

Welcome to the topic on Health behaviour change in chronic disease management.

By the end of this module, you will be able to:

- 1** Distinguish between chronic illness and chronic disease
- 2** Describe medically recommended behaviours for chronically ill clients
- 3** List the consequences of not following recommended lifestyle
- 4** Identify the typical behaviours of chronically ill clients



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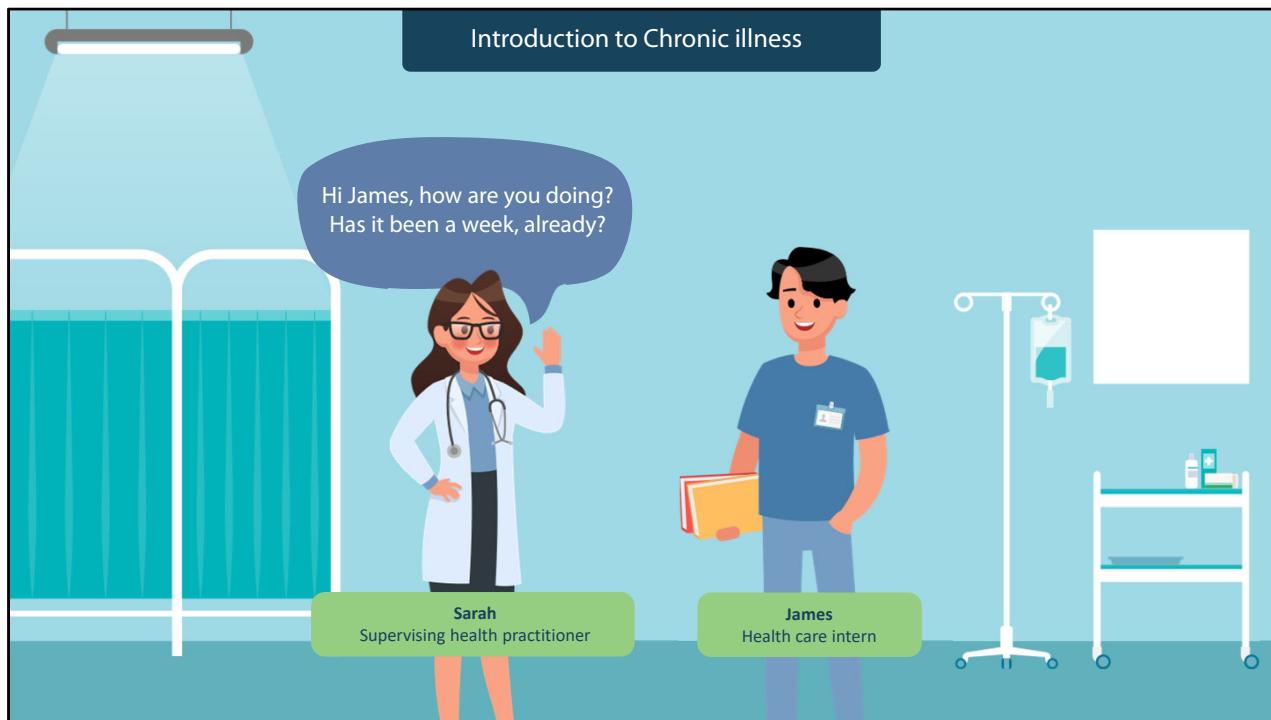
- 5** Identify barriers to healthy lifestyle for chronically ill clients
- 6** Apply behavioural change interventions for chronically ill clients
- 7** List the considerations when tailoring interventions
- 8** Describe common coping strategies



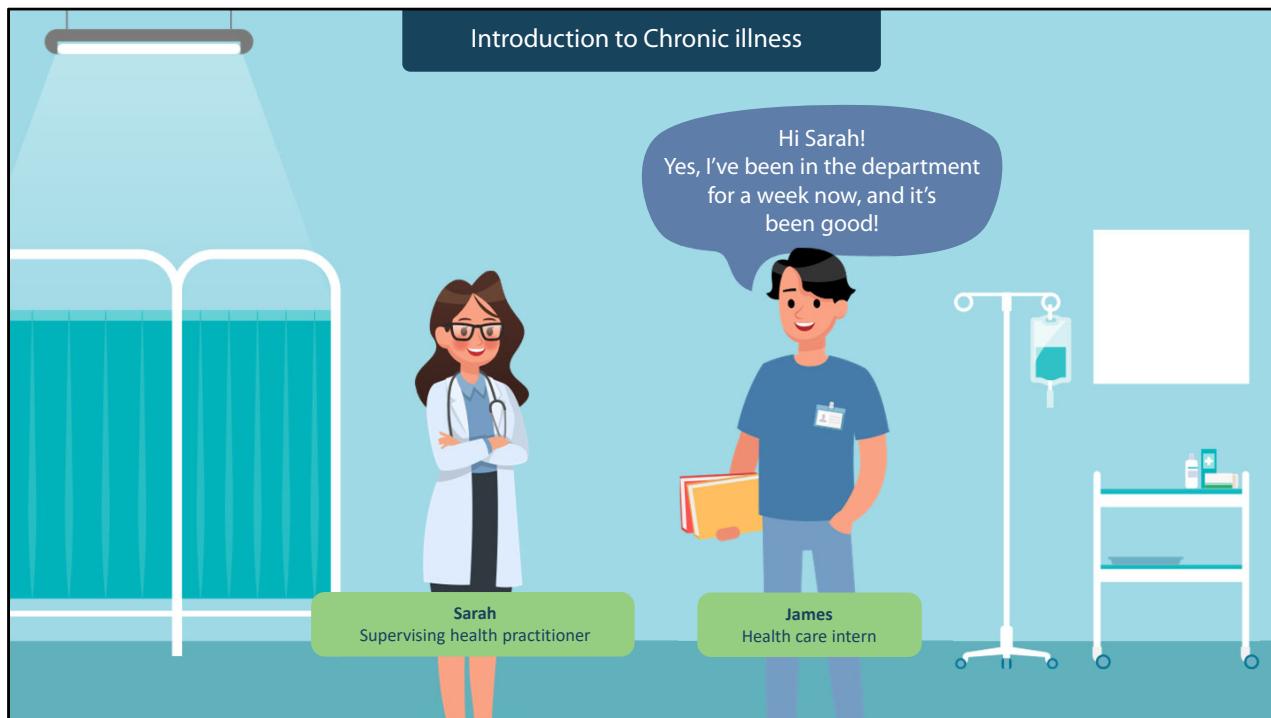
- Identify barriers to healthy lifestyle for chronically ill clients.
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INTRODUCTION TO CHRONIC ILLNESS



Sarah: Hi James, how are you doing? Has it been a week, already?

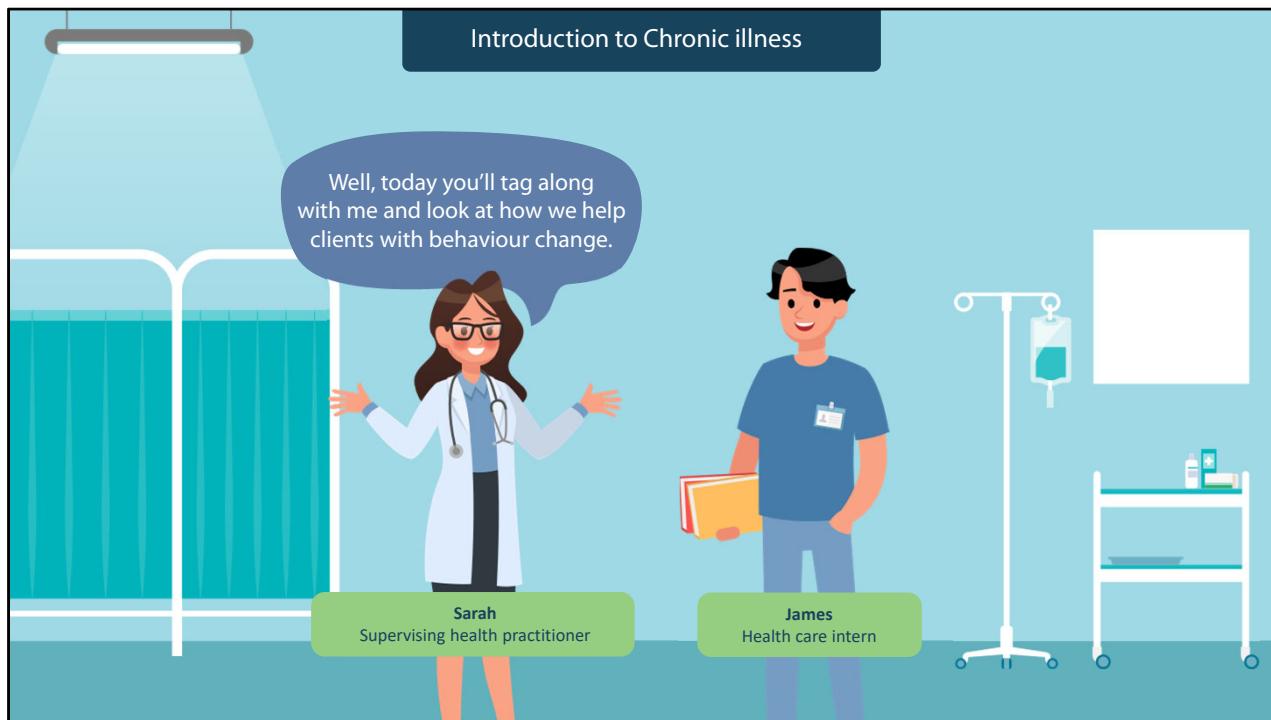


James: Hi Sarah! Yes, I've been in the department for a week now, and it's been good!

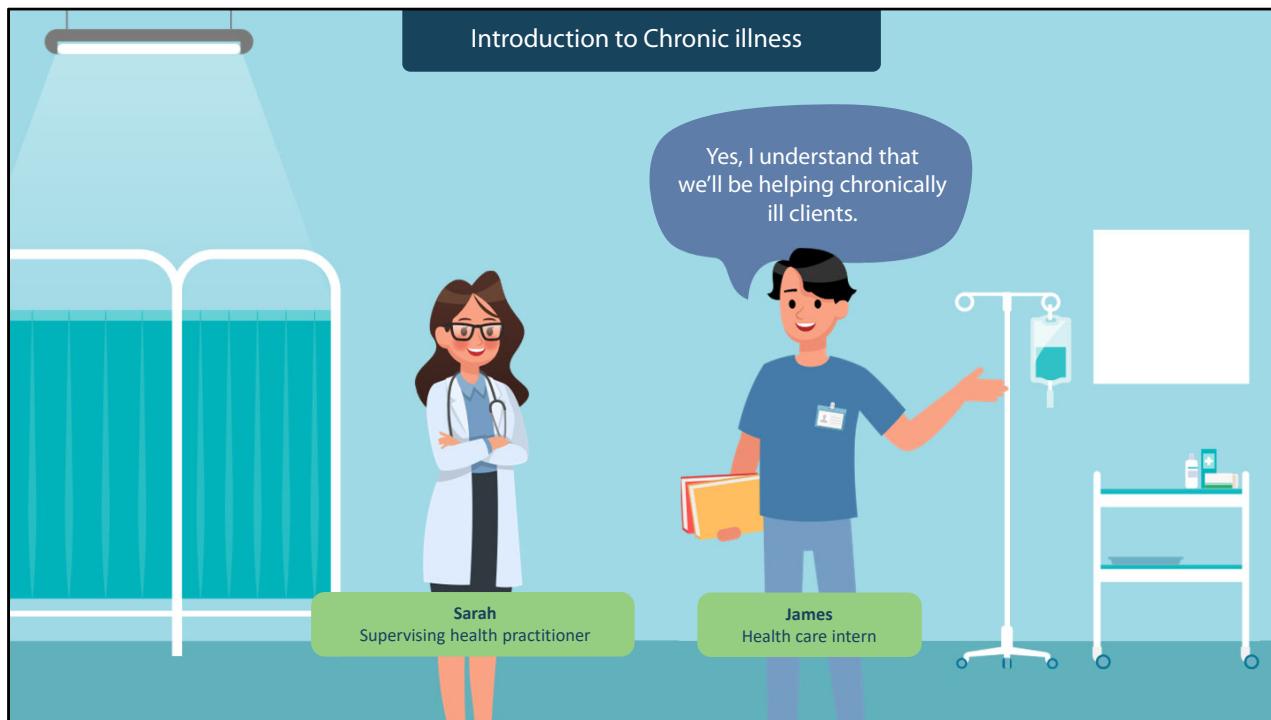
Introduction to Chronic illness



Sarah: (chuckle) That's great! I'm glad you're keeping up, it can get pretty busy here sometimes.



Sarah: Well, today you'll tag along with me and look at how we help clients with behaviour change.



James: Yes, I understand that we'll be helping chronically ill clients.

Introduction to Chronic illness

That's right.
Clients with chronic illnesses tend to face many issues due to the challenge of managing the disease over a long period of time.



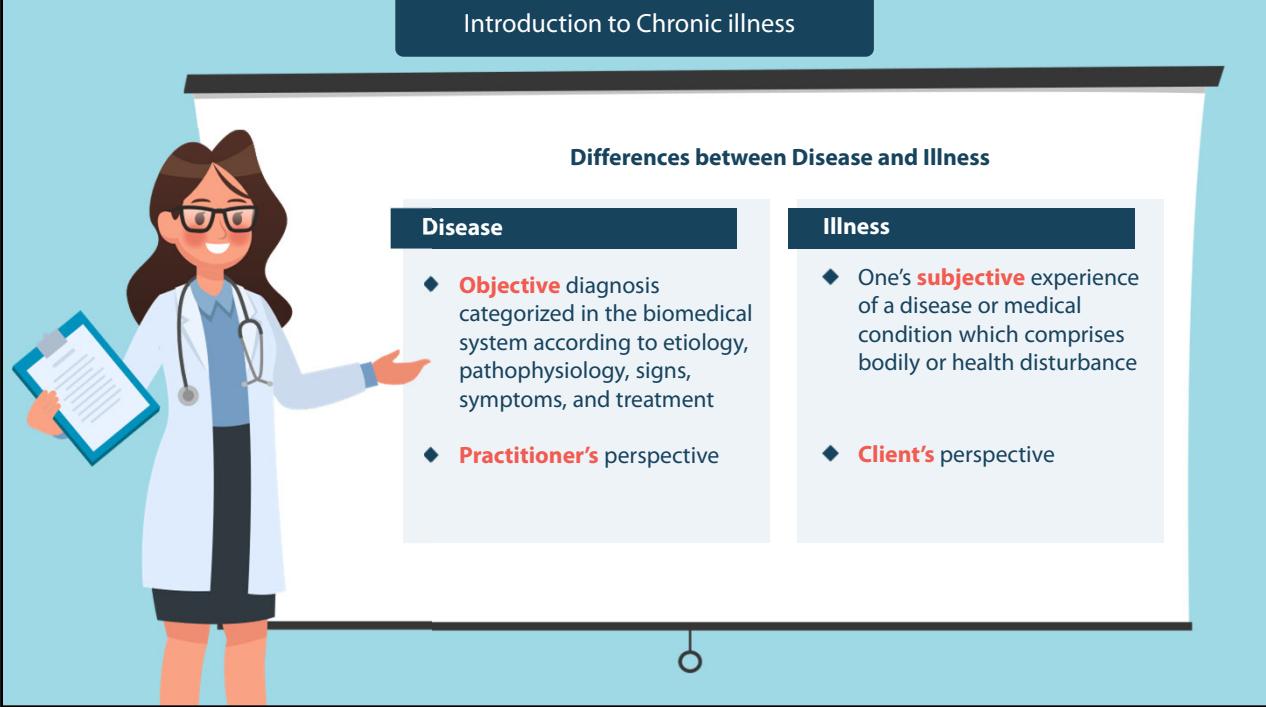
Sarah
Supervising health practitioner



James
Health care intern



Sarah: That's right. Clients with chronic illnesses tend to face many issues due to the challenge of managing the disease over a long period of time.



Differences between Disease and Illness

Disease	Illness
<ul style="list-style-type: none">◆ Objective diagnosis categorized in the biomedical system according to etiology, pathophysiology, signs, symptoms, and treatment◆ Practitioner's perspective	<ul style="list-style-type: none">◆ One's subjective experience of a disease or medical condition which comprises bodily or health disturbance◆ Client's perspective

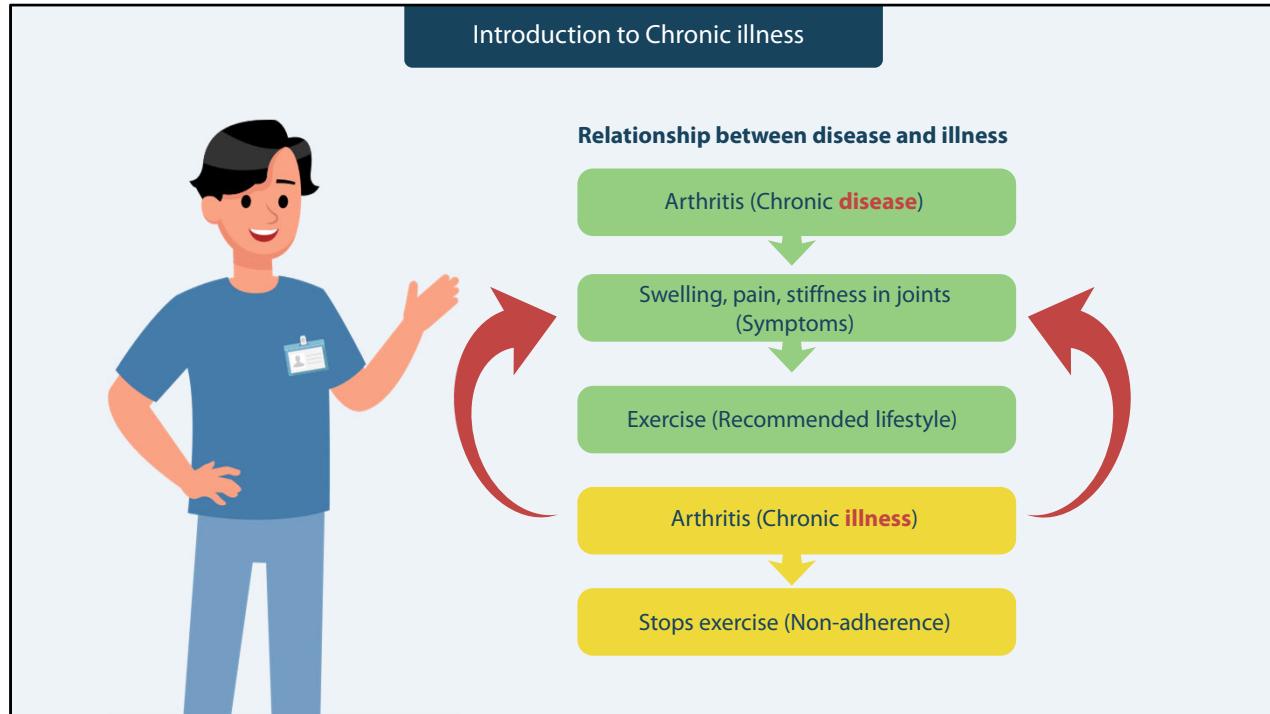
Sarah: You should take note that illness is not the same as disease.

Disease is the **objective** diagnosis of a medical condition, usually from the practitioner's perspective.

Whereas illness is the **subjective** experience of a medical condition, usually from the client's perspective.

Can you give me an example showing the relationship between disease and illness?

Introduction to Chronic illness



James: Sure! Let me see, hmm... how about this:

A client has arthritis, which is a chronic **disease**. It causes him swelling, pain and stiffness in his joints.

He is recommended to exercise more to alleviate the swelling and stiffness.

But due to the **illness**, which is his subjective experience of the pain, he stops exercising.

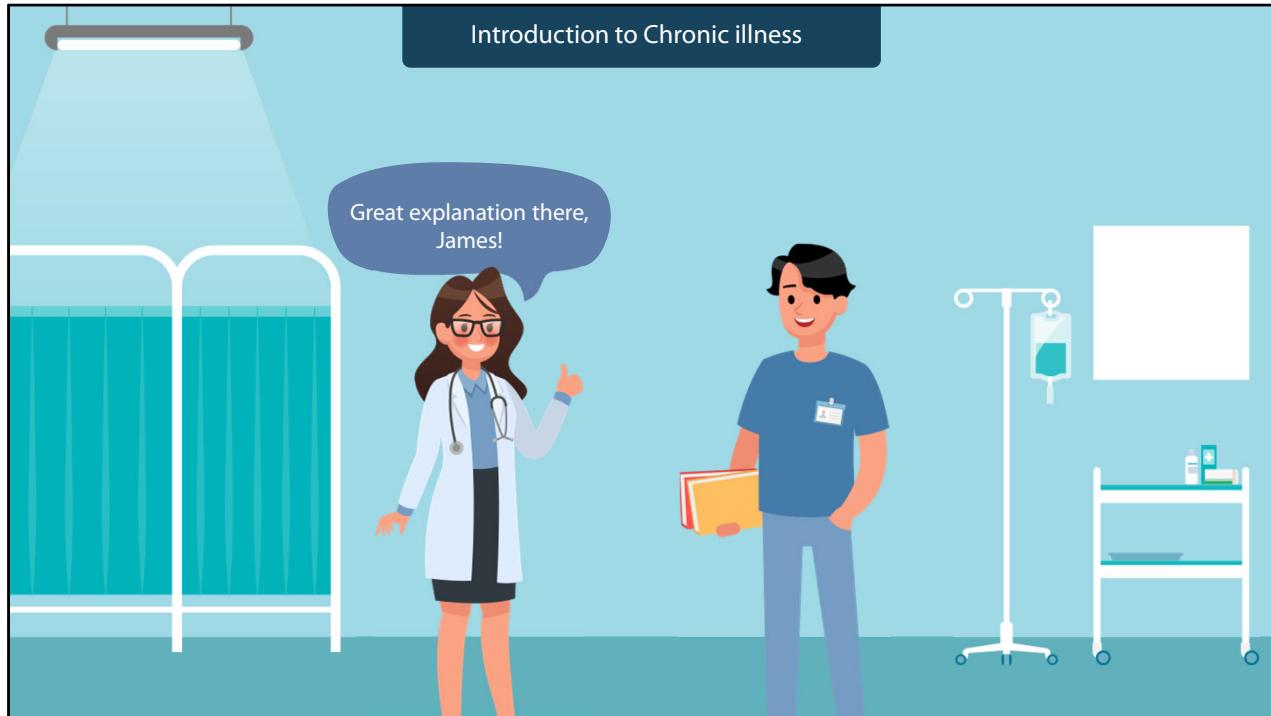
Introduction to Chronic illness

And the client's non-adherence to recommendations could hamper the recovery process or even worsen the state of the disease.



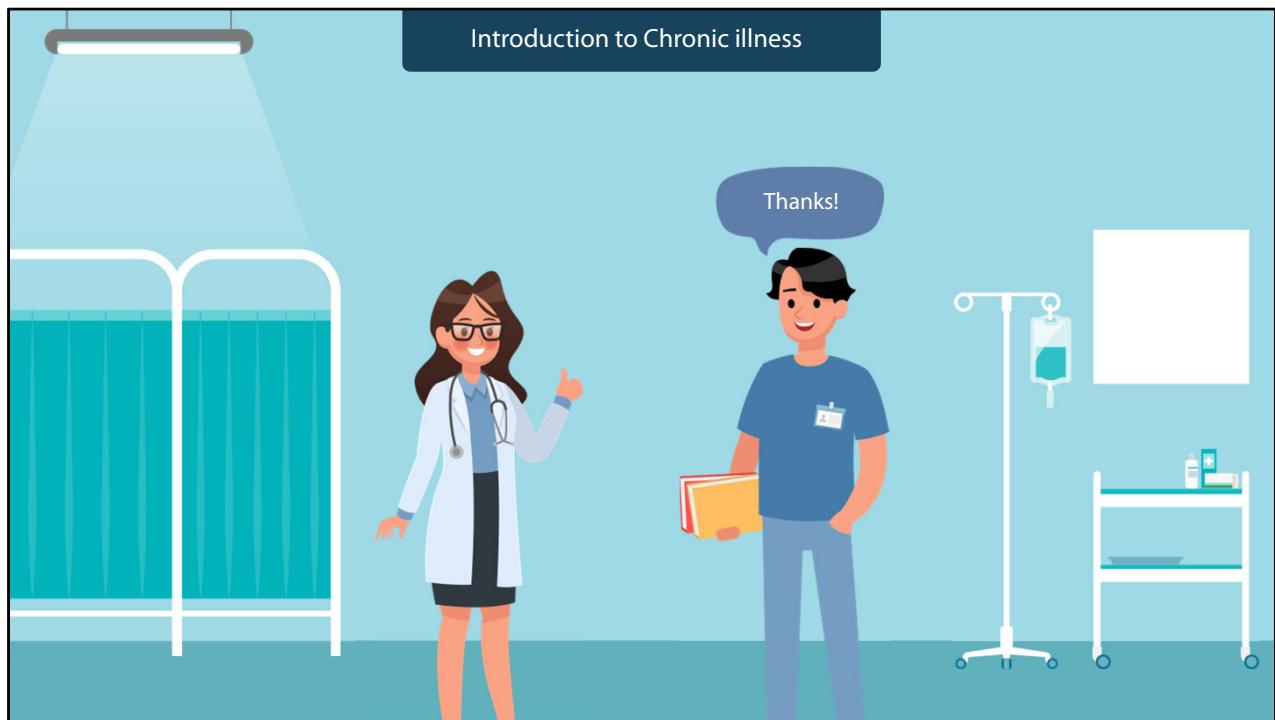
Sarah: And the client's non-adherence to recommendations could hamper the recovery process or even worsen the state of the disease.

Introduction to Chronic illness



Sarah: Great explanation there, James!

Introduction to Chronic illness

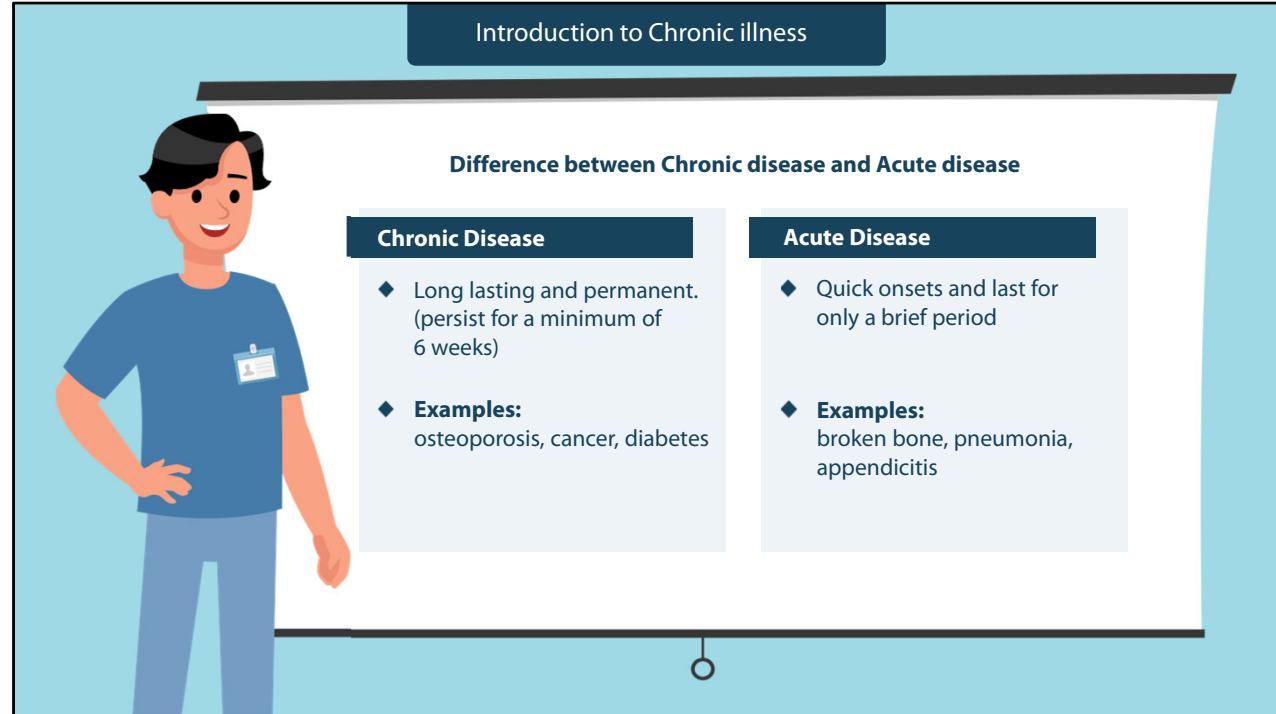


James : Thanks!

Introduction to Chronic illness



Sarah: What about chronic diseases and acute diseases? Can you distinguish between them?



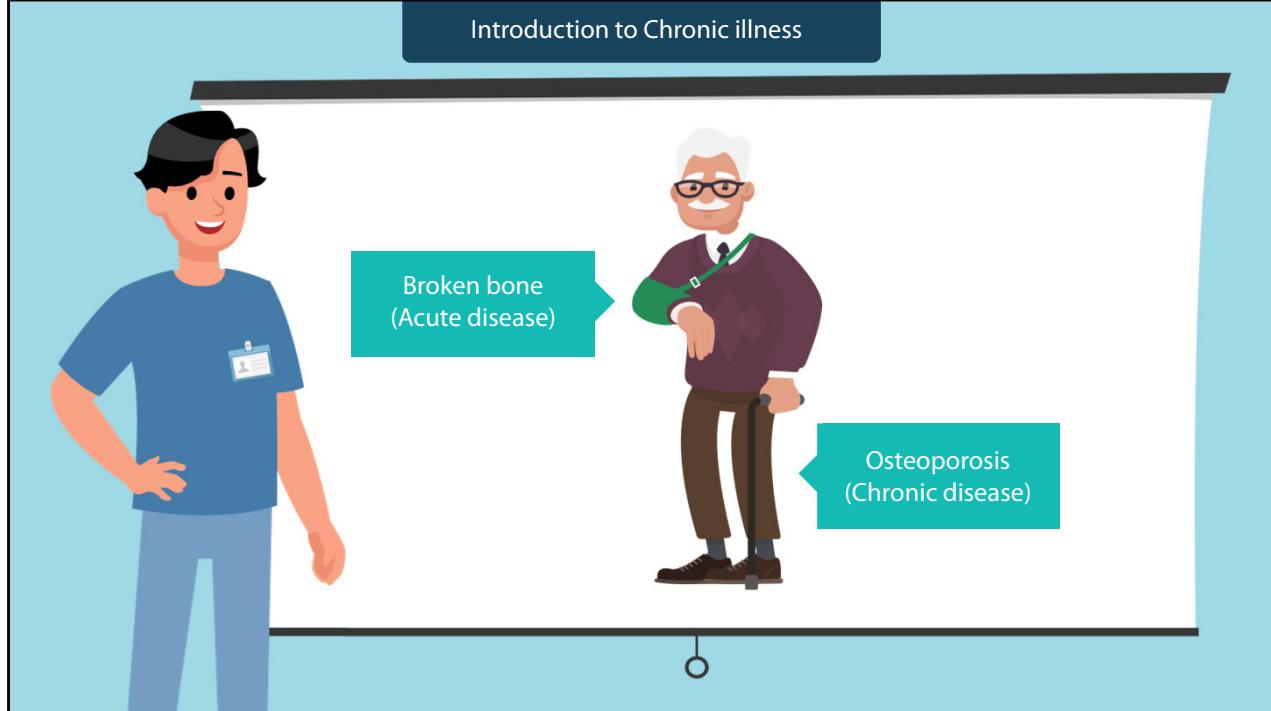
Difference between Chronic disease and Acute disease

Chronic Disease	Acute Disease
<ul style="list-style-type: none">◆ Long lasting and permanent. (persist for a minimum of 6 weeks)◆ Examples: osteoporosis, cancer, diabetes	<ul style="list-style-type: none">◆ Quick onsets and last for only a brief period◆ Examples: broken bone, pneumonia, appendicitis

James: Chronic diseases are generally long lasting and permanent. We'll classify a disease as chronic if it persists for a minimum of 6 weeks. Some common examples are osteoporosis, cancer and diabetes.

Acute diseases, on the other hand, generally last for only a brief period, with quick onsets. Cases like broken bone, pneumonia and appendicitis are all considered acute.

Introduction to Chronic illness



James: Sometimes, acute diseases can be caused by chronic diseases. For example, a client getting broken bones from osteoporosis.

Quiz

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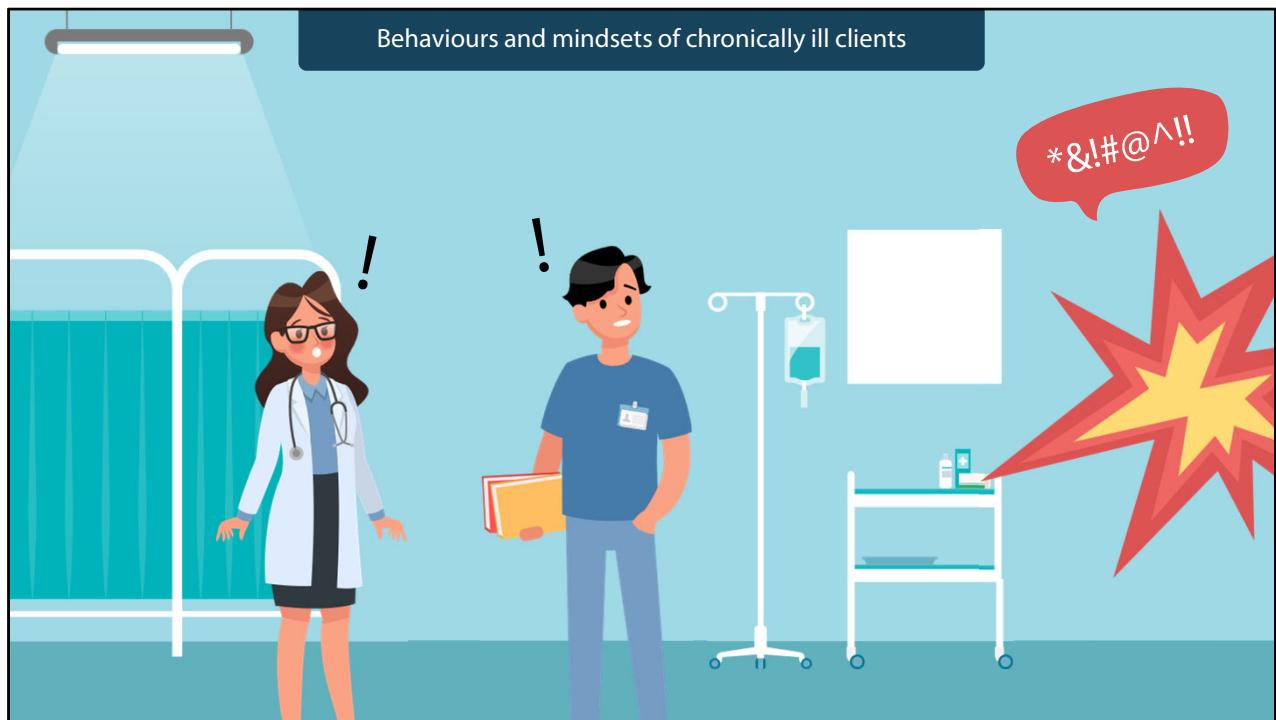
Which are chronic illnesses?

Select the answers and submit.

- Cardiac arrest
- Cancer
- Pneumonia
- Arthritis
- Epilepsy
- Appendicitis
- Asthma
- Hypertension
- Diabetes
- Broken bone



BEHAVIOURS AND MINDSETS OF **CHRONICALLY ILL CLIENTS**



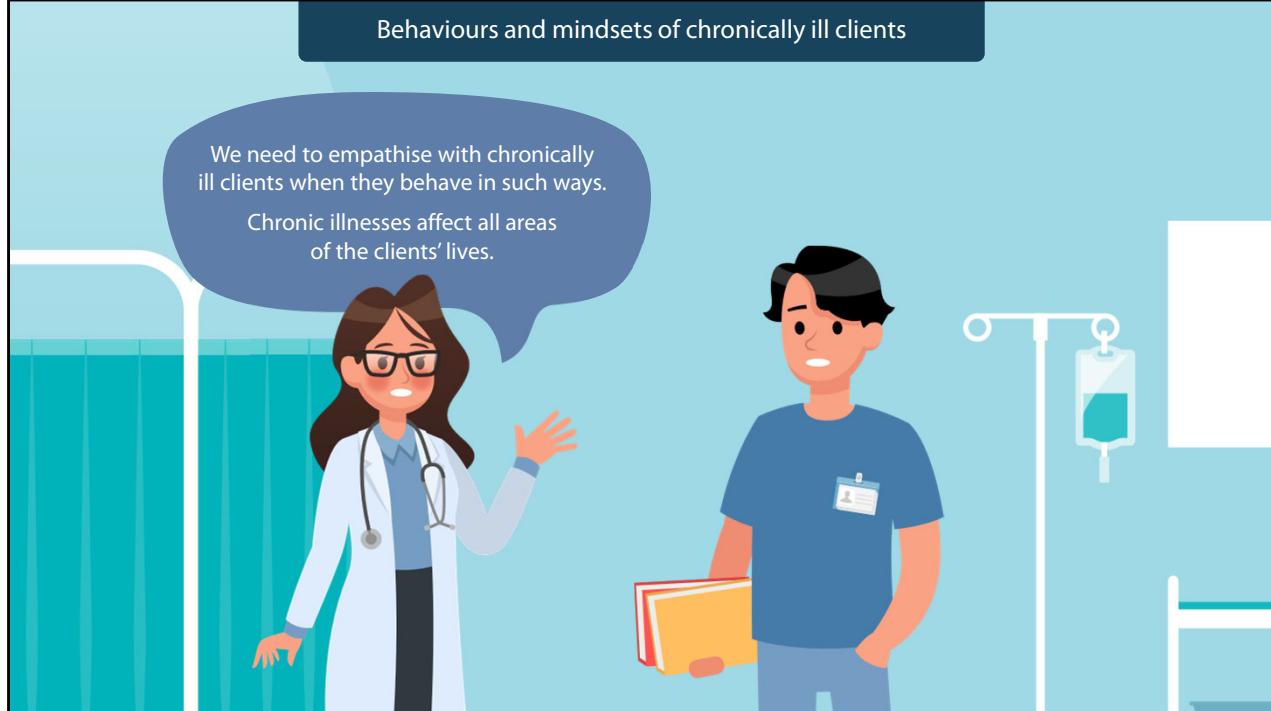
Suddenly, Sarah and James heard a loud crash from behind them. A man was shouting angrily and thrashing the furniture along the hallway. There were a few people trying to calm the man down.

Behaviours and mindsets of chronically ill clients

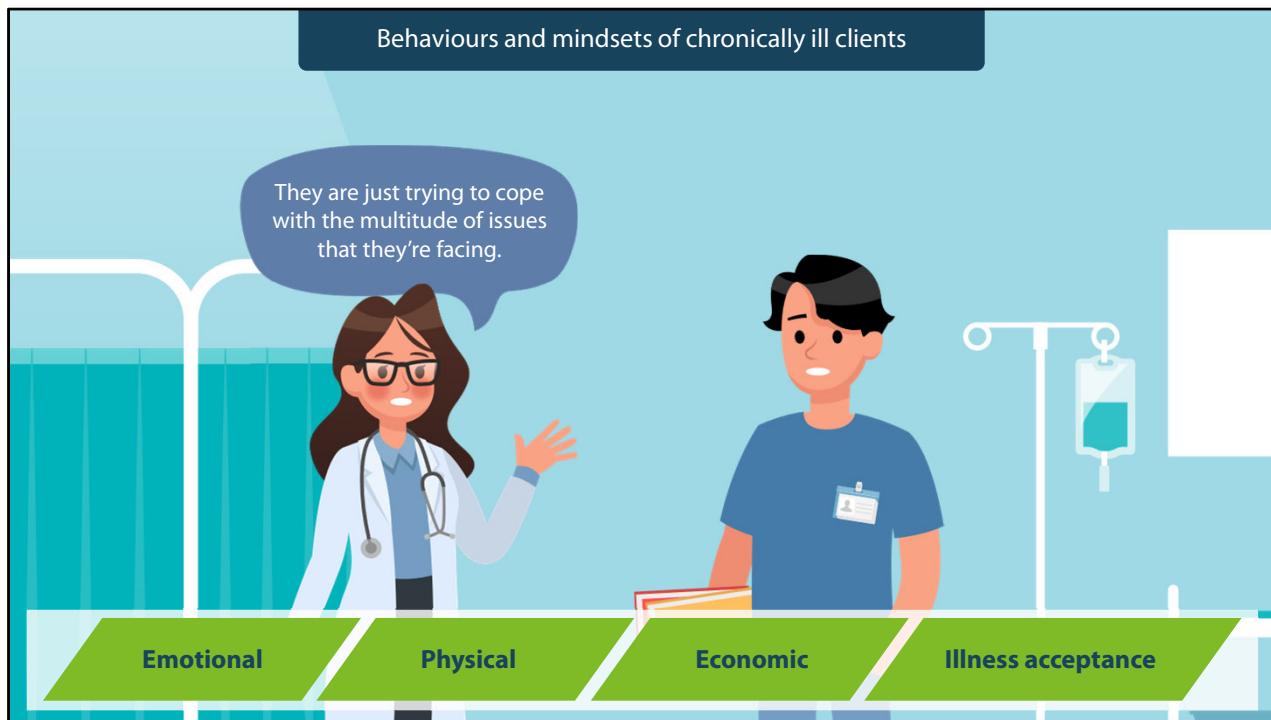


James: Wow, that's quite an outburst...

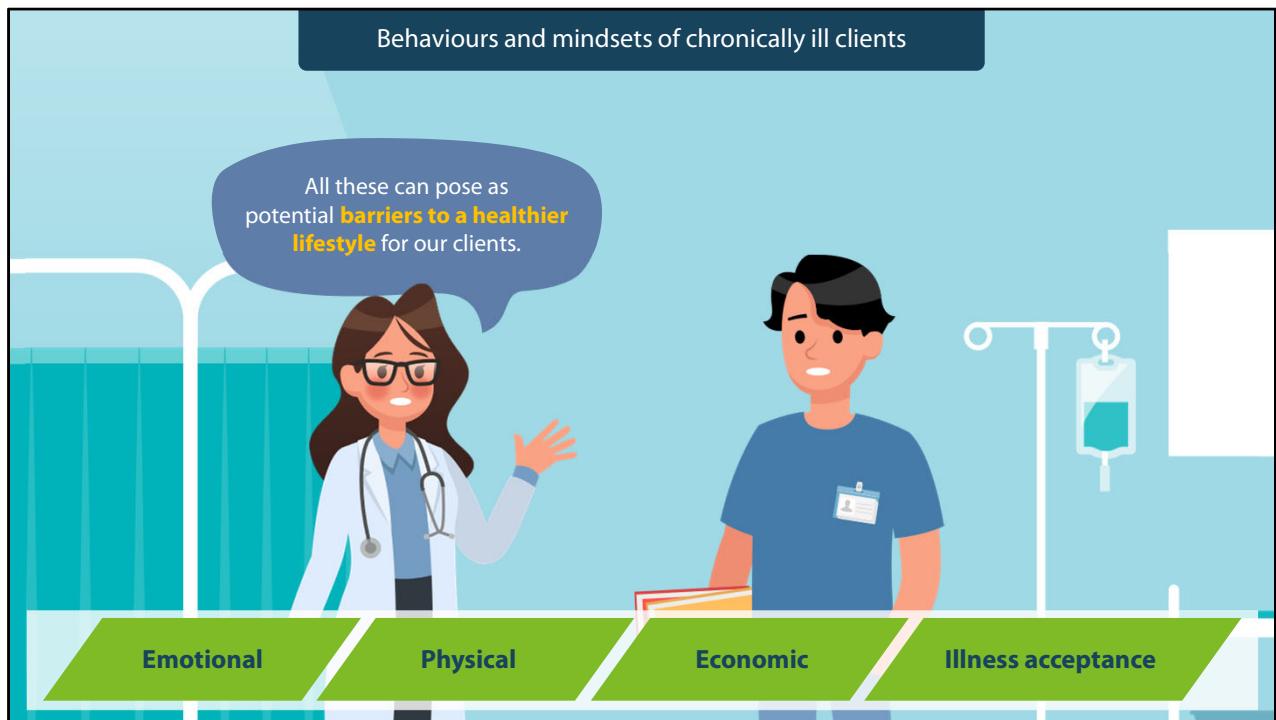
Behaviours and mindsets of chronically ill clients



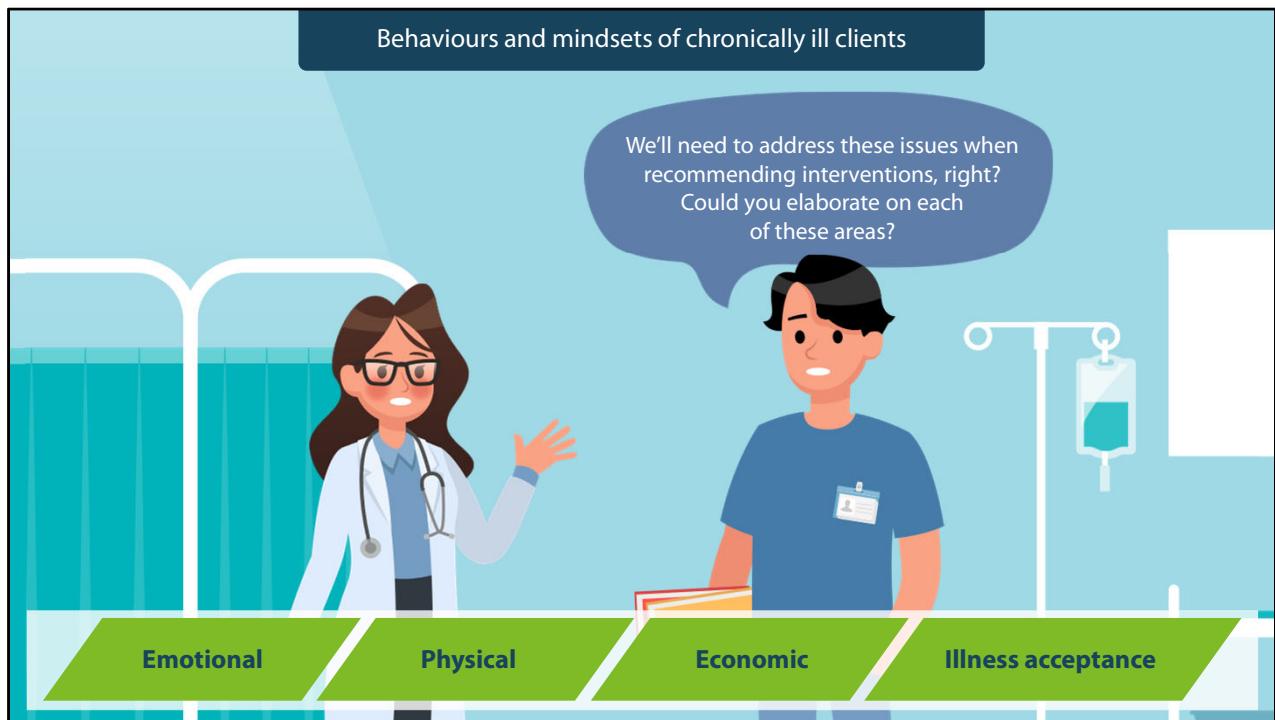
Sarah: We need to empathise with chronically ill clients when they behave in such ways. Chronic illnesses affect all areas of the clients' lives.



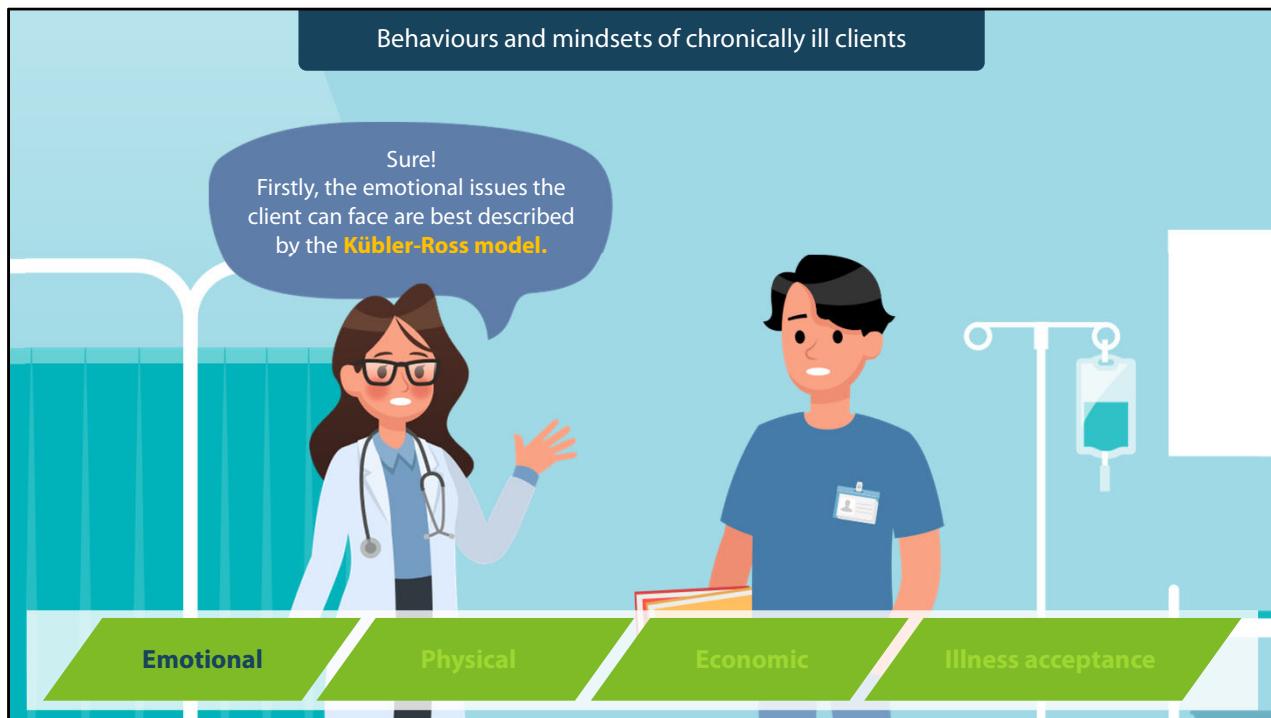
Sarah: They are just trying to cope with the multitude of issues that they're facing. There could be emotional issues, physical issues, economic issues, as well as illness acceptance issues.



Sarah: All these can pose as potential barriers to a healthier lifestyle for our clients.



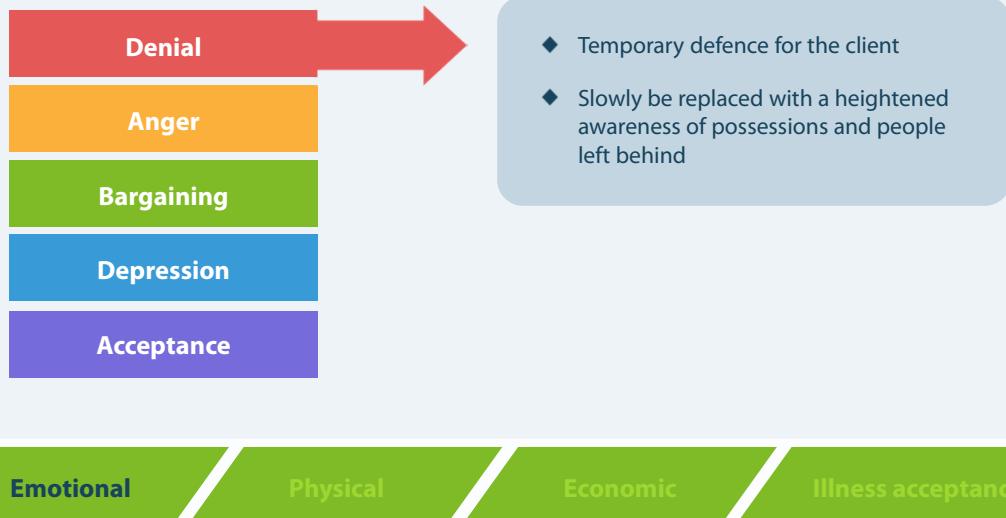
James: We'll need to address these issues when recommending interventions, right? Could you elaborate on each of these areas?



Sarah: Sure! Firstly, the emotional issues that the client can face. These are best described by the Kübler-Ross model.

Behaviours and mindsets of chronically ill clients

Kübler-Ross model: stages of emotion

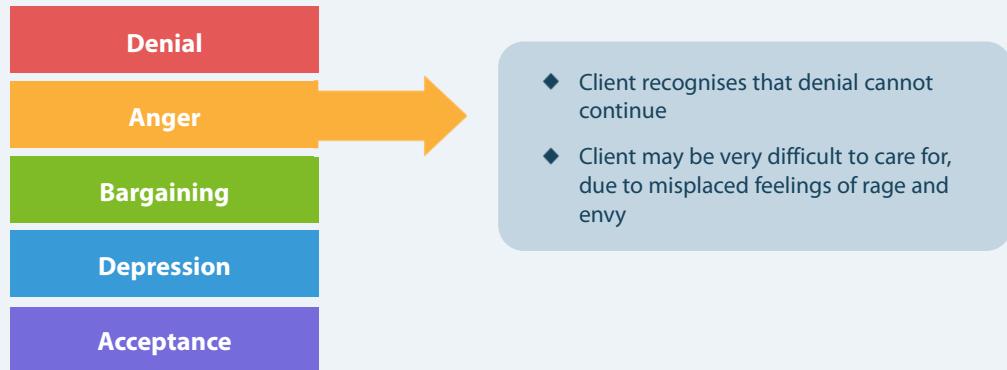


Sarah: In the first stage, there will be a period of denial. This is usually only a temporary defence for the client.

The feeling of denial will slowly be replaced with a heightened awareness of possessions and people left behind after the client's death.

Behaviours and mindsets of chronically ill clients

Kübler-Ross model: stages of emotion



Emotional Physical Economic Illness acceptance

Sarah: The second stage is a period of anger. This comes about when the client recognises that denial cannot continue.

At this stage, the client may be very difficult to care for, due to misplaced feelings of rage and envy.

Behaviours and mindsets of chronically ill clients

Kübler-Ross model: stages of emotion



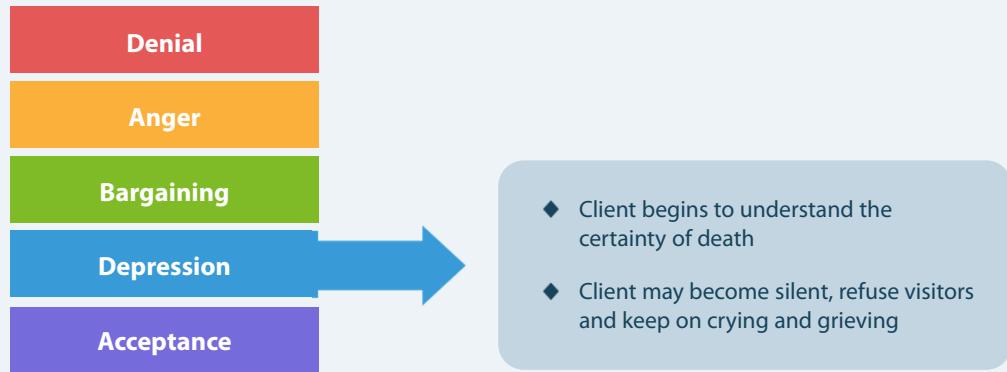
Emotional Physical Economic Illness acceptance

Sarah: The third stage is that of bargaining. The client hopes that he can somehow postpone or delay death.

He may negotiate for an extended life from a higher power, in exchange for a reformed lifestyle.

Behaviours and mindsets of chronically ill clients

Kübler-Ross model: stages of emotion

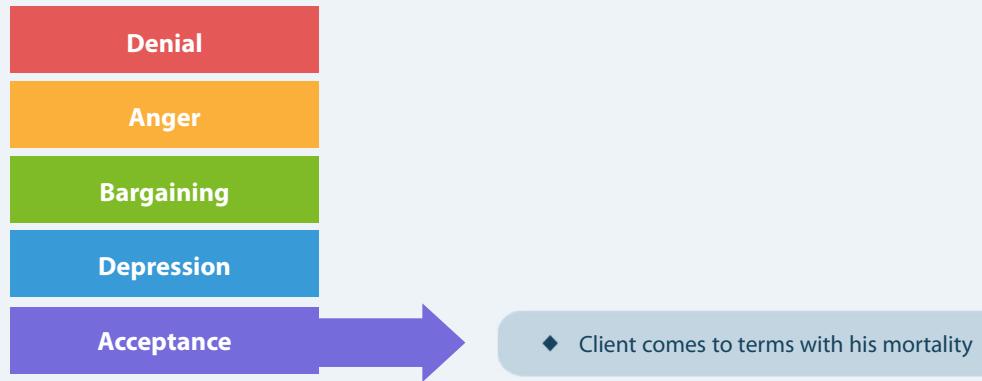


Sarah: The fourth stage is a period of depression. The client begins to understand the certainty of death.

He may become silent, refuse visitors and keep on crying and grieving.

Behaviours and mindsets of chronically ill clients

Kübler-Ross model: stages of emotion



Sarah: The last stage of the Kübler-Ross model is that of acceptance, where the client comes to terms with his mortality.

Behaviours and mindsets of chronically ill clients



Drop in self-esteem

Emotional

Physical

Economic

Illness acceptance

Sarah: Secondly, clients may also face physical issues, such as hair-fall from going through chemotherapy or stiffening of joints from arthritis.

These changes to the body of the client could cause a drop in their self-esteem.

Behaviours and mindsets of chronically ill clients



- ◆ Medical bills to pay
- ◆ Low employability

Impact ability to pay bills, resulting in more stress

Emotional

Physical

Economic

Illness acceptance

Sarah: Thirdly, economic issues will arise as there would be medical bills to pay, on a long-term basis. Due to the chronic disease, clients may also suffer from low employability.

This could further impact their ability to pay the bills, thus creating more stress.

Behaviours and mindsets of chronically ill clients



- ◆ Avoidance coping
- ◆ Health risk behaviours

Lower quality of life

Emotional

Physical

Economic

Illness acceptance

Sarah: Lastly, illness acceptance issues.

When clients find it difficult to accept their illnesses, they could resort to coping methods such as avoidance coping, or engage in health risk behaviours.

Low acceptance of illness generally leads to lower quality of life.

Typical behaviours of chronically ill clients



Emotional outbursts of depression, grief, anger and aggression



Less able to manage emotions and show empathy



Display low self-esteem



Engage in health risk behaviours: substance abuse, unsafe sexual practices, disordered eating etc.

Sarah: The emotional, physical, economic and illness acceptance issues that clients face may result in some typical behaviours from the clients.

They could display more emotional outbursts of depression, grief, anger and aggression, like what we saw along the hallway just now.

Clients could also become less able to manage emotions and show empathy to others.

They may show signs of low self-esteem, and they could also engage in health risk behaviours, such as substance use, early onset of sexual activity or unsafe sexual practices, risky driving, violent or suicidal behaviours, antisocial behaviours, and disordered eating.



RECOMMENDED LIFESTYLE CHANGES FOR CHRONICALLY ILL CLIENTS

Recommended lifestyle changes for chronically ill clients

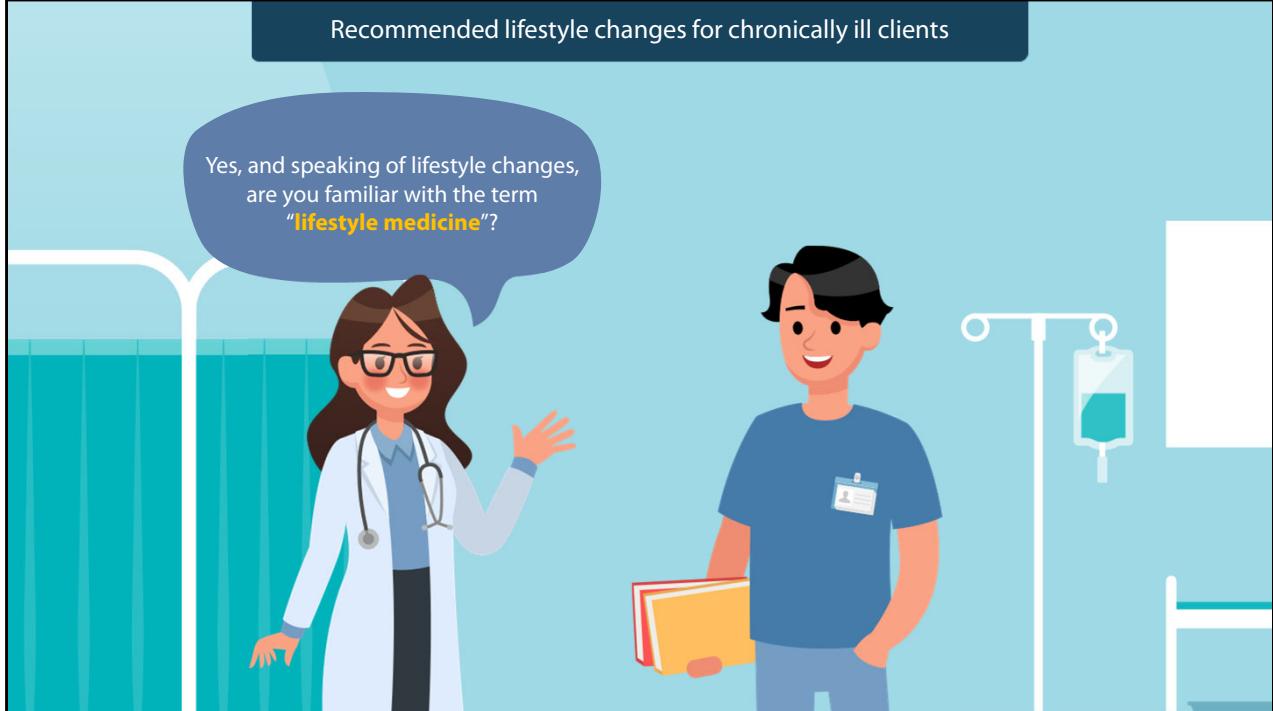
Thank you, Sarah.
Understanding the mindsets and behaviours of chronically ill clients will definitely help in recommending interventions and lifestyle changes for them.



James: Thank you, Sarah. Understanding the mindsets and behaviours of chronically ill clients will definitely help in recommending interventions and lifestyle changes for them.

Recommended lifestyle changes for chronically ill clients

Yes, and speaking of lifestyle changes, are you familiar with the term “**lifestyle medicine**”?



Sarah: Yes, and speaking of lifestyle changes, are you familiar with the term “lifestyle medicine”?

Recommended lifestyle changes for chronically ill clients

LIFESTYLE MEDICINE

Application of environmental, behavioural, medical and motivational principles to the management of lifestyle related health problems



James: Oh yes, it is the application of environmental, behavioural, medical and motivational principles to the management of lifestyle related health problems, in a clinical setting.

Recommended lifestyle changes for chronically ill clients

Diabetes (Lifestyle related health problem)



Quit smoking,
exercise regularly
(Lifestyle medicine)



Take
prescribed medication
(Conventional medicine)



James: To give an example, say, a client with diabetes, a lifestyle related health problem, could be recommended to quit smoking and exercise regularly, which is a form of lifestyle medicine.

This lifestyle medicine can be recommended on top of taking prescribed medication, which is conventional medicine.

Recommended lifestyle changes for chronically ill clients

Excellent example, James.
It's also important to note the
differences between conventional
medicine and lifestyle medicine.



Sarah: Excellent example, James. It's also important to note the differences between conventional medicine and lifestyle medicine.

Quiz

Click the **Quiz** button to edit this object

Which are characteristics of conventional medicine approach?
Select the answers and submit.

- Treats lifestyle causes
- Client is passive recipient of care
- Goal is disease management
- Client required to make big changes
- Emphasis on diagnosis and prescription
- Short term treatment

Recommended lifestyle changes for chronically ill clients

Comparison of conventional and lifestyle medicine approaches

Conventional medicine

- ◆ Treats individual risk factors
- ◆ Client is passive recipient of care
- ◆ Client not required to make big changes
- ◆ Short term treatment
- ◆ Emphasis on diagnosis and prescription
- ◆ Goal is disease management



Lifestyle medicine

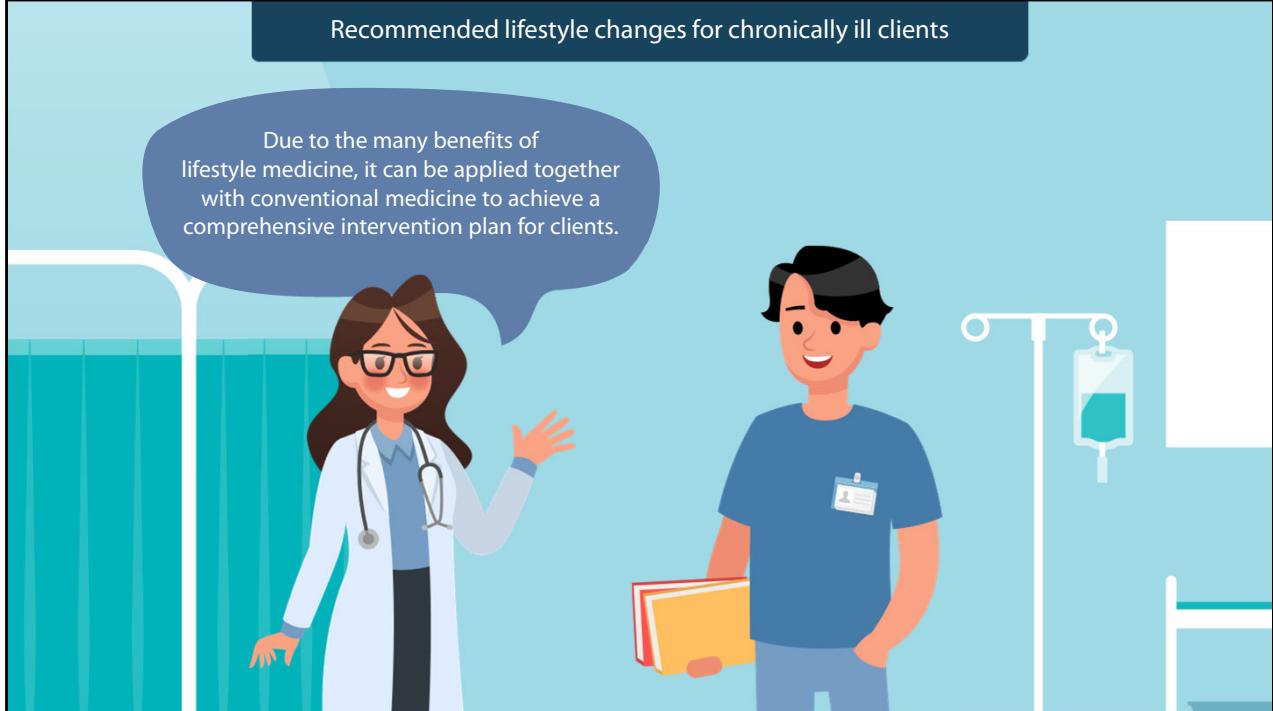
- ◆ Treats lifestyle causes
- ◆ Client is active partner in care
- ◆ Client required to make big changes
- ◆ Long term treatment
- ◆ Emphasis on motivation and compliance
- ◆ Goal is disease prevention



Sarah: Here's a quick comparison table of these two approaches.

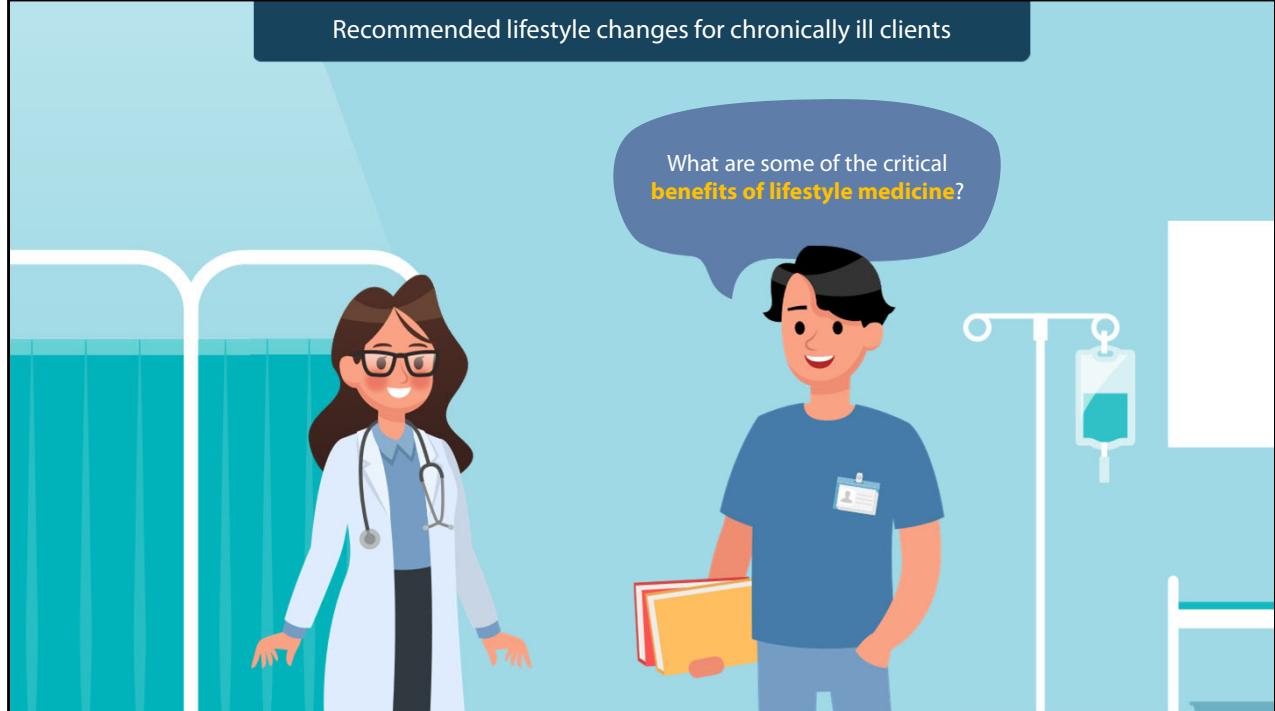
Recommended lifestyle changes for chronically ill clients

Due to the many benefits of lifestyle medicine, it can be applied together with conventional medicine to achieve a comprehensive intervention plan for clients.



Sarah: Due to the many benefits of lifestyle medicine, it can be applied together with conventional medicine to achieve a comprehensive intervention plan for clients.

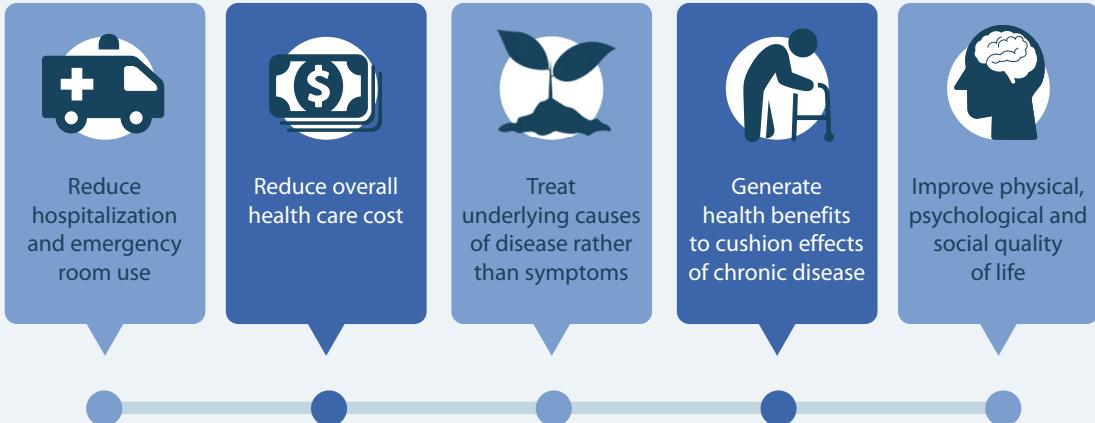
Recommended lifestyle changes for chronically ill clients



James: What are some of the critical benefits of lifestyle medicine?

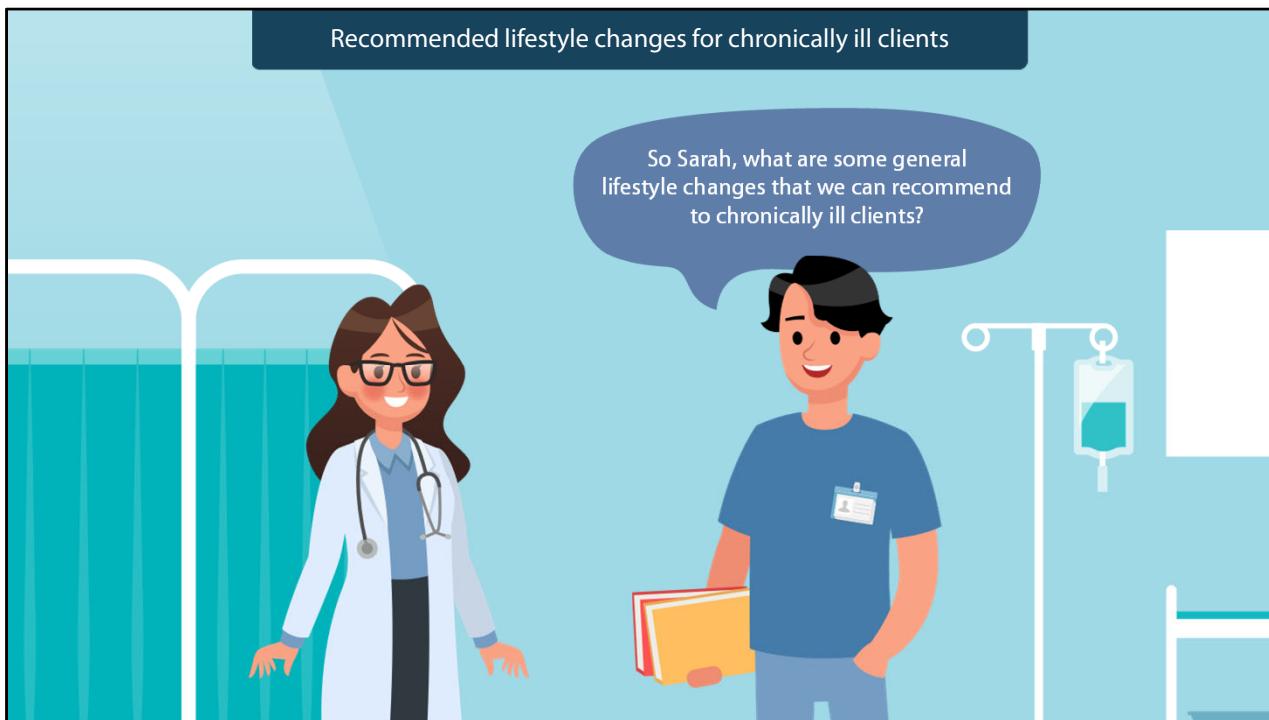
Recommended lifestyle changes for chronically ill clients

Benefits of lifestyle medicine



Sarah:

First, it can reduce hospitalization and emergency room use.
Second, overall health care cost can then be reduced.
Third, it treats the underlying causes of disease rather than just the symptoms.
Fourth, it generates health benefits to cushion the effects of the chronic disease.
Finally, it can improve client's physical, psychological and social quality of life.



James: I can see how lifestyle medicine can have a great impact on a client's quality of life. So Sarah, what are some general lifestyle changes that we can recommend to chronically ill clients?

Recommended lifestyle changes for chronically ill clients

Recommended lifestyle changes for chronically ill clients



Provide education on illness to promote illness acceptance



Attend group support; enhance emotional stability



Follow prescribed diet and recommended exercise routines



Do not engage in unhealthy activities



Encourage self-management of illness

Sarah: Well, for starters, we can provide education on the illness for clients. This can help to promote illness acceptance.

Attending group support may be beneficial to some clients, which may also enhance their emotional stability.

We can also recommend clients to follow prescribed diet and exercise routines, and not engage in unhealthy activities such as substance abuse.

And most importantly, always encourage self-management of illness.

Recommended lifestyle changes for chronically ill clients

Self-management of illness



- ◆ More control and autonomy over clients' lives
- ◆ Promote optimism and better quality of life

James: What is self-management of illness?

Sarah: Self-management allows clients more control and autonomy over their lives, promoting optimism and a better quality of life.

Recommended lifestyle changes for chronically ill clients

Self-management of illness

- ◆ Understand the illness first
- ◆ Learn set of attitudes, behaviours and skills directed towards managing chronic condition



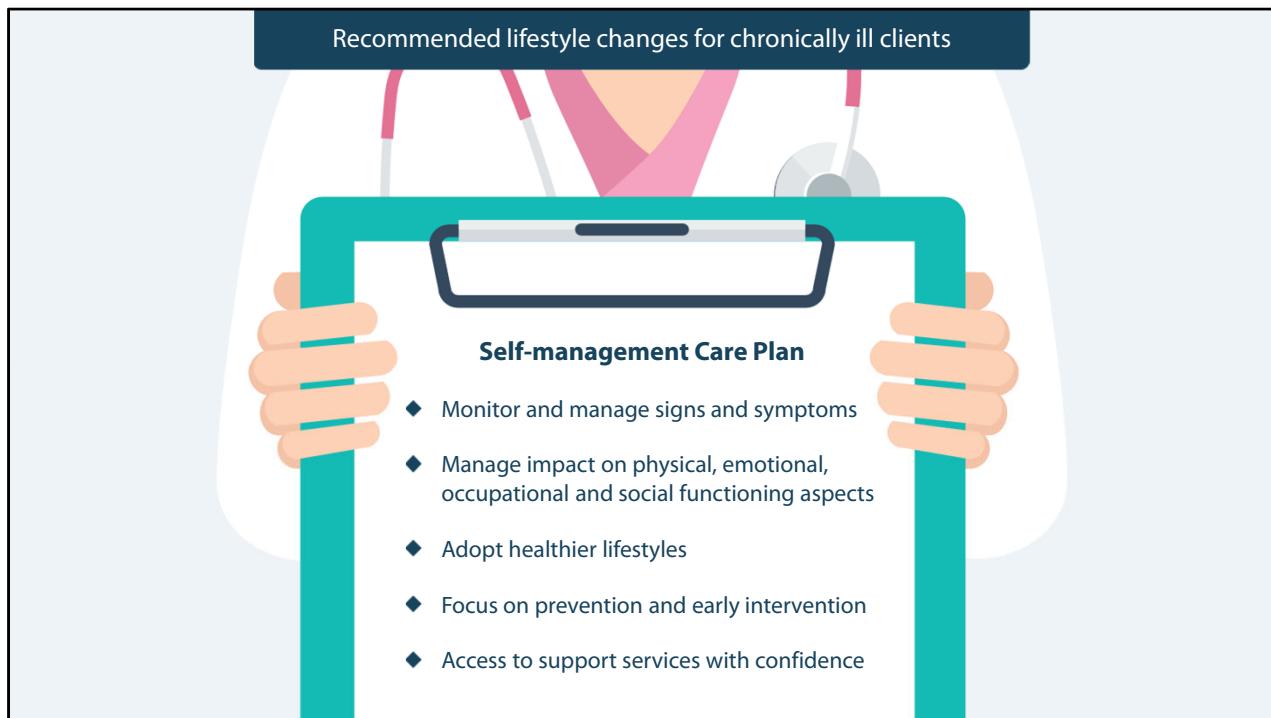
Sarah: Client has to understand the illness first, then learn this set of attitudes, behaviours and skills directed towards managing their chronic condition.

Recommended lifestyle changes for chronically ill clients

Self-management of illness



Sarah: Usually, there will be a collaborative decision-making process with health professionals, spouses, carers and other supporters, to come up with and follow a self-management care plan.



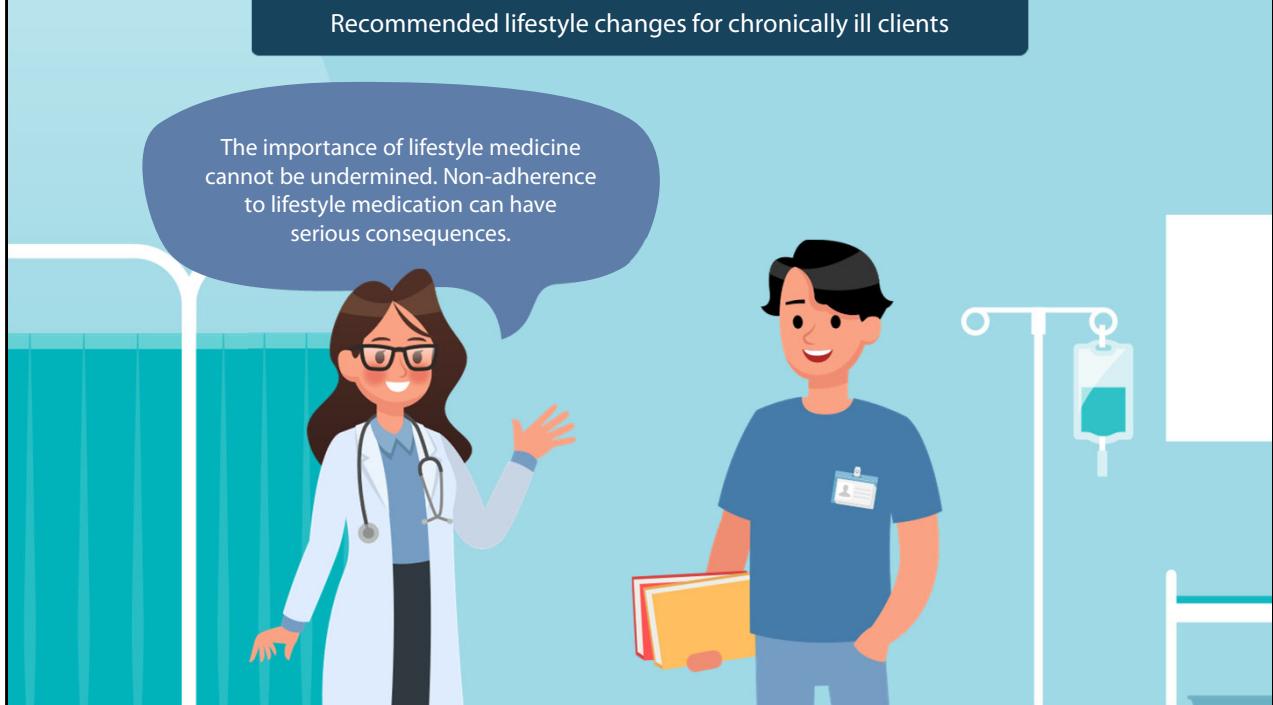
James: A self-management care plan...? What does it do?

Sarah: This plan will help the client to:

- Monitor and manage signs and symptoms of the illness;
- Manage the impact of the illness on physical, emotional, occupational and social functioning aspects;
- Adopt healthier lifestyles, by addressing risk factors and focusing on prevention and early intervention;
- And access support services with confidence.

Recommended lifestyle changes for chronically ill clients

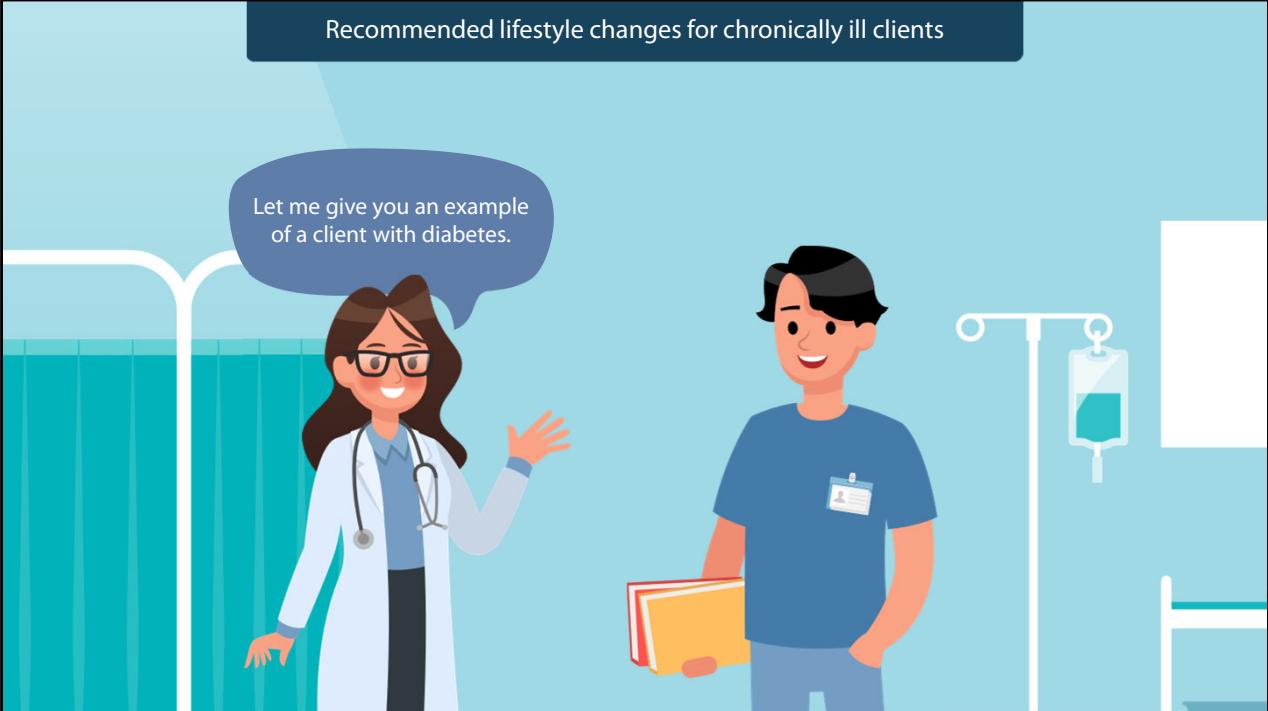
The importance of lifestyle medicine cannot be undermined. Non-adherence to lifestyle medication can have serious consequences.



Sarah: The importance of lifestyle medicine cannot be undermined. Non-adherence to lifestyle medication can have serious consequences.

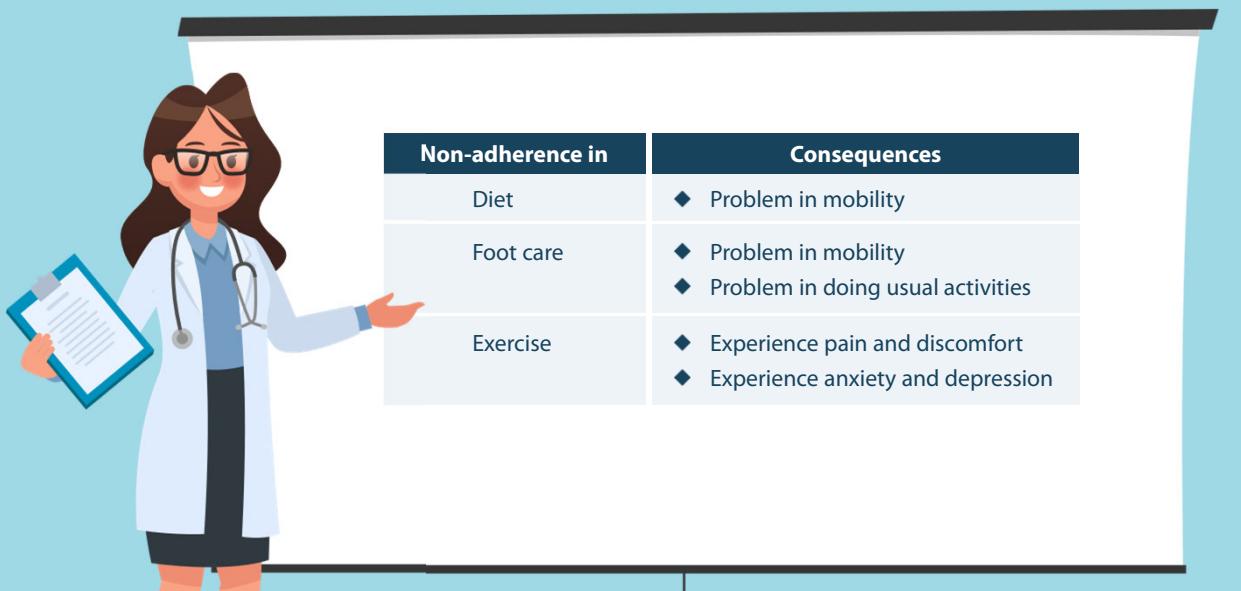
Recommended lifestyle changes for chronically ill clients

Let me give you an example of a client with diabetes.



Sarah: Let me give you an example of a client with diabetes.

Recommended lifestyle changes for chronically ill clients



Non-adherence in	Consequences
Diet	<ul style="list-style-type: none">◆ Problem in mobility
Foot care	<ul style="list-style-type: none">◆ Problem in mobility◆ Problem in doing usual activities
Exercise	<ul style="list-style-type: none">◆ Experience pain and discomfort◆ Experience anxiety and depression

Sarah: When the client does not adhere to the recommended diet, problems in mobility could arise.

Non-adherence in foot care could result in problems in mobility, as well as problems in doing usual activities.

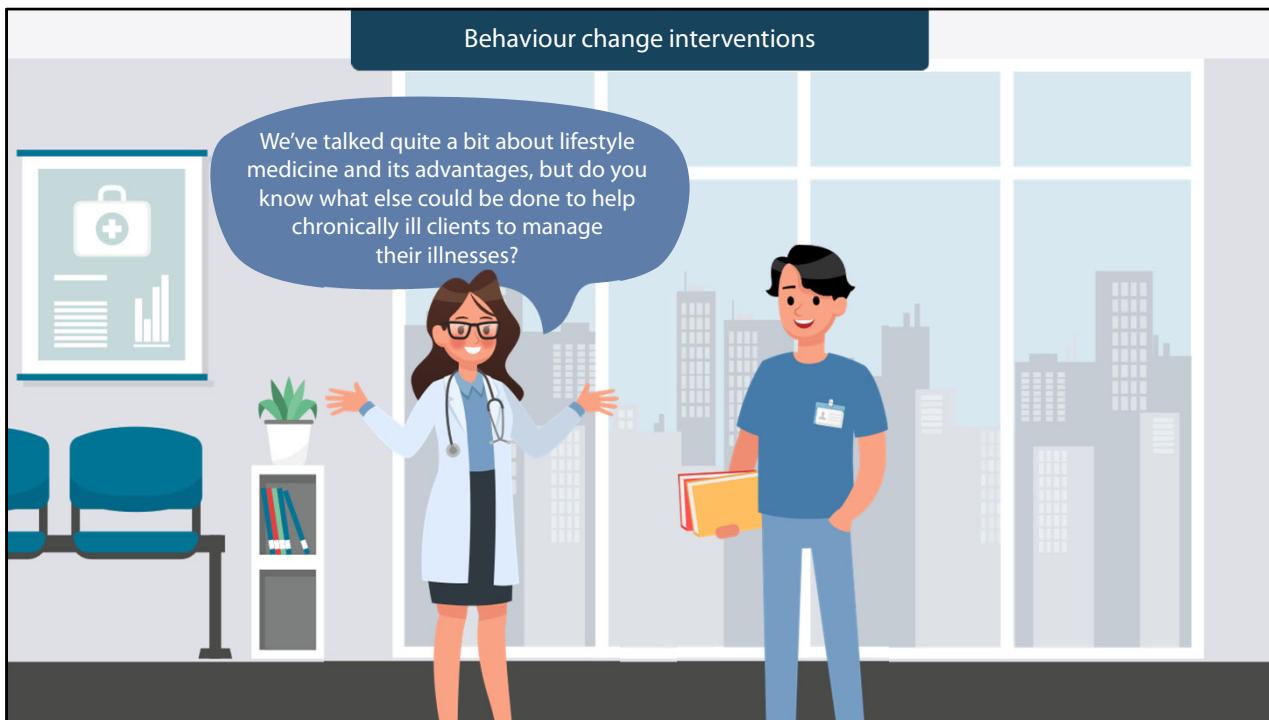
When the client does not exercise regularly, he could experience pain and discomfort, even have feelings of anxiety and depression.



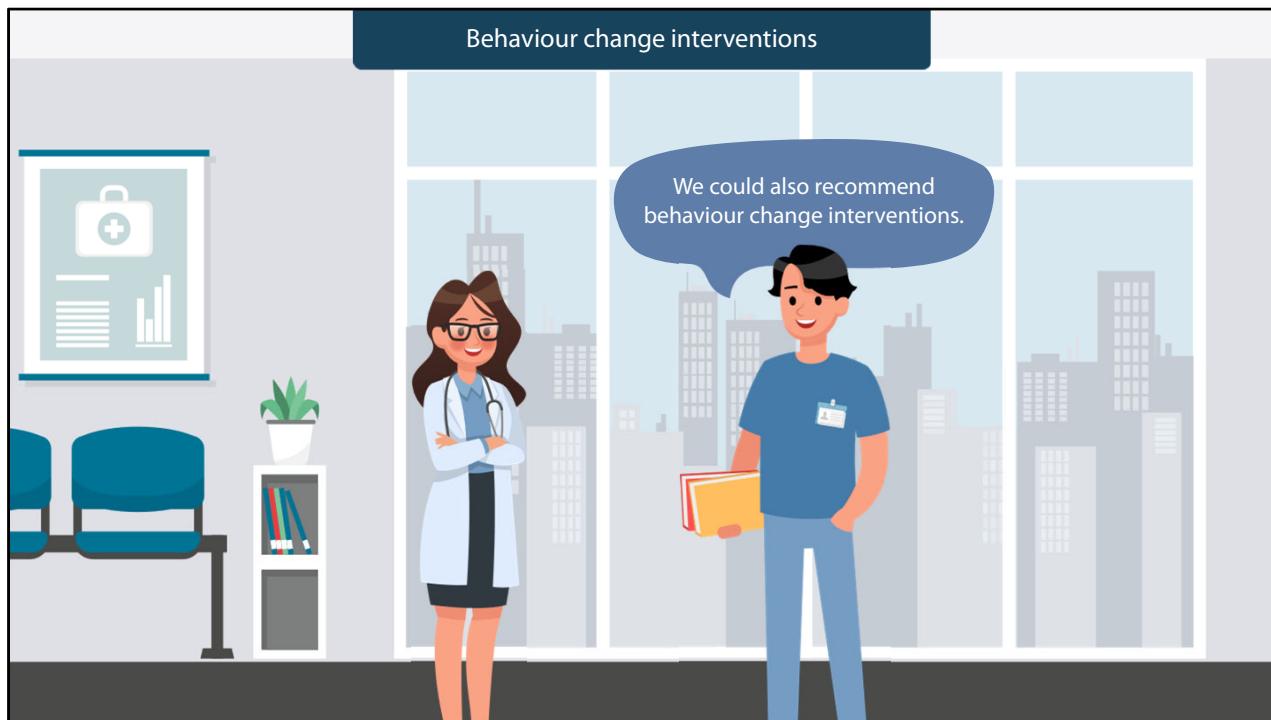
CHANGE

The word "CHANGE" is spelled out in six wooden blocks. The letters are black, except for the letter "G" which is red. The blocks are arranged in a slightly staggered, horizontal line.

**BEHAVIOUR CHANGE
INTERVENTIONS**



Sarah: We've talked quite a bit about lifestyle medicine and its advantages, but do you know what else could be done to help chronically ill clients to manage their illnesses?



James: Cognitive behavioural therapy could also be recommended to help manage uncertainty in clients' lives.

Behaviour change interventions



Behaviour change interventions

- ◆ Methods to help one improve their behaviour for a healthier lifestyle
- ◆ Provide knowledge and skills to influence one's motivation and capacity
- ◆ Commonly used to change diet, exercise and smoking behaviours

James: These interventions are methods to help one improve their behaviour for a healthier lifestyle.

They provide knowledge and skills to influence one's motivation and capacity, so as to bring about a change in behaviour.

Some common health behaviours that can be changed are related to diet, exercise and smoking.

Behaviour change interventions

Applying behaviour change interventions in:



Drug management

Social support

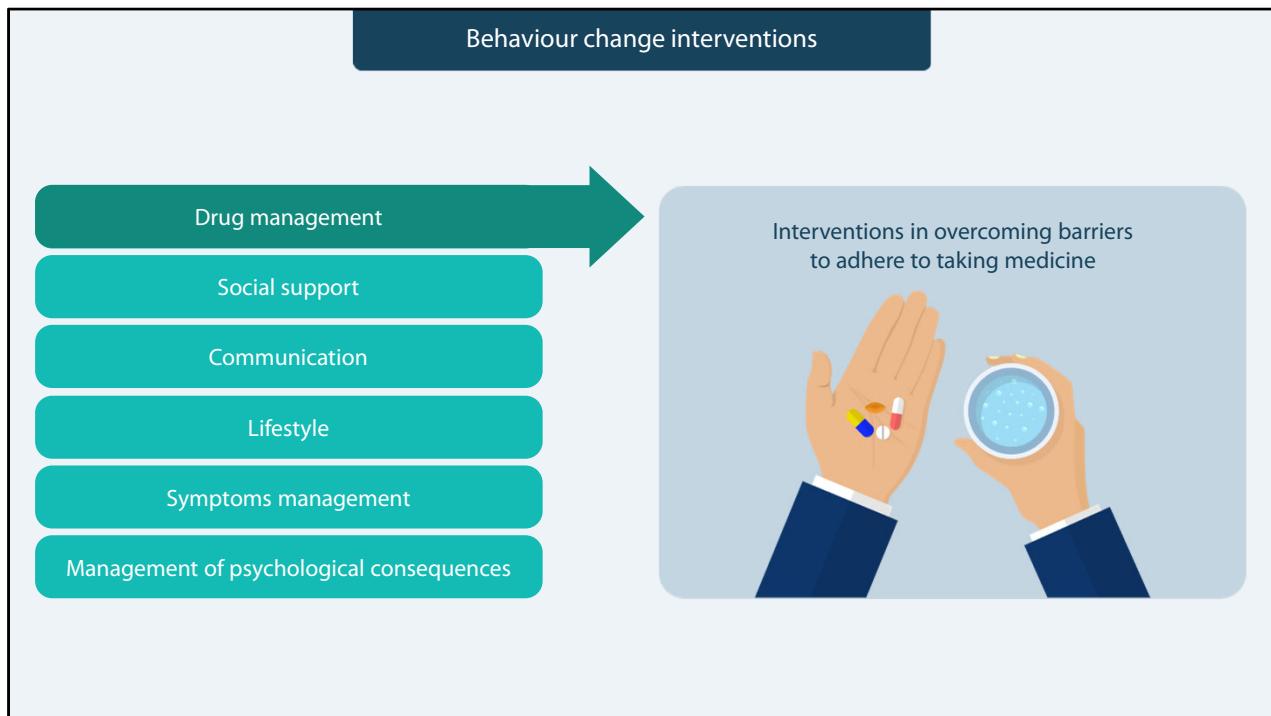
Communication

Lifestyle

Symptoms management

Management of psychological consequences

Sarah: That's right. Let's look at more examples of applying behaviour change interventions in chronic disease management, specifically in the areas of drug management, social support, communication, lifestyle, symptoms management and management of psychological consequences.



Sarah: To help in drug management, we can recommend interventions in overcoming barriers to adhere to taking medicine, for example, recommending a client with diabetes to follow the routine to take medicine before breakfast, so as to control the sugar level.

Behaviour change interventions

Drug management

Social support

Communication

Lifestyle

Symptoms management

Management of psychological consequences



Harnessing family support

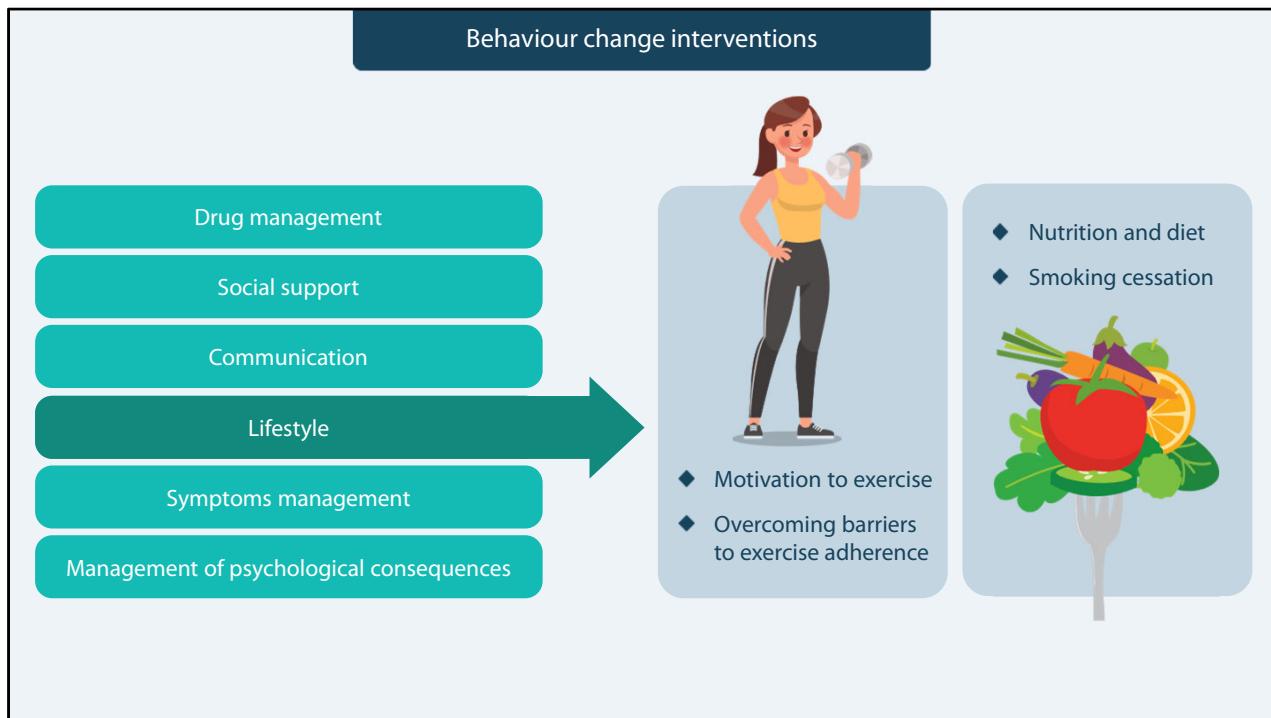
Sarah: To improve social support for clients, harnessing family support is crucial.

Behaviour change interventions

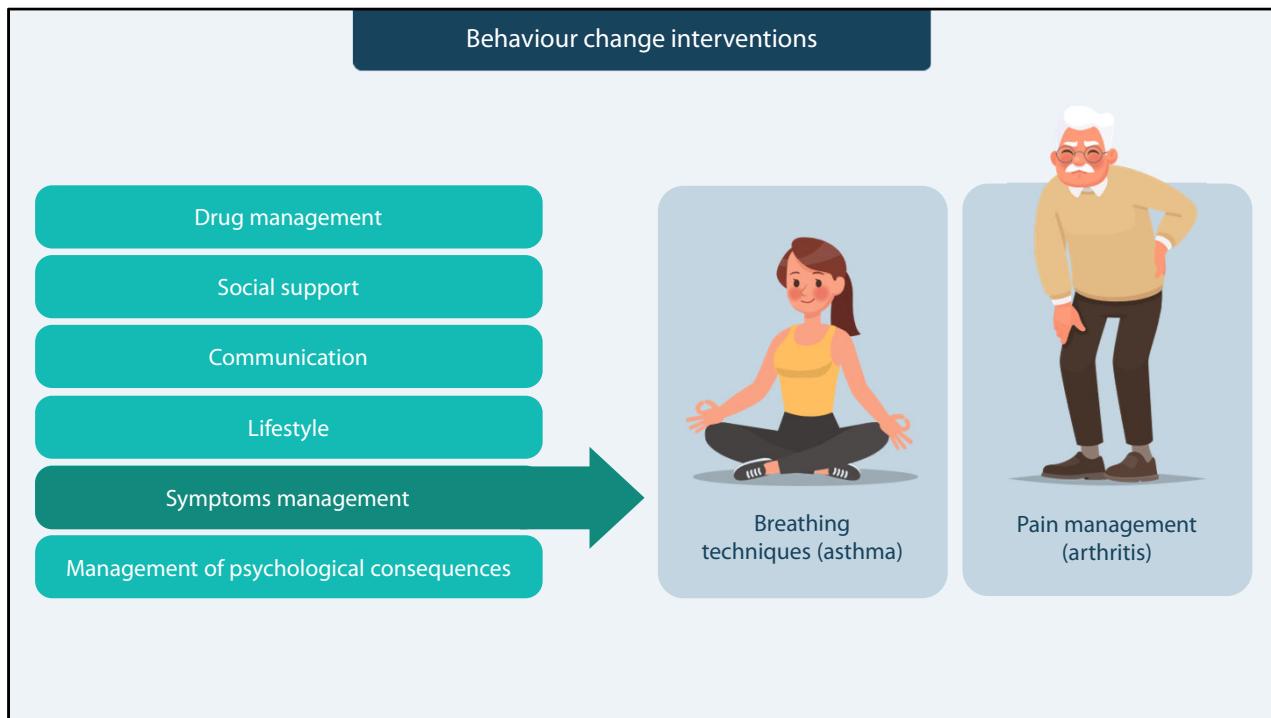
- Drug management
- Social support
- Communication
- Lifestyle
- Symptoms management
- Management of psychological consequences



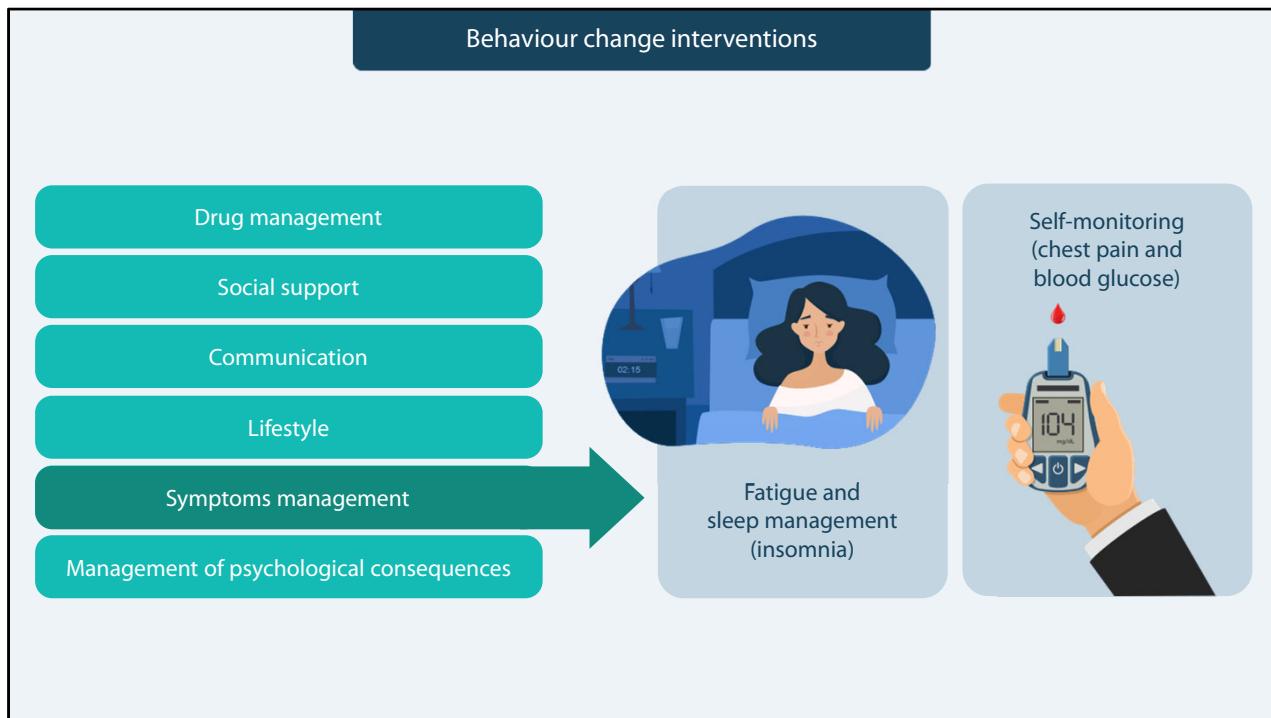
Sarah: To deal with communication needs, we can recommend clients to communicate more openly with health care professionals, and increase their assertiveness to resisting unhealthy behaviours, “for example saying ‘No’ when someone offers a stick of cigarette.”



Sarah: To better manage clients' lifestyle needs, a variety of interventions can be recommended. These interventions include:
 Motivation to exercise, overcoming barriers to exercise adherence, nutrition and diet, and smoking cessation.



Sarah: To improve symptoms management, we can recommend several interventions such as breathing techniques for asthma, pain management for arthritis...



Sarah: ...fatigue and sleep management for insomnia, as well as self-monitoring for chest pain and blood glucose.

Behaviour change interventions

Drug management

Social support

Communication

Lifestyle

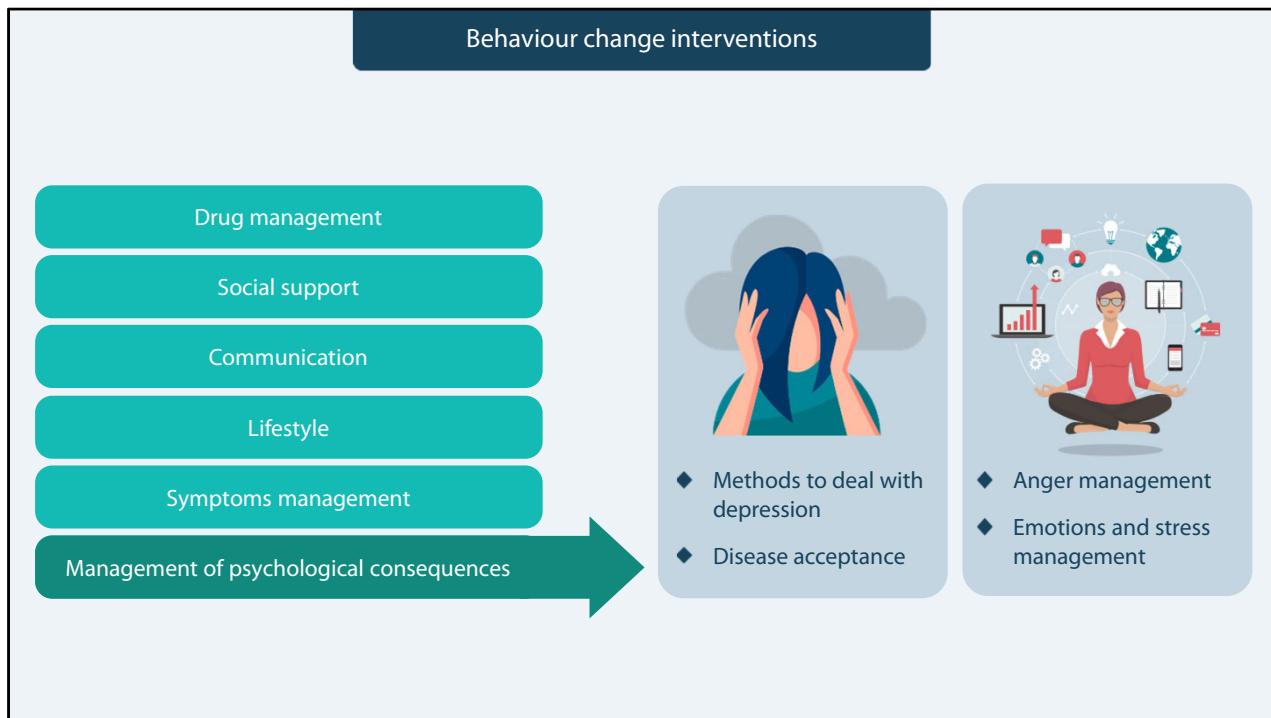
Symptoms management

Management of psychological consequences



- ◆ Cognitive symptom management
- ◆ Relaxation techniques
- ◆ Identifying aggravating factors and warning signs

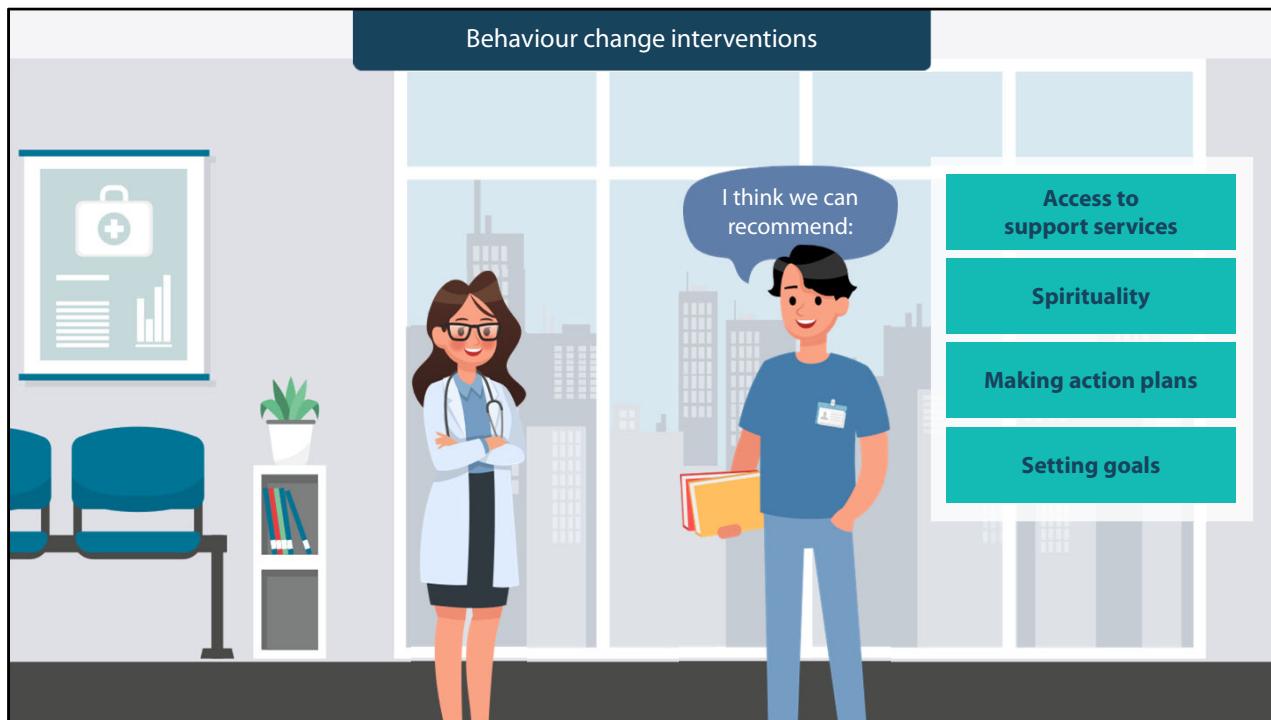
Sarah: Other interventions that fall into this category are cognitive symptom management, relaxation techniques and identifying aggravating factors and warning signs.



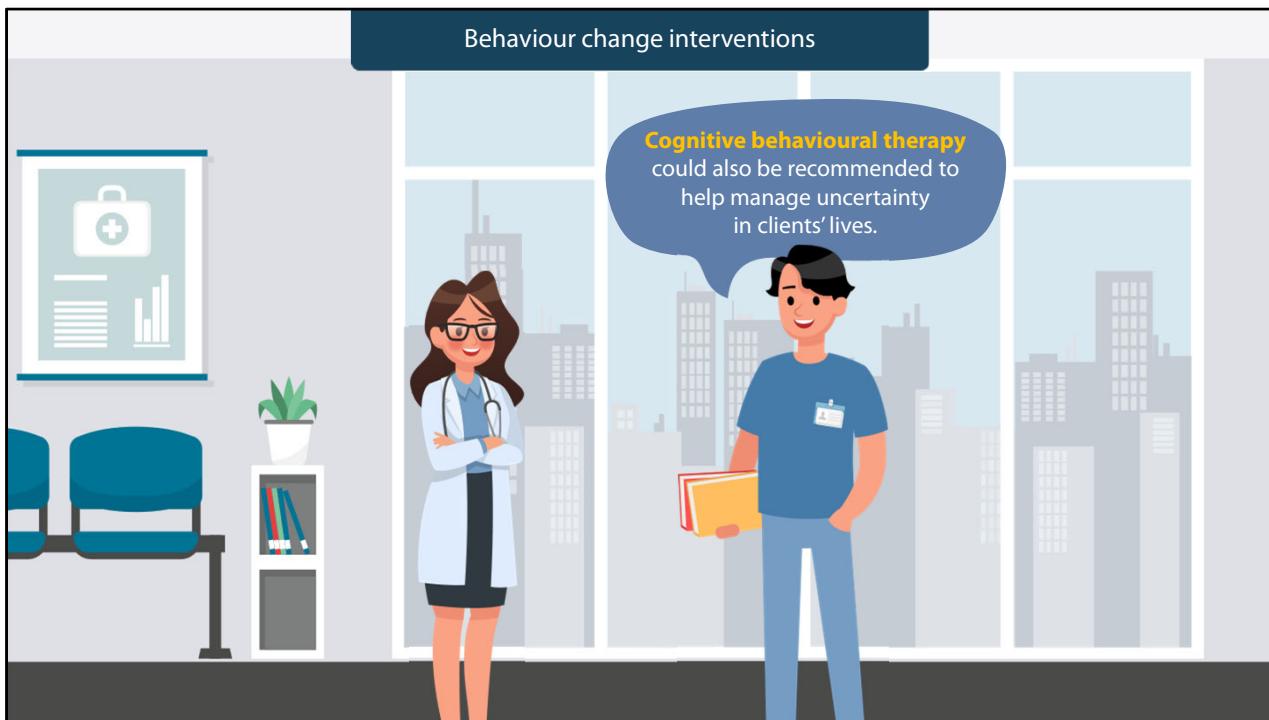
Sarah: To improve management of psychological consequences, we can recommend methods to deal with depression, disease acceptance, anger management, emotions and stress management.



Sarah: Can you think of any other interventions that can be recommended to clients?

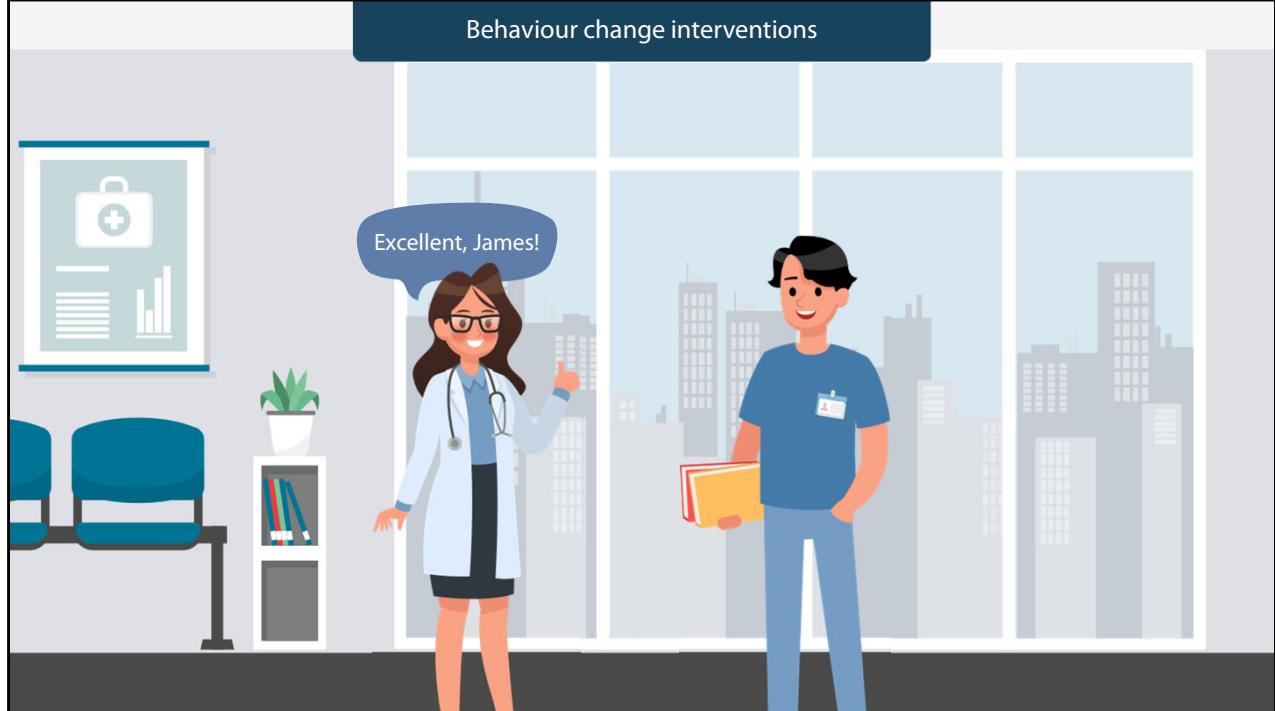


James: I think we can recommend: how to access support services, finding spirituality, making action plans and setting goals.



James: Cognitive behavioural therapy could also be recommended to help manage uncertainty in clients' lives.

Behaviour change interventions



Sarah: Excellent, James!

Behaviour change outcomes



1

Prevent clients from engaging in harmful or risky behaviours



Sarah: After recommending the appropriate behaviour change interventions, keep in mind that there are certain outcomes that we hope to achieve:

First, we hope to prevent clients from engaging in harmful or risky behaviours, such as smoking.

Behaviour change interventions

Behaviour change outcomes



Sarah: Second, we hope to promote engagement in health protective behaviours, such as exercising and timely cancer screenings and health screenings.

Behaviour change outcomes



3

Switch from more harmful to less harmful forms of behaviours

Sarah: Third, we hope clients can switch from more harmful to less harmful forms of behaviours, for example to reduce excessive drinking.

Behaviour change interventions

Behaviour change outcomes



4

Promote effective use of health care interventions

Sarah: Fourth, we hope to promote effective use of health care interventions, such as through improving medication adherence.

Behaviour change interventions

Behaviour change outcomes

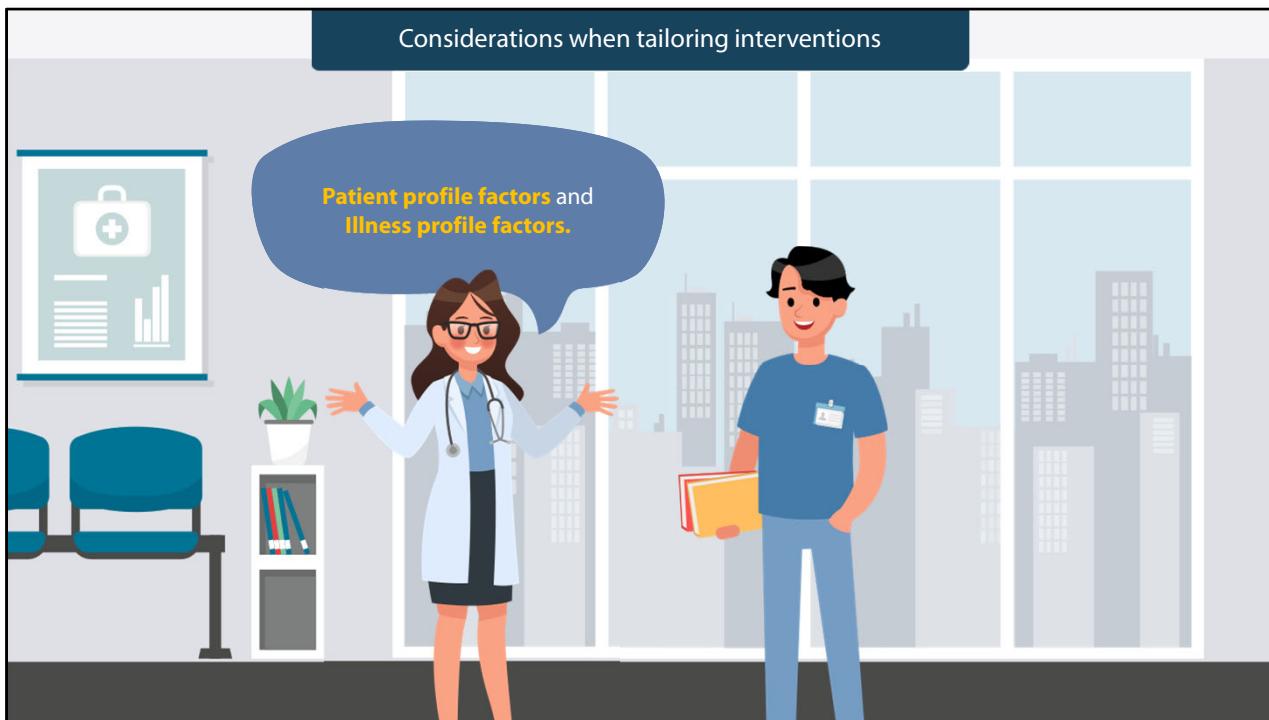
- 5 Promote effective self-management of diseases



Sarah: Finally, we hope to promote effective self-management of diseases, for example, when clients can monitor their blood glucose concentration.

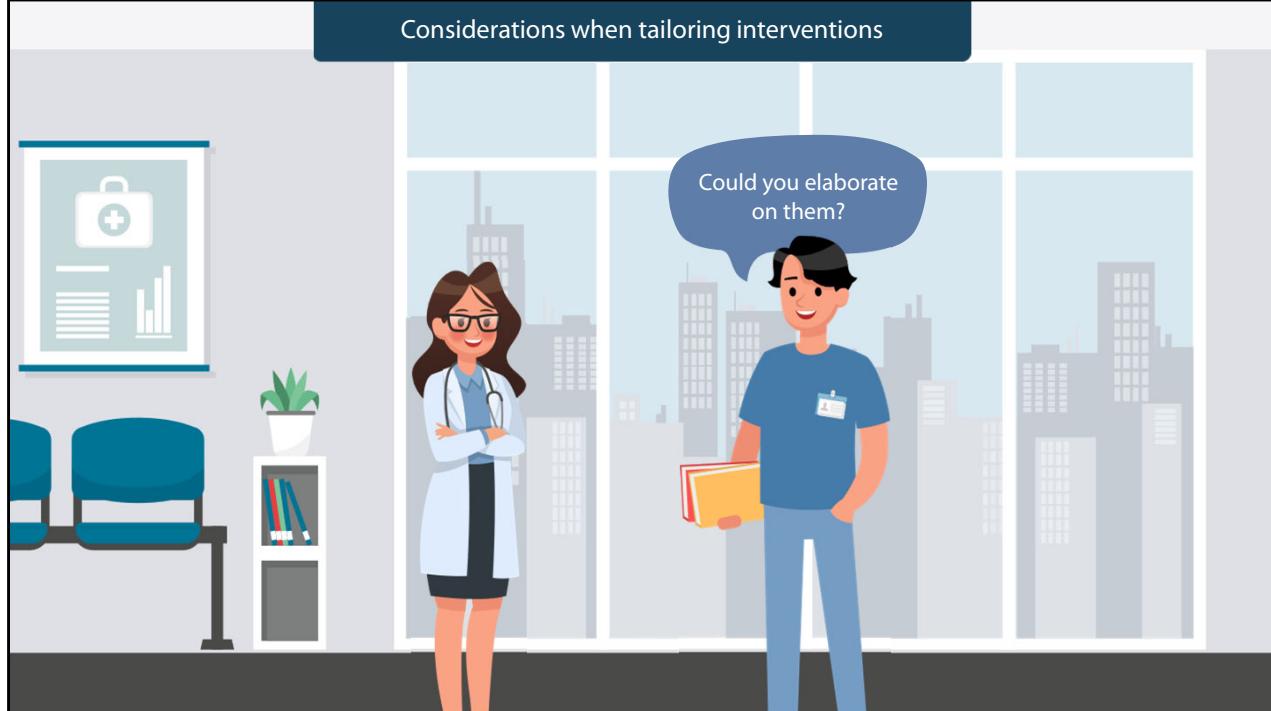


CONSIDERATIONS WHEN TAILORING INTERVENTIONS

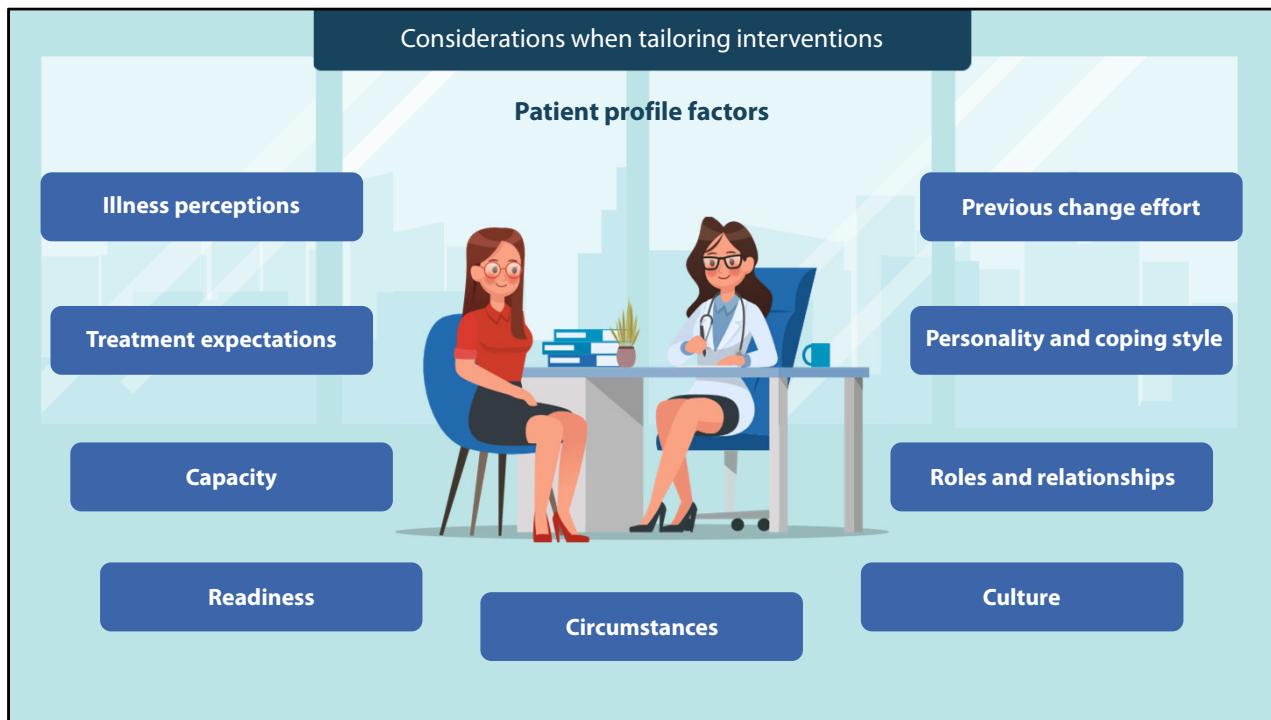


Sarah: When recommending interventions, we should take note of important considerations, such as patient profile factors and illness profile factors.

Considerations when tailoring interventions



James: Could you elaborate on them?



Sarah: Sure. Let's look at patient profile factors first. These factors are closely tied to the patient, and will affect the interventions that should be recommended.

Considerations when tailoring interventions

Patient profile factors

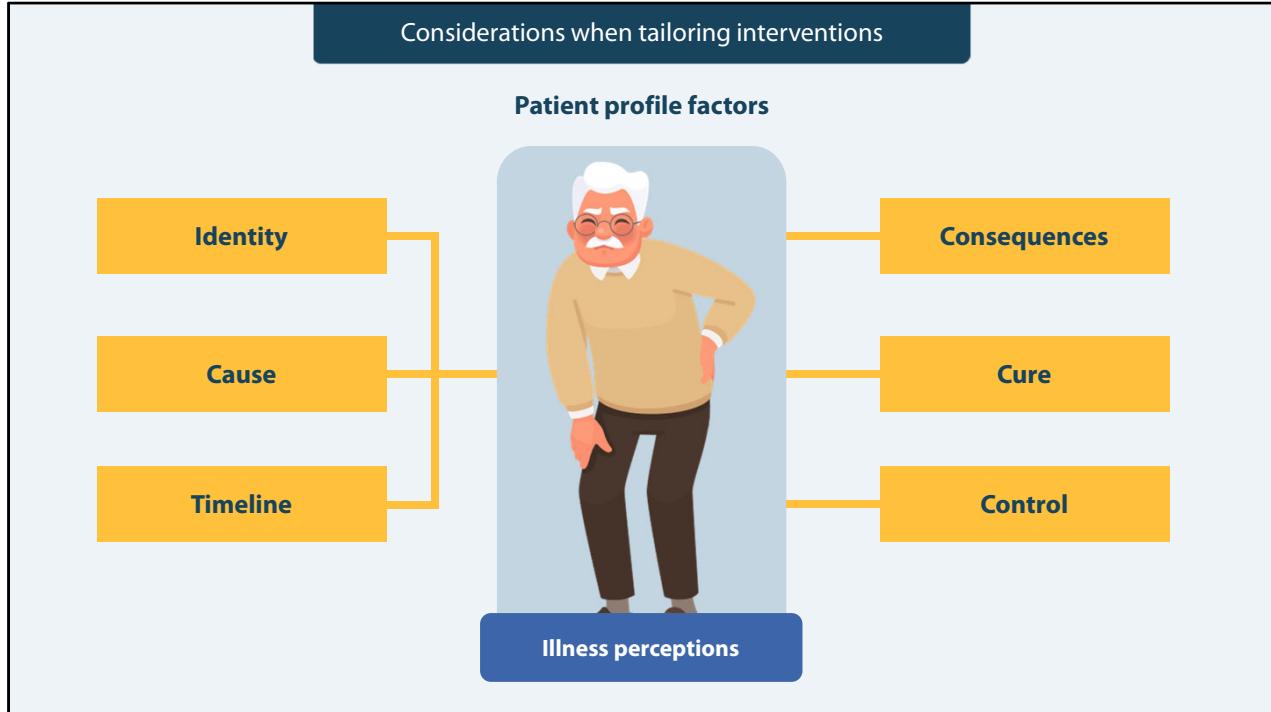


Illness perceptions

Sarah: First, we need to understand the illness perceptions of the client. What does the client ***think*** about the illness?

These are the personal perceptions of the illness that a client has.

Considerations when tailoring interventions



Sarah:

Whether through word of mouth or from the doctor, the client has formed a picture of the illness in his mind.

He has a label for the illness and symptoms; he has personal ideas about the cause or causes of the illness; he has formed a timeline on how long he thinks the illness will last; he has expectations of the effects and outcomes of the illness and he perceives certain ways that he can recover and control the illness.

Considerations when tailoring interventions

Patient profile factors



Treatment expectations



Capacity



Readiness

Sarah: Next, we need to understand the treatment expectations, capacity and readiness of the client.

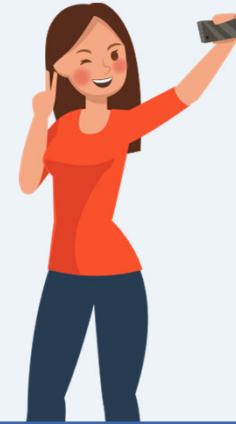
What are the client's expectations of the treatment of the chronic disease; what are the available abilities and resources a client can mobilise to address the health demands; how confident and ready the client is on making the change to improve his health.

Considerations when tailoring interventions

Patient profile factors



Previous change effort



Personality and coping style

Sarah: We should take note of any previous change effort from the client, as past attempts to change behaviour can provide insights to potential barriers and resources of the client.

The client's personality and coping style should also be taken into consideration, so that interventions can be customised to increase success rate.

Considerations when tailoring interventions

Patient profile factors



Sarah: It is also important to take note of the client's roles in life, such as being a mother, or a single working adult, as well as the client's relationships with other people.

Cultural perceptions could also affect receptiveness of intervention, for example, practicing yoga may not be acceptable to some cultures.

Last but not least, we should understand general circumstances of the client, such as his financial status or the current stage of life he is in.

Considerations when tailoring interventions

Illness profile factors

Type and severity
of disease

Unique risks
and comorbidities

Course

Phase



James: What about the illness profile factors?

Sarah: As the name suggests, illness profile factors are aspects of the illness that can influence interventions.

Considerations when tailoring interventions

Illness profile factors



Diabetes: focus on Diet



Arthritis: focus on Exercise

Type and severity of disease

Sarah: Depending on the type and severity of the disease, the type of intervention can be different. For example, intervention for diabetes may have emphasis on diet, whereas for arthritis, the emphasis would be on exercise and pain management.

Considerations when tailoring interventions

Illness profile factors



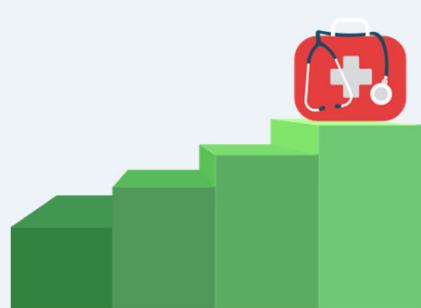
- ◆ Unique risk of each disease
- ◆ Whether more than one chronic disease

Unique risks and comorbidities

Sarah: We need to find out the unique risks of each chronic disease. When there is more than one chronic disease, in other words, comorbidities, considerations need to be taken into account so as to prevent risk of harming the client.

Considerations when tailoring interventions

Illness profile factors



The stage of the chronic disease



The duration of the chronic disease

Phase

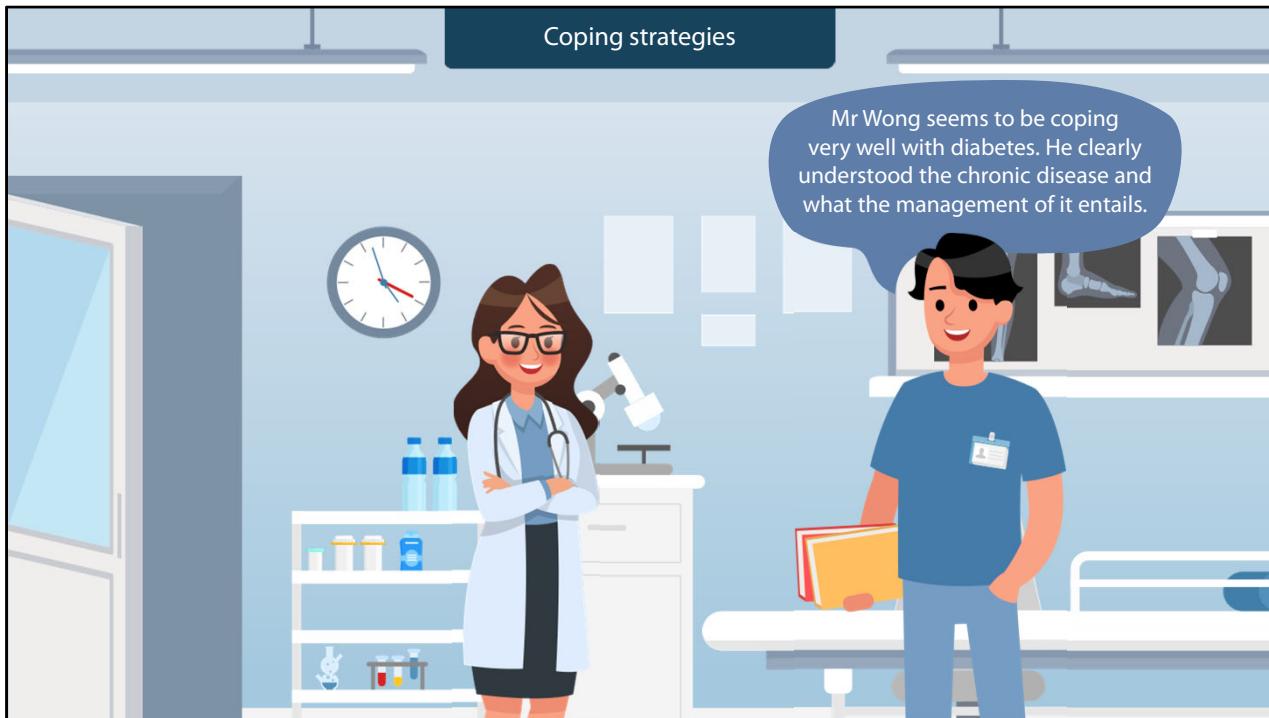
Course

Sarah: Also, understanding the phase and course of the chronic disease will determine the interventions that can be recommended.

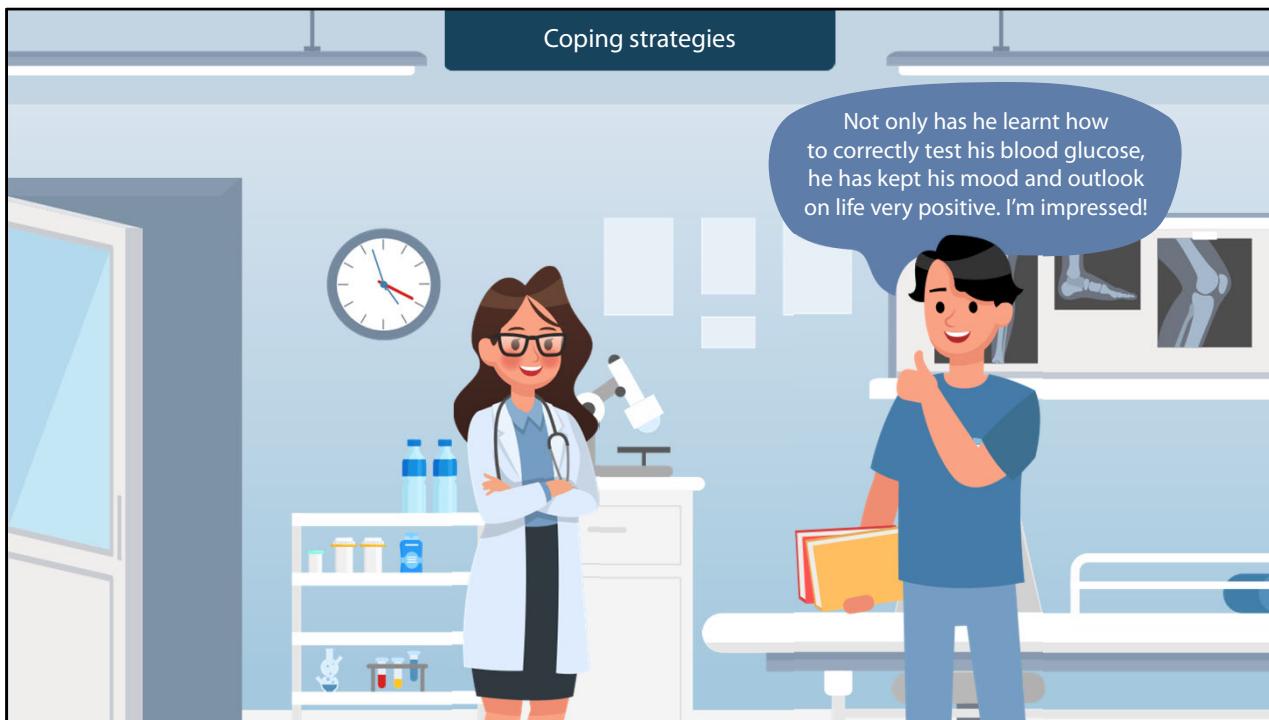




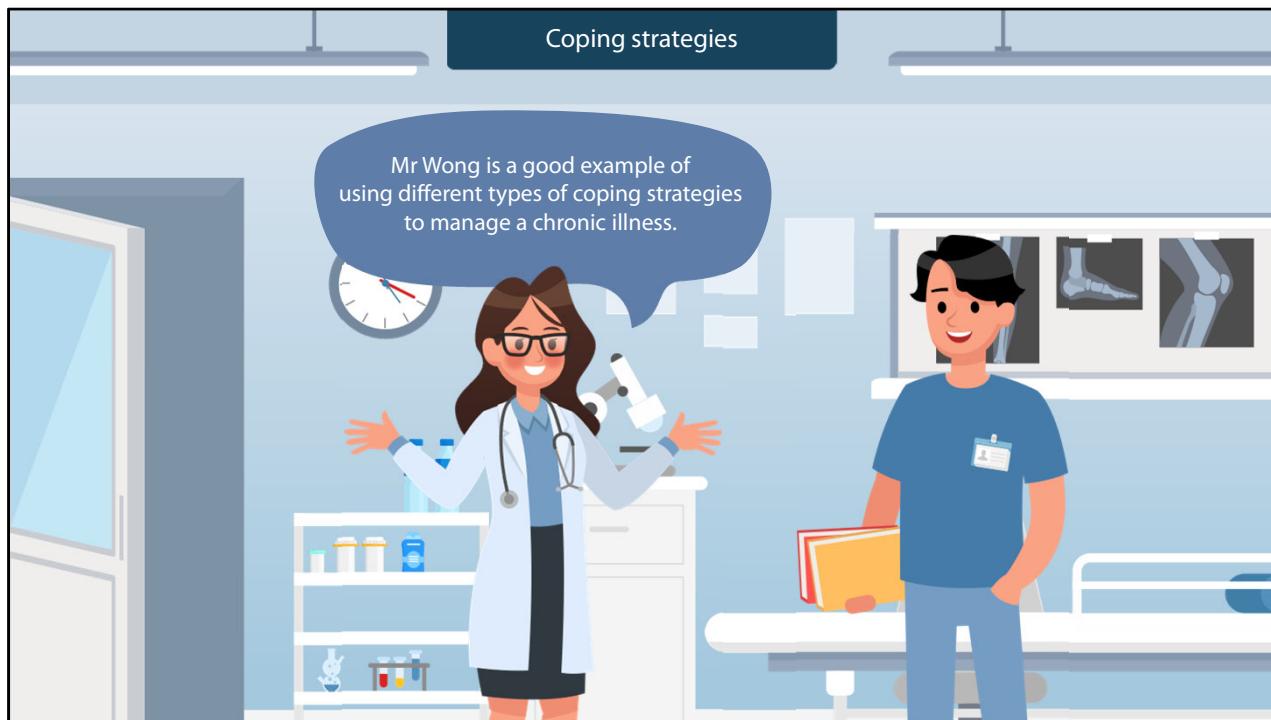
Narrator: Sarah completes a routine checkup session with Mr Wong, who has diabetes. Mr Wong leaves, and James has some questions for Sarah.



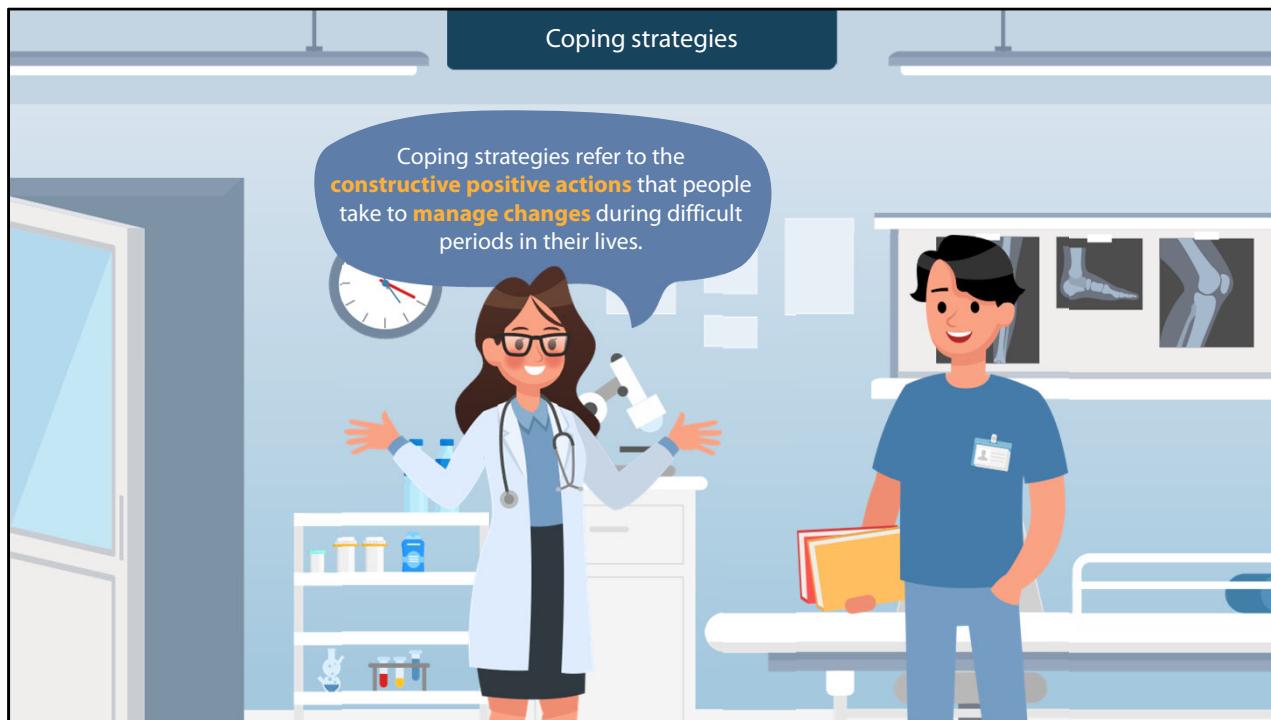
James: Mr Wong seems to be coping very well with diabetes. He clearly understood the chronic disease and what the management of it entails.



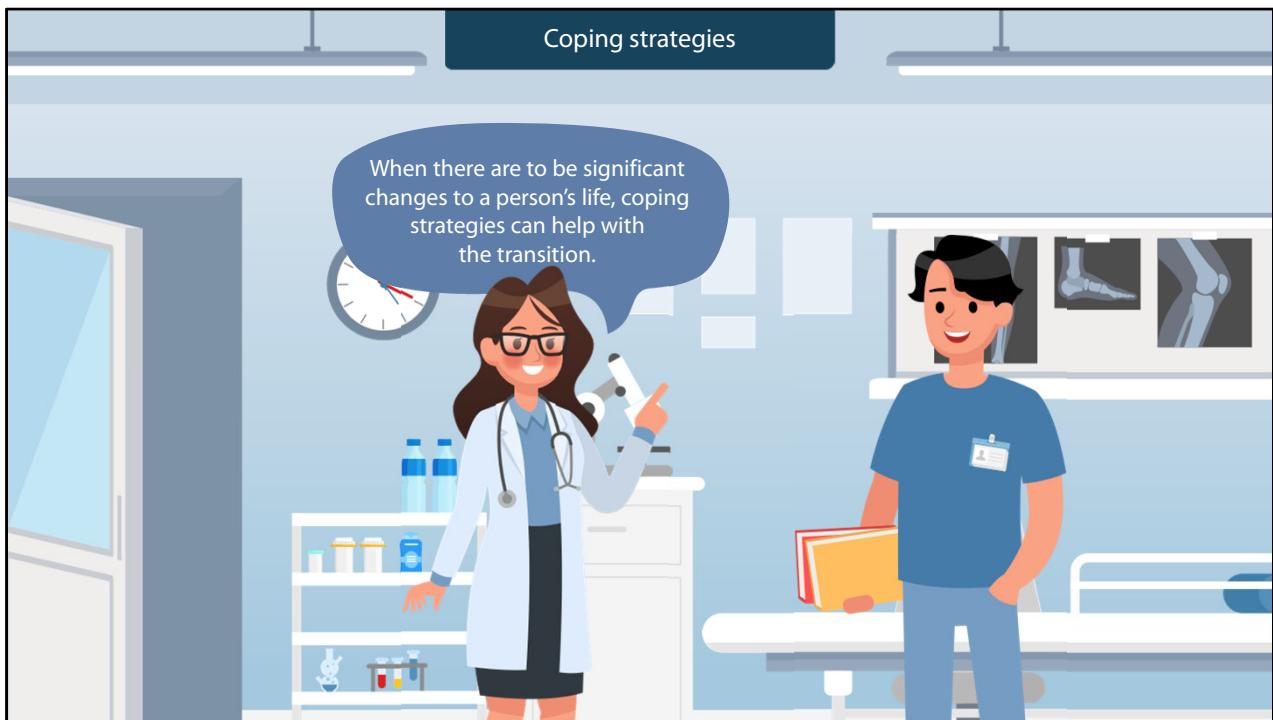
James: Not only has he learnt how to correctly test his blood glucose, he has kept his mood and outlook on life very positive. I'm impressed!



Sarah: Mr Wong is a good example of using different types of coping strategies to manage a chronic illness.



Sarah: Coping strategies refer to the constructive positive actions that people take to manage changes during difficult periods in their lives.



Sarah: When there are to be significant changes to a person's life, coping strategies can help with the transition.

Coping strategies



Problem-focused



Emotion-focused

Sarah: There are 2 main types of coping strategies: Problem-focused and emotion-focused.

Coping strategies

Problem-focused



- ◆ Deal with the cause of the problem
- ◆ Finds out information on the disease
- ◆ Learns new skills to manage it
- ◆ Alleviate stressful situations through taking control
- ◆ Typically used in situations perceived to be controllable

Sarah: Problem-focused coping tries to deal with the cause of the problem.

In Mr Wong's example, he finds out information on the disease and learns new skills to manage it.

He also rearranges his life around the disease.

These strategies attempt to alleviate stressful situations through taking control and weighing up pros & cons.

Research has shown that problem-focused coping is typically used in situations that are perceived to be controllable, for example, work issues.

Coping strategies

Emotion-focused



- ◆ Modify the way people think
- ◆ Altering their goals and values
- ◆ Regulate emotional distress
- ◆ Choose to see humour in a situation
- ◆ Typically used where stressor is less controllable

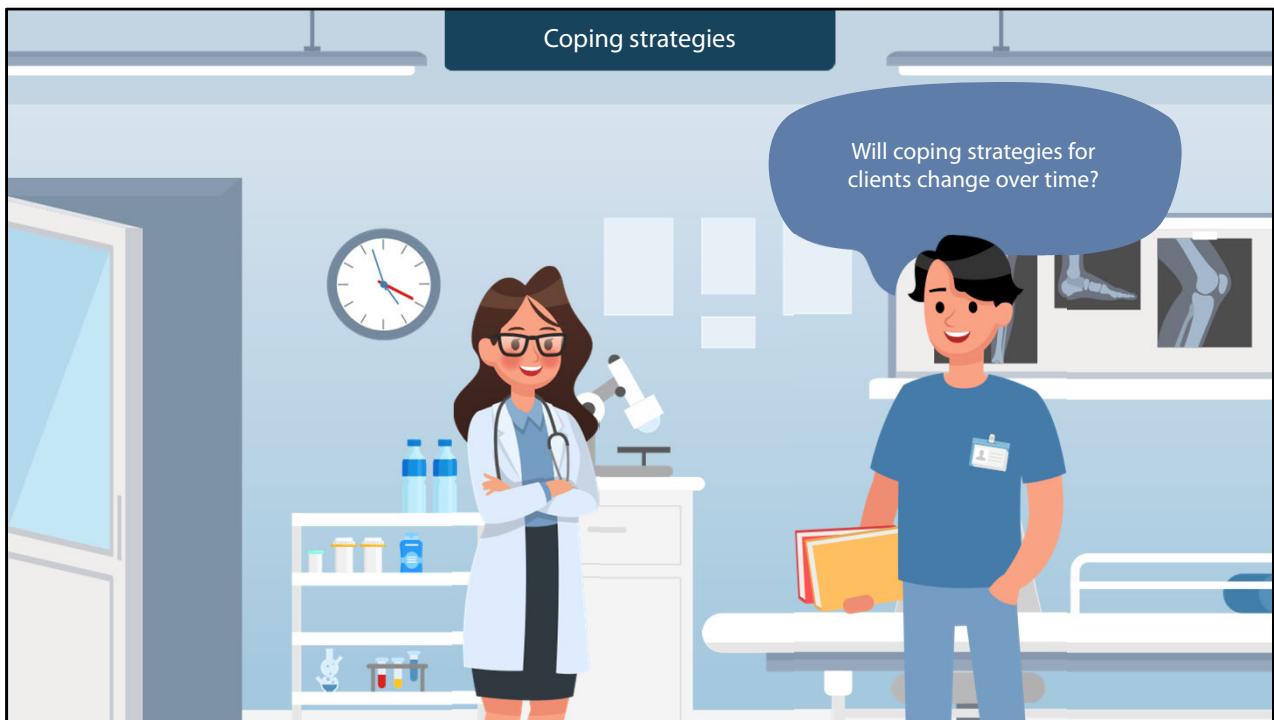
Sarah: Emotion-focused coping, on the other hand, tries to modify the way people think.

Clients may alter the way they think about a problem by altering their goals and values, or employing denial, or distancing themselves from the problem.

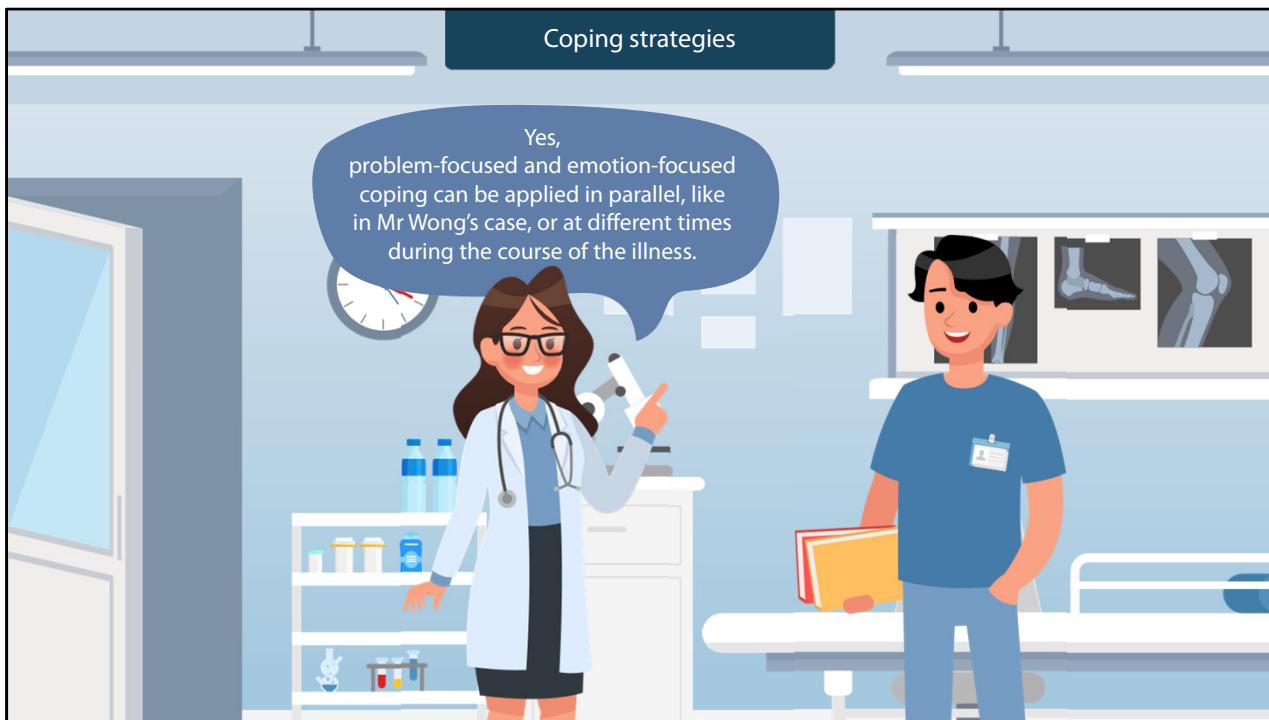
These strategies attempt to regulate emotional distress with stressful or potentially stressful events.

For Mr Wong, he chooses to see the humour in situations, thus generating optimism and alleviating some emotional stress of dealing with his chronic disease.

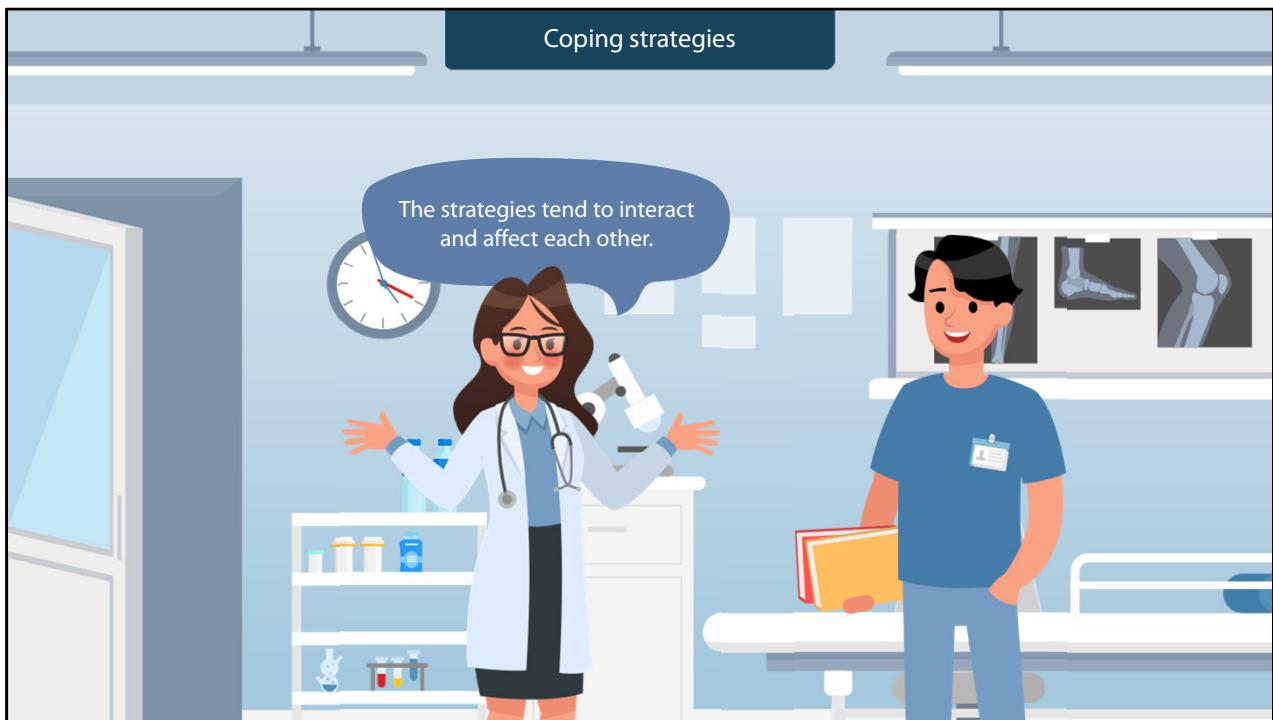
Research has shown that emotion-based coping is usually used in situations where the stressor is less controllable, for example, during terrorist attacks.



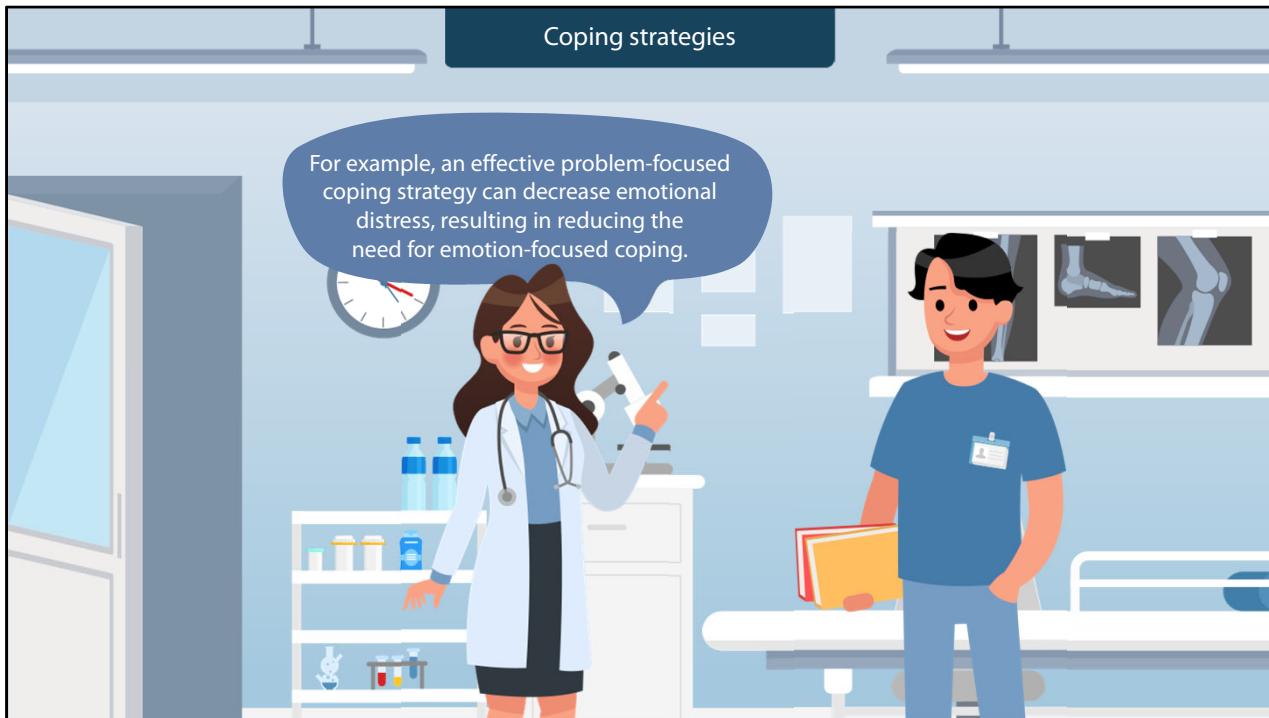
James: Will coping strategies for clients change over time?



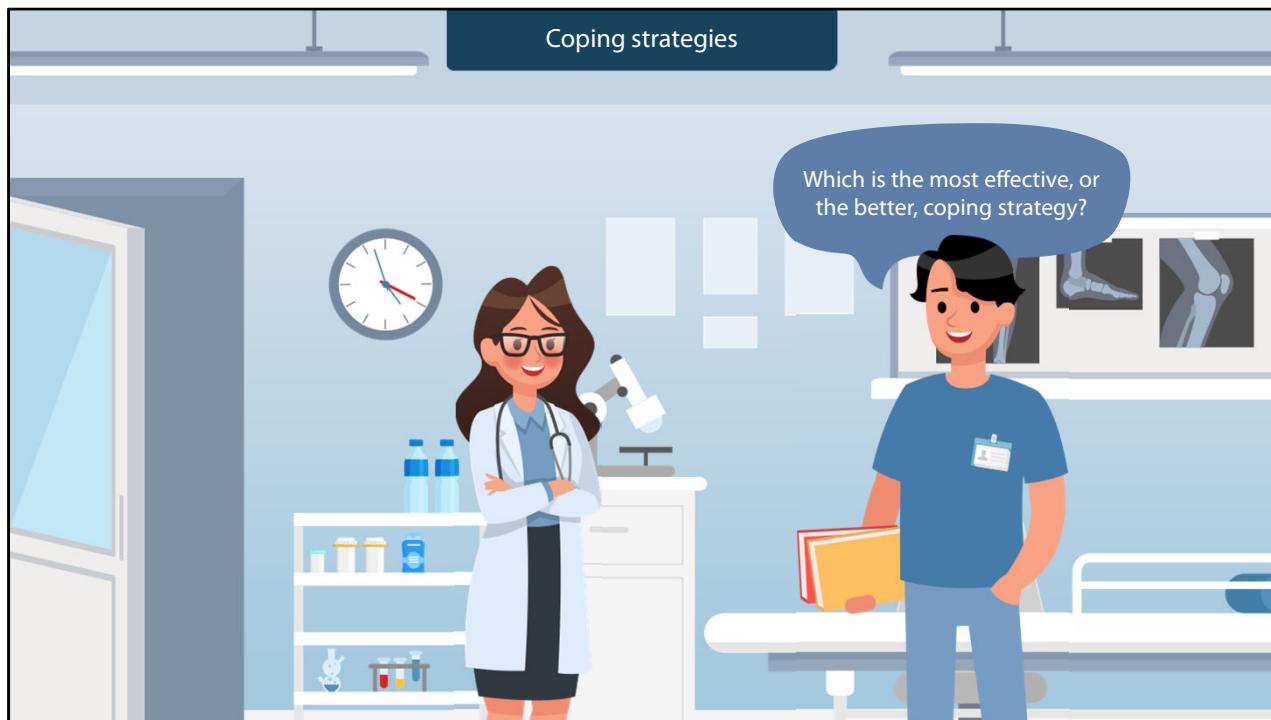
Sarah: Yes, problem-focused and emotion-focused coping can be applied in parallel, like in Mr Wong's case, or at different times during the course of the illness.



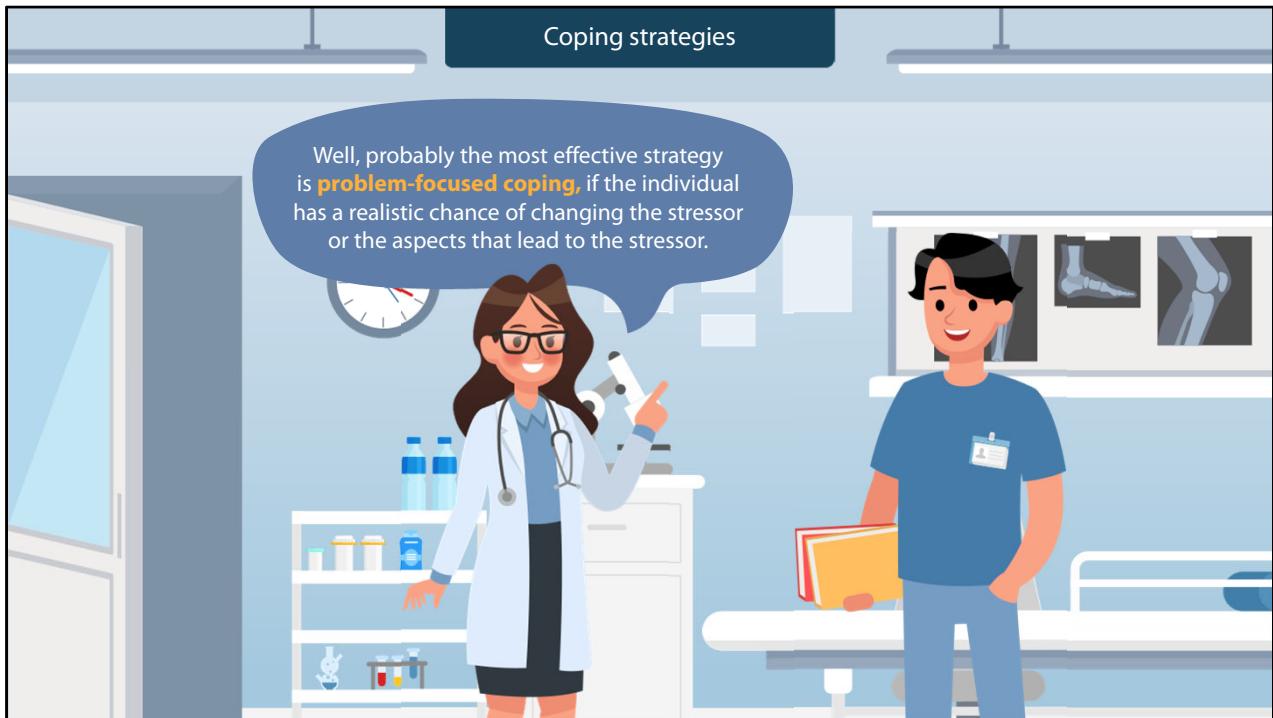
Sarah: The strategies tend to interact and affect each other.



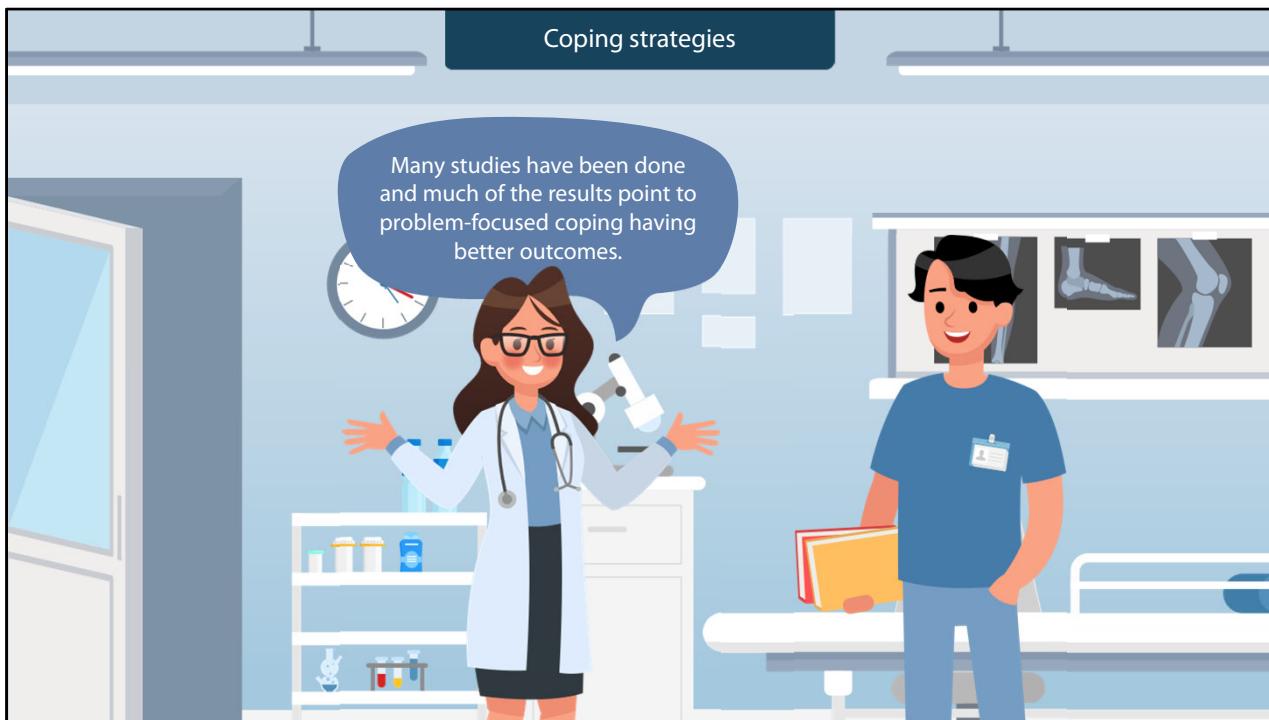
Sarah: For example, an effective problem-focused coping strategy can decrease emotional distress, resulting in reducing the need for emotion-focused coping.



James: Which is the most effective, or the better, coping strategy?



Sarah: Well, probably the most effective strategy is problem-focused coping, if the individual has a realistic chance of changing the stressor or the aspects that lead to the stressor.



Sarah: Many studies have been done and much of the results point to problem-focused coping having better outcomes.

Coping strategies

Health-Outcomes Penley et al (2002)

- ◆ Study of nursing students

Control & Coping Park et al (2004)

- ◆ Study of undergraduates and coping with stressful event

Threat & Coping Rukholm & Viverais (1983)

- ◆ Study on threats. Emotion-focused coping had better outcomes

Sarah:

In 2002, a study of nursing students found problem focused as positively correlated with overall good health, whereas emotional focused was negatively correlated with overall good health.

In 2004, there was a study of undergraduates describing their most stressful event, its controllability, how they coped and their daily mood. The results again promoted problem-focused coping with more positive outcomes.

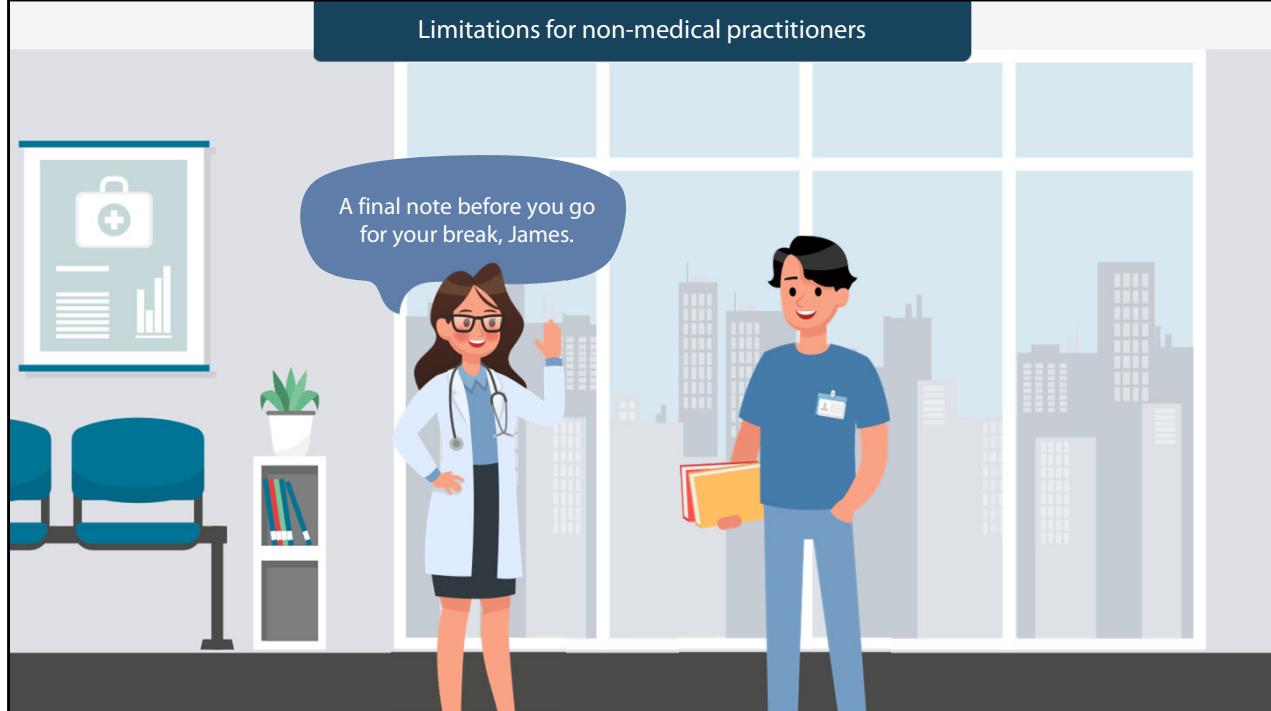
Yet, in 1983, through another study, it was concluded that if a person feels greatly threatened when exposed to a stressor, they need to deal with it using emotion-focused coping first.

Thereafter can they make use of the problem-focused techniques.



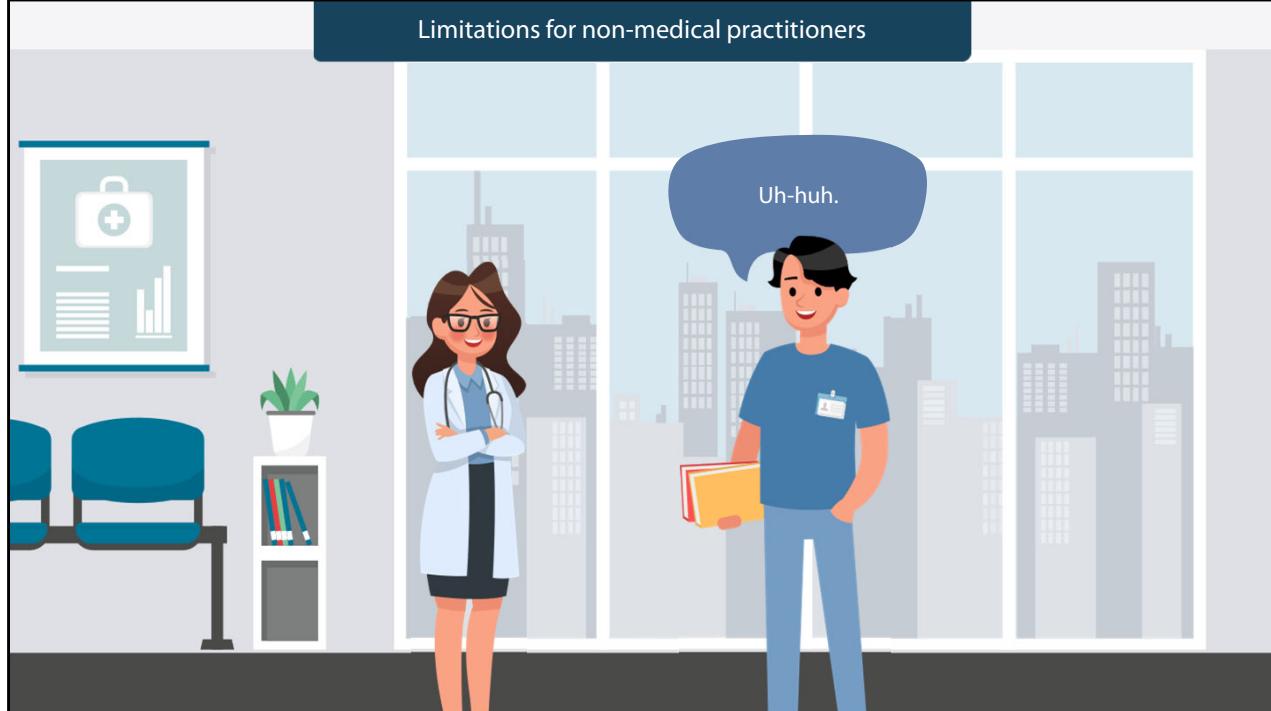
**LIMITATIONS FOR
NON-MEDICAL PRACTITIONERS**

Limitations for non-medical practitioners



Sarah: A final note before you go for your break, James.

Limitations for non-medical practitioners



James: Uh-huh.

Limitations for non-medical practitioners



For non-medical practitioners, they have limitations in prescribing interventions depending on their professional qualifications.

Sarah: For non-medical practitioners, they have limitations in prescribing interventions depending on their professional qualifications.

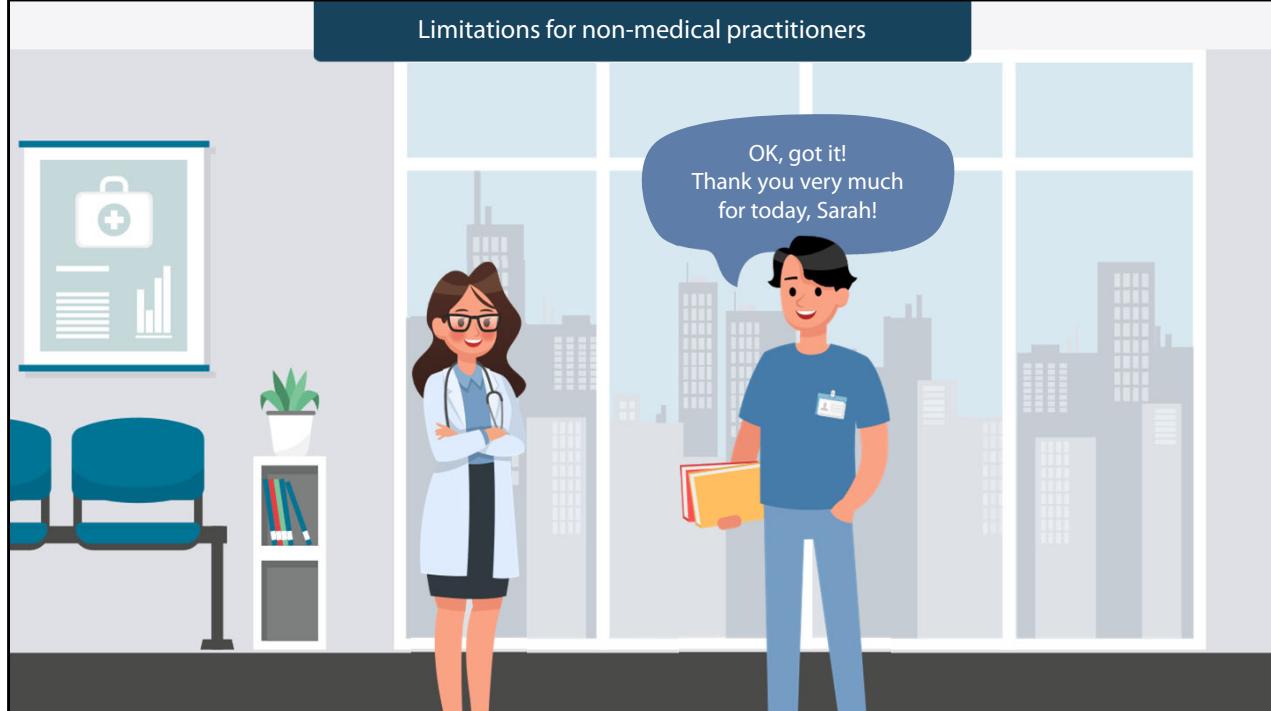
Limitations for non-medical practitioners

Care should be exercised especially when suggesting or advising medication to clients.



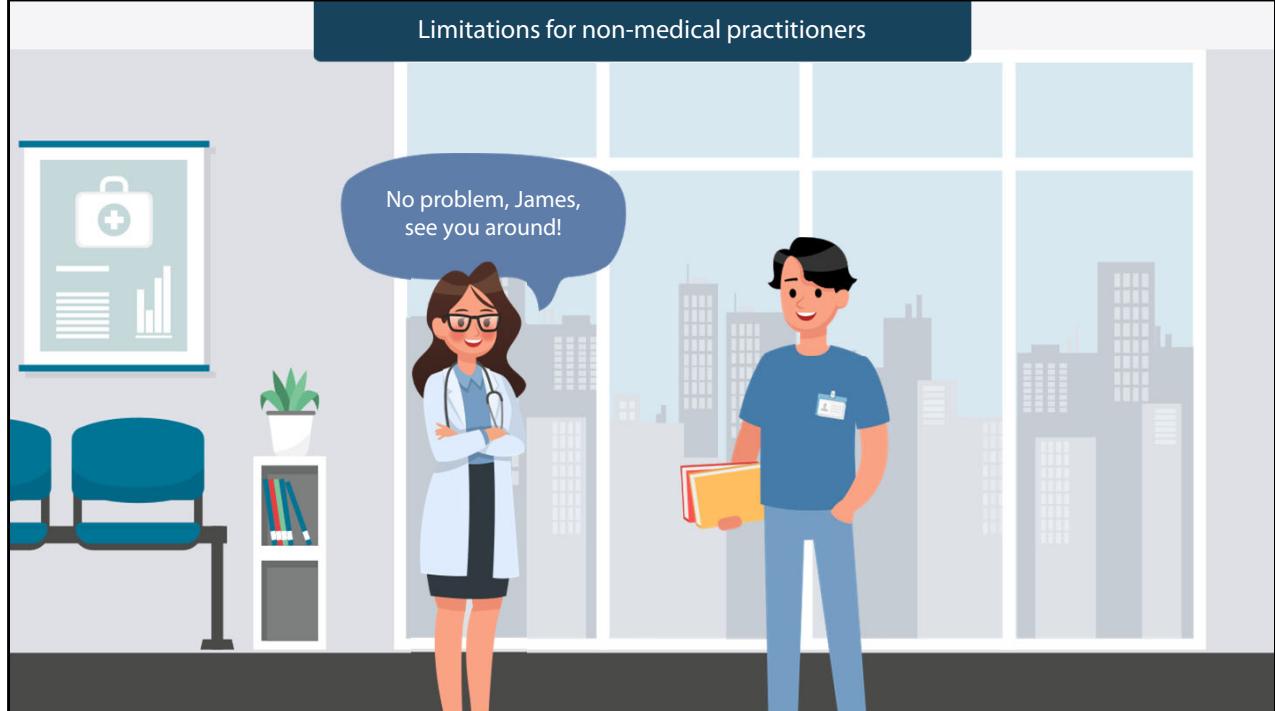
Sarah: Care should be exercised especially when suggesting or advising medication to clients.

Limitations for non-medical practitioners



James: OK, got it! Thank you very much for today, Sarah!

Limitations for non-medical practitioners



Sarah: No problem, James, see you around!



Now, let's refresh what we've learnt so far.

Quiz

Click the **Quiz** button to edit this object

Question 1

What is a chronic illness?

- It is a client's subjective experience of a medical condition over a long period of time.
- It is a long lasting and permanent medical condition.
- It is a medical condition that lasts for a brief period of time, with quick onsets.
- It is an objective diagnosis of a long-term medical condition.