

Factors Influencing Exercise Self-Efficacy in Adults with Chronic Diseases

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Abstract

Methodology: In this descriptive, cross-sectional study, data were collected on purpose from 329 patients with chronic conditions who presented to Kathmandu Medical College's Medical Outpatient Department. The Chronic Disease Self-Efficacy Scale and the Patient Assessment Chronic Illness Care Questionnaire were used in face-to-face interviews to collect data. Mann Whitney U and Kruskal Wallis H tests were used to calculate the association with chosen socio demographic variables. The average age of the patients was 62.13 years. Males, those who worked, those who were never admitted to the hospital for their sickness, and those who exercised were found to have higher levels of self-efficacy. Age, education, marital status, carers, and body mass index all had a substantial impact on self-efficacy. Monthly family income had a substantial positive association with self-efficacy.

Keywords: Chronic diseases • Chronic illness • Self-efficacy

Introduction

Improvements in medical treatments and healthcare have resulted in a rise in the number of people in the Western world living with chronic illness. Despite improved therapies, many people endure symptoms and distress in everyday life that they must deal with. Chronic illness is frequently influenced and, in some cases, caused by a person's lifestyle choices. Tobacco use, poor diet, physical inactivity, and problematic alcohol consumption are all major lifestyle risk factors. Given the rising frequency of chronic illness and the problems they pose to people's health, it is critical to gain understanding about how people with chronic illnesses can adjust their behaviour to lead a healthy lifestyle. The International Classification of Functioning, Impairment, and Health (ICF) model states that a person's degree of function or disability is determined by the interplay of sickness with the setting in which it arises. As a result, disease, the environment, and personal variables all have an impact on functioning. Self-efficacy is one person-related characteristic that influences how people act and modify behaviour; therefore, it is critical to enhance self-efficacy in people with chronic illnesses who need to change their lifestyle. Self-efficacy refers to a person's views about his or her own ability to undertake the activities required to achieve a desired result. The concept helps to explain what people decide to do, how much work they put into what they do, and how persistent they are in carrying out their plans, especially in the face of adversity [1].

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face of adversity. Certain modifiable characteristics, such as regular exercise and an acceptable body mass index can increase the self-efficacy of chronic disease patients. Patients who were younger, males, educated, employed, and married had higher levels of self-efficacy. Proper counselling by health care practitioners boosts self-efficacy as well [2].

The conceptual sketch focuses on the connections between three major features of the ICF paradigm. Self-efficacy and sickness views are internal qualities of the person, whereas social support is external to the person. Finally, physical activity influences behaviour. This outline also corresponds to Bandura's concept of triadic reciprocal causation, which describes the interplay between the person, his or her activities, and the environment. Persons with missing replies on categorical variables or single-item scales were eliminated from the sample, while those with missing responses on self-efficacy scales were replaced with the person's mean value of the valid scores. Following this approach, people were removed, leaving a total sample size of 220 for this study. Morbid obesity was found in 134 of the individuals (60.9%). Morbid obesity was defined as having a BMI of 40 or a BMI of 35 paired with obesity-related somatic disease. Eighty-six participants (39.1%) were diagnosed with COPD, representing various stages of sickness severity and functioning levels. In this study, no gender differences were found ($p=0.59$), however participants ($M=51$ years, $SD=15$ years) tended to be younger than non-participants [3].

Perceptions of being powerless in the face of sickness may impede coping and successful lifestyle changes. As a result, one primary goal of educational treatments for people with chronic illnesses is to increase self-efficacy. Self-efficacy theory has been utilised as the framework for a variety of studies in this field, with several demonstrating that self-efficacy may be modified through self-management interventions. Lorig Because of its changeability, self-efficacy is an appropriate outcome measure following a health education intervention. However, the elements that are critical for self-efficacy may differ amongst clinical groups. Previous research with a heart condition population discovered links between higher perceived sickness outcomes and reduced self-efficacy for coping with the condition. To date, no research has investigated factors associated with self-efficacy in obese and COPD samples, and the paucity of evidence in this area serves as justification for the current investigation. The various possibilities of the chronic course of illness are one potentially crucial variation between the groups investigated in this study. Morbidly obese people may hope for weight loss and improved health as a result of dietary and physical activity modifications. Persons with COPD, on the other hand, must accept a lifetime course of illness and may hope for a more effective means of controlling their illness. Different perspectives on sickness may contribute to illness perceptions being connected with self-efficacy differently in these

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Received: 01 November 2022, Manuscript No. IJPHS-22-84746; **Editor assigned:** 03 November, 2022, PreQC No. P-84746; **Reviewed:** 15 November 2022, QC No. Q-84746; **Revised:** 21 November 2022, Manuscript No. R-84746; **Published:** 28 November, 2022, DOI: 10.37421/2736-6189.2022.7.312

groups. Similarly, physical exercise and the sensation of social support may be connected in different ways [4].

Discussion

Similarly, physical exercise and the sensation of social support may be connected in different ways. To date, no research has investigated factors associated with self-efficacy in obese and COPD samples, and the paucity of evidence in this area serves as justification for the current investigation. The various possibilities of the chronic course of illness are one potentially crucial variation between the groups investigated in this study. Morbidly obese people may hope for weight loss and improved health as a result of dietary and physical activity modifications. Persons with COPD, on the other hand, must accept a lifetime course of illness and may hope for a more effective means of controlling their illness. Different perspectives on sickness may contribute to illness perceptions being connected with self-efficacy differently in these groups. Similarly, physical exercise and the sensation of social support may be connected in different ways [5].

Conclusion

The General Perceived Self-Efficacy Scale (GSE) assesses positive self-beliefs in dealing with life's challenges. It consists of ten assertions that respondents score on a scale of (totally disagree). The score is computed by adding each individual's item scores. The scale runs from 10 to 40, with higher scores indicating greater self-efficacy. High correlations with self-appraisal, self-acceptance, and optimism indicate that the self-efficacy concept is theoretically accurate and factor analysis of the GSE has consistently generated the one-component solution employed in this work. Item-total correlations ranged from 0.25 to 0.63, factor loadings ranged from 0.32 to 0.74, and internal consistency (Cron- α) $\alpha=0.82$. In the current sample, the internal consistency of the GSE scale was $\alpha=0.92$, which is deemed

excellent. Socioeconomic basis Age, gender, relationship status, family status, and employment status were all recorded. Formal education was divided into two categories: fewer than 12 years and more than 12 years. Formal education was divided into two categories: fewer than 12 years and more than 12 years. The current sample's $\alpha=0.92$ is regarded excellent. Socioeconomic basis Age, gender, relationship status, family status, and employment status were all recorded. Formal education was divided into two categories: fewer than 12 years and more than 12 years.

Acknowledgement

None.

Conflict of Interest

None.

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How to cite this article: Lee, Shu-Li. "Factors Influencing Exercise Self-Efficacy in Adults with Chronic Diseases." *Int J Pub Health Safety* 7 (2022): 312.