A Longitudinal Study of Illness Representations and Health-Related Quality of Life in Patients with Traumatic Injury

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Statement of Originality

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another except where due reference is made in the thesis itself.

Some of the results presented in Chapter three, four, five and six have been published in the international journal listed below:

ABSTRACT

Traumatic injury has attracted global concern because it is the major reason for disability in people under 45 years old. Because the mortality of traumatic injury has decreased in recent decades, associated growing health expenditures for traumatic injury have risen and are an important issue worldwide. Importantly, the survivors of traumatic injury with long-term disability may be one of the biggest challenges of modern trauma care. Research has identified that some people with traumatic injury report poor health-related quality of life (HRQOL) after hospital discharge. The overall purpose of this study was to examine the illness representations and HRQOL over time and to identify the predictors of HRQOL in patients with traumatic injury.

Illness representation is described as the first stage by which individuals create the definitions or the representations of a health threat. It is one important component of a broader self-regulation model that proposes individual responses to health problems using parallel cognitive and emotional representations which then form a basis for coping with the health-related condition (Leventhal, Leventhal, & Cameron, 2001). Five cognitive components are included in illness representations to help individuals organise and interpret their internal and external representations of an illness (Leventhal, Leventhal, & Schaefer, 1991).

The research was conducted using a longitudinal cohort design and collected data prior to hospital discharge, and at three months and six months after hospital discharge in Taiwan. Potential participants were invited to participate in the study while in hospital, and if they consented, they completed the first survey by in-person interview. The three and six month surveys were administered using a telephone interview. Two instruments, the Chinese Illness Perception Questionnaire Revised
(IPQ-R) (Trauma) and the Chinese Medical Outcomes Study Short Form 36 (SF-36), were used to measure illness representations and HRQOL respectively.

A total of 114 participants completed the survey three times. The overall response rate was 79.7%. Differences between completers and non-completers were found in age, marital status and employment status and one subscale, Consequences, in the Chinese IPQ-R (Trauma) at three months after hospital discharge. Six subscales-Identity, Emotional Representations, Consequences, Controllability, Illness Coherence and Causes of the Chinese IPQ-R (Trauma) changed significantly over time. All SF-36 scales except one, Role Emotional, changed significantly over a six-month period. The lowest average score of Physical Summary Score result was at three months after hospital discharge, whereas the lowest average score of the Mental Summary Score was at six months after hospital discharge. While some physical score results improved at six months after hospital discharge, they did not reach the pre-hospital level. Illness representations consistently predicted HRQOL, while individual characteristics predicted HRQOL only at three months after hospital discharge. Significant predictors of the physical scales and the Physical Summary Score were Identity and Timeline (acute/chronic), and for the mental scales and Mental Summary Score they were Identity, Emotional Representations and Timeline (acute/chronic).

This was the first study to investigate illness representations and HRQOL in patients with traumatic injury, thus the results of this study have extended the theoretical application of the Common Sense Model of Illness Representation. These results showed illness representations and HRQOL of patients with traumatic injury did change over time. Illness representations predicted HRQOL better than demographic and clinical characteristics. Based on these findings, there may be a window of
opportunity to provide appropriate interventions to individuals with traumatic injury at each time point including in-hospital stay, three months and six months after hospital discharge. The results of this study have implications for nursing practice, nursing education and further nursing research. These findings help nurses to understand illness perceptions of patients with traumatic injury. Additionally, they provide a foundation to develop interventions that can guide patients toward having positive cognitive representations and better HRQOL following traumatic injury. The findings of this study support the need for further studies to broaden the application of the Common Sense Model of Illness Representation in the traumatic patient group.
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