

Annotated Bibliography

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Joachim, G. L., & Acorn, S. (2016). Living with chronic illness: The interface of stigma and normalization. *Canadian Journal of Nursing Research Archive*, 32(3).

A study by Joachim & Acorn, (2016) examines the lives of persons with chronic illnesses. Such patients experience stigma from the community. In addition, the researchers attempted to explore how persons with these conditions accomplishes normalcy regardless of their chronic conditions. The article asses the effects of assuming either normalization or stigma (Joachim & Acorn, 2016). Therefore, in order to understand and capture the active and emerging experience of the individuals with chronic conditions it is essential to pay close attention on the interdependence of both insights and avoid assumptions that stem from normalization or stigma alone. Furthermore, focusing on the two features of a chronic disease, in collaboration over time, will promote a wider and more precise understanding of the complicated experience of individual managing chronic conditions (Joachim & Acorn, 2016).

Numerous illnesses have changed from acute to chronic life-and-death problems. Consequently, many members of the community are encountering a diverse form of what is regarded normal or ideal (Joachim & Acorn, 2016). Chronic condition refers to medically diagnosed illness and prolonged status such as disability. In most cases, a chronic disease experience is an active state of different aspects incorporating psychological or physical problems, which are products of psychological stress enforced by community based on how it opines the condition (Joachim & Acorn, 2016).

Based on the perspectives of stigma, chronic illness and disability are viewed by the society as something unusual or bad. Stigmatization is the procedure by which a community confers its own harmful meaning on attributes, signs, or behaviours of a person. Most of the

chronic diseases such as arthritis lead to physical deformity contributing to visible changes (Joachim & Acorn, 2016). In this regard, deformity varies from the prevailing desirability and norms in the culture hence forcing stigmatization.

Witten, T. M. (2014). End of life, chronic illness, and trans-identities. *Journal of Social Work in End-of-Life & Palliative Care*, 10(1), 34-58.

A research by Witten, (2014) explores chronic illness, end of life, and trans-identities. The survey included about 1963 persons who are transgender adults from English-speaking countries across the globe. The study investigated their preparations in terms of end-of-life care. In fact, end-of-life (EOL) concerns are incorporated with challenges and concerns around chronic disability and illnesses. Generally, the study noted that transgender population are ill prepared for main events and legalities that take place in the future (Witten, 2014). In this regard, the community was found to poses serious fears concerning their future.

The researchers argued that demographic changes to older persons which is linked to multiple disabilities and chronic diseases and the huge health care cost required in end-of-life care puts EOL issues at a huge stage of significance (Witten, 2014). Being knowledgeable of the aging-associated chronic illness and its effects on EOL assumes the presence of aging persons and presupposes that a certain population has some endemic level of chronic illness that can affect end-of-life decisions and perceptions. Nonetheless, if such a people were obscure to researcher, that society would lack public voice when it has to communicate its needs based on EOL challenges (Witten, 2014).

Across the world, the transgender population challenges including discrimination especially from the health care workers. Consequently, violence and abuse has turned out to be part of a social information base for this long-lasting marginalized people (Witten, 2014). Most members of the transgender community have grown up in the discriminatory psycho-

socio-economic and biomedical environment. For this reason, they are unwilling and fearful to engage with healthcare providers (Witten, 2014).

Balderson, B. H., Grothaus, L., Harrison, R. G., McCoy, K., Mahoney, C., & Catz, S. (2013). Chronic illness burden and quality of life in an aging HIV population. *AIDS care*, 25(4), 451-458.

A research by Balderson, Grothaus, Harrison, McCoy, Mahoney & Catz, (2013) attempted to determine the burden of chronic illness among aging population suffering from HIV/AIDS. Since many persons living with HIV (PLWH) are aging, they are at an increased risk of emerging other chronic illnesses. The progression of disease has been indicated to be associated to quality of life (QoL). The study includes 452 PLWH aging over 50 years from the records of AIDS Service Organizations (Balderson, Grothaus, Harrison, McCoy, Mahoney & Catz, 2013). The research assessed the depression, perceived stress, and other chronic illnesses as well as health-linked quality of life. The findings of the study highlighted that about 94 per cent of the people had chronic illnesses coupled with HIV. Most of the chronic health disorders included arthritis, hepatitis, chronic pain, and hypertension. Although there were comparatively high levels of depression among these people, the general quality of life was reasonably high for the experimented population. Depression, stress, and physical operations were also robustly linked with chronic illness (Balderson, Grothaus, Harrison, McCoy, Mahoney & Catz, 2013). Furthermore, extra chronic illness often exists among Persons living with HIV aging 50 years and above. More importantly, as the population of aging PLWH increases, it increases the challenges of offering complete health care to older PLWH with different chronic illnesses.

The relations of aging process with HIV and collective comorbid of getting old are common. Persons with long-lasting HIV infection, the resilient stimulation of immune cells

by HIV likely raises the susceptibility of these persons to inflammation-induced infection and reduces their ability to fight some illnesses (Balderson, Grothaus, Harrison, McCoy, Mahoney & Catz, 2013). Combined with the process of aging, the prolonged exposure of these older individual to both antiretroviral drugs and HIV tends to escalate their risk of chronic conditions and demise due to HIV associated non-AIDS conditions (HANA). Some of these health conditions include lung diseases, liver, kidney, bone, and cardiovascular disease. Moreover, they are exposed to cancers, which are not directly linked to HIV. Finally, these persons aged 40-50 years suffer from complications resembling premature aging. For instance, they demonstrate greater risks of osteoporosis, end-stage renal illnesses, weakened kidney function and accelerated frailty (Balderson, Grothaus, Harrison, McCoy, Mahoney & Catz, 2013).

Haemmelmann, K. L., & McClain, M. C. (2013). A Therapeutic Approach for Treating Chronic Illness and Disability among College Students. *Professional Counselor*, 3(3), 105-116.

The article by Haemmelmann & McClain, (2013) assesses the therapeutic approach for managing chronic diseases and disabilities among university learners. Past studies have indicated that learners with disabilities experience many psychosocial challenges as compared to their nondisabled colleagues. Consequently, these challenges affect the capacity of these students to adapt (Haemmelmann & McClain, 2013). The utilization of cognitive behavioural therapy (CBT), as therapeutic procedures can help the students to encourage their overall educational success, adaptation and general well-being.

Over 35 million Americans comprising 11 per cent of undergraduate students suffer from chronic illnesses and disability. The condition causes intense, and constant psychosocial stress raising intrusion with conduct of life roles and daily activities as well as conflict with

friends and families. Furthermore, adapting to the existence of a disability, tuning to self-regulating living and commencement of educational units at an undergraduate university can be tough for an individual with a chronic disease or disability (Haemmelmann & McClain, 2013). Disability may comprise significant and permanent transformation in a person's self-concept, body image, functional capacities, and body appearances. For these reason, it is vital to introduce psychotherapeutic interventions to assist students joining post-secondary education. For instance, approximately 8-18 per cent of learners in universities have disabilities. Therefore, such interventions will deliver important support to learners in order to assist the college students in transition (Haemmelmann & McClain, 2013).

Hung, W. W., Ross, J. S., Boockvar, K. S., & Siu, A. L. (2011). Recent trends in chronic disease, impairment and disability among older adults in the United States. *BMC geriatrics*, 11(1), 47.

A study by Hung, Ross, Boockvar & Siu, (2011) evaluated the chronic illness and trends in austere disability determined by the incapacity to conduct primary activities of daily living. The researchers also investigated the degree at which trends of chronic diseases can describe these disability tendencies. The findings of the study reported that 30-45 years old populations from 1984-1996 registered a decline in terms of prevalence among the non-chronically ill while the prevalence of obesity increased leading to a rise in disability by 40 per cent which is attributed to increased prevalence of chronic illness (Hung, Ross, Boockvar & Siu, 2011). Moreover, rising prevalence of disability among the chronically ill contribute to approximately 60 per cent upsurge in number of disability cases attributable to chronic conditions. The disparity between working and elderly age population is due to the rates of disability over the past decades. The working age has suffered owing to the deterioration of health especially in significant increase in rates of obesity. Such changes contribute to the growth of the number of people suffering from disability. Among the elderly population, the

trends indicated that the disability prevalence have decreased in the past decades. Therefore, it is important to initiate interventions that can help in reducing the number of disabilities among the young people and the elderly populations (Hung, Ross, Boockvar & Siu, 2011).

References

- Balderson, B. H., Grothaus, L., Harrison, R. G., McCoy, K., Mahoney, C., & Catz, S. (2013). Chronic illness burden and quality of life in an aging HIV population. *AIDS care, 25*(4), 451-458.
- Haemmelmann, K. L., & McClain, M. C. (2013). A Therapeutic Approach for Treating Chronic Illness and Disability among College Students. *Professional Counselor, 3*(3), 105-116.
- Hung, W. W., Ross, J. S., Boockvar, K. S., & Siu, A. L. (2011). Recent trends in chronic disease, impairment and disability among older adults in the United States. *BMC geriatrics, 11*(1), 47.
- Joachim, G. L., & Acorn, S. (2016). Living with chronic illness: The interface of stigma and normalization. *Canadian Journal of Nursing Research Archive, 32*(3).
- Witten, T. M. (2014). End of life, chronic illness, and trans-identities. *Journal of Social Work in End-of-Life & Palliative Care, 10*(1), 34-58.