Coping with chronic illness: A qualitative study of graduate students in health professions programs

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Coping with chronic illness: A qualitative study of graduate students in health professions programs

Abstract
Chronic illnesses are complex, protracted health conditions that affect millions of Americans each year, leading to difficulties in social, occupational, and personal functioning. Often, the stress of managing a chronic condition, in addition to numerous daily tasks and role requirements, can impact the specific coping strategies an individual utilizes, which can be especially true for graduate students diagnosed with chronic illness. Although this population faces significant difficulties in learning to cope while navigating challenging academic studies, the focus of research in this area has been either on school-aged children or older adults. Little is known about their perspectives on chronic illness and the coping strategies they use. This qualitative study explored the coping methods employed and barriers encountered by graduate students in health professions programs (n = 12) enrolled at Pacific University who identified as having at least one chronic condition. Participants volunteered to complete a brief online survey and themes were identified from the responses. Results revealed that students used more active cognitive and behavioral coping strategies, as opposed to avoidant coping, and believed that self-management of their condition required a collaborative approach that balanced medical advice with individual goals. Common barriers for these students at school included lack of empathy, little understanding, and minimization of their symptoms from faculty and peers. Social support, especially from family and friends, was an important factor in coping. Limitations of the current study and suggestions for further investigation are discussed.

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COPING WITH CHRONIC ILLNESS: A QUALITATIVE STUDY OF

GRADUATE STUDENTS IN HEALTH PROFESSIONS PROGRAMS

A THESIS

SUBMITTED TO THE FACULTY

OF

SCHOOL OF PROFESSIONAL PSYCHOLOGY

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BY

CHRISTINA HOPPE

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Abstract

Chronic illnesses are complex, protracted health conditions that affect millions of Americans each year, leading to difficulties in social, occupational, and personal functioning. Often, the stress of managing a chronic condition, in addition to numerous daily tasks and role requirements, can impact the specific coping strategies an individual utilizes, which can be especially true for graduate students diagnosed with chronic illness. Although this population faces significant difficulties in learning to cope while navigating challenging academic studies, the focus of research in this area has been either on school-aged children or older adults. Little is known about their perspectives on chronic illness and the coping strategies they use. This qualitative study explored the coping methods employed and barriers encountered by graduate students in health professions programs ($n = 12$) enrolled at Pacific University who identified as having at least one chronic condition. Participants volunteered to complete a brief online survey and themes were identified from the responses. Results revealed that students used more active cognitive and behavioral coping strategies, as opposed to avoidant coping, and believed that self-management of their condition required a collaborative approach that balanced medical advice with individual goals. Common barriers for these students at school included lack of empathy, little understanding, and minimization of their symptoms from faculty and peers. Social support, especially from family and friends, was an important factor in coping. Limitations of the current study and suggestions for further investigation are discussed.

Keywords: coping strategies, chronic illness, graduate students, qualitative study, stress, self-management
# TABLE OF CONTENTS

ABSTRACT .................................................................................................................. ii

INTRODUCTION ........................................................................................................ 1
  Problem Statement ................................................................................................. 3

LITERATURE REVIEW .............................................................................................. 3
  Adjustment and Coping with Chronic Illness ......................................................... 4
  Social Support and Coping .................................................................................... 5
  Chronic Illness Research ....................................................................................... 9
  Academic Stress and Coping ............................................................................... 10

METHOD ..................................................................................................................... 13
  Participants ............................................................................................................ 13
  Materials ................................................................................................................ 13
  Procedure ............................................................................................................... 14

RESULTS ..................................................................................................................... 15
  Self-Management ................................................................................................. 16
  Social Support ....................................................................................................... 18
  Barriers .................................................................................................................. 19
  Coping Strategies ................................................................................................. 23

DISCUSSION ............................................................................................................... 25
  Findings .................................................................................................................. 26
  Limitations ............................................................................................................ 30
  Future Research ................................................................................................... 31

REFERENCES ........................................................................................................... 33

APPENDIX A: SURVEY ............................................................................................. 36

APPENDIX B: RECRUITMENT E-MAIL .................................................................... 41
Introduction

The growing number of individuals afflicted with a chronic health condition has risen rapidly in recent decades as American standards in healthcare, diet, and technology have also seen dramatic change. According to the Centers for Disease Control (CDC, 2012), more than 45% of the U.S. population, approximately 133 million Americans, have at least one chronic condition, and 26% of the population have multiple chronic conditions. Chronic illness accounts for 70% of all death and disability and is responsible for a large portion of health care costs (CDC, 2012). Although the statistics show an alarming trend, some members of the public do not know what exactly a chronic condition is or what illnesses qualify as chronic. Chronic disease has been defined as a biomedical diagnosis that is longer than six months in duration with an extended latency period and protracted clinical course (Martin, 2007). In contrast, chronic illness has been defined as “the lived experience of long-term bodily or health disturbances, whether related to a communicable or non-communicable disease . . . and how people live and cope with this disruption” (Martin, 2007, p. 2086). Both of these terms, in addition to chronic health condition, will be used interchangeably in this paper to refer to a medical diagnosis with a long duration. Heart disease, cancer, diabetes, arthritis, asthma, multiple sclerosis, lupus, and epilepsy are just a few of the many diagnoses considered chronic, long-term conditions. The prevalence of these illnesses poses a serious challenge to those professionals working in healthcare-related fields in helping these individuals and their families either learn about appropriate preventative steps or effective coping strategies to manage their chronic condition.

Having a chronic illness can force many individuals to drastically alter their lifestyle to accommodate newly emerged stressors, such as adjusting to new physical limitations and special
needs, giving up certain activities, or adapting to changes in their relationships. Chronic illness can significantly affect work and school performance in addition to inhibiting social functioning, which has led to higher rates of anxiety and depression in those who are diagnosed (Katon, Lin, & Kroenke, 2007). Maintaining role expectations, while simultaneously dealing with complex symptoms and treatments, can understandably result in increased stress and negative thoughts for these individuals. However, it is how these individuals cope with their illness that can determine their overall outlook and adjustment. Developing appropriate coping strategies can have a dramatic impact on a person’s sense of wellbeing and self-satisfaction (Zeidner & Saklofske, 1996). Moreover, the use of effective coping strategies has been assumed to be one of the most important variables in mediating the impact of chronic illness and psychological distress in those affected (Kotchick, Forehand, Armistead, Klein, & Wierson, 1996).

The concept of coping has been defined as “a constellation of responses that serve to control or reduce emotional distress in the face of some externally imposed life strain,” which can include chronic illness (Folkman & Lazarus, 1980; Kotchick et al., 1996). Research on coping strategies has produced multiple theories on the ways in which people adjust to the stressors in their life. One of the most well-researched theories is an active vs. avoidant coping strategy (Billings & Moos, 1981). Active coping is a strategy used by an individual to directly affect the stressor, either behaviorally or cognitively. Examples may include doing something to eliminate the problem or thinking about the problem from a more positive angle (Kotchick et al., 1996). Avoidant coping consists of cognitive or behavioral strategies intended to draw attention away from a stressful event. Examples can include performing busy work to avoid thinking about the problem or denying that the problem exists (Kotchick et al., 1996). The use of avoidant coping styles has been associated with poorer individual adjustment to illness as
opposed to active coping styles that have been found to result in improved health outcomes and adjustment (Felton & Revenson, 1984)

Although the relationship between an individual’s particular approach to coping with an illness and their health outcome has been well-researched, little is known about the role of coping in graduate students faced with a chronic illness. This population has received far less attention than school-aged adolescents or older adults with chronic illness, yet they must handle a great deal of stress from home, work, and school while living with the complexity of a chronic condition. In addition to this, graduate health professions students must learn and work in a demanding field that requires them to care for other people’s health issues while maintaining a good quality of self-care. The purpose of this study is to explore the unique and varied experiences of graduate students diagnosed with chronic illness and the impact this has had on their personal and professional functioning. The prevalence of chronic illness in our country points to an urgent need to learn more about the social, psychological, and physical effects chronic illness can have on these individuals through both research and qualitative study.

**Literature Review**

Early research on coping with chronic illness explored the role of coping in explaining the psychological adjustment of ill individuals, especially since physical health is closely tied to emotional and mental health. Researchers discovered that certain types of coping methods were more or less effective. In their study on coping, Folkman and Lazarus (1980) found that emotion-focused coping, which involves reducing negative emotional responses associated with a stressor, was more likely to be used than problem-focused coping, which involves directly targeting the causes of stress, for health problems in middle-aged adults. Additionally, emotion-focused coping was more likely to be used when the problem was perceived as uncontrollable.
This point is especially relevant to the study of chronic illnesses because many have symptoms or features that are long-lasting, unpredictable, and difficult to control. Further elaborating on these two distinct styles of coping, Billings and Moos (1981) conceptualized coping as either active or avoidant and found that mood, social resources, and symptom levels were all significantly related to an individual’s coping responses.

Felton and Revenson (1984) continued to look at the influence of coping on psychological adjustment with a sample of chronically ill individuals who had diabetes mellitus, rheumatoid arthritis, hypertension, or systemic blood cancer. The authors specifically selected these illnesses in their study to represent a spectrum of “controllability,” referring to the individual’s ability to influence the course and nature of their disease. Felton and Revenson (1984) measured for active coping by operationalizing it as information-seeking behavior and avoidant coping was operationalized as wish-fulfilling fantasy. The authors found that emotional release, self-blame, and wishful thinking were associated with poorer overall adjustment. Information-seeking was related to better psychological adjustment, possibly due to the fact that these individuals were more informed about their symptoms and able to engage in beneficial health practices. In addition, coping was not affected by differences in controllability of the illness, but the degree of control was still believed to have some effect on the adjustment process. The research done by these authors has continued to influence more recent studies of the process of adaptation and chronic illness.

In their review of the literature on psychosocial adaptation to chronic illness, Livneh and Antonak (2005) wrote about some of the common challenges associated with adjusting to a chronic condition. Stress is most often experienced because of the need to cope with daily worries, such as threats to one’s well-being; independence and autonomy; attainment of familial,
social, and career expectations; and future goals (Falvo, 1999). Self-concept and self-esteem can change dramatically with the diagnosis of a chronic illness, especially following experiences in the outside world that are less understanding or accommodating of the illness. Also, the uncertainty and unpredictability of a chronic condition and its potential course makes adjustment even more difficult. Many of the aforementioned issues are shared by a number of chronic illness sufferers at any age, but may be especially salient for a graduate student with this diagnosis. A person may respond to these challenges with anger, anxiety, denial, depression, or adjustment, depending on their method of coping (i.e., active vs. avoidant). As Livneh and Antonak concluded from their research, these coping strategies can be differentially employed by individuals to meet the changing demands of their psychosocial environment. Thus, it is vital to learn about the impact of certain coping strategies on a person’s unique experiences living with a chronic illness to see what is most helpful or beneficial in their overall adjustment.

Some of the research on coping with chronic illness has focused on the stress and experiences of families with a chronically ill member and the impact the illness has on the home environment. Kotchick, Forehand, Armistead, Klein, and Wierson (1996) examined coping in families in which the father suffered from hemophilia to further explore the premise that an individual’s coping style is related to not only his or her overall adjustment, but also other family members’ adjustment. A sample of 75 families was used in this study and all were given a coping styles inventory, a global measure of psychological distress, and a checklist of children’s behaviors to complete. After analyzing the data, the authors found that maladaptive, or avoidant, coping in the father was negatively related to individual adjustment and was more likely to be utilized by the spouse and children of the ill parent. Further, these families were more likely to use a general avoidant coping style with family problems that could have a direct effect on the
functioning and adjustment of each member. Results of the study provide more evidence that avoidant coping often adds to the distress of living with a chronic illness. The study also revealed that the presence of a common chronic stressor can affect the psychological adjustment of not only the patient, but the entire family system, which can have important consequences as the individual tries to manage his or her condition in other stressful environments. The study highlighted the importance of having a supportive network in learning to cope with illness.

Looking further into the relationship between support and coping, the authors of another study wrote that “social support and personal coping resources may contribute to variability in the impact of chronic illness on psychological health” (Penninx, van Tilburg, Boeke, Deeg, Kriegsman, & van Eijk, 1998, p. 551). The researchers wanted to see what effects these two factors had on depressive symptoms across five different chronic diseases ranging from diabetes to cardiac disease. Using archival data from a longitudinal aging study, Penninx et al. selected a random sample of older adults who were healthy or identified as having a chronic condition and then assessed for level of social support, personal coping resources, and depressive symptoms. Social support included variables such as partner status, number of close relationships, instrumental support, and emotional support. Personal coping resources included mastery, self-efficacy, and self-esteem. Results of the study showed that having a partner and numerous close relationships had a direct favorable effect on a person’s psychological state regardless of the presence of chronic disease (Penninx et al., 1998). Also, high levels of personal coping resources were associated with fewer depressive symptoms in all groups of participants. On the other hand, diffuse relationships and instrumental support (receiving tangible support or direct services, such as financial assistance) were associated with more depressive symptoms in certain chronic disease groups. This indicates that specific features of social support and coping affect
psychological functioning, particularly depression, in different ways for different chronic illnesses. The implication is that certain aspects of an individual’s coping resources and social support network can influence their health in myriad ways and it is important to consider each person’s situation to understand why some coping resources may be more useful in one chronic illness than another (Penninx et al., 1998).

Support appears to play an integral part in coping with chronic disease. In one study, high levels of social support were associated with improved health outcomes and long-term self-management (Glasgow, Strycker, Toobert, & Eakin, 2000). While adopting an active coping style is usually a personal response to illness, effective coping strategies often require individuals to reach out to others or utilize resources offered by other people. Glasgow and his colleagues (2000) conceptualized a multilevel model of support that takes into account these personal and interpersonal responses to managing a chronic condition. Using this model as a framework, the researchers created an instrument to assess the varying layers of support for self-managing chronic illness and what effect these kinds of support had on a person’s quality of life. The eight levels of support reflected in the survey were: physician/health care team, family and friends, personal actions, neighborhood, community, media and policy, community organizations, and workplace. Participants diagnosed with a chronic illness rated physician/health care team and personal support the highest and support from worksites the lowest in helping to manage their condition and contribute to a better quality of life. Although this study did not specifically address support from educational environments or schools, the fact that worksites, an often demanding and stressful environment similar to academic institutions, rated lowest in support shows that self-management may be difficult to achieve at these locations. The results of the study pointed to a need to understand how support is offered to adult students with chronic
illness pursuing higher education and what resources may be needed to aid in the management of their illness.

Another component associated with coping with chronic illness is life satisfaction, or the “cognitive evaluation of one’s life as a whole” (Strine, Chapman, Balluz, Moriarty, & Mokdad, 2008, p. 41). Life satisfaction is strongly tied to others predictors of health such as self-reported health, social support, and positive health behaviors. These are all important facets of coping, yet Strine and colleagues saw a gap in the literature for the relationship between chronic illness, life satisfaction, health behaviors, and quality of life. Using data from a randomized, national telephone survey of adults called the Behavioral Risk Factor Surveillance System, Strine et al. investigated the effects of many health behaviors, including whether chronic conditions are more likely to decrease life satisfaction than short-term conditions. Interestingly, adults who reported being dissatisfied/very dissatisfied with their life were twice as likely to have a chronic illness, like arthritis or heart disease, than those who reported being very satisfied with their life (Strine et al., 2008). This particular aspect of the research demonstrates how a person’s physical well-being can be closely connected to their appraisals of their life circumstances and how the more protracted and debilitating an illness is, the more likely a person may have a negative evaluation of their life. Assessing for life satisfaction could be useful when attempting to understand the phenomenological experience of a person with a chronic health condition because of its influence on a person’s coping responses.

Dixon, Hibbard, and Tusler (2009) examined whether individuals with different levels of activation managed their chronic condition in different ways. Activation was defined as the varying amounts of knowledge, skill, and confidence for self-management that an individual possesses as measured by the Patient Activation Measure (PAM) (Dixon, Hibbard, & Tusler,
The authors conducted qualitative interviews with 28 people who had at least one chronic condition and whose scores on the PAM put them into one of four levels, with level 1 being least activated and level 4 being most activated. Assessing themes from the interviews, the authors found that participants on the low end of activation understood self-management as compliance with medical care, whereas those on the high end of activation said self-management was about being in personal control of their health. Also, individuals with higher activation thought that self-management involved greater self-awareness and the ability to make effective use of services while actively collaborating with health professionals (Dixon, Hibbard, & Tusler, 2009). As people move up in their level of activation, they can employ a larger number of coping strategies that are more effective in dealing with stress because of a more integrated view of their illness. The results of this study suggest that to better understand and support people with chronic illnesses, it is beneficial to find out what success looks like for them and to identify the strategies that are helpful in managing their condition in addition to the barriers that hold them back.

While research has been able to explore and develop theories about the elements that comprise coping, a large majority of the research related to chronic illness has focused either on children under the age of 18 or adults over the age of 50. The stressors and coping responses of individuals in these populations can differ vastly from those experienced by young adults in higher-level academic environments. It is difficult to find data on the number of graduate students with a chronic illness, but studies on students under the age of 18 have reported that about 17% have a chronic illness that affects their school performance (Cox, Halloran, Homan, Welliver, & Mager, 2008). While this number may be different for students in graduate school, chronic illness still has a major impact on several areas, including academic performance, peer relationships, and family interactions, for various age groups (Shaw, Glaser, Stern, Sferdenschii,
& McCabe, 2010). The stressors found in graduate school, however, involve a high volume of work, professional/peer comparisons, balancing multiple roles, financial hardship, and continual academic evaluation that may exacerbate symptoms of chronic illness (Stratton, Kellaway, & Rottini, 2007). While stress is almost inherent in graduate school, it is still important to remember that individuals will respond to these difficulties using unique strategies that vary based on the person, their interpersonal context, and their external support (Stratton, Kellaway, & Rottini, 2007). Some of the common stressors found to pervade the graduate school experience include finding balance outside of school, personal health, dealing with burnout, financial concerns, and relationships with peers/professors, to name a few.

Psychology graduate students comprise one of the fastest growing fields in healthcare and exemplify some of the challenging stressors that graduate students in health professions must handle. Learning to balance academic coursework, scholarly research, clinical training, interpersonal relationships, and professional demands while simultaneously providing therapeutic care to patients and clients can lead to high stress levels. Wanting to understand the role of stress in the psychology graduate training experience, Myers, Sweeney, Popick, Wesley, Bordfeld, and Fingerhut (2012) surveyed 488 clinical psychology graduate students on variables related to self-care, such as sleep, exercise, social support, emotion regulation, mindfulness, and perceived stress. They found that there was a significant relationship between certain self-care practices and perceived stress levels. Specifically, better sleep, social support, and emotion regulation strategies were strongly correlated with less stress. No significant relationship was found between perceived stress and mindfulness or exercise. Overall, this study shows how self-care can buffer against some of the stressors involved in attending a graduate psychology program. Also, the authors advocate for self-care as a more preventative and active coping
strategy that can help students adequately deal with the stress involved in academic performance and providing clinical care. While it is clear graduate students must learn to manage stress from multiple areas in their life, few studies have focused on the experience of having a chronic illness in higher education settings.

One study that did examine the relationship between support, coping, and adjustment in undergraduate college students with chronic illness recognized some of the difficulties that this population faces as they make the transition into young adulthood with more personal freedom and responsibility for their future. College represents an adaptation to a new environment with increased social and academic demands, challenging expectations, and separation from family and friends, which can impinge on a person’s ability to cope with a chronic illness (Wodka & Barakat, 2007). Wokda and Barakat conducted an exploratory study on college students with chronic illness to investigate the role of support and coping during this transition to a new social and academic environment. Participants with a chronic illness were compared to participants who experienced negative life events (NLE) not related to their health and participants who experienced positive life events (PLE) using measures of social support, coping strategies, depression, and anxiety. After analyzing the data, the authors found that college students with chronic illness reported more symptoms of anxiety and a trend towards depression than the PLE group. Also, passive coping styles were positively associated with anxiety for the chronic illness group. No significant differences between groups on family support and no significant correlations for coping and depression were found, leading Wodka and Barakat to conclude that most college students are able to transition without significant adjustment difficulties. However, students with chronic illness may be more susceptible to anxiety and depression due to the persistent nature of their health stressors (Wodka & Barakat, 2007). Results also seemed to
show that regardless of diagnosis, college students used similar coping strategies when faced with stress and did not indicate large differences in family support, strengths that perhaps can be built upon as these students progress in their academic endeavors.

Psychologists have explored and identified a number of challenges faced by individuals diagnosed with a chronic health condition (e.g. depression, isolation, anxiety, school and work difficulties), yet little scholarly research has examined how graduate students with chronic illness successfully navigate their educational development or their experience with their health. Chronic illness has unique and rigorous demands that increase stress beyond what is expected for graduate students who face other stressors. A large portion of research has focused on either school-aged adolescents’ or older adults’ experiences with a chronic condition, but there is a paucity of research on young adults, particularly graduate students. Researchers have yet to understand the interpersonal and psychosocial factors that play a role in these students’ perceived life satisfaction, or how certain values and beliefs are related to their well-being. By answering some of these questions, this study aims to gain a better understanding of how this population copes with chronic illness in the midst of completing challenging curricula in their respective graduate studies.

By looking at the phenomenological experiences of graduate students with a chronic disease, more can be gleaned from the methods, resources, and strategies they use to cope with their condition. The current study sought to obtain personal accounts of what it is like to live with a chronic illness while attending graduate programs in health professions studies. This study is important in not only providing information about the diverse coping responses of these individuals, but also in highlighting the issues and difficulties this portion of the student population faces and whether further educational or professional accommodations may be
needed. Through qualitative inquiry, the present study explored how graduate students with chronic illness currently enrolled in health professions programs manage their condition, encounter barriers, and cope with stressors.

Method

Participants

The participants in this study were 12 graduate students (11 female and 1 male) who volunteered to participate in a qualitative survey about chronic illness. The participants were first through fifth year students enrolled in the psychology, physician assistant, dental health science, pharmacy, and occupational therapy programs at Pacific University’s College of Health Professions (CHP) during spring and summer semesters of 2013. The age range for participants was 22 to 38, with an average age of 29.2 years. Ten of the twelve respondents (83%) identified as Caucasian, one respondent identified as Asian/Pacific Islander, and one respondent identified as African American and Caucasian. All participants identified as having one or more chronic illness, which ranged from asthma to ulcerative colitis, lupus to multiple sclerosis, and various other conditions. A total of 17 responses were collected from an online survey tool; however, five of the surveys were incomplete and were dropped from the study. In accordance with Pacific University’s Institutional Review Board (IRB) guidelines, all participants were informed of the purpose of the study, their information was kept anonymous, and they signed a consent form authorizing their involvement.

Materials

The materials for the present study included an online survey consisting of a combination of open- and close-ended questions and a short demographics questionnaire (Appendix A). The demographics portion of the survey consisted of questions about the participant’s age, gender,
racial/ethnic identity, marital status, program enrolled in at CHP, year in program, and current diagnosis(es) of chronic illness. An informed consent document at the beginning of the survey presented pertinent information about the nature of the study and allowed participants to acknowledge they understood their rights, knew the purpose of the study, and were eligible to participate. The survey was developed by the author to address the domains of coping, social support, and barriers deemed important by previous studies that focused on individual’s experiences with chronic illness (Dixon, Hibbard, Tusler, 2009; Glasgow, Strycker, Toobert, & Eakin, 2000). Drawing from the social-environmental support model for chronic disease management that Glasgow and colleagues (2000) created, the questionnaire included several open- and close-ended questions about various types of support received from family, friends, workplace, school, media, and the community. For example, “My family offers the emotional support and help I need” and “I can talk about my difficulties with my friends” were two scaled questions in the survey that were rated from “completely disagree” to “completely agree.” Also, the author used questions that brought up barriers to coping, such as “What are some barriers that have made it difficult to cope with and/or manage your health?” Using the qualitative survey methods employed by Dixon, Hibbard, and Tusler in their 2009 study, the author included open-ended questions on topics ranging from quality of life, chronic illness management, and coping behaviors. These questions used open text boxes that allowed participants to type in any length of response they wished to include. All of the materials were presented in an online format that kept participant information anonymous and allowed for electronic submission of data.

Procedure

To assess interest and availability of participants for the present study, the author first contacted and met with three graduate student representatives from a chronic illness support
group based at CHP. The students provided information about the purpose of the group, some of the challenges they encounter in their academic studies, the benefits of having peer and faculty support, and a few of the barriers they have faced while attending school. From this meeting, the author was able to gain a better understanding of the needs of the group and general themes to incorporate in the qualitative survey. A qualititative survey method was chosen because it would provide a more in-depth exploration of graduate student experiences with chronic illness, while also allowing free expression of their thoughts and feelings regarding their diagnosis. The survey was developed applying some of the topics from Dixon et al.’s (2009) interview questions used in their qualitative study of chronic disease self-management in addition to some of the themes represented in Glasgow et al.’s (2000) Chronic Illness Resources Survey. A total of 17 close- and open-ended questions related to coping and chronic illness were developed and an online survey was created.

After receiving approval from Pacific University’s IRB, a recruitment email (Appendix B) was sent to student accounts in the seven health professions programs at CHP. Students were invited to participate if they were over the age of 18 and identified as having a chronic illness. A link was provided to the survey, which contained an informed consent document that allowed students to agree to participate and kept all personal information anonymous. It was estimated the survey would take approximately 15 to 20 minutes for participants to complete. After finishing the questionnaire, the results were sent to the primary investigator and later reviewed and analyzed for themes.

Results

The results of the survey revealed a variety of autoimmune, gastrointestinal, respiratory, and musculoskeletal chronic conditions these graduate students contend with. Interestingly, 33%
of participants reported having two or more chronic illnesses, which is relatively consistent with current data from the CDC about the incidence of multiple chronic diagnoses described above. Also, most participants described their overall health as “good” to “very good”, but differed greatly on how much their chronic condition currently affects their life, from “somewhat” to “all the time.” The survey responses revealed a number of themes that reflect a graduate student’s unique experience with chronic illness and provide insight into their method of coping. The main themes used by the students to describe their current functioning were characterized by: self-management of their condition, social support resources, barriers to their health, and coping strategies. The themes are discussed below with relevant quotations from respondents provided that support the themes.

*Self-Management*

One question from the survey (number 20) explicitly asked participants what they thought it meant to “manage their condition well.” Responses included active efforts on the behalf of the individual to be involved in the maintenance of their health through behaviors, such as a keeping a balanced diet, making regular medical visits, following medication regimes, exercising, and engaging in stress reduction techniques. This is consistent with the theme of compliance described by Dixon et al. (2009) and indicates that the individual understands they have a role in their treatment and looks to medical professionals for guidance when appropriate. Self-management means to “adhere to medications, medical recommendations and being a strong advocate for myself with providers.” (Female, 28 years old).

Other participants stated that successful self-management meant to minimize or reduce the amount of interference with daily tasks caused by their illness. Several students noted that their condition is often exacerbated by the additional stress of school and work, so reducing the
number of symptoms or flare-ups to improve their daily functioning is very beneficial. One respondent said self-management is “to minimize the degree to which my condition interferes with my functioning personally and professionally” (Female, 26 years old). Another student wrote, “To be able to live life without having my condition interfere with being able to function” (Female, 25 years old).

Having a sense of awareness of their condition and insight into the causes of their symptoms was another approach cited by several participants. Chronic illness is usually not a static condition, but often involves fluctuating symptoms, decreased functioning, and increased personal difficulties. Therefore, being aware of the common causes to and consequences of their chronic symptoms can allow the individual to more effectively self-manage their condition. Awareness also allows the individual to take control and determine their role in their healthcare. “Know what causes illness to worsen and avoid such situations” (Female, 32 years old). “Not have it affect daily functioning or consume my thoughts and overwhelm me . . .” (Male, 37 years old).

Sometimes due to the fear of ostracism or public shaming that may accompany having a chronic illness, individuals may try to engage in behaviors to hide their condition. This may be done as an act of self-preservation or to maintain a semblance of normalcy. Individuals may want to make their illness invisible to others so that they are not labeled or defined by it (Dixon et al., 2009). This was exemplified by one participant who wrote, “Hide it so no one else can see it. Anything else is seen as not managing it” (Female, 29 years old). Another individual identified more with wanting “To do everything that everyone else does” (Female, 22 years old). For some of the participants it seemed they wanted to manage their condition well enough to avoid calling attention to themselves or being perceived as different by others.
**Social Support**

Support can be accessed from a variety of sources, including family, friends, spouses, co-workers, neighbors, medical personnel, community organizations, and media. To assess for their levels of social support, participants were given a question in which they were asked to rank seven sources from highest to lowest (question 30). “Higher levels of social support are related to better long-term self-management and better health outcomes” (Glasgow et al., 2000, p. 560). While the most common sources of support are from family and friends, more distal sources, such as media, community, and neighborhood, can also have an influence on a chronically ill individual (Glasgow et al., 2000). Participants were additionally given two questions involving categorical responses (“not at all likely” to “very likely”) about the likelihood they will be treated a certain way by either family and friends (question 15) or instructors and students (question 16) regarding their illness. The questions illuminated what relationships offer more support or help to individuals with chronic illness.

In the survey, a theme emerged showing doctor/health care team, family and friends, and personal resources as the most common highest ranked sources of social support. A majority of participants indicated these sources provided the most support in helping to manage their chronic illness. Media, school/work, and community organizations were most often ranked lowest, although three survey participants included these sources in their top ranks. The results of this question show that participants perceived relationships that require more personal contact, exchange of information, and empathic understanding of some of the difficulties of having a chronic illness as the most beneficial. Relationships that were more distal, required less intimacy, and had more regulations or limitations attached to them were rated as less helpful.
Looking at the contrast between personal and professional relationships (i.e., close vs. distant), questions related to participants’ perception of others’ conduct toward them regarding their chronic disease showed an interesting pattern. A majority of students in the survey felt that within the next six months, family and friends were not very likely to display negative attitudes or behavior toward them due to their illness. However, “They will be impatient with you” was the most common response endorsed by students for family and friends. Overall, participants seemed to perceive these close relationships as fostering positive thoughts and expectations. While a few of the participants did not perceive many negative reactions toward their illness from instructors or fellow students at school, others felt certain negative attitudes or actions from these individuals were at least somewhat likely in the next six months. For example, the most commonly endorsed items from the question about school relationships were “They will not accept the special circumstances of your illness (e.g. absences, accommodations),” “They will not provide support,” and “They will think you cannot fulfill your responsibilities.” Overall, students perceived these distant, professional relationships as more likely to result in negative evaluations or a lack of support regarding their chronic condition.

**Barriers**

Many individuals with chronic illness experience barriers to their health, whether they be interpersonal (e.g. family relationships), environmental (e.g. academic institutions), or instrumental (e.g. inadequate accommodations). Several questions related to problems and difficulties students face in their relationships, at school, and in their everyday functioning were included in the questionnaire. Participants were asked specifically some of the barriers that have made it difficult for them to cope with and/or manage their health (question 22). Participants were also asked if there was anything that people they were close to have done that have made it
difficult to manage their chronic condition (question 23) and the most difficult aspect of balancing their academic studies with their illness (question 27). The answers provided by respondents gave a more detailed picture of the issues that adversely affect them and make it difficult for individuals with chronic illnesses to function in some of their activities.

When describing specific barriers, most participants identified external constraints that caused problems, such as time management, academic expectations, and work responsibilities, instead of engaging in self-blame. Some of the participants indicated that school-related barriers were most salient for them, often due to the large amount of stress involved. Participants reported experiencing a lack of understanding or disregard for difficulties from some peers/school faculty, especially when their illness is not immediately visible to others. “I personally have experienced some discrimination and questioning about whether I can perform my duties due to my chronic pain from faculty” (Female, 33 years old). Having little perceived support for their illness at school left a few participants feeling overwhelmed or feeling stuck because of negative social perceptions of those with chronic illness. “When you feel like you're digressing or stuck in the same place. There's just so much stress at school, it's hard to take the time that you need to work through personal issues or deal with health problems” (Female, 22 years old). Also, school obligations and the long hours devoted to schoolwork acted as barriers for others, resulting in fatigue or symptom flare-ups. “10+ hour fieldwork days with hour-long commutes to and from home leave me exhausted and unable to muster the energy required to eat right, exercise or take care of my physical and mental health” (Male, 37 years old).

Another external constraint was a lack of understanding from members of the medical community and/or difficulty navigating the health care system. Chronic illnesses require regular visits to medical providers, thus having a good connection, ease of access, and an empathic
relationship with them can make managing a chronic condition much easier. When some of these elements are not present, then the individual can feel unheard and unsupported by their medical team. Participants in the study indicated that the type of diagnosis, such as ones that are not visible or not fully recognized by the medical community, contributed to feeling misunderstood. “Having the medical community have little understanding about the causes, treatments and what exacerbates . . . my condition” is one type of barrier (Female, 28 years old).

Also, finding affordable care and working with medical insurance in our current health care system is a daunting task for those with a chronic condition. “Basically, a barrier is the cost of medical care for my chronic condition. It makes it more difficult, in the face of being in a graduate program, to have to navigate the health care system as a low-income individual” (Female, 29 years old).

Support is an essential component in coping with a chronic illness, yet there can be times when people from an ill individual’s inner circle, such as family members or colleagues, make coping more difficult for the individual. Often, this manifests in a lack of understanding of the individual’s situation, their capabilities, or the effects of their symptoms on their functioning. Survey respondents said in their personal relationships the barriers they encounter include incorrect assumptions about adverse health effects, misunderstanding the extent of their symptoms, expectations to keep up with typical responsibilities, lack of awareness of social discrimination that may accompany their illness, and minimization of their experience of their disease. “Minimizing or maximizing my experience of the disease, comparing to others, lack of empathy when I am fatigued, guilt trips, inflexibility” (Female, 26 years old). In their professional relationships, participants said they struggled with not knowing how to manage their conditions in all situations, dealing with absences, pressure from supervisors to continually
perform, and little understanding from colleagues. “I feel there is always pressure from superiors to work harder, learn more, and perfect skills, with little room for mistakes, little celebration of successes, and little support or understanding” (Male, 37 years old). As these graduate students are learning new knowledge and skills in their respective fields, they encounter additional worries and problems related to their illness that other graduate students often have little experience with.

As far as difficulties balancing school with a chronic illness, the most common response from participants was the stress of performing at school and not wanting to fall behind. With this kind of stress, it is also important to be able to manage time effectively, which some students said was hard for them, especially when they have to go to medical appointments or aren’t feeling well to attend school. “Time. There's just no time to deal with anything. Appointments are impossible to make, everything is just so stressful” (Female, 22 years old). Busy schedules also affected students’ abilities to engage in self-care or to have time to eat healthy/exercise. Interestingly, most of the students who cited stress and time management as difficulties were either from the professional psychology, physician assistant, or pharmacy programs at CHP, which could be possibly due to the demanding academic and work schedules these students have. In addition, variable support and understanding was another prevalent theme that participants said was challenging as they are navigating their studies. One student wrote barriers were “Balancing missing school to prevent myself from getting really sick versus waiting until I am really sick so I don't run out of absences. Handling inconsistent faculty support” (Female, 26 years old).
Coping Strategies

With varying ideas on what constitutes self-management and differing types of barriers and social support encountered, what specific strategies did students employ to cope with their illness? Participants were asked to detail how they managed their condition in their everyday lives with certain strategies or actions (question 18). Participants were asked to discuss how they would handle a difficult day in terms of their condition (question 21). Also, the survey had questions on the participants’ feelings about their influence on their health (question 24) and what their motivation was to have a healthier lifestyle (question 26). These questions were given to see whether students engaged in more adaptive or maladaptive strategies and the effect these strategies had on their illness. Some questions were also meant to highlight whether participants listed more active or avoidant strategies in their responses. The amount and type of strategies was very diverse across participants in the study.

All participants mentioned undertaking active behaviors toward mitigating the effects of their illness. The most common responses included eating a healthier diet, exercising regularly, getting adequate sleep, and taking medications appropriately. It seemed these students were very involved in their own care and had taken the personal initiative to lead a better lifestyle that would not exacerbate their physical symptoms. One student stated that it was important for her to be aware of what is going on in her body and what preventative precautions may need to be taken. Another strategy that some students employed involved reaching out to other professionals for help with mental health or emotional issues through therapy or counseling. Talking to a neutral party and being able to express emotions is often helpful in lessening some of the stress and burden that is associated with a chronic illness (Dixon et al., 2009). It seemed these individuals had taken a more holistic approach to their health and were aware of the
interconnections between mind and body. A few students also described actions they had taken at school to cope with their illness through testing accommodations or joining a student-led support group for individuals with disability and chronic illness.

Some avoidant coping strategies were also cited by a few study participants. Sometimes not having adequate personal resources or effective support in certain areas of their life can deter individuals from actively engaging in coping. Also, the desire to have a feeling of normalcy can drive individuals to ignore certain aspects of their illness that call attention to their condition. One student said, “I just kind of bottle it up inside and only talk about my issues with my closest friends.” (Female, 25 years old). Individuals can also turn to maladaptive or addictive behaviors that allow them to avoid thinking about their illness or the additional stress caused by their illness. One student stated that he would sometimes use alcohol to cope, but also recognized the adverse effects it was having on his health. Overall, there was little endorsement for use of avoidant coping strategies in the study sample, indicating these students took a confident and proactive approach to managing their chronic illness, or were less likely to disclose this information.

As far as the degree to which participants believed they had an influence on their health, a significant amount said they had a considerable influence, but also acknowledged some unavoidable limitations. Understanding that their health and wellbeing was reliant on active and preventative measures, such as diet, exercise, and medications, students said they felt they were able to influence their health as much as possible, provided they followed these measures. Participants recognized that due to the nature of their chronic illness, some of the symptoms, difficulties, or flare-ups they experienced were not controllable or predictable. “A moderate amount. Some things I cannot control, but there are many things I can do to maintain good health
and reduce my pain” (Female, 33 years old). Most students felt they had to be responsible for themselves because they are the ones ultimately taking care of their health, especially because of the chronic course of their illness. “I am in control of my health. A large influence” (Female, 38 years old). Having an optimistic and positive attitude toward health can also be instrumental in achieving a better sense of control. “I also keep a positive attitude about my health and chronic pain” (Female, 33 years old).

When asked about their motivations for wanting to be healthy, participant’s answers varied widely. A theme that did emerge, though, was a desire to have an improved quality of life and to increase behaviors that would reduce symptoms. Some participants felt that having perspective on the negative impacts that their illness can cause motivated them to change or take more control. “Not becoming as ill as I was when first diagnosed again” (Female, 28 years old). Some students discussed wanting more balance in their life so that the stress they feel from their responsibilities does not overwhelm them as much. “Knowledge that I need to have a balance between school and my personal life to be healthy, and that if I am healthy, I will perform better in school” (Female, 26 years old). As opposed to these internal sources, other students also mentioned external motivators for health, such as documentaries, articles and studies, and school.

**Discussion**

The purpose of this study was to explore the qualitative experiences and coping responses of graduate students in health professions programs who identify as having a chronic illness. The research also examined the varying methods and resources these students utilize as they try to balance the obligations of work, school, and relationships with a concurrent chronic condition. The responses given by participants in this study revealed four important themes that have had an impact on their illness: personal ideas about self-management, perceptions of social support,
barriers encountered in relationships and everyday functioning, and specific coping strategies. In particular, survey responses from these 12 students showed that coping for them often involved action-oriented cognitions or behaviors meant to alleviate symptoms or reduce impairment related to the chronic illness. Further, the prolonged nature of their illness motivated students to undertake both preventative and efficacious measures to help them achieve feelings of satisfaction about their lifestyle and health. Only a few participants in the study mentioned engaging in avoidant coping responses and these were usually employed to either avoid being stigmatized or to avoid directly dealing with the combined stress of school, relationships, and management of their condition. Due to the high level of self-awareness and physical and mental performance needed in health professional fields, it is not surprising that these individuals tended to lean towards active coping methods rather than avoidant ones.

Self-management was an integral component of many individuals’ coping responses and reflected an autonomous and resilient attitude toward their condition. Students defined self-management in several proactive ways, from compliance with medical directives to increased awareness of their illness and symptoms. These students seemed in charge of their health and were not completely reliant on medical professionals for advice, but consulted them when necessary. This is similar to Dixon et al.’s (2009) findings that chronically ill individuals at the high end of activation were more likely to work in a collaborative partnership with their medical providers. All participants generally acknowledged the importance of adopting healthy behaviors (e.g. diet, exercise, adequate sleep) for self-management, an indication that they understood the positive effects of being consistent with their health routine. Considerable effort was taken by many participants in the study to engage in behaviors that would allow them to
continue to progress in academics without having their condition define them, a highly motivated approach to self-management that shows good adjustment (Dixon et al., 2009).

Findings from the present study supplement the literature on the importance of social support and its role as a coping resource for self-management of chronic conditions (Glasgow et al. 2000). It seems that most of the graduate students in the study, regardless of diagnosis, used mainly active coping strategies when dealing with the stress associated with school. Results showed that active coping for these graduate students involved reaching out to people they had close contact and strong relationships with, such as family, friends, or their health care team. While support from school, community organizations, and the media had some impact on a few participants, these more distant or formal relationships were not perceived as helpful by a majority of participants. Although this mixed pattern of ratings of importance for sources of social support does not provide a clear solution, it illustrates the complexity of chronic illness and the wide variety of phenomenological experiences (Glasgow et al., 2000). Perhaps to build a stronger support network at school and in the community for individuals with chronic illness, administrators or organizers could provide more opportunities for these students’ experiences to be heard or assist students in advocating for additional help/resources. It appears that overall, social-environmental factors serve a key function in encouraging certain health behaviors and that it is important to consider how different contextual factors can impact a person with a chronic illness (Glasgow et al., 2000).

In addition to some of the active measures participants had undertaken for their health, students also identified several barriers to utilizing effective coping practices. Stress was the most common issue mentioned by participants, which often exacerbated symptoms and strained relationships. When feeling stressed, students tended to name barriers that had an external focus,
such as school obligations or lack of understanding from family members, instead of any internal inadequacies, such as lack of knowledge about their condition. The fact that barriers were more social than individual is a reflection of some of the stigma surrounding chronic illness and misperceptions about people’s limitations and abilities. Students also faced difficulties dealing with the health care system and medical community, an experience validated by several other studies that looked at individuals with chronic illness (Dixon et al., 2009; Livneh & Antonak, 2005). In their personal and professional relationships, a common barrier reported by participants was little understanding for their experiences with chronic illness from those around them. It may be beneficial for graduate programs to offer trainings or presentations on chronic illness to not only give students and staff the opportunity to learn basic information about chronic conditions, but also to open up a dialogue about some of the struggles this subset of the student population has to contend with. Incorporating chronic illness into class discussions about health, disability, or diversity considerations could enrich all students’ knowledge and challenge negative ideas, especially for students entering into health professions fields where they will likely deal with patients who have a chronic ailment.

With the numerous stressors that these graduate students face, their responses also revealed a trend toward turning inward to cope when difficulties may arise. Participants indicated they were very independent and self-reliant in their pursuance of improved health, placing responsibility on themselves to handle the challenges of their condition. Students acknowledged a good degree of control over their health, despite the unpredictability of some symptoms or flare-ups. These positive control cognitions can result in better physical and social functioning in addition to increased self-efficacy (Schroder et al., 2007). Social support, mainly from family and friends, was also extremely helpful in providing encouragement, empathy, and
stability when needed. When experiencing difficulties with their chronic illness, it seemed students were less likely to reach out to school or work relationships for support. One possible reason for this could be that students did not want to show that they were different from their fellow students in professional or academic settings where there is more pressure and competition to be successful. Another reason could be a fear of rejection or social stigma from having a chronic illness, so students may tend to place more trust and confidence in themselves.

Results of this study support and add depth to findings from quantitative research on chronic illness, coping strategies, and self-management. Students in the study felt that managing their condition while attending graduate school required creating some sort of support system and adopting specific behaviors, such as diet, exercise, and sleep hygiene, to buffer the effects of stress resulting from the academic environment. Myers et al. (2007) suggested that these kinds of self-care practices are instrumental in helping graduate students manage the stress associated with clinical training. Building on previous studies’ findings of the key influence that social support can have on psychological functioning in individuals with chronic disease (Penninx et al., 1998), the current study showed that having emotional support in close relationships was perceived as more beneficial than support received from diffuse relationships. One possible reason for this could be that diffuse relationships may tend to offer more instrumental support that does not take into account a person’s emotional needs or feelings (Penninx et al., 1998). Finally, participants in the study displayed a range of coping behaviors related to their condition, from compliance with doctors’ advice to increased self-awareness to making lifestyle changes on their own. Adding to Dixon et al.’s (2009) qualitative study of individuals with chronic illness, graduate student participants who made active decisions and used specific techniques to manage their illness appeared to have higher levels of activation (i.e. the knowledge, skill, and
confidence to self-manage) that allowed them to find strategies to cope when they encountered stress.

Several limitations of the current study should be noted. One limitation was the overall small sample size (n= 12) recruited from the student body. The sample of students that enrolled in this study was not large or diverse enough to be generalized to the entire population of graduate students with chronic illness. The sample contained mostly female participants, which may have overly represented certain beliefs or viewpoints in the study, thus limiting the generalizability of some of the findings to the population at large. Females may have tended to favor a certain coping style or use different sources of social support than males may have. In fact, studies have found that females are more likely to utilize an active coping style with regard to their health (Tamres, Janicki, & Helgeson, 2002). Females have also been shown to be more relational in their interactions and are more likely to build up strong social support networks to handle stress. Also, a majority of participants in the sample were Caucasian, meaning variations in beliefs about chronic illness or its management in different ethnic or cultural groups may not have been addressed. Further study in this area could produce differing results regarding coping and chronic conditions and should attempt to look at coping with chronic illness in larger samples of graduate students at various sites instead of a single university.

Further, the method used to recruit participants may not have allowed all eligible students to participant if they did not receive the email containing information about the study. The invitation to participate was sent to all program directors at CHP, but may not have been forwarded to every student currently attending school. The online format may have seemed too impersonal or time-consuming, which may have discouraged some participants from fully answering questions or providing in-depth answers. This may explain the five incomplete
surveys that were dropped from the study. Focus groups made up of CHP students with chronic illness or personal face-to-face interviews may have revealed greater insight into individual difficulties and coping methods for their illness. In addition, data was collected during a limited time in the school year (at the end of spring semester/beginning of summer semester), which may have made it difficult for all eligible participants in the various health professions programs at CHP to participate, especially if they had tests, projects, or practica to finish at the end of the semester.

Continued research is needed to understand gender and culture-related differences in the coping methods of graduate students with chronic disease. Helping these students find support and balance while attending school can be addressed at individual and systemic levels. Graduate programs may offer additional support or resources to help these students as they navigate their studies and prepare to work with other people in the health care field. Resources could include interventions that focus upon developing effective coping methods, creating and maintaining support networks, engaging in appropriate self-care, or improving illness management abilities. For example, graduate programs could help the student to evaluate his/her current coping skills and assess whether these can be improved upon by adopting more active coping strategies or decreasing the use of maladaptive coping styles. Helping students problem-solve potential difficulties that may arise due to their chronic illness while attending school and anticipate solutions could also help these students’ efficacy (Wodka & Barakat, 2007). Encouraging the establishment and use of student support groups for chronic illness may be useful in conducting some of these interventions where students can relate to others who face similar challenges, share a common bond, and discuss helpful coping strategies (Wodka & Barakat). The student-led support group at CHP mentioned engaging in sharing information and resources about
navigating the program, which helped to foster a sense of community and provide a support network that included some professors and peers as allies.

Overall, the findings of this study revealed that graduate students in health professions programs who identify as having a chronic illness preferred to use active cognitive and behavioral coping strategies that could be easily self-administered and either prevent or reduce symptoms associated with their condition. It appeared that many of the barriers students reported were often interpersonal or environmental in nature and reflected a lack of understanding about some of the hardships and difficulties these students deal with. Even though students mentioned being independent and responsible for managing their chronic illness, having support was essential in coping with the complex physical and emotional issues that arise. Stress from school was a major factor in participants’ adjustment to and management of their condition and could often create difficulties when others in the academic setting were not flexible or understanding of the student’s illness. This study has given a varied and insightful perspective on the challenges and capabilities of graduate students with a chronic illness. It has highlighted some of the interpersonal and psychosocial factors that contribute to these students’ sense of health and wellbeing and can be helpful in working with this population to ensure their success in a health professions career.
References


Appendix A

Chronic Illness Qualitative Survey

13) How much does your chronic illness currently affect your life?

( ) Not at all
( ) Barely
( ) Somewhat
( ) Very much
( ) All the time

14) In general, how would you describe your health?

( ) Poor
( ) Fair
( ) Good
( ) Very Good
( ) Excellent

For the following two questions, please think how your chronic illness will affect you within the next six months.

15) Think about your family and friends. Rate the likelihood they will treat you in the following ways due to your chronic illness.

<table>
<thead>
<tr>
<th></th>
<th>Not at all likely</th>
<th>Unlikely</th>
<th>Somewhat likely</th>
<th>Likely</th>
<th>Very Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>They will treat you with less respect</td>
<td>( )</td>
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</tr>
<tr>
<td>They will be angry with you</td>
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<tr>
<td>They will blame you for your health condition</td>
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<tr>
<td>They will be</td>
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</tbody>
</table>
### 16) Think about your instructors and fellow students. Rate the likelihood they will treat you in the following ways due to your chronic illness.

<table>
<thead>
<tr>
<th></th>
<th>Not at all likely</th>
<th>Unlikely</th>
<th>Somewhat likely</th>
<th>Likely</th>
<th>Very likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>They will be frustrated with you</td>
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<td>They will think you are a bad student</td>
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<tr>
<td>They will think you cannot fulfill your responsibilities</td>
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<tr>
<td>They will not accept the special circumstances of your illness (e.g. absences, accommodations)</td>
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<td>They will not provide support</td>
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</table>

### 17) Please rate your agreement or disagreement with the following statements.

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<thead>
<tr>
<th></th>
<th>Completely disagree</th>
<th>Disagree</th>
<th>Unsure</th>
<th>Agree</th>
<th>Completely agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to handle unexpected events well</td>
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<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>I feel that things are not going my way</td>
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<td>()</td>
<td>()</td>
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<td>()</td>
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<tr>
<td>I cannot manage all of the things I have to do</td>
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<tr>
<td>My family offers</td>
<td>()</td>
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</table>
the emotional support and help I need

<table>
<thead>
<tr>
<th>My friends are there to help me when things go wrong</th>
<th>( )</th>
<th>( )</th>
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</tr>
</thead>
<tbody>
<tr>
<td>I can talk about my difficulties with my family</td>
<td>( )</td>
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<td>( )</td>
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</tr>
<tr>
<td>I can talk about my difficulties with my friends</td>
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<tr>
<td>My healthcare provider does a good job of responding to my illness</td>
<td>( )</td>
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<tr>
<td>My healthcare provider answers questions I have about my chronic illness</td>
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<td>( )</td>
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<tr>
<td>I receive good care from my doctor regarding my chronic illness</td>
<td>( )</td>
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</tbody>
</table>

Please provide as complete answers as you can to the following questions in the text box provided.

18) What are strategies or actions that you have taken to cope with your chronic illness?

19) What have you done to try and stop your chronic illness from interfering with your life?
20) What do you think it means to "manage your condition well?"

21) How would you handle a difficult day in terms of your condition?

22) What are some barriers that have made it difficult for you to cope with and/or manage your health?

23) Is there anything that people you are close to, such as colleagues or family members, do that make it difficult to manage your condition?

24) How much of an influence do you have on your health?

25) What actions have you taken to keep healthy?

26) What has motivated you to undertake healthy behaviors?

27) What has been the most difficult part of balancing school with a chronic illness?

28) What effect does stress have on your health condition?

29) Is there anything you think you should be doing but are not doing as far as your health?
30) Please rank the following (in order of importance, with 1 being Most Important to 7 being Least Important) in terms of how important these things are in managing your chronic illness.

______ doctor and health care team
______ family and friends
______ personal resources (helpful things you did for yourself)
______ community (e.g. pharmacies, health food stores, public transportation)
______ community organizations (e.g. support groups, local or national health organizations, wellness programs)
______ media
______ school/work
Appendix B

Recruitment E-mail

You are invited to participate in a research study about the coping behaviors and resources of graduate health professions students who identify as having a chronic illness. This project (IRB #046-13) has been approved by the Pacific University Institutional Review Board (IRB). The results of this study will provide information about the various personal strategies and resources graduate students with chronic illness employ to cope with their illness while completing challenging programs in the health professions. The results of this study may also be beneficial in highlighting the difficulties and issues this portion of the student population faces and whether further educational or professional accommodations may be needed.

In order to participate you must be a current student in a health professions program at Pacific University; 18 years of age or older; and identify as having a chronic illness, disease, or condition. Your participation is completely voluntary and your responses will be anonymous. All surveys will be administered online (via SurveyGizmo). The study consists of one brief questionnaire which is estimated to take between 15-20 minutes to complete.

If you are eligible to participate, please follow the link provided below:


Thank you in advance for your time!

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Pacific University School of Professional Psychology

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