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**Item Generation in the Development
of a Harmony of Life Scale:
A Qualitative Study**

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Item Generation in the Development of a Harmony of Life Scale: A Qualitative Study

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Abstract

Background: As population becomes more diverse, the increasing movement toward holistic care within a multicultural community becomes essential. Holistic care addresses the physical, psychological, social and spiritual dimensions of the patients. Health care providers, however, frequently overlook the spiritual dimension. Measuring harmony of life is a tool used to assess and monitor the spiritual dimension. This study aims to develop a tool for assessing harmony of life in Southern Thai people.

Methods: A qualitative descriptive approach is followed. Based on the literature review related to harmony of life, life balance, cultural diversity and religious pluralism in Southern Thailand as a guideline, a qualitative analysis involving focus group discussions and in-depth individual interviews is conducted on a sample of 24 people living in the Southern part of Thailand. All interviews were tape-recorded, verbatim transcribed and analyzed using manifest content analysis.

Results: The four main categories included in the Life Balance Model are physiological health, relationships, identity, and challenge/interest. Physiological health themes include getting a good night sleep, exercise, food consumption, and health management. Themes under the “relationships” category are time spent with friends and quality of family time. The category of identity includes self image, practicing faith, and social engagement. Challenge/interest theme covers aspects such as financial management, recreation, getting thing done and dealing with uncomfortable feelings

Conclusions: The initial version of the Harmony of Life Scale (HLS), comprising 50 core items under four themes, is developed. An instrument is created on the basis of a set of dimensions and core items of the HLS; the validity of the instrument is verified by various reliability tests conducted on the basis of a validation survey. A valid and reliable tool is important in accurately assessing harmony of life to improve their quality of life.

Keywords: Item Generation, Harmony of Life, Qualitative Study

Introduction

The majority of the health problems worldwide that consume health resources are directly or indirectly related to lifestyles or behaviors (World Health Organization 2013). These problems are not only related to unhealthy lifestyle behaviors, but they also trace back to unfavorable life circumstances. It is proven that life circumstances are associated with self-rated health, with emotional disruptions leading to physical disruptions (Kok et al. 2013, Pedersen et al. 2012). Therefore, life circumstances and situations of emotional distress, such as agony as a reaction to stressing events in one's personal life, are significant determinants of physical and mental illness. In addition, there is well-documented evidence connecting stressful life events with poor psychosocial adjustment and physical distress (Foster 2011, Shonkoff and Garner 2012).

As seen in increased reports of stress, imbalance, as an overall self-evaluation of one's life, is evidently a widespread phenomenon in developing countries. The prevalence of stress as a daily experience of people in developing countries could be attributed to social exclusion, reflected in deficiencies in health and education of children, lack of stimulation, poor maternal health, child labor and parents' underemployment (Grigorenko et al. 2007). In addition, more stressful life events are reported among people from less developed countries and among those belonging to lower social class (Vazquez et al. 2007). In Thailand, people are often faced with competition and pressure from capitalism-induced changes in their socioeconomic surroundings. Thai people are overwhelmed by materialism, which induces merely transitory, externally-induced happiness. Combined with the trend of weakening family relationship, due to the increase in the share of single-parent families, the phenomenon of family members living independently and the parents' strenuous outside works, people in Thailand have to deal with a daily routine characterised by pressure and lack of emotional attachment (Intarakamhang 2009). In addition, the conflict, emerging again in the Deep South of Thailand, is undoubtedly a stressful life event for the affected populations.

Holism is the philosophy of understanding people by taking under consideration all these factors that affect people in all situations (Lawrence and Weisz 1998). The holistic approach in treating a patient, including discussions about his or her psychological state, could lead to better health outcomes (Tomljenovi 2014). Health-care givers who are able to assess their patients holistically could identify the patients' concerns and needs and lead to early interventions. This holistic approach provides important insight regarding health as a multidimensional, both physical and psychological state. Thus, it is of crucial importance for the design of public health policies, preventive measures and health improvement of the population. The American Holistic Nurses' Association (1992) code of ethics reads "The nurse has responsibility to model health behaviors and Holistic nurses strive to achieve harmony and

balance in their own life and assist other to do the same" (Sullivan-Marx et al. 2010).

Harmony is usually identified as a human value, referring to compatibility and accord in feelings, actions, relationships, opinions, and interests. The notion of harmony can be traced back to Confucianism and Taoism in East Asia. Lao Tzu, an ancient Chinese philosopher, advocated living in harmony with nature to achieve life balance. According to the concept proposed by Easley (2007) the attributes of harmony are identified as peace, rhythm and balance. In the aftermath of the adoption of these traits in one's daily life, there comes the development of positive perceptions of the external environment, senses or feelings of satisfaction or achievement and positive self-concepts (Easley 2007). Balance is a state achieved when one feels whole and complete; it is a sense of harmony. The idea of creating a balanced life that enables people to manage the demands of the everyday successfully and therefore promote their health, prevent illness, and improve well-being is valuable. Life balance is a valid and unique concept, worth to study, with important implications for individual, family and societal well-being. The theoretical Life Balance Model (LBM) that defines and describes this concept was proposed by Matuska and Christiansen (2009). According to this theoretical construction, balance is defined as "a satisfying pattern of daily activity that is healthful, meaningful, and sustainable to an individual within the context of his or her current life circumstances" (Matuska 2012). In this context, instruments to assess life balance (LBI) started to be developed. The most effective one is a 53-item questionnaire that measures how individuals satisfy their needs through the daily activities they choose to engage into. The items are considered to represent categories of activity popular among people in Western cultures that meet the need-based dimensions outlined in the model of life balance (LBM) (Matuska 2012). The LBI contains four subscales, each including items which reflect one of the LBM dimensions. However, these activity categories may not be applicable to all cases as they often represent the western view of what people do to meet physiological, relationship, identity, and challenge/interest needs, mostly being based on the opinions of educated and privileged people.

There are no published instruments for the assessment of life balance or harmony of life among Thai people, while the need for understanding and promoting holistic approach becomes central to the nursing practice. The purpose of this qualitative study is to explore perceptions, experiences and practices reflecting life balance in order to establish a valid instrument for measuring harmony of life in Southern Thai people. However, the present paper only reports the development of the proposed instrument; the psychometric properties of the scale will be discussed in a separate paper.

Methods

A qualitative descriptive design is used to understand Southern Thai perspectives of harmony of life, following the method of choice yielding straight descriptions of phenomena (Sandelowski 2000). Sullivan-Bolyai et al. (2005) explain that the goal of qualitative description is "not thick description (ethnography), theory development (grounded theory) or interpretative meaning of an experience (phenomenology) but a rich description of the experience depicted in easily understood language". The goal of the researchers is to identify the "experiences, events and process that most people (researchers and participants) would agree are accurate". The focus is placed on direct communication with the research participants, eliciting rich descriptions about the phenomena under discussion. Acquiring the descriptions of the events directly from those who have experienced them offers a valuable opportunity to gain access to "insiders" knowledge and learn about how they perceive their world (Sullivan-Bolyai et al. 2005). Therefore, this qualitative method matches the goals of the research undertaken here.

The conceptual framework that guides the study is derived from the principles of the theoretical Life Balance Model, proposed by Matuska and Christiansen (2009). Within its scope, life balance is considered important for well-being and it is conceptualized on the basis of the level to which everyday activities meet essential human needs (Matuska and Christiansen 2009). It encompasses four aspects: physiological, relationships, identity, and challenge/interest needs. The physiological aspect refers to the basic needs for sustaining biological health and physical safety. "Relationship" refers to everyday activities that enable people to have rewarding and self-affirming relationships with others. "Challenge/interest" refers to the need of feeling engaged, challenged, and competent. Finally, into the "Identity" category fall the activities that enable people to find meaning in life and a positive personal identity (Matuska and Christiansen 2009).

Sample and Recruitment

The present study is carried out in the Southern region of Thailand. The participants are recruited from five provinces; one province in upper-south, two in central-south, one in lower-south, and the last one in the deep-south area. Participants are selected randomly and they are considered to comprise a representative sample, providing a broad range of perspectives. Initially, the eligibility criteria were: (1) adults eighteen years old or older; (2) born and raised in Southern part of Thailand, (3) fully conscious, and willing to provide experiential information. The participants are selected on the basis of their variation in self-image, career, socioeconomic status, and urban vs. rural residence. The snowball sampling method is implemented according to which one person refers another, and that person refers another, and so on. A total of 24 participants living in 5 provinces in the Southern part of Thailand are

interviewed in two focus groups as well as in individual interviews. Two focus groups (12 participants) are created for participants living in Suratthani and Songkla province. To ensure that the participants in the study represent different viewpoints, one focus group consists exclusively of participants who function as community and religion leaders (7 total) and the second group includes local officials of middle class status (5 total).

Twelve in-depth, semi-structured interviews are conducted among Southern Thai people living in Trang, Pattalung, and Pattani provinces to obtain the unique perspectives of harmony of life prevailing in various socioeconomic statuses and regions of residence. Among the participants are two unofficial “experts” being highly respected in their region of residence, either rural or urban, four rubber farmers regarded as common working-class in Southern Thailand, four residents of deep south regions and two housewives.

Data Collection

The study was approved by the Research Ethics Committee of the Faculty of Nursing, Prince of Songkla University. In order to build connection and trust with the leaders of the target communities, the principle investigator (PI) contacted the ones among them who were expected to be supportive of the study. For the purpose of this study, the community leaders will be identified as “key informants”. These key informants referred community residents to participate in this study, and these residents then referred more participants. Through their relationships with key informants the researchers identified an urban community located in one of the Suratthani and Trang provinces. In this community, the PI identified a variety of places that could host focus group meetings as well as social events such as schools and public meeting places. The focus group interviews are characterised by a semi structured design, with each interview lasting for 45 to 60 minutes. Focus group participants were asked to commit to confidentiality (“*not to quote other participants outside the focus group*”) and they were also assured of confidentiality of their own comments by the PI and encouraged to be as open and honest as possible.

In-depth, one-on-one, semi-structured interviews were also conducted among Southern Thai people living in Trang, Pattalung, and Pattani provinces. Again the snowball sampling method was implemented. To begin the process of initial referrals, the PI gave the key informants a brief description about the purpose of the study and the eligibility criteria. Once potential participants were referred, the researchers arranged meetings with them, where the interview time and place was set up. In the preliminary meetings, participants were informed about the purpose of the study and what their particular involvement would entail. They were also informed that their participation was voluntary and they could withdraw from the study at any time without negative repercussions, while their anonymity and confidentiality would be maintained. At the final stage of this procedure, participants were asked to sign an informed

consent and only after the signed consent had been obtained, the location and time of the interview were discussed and agreed.

The interview guide on which the data collection follows the principles of the Life Balance Model (Matuska and Christiansen 2009). The guide includes the following opening question: *"What does harmony of life mean to you?"*. Then, participants were asked to answer questions regarding their physiological needs, personal involvement in relationships and social networks, perceptions of identity, and need for challenge as prerequisites of achieving harmony. Probes for each question were identified to promote consistency in data collection across study sites and participants. All interviews were digitally recorded and transcribed verbatim. A brief socio-demographic questionnaire was administered at the end of the interview to collect background information on study participants.

Data Analysis

All interviews were tape-recorded, fully transcribed, and analyzed by the researchers. In the first stage of the analysis an inductive approach was adopted: the transcripts were initially read in full and then each meaningful segment of text was assigned a conceptual code, using open coding techniques (Miles and Huberman 2014). After coding the first few interviews, the co-principle investigator, being responsible for coding, along with the principle investigators developed jointly a preliminary coding scheme which was subsequently applied to the remaining interviews. Through comparative analysis, the same codes were assigned to responses with common characteristics. As the open codes became saturated, the analysis evolved to coding specific dimensions of harmony of life which have not been identified up to this point (Miles and Huberman 2014). Finally, a deductive approach was adopted to assign the themes emerging from the interviews to broader categories of the Life Balance Model (Matuska and Christiansen 2009). Follow-up interviews were conducted with five of the 24 participants six months after the initial interview. At these interviews, the participant's responses at the first interview were reviewed and tested for consistency. The PI explained each response including the descriptions in quotes to illustrate each response's underlying meaning and asked for confirmation and clarity. Finally, it should be noted that follow-up interviews and member checks, conducted as part of establishing validity, were completed simultaneously.

Results

The socio-demographic characteristics of the 24 Southern Thai people from the five regions discussed above who participated in the study are shown in Table 1. Table 2 summarizes the themes that emerged from the data analysis and their relationship to the pre-determined categories, reflecting the principles

of the Life Balance Model (Matuska and Christiansen 2009). While each group of informants emphasized different elements of harmony of life, the groups were similar in their overall views of what constitutes harmony of life. In presenting the findings, we use quotes for clarity purposes. The source of each quote is identified, with "F", standing for "focus group" and "I" standing for "individual interview". The number of the participants sharing similar responses is also reported for group and individual interviewing respectively.

Physiological Health

Physiological health reflects the attributes considered important for living in harmony. The reported elements of physiological health include self-image, getting good night sleep, exercise, food consumption, and health management.

Self-Image

According to the study, harmony of life involves feeling good about one's self. The interviewees stated that positive self-perception is important for living in harmony. Ignorance about the importance of self-image keeps one from enjoying life, engaging in self-fulfilling activities and working toward personal goals. In one participant's words:

"Do personal hygiene tasks that make you feel better about yourself... devote a little time each day to personal hygiene....do things like taking a regular bath, washing and grooming your hair, trimming nails, brushing teeth." (I-10)

Getting Good Night Sleep

The participants described a good sleep as vital for good health and well-being. They also stressed that sleep contributes to achieving overall harmony and balance. Getting enough quality sleep on a daily basis can be associated to good mental and physical health as well as high quality of life. According to one participant's statement:

"Sleeping is important. If we have no worry, we can fall asleep as soon as our head hits the pillow. How lucky we are if we can sleep easily ...no bad dream sleep, wake happy." (F- 1)

Exercise

The participants discussed how exercise contributes to harmony of life, including the benefit of exercise and physical activity on maintaining good physical health for longer. Good health and regular exercise have a positive impact on their quality of life. As one participant commented:

"Good life for me comprises of a lot of things...healthy body is one of them... you may live well and have a longer life....to get that you have to exercise... not excessive or intense exercise...just the way you like it for sweating." (I-3)

Food Consumption

The participants identified the importance of food consumption for a healthy lifestyle. One of the participants talked about eating habits as follows:

"Eat well...sleep wellthat's it...that's all I want...eat well doesn't mean you have to spend money on expensive meals or go to fancy restaurants. It is more about being able to eat what you desire and not having to worry about feeding yourself....food intake has to be something useful for your body not just junk food or whatever fills your stomach when hungry." (I-4)

Health Management

All the participants agree about the value of health management for living in harmony. They talked about consistent use of medicine as prescribed being the key to promote better health outcomes. As one participant commented:

"My body is speaking to me of its dysfunction, and I have to listen... to stop, to slow down, and to look for ways to bring back the joy, balance, and harmony necessary to live life in balance." (I-6)

"When I'm not feeling well, I take medicine. Self-care is the best and first priority...More importantly, if you have chronic conditions, don't forget to take your medicine on time." (I-7)

They also mention the importance of annual check-ups for maintaining good levels of health in order to live harmoniously.

"You should visit your health care provider from time to time, even if you feel healthy." (I-8)

Interpersonal Relationships

Interpersonal Relationships are identified as a key aspect of harmony of life. The themes discussed include family bonding, good friendships and social engagement.

Family Bonding

When asked what kind of relationships matter the most to them, the majority of the participants indicated that family bonding is very important for personal balance. One participant replied:

"My harmonious life not only comes from myself. My family is important part of it. How is it even possible to live in harmony if families are scatteredNo one cares for us as much as our family members". (F2)

Good Friendships

One participant commented on the value of friendship for living harmoniously.

"Sometimes we need friends...we need second opinions and someone that we can talk with...I am lucky enough that I have a good neighbor.....living in a good environment is important for a happy life." (I-2)

Social Engagement

Participants also described their participation in the activities of social groups, as a process of participation, collaboration, and dialogue in the various communities. Social engagement appears to give the chance to participants to learn about and contribute to the decision-making process about issues that directly affect their lives. As one participant argued, active social groups could also inspire a community to take action by defining a common vision and specific methods of achieving harmony of life on a collective level

"Our kin live nearby....when I have some trouble, I can ask for help. When they need some help, I help them...We are living in peace...no problem at all." (F2)

Working Life

The majority of participants mentioned the importance of working life in achieving personal balance. Three aspects of working life were highlighted: financial management, getting things done, and dealing with uncomfortable feelings.

Financial Management

Most of the participants expressed relief for being able to solve their money problems in due time.

"Being debt-free feels... good..... I'm thankful that I don't owe anyone money anymore. I restrict myself from buying unnecessary things. I learned so many things about budgeting, finding ways to save. I can tell you that you can live with no worries if you manage your cash well." (I-7)

"You may face money problems one day but you have to deal with it as soon as possible.....Debts are urgent. They grow rapidly over time. The earlier you deal with them, the easier." (F-2)

Getting Thing Done

The participants placed considerable value on the amount of time they spend to accomplish specific tasks in their daily working routine, identifying the importance of time management. One participant recounted her experience as follows:

"Owe nothing to anyone and you feel no worries....we can spend our daily life in peace and nothing can bother us now. Finish work on time is great...Finish your job for the day at the work place and don't bring it home." (F1)

Sense of Safe and Security

According to the participants, feeling distressed, upset, overwhelmed, frustrated, and confused could lead to disharmony:

"When we feel, frustrated, lost or confused, it's most often because we are experiencing imbalance of our mind, body and spirit." (F4)

"It's not always easy to understand our feelings, but I seek out the best possible solution by myself every time to maintain harmony of life." (F2)

Spiritual

Spiritual needs reflect the psycho-social aspects of harmony of life. The related themes are self-image, practicing faith, and recreation.

Practicing Faith

Most of the participants recognized the importance of practicing faith. One participant mentioned the following:

"I practice daily meditation in the morning and it makes me feel good. The fundamental goal of Buddhism is peace. Buddha preached that the world is in constant change and that peaceful minds lead to peaceful speech and peaceful actions." (I-1)

Another said:

"Being Muslim enabled me to overcome all my fears. Religion gave me the strength to help others face the anxieties and worries of everyday life through the power of inner transformation. In a word, it makes me feel fearless." (I-5)

Recreation

Participants commented that recreation is crucial for maintaining harmony. Recreation is defined as leisure activities; in this context, leisure is discretionary time. Participants also mentioned some activities they engage into for enjoyment, amusement, or pleasure, characterised as being "fun":

"Life is not supposed to be serious all the time. You have to find out what you likeTake time to do things you enjoy. You may be so busy, or feel so badly about yourself, that you spend little or no time doing things you enjoy.....things like playing a musical instrument, watching TV, or reading."

Discussion

The study findings provide information on the elements of harmony of life as described by Southern Thai people, reflecting the structure of the perceptions of life balance in this part of the world (Matuska 2012). Harmony is defined as a state in which all life domains are in balance both internally and externally. The sense of harmony explains unique variance in stress and depression (Kjell et al. 2013). In addition, it was found that harmony is strongly related to the psychological dimension of well-being (Kjell et al. 2013). Harmony and balance lead to high life quality for the participants in this study. Well-being seems to be the outcome of balance in the everyday while lack of balance is experienced as a sense of being overloaded and pressured (Synneve and Ulla 2006).

As identified by the participants of the present as well as various other studies, physiological health is considered to be important for harmony. For instance, Hanachi et al. (2010) found strong associations between psychological and physiological well-being, measured on the basis of a variety of psychological inventions and regular physical exercise respectively. In agreement with previous findings indicating that maintaining good interpersonal relationships would make individuals in collectivistic cultures feel good about their lives (Kang et al. 2003), relationships are found to be identified as a key aspect of harmony. The identity dimension is also revealed in the present study as an important psycho-social determinant of harmony, with its most important aspects being self-image, practicing faith, and social engagement. Harmonious life in this dimension conveys a sense of accord, peace, contentment, satisfaction, or happiness where the individuals feel that they fit to their surroundings. Having a challenge or interest may also help in achieving harmony as challenges are considered to make life interesting. Overcoming life problems and facing challenges could make life a more joyful and less suffering experience. Consequently, having a challenge or/and an interest may be fundamental to live with harmonious life.

The strength of this study lies in the exploration of harmony of life across different settings. Therefore, we can capture a broad range of perspectives. Interviewers included orientation to the study and its conceptual framework. Additionally, the transcripts of initial interviews as well as the feedback from the interviews were reviewed and discussed by the principal investigator and research coordinator. Strategies were put in place to ensure comprehensiveness of the analytic process and hence, validity of the findings. The limitation that needs to be addressed is mainly the small sample size. Although this limits the external validity of the findings, it indeed enables an exploration of people's perceptions of harmony in a detailed manner.

The findings of this study will be used to identify specific items in the context of the Harmony of Life Questionnaire. Following the generation of a preliminary list of items, standard approaches to item reduction, validity and reliability testing will be used.

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Table 1. *Characteristics of the Participants (n = 24)*

Characteristic	
Age(mean)	43.3
Marital status	
Married	
Separated/widowed/divorced	19 (79.1)
Single (never married)	2 (8.3)
	3 (12.5)
Highest level of education	
Some secondary school	(4)
Some high school	(8)
Completed high school	(5)
Completed college/technical school	(2)
University degree	(5)

Table 2. *Harmony of Life Categories and Themes*

Categories	Themes
Physiological health	Getting a good night sleep
	Exercise
	Food consumption
	Health management
Relationships	Time spend with friend
	Quality time with family
Identity	Self-image
	Practicing faith
	Social engagement
Challenge/interest	Financial management
	Getting thing done
	Dealing with uncomfortable feelings
	Recreation