Kronik Hastalıklarda Hastalık Algısı, Yaşam Kalitesi, Öz-Bakım Yönetimi

Perception Of Disease, Quality Of Life, Self-Care Management In Chronic Illness

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ABSTRACT

Chronic illnesses with prolonged and slow progression are a rising problem in health care and the number of individuals with one or more chronic illnesses is increasing day by day. This cross-sectional study was conducted to determine the relationship between the perception of disease, self-care management, and quality of life in individuals with chronic illness. The sample of the study consisted of 127 patients who were hospitalized in Internal Medicine and Surgical clinics, had at least one chronic illness and agreed to participate in the study. The data were collected with personal information form, illness perception questionnaire (IPQ), self-care management scale in chronic illnesses (SCMP-G Questionnaire), and EQ-5D-5L general quality of life questionnaire.

As a result of the statistical analysis, scores of the self-guarding subscale of self-care management scale were seen to be significantly higher in women than men. Self-care management of the patients with respiratory disease was significantly higher than diabetic patients. As a result of the present study, it was observed that the female patients had better self-care management compared to the male patients. However, the men were found to have a better quality of life than the women. Patients with respiratory disease had a better self-care management than diabetic patients.

Keywords: Chronic Illness, Self-Care Management, Perception of Disease.

ÖZ

Uzun süreli ve yavaş ilerleyen kronik hastalıklar sağlık hizmetlerinde yükselen bir sorundur ve bir veya daha fazla kronik hastalığı olan bireylerin sayısı her geçen gün artmaktadır. Bu kesitsel çalışma, kronik hastalığı olan bireylerde hastalık algısı, öz bakım yönetimi ve yaşam kalitesi arasındaki ilişkiyi saptamak amacıyla yapıldı. Çalışmanın örneklemini iç hastalıkları ve cerrahi kliniklerinde yatan, en az bir kronik hastalığı olan ve çalışmaya katılmayı kabul eden 127 hasta oluşturdu. Veriler kişisel bilgi formu, Hastalık Algısı Anketi (IPQ), Kronik Hastalıklarda Öz Bakım Yönetimi Ölçeği (SCMP-G Anketi) ve Yaşam Kalitesi Anketinin EQ-5D-5L genel kalitesi ile toplanmıştır.

İstatistiksel analiz sonucunda, öz bakım yönetimi ölçeğinin kendi kendini koruyan alt ölçeği puanlarının kadınlarda erkeklerden anlamlı düzeyde daha yüksek olduğu görülmüştür. Solunum sistemi hastalığı olan hastaların öz bakım yönetimi, diyabetik hastalardan anlamlı derecede yüksekti. Bu çalışmanın sonucunda, kadın hastaların erkek hastalara göre daha iyi öz bakım yönetimine sahip oldukları görülmüştür. Ancak, erkeklerin kadınlardan daha iyi bir yaşam kalitesine sahip oldukları bulunmuştur. Solunum hastalığı olan hastalar, diyabetik hastalardan daha iyi bir öz bakım yönetimine sahipti.

Anahtar Kelimeler: Kronik Hastalıklar, Öz Bakım Yönetimi, Hastalık Algısı.

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INTRODUCTION

Chronic illnesses with prolonged and slow progression are a rising problem in health care and the number of individuals with one or more chronic illnesses is increasing day by day.[1] Chronic illnesses can rapidly bring people down below to the poverty line due to the costs of health service, care and treatment.[2] The cause of 68% of worldwide deaths was chronic illnesses in 2012.[3] It is estimated that 75% of all deaths in the world will be associated with chronic illnesses in 2020.[4] It is reported in national reports that 71% of total deaths in Turkey are caused by chronic illnesses.[5]

Chronic illnesses are not the problem mainly in developed countries as the supposed. Statistics indicate that the rate of deaths associated with chronic illnesses in countries with low and middle income is higher than 80%.[6] The four major diseases which account for 82% of deaths caused by chronic illnesses are cancer, cardiovascular diseases, chronic respiratory system diseases, and diabetes.[3]

Self-management signifies "the ability to manage the symptoms, treatment and physical and psychosocial outcomes of chronic illnesses and lifestyle changes".[7] Self-management refers to not only medical treatment of a condition, but also creating/changing new meaningful behaviors or life roles and coping with the psychosocial outcomes of chronic illness.[7,8] Successful self-management can be used to enhance the quality of life of the individuals and families, to increase the economic productivity, and not to get preventable death and illness.[9]

In managing chronic illnesses, self-care management is as important as the patient's self-management skills. The individual's coping with a chronic illness and adaptation to a disease are affected by his past family relationships, developmental history, self-confidence, human relationships, individuality, self-esteem, and coping strategies. There is a correlation between the patient's personality and his/her perception of illness and reaction type.[10,11]

The perception ways of patients for their illnesses and treatments is a determining factor in methods of coping with their illness.[12,13] Many studies report that patients who develop a negative perception about their illnesses experience inadequacies in self-care management and slower recovery.[14-16] Therefore, the course of diseases of patients with negative disease opinion is also worse. In recent studies, it is emphasized that providing important opportunities to increase patient's adaptation to the disease will positively affect the perception of disease.[17,18] Therefore, if patients are helped to build a successful self-care management, their perceptions of disease will change positively.

The most common health problems seen in individuals with prolonged life expectancy are chronic illnesses. Disease perception, disease management successes and quality of life of individuals spending a certain part of their lives with this disease are associated with the number of hospitalizations and health expenditures. Therefore, this cross-sectional study was planned to determine the relationship between the perception of disease, self-care management and quality of life in individuals with chronic disease.

MATERIALS AND METHODS

The Aim of the Study

The aim of this cross-sectional study is to determine the relationship between the perception of disease, self-care management, and quality of life in individuals with chronic disease.

Population and Sample of the Study

The population of the study consisted of individuals who agreed to participate in the study, were staying in Internal Medicine and Surgical clinics, and had at least one chronic illness. "In the study, sampling was not conducted and 127 patients, who were staying in Internal Medicine and Surgical clinics between May 2017 and September 2017, who are agreed to participate in the study, who were older than 18 years, who had no communication problem were included in the sample.

Data Collection Tool

In the study, the data were collected with the patients who agreed to participate in the study by face-to-face interview method. The data were collected with personal information form, İllness Perception Questionnaire (IPQ), The Scale Of Self-Care Management İn Chronic İllnesses (SCMP-G Questionnaire), and EQ-5D-5L general quality of life scale.

Personal Information Form

It consists of 13 questions questioning socio-demographic characteristics.

Illness Perception Questionnaire (IPQ)

It was developed by Weinmann in 1996[19] and revised by Moss-Morris et al., in 2002.[20] The revised form of IPQ was used in the study. IPQ consists of three subscales. Illness identity subscale includes 14 common disease symptoms. The sum of the 'yes' answers in the second question is the evaluation result of illness identity subscale.[21] Attributions Consenting the Disease subscale involves thirty-eight items and five-point Likert type measurement is used. It investigates the perception of the person about the disease and it is grouped as acute, chronic and cyclic. It investigates beliefs of the person about the severity of the disease and its possible effects on physical, social and psychological functioning. Personal control investigates the internal control perception of the person on duration, progress and treatment of the disease. Treatment control investigates the person's believes about the effectiveness of the performed treatment. Understanding the disease investigates how much the person understands or comprehends his/her disease. Emotional representations examine the feelings of the person about his/her illness.[21] Subscale of illness causes consists of 18 items containing possible causes of the illness. Five-point Likert type measurement is used. This subscale investigates the person's opinions about the possible causes of the illness.[21]

Self-Care Management Scale in Chronic Illnesses (SCMP-G Questionnaire)

The scale consists of two subscales as self-guarding and social-guarding. The self-guarding subscale is composed of the items 2, 6, 8, 11, 15, 18, 19, 20, 22, 23 and 25-34 and the social-guarding subscale is composed of the items 1, 3-5, 7, 9, 10, 12-14, 16 , 17, 21, 24, and 35. The evaluation of the scale was developed from 5-point Likert form as 5 (I strongly agree) and 1 (I strongly disagree). In the SCMP-G scale, 3rd, 15th, 19th and 28th questions are the negative questions and it is needed to be converted in to the evaluation. As the score of the SCMP-G scale increases, self-care management increases. The overall Cronbach's Alpha Coefficient was found as 0.75 in the original version of the SCMP-G scale developed by Linda Carson Jones. It was determined that the Cronbach's Alpha coefficient of the self-guarding subscale of the scale was 0.78 and the Cronbach's alpha coefficient of the social-guarding subscale was 0.78.[22] The Turkish validity and reliability of the scale was conducted by Hançeroğlu in 2014 and the Cronbach's Alpha value of the scale was found as 0.85. While the Cronbach's Alpha Value of the self- guarding subscale was 0.83, the Cronbach's Alpha Value of the social-guarding subscale was 0.68.[11]

EQ-5D-5L General Quality of Life Questionnaire

Turkish version of the questionnaire was prepared by the group who prepared the questionnaire.[23,24] The responder is asked to

identify his or her own health condition by answering questions about five subscales, namely; mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. There are five answers that the responder can choose in each scale.[25] When the scale is evaluated, "0" represents death and "1" refers to the perfect health. As this number approaches 1, the health-related quality of life of the patient increases.[23,26]

Ethical Considerations

The required permission was taken and the patients were informed and their verbal consent was obtained.

Data Assessment

Percentage, mean, and standard deviation were used for statistically evaluation of the data. T-test, one way ANOVA test, and Pearson correlation analysis were used for significance evaluation.

RESULTS AND DISCUSSION

With the prolonged life expectancy, chronic illnesses have begun to appear as a common health problem. The duration of the chronic illness, age, gender, occupation, educational status, marital status, physical environment, social service opportunities, economic status, institutional or official social services, social support systems of the patients are factors that have significant effects in the illness adaptation process and in the outcomes of the illness.[27] Chronic illnesses are associated with higher mortality and a lower quality of life.[28] The meta-analyses have shown that self-care management can reduce quality of life, some disease-specific outcomes, and health care costs.[29-31]

It was observed that the average age of the patients participating in the study was 68.34±13.73, 51.2% were male and nearly half of them were primary school graduates (n=52; 40.9%). 84.3% of the patients were married and 44.4% were housewives (Table 1).

It was found that while 36.1% of the patients were hospitalized due to diagnosis of chronic heart failure, 33.9% were hospitalized due to chronic respiratory system diseases (Table 1). The three most common symptoms seen in the patients were fatigue (82.7%), loss of strength (77.2%), and dizziness (701%) (Table 2).

Table 1: Sociodemographic Characteristics of the Patients

	Number	%
Age	68.34±13.73	
Gender		
Female	62	48.8
Male	65	51.2
Marital status		
Married	107	84.3
Single	20	15.7
Educational level		
Illiterate	38	29.9
Literate	19	15.0
Primary school	52	40.9
Middle School	8	6.3
High school	9	7.1
University	1	0.8
Employment status		
Employed	17	16.6
Unemployed	110	83.4
Diseases		
Diabetes Mellitus	19	15.0
Hypertension	11	8.7
Chronic Renal Failure	8	6.3
Chronic Respiratory System Diseases	43	33.9
Chronic Heart Failure	46	36.1

The total mean score obtained from the SCMP-G questionnaire was 128.34±12.52, total mean score of self- guarding subscale was 77.5±8.01 and the total mean score of social-guarding subscale was 50.84±8.05.

In the present study, when evaluating the self-care management, the self-care management of the patients was observed to be good. In another study, it was determined that self-care management in chronic illnesses was moderate.[32] According to this

result, it was observed that the self-care management of those participating in the present study was better. In the present study, it was determined that the self-guarding subscale, which is a component of self-care management, was better in the females compared to the males. In another study, it was also stated that the gender and the self-care management were associated, which was similar to the present study.[33] Better self-guarding scale of women can be considered as a return of their social roles and responsibilities.

While the total mean score of the illness perception questionnaire was 182.48±20.52, the mean score obtained by the patients from the Attributions Consenting the Disease subscale was 124.00±12.44, the mean score of the causes subscale was 51.24±10.26 and the mean score of illness identity subscale was 6.38±3.49. Table 2 shows incidences of symptoms in the illness identity subscale of the scale among the patients.

As a result of the statistical analysis, it was observed that the mean score obtained by the females from the self- guarding subscale of the self-care management scale was significantly higher than the males (p=0.014). It was seen that the score of the patients with respiratory system disease from the overall self-care management scale was statistically significantly high compared to diabetic patients (p=0.037).

In a previous study, illness diagnosis was stated to be associated with self-care management.[34] In another study, it was stated that the diagnosis of disease had a small impact on self-care management tasks and the two most effective chronic diseases on self-care management tasks were diabetes and neurological diseases.[32] It was also determined in the present study that there was a correlation between the illness diagnosis and self-care management and self-care management of patients with respiratory system disease were better than the diabetic patients. In chronic respiratory system diseases, it is important for the patient to evaluate his/her own situation in an attack and make a decision for necessary intervention and to consult a physician.[35] Therefore, since this will be possible by improving a good self-care management, it is an expected result for patients with chronic respiratory system disease to have a good self-care management.

As a result of the correlation analysis, a significant correlation was found between the total score of self-care management scale and IPQ illness identity subscale (r =-0.22; p=0.013) and IPQ Attributions Consenting the Disease subscale (r = 0.305; p<0.001). In addition, a significant correlation was seen between total score of self- guarding subscale of self-care management scale and IPQ illness identity subscale (r = -0.265; p=0.003) and IPQ Attributions Consenting the Disease subscale (r = 0.265; p=0.025). Similarly, a significant correlation was observed between social-guarding subscale of self-care management scale and IPQ total score (r = 0.202; p=0.023) and IPQ Attributions Consenting the Disease subscale (r = 0.276; p=0.002).

Additionally, a statistically significant correlation was found between age and IPQ illness identity subscale (r = 0.195; p=0.028).

As a result of this study, it was determined that the symptoms in the illness identity subscale of illness perception questionnaire decreased and opinion of illness improved in a positive direction as the self-care management and self- guarding increased. Similarly, as the social-guarding gets improved, the perception of disease and opinion of illness were also determined to improve positively. Similar studies have shown that perception of disease is associated with self-care management.[34,36]

The elderly are less aware of their health problems. In addition, the difficulties they have in expressing their complaints, not receiving enough attention from healthcare professionals, considering their complaints normal and the problems they experience while accessing the healthcare services increase the load of health problems in the old age.[37] The number of chronic illnesses increases with increasing age and symptoms

caused by chronic illnesses are added to the natural problems that come with aging. Perhaps because of this, it was observed in the present study that symptoms in the illness identity subscale of illness perception questionnaire also increased with increasing age.

The quality of life mean scores of the individuals participating in the present study were determined to be 0.65±0.21. In the present study, the quality of life of the male patients was observed to be better than female patients (t=-2.424; p= 0.017).

A negative significant correlation was determined between the quality of life mean score and total mean score of the illness perception questionnaire (r=-0.348; p<0.001), Attributions Consenting the Disease subscale (r=-0.288; p= 0.001) and illness identity subscale (r= -0.309; p< 0.001). It was observed that there was a positive significant correlation between total score of the quality of life questionnaire and the causes subscale of illness perception questionnaire (r= 0.242; p=0.006). As a result of the statistics, no significant correlation was found between the quality of life and self-care management.

It was observed in the present study that the quality of life of the male patients was better than the female patients. It was also determined that the quality of life impaired as the perception of disease worsened and the disease symptoms increased. It is expressed in the literature that the chronic illnesses are related with higher mortality and low quality of life.[28,38] It is expressed as a result of meta-analyses that self-management can enhance quality of life.[29-31] However, in the present study no significant correlation was determined between the self-care management and quality of life. It was observed that the quality of life and self-care managements of the patients participating in the present study were above a moderate level. Even though a significant correlation could not be found, having a good self-care management and quality of life together supports the results of a meta-analysis.

Table 2: The Percentages Of The Symptoms Found İn The İllness İdentity Subscale Of The İllness Perception Questionnaire

	I have been experiencing this symptom since the onset of my illness.		This symptom is related to my illness.	
	n	**%**	**n**	**%**
Pain	78	61.4	69	54.3
Burning in the throat	45	35.4	92	72.4
Nausea	44	34.6	93	73.2
Difficulty breathing	85	66.9	50	39.4
Weight loss	58	45.7	80	63.0
Fatigue	105	82.7	32	25.2
Joint stiffness	56	44.1	89	70.1
Burning in the eyes	47	37.0	96	75.6
Wheezing	53	41.7	75	59.1
Headaches	79	62.2	69	54.3
Stomach afflictions	62	48.8	85	66.9
Sleep difficulties	88	69.3	49	38.6
Dizziness	89	70.1	49	38.6
Power loss	98	77.2	39	30.7

CONCLUSION

As a result of the present study, self-care management of the female patients was seen to being better than the male patients. However, quality of life of men was determined to be better than women. It was seen that self-care management of the patients with respiratory system disease was better than the diabetic patients. As the self-care management of the individuals with chronic illness improved, symptoms stated in the illness identity subscale of IPQ were observed less in the patients.

It is recommended to conduct additional case-control studies in future research to evaluate other parameters affecting chronic diseases, patients' perception of disease, quality of life, and self-care management.

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