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INFLUENCE OF LIFE-PURPOSE ON TREATMENT COMPLIANCE AMONG SELECTED ASTHMA PATIENTS IN NIGERIA

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(ABSTRACT) This study investigated the relationship of life-purpose and treatment compliance in 137 asthma patients from a hospital in Nigeria. Patient ages ranged from 15 to 75 years (M = 44.6, SD = 15.2). The Life Purpose Questionnaire and a questionnaire that was designed to assess treatment compliance among asthma patients were used for this study. Results indicated a statistically significant, positive correlation between life-purpose and treatment compliance of the asthma patients [r (135) = 0.20, p < 05]. These findings support the hypothesis that life-purpose may have some positive relationship with treatment compliance. We therefore speculate that effective asthmatic care and management should include psychological and logotherapeutic interventions.

Asthma is an illness that affects a large number of the world's population. Various meanings can be given to asthma depending on the way it is viewed. For instance, the patient may see it as a wheezing respiration. The allergist may think first of bronchospasm due to specific hypersensitivity. The psychiatrist/psychologist may view the disease as a psychosomatic disorder indicating psychological maladjustment. The medical doctor may view asthma as wide variations of airflow resistance without causal implications.

The Health Status and Quality of Life model of Robert explains patients' subjective experiences of asthma with respect to functional capabilities (such as activity limitations and emotional experiences related to asthma). This model posits that Health Status Outcome is the effect of variables that include changes in the perception of symptom control as well as overall improvement in the subjective quality of asthma patients' lives.

Schmer stated that asthma can adversely affect the physical, psychological, and social domains of quality of life. Further, Burns noted that prolonged and frequent recurring asthma can in itself create serious emotional problems and lead to maladjustment between the patient and the patient's family, and the patient's life-goals and satisfaction. Therefore, depression may occur among asthma patients due to the fact that some of their life goals may not be fulfilled because of the constraints of the asthma. There are some activities and occupations that asthma patients may be unable to pursue because they serve as precipitating factors for attacks.

In logotherapy, these problems may be seen as challenges to asthmatic patients whose lives present problems for them to solve. This is why Frankl and Fabry posit that a human being always has freedom to make a choice either to be responsible or not.^{2,3} That is, response-ability is the very essence of human existence in response to suffering; therefore, the patient always has a choice to either try to do something to reduce the pain/suffering or do nothing and perhaps die from complications.

The present endeavor is an initial attempt to ascertain the relevance of patients' meaning/purpose in life to compliance with asthma treatment in a sample of Nigerian patients. We hypothesized that the degree of meaning/purpose in life of asthma patients would be related significantly to treatment compliance behavior. This, in our opinion, may serve as a pivot upon which effective multidimensional treatment compliance intervention programs among both non-healthy and healthy asthma patients can be anchored.

Method

Subjects

The present study was carried out at the Medical Out-Patient Section of the University College Hospital of Ibadan, Oyo State, Nigeria. This is an institute that has been used for a lot of research during the last 20 years, and it has been reported to be successful in treating, diagnosing, and reducing the incidence of various illnesses.

A convenience sample of 160 patients clinically diagnosed with asthma agreed to participate in the study. Data from 23 patients were incomplete and thus were discarded. The remaining 137 patients were the subjects for the present study. They were 63 males and 74 females. Their ages ranged from 15 to 75 years (M = 44.6, SD = 15.2).

Instruments

A self-report questionnaire consisting of three sections was used in collecting the data. Section A comprised demographic variables: age, sex, occupation, religion, marital status, educational level, and ethnic group.

Section B comprised the 20 items of the Life Purpose Questionnaire.⁴ This is a dichotomous choice (Agree/Disagree) scale designed to easily assess the degree to which an individual subjectively experiences the presence of meaning/purpose in their life. When a pilot study was conducted with 30 Nigerian asthma patients, a split-half reliability of 0.53 was obtained, and a Spearman Brown Coefficient of 0.54 was obtained.

Section C comprised a 17 item self-report scale, developed by the researchers, designed to measure treatment compliance among asthma patients. This scale was generated from the outcome of a pilot study carried out by the researchers. The scale was dichotomous choice (Agree/Disagree). A split-half reliability of 0.70 was obtained, and an Alpha Coefficient of 0.66 was obtained.

Procedure

The first stage was the initial visit to the University College Hospital to meet the relevant authorities, the consultants in charge, the head of department, and the matron in charge of medical outpatients. These meetings were to gain permission to carry out this research.

The second stage was a group discussion with 30 asthma patients from the medical out-patients section of the hospital. A tape recorder was used, statements were transcribed, and these statements were used to develop the 17-item self-report measure of treatment compliance.

The third stage was the pilot study. It was carried out in order to obtain information about the reliability of the scales. Thirty clinically diagnosed asthma patients responded to the self-report questionnaires.

The fourth stage was the administration of the three questionnaires to the 160 patients.

Statistical analysis was by using the Pearson Product Moment Correlation.

Results

We had hypothesized that there would be a positive relationship between life-purpose and treatment compliance. The correlation used to test the hypothesis indicated that there was a positive, statistically significant correlation [r (135) = 0.20, p < 05].

Discussion

This research work is unique in the sense that few researchers have worked in this area in Nigeria. Our results shed more light on the relationship between some logotherapeutic variables and asthma treatment.

Our hypothesis that there would be a positive relationship between lifepurpose and treatment compliance was accepted. This result is consistent with the view of the Health Status Outcome model, which states that quality of life outcomes have significant clinical relevance for treatment adherence.

Our finding is consistent with logotherapy concepts. That is, persons who have purpose in life would be better able to bear their sufferings; therefore, they would be more likely to take responsibility to take care of themselves by following the treatment procedures from the health care providers.

One implication of this study is to expose selected asthma patients with low life-purpose to logotherapy, then administer again the treatment compliance scale and the life-purpose scale in order to assess any cause and effect of these variables. Presently, there is a proposed study designed to further ascertain these findings by the researchers.

Asthma is more than a physiological disorder. There are also psychological constructs, including depression and fear. In addition, the present study fits with the logotherapy position that there are also noölogical components. Therefore, health care professionals are encouraged to focus

not only on medical treatments but also on psychological maladjustments as well as existential frustrations that asthma patients might be going through.

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