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## CHAPTER 3

### METHODOLOGY

The purpose of this study was to describe self-concept of rehabilitative schizophrenic patients. In this chapter, design, subject, instrumentation, data collection procedure and analysis of data were presented based on the study's objective.

#### Design of the study

A descriptive design was used to describe the total self-concept and each components of self-concept of rehabilitative schizophrenic patients.

#### Subjects

The target population of this study were Chinese schizophrenic patients who were admitted in psychiatric department of West China University of Medical Sciences and The Fourth Mental Hospital of Chengdu City, Si Chuan, China during December, 1997 and February, 1998. The subjects were schizophrenic patients who were in rehabilitation period.

The purposive sampling method was used and 130 subjects who met the sampling criteria were participated in this study. The criteria for selection include:

1. be considered as in rehabilitation period by a psychiatrist according to the following guidelines: (1) be in good orientation (person, place, and time). (2) be able to communicate with others. (3) can manage their daily life and perform their self-care activities, e.g. grooming, dressing, and taking medication.

2. be able to read and understand Chinese language.

3. be in 15-60 years of age.

4. willing to participate in this study,

### **Instrumentation**

The instrument used for data collection in this study composed of two parts:

#### **Demographic data form**

The demographic data form was developed by the researcher to seek descriptive information includes both medical and personal data. Medical data included length of schizophrenia and frequency of hospitalization were gathered by the researcher from the patients' records. The personal data included age, gender, education, family type, marital status, work status, and family income.

### Self-concept Scale

The Self-concept Scale developed by the researcher was based on self-concept mode of Roy Adaptation Model of Nursing. It was 56-item, 5 point likert scale, which captured two sub areas: physical self and personal self. The physical self included body sensation (9 items) and body image (10 items). The personal self included self-consistency (12 items), self-ideal/self-expectancy (10 items), and moral-ethical-spiritual self (15 items). The meaning of the score of positive items were as: 1=strong disagree, 2=disagree, 3=not sure, 4=agree, and 5=strong agree. The negative items were just opposite. There were 33 positive items and 23 negative items. The instrument was translated into Chinese by the researcher. Two Chinese experts with in English language assessed the accuracy and clarity of the translation. In order to assure the accuracy of words, the instrument was translated back by a Chinese-English language bilingual expert (from WCUMS) before being applied to Chinese subjects. In this study, mean score of the total score and each components was proposed to use as the lowest score cutting off high self-concept score since there was no normal reference found in literature reviewed. Thus, the meaning of all scores are considered as follows: score equal and above

the mean was considered as a high self-concept and score below the mean was considered as a low self-concept.

**Validity:** The content validity was checked by five faculty members of Faculty of Nursing, Chiang Mai University, Thailand, who were expert in self-concept and Roy Adaptation model of Nursing. The content validity index (CVI) was .84.

**Reliability:** Reliability of self-concept scale was tested among 15 Chinese rehabilitative schizophrenic patients who had same characteristics as the study samples and attended the psychiatric department of West China University of Medical Sciences. The reliability of the scale was .88, which reached the acceptable value (Polit & Hungler, 1987).

#### **Data collection procedures**

Steps for data collection were as follows:

1. Asked permissions from presidents of West China University of Medical Sciences and The Fourth Mental Hospital of Chengdu City.

2. Asked permissions from directors of the psychiatric department and nursing department of the two hospitals. The researcher introduced the purpose of this study to the psychiatrists in psychiatric units and asked for cooperation.

3. The researcher checked patients who met the study's criteria.

4. After explaining the purpose of the study, asked for the permission to collect data from patients by using written informed consent and assured they were voluntary participation and their confidentiality to participate in the study.

5. Demographic data was collected by interviewing the subjects and medical data was collected by reviewing the patients' records.

6. Subjects were asked to complete the questionnaires of self-concept. Then, the researcher collected all questionnaires and checked for completion of each questionnaire.

7. Most of the subjects could complete the Self-concept Scale at 20-30 minutes by themselves. A few of them had some difficulties in reading the scale, the researcher read each item for them.

8. Prepared all data to be ready for data analysis.

#### **Analysis of data**

Analysis of data was completed by a computer using the Statistical Package for Social Science (SPSS). The analysis was divided into two parts:

1. Descriptive analysis was used to analyze demographic data in terms of frequency, percentage, range, mean, and standard deviation.

2. Descriptive statistic was used to analyze the scores of Self-concept Scale in terms of percentage, mean and standard deviation.