

PERCEIVED QUALITY OF LIFE AND RESPONSIBILITY FOR OWN HEALTH CONDITION. MICRO-RESEARCH

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ABSTRACT — Managing the patient's self-care can be a framework in which he or she expresses responsibility for their own health condition. The present research starts from the hypothesis that there is a tendency in the Romanian population, it also manifests to young people with an average level of education and easy access to information for self-care, but this is done by avoiding the specialized medical consultation, the information being often obtained online or from members of the younger entourage. a therapeutic adherence. As regards mistrust in allopathic medicine, this, although it exists, does little to the extent of therapeutic adherence. Objective factors such as the relative lack of specialist medical services or difficult access, in other words of resource allocation in general as part of the social responsibility of the state (Frunză, 2011), are not a major impediment to targeting young people and family members to appropriate specialist medical services. The neglect of one's own health condition, when it is conscious, is due to laziness and lack of care (responsibility). Optimism (perhaps exaggerated) about current health care and its possible evolution is one of the most important factors in the decision to postpone medical examinations and therapeutic non-adherence in the case of mild symptoms.

KEYWORDS — quality of life; responsibility; health condition; therapeutic adherence.

INTRODUCTION

Managing the patient's self-care can be a framework in which he or she expresses responsibility for their own health condition. The research starts from the conclusions of studies on self-care management (Sandu, Cojocaru, & Oprea, 2013; Oprea, Cojocaru, Sandu, & Bulgaru-Iliescu, 2013) whose conclusion was that there is a direct leeway between the responsibility of the individual health condition and therapeutic adherence, especially in chronic patients. The paper is based on a micro-research conducted between October and November 2018, using the questionnaire

survey applied to students at non-medical specializations from a University in the N-E area of Romania. The research aims at young people's perception of the quality of life related to the perceived health-state of the family.

RESEARCH OBJECTIVES

The research targets the young people's perception of quality of life related to family health. In the research it was considered the analysis of the predominant sources of information used by the young people in the process of self-care, the frequency and the moment when specialized health care services are being applied to the perceived moment of the onset of a disease. It is worth highlighting possible causes of postponement of the specialized consultation: lack of financial resources needed for calling to specialized medical services, unavailability of specialized medical services needed in the home area, lack of trust in allopathic medicine, etc. In the context of the study of the quality of life related to the state of health, we have been interested in the assumed responsibility for our own health, as well as that of our own family.

LITERATURE REVIEW

The patient's responsibility for self-care, when correlated with therapeutic adherence, is part of the strategies to create a therapeutic alliance between physician and patient in chronic disease management (Oprea et al., 2013). Self-medication in the absence of medical supervision leads to a worsening of the patient's health condition and the quality of his life. Sociological studies on quality of life bring together research in disparate areas, which provide them with gnoseological coherence (Gemene, Unguru, & Sandu, 2018).

The quality of life is often considered an operation of the concept of happiness (Zamfir, 1982). The criteria taken into account in the quality of life research also refer to the objective conditions in which an individual, group or community is living, as well as to the subjective way in which social actors assess their living standards. From a sociological point of view, the concept of quality of life is an evaluation concept. It does not refer to any class of objects or social phenomena as descriptive concepts, but to their evaluation (Gemene et al., 2018). In contrast to general quality of life studies, health-related quality of life analyzes the

extent to which the health condition and the therapeutic processes influence well-being or maintain it within the limits of a relative normal. The term health-related quality of life refers to the extent to which significant aspects of personal life are influenced by health and health-related interventions such as medical care. Health-related quality of life studies are used in the assessment of health programs, the construction of health policies, and also in current clinical practice. The quality of life correlates the perceptions of individuals about their own social situation and how they relate to cultural values and their own standards and aspirations (Gemene et al., 2018).

RESEARCH HYPOTHESIS

The present research starts from the premise - with value of hypothesis - that there is a trend in the Romanian population, it also manifests to young people with an average level of education and easy access to information towards self-care, but this is done with the avoidance of consultation medical specialty, the information being often obtained online or from the members of the younger entourage.

METHODOLOGY

The article is based on a micro-research conducted between October and November 2018, through the questionnaire survey applied to students at non-medical specializations from a University in the N-E area of Romania. The research aims at young people's perception of the quality of life related to the perceived health of the family.

The research was attended by 86 respondents, day-care students at non-medical specializations, from a university in the N-E region of Romania. The majority of respondents are between the ages of 18 and 25, with only two of them reporting a higher age. Of the respondents, 62 were female and 24 male. Of the respondents 83 are unmarried and only 3 participants say they are married. As far as the environment of origin is concerned, 56 come from urban and 28 from rural areas.

The questionnaire was self-applied by groups of respondents in the presence of the researcher. No other information was provided to participants than those included in the research report. The sampling was non-random, all students attending the questionnaire attended the classroom, were given a form, and were invited to complete it after they had received the necessary information in advance and their informed consent.

The questionnaire contained a series of 24 closed questions, self-supervised by the operator.

RESULTS

The importance of family health is being recognized by all respondents, which is appreciated as important or very important by all participants (fig. 1).

The Trust in Medicine

As for trust in medicine, 45% of respondents trust in allopathic, western medicine, and 19% trust mainly in traditional and natural medicine. A significant percentage of 30% of respondents express their mistrust in modern medicine, preferring to self-care themselves the way they think is best — taking their information mainly from family and acquaintances — while 6% of them report neglecting their own health care, until the health problem becomes serious or even very serious (fig. 2).

Satisfaction with Existing Health Care Opportunities within the Area Where People Reside

Available health care opportunities within the area where people reside are considered sufficient by 50% of respondents, while only 1% of them think that such care resources are totally missing or inaccessible, while 3% of them considers them to be insufficient. It is noteworthy that only 8% of the respondents appreciate that these resources are plenty, which shows that we actually have a level of service that is acceptable, but which could be improved (fig. 3).

Perceived Health Status of the Family

Respondents state that the health state of their families is good (68%) or very good (30%), and only 2% show signs of worry about the health of their families (fig. 4).

Perception of Family Members' Efforts to Maintain their Health

The efforts made by family members to maintain their health are generally considered to be little (74%), very little (18%) or even nonexistent (8%). None of the respondents appreciate that their family members would make sustained or even excessive efforts to maintain their health. However, at the previous question, the health of family members was perceived as good or very good, which is why it was not perceived that efforts were made to maintain or improve their health condition (fig. 5).

Satisfaction with the Health of Family Members

Respondents declare themselves to be very satisfied (10%) or satisfied (73%) with the family health condition, including their own. Only 4% of the respondents are dissatisfied with their family health, but none of them have expressed total dissatisfaction (fig. 6).

The (Declared) Attitude towards the Family Health

The declared attitude towards the health of the family members is that of responsibility, 57% of the respondents considering themselves accountable for their family's state of health. 29% of the respondents are rather negligent about their state of health, while only 12% are extremely concerned (fig. 7).

Expectations Regarding the Evolution of the Health Status of Family Members

Even if the respondents are generally satisfied with the health status of family members, they (41% of them) expect improvement and even significant improvement (7%). Respondents do not expect the health condition of their family members to get any worse, but even if 8% felt that such a situation was possible, none were convinced that the worsening would be significant. Maintaining health at the same level is considered to be the most likely evolution of the health status of family members. Expected results are due to a lack of efforts to care for health. The optimism towards the evolution of the health status is based on the general appreciation of the family health condition, and the assumption that it will not degrade. The correlation between the answers to the 3 questions seems to suggest a lack of accountability to their own health, given a high optimism regarding the health condition (fig. 8).

Sources of Information on Health Care

Regarding the sources of information on optimal health care, respondents point to physicians, 23% of them consider physicians are the sole source of information, while for 63% of them, physicians are a source of information only when the suffering is perceived as serious. Other sources of information on health care are represented by family or close friends (12%) and the internet (4%). Other sources of information were not mentioned (fig. 9).

The Perceived Importance of Specialised Medical Services for Family Members

The existence and accessibility of health services are considered important (33%) and very important (57%) for family members. Only 1% of respondents consider access to specialized medical services as being of no importance to the quality of life of their own family members. Only 29% of the respondents complain that themselves or their family members do not have / have had access to necessary (specialized) medical services, while 71% of them show that they had access to the specialized health services necessary for their own health care or that of their family members (fig. 10).

Efforts Undertaken to Access Specialized Medical Services

Although the participants stated that they and their family members had access to specialized medical services, the effort to obtain such services was considered to be significant by 41% of the respondents and even very significantly by 16% of them. Only 1% of participants considered that they made almost no effort, while 11% consider the efforts made to access specialized health services as being small (fig. 11).

Expectations for the Development of Specialized Medical Services and their Accessibility

Regarding the development of specialized medical services and their accessibility in the residential area of the respondents, they are generally optimistic, 57% considering that they will improve in the following years, and 11% considering that they will improve very much, while only 1% expect a decrease in quality or accessibility, and 31% consider that they will remain roughly the same (fig. 12).

DISCUSSIONS AND LIMITATIONS

The research is exploratory, aiming at outlining the relationship between responsibility for one's own health and perceived quality of life. The small size of the sample on which the questionnaire survey was applied to does not allow an adequate generalization of the results, in the sense of fully assuming that the research hypothesis was validated.

The fact that the sample is formed mostly of unmarried people is likely to influence general outcomes, because marriage gives a sense of maturity about responsibility for their own health condition. However, among this category of population, meaning students, most of them are unmarried persons, this period of life being a period of conjugal couples' construction.

The increased proportion of urban respondents influences the responses regarding the accessibility of specialized medical services.

RESPECTING THE ETHICS OF RESEARCH

Regarding the observance of the ethics of research, this research does not present any discomfort or risk for respondents. Given the student-teacher authority relationship, as the one between the researcher and the respondents, the self-application method was used. Respondents filled out the questionnaire anonymously, under conditions that ensured anonymity of responses including for the researcher. The participating students were informed about the purpose and objectives of the research, of its exploratory nature, and of their right to withdraw from research, or not to answer one or more questions. The structure of the

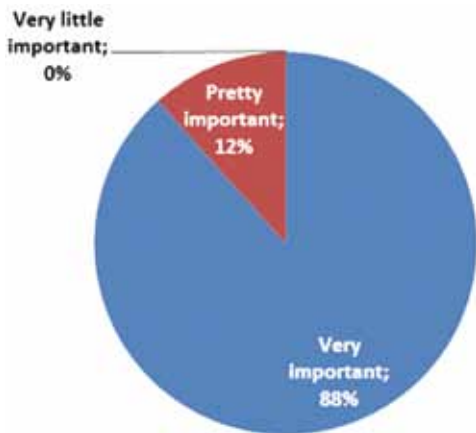


Fig.1. The perceived importance of health for the family's quality of life

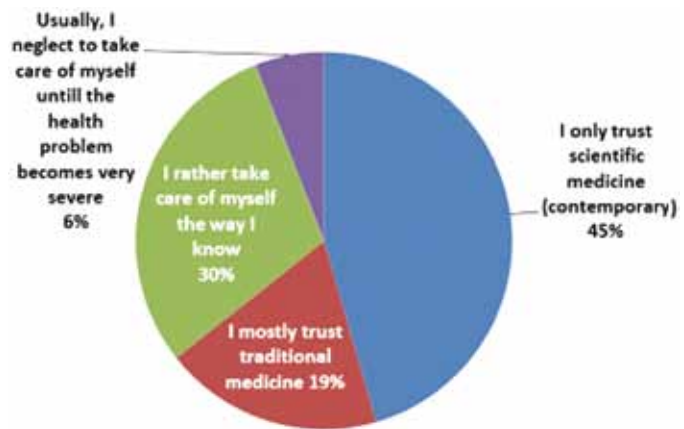


Fig. 2. Trust in contemporary medicine. Regarding health care...

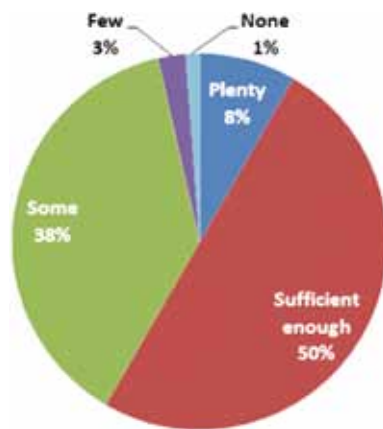


Fig. 3. Health care opportunities considered to be satisfactory within the area where people reside

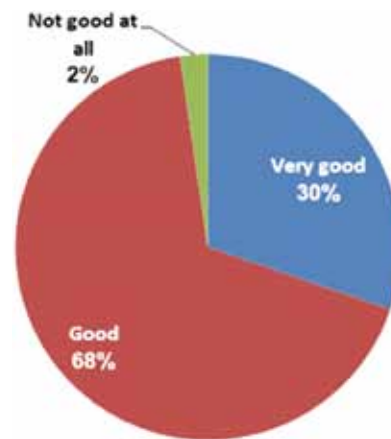


Fig.4. Perceived health status of the family

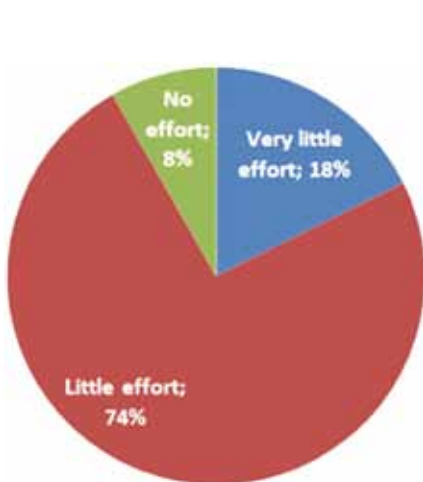


Fig. 5. Perception of family members' efforts to maintain their health

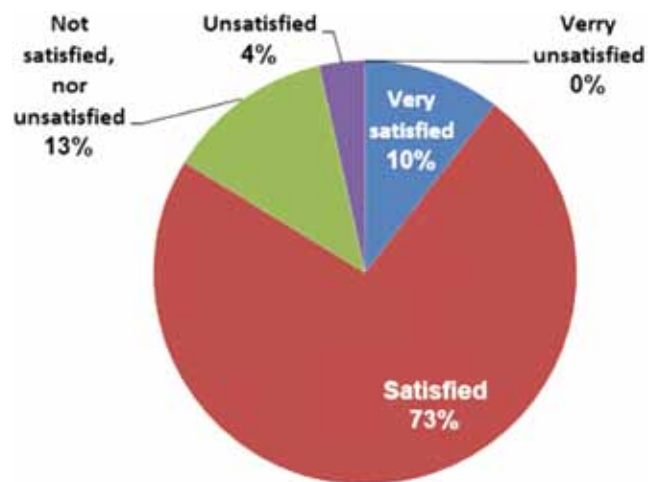


Fig. 6. Satisfaction with the health of family members

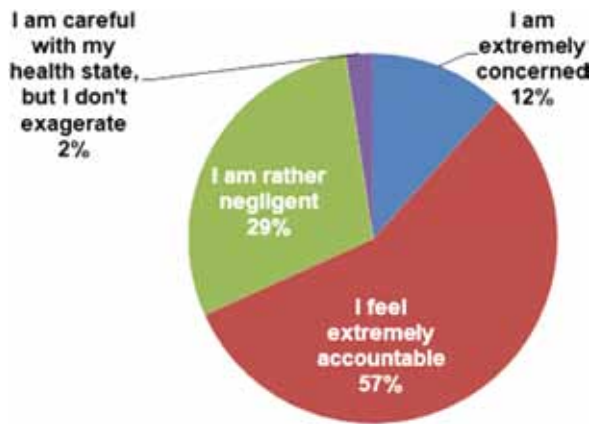


Fig. 7. The (declared) attitude towards the family health

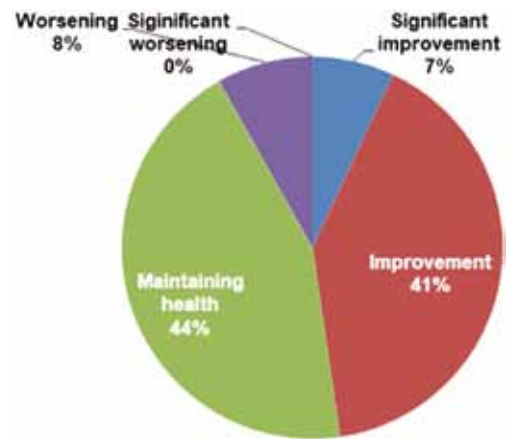


Fig. 8. Expectations regarding the evolution of the health status of family members

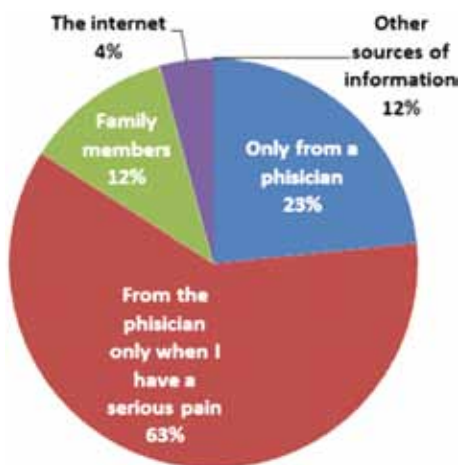


Fig.9. Sources of information on health care

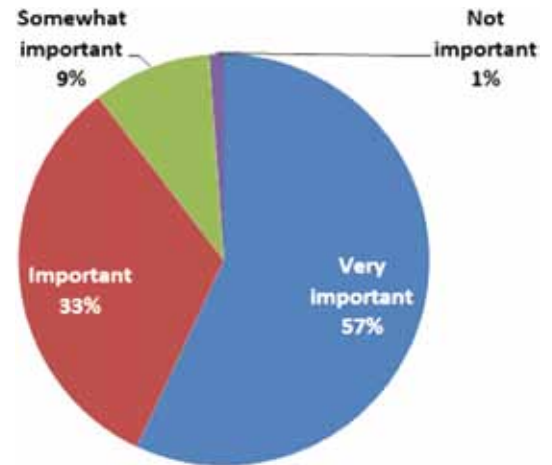


Fig.10. The perceived importance of specialised medical services for family members

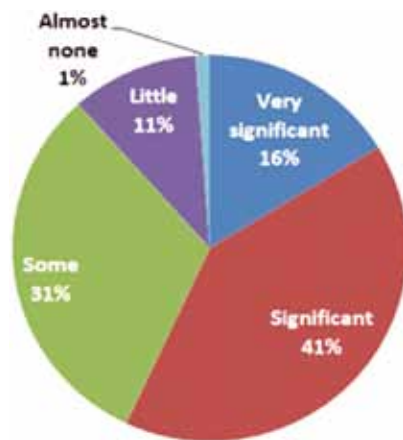


Fig11. Efforts undertaken to access specialized medical services

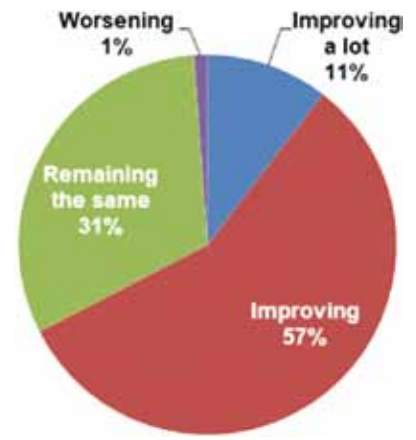


Fig.12 . It is likely that the support you receive from specialized medical services will...

research tool also included the non-response option, but this was not significant to influence the coding of the results. Informed consent was obtained from all participants.

CONCLUSIONS

The correlations found between the perceptions expressed by the respondents regarding their family health status, the concerns about the quality of life, correlated with the state of health, on the one hand, and the minimal efforts undertaken to maintain their state of health, on the other side, lead us to conclude that the hypothesis can be considered only partially valid for the studied population.

Self-perception of the health state becomes the background of self-medication and self-care, which is only partially the result of therapeutic adherence. As regards mistrust in allopathic medicine, this, although it exists, does little to affect therapeutic adherence.

Objective factors, such as the relative lack of specialized medical services or difficult access to such services are not a major impediment to the targeted group of young people and their family members to find specialized medical services.

The neglect of one's own health condition, when it is conscious, is due to laziness and lack of care (responsibility). Optimism (perhaps exaggerated) about current health care and its possible evolution is one of the most important factors in the decision to postpone medical examinations and therapeutic non-adherence in the case of mild symptoms.

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