CHAPTER 1

INTRODUCTION

Background and Significance of the Problem

A child's self-concept is a nucleus of his or her personality development. It includes what the child believes about himself or herself and the generalizations he or she makes about self-worth, abilities, and limitation, which is influenced by interactions with environment and other persons (Siemon, 1987).

Self-concept development is a core of health education ideas, especially for school-age children whose developmental task is industry versus inferiority, their self-concept gradually become more abstract, more complex, more elaborated (Crosby, 1982). An individual's self-concept may be positive or negative. A positive self-concept implies acceptance of oneself as a person with strengths and weakness, while a negative self-concept is reflected in feelings of worthlessness and lack of self-respect (Beck, 1984). Children with chronic illness might have an additional burden of physical, psychological, and emotional threats, especially in the development of self-concept (Isadce & McElroy, 1980; Molla, 1981).

An incidence of childhood chronic disease is estimated between 7% to 10% of the population under 14 years of age in Britain and U.S.A. (Isaace & McElroy, 1980). In China, there is a trend of increasing rate of hospitalization of chronically ill children. According to the report provided by Shanghai Health Bureau during the last five years, the rate of hospitalization on children with chronic illness was 9.2% in 1989 (Shanghai Health Bureau, 1989), and increased to 11.3% in 1994(Shanghai Health Bureau, 1994). With the increasing number of hospitalized children with chronic illness, it is becoming a serious problem faced all health professionals. Among all the chronic illness which Chinese school-age children suffered, nephrotic syndrome, leukemia, and congenital heart disease are the three leading causes of hospitalization (Shanghai Health Bureau Report, 1994).

The negative consequences of childhood chronic illness have been reported by several investigations (Isaace & McElroy, 1980; Ritchie, 1988; Turner-Henson, 1994). These consequences include the negative effects on children's self-concept (Kumar, Powar, Allen & Haywood, 1976; Molla, 1981; Youssef, 1988). Studies on self-concept of children with chronic illness as nephrotic syndrome, leukemia, and congenital heart disease indicated that there are poor body-image and self-esteem among these children (Crittenden & Holaday, 1989; Mullis, 1992; Youssef, 1988). Usually, these

chronically ill children may suffer alienation, depression, loneliness, and fear which can be handled by the mechanisms of denial, aggression, irritation, isolation, paranoid and regression that impede the process of treatment and restore (Isaace & McElroy, 1980; Rose, 1987; Turner-Henson, 1994). These children believe that chronic illness is a punishment for bad behavior and they feel less than whole as a consequence of being ill (Peters, 1978; Taulor, 1986). Moreover, chronic illness along with psychologic and social maladaptation intensify the difficulties in forming a good self-concept of children. Children who perceived their chronic illness as having a negative impact on themselves have a lower self-concept (Zeltzer et al., 1980).

For children with chronic illness, hospitalization is a stressful event faced their life. The stress seems to be more intense among Chinese children with nephrotic syndrome, leukemia, and congenital heart diseases because they usually stay in hospital longer than children in other countries; and their parents can only visit them, but can not stay with them during their hospitalization (Wang, Zhu & Chen, 1992). Long-term hospitalization in a setting that does not provide normal contact with significant others or lacks of environmental stimulation seriously affects a child's psychological, cognitive, and emotional development (Chin, 1979). When hospitalization occurs in school-age children, not only the

disease, but also the changed environment, the interruption from school-education, and separation from family and peers may interfere with their normal physical and emotional development, which may result in a life-long consequence suffering (Hymorich & Hagopian, 1992; Isaacs & McElroy, 1980; Turner-Henson, 1994). For the chronically ill school-age children, isolation from family, school, and friends, and peer's perception of poor social capabilities due to frequent hospitalization may contribute to difficulties in the self-concept development of those frequently hospitalized children (Turner-Henson, 1994) and loss of self-esteem (Futcher, 1988; Yoos, 1987). Therefore, those chronically ill children who experienced a high level of life stress have poor self-concept than do children who experienced a lower, more normal amount of life stress (Pless, 1984). The negative reinforcement makes a sense of inferiority, even regression to previous task level (Erikson, 1963). These children may develop inferior types of personality later.

An increasing amount of research attention has been given to the investigation of self-concept of chronically ill children in other countries (Appleton, 1994; Baker & Coe, 1993; Moffatt, Kato, & Pless, 1987; Miller, 1987; Nelson, 1986; Ritchie, 1988; Saucier, 1984; Stumpf, 1989). However, little attention has focused on both hospitalization and school-age children. Moreover, neither self-concept of

chronically ill children nor those of hospitalized children have been investigated in China. Therefore, to study self-concept of Chinese school-age children with chronic illness would be useful for nurses to provide better nursing care for these children.

In addition, studies on self-concept of chronically ill children showed that there are some factors related to self-concept, its subconcept of hospitalized chronically ill children (Miller, 1987; Molla, 1981; Riffee, 1981). Self-concept may change with age (Burns & Zweig, 1980; Mullis, 1992; Kimm et al., 1991). Sex is correlated with children's some subconcepts such as physical appearance and anxiety (Mullis, 1992; Kimm et al, 1991). High academic achievement appears to play an important role in the development of positive self-concept of school-age children by improving their self-confidence and self-esteem (Miller, 1987; Molla, 1981; Youssef, 1988). Diseases such as nephrotic syndrome, leukemia, and congenital heart disease which makes physical appearance change or physical disability, along with the long duration of illness, and frequent hospitalization may contribute to the poor body-image and low self-esteem of these children (Zelter et al., 1980; Futcher, 1988; Ritchie, 1984; Turner-Henson, 1994). However, the studies on these influencing factors concerned only one or two of them (Piers & Harries, 1964; Riffee, 1981; Molla, 1981). Thus, it would

be important to identify the relationships between self-concept, its subconcepts, and possible influencing factors.

Therefore, threats posed by chronic illness and hospitalization in the school-age period of Chinese children, raises questions about self-concept of these children on what and how do they perceive themselves, what factor influencing their self-concept, its subconcepts. This also raises question for nursing professionals on how to help these children develop or maintain positive self-concept. With these concerns, this study focused on the self-concept of hospitalized Chinese school-aged children with chronic illness, and factors influencing self-concept of these children.

Objectives of the Study

The objectives of this study were:

1. To describe self-concept of hospitalized Chinese school-age children with chronic illness.

2. To determine whether self-concept and its subconcepts of hospitalized Chinese school-age children with chronic illness can be predicted by selected factors including age, sex, academic achievement, type of chronic illness, duration of illness, and frequency of hospitalization.

Research Questions

The research questions of this study were proposed as follow:

1. What is the level of self-concept of hospitalized Chinese school-age children with chronic illness?

2. How much of the variability in self-concept and its subconcepts of hospitalized Chinese school-age children with chronic illness can be explained by factors as age, sex, academic achievement, type of chronic illness, duration of illness, and frequency of hospitalization?

Hypothesis

Self-concept and its subconcepts of hospitalized Chinese school-age children with chronic illness can be predicted by selected factors including age, sex, academic achievement, type of chronic illness, duration of illness, and frequency of hospitalization.

Limitations and Scope of Study

The research was conducted on non-random selected school-age children with three types of chronic illness including nephrotic syndrome, leukemia, and congenital heart disease in three major children's hospitals of Shanghai, China. The sample size was small, thus the generalization of

this study was restricted only in this particular population of the area.

Significance of the Study

The study results can provide nurses with better understanding regarding the negative effects of chronic illness and hospitalization on self-concept of school-age children, and factors influencing self-concept among hospitalized chronically ill children. This information can help nurses to provide proper nursing intervention to prevent or reduce these negative effects, and encourage the development of more positive self-concept.

The result also can provide suggestions for nurse educatiors to address roles of nurses in providing positive self-concept development on school-age children.

In addition, the result can provide nurses with information to develop research based nursing intervention for improving self-concept of Chinese chronically ill children.

Definition of Terms

Self-concept: Self-concept is a description and evaluation of one's own behavior and attributes that can be measured by 80 items Piers-Harries Self-concept Scale (PHSCS) which include six subconcepts:

(a) social behavior, (b) academic competence, (c) physical appearance and attributes, (d) anxiety, (e) popularity, and (f) happiness and satisfaction. Piers ranked score higher than 60 to be the high level of self-concept, score between 45-60 to be the average level of self-concept, and score lower than 45 to be the low level of self-concept.

School-age children: School-age children refers to boys and girls between the ages of 6-12 years, who are on school education.

Chronic illness: Chronic illness refers to illness which interferes with a child's usual activities on a daily basis for at least three months a year, leads to a hospital stay involving at least one month a year. In this study, three type of chronic illness is involved: nephrotic syndrome, leukemia, and congenital heart disease.

Selected factors Influencing self-concept:	Selected factors influencing self-concept in this study refer to age, sex, academic achievement, type of chronic illness, duration of illness, and frequency of hospitalization.
Academic achievement:	The academic achievement in this study refers to the actual previous Grade Point Average (GPA) of each child on school education. GPA ranges from 0 to 4: 4--excellent, 3--good, 2--fair, 1--passed, 0--failed,
Type of chronic illness:	There are three type of chronic illness in this study: nephrotic syndrome, leukemia, and congenital heart diseases.
Duration of illness:	Duration of illness refers to number of months since the first diagnosis of nephrotic syndrome, or leukemia, or congenital heart disease.
Frequency of hospitalization:	Frequency of hospitalization in this study refers to the frequency of a child's hospitalization because of chronic illness as nephrotic syndrome, or leukemia, or congenital heart diseas