nursing Education: The management of client with this condition must be emphasised in the course curricula for various nursing programmes giving due importance to the psychosocial aspects of rheumatoid arthritis.

For Nursing Research: Nurses being the largest work force in the health care delivery system, studies done in this regard will improve the quality of nursing care and also establish the importance of nurse in the health delivery.

Recommendations

(i) The study should be repli-

cated on a larger sample of rheumatoid arthritis patients in different settings. (ii) The study may assess the learning needs of nurses working in rheumatology clinic. (iii) An explorative study can be done to identify the coping strategies among rheumatoid arthritis patients.

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