

SOCIAL INTERACTION AND HEALTH BEHAVIOR OF IBS PATIENTS

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ABSTRACT

The study aimed to investigate social interaction and its relationship among patients with irritable bowel syndrome (IBS). A sample of 141 IBS patients was selected. The findings revealed that IBS patients experienced a moderate level of social interaction and health. The results also revealed significant statistical differences in social interaction scores among IBS patients attributed to age as well as health behavior scores due to discontent with their salaries. A positive statistical significant correlation between the level of social interaction and health behavior was also revealed among IBS patients. An implication of the findings and probable foci future empirical research is discussed.

Keywords: Social interaction, health behavior, irritable bowel syndrome (IBS)

INTRODUCTION

Social interaction is the basis for the process of socialization whereby the individual acquires appropriate patterns of social behavior. When individuals interact with each other, they modify their attitudes and beliefs to conform to the ones prevailing in society, which would eventually help them to become more positive among the members of the communities (Tuhami, 2005). To enhance health awareness among the individuals, it is of paramount importance that it has a positive impact on protecting and improving the quality of life (Carper, 2004).

Healthy behavior requires individuals develop strong healthy habits through continued positive reinforcement until they are completely resistant to change or introversion. Getting rid of unwanted habits during the early phases of life helps the individuals to improve and maintain their health and well-being over an extended period (Shukri, 2004). Healthy behavior is an activity performed by an individual in order to improve his/her health, maintain his/her well-being, and to avoid risk factors and pathological behavior (Taylor, 2003).

IBS symptoms play a vital role in influencing the daily activities of IBS patients, their social events and their health in general (Chassany & Bergmann, 1997). Psychological studies have revealed that mental disorders are more common in patients with IBS than those with other organic diseases of the gastrointestinal system (Luscombe, 2000).

LITERATURE REVIEW

Earlier studies have shed light on patients with IBS. The symptoms of this syndrome has a negative effect on one's health in general as well as social interaction. Luscombe (2000) indicated that the degree of mental health is less in patients with IBS compared to healthy

individuals. Pinto et al. (2000), studied the impact of stressful life-events, anxiety, depression and coping in patients with IBS. The results indicated that the psychological pressure was higher among IBS patients compared to those who are healthy.

Similarly, Sabwah and Mahmood (2007) studied the relationship between certain patterns of health behavior and discovered a statistically significant positive correlation in patterns among the healthy. Fakharani (2008), in a study on assertiveness and its relationship to healthy behavior among the elderly, found statistically significant differences in certain patterns of health namely: smokers and physically active males.

In another study, Khalaf & Tawfiq (2013) found that colorectal cancer is prevalent married than unmarried couples while half of the patients who suffer from this disease died between the ages of 40 and 60.

A recent study undertaken by Qumseya et al. (2014), revealed that the prevalence of IBS among middle-aged and elderly residents in Palestine is high while refugees and rural residents had an even higher incident of IBS compared to those in the urban areas. A cross-sectional study by Costanian et al. (2015), revealed an overall prevalence of 20% among university students while females were significantly more likely to report having IBS than males (29.1% vs 18.2%).

Moreover, Grodzinsky et al. (2015), revealed that IBS-patients reported significantly higher negative self-esteem, lower scores for positive self-esteem, and lower sense of coherence than the control group while IBS-cases were also less likely to report a status of good health and less likely to report a positive result in the future.

PURPOSE AND SCOPE

IBS causes enormously annoying psychological problems leading the patient to a state characterized by an ongoing inconvenience and suffering. Moreover, this disease has many complications which result in the patient's inability to communicate with people or exercise any social activity in a normal manner. IBS is a widespread health problem among many people. Hence, the present study endeavors to measure the level of social interaction and its relationship to health behavior among IBS patients.

The theoretical significance of the present study lies in its attempt to reveal the differences in the social and cultural changes and how they affect behavior either positively and negatively and patient's health habits with severe chronic diseases such as IBS. The significance of the study also stems from the importance of the theme social interaction and its relationship to health among IBS patients. Finally, it is possible to make use of the study outcomes in developing health education plans to meet the needs of the target groups and achieve the desired results.

HYPOTHESES

Based on the reviewed literature and on the proposed conceptualization of social interaction and its relationship to the quality of health among IBS patients, the following hypotheses are proposed:

1. There are no statistical significant differences at ($\alpha \leq 0.05$) in the level of social interaction among IBS patients due to age, number of children and satisfaction with salary.
2. There are no statistical significant differences at ($\alpha \leq 0.05$) in the level of health among IBS patients due to age, number of children and satisfaction with salary.

3. There is no statistical significant correlation at ($\alpha \leq 0.05$) between the level of social interaction and health among IBS patients.

LIMITATIONS

The present study has limitations in the following areas:

- i. The sample: the sample was selected from among IBS patients who attend health clinics in the Ramallah district, Palestine.
- ii. Spatial: the study was conducted in the Ramallah district, Palestine.
- iii. Temporal: the study was conducted during 2014-2015.
- iv. Conceptual: the study is confined to concepts and terms used in this study.
- v. Procedure: the study was limited to the instruments, degrees of validity and reliability and the statistical treatments used.

DEFINITION OF TERMS

Social interaction: a mutual relationship between two or more individuals; the behavior of each depends on the behavior of the other if there are two individuals, or dependent on the behavior of others if there are more than two individuals (Jaber, 2004).

Health behavior: a concept which includes patterns of behavior and attitudes based on health, disease and the use of medical services; health behavior also refers to all patterns of behavior that aim to develop the individual's health potential (Owiad, & Abdullatif, 1999).

IBS: the colon is the last part of the digestive system; it starts at the end of the small intestine and ends at the anus; it is about six feet long and is divided into three main parts: the ascending colon, the transverse colon and the descending colon, depending on food movement (Abu Zina, 2000).

METHODOLOGY AND PROCEDURES

To achieve the desired objectives, the study used the descriptive analysis approach, which aimed to describe the characteristics of a phenomenon and to collect relevant data. This approach was adopted since it was suitable to the nature and objectives of the study in terms of the data collection technique, testing the validity of its hypotheses and interpreting its results.

Population and Sample

The population of the study included all the IBS patients who attend health clinics in the Ramallah District. The sample consisted of 141 patients which were selected purposely.

The demographic breakdown of the participants was as follows: age, number of children and satisfaction with salary. One hundred and forty-one interviews were undertaken. The respondents were between 20 and 61 years of age (M 32.82 SD 12.54). Half (52.53%) of the participants were satisfied with their salary. Approximately 45.4% have more than three children.

Instrumentation

Social interaction was evaluated using an index of a 22-item scale developed by Subai (1999) as well as a 3-point Likert scale (very frequently, occasionally, and very rarely to measure responses. For health behavior, an index of a 21-item scale developed by Smadi (2011) was used. A 5-point Likert scale (Always, often, sometime, rarely, and very rarely to measure responses) was also utilised.

The validation of the instruments involved the implementation of a pilot study (N=20) to validate the survey using exploratory Factor Analysis. Factor loading for all items exceeded 0.50 (0.54 to 0.80), which indicated that there was an internal consistency between the paragraphs of the two scales.

The reliability was tested using Cronbach's Alpha Formula to ascertain reliability and consistency of the survey. Cronbach's Alpha for the survey instruments of social interaction and health behavior was 0.84 and 0.85, respectively, which revealed very good reliability and consistency.

FINDINGS AND DISCUSSION

The statistical package for social sciences (SPSS) was utilized to analyze the data. The social interaction scale was rated on a 1–3 semi-Likert scale (1=very rarely, 2= occasionally, 3=very frequently); the highest score reflected a high level of social interaction; while health behavior scale rated on a 1–5 Likert scale (1=very rarely, 2= rarely, 3=sometime, 4=often, 5=always); the highest score revealed a high level of health behavior. The descriptive statistics gauged the level of social interaction and the level of health behavior among the sampled population. The following statistical techniques were measured: One way analysis of variance, LSD test, Pearson correlation, Cronbach's Alpha and Factor analysis.

The mean score of the social interaction and health behaviour scale as reported by the sample of one hundred and forty-one participants was moderate (M 3.60 SD 0.56); (M 2.58 SD 0.30).

Furthermore, the findings revealed the top five indicators of social interaction and health behavior among IBS patients. These are ranked in a descending order as follows: I love to be with my colleagues (M 2.87 SD 0.41); I share others' joy and sorrow (M 2.84 SD 0.43); It pleases me to take care about my colleagues and relatives (M 2.77 SD 0.51); I feel comfortable when I am around my colleagues (M 2.75 SD 0.50); I like the work that I do with my colleagues (M 2.72 SD 0.57). The primary indicators of health behavior included: I avoid getting drugs from people who are not qualified to prescribe them (M 4.24 SD 1.25); I drink clean water (M 4.16 SD 1.07); I avoid using personal tools or objects which belong to other people (M 4.15 SD 1.13); I take care of my teeth hygiene regularly (M 4.14 SD 0.85); I take necessary preventive measures against infectious diseases (M 4.13 SD 0.87).

Moreover, the study investigated the demographic background of social interaction and health behavior among IBS patients with the aim of identifying differences. In terms of social interaction, the findings revealed that satisfaction with salary and the number of children does not indicate any significant differences. However, the results indicated that age is a significant variable. The differences were in favor of patients in the age group 31-40 years (M 2.71 SD 0.20) and the F-value was (3.14 P=0.002). A finding which may be attributed to the nature of this age group in general and not only IBS patients. Persons belonging to this age group can be described as more socially interactive than those to other age categories regardless of being IBS patients or not.

As for health behavior, the findings revealed that age and the number of children do not indicate any significant differences; however, it was revealed that satisfaction with salary is a significant variable. The differences were in favor of patients who were content with their salary (M 3.75 SD 0.48); F-value was (15.88 P=0.000). Those who are happy with the salary feel optimistic about life and hopeful or eager to improve the quality of their lives. They are extremely careful about their health needs, and hold that discontent with the salary may lead to despair, frustration and lack of attention to health in general. Therefore, those who are happy with the salary are also happy with life; they have hope and are optimistic about their future, which makes them adherent to life.

Finally, a positive statistically significant correlation was also found between social interaction scores and health behavior among IBS patients. The R-value was (0.219 P=0.009). Consequently, the greater the IBS patients' social interaction is, the higher the level of health behavior. This result is consistent with a study by Zubai (1999), which revealed a significant positive correlation between the students' mental health and social interaction.

RECOMMENDATIONS

In light of the above results and discussion, the researcher recommended:

1. Experts in the field should do their best to create an educational program for IBS patients and increase the patients' families' awareness of this disease so that they can all lead a less strenuous life.
2. Patients with IBS should learn how to deal with and avoid stress and psychological pressure. They should go for walks, exercise regularly, and participate in sporting events while totally avoiding sedatives or tranquilizers. Moreover, they should also have healthy diets and avoid food items that may aggravate or lead to IBS.
3. It is also strongly recommended that researchers in the field conduct extensive academic and scientific research to investigate the psychological aspects of patients with IBS.

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