# ILLNESS PERCEPTION AND QUALITY OF LIFE OF PATIENTS DIAGNOSED WITH SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) IN PANAY ISLAND



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by

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### **ABSTRACT**

This study was conducted in order to determine the illness perception of patients with Systemic Lupus Erythematosus (SLE) and its relationship to their quality of life. Specifically, the study sought to determine the background characteristics of SLE patients in terms of sex, age, civil status, education, average family monthly income, length of time since diagnosis and perceived family support, to determine the illness perception of the SLE patients as well as their quality of life and whether there is a relationship between these variables and their demographic backgrounds. Sixty SLE patients were included in this study, and were selected using the purposive-convenience sampling method. A questionnaire was used to gather the needed data. Illness perception was measured by the Brief Illness Perception Questionnaire while quality of life was measured by the Lupus Quality of life Questionnaire. Analysis of data employed the use of both descriptive and inferential statistical tools with the help of the Statistical Package for Social Sciences (SPSS) Program for Windows, v. 17.

Most of the respondents were 30 to 50 years old and married. Almost all of them were females, and majority had college degrees. Majority had average monthly family incomes of less than P15,000 and many have been diagnosed with the disease for more than five years. Majority of them perceived high support from their families.

The respondents have generally a negative perception about their illness.

Perception of personal control, treatment control and emotional manifestations were

found to be positive while perceptions of consequence, timeline, identity, coherence and concern were negative

Overall quality of life was found to be good. All domains where also determined to be good with planning with the highest domain and burden to others being the lowest domain of quality of life.

There is no relationship between selected respondent characteristics and illness perception.

There is no relationship between selected respondent characteristics and quality of life.

Illness perception is positively and substantially related to quality of life. There is a positive substantial relationship between consequence, identity and emotion with quality of life while concern had a positive low relationship. Timeline, personal control, treatment control and comprehensibility were not related to quality of life. Moreover, the overall illness perception had substantial positive relationship to physical health, pain, planning, burden to others while a low positive relationship exists between overall illness perception and the quality of relationships, body image and fatigue.