

GUEST EDITORIAL

Chronic Illness in the Next Millennium: Context and Complexity

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This is the second occasion on which the *Canadian Journal of Nursing Research* has devoted an issue to the theme of chronicity. The first, in 1996, marked a time when nursing research was shifting from a generation of medical, illness, and disease models to a more psychosocially oriented understanding of persons who happen to be living with a chronic condition (Burke, 1996). The central themes for that issue were trajectory and transferability, both calls to understand chronicity as a dynamic process and to recognize chronic illness as a generic specialty focus within the discipline. Only 4 years later, those shifts seem almost ancient history and the rapid proliferation of a more person-centred, contextualized approach to our inquiries seems self-evident (Thorne & Paterson, 1998). Certainly, we still need studies of discrete relationships, effects, and outcomes, but we now understand them to be one aspect of a larger picture and not the main focus of our nursing science. Our field is indeed maturing, much as the editor of that first chronicity issue predicted it would.

Over the intervening years, the idea of studying chronic illness as an interesting and relevant concept in its own right has been widely popularized and a strong body of nursing scholarship in the field has emerged (Thorne & Paterson, 2000). While specific diseases still warrant direct inquiry, we no longer section ourselves off into disease-oriented multidisciplinary substantive groupings and we have learned how to speak the language of our theories and propositions to each other in a more collective voice. In addition, we have begun to support our consumer advocacy partners in a similar effort, to recognize that chronic illnesses, whatever their manifestations, share a common focus that has relevance for health-care planning, service delivery, and social policy (Jamison, 1998). As nurses and as researchers, we are beginning to adopt social-action strategies and to build alliances with disease-ori-

ented organizations such as professional and consumer-interest groups. Because of this, it is arguably becoming a less lonely time in which to face the challenges of living with a chronic condition in Canada.

No matter what sphere of chronicity becomes our focus, we are all aware that some rather significant social trends have influenced the way in which we deliver health care and the experiences of those who must receive it. The information age and access to the Internet have permanently altered the relationship between information and power in health-care decision-making. In recent years, the availability of and access to complementary and alternative therapies and approaches of all kinds have influenced people's relationship with their health status, their sense of agency in maintaining wellness, and their impatience with care options that seem insufficiently creative or holistic. At the same time, the health-reform challenge across Canada, as in most nations, coincides with difficult economic times and is eroding some of the more traditional supports and services upon which persons with chronic illness and their families have relied. All nurse researchers who confront the challenge of understanding chronicity are experiencing the effects of shifting sands and new complexities, as our traditional views of what it is like to live with a chronic illness evolve with the social trends (Tang & Anderson, 1999). We now know that the individual perspective of illness theory will always be inadequate to explain the embedded and socially constructed world that is inhabited by those who live with a chronic condition (Thorne, 1999). As our angle of vision widens, we still have room for the more focused and directive inquiries, but we are beginning to understand their relevance in a much more comprehensive and complex kind of science.

In this issue of the *Journal*, we present a range of studies reflective of this shifting focus and the wider vision that chronicity has come to represent. Woo's paper on the role of physical activity in mediating between dyspnea and fatigue in persons with COPD represents a more traditional, factor-relating style of study, but one that involves variables that until recently seemed not terribly interesting to many researchers. In the context of a new body of work that makes apparent the experiential significance of such symptoms as dyspnea and fatigue, studies like Woo's help us to develop insights that might influence practice.

Steele's paper reflects the example of a rather rare and specialized chronic illness phenomenon, the experience of parenting a child who faces certain death but at an unknown time. Her intimate qualitative glimpse into this experience moves us well beyond an analysis of anticipatory grief and coping, towards a clear recognition of the impact of

professional interaction as these parents move through a trajectory full of complexities and challenges.

Burke and colleagues also take up the notion of trajectory as it influences our understanding of the challenges faced by parents of children with a chronic illness. Using a quantitative approach, the authors isolate three discrete kinds of trajectory that such parents may experience, and provide grounds for new conceptualizations that group chronic diseases by trajectory rather than according to more traditional perspectives.

The study by Walton goes directly to the social context of the illness experience in examining the social world in which persons with schizophrenia reside. As the reader's comprehension of this world becomes illuminated through the eyes of the research participants, the nurse's role as an inhabitant of that world comes sharply into focus. From this perspective, the interior of that particularly challenging illness emerges as representative of its larger social complexity.

Finally, Joachim and Acorn offer a theoretical analysis of our own complicity in the larger context of how we understand chronic illness. They examine the existing research for its particular angle of vision and the incomplete perception that it may afford us when we attempt to theorize about living with a chronic disease. The authors challenge researchers to recognize the influence of assumptions on the way in which they interpret findings. And, like so many of the newer generation of chronic illness scholars, they ask us to step back from what we think we know and reconsider the bases upon which we think we know it.

Without question, chronic illness is an exciting field for nursing inquiry. It represents a major concern of Canadian health-care consumers and a significant proportion of nursing activity (Nolan & Nolan, 1999). The immersion in the study of chronicity represented in this issue of *CJNR* provides a fascinating example of how human particularities and generalities can combine to give us a glimpse of a truly exciting nursing science.

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