Somporn Chinnoros, B.Sc. (Public Health is yender aing) of M.S. beging his end of the engine of the second of th Sopon Jinasilitham , B.Sc., M.D., Cert. in Gen. Surg. Date of Graduation 31 March B.E. 2536 (1993) The first state of the second Abstract of the second sections and the second The purpose of this research were to examine . within a theoretical framework derived from Orem'Self-care Deficit theory, the relationships among self-care burden , quality of life and the basic conditioning factors of age, educational level. income and post-transplantation period in kidney transplanted patients. Purposive sampling consisted of 90 kidney transplanted patients treated at transplanted Clinic of the Faculty of Medicine , Ramathibody Hospital , Mahidol University . Self-care burden was measured by the Self-Care Burden Scale developed by the investigator. Quality of life was measured by the Quality of

Life Index developed by Padilla & Grant (1985) and was

low mean score on self-care burden and high mean score on quality

of life . Nighty-eight percent of the patients reported better

quality of life posttransplanted than before whereas only one

percent of the patients reported worse and the same quality of

Results of the study showed that subjects reported a

translated and modified by Hanucharurnkul (1988)

Thesis Title Sélf-Care Burden and Quality of Life

among Kidney Transplanted Patients

Degree Master of Science (Nursing)

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life. The quality of life were improved in the aspects of; physical strength, normal elimination, no nausea vomiting and dyspnea, normal eating , good mental health and cognitive function , and decreased burden on peritoneal or hemodialysis and economical cost. As to the relationships among the variables, it was founded that self-care burden was negatively correlated with quality of life (r = -.17 , p < (05) . The selected basic conditioning factors of age , income , posttransplant period had significantly negative correlation with self-care burden (r = -.34 , p < .001 r = -.17, p <.05 , r = -.27,p<.01) , respectively , whereas education had significantly positive correlation with self-care burden (r = .19 , p < .05). Age was the only basic conditioning factors that had significantly negative correlation with quality of life (r = -.21, p < .05).