

## CHAPTER V

### DISCUSSION



We know that psoriasis is a chronic and recalcitrant disease. The cause of the disease is unknown. Low world-wide incidence could make high prevalence (Rose, G., Baker, DJP, 1979). Health providers may encounter with problems of accumulative numbers of the patients. Generally saying, physicians had tried to search the better way of treatment, as well as the patients tried to seek for the better drug or better doctors. Various kind of people could bring many ways of treatment that may give either the better or the worse results.

This study focused on studying of the patients' side, explored their self-care behaviour with the belief that the role of it should parallel with the treatment. From the nature of the disease, investigator selected target population of both sex, age more than 15 years old. Due to time and budget limitation, selection bias resulting for hospital studies could not be avoided.

There are various triggers factors leading to the short remission period of disease and various factors affecting to self-care behaviours. This study tried to

identify the level of self-care behaviours in the prevention of 4 main trigger factors based on Orem's self-care concept and Green et al.'s PRECEDE MODEL. The descriptive cross-sectional design was chosen in order to find the prevalence and the characteristic of self-care behaviour. In addition, the associations between some influencing factors and self-care behaviour were also investigated. However, it should be noted that cross-sectional study only serves as a hypothesis generation and not hypothesis testing since there are many inherent difficulties of the design.

The result of the study, revealed a number of patients who were poor in self-care behaviour. Up to 112 out of 128 cases had poor self-care behaviour in the prevention of all 4 types of trigger factors i.e. prevention of trauma, infection, inappropriate drug use, and emotional stress. Most of the patients were poor in prevention of trauma (89.1%), followed by infection (50.8%), drug use (21.9%) and emotional stress (15.6%) respectively. Therefore, any programme aiming at improving self-care behaviour has to pay most attention to the prevention of trauma.

Some interesting result of the relations between the influencing factors and self-care behaviours had been shown. Although the result did not show any significant influencing factors to self-care behaviour in the prevention of trauma, it does not mean that there is no way to cope with this problem.

In fact, there can be many reasons to explain the result. First, it is possible that the prevalence of poor behaviour for prevention of trauma was so high that number of those who had good behaviour for prevention of trauma was too small to render a sufficient power for comparison. Second, some important factors yet unidentified may play a part. Third, by using Multiple logistic regression for the analysis, those factors already had interaction between themselves and thus cancel out the possible influencing effects. More subjects might be needed.

Peer group of psoriasis patients, need to be focused on in order to deal with self-care behaviour in the prevention to infection. Psoriasis patients used to seek advice from their friends to help solve their problems. The friends are usually their peers with the same age group or work at the same place. These people usually have a lower level of education. Therefore, the patients could stand a good chance of exposure to misleading information and guidance about the way of good self-care behaviour.

Neighbourhood is another group in society which might need special focus. It was clear that patients without the help from neighbourhood was having worse self-care behaviour in the prevention of inappropriate drug use. It was also found that education level positively influenced self-care behaviour in the prevention of inappropriate drug use.

General saying, psoriasis is such a complicated disease that need to be understood about the effective process of treatment and self-care.

There were some more influencing factors for this group of patients. The patients suffered from other illnesses had more chance of possessing poor self-care behaviour in the prevention of emotional stress. The group of patients who worked as un-skill labourers were the ones whom we should pay attention in dealing with self-care behaviour in the prevention of emotional stress. These people might have stress from poor socio-economic environment. The marital status might relate to the fact that unmarried people had more chance of being isolated and lonely. Although not much could be done about the promotion of marriage, but to know that this factor is important may lead to further development of plans.

Of all influencing factors, an attitude and belief toward psoriasis played an important role in the positive way to self-care behaviour. It influenced self-care behaviours not only in the prevention of infection and drug use, but also in the prevention of all 4 types of trigger factors. Therefore, it might be concluded that the better the attitude and belief towards psoriasis, the better the self-care behaviour of psoriasis patient could be expected.

This study is the report conducted only from the two hospitals by total consecutive sampling technique at a certain

period. The generalization will not be extended beyond the patients attending at Maharaj Nakorn Chiangmai hospital and Chulalongkorn hospital.

As it is shown, self-care behaviour among the patients mostly was very much influenced by their attitude and belief toward the disease. This makes the issues complicated since attitude and belief is difficult to measure and change.

Another factor important for molding attitude and belief is the influence of relatives and friends or the people surrounding the patients. To overcome the problem of poor self-care behaviour resulting from these people, it is important to pay more attention to the close relatives and friends, such as developing an education programmes for these people among others. Programmes to promote self-help groups involving many professional as well as the patients and their close relatives and friends may also be worth exploring.

As a start, it might be worth to have a deep sense of concern to convince the patients about the importance of their attitude and belief. One way to do this is to extend the clinic time for discussion with the patients and their relatives. Another way is to persuade other health personnel to deal and cope with psoriasis cases whenever they come to get more personal information or problems.

It is hoped that each measures suggested above could

be carefully considered and prioritized to suit specific health facilities so that together hands and efforts might be joined to help solving the problems and bring about a better quality of life of these patients through prolonging the remission period of the disease. Wherever there is a true concern for other human being, there is a genuine hope for success.



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