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Cultivating Self-Motivation, Lifestyle Modification and Emotional Resilience in Elderly Patients with Multimorbidity: A Path to Successful Self-Management

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Abstract

The population of older adults is a global problem that poses a serious threat to mankind. However, the aging process is inevitable. Aging contributes to a high burden of multimorbidity worldwide, particularly among the elderly. Multimorbidity can lead to a decreased quality of life, increased healthcare utilization, and higher mortality rates. Effective self-management is crucial for individuals with multimorbidity to manage their conditions, reduce healthcare costs and improve their quality of life. Nonetheless, self-management can be challenging for elderly patients. They need to employ self-motivation, lifestyle modification, and emotional resilience to promote self-management. This study aims to explore the perceived benefit of cultivating self-motivation, lifestyle modification and emotional resilience among elderly patients with multimorbidity, which will facilitate improvement of health outcomes and quality of life. A qualitative interpretative phenomenological study using in-depth interview guide with 30 purposively sampled elderly patients with multimorbidity was conducted. The study took place at the University Teaching Hospitals – Adult Hospital in Lusaka, Zambia. Interpretative phenomenological analysis was used to analyse the data. Three themes that included self-motivation, lifestyle modification, and emotional resilience were developed. The study concluded that elderly multimorbidity patients need to develop a positive attitude towards self-management if they are to achieve the best health outcomes and improve their quality of life. Novelty was demonstrated by this study being one of its kind that seeks to cultivate self-motivation, lifestyle modification and emotional resilience to strengthen patient participation in their own care.

Keywords*: Elderly, Emotional Resilience, Lifestyle Modification, Multimorbidity, Patients, Self-Management, Self-Motivation.*

Introduction

The population of older adults is a global problem that poses a serious threat to mankind, and aging is an unavoidable process [1]. According to United Nations [2] estimates, the global elderly population is expected to double by 2050. Aging contributes to a high burden of multimorbidity and an upward rise in chronic diseases [3] worldwide, particularly among the elderly [4, 5]. Multimorbidity, defined as the co-occurrence of two or more chronic conditions [6, 7] is a growing concern among elderly population worldwide [8]. In Zambia, the prevalence of multimorbidity among older adults is estimated to be around 60% (9). Multimorbidity can result in higher healthcare costs and utilization, a lower quality of life, and more deaths, particularly among the elderly [10, 4, 11]. According to Sadeghi et al. [12], in order to lower mortality, health care professionals mainly concentrate on life-threatening illnesses and their complications in order to reduce

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mortality rates. It is, however, crucial to integrate different management plans to provide the comprehensive management especially in elderly patients with multimorbidity to support self-management. This integration requires the patient's willpower, skill, and self-care capacity.

Therefore, effective self-management is crucial for individuals with multimorbidity to manage their conditions, improve their quality of life, and reduce healthcare costs [4, 13, 14]. Self-management in this study is, therefore, defined as the self-driven capability of individual persons to manage their conditions through management of disease symptoms, medication regimens, and also managing the physical and psychological impact of the disease, allowing positive adaptation of lifestyle that improves the quality of life. However, self-management can be challenging for elderly patients with multimorbidity due to cognitive decline, physical limitations, and emotional distress [15, 16]. It is also time-consuming in nature. As a result, suffering from multimorbidity goes with frustration, which may yield a change in attitude towards life. This may be more severe for elderly patients who battle the effects of aging, which affect self-management [4]. Attitude change may be caused by the disease itself and the creation of beliefs against disease, environment and aging, which may produce emotional stress. Positive attitudes and beliefs and emotional resilience are related to effective self-management [17]. Emotional resilience, in this study is the ability to push and pull through challenges in order to cope with emotions associated with multimorbidity [17, 18]. According to Infurna [19] and Windle [20], resilience is being able to respond positively to diverse challenges, based on internal and external stimuli required to manage and sail through distressing experiences. It is therefore, suggested in literature to strengthen positive psychological attitudes which are directly related to self-management in order to stimulate participation in self-management activities [21] that will facilitate improvement of quality of life in these people.

It is important to pay attention to the self-management needs of elderly patients with multimorbidity to reduce disease symptoms and maintain their quality of life [12]. Hence, this study seeks to understand and cultivate self-motivation, lifestyle modification, and emotional resilience in elderly patients with multimorbidity as it relates to self-management from their own perspective. These are believed to be essential components of successful self-management. Self-management will empower the patient to actively participate in their own care and raise awareness of self-management strategies that are essential for self-care, thereby strengthening comprehension of the condition and improving the quality of their life.

In response, research has shown some recognition of strength-based rejoinders, such as developing a more positive attitude that will maximize health outcomes through behavioral change and social participation among patients [21]. Self-motivation is critical for initiating and maintaining behavior change [22]. Lifestyle modification, including healthy eating, regular physical activity, and stress management, can help manage chronic conditions and improve overall health [23]. However, the information addressing self-motivation, lifestyle modification, and emotional resilience in elderly patients with multimorbidity as it relates to self-management from their own perspectives is scanty, which gives this study its novelty.

This study was guided by the Loring and Holman model of self-management, looking at its three major components that include managing one's health, one's emotions and one's social role to facilitate acquisition of skills necessary for self-management [24].

Materials and Methods

Research Design

An interpretive phenomenological design (IPD) was used in this qualitative study in order to dig deeper into perceptions and experiences of elderly multimorbidity patients about cultivating self-motivation, lifestyle modification, and emotional resilience in elderly patients with multimorbidity as it relates to self-management. This study design helped to uncover meanings in what was in the views and wishes [25] of elderly multimorbidity patients to understand how they could focus towards self-management from their own viewpoints.

Study Setting and Sampling Procedure

This study was conducted at the largest referral hospital managing highly specialised cases, including cases of multimorbidity, the University Teaching Hospitals – Adult Hospital (UTHs - AH) in Lusaka, Zambia. This site was purposefully chosen by the researcher to give divergent views from elderly multimorbidity patients all over the country. Therefore, all elderly patients who were seeking treatment at UTHs - AH at the time of study were part of this population. The study targeted all elderly patients aged 60 years and above who had multimorbidity and came for treatment at UTHs - AH during the study. These patients were purposefully selected and participated in the study because they were accessible and met the inclusion criteria.

As this is an IPA study, there are no strict rules for the sample size, but smaller samples are common [26]. However, according to Smith [27] and Eatough & Smith [28], medium sample sizes of 15-30 participants are suitable for in-depth detailed studies that aim to capture a comprehensive understanding of the phenomenon. Therefore, 30 participants took part in this study to have an understanding of the whole.

Data Collection Procedure and Tools

Face-to-face audio-taped interviews were held using the in-depth interview guide with open-ended questions for data collection. The researcher was also taking field notes as observed with consent of the participants. The interview took place in the location that was preferred by the participant (home or hospital) to ensure comfort, safety and freedom of expression [29]. The interviews were limited between 40 and 60 minutes to avoid stressing the participant. Pleasantries were exchanged at the beginning of the interviews between the Researcher and the participant to ease the situation and build rapport through an open dialogue for 10 to 15 minutes. Each participant was interviewed alone using English or Nyanja as preferred, and all ethical issues were discussed to facilitate freedom of participation.

Data Management

All voice files of the interviews that were transcribed were secured in the computer hard drive with a password and were kept in a lockable cabinet together with a hard copy of the transcribed data as well as the signed consent forms to ensure their safety [30]. Validity was observed during the course of the study by using the research design that was appropriate for the study methods that gave answers to the research questions [31]. Credibility was attained and maintained by conducting a pilot study and consulting with the research supervisors on transcribed data and translating it to themes to make sure that it was accurate [32]. Also, peer check for data analysis was employed to facilitate correction of errors and confirmation of the interview data [33]. Dependability was upheld by having a clear outline of the Interpretative Phenomenological Analysis (IPA) interview process by using open-ended questions with probes to get an in-depth understanding of the perspectives of these elderly patients. During the interview, the researcher took note of various non-verbal cues to help in the transcription of interviews as

these complemented the detail and richness of the collected data.

However, **t**he data that was obtained from this study will not be generalized to the general populace of elderly patients, instead, it will serve as an example of a significant sector in elderly patients with multimorbidity. Comprehensive information and thorough descriptions of each step of the research process, including the methods of data collection and analysis, could provide some guidelines for other researchers in different settings to follow to reproduce a similar structured interpretative phenomenological study.

The data and developing themes were occasionally reviewed to maintain external validation of findings [34]. It was also important to take into consideration that the participants' perspectives are not overtaken by those of the researcher despite the importance of the role of the researcher in the interpretive phenomenological study. As such data was read repeatedly to develop associations with responses, emerging themes and the entire transcript. Therefore, discovery of interpretations of data was explained in every little detail to enhance confirmability.

Data Analysis

Interpretative phenomenological analysis (IPA) was used to analyse the data. An iterative and inductive six-step procedure of data analysis was used in this IPA process [35]. The six steps were reading and rereading, taking preliminary notes, developing emerging themes, identifying links between emergent themes, moving on to the next instance, and looking for patterns among instances.

Each transcript was coded separately and assigned to the NVIVO 12 data matrix [36]. Similar codes were grouped into categories to identify key themes. The emerging themes were then taken as the ultimate product expressing the perspectives of the multimorbidity elderly patients on self-management.

Results

The results were drawn from responses of thirty (30) elderly participants with multimorbidity who met the inclusion criteria,

Demographic Data

The detailed demographic characteristics of these participants are elaborated in Table 1. Of the thirty (30) participants, eleven (11) were males and ninteen (19) were females. Their ages ranged between sixty (60) and eighty-one (81) years. Ten (10) of these respondents went only up to form two of their education; in their younger days, some of them managed to secure jobs. In contrast, nine (9) of them did not go further in education and eleven (11) of them managed to go up to form five (5) an equivalent of grade 12 of nowadays with good-paying jobs then. Above half, eighteen (18) of the participants lived in urban areas within and outside Lusaka while slightly below half twelve (12) lived in rural areas of different parts of the country but came for medical attention and others to visit their loved ones and found themselves at the hospital for review. Less than half, twelve (12) of these participants lived in their own homes with their spouses and caretakers who were mostly relatives and workers entrusted by the family to help out in activities around homes while more than half eighteen (18) of participants lived without spouses but with care takers, mostly relatives.

Table 1. Summary of Demographic Characteristics of Participants

Name	**Characteristic**									
	Sex	**Age**	**Education level**	**Occupation**	**Income**	**Residence**	**Living with**	**Conditions**	**Diagnose same time**	**Duration**

P1	Male	60	Form 5	Lecturer	20,000	Urban	Spouse	Diabetes mellitus and Hypertension	Not sure	10 years
P2	Male	70	Form 2	Pastor	5000	Urban	Spouse	Diabetes mellitus and Hypertension	Not sure	5 years
P3	Male	64	Form 2	Peasant farmer	2000	Rural	Spouse	Arthritis and Hypertension	Not sure	2 years
P4	Female	73	Form 2	Business	5000	Urban	Caretaker	Diabetes mellitus and Arthritis	Yes	3 years
P5	Female	81	Nil	Nil	Nil	Urban	Children	Heart failure (HF), Renal dysfunction, DM, Hypertension	Not sure	3 years
P6	Female	62	Form 2	Peasant farmer	3000	Rural	Children	Diabetes mellitus and Arthritis	Not sure	2 years
P7	Female	72	Form 5	Business	5000	Urban	Spouse	HF, Renal dysfunction, DM, Arthritis, Hypertension	Not sure	10 years
P8	Female	75	Form 2	Peasant farmer	200	Rural	Relatives	Diabetes mellitus, Renal dysfunction, Hypertension	Not sure	4 years
P9	Male	73	Nil	Nil	Nil	Rural	Grandchild	Renal dysfunction, Diabetes mellitus, Hypertension	Not sure	2 years
P10	Female	65	Form 5	Teacher	5000	Urban	Spouse	Diabetes mellitus and Hypertension	Yes	4 years
P11	Female	65	Form 2	Peasant farmer	3000	Rural	Relatives	Diabetes mellitus and Hypertension, Asthma	No	
P12	Female	70	Nil	Nil	Nil	Rural	Grandchild	Arthritis and Hypertension	Not sure	1 year
P13	Male	61	Form 5	Business	2000	Urban	Spouse	Diabetes mellitus and Hypertension	Yes	10 years

P14	Female	63	Form 5	Lecturer	25000	Urban	Spouse	Diabetes mellitus and Hypertension	No	4 years
P15	Female	65	Form 5	Teacher	7000	Urban	Children	Diabetes mellitus and Hypertension, Asthma	Yes	2 years
P16	Male	75	Form 2	Nil	Nil	Rural	Relative	Renal dysfunction and Hypertension	Not sure	1 year
P17	female	81	Nil	Nil	Nil	Urban	Children	Heart failure, Diabetes mellitus and Hypertension	Not sure	5 years
P18	Male	72	Form 2	Peasant farmer	3000	Urban	Caretaker	Heart failure and Hypertension	No	6 years
P19	Female	74	Nil	Peasant farmer	5000	Urban	Relatives	Diabetes mellitus and Hypertension	Not sure	1 year
P20	Male	68	Form 5	Teacher	7000	Rural	Spouse	Renal dysfunction and Hypertension	Yes	1 year
P21	Male	60	Form 5	Business	8000	Urban	Spouse	Diabetes mellitus, Hypertension, Asthma	No	11/2 years
P22	Female	70	Nil	Peasant farmer	500	Urban	Grandchild	Heart failure, Diabetes mellitus and Hypertension	Not sure	5 years
P23	Female	72	Nil	Peasant farmer	600	Rural	Caretaker	Heart failure and Hypertension	No	2years
P24	Male	63	Form 5	Lecturer	15000	Urban	Spouse	Diabetes mellitus and Hypertension, HIV	No	1 year
P25	Female	65	Form 2	Pastor	6000	Urban	Spouse	Renal dysfunction and Hypertension	Yes	3 yeas
P26	Female	61	Form 5	Nurse	7000	Urban	Children	Diabetes mellitus,	No	2 years

								Hypertension, Asthma		
P27	Female	75	Nil	Nil	Nil	Rural	Relatives	Diabetes mellitus, Arthritis and Hypertension	Yes	2years
P28	Female	80	Nil	Nil	Nil	Rural	Grandchild	Diabetes mellitus, Arthritis and Hypertension	Not sure	1 year
P29	Male	66	Form 5	Teacher	5000	Rural	Spouse	Hypertension, Diabetes mellitus, HIV	No	3 yeas
P30	Female	79	Form 2	Nil	Nil	Urban	Children	Hypertension, Diabetes mellitus ,Asthma	Not	2 years

Twenty-two (22) of these participants were involved in some activities (lecturing, pastoring, peasant farming, teaching, Nursing and business) which helped them have a bit of income, though not enough for some of them to manage themselves. In contrast, the minority of eight (8) depended on others for a living. Almost all twenty-three (23) participants have lived with their conditions for a period ranging from 2 years to 15 years, except for seven (7) who have had their conditions for a period less than two years. The most prevalent comorbidities were hypertension and diabetes mellitus. Some of these demographic findings may be the root cause of perspectives that are held by this cohort of patients on cultivating self-motivation, lifestyle modification and emotional resilience.

Identification of Recurrent Themes

Table 2. Summary of Super-Ordinate Themes

		Self-motivation	**Lifestyle modification**	**Coping with emotions**
Participant	1	Yes	No	Yes
	2	Yes	Yes	No
	3	Yes	Yes	Yes
	4	Yes	No	Yes
	5	Yes	Yes	Yes
	6	Yes	Yes	Yes
	7	Yes	Yes	Yes
	8	Yes	Yes	Yes
	9	Yes	Yes	Yes
	10	Yes	Yes	Yes
	11	Yes	No	Yes
	12	Yes	Yes	Yes
	13	Yes	No	Yes

	14	Yes	No	Yes
	15	Yes	Yes	Yes
	16	Yes	Yes	Yes
	17	Yes	Yes	Yes
	18	Yes	Yes	Yes
	19	Yes	Yes	Yes
	20	Yes	Yes	Yes
	21	Yes	Yes	Yes
	22	Yes	Yes	Yes
	23	Yes	Yes	Yes
	24	Yes	Yes	Yes
	25	Yes	No	Yes
	26	Yes	Yes	Yes
	27	Yes	Yes	Yes
	28	Yes	Yes	Yes
	29	Yes	Yes	No
	30	Yes	No	Yes
Total		30 (100)	25(83)	25(83)

Table 2 shows recurrent themes that were developed as super-ordinate themes. These recurrent themes were presented by more than half of the participants (Smith et al, 2009), giving a true representation of the sample. Therefore, findings were organised into three (3) Super-ordinate themes, which included Self-motivation, lifestyle modification and Emotional resilience. The themes were chosen as the best representation of the multimorbidity elderly patients' viewpoints on self-management, which catalysed the discovery of new information. Quotes were inserted into the text in the result section to help clarify the intent and applicability of certain concepts.

Attitude change towards self-management is crucial. Findings showed that to practice self-management effectively, one must develop a positive attitude about oneself and the care required for the diagnosed conditions to improve the quality of life. It articulates the need for introspection, self-direction and ingenuity to engage seriously in one's world.

Super-Ordinate Theme 1: Self-Motivation

Self-motivation in this study refers to the intrinsic drive that compels an individual to engage in specific activities to achieve a desired goal. It was also recognised as a catalyst for improving self-management among elderly patients with multimorbidity.

"It is all about how you feel about your life; if you think there is a reason for you to live, you will put in much, working towards good health and improving your life. For me, I still want to live longer, and that in itself pushes me to work hard towards improving my quality of life……initially medicines used to confuse me because they were too many but I make sure to ask the nurses to write clear instructions and I take medicines at the same time to avoid forgetting others. It's my life, if I don't do it for myself who shall do?". (P10). In this dialogue, P10 presented an account of the value she attached to her purpose on earth, which in itself gave her the impetus to work hard to achieve positive clinical outcomes through self-management. This was extracted from her words, "*It is all about how you feel about your life*". In saying," *It's my life if I don't do for myself who shall do?"* denotes that she herself took charge of her life and waited for no one

because she believed she still had some life ahead to live which is a major driver of her actions as perceived in, *"I still want to live longer, that in itself pushes me to work hard".*

"I always have to weigh the benefit …. This has been my strength in this journey. I also saw at the church elderly club how my fellow elderly people push themselves to carry out certain activities that would improve their quality of life, such as exercising and eating healthy foods ……. Such keeps me going, seeing the benefit from others (P3). P3 here indicates his motivators for self-management such as "benefits", "what good shall it do me if I do". "*I also saw at the church elderly club how my fellow elderly people push themselves". This* means those who push themselves have better outcomes, and he strives to do his best for his life.

"*Having goals, no matter how small, gives me something to work towards to…. For example, I told myself I needed to lose weight in three months, and slowly I did…. If I don't push myself, no one else will. Working towards something more meaningful always motivates me to do more"* (P13). For P13 it is goal setting which is important. He emphasises that goals no matter how small, give him the stimulus to work hard because he has something to look forward to or behind as a measure, as reflected in his discourse. "*Having goals, no matter how small gives me something to work towards to".* "*If I don't push myself, no one else will"* entails that he acknowledges that it has to take him to do it for himself which promotes personal responsibility for own care.

P14,*"When I'm feeling down, it's hard to pull myself to take care of my health, but realising that l have small children who still need my presence gives me the purpose to take full responsibility for my health, I need to just want it to stay motivated"* P14 feels she has to take care of herself for her children, so even when she would think otherwise she gets motivated to do it because she has the purpose as illustrated in," *I need to just want it to stay motivated".*

P20*, "I always try new things…. Knowing that I can take care of myself motivates me to make good choices for my care. At this stage, I know I'm the only one who can truly take care of myself."* P20 believes that no one can take care of him better than himself, as said in his sentence, *"I know I'm the only one who can truly take care of myself."* He gets motivated when he is able to do things for himself. This emphasises self-efficacy. He goes on to say, *"knowing that I can take care of myself motivates me to make good choices for my care",* which indicates the importance of personal responsibility in self-management.

"I have to be the one to push myself to make healthy choices, I have to remind myself that I'm not defined by my illnesses, others are managing…then why not me? I have to keep going". (P25). P25 also agrees with others that in issues of her care, she has to take the lead, *"I have to be the one to push myself",* instead of being controlled by the illness. She charges that she needs to *"keep going".*

"I think I need to be more responsible for my health, and that means inspiring myself to do what is expected of me as long as I have the knowledge and strength to do it. l need to have faith in my ability to make wise decisions about my care ..... I need to brush off the negative thoughts which sometimes can be overwhelming to handle… this is my health, I must do it for myself" (P27). P27 wants to be on top of things when it comes to her health matters. *"I think I need to be more responsible for my health".* She acknowledges that to do it she needs to be motivated, and have the knowledge it takes as well as the strength. She also mentions negative thoughts, which can be debilitating, but pledges to put her health first. *"I need to brush off the negative thoughts, which sometimes can be overwhelming to handle… this is my health…. I must do it for myself".*

"Most important is to believe in yourself... When you do, you can do anything towards personal care whether exercising, following the

prescribed diet or giving injections to self …. I prioritised myself and my health……. am managing." (P30). P30 here brings to light the importance of self-efficacy when she says, "*Most important is to believe in yourself .... When you do, you can do anything towards personal care".* Believing in herself is a driver to achieving positive outcomes in self-management.

"Self-management needs commitment to one's health activities. But with much suffering like this, I start thinking that my days are numbered, my time is near……. Effort is not achieving much……. I feel like I'm just troubling these people around me". (P28). Slowly, P28 was getting demotivated to put much effort into achieving positive clinical outcomes because she saw that her efforts on self-management activities were not achieving the intended goals as alleged in her discourse, *"effort is not achieving much"*. "*I feel like am just troubling these people around me",* signified feelings of shifting her own burden to others who she thought did not actually deserve it.

"It is just time, no matter how we try as elderly people to take care of ourselves if God's time has come we are going. All we need to do now is to wait upon God, trust and hold to His word as He leads us into a peaceful sleep while waiting for His second coming". (P22). P22 believed that her journey on earth had come to an end, "i*f God's time has come we are going*". She sounded to have had no problems with that because she now focused her attention to her second life in heaven as a Christian, *"All we need to do now is to wait upon God"*. Therefore, she seemed to have lost enthusiasm for achieving better outcomes. She also used the word "*we*" implying that all elderly multimorbidity patients reach a stage where effort can no longer yield positive results.

Super-Ordinate Theme 2: Lifestyle Modification

Participants reported that Self-management is possible with a lot of lifestyle modification, which is the responsibility of the affected individual. They need to adjust some behaviours they have had for a while and adopt new ways of living to promote self-management and improve their quality of life.

P7 said, "*With so many diseases it is important to change certain elements within and around self to achieve self-management, concentrating on factors that help me to feel better…. making a lot of changes by giving up and introducing certain activities".* For P7, reorganisation of the way life is lived becomes an important element to make sure the most important aspects that might help to improve the quality of life are not missed as depicted in *"It is important to change certain elements…… to achieve self-management, concentrating on factors that help me to feel better".*

"*I noticed that I started feeling better from the time I changed certain behaviours in my life. I learnt to pay more attention to things that would help my situation. I started taking medicine every day, first thing I wake up, started avoiding certain foods and I stopped completely participating in alcohol drinking and got more interested in learning the skills needed to take care of myself such as giving myself some insulin shorts",* (P8). P8 also admits that lifestyle modification is a way to better life as a component of self-management as stated in her statement, "*I noticed that I started feeling better from the time I changed certain behaviours in my life".* She saw some positive results after she started doing things differently.

"I used to get tired a lot because I spent my whole time working. Since I reduced my work and rest more with regular exercises, am able to do myself care and I feel better". (P6). P6 reported the benefit of lifestyle modification, which saw her regular participation in self-management activities, thereby improving her quality of life as presented in the extraction of the conversation, *"I have since reduced my work and rest more with regular exercises. Now*

I feel better".

"I know I still have the chance to live and make the most out of my life. This is the reason why making some changes towards my own care is a pleasure because I know it is adding some value to my health and my general well-being". P12 feels positive about lifestyle modification, as seen in her sentiments, "*making some changes at a time towards my own care, no matter how small is my pleasure because I know it is adding some visible value to my health and my general well-being". "I know I still have the chance to live and make the most out of my life",* indicates the innermost drive and purpose.

"It is important to make certain changes in my life to enable me take good care of myself……. but it is so hard. Lack of resources makes it difficult often for me…. healthy foods are expensive to come by…... no one supports me". P17 understands the importance of lifestyle modification for self-management achievement as seen in her statement, *"It is important to modify my lifestyle to enable me take good care of myself".* She however laments a number of challenges in another statement, *"but it is so hard. Lack of resources makes it difficult often for me…. healthy foods are expensive to come by…... no one supports me",* which reflects barriers to change and unavailability of support systems".

"I need to make a lot of adjustments to how I have lived my life if l am to take care of myself properly. But it is not easy. Where do I start from? I don't know what to do, and I don't think my age would support changes now……. God alone", (P16). P6 understands the importance of lifestyle modification in the self-management agenda and improvement of one's quality of life as seen in this statement, *"I need to make a lot of adjustments to the way I have lived my life if l am to take care of myself properly".* She, however, lacks confidence, *"but it is not easy, where do I start from, I don't really know what to do",* which is one of the drivers to action. *"I don't think my age would support changes now",* shows the fear that her age may be too advanced to manage such changes.

"Since I learnt to stick to health habits that are crucial to my health such as regular exercises, and following the diabetic diet, I feel much better physically and mentally. I am willing to bend here and there just for my health". (P28). P28 admits the benefits of lifestyle modification in her discourse, *"Since I learnt to stick to health habits that are crucial to my health such as regular exercises, following the diabetic diet, I feel much better physically and mentally",* appreciating change for better outcomes. *"I am willing to bend here and there just for my health",* entails engaging in a continuous learning process that will facilitate improvement of her quality of life.

P19*, "There is a need to change my lifestyle because it fits well with self-management and helps to make it happen. There are, however, too many things to let go and give in to. I am overwhelmed with a to-do list prescribed by various individuals…. quite hard to stick to ……"* P19 agrees that lifestyle modification is among the drivers of self-management shown in her statement, *"Lifestyle modification fits well with self-management and helps to make it happen",* but her sentiments*, "There are, however, t too many things to let go and give in to. I am overwhelmed with a list of to-do things prescribed by various individuals….. quite hard to stick to ……"* shows that she is having challenges in managing herself and also reflects some level of frustration.

"I tried so many things according to recommendations, I feel like no significant change can be made because it is too late, I am old, just waiting for God's day." P9 has given up on making deliberate changes in his lifestyle to meet self-management demands due to his advanced age, reflecting in, *"I feel like no significant change can be made because it is too late, I am old." "just waiting for God's day"* in words and action showed that he has accepted and prepared himself for death at

God's call as a strong believer in God.

Super-Ordinate Theme 3: Emotional Resilience

Most of the participants expressed negative emotions that at one time or another had to fight or still fight in relation to their multiple diagnoses, making it difficult for some of them to institute self-management activities. Nonetheless, participants agreed that the earlier one accepts their predicament, the better. This positive energy helps the individual to be positive towards self-management.

"I look at my friends who have good health, some far much older than me……am here struggling with three conditions, but I thank God the author of life……. I have surrendered all to Him as I do my part….in this way, I find peace and strength working towards improving my health" (P6). P6 wondered why her health was not as good compared to her counterparts who were enjoying good health, *"I look at my friends who have good health, some far much older than me……"*. Then she quickly said, *"I surrender all to Him as I do my part"*, meaning R6 as a lower being, was not fully understanding why she was made to suffer like that but knew that there is a supernatural being who understands it all. She also acknowledged that even when it was so, she had to carry out self-management activities which the super being needed to act on.

"*My wife died a year ago in a tragic way. She was healthy and played a major role in seeing me up and about, but now I have to be all by myself……it's tough……the children may not always pay attention because they have their own things to do"*. (P2). P2 was not only battling with the emotions of the state of his health but he was also affected by the death of his wife and sounded to feel like in terms of self-management nothing could work out properly because he was not managing himself without his wife, *"she was health and played a major role to see me up and about but now I have to be all by myself……it's tough".* He also indicated feelings of bother to his children because they have other important responsibilities as extracted from the discourse, *"The children may not always pay attention because they have their own things to do".*

P7 *"It was very difficult for me to do anything for myself some years back because I took long to accept my situation. Not until I met someone with conditions such as mine but doing much better. Slowly, I did, and I saw myself become better as I became more active and took charge of my health. ……. I was finished……thoughts were draining me..."* P7 reported acceptance of her situation and has learnt to deal with aspects of self-management, which was actually not possible when she was embattled in denial, *"I saw myself become better as I became more active and took charge of my health".*

P11, "*It is tough! but I have found ways of adjusting to what my situation brings at a time. I have learnt to be more patient and to bend towards what brings out the best for me."* P11 admits that her life is no longer the same, "It is tough!" at the same time, she says, "*I have found ways to adjust to what my situation brings at a time. I have learnt to be more patient and to bend towards what brings out the bet for me."* reflecting acceptance and resilience which is good for coping and pushing the self-management agenda.

"*I'm grateful for the support of my family, the church, and to some extent the healthcare team. They help me to accept my illness along with my age and stay focused". "I have learnt to accept my limitations in my care and to concentrate on what I can still do and live with my new reality."* P14 shows that the support systems are essential in the copying process, *"I'm grateful for the support of my family the church and to some extent the healthcare team. They help me to accept my illness along with my age and stay focused". "I have learnt to accept my limitations in my care and to concentrate on what I can still do and live with my new reality."*

This depicts healing, willingness to learn and move on with his new life,

I joined a group of men at my church where I learned to share my experiences with fellows….it has done me good……otherwise, I had given up. (P9) P9 reported dealing with his emotions by joining the peer group where sharing different experiences led him to see a positive part of his life and improved his quality of life as resonated in, "*I learned to share my experiences with fellows….it has done me good."*

P20, *"Life is no longer the same, I fear what my future will be like……how can one manage all these conditions sure ……I feel like it has dawned on me".* P20 is struggling with emotions and is still in a confused state, he is strained to understand what has befallen him, reflecting feelings of being overwhelmed, fear, and sadness. "*I feel like it has dawned on me"* shows helplessness and hopelessness. Emotions have overtaken him such that he can't imagine how to do his own care amidst all his conditions as seen in, *"How can one manage all these conditions sure!".* He is full of self-pit.

"I think I am slowly becoming a burden to all these who are busy running up and down for my sake, I really do not want them to carry it for me..... please…why me…. why do I have to deal with all these conditions……I wish I could take the days backwards…. when I could do things on my own". (P13). P13 is dealing with emotions, *"please…why me…. why do I have to deal with all these conditions?"* In this statement, "*I really do not want them to carry it for me",* he expresses fear and anxiety because he does not want dependence while he misses the person he used to be before the development of his conditions, in his sentiments, *"I wish I could take the days backwards..... when I could do things on my own"* depicting failure to manage his own affairs.

P27*, "It is quite frustrating…. at hospital people seem not to care much, no one is paying attention to my concerns may be because of my age ..... what if I make mistakes with my medications, what if I forget important instructions, this life is no longer life. Am always in the what if state which seem to be draining my strength, making it difficult for me to take care of myself".* P27 feels neglected because of her age and it is raising her emotions, *"It is quite frustrating…. at hospital people seem not to care much, no one is paying attention to my concerns may be because of my age".* She is not sure of what to do as expressed in her discourse*, "what if I make mistakes with my medications, what if I forget important instructions, this life is no longer life"* indicating feelings of sadness and loss, deterring self-management behaviour picked from the sentiments, "*Am always in the what if state which seems to be draining my strength, making it difficult for me to take care of myself".*

"I feel sad for the life I thought I would have. I never expected this situation I have found myself into……. I'm tired of trying to make things work all the time…… I just want to rest." P23 is deeply saddened by the turn of events in her life, *"I feel sad for the life I thought I was going to have. I never expected this situation I have found myself into",* projecting some anger on herself, *"I'm tired of trying to make things work all the time…… I just want to rest.* Indicates frustration and giving up on self-management.

" Wow!!..... This is very serious and a drastic U-turn of my life..... my life I enjoyed so much has been transformed……so sad……. I live but have no purpose …… It's not fair." P25 shares similar sentiments with P23, that his life is shattered, *"my life I enjoyed so much has been transformed……so sad……. I live but no purpose"* The turn of events has been too quick, *"This is very serious and a drastic U- turn of my life"* and leaves him frustrated, *"It's not fair."*

Discussion

The study revealed that elderly multimorbidity patients perceived self-

management to require a change of one's attitude if it is to be achieved. It was believed that this part of attitude adjustment was a useful self-management strategy. Our findings support those of Cong et al. [37], as their study demonstrated that individuals who actively seek solutions to their problems and focus on the positive aspects of their lives are more likely to develop the skills necessary for self-management. Individuals need to develop the concept of self-efficacy, where an individual begins to believe in their capability to perform a particular task. This calls for self-motivation, lifestyle modification and the capacity to develop appropriate coping mechanisms in relation to emotion management. Changing one's attitude towards self-management is a crucial step in taking control of one's life and achieving personal growth [38]. This can entail realising the value of self-management, concentrating on moving closer to objectives, transforming self-defeating thoughts into empowering statements, and asking for help when necessary.

According to this study, one strategy that can help someone adopt a new perspective on self-management, learn to value their own life, and begin to implement self-care practices is self-motivation. These results corroborate those of Cong et al. [37], who said that an individual who is motivated is essential to the self-management process as it evolves, altering lifestyle and self-management practices along the way, as well as personal values, goals, and motivators. These behaviours in the case of elderly multimorbidity patients may include setting realistic, achievable goals that can help to feel more empowered, motivated, and confident in their ability to manage their health [39, 40]. They will be motivated to participate in self-management skills, including following prescription guidelines, keeping an eye on symptoms, controlling their diet and maintaining a healthy weight, exercising, and getting regular medical checkups [41]. Thus, motivated patients can improve their quality of life as they discover a new and acceptable meaning for their lives, and they can also preserve hope and optimism in the face of their afflictions. However, it is not clear how these patients can get motivated to focus on self-management where their management systems are hazy. Therefore, there is an urgent need to understand and organize these structures to create an enabling environment for these patients.

Furthermore, this study revealed that there is a need to modify current lifestyle and engage meaningfully in self-management behaviours in order to achieve self-management, even though this aspect of behaviour change can be challenging for elderly multimorbidity patients. These results agree with those of Kim et al. [42]. As such, this study suggested the need to promote the practice of healthy lifestyle behaviours and improve self-management as this will alleviate the suffering by managing medication schedules, attending hospital appointments as required, eating healthy foods, and exercising, among others. Positive-minded patients seemed to have fewer challenges with self-management, their sense of self-meaning and motivation in the disease management process, and working to change their behaviours towards improving their quality of life becomes the driving force. According to Schwarzer & Hamilton [43], actual behavioural performance is highly predicted by a person's capacity and confidence (self-efficacy) in carrying out a targeted behaviour. Enhancing one's capacity and self-assurance for change is emphasised by self-efficacy beliefs. Therefore, encouraging patients to practice self-care skills like exercising, meditation, or relaxation might provide them a sense of control and lower their stress levels. Desire and self-assurance will support health promotion and empower individuals to take charge of their lives.

This study also revealed that elderly patients with multimorbidity often face significant challenges that impede self-management. Initially, they frequently waver between

anxiety and strength, although some generally have an optimistic outlook on life. These challenges lead to feelings of frustration, helplessness, and despair, indicating emotional dysregulation derailing the self-management agenda. These findings agree with the findings of Breckner [4] and Dineen-Griffin [39], who noted that multimorbidity in elderly patients poses challenges in self-management. This study argues that people respond to their emotional desires in different ways. Some people were observed giving up, isolating themselves, others resorted to God, and yet others required more self-management skills to keep pushing. Many elderly patients with multimorbidity experience social isolation, which can exacerbate feelings of hopelessness and disempowerment. Addressing social isolation through support groups or peer mentoring can be beneficial for alleviating negative emotions such as loneliness and depression to enable these patients to experience more profound sources of meaning in life.

However, the ability to integrate self-management in multimorbidity is contingent upon the individual's internal pursuit of life goals as a defense against negative emotions. Therefore, in changing one's attitude and focusing on self-management, elderly multimorbidity patients must develop certain coping strategies. The study reviewed that elderly multimorbidity patients coped by using both problem and emotional coping strategies, as illustrated in Lazarus & Folkman [44], to manage themselves. According to Schuman-Olivier [45], one of the strategies used was cognitive restructuring, which can be useful in helping individuals cope with the challenges and stressors associated with multimorbidity. Cognitive restructuring can assist elderly multimorbidity patients in cultivating a more optimistic and resilient attitude that will reinforce their coping skills and enhance their overall quality of life.

This study also showed that these patients need to reframe negative thoughts and emotions to reduce their anxiety levels and also develop a greater sense of self-efficacy, which can improve their confidence and motivation to manage their illnesses. By changing their negative thoughts and attitudes, patients can develop a more positive and resilient mindset to improve their quality of life. Schulman-Green [46] states that among the most important aspects of self-management is an individual's internal debate between self-management and life goals which works on the individual's psychological state. When a patient's psychological state is favorable, they might show strengths in their character, become more upbeat and resilient to the challenges posed by their multimorbidity, which may improve self-management and their general well-being.

Conclusion

Multimorbidity elderly patients face a lot of challenges to carry out self-management activities that are aimed at improving their own quality of life. Therefore, this study concluded that, if self-management is to be achieved by elderly multimorbidity patients, there must be an attitudinal shift that will focus on cultivating self-motivation, lifestyle modification and emotional resilience. This poses a challenge for the healthcare system to develop and implement systems where these patients can learn the importance of self-management and its meaning to their lives. These systems will provide an environment where patients will learn to set realistic goals that will alter their negative thoughts and actions to develop self-efficacy and manage their emotions appropriately. As such, more research is required to ascertain the availability of these systems in the country and how they can be connected to these systems to promote self-management.

Conflict of Interest

The author declares that there are no conflicts of interest related to this research.

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