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Original Article

Facilitating and Impeding Factors in Health Promotion for Patients with Chronic Illness: A Qualitative Study

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Abstract

Background: Chronic illnesses are by definition long lasting and without a definitive cure. In Iran, like in many other developing countries, chronic diseases are not merely diseases of the elderly. They also affect a much higher proportion of people during their prime working years and more so than in the developed countries. Therefore, it is essential to understand the factors influencing the health promotion of patients who suffer from chronic illnesses in order to be able to advance a sense of well-being amongst this patient group.

Methods: A content analysis with a qualitative approach was conducted and 35 patients with chronic illness were interviewed.

Results: Six main themes emerged from the collected data, all of which affected the health promotion in patients.

Conclusion: A positive interaction of the aforementioned factors can lead to a better health attainment, whilst a negative effect may result if these factors operate in the opposite direction.

Keywords: *Chronic illness, Health promotion, Qualitative research*

Introduction

Chronic diseases are long-lasting illnesses causing frailty, which are pathologically irreversible and without a definitive cure (1-3). They account for 60% of deaths worldwide and 47% of the overall burden of diseases (2, 4). The latter percentage is likely to rise to 60% by the year 2020 (2). Cardiovascular diseases are now emerging or rapidly increasing in developing countries. This upward trend indicates that in the year 2010 cardiovascular diseases will be the leading cause of death in developing countries. In developing countries, chronic diseases are not merely diseases of the elderly, but affecting a much higher proportion of people during their prime working years than in developed countries. Consequently, millions of people across the world will have to live with chronic illnesses for the rest of their natural lives and this imposes a considerable burden on the society (5).

Considering the impact of chronic diseases on the patient and on society as a whole, the management of these illnesses should not merely rely on medical treatment of the illnesses (6). Kuemsun maintains that the treatment should, instead, focus on the patient as a whole, aiming to improve their sense of wellbeing despite their illness. It is suggested that this will work as a strategic means of managing treatment costs as well as improving the quality of life amongst these patients (7).

Health promotion in Iran represents a new challenge for the nursing profession, challenging them to embrace this concept and to shift their focus from addressing the illness and its treatment to maximising patients' overall sense of wellbeing and their potential (8, 9). Fitzgerald (2000) argues that health promotion is one of the key responsibilities of nursing (10).

Attaining the full health potential should be the main aim for both patients and the care givers alike

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to enable the patients to experience a sense of well being in spite of their chronic illness. Nurses need to acquire new skills equipping them with the expertise to provide the most effective support for patients so that they can effectively utilise their personal and social resources and reach their full potential (8, 11).

A literature search indicates that a large number of qualitative and quantitative studies have considered health promotion amongst chronically ill patients (8, 7, 12-22).

The researchers in these studies have made a variety of recommendations. However, health promotion has not been one of these recommendations. It is essential to understand factors influencing health promotion amongst patients who suffer from chronic illnesses, in the socio-cultural context of Iran, to be able to advance a sense of wellbeing amongst this group of people.

In Iran, cardiovascular diseases and diabetes mellitus are two main causes of chronic illnesses which affect a large number of sufferers. Health promotion and the prevention of illness can reduce the morbidity and mortality rates amongst these patients. Hence, this research utilised a qualitative method to provide an understanding of the factors influencing health outcomes and a sense of well being amongst this group of patients.

The findings of this study highlight the previously unidentified concepts affecting advancement of health amongst these patients and can consequently be utilised by any forthcoming health promotion campaigns.

Materials and Methods

According to Strauss and Corbin, a qualitative method is an appropriate method for revealing the nature of peoples' experiences and what lies behind them (23). This method is used for studying a phenomenon for which little is known about. One of the biggest advantages of incorporating a content analysis in qualitative research methodology is that it facilitates the production of core constructs from textual data through a systematic method of reduction and analysis. Qualitative content analysis elicits contextual meaning through the identification of themes that emerge from the data. Therefore, in this study, a qualitative content analysis was used to analyze and derive themes from patients' responses.

Data Collection and Analysis Data were collected by individual interviews, which were audio taped and transcribed. Field notes were also utilised as part of the data collection process.

A purposive sample of participants with various kinds of chronic illness participated in the study. The authors of this study recruited the participants from medical clinics of therapeutical-educational centres affiliated to Tehran University of Medical Sciences. Participants were selected on the basis that they were at least one year post diagnosis and had the capacity to describe their experiences. This purposeful sampling method recruited participants from different backgrounds regarding illness experience and from indigent to affluent socioeconomic backgrounds. All study participants were volunteers and signed written informed consent forms. A total of 35 participants were interviewed -16 males and 19 females. They included ten participants with diabetes mellitus, eight who had suffered myocardial infarctions, eight with high blood pressure and nine participants with stable angina pectoris.

Other demographic information of patients is displayed in Table 1.

Interviews Interviews were conducted in a private location by mutual agreement of the interviewer and participants in convenient environments. An individual semi-structured interview format was used ranging 30-50 min. The interview protocol consisted of several broad, open-ended questions allowing the interviewer to collect data relevant to the phenomenon being investigated. They were taped and field notes were taken. Each participant was asked to describe his/her own perceptions on "health" and "factors influencing it". Following reading and re-reading of the transcripts, sub themes emerged and were then categorized and labelled as themes. Three faculty members also analysed the transcripts. The researcher documented this analysis of the data to ensure its "audit-ability" that will make it easier for other re-

searchers to follow. Participants in subsequent interviews further validated the emerging themes and provided additional data. Credibility for this research was enhanced by discussing the findings with colleagues (peer review) and study participants.

Results

Content analysis of the transcripts revealed six main themes, each of which included one to four sub themes. Six main themes were: meaning of Health, Life Style, Personal Factors, Spiritual Beliefs, Social Support, and Education.

Meaning of Health The findings indicate that the meaning of health is expressed in terms of lack of physical limitations resulting from the illness, a lack of stress in the daily life, the ability to form normal relationships with others and having a strong faith. This could have the sub themes of physical, socio-psychological and mental health. It is clear that as long as the chronic illness does not interfere with daily activities or create limitations the person feels healthy. Patients indicated that being able to form successful relationships are also signs of being well. Finally it was indicated that having a strong faith is also a symbol of wellbeing.

Life Style In this study life style is defined as patients' conduct to regain their balance, with respect to diet, physical activity, stress management, consultations with the medical team and their approach to their medication. A majority of patients feel vulnerable after their diagnosis, and usually adopt an enhanced nutrition and medication regime, regular physical activities and consultations with the medical team. Comments indicate that factors influencing their life style changes include an appreciation of the reasons for the onset of illness and how it could be treated, economic factors and other possible health problems in addition to the chronic disease, cultural beliefs, interpersonal relationships as well as certain factors relating directly to the nature of their illness.

Personal Factors In this study personal factors include patients' personal characteristics such as their belief in whether or not they can change their life style and adhere to it, and how they deal with stresses resulting from their illness. Personal factors are divided into two sub themes; coping mechanisms and self-efficacy. Coping mechanisms adopted by patients in the current study were primarily centred on emotional factors like socialising with friends and family to receive moral support, using distractions to avoid undue focus on their illness, and travelling. The aforementioned mechanisms are only effective in managing patients' stress for a limited period of time and do not present a solution to their fundamental problems.

In a small number of cases patients use coping mechanisms, which focus on addressing their problem. In general, patients' overall understanding of the reasons for the onset of illness affects the mechanism they may adopt to cope with the disease. The findings of the current study indicate that patients' beliefs have an impact on their health attainment process. Their former positive life experience in resolving problems and positive physiological outcome of following treatment regimes in the past enhance their self-efficacy, and increases the likelihood of adhering to their improved life style.

Spiritual Beliefs Spiritual beliefs incorporate patients' sense of attachment to a strong and invisible force, and their religious beliefs. The findings indicate that spiritual beliefs play a significant role in the process of health promotion amongst the patients.

Social Support Social support embraces receiving love and affection, being respected, financially supported, fulfilled with respect to physical needs, and getting information from family members, friends and the medical team. It comprises three sub-themes; emotional, instrumental and informational support. Patients indicated that they receive the best emotional support from their friends and family members.

From certain organisations in the society, such as insurance companies and patients support groups and from consultations with the medical teams as

indicators of deficient provision of instrumental support within the society.

Education In this study education consists of all the information patients have received regarding their illness and its management, including the information received formally from the medical team or informally from acquaintances. Patients use different sources to gather information about their illness, its symptoms and how to manage it. These include medical professionals, family members, friends, other patients and certain media sources. Patients have indicated that the nature, type, and timing of the education have not met their requirements

Table 1: Subjects' characteristics from the Tehran University of Medical Sciences, Iran

Diagnosis	8 cases of hypertension
	8 cases after myocardial infarction
	9 cases stable angina pectoris
	10 cases diabetic mellitus
Illness duration	Mean: 7.9 yr Range: 13 mo to 18 yr
Sociodemographic characteristics	
Age	Mean: 51.3 Range: 35-72 yr
Gender	19 women, 16 men
Education	12 illiterate, 10 elementary school,
	7 high school, 6 college
Marital status	29 married, 6 widowed
Children	3 no child 32 grown up children

Discussion

The findings indicate that the interaction between the six main concepts affect health promotion amongst patients with chronic diseases. Patients' description of their illness has an impact on their sense of vulnerability and acceptance of treatment regime. The findings are in agreement with the results reported by Hwu et al. which asserts that people's definition of health strongly influences their conduct regarding how to improve their health (24).

The findings of the current study indicate that life style has a significant and essential influence on health improvement amongst patients with chronic diseases and that the other factors highlighted by the study reinforce the life style changes and their permanence once patients adopt these post diagnosis. This view has also been expressed by Duaso & Cheung (2002) who considered that health promotion is essentially assisting patients to adopt healthier life styles (25).

Results indicate that patients' coping mechanisms and self-efficacy play a significant role on whether or not patients modify their life style. The latter factors in turn inspired by patients' education and social support also boost their aptitude in managing their illness. Patient awareness has a noteworthy influence on the choice of effective coping mechanisms in managing illness and its symptoms, a fact borne out by the current study; where patients with a deeper knowledge of their illness resorted to coping mechanisms more closely aligned to the core problems of the illness and have demonstrated the will to adopt a modified life style in order to improve their well-being. The findings of the current study are compatible with the results reported by Pat and Mapp with respect to the link between patients self-sufficiency and their life style changes as well as the study by Speak and Harrell which reported on the influence of self sufficiency on adherence to physical activity (26, 13).

In the current study, patients had primarily adopted coping mechanisms that centred on the emotional aspects of their problem. These have short-term effects and cannot constitute a long-term approach towards health promotion. Endler has also reported on the coping mechanisms adopted by patients who suffer from chronic illnesses (27).

The current study highlighted the fact that participants' religious beliefs has a supportive role and acts as an emotional coping mechanism and reduces their stress levels. However, one of the findings in the current study differ from the results reported by Rowe and Allen (2004) of the link between being religious and being able to cope with the illness, and that of Narayanasamy

reporting on the influence of religion as a coping mechanism on chronic illnesses (18, 15). The difference is that in the context of the specific socio-cultural conditions in Iran, religious and spiritual beliefs not only influence how the patient is coping with their disease but these beliefs also play a major role in embracing life style changes and adhering to them. It is essential, therefore, to reflect on the impact of spiritual beliefs on health promotion when devising educational programmes for patients, with an aim to reinforce the positive and lessen the impact of the negative beliefs in order to generate improved conditions for health promotion. Coyle has also emphasised the role of religion in accepting and coping with change (28).

Social support, which could be provided by family members, friends, the medical team and various public institutions, may eliminate impediments to adopting and adhering to a healthier life style and whereby improve their quality of life. Speak and Harrell have reported that social support is an effective factor which influences patients' quality of life, whether they persevere with their changed life style or not, and their health improvement (13).

One of the significant results of the current study is that the participants have emphasised the need for public institutions to be providing them with financial support. They have indicated that they expect these institutions to be providing them with instrumental support even more than what they expect of their own family and friends and problems relating to the patient support within the society are:

Firstly, not everybody is covered by medical insurance in Iran. Secondly, even patients with medical insurance cover are not provided with adequate services by the insurance policy to meet their needs fully. Thirdly, follow-up care procedures are not in place in Iran and this also has a negative influence on whether patients persist with their medical regime and ultimately an impact on their state of health.

It is therefore clear that in Iran family and friends shoulder most of the burden for the care of the patients suffering form chronic diseases. However, as the illness prolongs, this source of support may gradually wear out with negative consequences for patients' health. Health services and insurances institutions are required to face the aforementioned problems and attempt to eradicate them, providing a fitting background for patients' health promotion.

The results are congruent with those reported by Khanindra (29). Both studies have shown that education together with social support is effective in health promotion and provides a fitting background for patients to be able to manage their illness and reduce the symptoms and the recurrence incidence.

The findings highlight a number of shortcomings in the process of patients' education and illustrate that the approach to education and training of the medical staff requires a complete overhaul if it is to play its essential role in health promotion amongst those suffering from chronic illnesses. Education can also reduce costs and reliance on medical services.

Overall, it appears that medical profession has a simplistic view of health improvement. However, the results of the current study indicate that health improvement is a complicated subject for patients and is influenced by a range of factors. The results of the current study are, therefore, helpful and could assist the medical profession to provide an environment conducive to health promotion amongst patients.

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