

Jutharat Chimruang. (2014). *Psychological Aspects and Social Experience Affecting Health – Related Quality of Life of Adolescents with Cleft Lip and Palate*.

Dissertation of Ph.D. (Applied Behavioral Science Research). Bangkok: Graduate School, Srinakharinwirot University. Advisor Committee: Dr. Numchai Supparerkchaisakul, Asst. Prof. Dr. WiladlakChuawanlee, Assoc. Prof. Dr. PatcharawanaSrisilapanan.

The purposes of this study were to 1) explore the complex meaning of Health-Related Quality of Life (HRQoL) among adolescents with cleft lip and palate (CLPs), 2) develop measurement of HRQoL, 3) examine psychological aspects and social experience effects of HRQoL, 4) compare average and size effect of psychological aspects and social experience and HRQoL between cleft-type groups, 5) compare HRQoL between demographic differences of CLPs, and 6) explore development process of HRQoL within social context and health service system. Participants were 11-to-18-years-old adolescents with repaired unilateral and bilateral CLP. The three-phase sequential mixed methods research as follows: 1) Qualitative research included 8 adolescents and 6 parents. In-depth interviewed data was analyzed content and develop HRQoL questionnaire. 2) Quantitative research was to develop the causal relationship model of HRQoL of CLPs. The sample was recruited from 221 adolescents. The 7 questionnaires were used to measure and the reliability of their alpha coefficients ranged from .763 -.896. Data were analyzed by SPSS for Windows and LISREL. 3) Qualitative research was to explain the development process of HRQoL under Thai social context. Key informants were 8 adolescents who got high HRQoL scores and low HRQoL scores including 8 their parents.

The results were as follows:

1. The meaning of HRQoL from adolescents with difference cleft type was the perception of adolescents with CLP about their physical, psychological, and social functions. The participants reported their frequency of perceptions in daily for the last 6 months. This meaning was constructed the questionnaire. The 4 factors of HRQoL measurement and factor loadings in each factor fitted the empirical data: physical symptom

factor (-0.86), physical function factor (0.89), psychological well-being factor (0.65), and social well-being factor (0.89).

2. Adjusted causal model of HRQoL of CLPs was got direct effects of psychological factors as follows: optimism, perceived coping efficacy, and resilience. These factors played as mediating variables of the indirect effects from social experience factors (parental support, and peer acceptance). Doctor-patient communication also had indirect effect on HRQoL through peer acceptance and the psychological factors. The adjusted model fitted the empirical data ($\chi^2 = 56.17$, $df = 39$, $p\text{-value} = .03$, $TLI = .98$, $CFI = .99$, $RMSEA = .04$) and all variables accounted for 45 percent of the variance of HRQoL.

3. The construct invariance testing of causal model show equivalence across two cleft-type groups and fitted the empirical data. But the structural relationship invariance and average mean testing show inequality between multi-groups as follows: 1) bilateral CLPs have parental support effect to optimism more than unilateral CLPs, 2) unilateral CLPs have perceived coping efficacy effect to optimism more than bilateral CLPs, 3) unilateral CLPs have optimism more than, but have parental support and doctor-patient communication less than bilateral CLPs. In addition, CLPs with high-income household have HRQoL more have than CLPs with low-income household.

4. Family socialization process through parenting was found importantly to develop high or low HRQoL of multiple case studies. Mixed methods confirm that social experiences and psychological aspects affecting to HRQoL. These methods also explored that parenting, parental adaptation to having a child with CLP, and socio-demographic factors of family may be causal factors of HRQoL development.