

Background

- Self-care is a key component of successful chronic illness management.¹ For people with rheumatoid arthritis (RA), it can involve making decisions about treatments, being physically active, buying groceries, and dealing with emotional and psychology challenges of being a person with a chronic illness.²
- Individual decisions about adopting public health measures (e.g., vaccination programs, mask wearing) to reduce COVID-19 transmission may have important impacts on individuals' self-care practices and their physical and mental health.³

Purpose

To better understand how decision-making about adopting public health measures influenced self-care experiences of individuals living with rheumatoid arthritis in British Columbia, Canada.

Methods

- Engagement with patient partners living with RA in Canada throughout the research process.
- A constructivist, qualitative design.
- Participants purposively sampled from a randomized controlled trial.⁴ Eligible participants lived in British Columbia with:
 - A physician-confirmed diagnosis of RA.
 - No joint surgery in the past 6 months.
 - No history of acute injury to any joints in the past 6 months.
 - Access to an email address and daily access to a computer or mobile device.
- A semi-structured one-to-one interview (30-70 mins) by phone between Dec 2020 – Dec 2021; transcribed verbatim.
- A collaborative, reflexive thematic analysis.⁵

Findings



Participant Characteristics (n=39)	
Female	36 (92%)
Age	26-86 years (Median 55 years)
Annual Household Income	Under C\$12,000 (n=1) – Over C\$100,000 (n=12)
Bachelor Degree or Higher	24 (62%)



We focus on 3 themes:

1: Feeling a moral responsibility for togetherness

Many participants described how decision-making about public health measures and their self-care intertwined with moral values of reciprocity, neighbourliness and relational solidarity.

I didn't want to go through the vaccine only to find out it didn't take effect because of the immunosuppressants, so I stopped the meds for longer than I was instructed... for my responsibility to society and for hoping that I remain well. I felt it was my moral responsibility. [Ann]

I don't enjoy wearing [a mask], but I do. It's for the greater good... it protects yourself and the others [Barbara]

2: Relational autonomy: Supports & challenges

Many participants situated their choices within their relational settings (past and present). Some highlighted differences in how much or how little their choices were supported in these settings.

I'm a believer in vaccines... For starters, we are a family who believes in science. [Lucy]

I think we are very fortunate, actually, in the healthcare that we are offered. [Grace]

The provincial health order requires proof of vaccination in order to pursue the physical activity that I was doing successfully for four years. I'm not vaccinated. [Kathy]

3: Differing trust in information sources

Many participants described how their decision-making was shaped through trust and distrust they had in information sources, such as health professionals.

I wanted as much information as possible on how risky [the vaccination] was for me... I did talk to my arthritis specialist... I trust her wholeheartedly. So, I had absolutely no apprehensions. [Lauren]

It wasn't easy [to make the decision to be vaccinated]. I have situational anxiety because of trauma, and historical stuff... I'm not wanting to go because [some health professionals] treated me so badly. [Franky]

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Implications

Findings indicate that experiences of decision-making about public health measures and self-care among individuals with RA during the COVID-19 pandemic intertwine with ethical issues of social responsibility, relational autonomy and trust. Insights gained can inform researchers, health professionals and policy decision-makers to support the self-care of persons with RA and other chronic illnesses during and after the COVID-19 pandemic.