

The Role of Health Beliefs in Predicting and Explaining Risky Health Behaviours within Cystic Fibrosis

Authors : Rebecca Keyte, Helen Egan, Michail Mantzios

Abstract : It is well acknowledged that ongoing adherence is a major concern within CF. However recently literature has indicated that non-adherence should not be viewed just in terms of medical regimens. There are other damaging behaviours that some chronically ill patients engage in which can be viewed as a form of non-adherence, such as risky behaviours. Risky behaviours are a major concern within CF, as they can have adverse health effects on patients regardless of patients adherence to medical regimens. The risky behaviours this research is predominantly focusing on are smoking, excessive alcohol consumption, illicit drug use and risky sexual behaviour. This research investigates patient's beliefs about their CF and the impact their CF has upon their life, exploring rationales for why some patients engage in risky behaviours. This research utilises qualitative semi-structured interviews taking an interpretive perspective. Twenty-four adult participants have been recruited (16 male, age range 19-66 yrs) from two UK regional CF centres, with a median FEV1 61.77% predicted. Participants were recruited via clinician guidance, with 13 participants identified by clinicians as partaking in risky behaviours. However, during the interviews 17 participants were identified as partaking in risky behaviours, illustrating that not all patients offer full disclosure of engagement in such behaviours to their clinicians. Preliminary findings illustrate a variety of reasons as to why some CF patients engage in risky behaviours, with many participants stating that one challenge in terms of living with CF is accepting their illness. Disclosure of illness was also an issue, the desire to be seen as 'normal' was important to many. It is often possible for CF patients to hide their illness as they do not always appear to be unwell. However, literature indicates a desire for normalcy can be accompanied with the engagement of normalised risky behaviours, enabling patients to retaliate against their illness identity. There was also evidence of a life-orientated perspective amongst participants, with some reporting that their desire for fun and enjoyment was the reason for why they were engaging in risky behaviours. Some participants did not acknowledge the impact their risky behaviours could have upon their CF, and others rationalised their continuation with the behaviours by suggesting that they were in fact beneficial to their health. There was an apparent lack of knowledge around the implications of risky behaviours, with participants indicating that they had not been informed of such potential consequences by their clinicians. Given the adverse health effects of risky behaviours within CF, more effective health promotion measures are needed to both reduce and more importantly prevent these behaviours. Due to the initiation of risky behaviours within the CF population commonly occurring during adolescence, the researcher now proposes to conduct semi-structured interviews with paediatric patients to investigate their awareness and beliefs towards risky behaviours. Overall, this research will highlight reasons why some CF patients engage in risky behaviours, in order to inform interventions aimed to prevent the initiation in risky behaviours by increasing patient awareness.

Keywords : cystic fibrosis, health beliefs, preliminary findings, risky health behaviours

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