

Critically evaluate the extent to which self-regulation model informs our understanding of coping with the impact of living with a long-term condition.

Living with a chronic illness may be a difficult and complicated experience that requires people to adjust to and deal with a variety of physical, emotional, and social changes. Globally, the burden of chronic illness is on the rise, with an increasing number of people suffering from some form of illness. This is due, in part, to rising life expectancy (Brennan et al., 2017), with an ageing population becoming more vulnerable to diseases like cancer, heart disease, diabetes, and neurodegenerative disorders. The self-regulation model is one paradigm that has been presented to understand how people manage with the effects of a long-term condition. This essay will critically evaluate how well the self-regulation model contributes to our comprehension of adjusting to the effects of having a chronic illness. The self-regulation model's main elements will be discussed and will look at the empirical research supporting the model's capability of assisting people in adjusting to the effects of chronic diseases. The potential effects of the self-regulation model on healthcare professionals and policymakers will be considered and how it can help guide the concept of therapies for people with chronic illnesses.

The development and use of interventions targeted at enhancing the health outcomes of people living with a long-term disease are frequently guided by self-regulation models (Leventhal et al., 2012). The self-regulation model is a theoretical framework that clarifies how people deal with the effects of a chronic illness (Leventhal et al., 1980). These models stress the importance of self-regulation in assisting people in managing their conditions and enhancing their quality of life. Self-regulation encompasses self-monitoring, goal setting, problem solving, and self-evaluation. The effects of self-regulation models on coping with a chronic disease have been examined in several empirical research

studies. For instance, a comprehensive evaluation of randomised controlled trials discovered that self-regulation model-based therapies, such the Chronic Care Model, were successful in enhancing health outcomes in people with chronic diseases like diabetes, hypertension, and heart failure (Karlsson Linnér et al., 2021).

The self-regulation model's effective foundation for comprehending how people deal with the effects of long-term conditions is one of its strengths (Leventhal et al., 2016). The model places a strong importance on the value of setting goals and keeping track of results since doing so can give people a sense of power over their circumstances and enhance their general well-being. The model also emphasises the significance of social support and the contribution that healthcare professionals may make to the promotion of self-regulation. Yet, the self-regulation paradigm has its limitations as well (Sallay et al., 2019). Its assumption that people possess the tools and information required to successfully self-regulate is one of its limitations. In practice, people may encounter obstacles to self-regulation which could include financial limitations, restricted access to healthcare, or low health literacy. However, the model does not adequately take into consideration the emotional and psychological difficulties that people with long-term diseases may have, such as social isolation, sadness, and anxiety. The self-regulation model's assumption that people are highly motivated to engage in self-regulation is another drawback. Yet, motivation can change over time, and people can go through low-motivation or burnout phases (Baumeister et al., 2006). The impact of environmental factors on an individual's capability for self-regulation, such as stigma and prejudice, is also not fully taken into consideration by the model.

The Self-Regulation Model of Illness (SRMI), coined by Leventhal and colleagues in 1980 as the "common sense model of illness representation," offers a structure to help comprehend how specific symptoms and emotions

experienced during a health diagnosis or health threat can influence illness perception and direct subsequent coping behaviour. This theory has been studied across a range of conditions and health-related behaviours, such as coronary heart disease, HIV medication adherence, and diabetic self-management (Browning et al., 2009). There is a lack of research on the SRMI amongst patients with lung cancer and who were smokers at the time of receiving their illness diagnosis, despite the fact that elements of the SRMI have been explored among oncology patients (Hamann et al., 2014). Understanding why people with lung cancer chose to continue to smoke may be improved with the help of the SRMI. In accordance with the SRMI theory, people should educate themselves about their illness or disease threat by learning to recognise what it is, what it implies, what causes or triggers it, what effects it has on their mind and body, how long it may last, and whether it can be completely cured and/or controlled. Mathieson et al., (1995) suggested that understanding (or illness representation) was developed based on personal experience (physical symptoms and feelings), societal influences, and/or interactions with healthcare professionals. It is not always based on scientific or medical validation. People are thought to change their health behaviours or reduce their health risks in ways that correspond to their perceptions of their illnesses. In order to accomplish objectives, people use a process called self-regulation to manage their thoughts, emotions, and behaviours. According to the self-regulation model, self-regulation is a three-part process that occurs in cycles: the foresight phase, the performance phase, and the self-reflection phase. The process of self-regulation begins with the forethought step. It includes establishing objectives, formulating plans of action, and assessing the probable effects of various courses of action. Identifying barriers and creating backup plans to get around them are also part of the forethought phase. The second stage of the self-regulation process is the performance phase. It entails carrying out the strategy created at the planning stage. Throughout the performance phase, people must

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keep track of their development, modify their tactics as needed, and persevere in the face of adverse difficulties. The self-reflection phase is the last step in the process. It entails assessing the performance phase's results and considering the future. People might use this time to reflect on their experiences, pinpoint their strengths and limitations, and make changes to their future.

A lung cancer diagnosis can also have a significant impact on a patient's mental health. Anxiety, depression, and other psychological symptoms that patients and families may experience can be difficult to manage. Counselling or support groups, for example, can help patients and families cope with these challenges and improve their psychological well-being (Ellis, 2012). A common-sense model can help patients become more empowered and advocate for themselves. A common-sense model can help patients to feel more in control of their health and better equipped to communicate with their healthcare providers by encouraging them to participate actively in their care and treatment. Lung cancer is often stigmatised, making it difficult for patients and families to seek and receive support. Increased lung cancer awareness and education, as well as efforts to reduce stigma, can help patients and families gain access to support services and improve their quality of life (Cataldo et al., 2012; Chapple et al., 2004). Family members and carers of lung cancer patients may also be under a lot of stress. Additional carer support, such as respite care or counselling, can help alleviate this burden and improve patient care quality (Mosher et al., 2013).

In 2018, there were over 2.1 million new cases of lung cancer, making it one of the most common malignancies worldwide (Bray et al., 2018). The long-term nature of lung cancer requires continual monitoring and treatment since it can significantly reduce a patient's quality of life. The self-regulation model offers a helpful framework for understanding the coping mechanisms that people use to control the impact of having lung cancer for an extended period of time. As a

result, dealing with the effects of having lung cancer is a crucial component of illness management. An individual's quality of life may be significantly impacted by having lung cancer. Many symptoms, such as exhaustion, pain, shortness of breath, and coughing, can be brought on by lung cancer (Siegel et al., 2022). Daily activities such as work, socialising, and leisure time can be hampered by these symptoms. Moreover, the side effects of lung cancer treatment, such as nausea, vomiting, and hair loss, can negatively affect a person's quality of life. When given a lung cancer diagnosis, a smoker has the option of quitting or keeping up their smoking habits. A decrease in breathlessness, an increase in nicotine withdrawal symptoms, an increase in family support, and enhanced survival are just a few examples of the physical and psychological repercussions of quitting smoking, both positive and negative. The patient may continue to smoke despite the risks of doing so, which include worsening lung symptoms and having a lower chance of survival in order to avoid the added burden of quitting at a time when they already feel overwhelmed (Barta et al., 2019). Smokers who are unable to stop smoking also tend to have biobehavioural traits such as a higher level of nicotine dependence and fewer social support systems. The addictive substance in tobacco known as nicotine is what creates both acute and long-term dependence, with recurrent support often needed in order for users to succeed in quitting. Smokers with greater nicotine dependence frequently need more tries to stop smoking and have higher relapse rates before succeeding in quitting permanently (Schnoll et al., 2002). The majority of tobacco users state that they want to stop using the drug, and many of them try but fail. Also influencing the way in which the illness is portrayed and coping strategies are social support and the degree of nicotine dependence (Fiore et al., 2008).

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Several empirical studies have shown that individuals with lung cancer who are addicted to nicotine face severe difficulties quitting smoking. In a study by

Picciotto et al., (2021) for instance, it was discovered that smokers with lung cancer who continued to smoke had higher levels of nicotine dependence and experienced severe withdrawal symptoms, more so than smokers who gave up smoking. According to certain studies, people with lung cancer may use smoking as a coping method. In a study conducted by Cataldo et al. (2010),

Good lung cancer patients who continue to smoke, still have higher levels of stress, anxiety and despair than those who quit smoking after their diagnosis.

Depending on individual experiences and assumptions about the disease, people with lung cancer may develop a variety of cognitive representations of their condition. For instance, some people would view their lung cancer as a serious,

Good life-threatening condition while others might view it as less significant. (El-Turk et al., 2021). Patients and their families may experience major effects from coping and living with lung cancer. There is a wealth of literature and studies of *Where are they?* empirical research that aims to gain insight on the difficulties that lung cancer patients deal with on a daily basis. In one study, Thøgersen et al. (2020), investigated the experiences of 20 lung cancer patients who resided in Norway. According to the study, patients went through a spectrum of feelings, including dread, worry, and depression. Individuals also described experiencing bodily symptoms like weariness, breathlessness, and pain.

According to research conducted by Gapstur, (2007); McCorkle et al., (2011); Ryan et al., (2009) reducing symptom discomfort and improving quality of life, self-management of symptoms has had an impact on the cost of healthcare through treatment-related services, hospitalisations, and usage of the healthcare organization. For populations with chronic diseases, self-efficacy for symptom management is a predictor of outcomes, and it is crucial for handling the complicated obstacles of cancer therapy (Kelleher et al., 2016; White et al., 2017). The self-regulation approach, however, does have certain limitations when it comes to comprehending lung cancer patients' coping mechanisms. For

instance, the model might not accurately represent the social and emotional aspects of dealing with a life-threatening illness, such as social support and grief. The approach might also not fully take into account how socioeconomic status and access to healthcare can affect a person's capacity for self-regulation. The self-regulation model also makes the assumption that people are capable, knowledgeable, and motivated enough to use self-regulation techniques. This presumption might not be accurate for all people, especially for those who have a hard time getting medical care or have little social support. As a result, while the self-regulation model can offer helpful insights into how people with lung cancer cope with their condition, it's vital to take into account the model's limits as well as any contextual circumstances that could affect a person's capacity for successful self-regulation.

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In conclusion, the self-regulation model is a helpful framework for comprehending how people regulate their thoughts, emotions, and behaviours to accomplish individual goals. Chronic illnesses provide serious obstacles to patients, their families, and the healthcare system (El-Rashidy et al., 2021). An all-encompassing, patient-centred strategy that takes into consideration the biological, psychological, social, and environmental elements that affect patients' health outcomes is necessary for the effective management of various disorders. The self-regulation paradigm offers a practical framework for patients to become more engaged and involved in their own self-management, and for healthcare providers to offer individualised treatment and support. The model does, however, have some limitations, and may not be suitable for everyone. As a result, while the self-regulation model proposes a helpful framework for understanding how to cope with the effects of long-term conditions, its applicability and limitations should be rigorously assessed. While creating treatments to enhance self-regulation and dealing with chronic diseases, researchers and healthcare professionals should consider the assumptions and

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limits of the model (De la Fuente et al., 2022). Further research is required to examine the models' applicability to various populations and to comprehend the effects of social and environmental factors on self-regulation. Given that eventual changes in one's priorities, values and social relationships are likely to have an impact on self-management procedures, perspectives and experiences, it is possible that the thought of impending decline and mortality adds to its complexity (Ridgeway et al., 2014). Because of this, individualized strategies that reassess patients' needs and preferences, are rooted in strong relationships with family members and healthcare professionals and are integrated into current models of care which could benefit self-management support programmes for a vulnerable population (van Dongen et al., 2020). However, the collaboration and communication between patients, healthcare professionals, as well as the distribution of resources and the adoption of policies that place a priority on patients' health and wellbeing, are essential for the self-regulation model's and other interventions' success. Millions of individuals around the world's lives can be improved, and the financial burden of chronic diseases on society can be lessened, by taking a patient-centred and evidence-based approach to long-term disorders (Penedo et al., 2020).

Finally, there are numerous models that can be used to manage a chronic condition, each having advantages and disadvantages of their own, some of which are the Chronic Care Model, Biopsychosocial Model, Health Belief Model, and Self-Determination Theory. Cognitive behavioural therapy, mindfulness-based methods, and social support interventions are some additional potential models (Bolton et al., 2019). The most efficient model will rely on the unique demands and circumstances of the individual and may incorporate a number of different strategies. In addition to the empirical data demonstrating the model's efficacy, it is crucial to consider the unique demands and circumstances of the individual while choosing a model. A combination of

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strategies, including patient self-management, care coordination, evidence-based practices, addressing psychological and social factors, and motivational support may be most effective in promoting health, physical and emotional strength and well-being for people with chronic conditions, according to research. It is crucial to note that there is no one-size-fits-all strategy for dealing with chronic illnesses. Healthcare practitioners can more effectively support patients as they navigate the challenges of managing with and coping with a chronic illness by taking these alternate models into account.

Citation Needed

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GENERAL COMMENTS

Overall: In general you have shown you understand how the SRM can be applied to lung cancer but I didn't really see any evidence to support how people with lung cancer cope with their illness or the various coping strategies they may imply. You have included a good level of detail but it lacks supporting citations. There was no mention of the role of illness representations and I think this would have been imperative.

Strengths:

- You have included a good level of detail in certain areas
- You have included a number of up to date references in places
- You have chosen an a good long-term condition

Areas for development:

- including more citations for each point you are making would increase your mark
- Your essay could benefit from a clearer structure

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Support

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A well-written paper will include strong support for its thesis. Support for your thesis should come from primary (original documents, interviews, and personal experiences) and secondary (information that has been processed or interpreted by someone else) sources. To use your support effectively, you must elaborate upon the information, quotations, and examples taken from your sources and connect them to your thesis. It is also important to remember to cite the sources of the evidence and support you use in your paper.

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FAIL	Little or no evidence of reading and/or reliance on inappropriate sources. Views and findings mostly unsupported and non-authoritative. Referencing conventions used incoherently or largely absent.
MARGINAL FAIL	Poor engagement with essential reading. No evidence of wider reading. Reliance on inappropriate sources, and/or indiscriminate use of sources. Heavily reliant on information gained through class contact. Inconsistent and weak use of referencing.
SATISFACTORY / 3RD PASS	Engagement with a limited range of mostly relevant and credible sources but with some reliance on information gained through class contact. Some omissions and minor errors. Referencing conventions evident though not always applied accurately or consistently.
GOOD / 2:2 PASS	Engagement with an appropriate range of literature, including sources retrieved independently. Some over-reliance on texts rather than other sources. Referencing may show minor inaccuracies or inconsistencies.
VERY GOOD / 2:1 PASS	Engagement with a wide range of literature, including sources retrieved independently. Selection of relevant and credible sources. Generally sound referencing, with no/very few inaccuracies or inconsistencies.
EXCELLENT / LOW FIRST	Engagement with an extensive range of relevant and credible literature. Consistently accurate application of referencing.
EXCEPTIONAL / HIGH FIRST	Exceptional engagement with an extensive range of relevant and credible literature. High-level referencing skills consistently applied.

K&U

Good / 2:2
Pass

Knowledge and understanding; Knowledge of the basic underlying concepts and principles of a subject.

FAIL	Major gaps in knowledge and systematic understanding of the subject matter. Substantial inaccuracies. No awareness of knowledge of the latest research and/or advanced scholarship within the discipline.
MARGINAL FAIL	Gaps in knowledge, with only superficial systematic understanding. Some significant inaccuracies and/or irrelevant material. No awareness of knowledge of the latest research and/or advanced scholarship within the discipline.
SATISFACTORY / 3RD PASS	Limited knowledge and systematic understanding of the relevant concepts and principles within the subject area which to some limited extent, is informed by current research and scholarship.

GOOD/2:2 PASS Knowledge is reasonably detailed, accurate with a good systematic understanding of the field of study and to some extent, current research and scholarship.

VERY GOOD / 2:1 PASS Knowledge is reasonably extensive coherent and detailed. Exhibits very good understanding of the breadth and depth of established views, and the work is, at least in part, well-informed by current research and scholarship.

EXCELLENT / LOW FIRST Excellent coherent and detailed knowledge and systematic understanding of the principles and theories of current research and scholarship. Clear awareness of challenges to established views and the limitations of the knowledge base.

EXCEPTIONAL / HIGH FIRST Exceptionally coherent and detailed knowledge and systematic understanding of the principles and theories of the subject, well-informed by current research and scholarship. A critical, sophisticated and nuanced awareness of the ambiguities and limitations of knowledge.

C&I **Satisfactory / 3rd Pass**

Cognitive and Intellectual Skills; Evaluate underlying concepts and principles of a subject and interpret qualitative and quantitative data in order to develop lines of argument and make sound judgements.

FAIL Wholly or almost wholly descriptive work. Little or no evaluation of the underlying concepts and principles. Failure to develop arguments, leading to illogical or invalid judgements. Minimal or no use of evidence to back up views.

MARGINAL FAIL Largely descriptive work, with superficial evaluation of the underlying concepts and principles. Weak interpretation of data, flawed development of arguments and judgements. Information accepted uncritically, uses generalised statements made with scant evidence and unsubstantiated opinions. Ideas sometimes illogical and contradictory.

SATISFACTORY / 3RD PASS Limited attempt at evaluation of the underlying concepts and principles, tending towards description. Can interpret qualitative and quantitative data but with some errors. Some evidence to support emerging arguments and judgements but these may be underdeveloped or with a little inconsistency / mis-interpretation.

GOOD / 2:2 PASS Good evaluation of the underlying concepts and principles. Can interpret qualitative and quantitative data, with minor errors. An emerging ability to use evidence to support the argument. Mostly valid arguments and logical judgements.

VERY GOOD / 2:1 PASS Sound evaluation of the underlying concepts and principles. Can interpret qualitative and quantitative data accurately. Ability to devise arguments using evidence to make mostly appropriate and valid judgements.

EXCELLENT / LOW FIRST Excellent evaluation of the underlying concepts and principles. Can interpret qualitative and quantitative data accurately and with some insight. Excellent ability to devise arguments using evidence and make appropriate and valid judgements.

EXCEPTIONAL / HIGH FIRST Exceptional evaluation of the underlying concepts and principles based evidence. Outstanding interpretation of qualitative and quantitative data. Exceptional ability

to devise arguments using evidence and make wholly appropriate and valid judgements.

PRACTICAL

Good / 2:2
Pass

Practical skills; Different approaches to solving problems in particular contexts.

FAIL	Limited or no use of taught, basic methods, materials, tools and/or techniques. Little or no appreciation of the context of the application. Very weak evidence of different approaches to problem-solving in particular contexts.
MARGINAL FAIL	Rudimentary application of taught, basic methods, materials, tools and/or techniques but without consideration and competence. Flawed appreciation of the context of the application. Weak evidence of different approaches to problem-solving in particular contexts.
SATISFACTORY / 3RD PASS	An adequate awareness and mostly appropriate application of basic methods, materials, tools and/or techniques. Basic appreciation of the context of the application. Can identify problems in particular contexts and propose basic alternative approaches or solutions though there may be errors.
GOOD / 2:2 PASS	A good and appropriate application of basic methods, materials, tools and/or techniques. Clear appreciation of the context of the application. Good evidence of different approaches to problem-solving in particular contexts and proposes mostly appropriate solutions.
VERY GOOD / 2:1 PASS	A very good application of a range of basic methods, materials, tools and/or techniques. Very good consideration of the context of the application. Very good evidence of different approaches to problem-solving in particular contexts and proposes appropriate solutions.
EXCELLENT / LOW FIRST	An advanced application of a range of taught, basic methods, materials, tools and/or techniques. The context of the application is well considered, and insightful. Excellent evidence of different approaches to problem-solving in particular contexts and proposes appropriate solutions.
EXCEPTIONAL / HIGH FIRST	Exceptional levels of application and deployment skills in particular practical contexts. Outstanding identification of problems in particular contexts and formulation of wholly appropriate, thoughtful solutions / different approaches.

TRANSFERABLE

Very Good /
2:1 Pass

Transferable Skills for Life and Professional practice; Communicate the results of their study/work accurately and reliably, and with structured and coherent arguments; the qualities needed for employment requiring the exercise of some personal responsibility within a structured and managed environment.

FAIL	Work is poorly structured, disorganised, inaccurate and/or confusingly expressed. Very weak use of language and/or very inappropriate style. Failure to work effectively individual or as part of a group. Little or no evidence of the skills for employment requiring the exercise of some personal responsibility.
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MARGINAL FAIL	Work is poorly presented in a disjointed manner. It is loosely, and at times incoherently, structured, with information and ideas often poorly expressed. Weak use of language and/or inappropriate style. Flawed approach to individual or group work, meeting only partial obligations to others. Limited evidence of the skills for employment requiring the exercise of some personal responsibility.
SATISFACTORY /3RD PASS	Mostly ordered presentation and structure in which relevant ideas / concepts are reasonably expressed. Work may lack coherence and/or accuracy in places. Can work as part of a group, meeting most obligations to others but perhaps with limited involvement in group activities. Demonstrates the basic skills for employment requiring the exercise of some personal responsibility, with some areas of minor weakness.
GOOD / 2:2 PASS	Mostly coherent, organised and accurate work, in a suitable structure and is for the most part clearly expressed. Can work effectively independently and/or as part of a team, with clear contribution to group activities. Demonstrates the skills for employment requiring the exercise of some personal responsibility, with some areas of strength and some of minor weakness.
VERY GOOD / 2:1 PASS	Work is accurate, coherent, fluent, well-structured and organised. Can work effectively independently and/or as part of a team, with very good contribution to group activities. Demonstrates very good skills for employment requiring the exercise of some personal responsibility, with just occasional minor weakness.
EXCELLENT /LOW FIRST	Work is coherent, very fluent and is presented professionally. Can work effectively independently and/or as part of a team, with an excellent contribution to group activities. Demonstrates excellent skills for employment requiring the exercise of some personal responsibility with an appetite for further development.
EXCEPTIONAL / HIGH FIRST	Work is accurate, exceptionally coherent, very fluent and presented well. Can work effectively independently and/or as part of a team, with an exceptional contribution to group activities. Demonstrates exceptional skills for employment requiring the exercise of some personal responsibility with an appetite for further development.