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RESEARCH ARTICLE

Wellness Within Illness: An Evolutionary Concept Analysis

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Abstract

The concept of wellness has no single, universal acceptable definition. The situation gives room to developing and refining wellness both as a concept and an experience. This paper aimed to substantiate the concepts surrounding wellness within an illness experience. Beth Rodger's evolutionary method of concept analysis provided the organizing framework for this paper. The data source was a search of literature published from 2010-2016 on CINAHL, Medline, EBSCO, and Google scholar database. Trailing process is organized with particular focus on antecedents, attributes, and consequences.

The analysis found four attributes of wellness within illness namely: normalizing, independence, empowerment, and finding meaning strengthened by antecedents such as strong social support, motivation, constructive coping strategies, and cognitive reframing. Subsequently these may lead to adaptation to illness, being well, and living to illness. Looking at wellness and illness in dichotomy may lead to rote deftness thus expansion of the panorama of wellness within an illness experience may lead to more depth on the scientific understanding and varied application. Increased conceptual understanding and knowledge development on wellness will enable nurses in facilitating patient's adaptation during illness.

Keywords: *wellness; illness; concept analysis; disease; health promotion; fitness, chronic; critical; burden; disease*

Introduction

Wellness is a complicated concept. The definition and utilization varies from situation to situation. This seemingly convoluted past gives way to no single definition of wellness (Miller, 2005). Oftentimes the definition of wellness is situated as an anti-thesis of the illness paradigm (Mackey, 2009). To some extent, these blur the definition of wellness because one would have difficulty

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studying wellness concept as state of wellness independent of illness or disease.

Dunn (1959) positioned wellness in the future as the attainment of optimum level of functioning. This is called the potential wellness. While Mackey (2009) highlights the 'here and now' experience of wellness including awareness of body, time, and priority otherwise known as the actual wellness. Both of these seminal works made wellness less complicated. Nonetheless, it partially explains why a patient suffering from intractable stage IV cancer pain can perform day-to-day activities and considers himself on high-level wellness.

Frankl (1992) posited that to live is to suffer but suffering without meaning is pathological. This makes illness (and suffering) inevitable. Thus there is an imperative need to look at wellness not only as the opposite of illness but the process of how human being can evolve to look at the concept from an opposite direction. The purpose of this paper is to examine the concepts of wellness as it relates within illness using Beth Rodger's (1989) evolutionary concept analysis.

Methods

Evolutionary concept analysis was employed to answer the thesis of this paper. This was utilized because concepts are viewed as dynamic, conceptual, evolving, and do not have clear boundaries (Rodgers, 1989). This concept analysis includes defining attributes, antecedents, and consequences of wellness.

The sample literature used for this analysis limit to CINAHL, Medline, EBSCO and Google Scholar database. The keywords "wellness," "health promotion," "fitness," "chronic," "critical," "illness," "burden," and "disease" were used. The database yielded 19,516 articles full-text result as relevant to advance search using the time frame 2010-2016. Articles that addressed wellness within illness were included in this review. Each title was assessed on relevance. Difficult to understand abstract were weeded out. Only articles with full text and written on English were included in the study. The following serves as the exclusion criteria of the concept analysis: not addressing the concept of wellness, focus on wellness opposite of illness, and articles on psychometric development of wellness tool.

The trailing process is structured and organized. All articles were given a number and read to immerse in the concept. Code sheets were used to ensure rigor and auditability. Rodger's standard recommends a minimum of 30 study references (Tofthagen & Fagerstrøm, 2010). This paper included 33 studies, adequate to meet Rodger's prescribed standards. The studies were conducted in the following countries: Australia, Canada, China, New Zealand, Taiwan, United Kingdom, and USA.

Results and Discussion

The concepts of 'wellness' and 'illness' have become parallel spreadsheet entries. If you don't feel pain you are probably on the wellness state. Wellness extends beyond this. Both illness and wellness concepts have never been studied from a standpoint of symbiotic and altruistic relationship (Beech, Arber, & Faithfull, 2012; White & Czaplinski, 2012) as shown in Table 1.

Attributes are the characteristics of the concepts (Tofthagen & Fagerstrøm, 2010). These constitute the events or phenomena that associated wellness within illness experience intuitive differences. Table 1 shows interdependent attributes including normalizing, independence, empowerment, and finding meaning.

Normalizing as an attribute to wellness within illness shifts from illness as an emotional state to cognitive (perception) constructs often termed as "depathologizing" (Wand, 2013; Maher & de Vries, 2011). This conclusively embraces the pain as part of human existence (Stevenson & Higgs, 2011). Beck (1976) postulated that a mental illness can be a result systematic bias of thinking, whereas, once a person perceived illness as a mean to stop activities then s/he will be, thus the conventional illness state. A person to flick from illness to wellness need to

Table 1. WELLNESS WITHIN ILLNESS

Attributes	Antecedents	Consequences
Normalizing ▪ Depathologize person, encouraging a person to see that illness is part of life. ▪ Disconnection from pain. ▪ Maintaining normality and adjusting to the illness. **Independence** ▪ Self-management of illness. ▪ Group session including individual and group exercises, personal sharing, and voluntary homework. **Empowerment** ▪ Enhancing control when ill. ▪ Accepting strengths, achievements, hopes, and dreams from the context of the person and social situation. **Finding meaning** ▪ Relating to the "One" intangible or non-material concerning or affecting the soul. ▪ Development of self-concept beyond illness ▪ Being at peace with oneself. ▪ Positive adaptive responses	**Social Support** ▪ Family, carers and health professional support. ▪ Genuine interest and curiosity from the person's difficulties. ▪ Multidisciplinary collaboration as shown by communal preventive activities. **Motivation** ▪ Ability to accept the difficulty of the person. ▪Problem solving skills **Constructive coping strategies** ▪ Still being employed ▪ Self-management of illness **Reframing** ▪ Awareness that emerges through paying attention on purposes and unfolding of experiences. ▪ Insight formation.	**Adaptation to Illness** ▪ Developmental plasticity ▪ Improvement of symptoms and recovery outcomes ▪ Positive state of mind. **Being well** ▪ Holism ▪ Interplay among psycho-socio- physical influence. ▪ Sense of connection, belonging, coherence, and value-based sense of self. **Living to life** ▪ Awareness and enjoyment of the physical, emotional, spiritual, and social aspects of life. ▪ Reflexive health habits ▪ Joining aesthetic activities e.g. art and music therapy.

independently manage her/his own body (Jowsey, Pearce-Brown, Douglas, & Yen, 2014) through learning from group session, personal sharing, and voluntary homework (Fukui et al., 2011; Scott & Wilson, 2010). This is geared towards the promotion of self-efficacy (Garcia et al., 2010). Bandura (1977) defined self-efficacy as the belief in owns capacity (set of proximal determinants) to complete tasks and reach certain goals. He hypothesized that personal expectation determines the extent of effort that will be initiated to "struggle with aversive or obstacle experiences."

The concept empowerment has become a popular and powerful term. It traces its modern roots from the works of Freire (1970). In achieving wellness state, within an empowerment strategy envelops enhancing personal control, sustained by accepting strengths, achievements, hopes, and dreams from the individual and social context (Cook et al., 2013; Wand, 2013). The person will acknowledge his/her personal resources to promote choice then act and ultimately cope from illness. From a Freirerian perspective, the important thing is for the patient to take charge of his own conscious choices awakening the inside power.

The ability to find meaning in your experience in the midst of illness is another attribute of wellness. Williams-Orlando (2012) explains that a person who knows that One powerful Being is out there controlling everything maybe has given the illness for a reason. With this framework, patients are more likely to find wellness often termed as 'meaning-making.' This integrated spiritual attribute is not solely confined to a Higher Being but to things that circumstance can't take away from you- your self-concept, peace with oneself (Holt-Lundstand, Steffen, Sandberg, & Jensen, 2011), and positive adaptive responses (Litchfield, 2010). This is expounded by Frankl (1992) in an equation, despair minus meaning equals suffering. In this paper, illness plus meaning equals wellness.

Concept antecedents are the occurrence prior to wellness within an illness experience (Rodgers, 1989). The synthesized presentation on Table 1 concept analysis identified the following: strong social support system, intrinsic and extrinsic motivation, constructive coping strategies, and reframing of thoughts.

Family members, carers, and health professional may constitute a social support (DeCoster, Killian, & Roessler, 2013). Supportive environment might lead to a meaningful suffering. That a sick person have someone (if not something) to live for. Notably, social support do not limit to proximity. It extends to community and policy makers (Lu & Hsieh, 2013). Extra-social factors may empower or disempower individuals (Bard, 2011). Van Metre, Chiapetta, Siedel, Fan, & Mitchel (2011) relates this concept to the availability of resources such as health promotion, educational programs, and information health resources.

Motivation is an internal process (affected by external factors) that directs and sustains behavior. Part of this is acknowledging and complementing the difficulty of the person (Garcia et al., 2010) and awareness of illness (Maher and de Vries, 2011). Jowsey et al. (2014) hypothesized that extrinsic and intrinsic motivational factors must work synchronically. Underscoring the compatibility between the internal need and what is offered externally.

Kidd, Kenny, & McKinstry (2015) posit constructive coping strategy as a process of accessible employment and self-management. That is to say that a person with illness might need healthy and distractive activities that occupy his time and mind to create more choices and promote independence (Devine and Usher, 2015). These could be met by a person who is ill as gainfully employed and be treated as partners not as a passive recipient of care. All these tangible and profound experiences contribute to the development of schema or the cognitive constructs.

If part of the schema are changed, challenged, or modified, the process is called cognitive reframing. From a behavioral standpoint, illness is the stimulus while the responses are the reactions we create. In this paper, I posit that we choose to put meaning in illness, we choose how to react on it, and we choose to magnify or minimize it. During illness, we can shut-off and refuse to perform what is expected from us or go on with our day-to-day activities and change how we see our current condition.

Consequences are the outcome of wellness within an illness experience (Rodgers, 1989). Table 1 shows the consequences of wellness within illness namely adaptation to illness, being well, and living to life.

Adaptation to illness emphasizes positive state of mind (Ronzio & Ronzio, 2012) developmental plasticity (Green, 2010), and improvement of symptoms and recovery outcomes (Cook et al., 2013; Beech et al., 2012), operating in a mechanical manner. A positive cognitive framework facilitates developmental plasticity while this internal state may result to improvement of condition. Developmental plasticity is the body's capacity to adopt and adapt to environmental changes (Green, 2010). Both these processes are exemplified by the synchronic movement of body, mind, and spirit. In the same way, being well highlights the integrated holism (Pesut, Clark, Maxwell, & Michalak, 2011) and co-dependency (Stevenson & Higgs, 2011). Being well is the interplay of physical, social, mental, and spiritual aspects of life. Therefore, if developmental plasticity is the kinesthetic dance, being well on the other hand is the genre, technique, and the form. These are further strengthened by the sense of connection, belonging, and valuing of self.

Living to life includes the awareness, enjoyment (DeNora, 2012), and reflexive health habits (Scott and Wilson, 2010). In order to live for life, DeNora (2012) suggested the use of arts. She expounded that being well is to appreciate the work of art (in various forms) because it releases the tensions of the negative experience and it brings balance to the aspects of life. That is to say that consequences of wellness within illness are aesthetic, personal, and overlapping processes likened to an obra maestra of symphony.

Conclusion

The concept of wellness within illness is a holistic and personal evolutionary process. Hickman (2011) described the attainment of health as 'nonlinear entity', so as wellness. There is no one direct, smooth, and parsimonious way to wellness. Awareness of our choices decreases the dichotomous thinking of wellness and illness. It is suggested that addition to the usual nursing care are empowerment, promoting independence, normalizing, and facilitating finding meaning for our clientele. This concept analysis supports a relativistic, ontological process of knowledge development.

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