

Psychological Effects on the Family Having Children with Asthma

A Literature Review

Barsha Pantha Aryal

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Author:	Barsha Pantha Aryal
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Supervisor (Arcada):	Gun-Britt Lejonqvist
Commissioned by:	PADET/Solveig Sundell
Abstract	
<p>Asthma is the most common chronic childhood disease which is defined as the chronic inflammatory disorder of the airways. The study deals with the problems of families having asthmatic children as well as about self-esteem in asthmatic children. The aim of the study is to find out the problems of families with asthmatic children and the measures to maintain positive self-esteem in those children. The research questions of this study include-(1) what are the problems of family having children with asthma? (2) How nurses can support children to develop their self-esteem? The study is based on the theory of the Roy Adaptation Model. The inductive content analysis in a qualitative way is used as a method process. The articles were selected from academic databases and from peer reviewed articles through Academic Search Elite (EBSCO), Google scholar, CINAHL. 14 articles were used in this study. The problems of families having asthmatic children are stress, economic burden, lack of knowledge and low confidence. The answers of second question are derived from improved academic performance involved in exercise and support from school nurses.</p>	
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1 INTRODUCTION

Asthma is the most common chronic childhood disease that can have significantly negative effect on children and their families. (1) Asthma is a major chronic airway disorder and it is a serious public health problem throughout the world.(1) It affects(10-12)% of the children in U.S. Approximately, 11 million school days are missed each year because of asthma related problems.(15)

Some studies suggest that children are being exposed to traffic pollutants, second hand smoke, allergies to certain medications and decreased breast feeding which lead to increase asthma in children. In certain conditions, lack of parental awareness and low socio-economic status also influence to increase asthma. Asthma is a significant burden resulting missed school/work days, activity limitations and increased health care utilizations.

The Arcada project called Professional Alliance for Development (PADet) is an indigenous, non-profit and non-governmental humanitarian organization. This study is based on this project called PADet. It has three priority areas: sexual and reproductive health, HIV/ AIDS prevention and care and food security. The organization has worked in these areas since 1998 and has grown into a well-established, supportive local non-governmental humanitarian. (28)

PADet has worked together with different international organizations through the years and established a partnership with Arcada- University of Applied Sciences in Finland in 2011.

The Health Sector Development program IV is a plan for developing the health care during 2010/11 to 2014/15. The aims of this program are to improve maternal and child health, to halt and reserve the spread of communicable diseases and to strengthen health systems. (28)

1.1 Motivation for Choice of Research Topic

When author worked in a pediatric ward, she took care of many children with asthma that encouraged her to choose this topic. The author is interested to find out the problems of parents whose children are suffering from chronic illness like asthma in order to serve both parents and children with nursing services.

The children's experience of asthma is unique but feelings of social stigma or embarrassment due to disease are commonly experienced by many sufferers. Children suffering from asthma in their small age trouble themselves as well as their parents. Special attention should be paid to them at home, at school, in the playground and so on.

1.2 Aim and Research Questions

The aim of the study is to find out how to maintain positive self-esteem in the children and how to provide support to the family.

Research Questions include-

1. What are the problems of family having children with asthma?
2. How nurses can support children to develop their self-esteem?

2 BACKGROUND

Asthma is the most common chronic disease of childhood. It is the primary cause of school absences, and is responsible for a major proportion of pediatric admissions to emergency departments and hospitals. It is the condition of the lungs in which there is airway obstruction due to spasms of the bronchial smooth muscles, edema of the mucosa and increased mucus secretions in the bronchi and bronchioles brought on the various stimuli.

Asthma is a chronic inflammatory disorder of the airways in which many cells (mast cells, eosinophils, and T-lymphocytes) play a role. Recurrent episodes of wheezy, breathlessness, chest-tightness and cough occur especially at night or early in the morning in susceptible children.

Both the persistence and the severity of the disease are influenced by allergy. Atopy, the genetic predisposition for the development of an IgE-mediated is responsible to common allergens. It is the strongest predictor for developing asthma.

Allergens like outdoor factors (trees, shrubs, weeds, grasses, molds, pollens, air pollution, spores) and indoor factors (dust, molds, cockroach antigen) influence asthma. In addition to this, irritants (tobacco, smoke, odors, and spray), exposure to occupational chemicals, some exercises, colds and infection, medications, strong emotions, changes in weather, etc. are some factors that can lead as triggers for asthma episodes. (15)

In asthma, inflammation helps to increase airway reactivity. Bronchospasm and obstruction are also important components of asthma. Obstructive symptoms in asthma are due to inflammation and edema of the mucous membranes, accumulation of tenacious secretions from mucous glands, spasm of the smooth muscles of the bronchi and bronchioles. (15, 17)

In children, bronchial constriction is severe which produces impaired respiratory function. Resistance to airflow increases due to the narrowing and shortening of the airway which is caused by smooth muscles around the airway. During inspiration, the bronchi normally dilate and elongate and on expiration it contracts and shortens. Hence, there will be more difficulty during expiratory phase of respiration. (15, 17)

The onset of disease may be gradual with nasal congestion and sneezing. The attack may be sudden generally at night. Wheezing with the expirations, anxiety, apprehension, diaphoresis and an uncontrollable cough is present. The attack may be controlled by treatment.

Respiratory- related signs like shortness of breath, prolonged expiratory phase, audible wheeze are observed. Lips become deep, dark and red in color. It may progress to cyanosis of nail beds. Children feel restlessness and sweating may be prominent. Older children may sit upright with shoulders in a hunched-over position, hands on the bed or chair with arms braced.

The disease is diagnosed on the basis of clinical manifestations, patient history, physical-examination and the laboratory tests. In the absence of infection or diffuse wheezing during the expiratory phase of respiration, chronic cough is sufficient to establish a diagnosis. Chest x-ray may help to find out other diseases and to know the co-existing diseases.

2.1 Care

The aim of asthma care is to prevent disability, to decrease morbidity and to help children in living normal and happy life.

2.1.1 Allergen Control

Allergen control falls in non-pharmacologic therapy. It is aimed for prevention and reduction to airborne allergens irritants. In children, the most common agents allergic to inhalants are house dust mites and other products of house dust.

Cockroach is also another common household inhabitant. To terminate the cockroach, the kitchen floors and cabinets should be cleaned properly. Foods should be put away

after eating. Humidity is needed to keep in between 30% and 50%. Dehumidifier or air conditioner is used. (17)

2.1.2 Drug therapy

To prevent and control asthma and to reduce the frequency and severity of asthma exacerbations, asthma medications are used.

Asthma medications are classified in two groups (1) long-term medications -to control of inflammations. (2) Quick-relief medications-to treat symptoms and exacerbations. Nebulizer or a metered-dose inhaler (MDI) is used to give asthma medications. For the prevention of yeast infection in the mouth, (MDI) should always be attached to a spacer at the time of administered inhaled corticosteroids.

When metered-dose inhaler is difficult to use, the medication is made through a nebulizer. For the treatment of airflow obstruction and to control symptoms, anti-inflammatory drugs called corticosteroids are used. It can be given parentally, orally or through inhalation. (15, 17)

2.1.3 Exercise

Exercise is beneficial for asthmatic children. Most children can involve in school activities like in sports with minimal difficulty. Children with Exercise -induced bronchospasm (EIB) can well tolerate during swimming. Patients with EIB have symptoms like chest pain or tightness, cough, shortness of breath and problems during exercises. (13, 14)

Chest physiotherapy (CPT) includes breathing exercises and physical training. CPT provides physical and mental relaxation, improve posture, strengthen respiratory

musculature and develop more efficient patterns of breathing. CPT is not recommended during acute and uncomplicated exacerbations of asthma. (15)

2.2 Nursing Management

Nurses play a vital role in supporting both parents and children at the time of treatment and prevention of disease. Nurses can assess the children's life how asthma affects daily activities and self-concept. On the basis of nursing assessment, nurses can formulate the nursing diagnosis and implement the intervention. Nurses can teach family and children about the conditions to avoid precipitate of asthmatic episode. Children and family should be well aware of correct use of bronchodilators and anti-inflammatory drugs. Nurses can encourage for sound health practices to support body's natural defenses.

Nurses can provide knowledge regarding exercises like breathing exercise and controlled exercise which helps to promote diaphragmatic breathing, side expansion and improved mobility of the chest wall. Self-care and self-management programs are beneficial for children and family to cope with asthma. Reassurance from nurses may help children to control and cope with their asthma and to live a normal life.

To support the children with asthma and to develop positive self-image and confidence, parents should consult with psychologist and talk about the condition. Frequent psychological counseling may help children develop high self-esteem. Provision of support and encouragement to the children is a must whenever necessary.

Asthma camp helps to increase self-esteem of the children and to cope with difficulties in a better way. By attending the asthma camp, children may think they are normal like other children. They develop the high self-esteem, self-confidence and good social relationship. Nurses can give education about asthma in a classroom so that all the students get knowledge about the disease condition. They know about the preventive measures to asthma and feel they should not tease the sufferers.

The American Council of Exercises says about the potential benefits of asthmatic conditions like stress reduction, improvement of sleep, reduction risks of obesity and heart diseases. But while performing the exercises, asthmatic persons should consult with physician and talk about the exercises. Doctors may give medication to control symptoms during exercises and recommend doing normal exercises. While doing the exercises, one should be careful to avoid the allergic or other irritants. Exercises should be avoided if they are having cold or respiratory infection.

Psychological support to both parents and children is necessary. Parents feel odd to go to participate in social events because they don't want to know others about their children having asthma. Parents feel difficulty to take medication or inhalers to their child in-front of mass. Both parents and children struggle with asthma. They are having economic problems also to treat the disease. (16, 17)

3 THEORETICAL FRAMEWORK

A Conceptual framework is an organized grouping of ideas or concepts that assists in providing overall structure to the research project and the nursing process. A theory explains the nature of phenomena and a conceptual framework identifies what variables are important (18). Theory, theoretical framework and a conceptual model are frequently used. A theoretical framework is related concepts that specifically describes or explains phenomena (20).

The theory chosen for this study is The Roy Adaptation Model by Sister Callista Roy. She was a pediatric nurse by training who studied sociology at UCLA where she received her doctoral degree in 1976. The Roy Adaptation model was first presented in the literature in an article published in Nursing outlook in 1970 entitled "Adaptation: A conceptual framework for Nursing" (Roy, 1970). (19)

3.1 Self-Concept-Group Identity Mode

The self-concept-group identity mode is one of the three psychosocial modes. " It focuses specifically on the psychological and spiritual aspects of the human system. The basic underlying individual self-concept mode has been identified as psychic and spiritual integrity, or the need to know who one is so that one can exist with a sense of unity, meaning and purposefulness in the universe"(Roy & Andrews, 1999,p.107).

Self-concept refers to beliefs and feelings about oneself which is formed from internal perceptions and perceptions of other's reactions (Roy & Andrews, 1999, p.107).

It consists of the physical self which defines of sensation and body image, and (2) the personal self, which consists of self-consistency, self-ideal or expectancy, and the moral-ethical-spiritual self.

Based on environmental feedback, group identity mode describes how people perceive themselves in groups. The group identity mode is comprised of interpersonal relationships, group self-image, social milieu, and culture (Roy & Andrews, 1999). Self-esteem is a part of self-concept and is defined as individuals perceive their self-worth (Andrews, 1991).

3.2 Nursing

Roy defines nursing broadly as a "health care profession that focuses on human life processes and patterns and emphasizes promotion of health for individuals, families, groups, and society as a whole" (Roy & Andrews, 1999,p.4).

Nursing Science is "a developing system of knowledge about persons that observes, classifies, and relates the processes by which persons positively affect their health status"(Roy, 1984, pp.3-4). Nursing as a practice discipline is " nursing's scientific body of knowledge used for the purpose of providing an essential service to people, that is,

promoting ability to affect health positively "(Roy,1984, pp.3-4). Roy's goal of nursing is "the promotion of adaptation for individuals and groups in each of the four adaptive modes, thus contributing to health, quality of life, and dying with dignity"(Roy & Andrews,1999, p.19)

4 METHODOLOGY

Methodology refers to the way in which we approach problems and seek answers. Inductive content analysis has been applied to review the literature in a qualitative way. All the information are collected from the previous published scientific research data. Thus, it helps author to get adequate knowledge about the study process. Literatures related to asthma in children are used in this study.

4.1 Literature Review

According to Aveyard, literature review is defined "as the comprehensive study and interpretation of literature that relates to a particular topic." In literature review, one identifies a research questions and tries to answer that questions. (27)

In health and social care, literature review is important as it provides information in a complete way which remains partially hidden when reviewed in isolation. Literature review tries to summarize the literature of a particular topic.

4.2 Content analysis

Content analysis is a method of analyzing written, verbal or visual communication messages(Cole 1988).(21) It is defined as a research method which is used as replicable

and valid inferences from data to their context, its aim is to provide knowledge, new insights, a representation of facts and a practical guide to action.(21)

In Qualitative context analysis, open coding, creating categories and abstraction are the main steps that are followed. The written materials or documents are read carefully several times to obtain a sense of the whole. Then, the headings are collected from the content and put into sub-categories and main categories to get the answers of the research questions. (21)

Qualitative context analysis is focused on the subject and context then, emphasizes differences between and similarities with codes and categories, this method deals both with latent and manifest content in a text. (22)

Here, in this study, author followed qualitative context analysis method. The articles obtained from CINAHL, EBSCO, SAGE journal, goggle scholar was read carefully many times to gain required knowledge. By using varieties of color pens, several headings were selected then condensed part, after that sub-category and finally categories

Were formulated. The obtained theme was explained in result section.

4.3 Validity and Reliability

The two components that are used for measuring the qualitative and quantitative data are validity and reliability.

4.3.1 Validity

Validity is defined "as the degree to which the researcher has measured what he has out to measure."(25) In other word, "validity refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under considerations." Also," validity is the ability of an instrument to measure what it is designed to measure."(25)

Here, in this paper, validity refers to the degree to which the author has chosen an appropriate research method to reach the aim of the study. Scientifically based articles have been selected to answer the research questions so that the study was valid to meet its goal.

4.3.2 Reliability

Reliability is defined as "the degree of accuracy or precision in the measurements made by a research instruments."(25) If the extent of inaccuracy or error is more than reliability is less.

Here, the study was consistent and stable where the required available tools were used to measure what it requires to measure. The collected information gave reliable and uniform results. Thus,the study is reliable.

4.4 Ethical consideration

Ethics refers to the moral practices and beliefs of health professionals and the particular moral standards of single professionals (nurses, physicians, etc.) (23) It also refers to the types of philosophical inquiry that helps us understand the moral dimensions of human conduct which examines what is right or wrong to do.(23)

Ethics are used to describe standard of behaviors and it concerns with norms and values. It involves balance and judgment on the basis of personal and professional knowledge

and expertise. (24) In nursing practice, ethics helps to know the moral language of nursing.

Before starting the final paper of the thesis, the author presented the short plan of thesis to the supervisor to be free from violation. The author read carefully Arcada's ethical commitment to get good scientific practice. Following the Arcada's ethical rules and guidelines of thesis, the author has selected only scientifically approved articles so as to avoid misuse of information and to follow good scientific practice.

5 RESULTS

Here, this chapter includes search process, materials, the analysis process and the abstractions of the results.

5.1 Search process

The author used Arcada Nelli Portal at ARCADA and remote access at home through MetaSearch to collect information for answering the research questions. The articles were chosen for inductive content analysis using the keywords like Asthma in children, self-esteem in children with asthma, role of nurses in asthmatic children, knowledge of asthma in parents, self-asthma management. The articles were selected from the year 2000 to till date. The author reduced the articles by taking only scientific articles in full text.

Inclusion criteria for this study were full text articles published in English language only. Articles from 2000 to till date have been taken. Peer-reviewed articles were chosen from academic database. Scientific articles that are free of costs were selected.

Excluding criteria were the articles that were payable, other than English language articles, non-scientific articles, articles that do not answer the research questions, older articles before 2000 and the articles that need password were avoided.

5.2 Material

The author has gathered the materials from Arcada Nelli-portal through Meta search. The chosen materials were free of charge, published in English language only and did not require password to collect the material.

The scientifically approved materials were collected from common databases like CINAHL (EBSCO), Google scholar, Academic search Elite (EBSCO), and dictionaries, from books using the keywords.

Table 1. Shows the database search process of Articles

Database	Keywords	Year range	Result	Used Articles
Academic Search Elite(EBSCO)	Asthma and children.	2000-2013	4015	2
	Self-esteem in asthmatic children.	2000-2013	705	3
	Self-asthma management	2000-2013	117	1
	Nurse and asthmatic children	2000-2013	14	1
CINAHL(EBSCO)	Asthma children. in	2000-2014	328	4
	Asthma knowledge in parents.	2002-2014	446	1
Google Scholar	School Nurse,		23400	2

	Role in Asthma. Journal of asthma.			
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5.3 Analysis

To understand the content and to derive clear meaning, the selected materials were read many times. Then, by using varieties of color pens and pencils, different headings are highlighted and selected, formed condensed meaning units, categories and lastly main categories.

The author used earlier published scientific articles applying inductive content analysis in a qualitative way. The results were listed below in the table.

Table2. Shows the abstraction process

S.N.	Sentences	Condensation	Categories	Main categories
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1	<p>Parents of asthmatic children have to manage a large number of potentially difficult interactions with the child several times a day.</p> <p>For care givers, parenting a child with asthma may contribute to increased parenting stress and more critical parenting child interactions.</p> <p>Parents indicating that remembering administration or child receiving medications on a daily basis was the most difficult aspect of asthma care.</p> <p>Parents who reported more difficulties with their child's behaviors tended to report more problems and lower confidence in managing their child's asthma</p>	<p>-Parents face lots of difficult interactions with child.</p> <p>-Caring a child with asthma, caregivers have to deal with increased stress and critical interactions.</p> <p>-Parents have difficulties in giving medication to child in a daily basis.</p> <p>-Due to difficulties in child behaviors, parents have more problems and lower confidence in managing child's asthma.</p>	<p>- Interactions difficulties.</p> <p>-Difficulties in giving medication to child.</p> <p>-Problems in use of medications.</p> <p>-Parents have more problems and lower confidence due to different behavior of child.</p>	<p>-Stress</p> <p>-Stress</p> <p>-Lack of knowledge</p> <p>-Low confidence.</p>
2	<p>Studies demonstrate that children with asthma are absent more often compared with students without asthma.</p> <p>Children with persistent asthma experience recurring episodes of absenteeism, this pattern may be contributing to decreased school performance.</p> <p>Studies have shown that identification of children with asthma by the school nurse and school based asthma testing is an effective method for tracking diseases.</p>	<p>-Asthmatic children are more absent compared to healthy children.</p> <p>-Persistent asthmatic children loss more class and it lead to poor school performance.</p> <p>-Identification of problems by school nurse and school based asthma-testing is effective for finding out diseases.</p>	<p>-Frequent absenteeism.</p> <p>-More absent in class contributes to bad academic performance.</p> <p>-School based asthma testing is good to track out diseases quickly.</p>	<p>-Poor school performance.</p> <p>-Poor school performance</p> <p>School Nurses.</p>

3	<p>Parents experienced an increased understanding of their child after having participated in the asthma education programme(AEP)</p> <p>By talking with other parents in similar situations, they recognized and confirm their own experiences.</p> <p>If possible, parents want the same care-givers that give consultations to parents in the asthma clinic to educate the parents and children in asthma education programme. (AEP).</p>	<p>-After participated in AEP, parents increased their understanding level of their child.</p> <p>-Parents of asthmatic children talk in-between about their experience increase their confidence level.</p> <p>-Parents want same care givers to give consultations both in asthma clinic and in asthma education programme.</p>	<p>Understanding level grows up after attending AEP.</p> <p>-Sharing experience between parents helps to grow confident.</p> <p>-Parents want familiar health member in clinic and AEP.</p>	<p>-Lack of knowledge</p> <p>-Confidence level</p> <p>-Familiar health care member.</p>
4	<p>Having a full time school nurse can reduce the number of days missed from school for asthma related symptoms in children from low income families.</p> <p>The diseases have negative consequences for the family such as lost wages, increased cost of health care and over all decreased quality of life.</p>	<p>-Full time school nurse can reduce absent from school in asthmatic children from low income families.</p> <p>-Family of asthmatic children face problems like lost wages, expensive health care and decreased quality of life.</p>	<p>-School nurse can reduce absenteeism.</p> <p>-Family have lost wages, increase economic burden and have poor quality of life</p>	<p>-School nurses.</p> <p>Economic Burden.</p>

From the above analysis of the articles, main categories such as Stress, Knowledge, and Economic Burden in family and low confidence level of parents answer the first question of research. The first point Stress consists various sub-categories which are blame, helpless and shameful worries.

The support from school Nurses, exercises and school performances provide the answer of the second question of the research.

5.4 Abstraction process

From the collected materials, the author searches answers of research questions. In this chapter, the author tries to give answers of the questions from the analyzed in formations.

What are the problems of family having children with asthma?

5.4.1 Stress

When the children have asthma, parents undergo stressful condition while taking care of children. Parents especially mothers have to manage many daily activities to take care of children. They may undergo sleep deprivation when they first know that their child is suffering from asthma. Poor perception of asthma symptoms increase stress for parents especially mothers.

5.4.1.1 Blame

Parents blame themselves as they cannot do anything when the children are suffering from asthma symptoms. In some developing countries like Taiwan, they cannot give proper attention and care as they have to go for their work. Due to their busy schedule, sometimes, they forget to give medications in time. Here, parents see their children taking medications but no improvement of asthma symptoms. This makes parents powerless and undergo psychological pressure. Finally, they start to blame themselves for not fulfilling their responsibilities.

5.4.1.2 Helpless and Shameful

When health condition of the children got worse, parents cannot help them out. Children experience wheeze, cough, or breathlessness whole night and cannot sleep. This makes the children weak during the day time. They cannot concentrate on their works. Parents are not able to help their children and feel helpless and shameful as they think they cannot fulfill their parental role. Parents feel too bad as their children never get recovered by taking medication. Especially, mothers undergo extreme pressure as they have to assist children in many activities and to maintain their daily schedules.

5.4.1.3 Worries

Parents are worried about their children's adaptation when they are at school. They are worried about the children's symptoms and think whether their children have taken medication or not. Asthmatic children sometimes get difficulty to cope with all activities that are held in school. It makes children feel bad and lower than their friends. They feel shy to take medications in front of the teachers and their friends. In this condition, asthma may get worse than before. Some children do not want to go to school and this leads the parents to stay under more pressure. Sometimes, mothers may also undergo depression.

Parents are worried about their children's education. They think that their children cannot do well like other normal children. If the asthma attacks occur suddenly, the children miss the important class and even the examination. Children move backward in the study. Children's poor performance increases the parents' stressful condition.

Asthmatic children need more attention in school. Mothers should inform the teachers about the children's condition as well as request them to take care of their children. If the children symptoms persist, teachers must inform the parents as soon as possible. Parents are always worried whether teachers can handle the children or not. Mothers remain at home and wait their children to come back from school every day. They are always worried of their children's safety.

They are restricted to do certain activities. So, normal healthy children do not want to make them friends. They feel alone and loneliness. Asthmatic children are not able to make good relationship with their peer groups. Asthmatic symptoms like cough disturb the whole class. It will disturb the concentration level and physical condition of asthmatic children. Friends do not want to sit together. This affects the learning process as well as psychological aspects of children.

5.4.2 Knowledge

Parents are not aware of asthma and its treatment process. They are worried about the health condition of the child. Parents lack the knowledge about the administration of medication. They feel difficulty in giving medication on daily basis and even they may forget some days. In rural areas of some developing countries, family faces problems in the use of asthma medication. They do not know how to give especially inhaler to their child.

Children with asthma have to take medication on a long-term basis. This medication will bring other side-effects. Even health practitioner say there is no harm; mothers always worry about health condition of her child. They think long-term use of medication will damage to the organs. Parents are tensed about the child growth and development process.

Due to lack of education, parents do not know how to manage disease condition of children. They feel sad in minor cases too. When parents see their child suffering from asthmatic symptoms, they feel powerless.

Even with very small cases, parents take more stress due to lack of asthma education. They get scared when children symptoms exaggerate. Instead of supporting children, they themselves need support from others. They cannot deal with minor situations.

5.4.3 Economic Burden

Parents are disturbed in their daily activities due to their asthmatic children. They have to take several days off from work to take care of children. Depending on the severity of asthma, sometimes parents of children with moderate or severe asthma miss their working days more. Due to missing of working hours, income of family decreases. Thus, it creates the financial problem in the family.

In addition, the treatment process is also expensive. They have to pay for medications, diagnosis and the charge of other hospital treatments. Medications of asthma are expensive and there is no free provision of medications in some countries. Hence, economic crisis arises mostly in low income families.

5.4.4 Confidence level

Parents with asthmatic children decrease their confidence level as they cannot recover their children. Parents themselves isolate from other people and they do not want to share their feelings. They think that their children cannot do better in future. Parents feel shame to tell about the children situations. The problems arise when parents do not trust school, care-givers, and entrust management process of diseases.

When health care member is different in asthma clinic and in asthma education programmes, parents hesitate to explain all the children's problems to each health care-giver. This creates a gap between parents and a care-giver. Thus, there may be lack in care for children and may worsen the condition of children. Then, automatically parents feel low. Proper communication is necessary for the best care of children.

Due to lack of awareness of disease condition, minor symptoms of asthma make parents feel fear. Parents increase the level of anxiety and their confidence level is decreased. So, parents are encouraged to attend meeting and discuss the problems with other people having same/similar problems to increase the self-confidence and self-understanding.

How Nurses can support children to develop their self-esteem?

5.4.5 Support

When children are having chronic illness like asthma t, they need some support to come out of the problems. They need to share their problems with other people. At this time, school nurses play as a role model for both family and children to overcome the problems.

5.4.5.1 School Nurses

School Nurses play the instrumental role in the management of children with asthma and to bring positive feelings in them. They can provide good support to the family members as a whole. They act as a model in the family members to increase their quality of life.

School Nurse

1. Provider.	2. Advocate
3. Liaison.	4. Leader.

School nurses have close contact with children with asthma and staff in school. So, they can directly provide health care to them. In school, they can assess the condition of asthmatic children. They can develop the individualized health care plan (IHP) by using nursing process. IHP is an important tool to plan and provide care, evaluate the care and give continuity to the care.

Firstly, school nurses act as a role model to provide the healthy environment and promote health of school family. Teachers, administrations and other non-medical staffs may lack knowledge of asthma. So, they are responsible to provide asthma education in the school. They should tell the school administration for the availability of needed medications and devices in case of emergency.

Secondly, school nurses promote health by increasing asthma awareness through asthma education. To increase the knowledge, they can arrange health fairs and screening events. It provides opportunity to identify the disease conditions and risk group people. It makes to find out problems easy and they can refer for treatment process.

Thirdly, school Nurses also act as a leader in promoting school policies effectively. Effective school policies help to find out students with asthma and to needed medications and devices in school. They must create a good policy that controls the environmental hazards like limitations of allergies and irritants. It provides health benefits to all the school children with asthma.

Finally, when barriers to asthma are present, the nurse acts as a liaison and a problem solver. School nurses can break down all the barriers that affect on preventing asthma from needed care. School nurses can develop individualized Asthma Action Plan (AAP) for each child. They can teach family members how to use AAP on a daily basis. For this, they must have close contact and clear communication with family members. School Nurses should interact with all school staffs, parents, non-medical staffs, social workers, physicians and nurses.

They should make contact with family members or primary care givers of children with asthma. Nurses should communicate and find out the problems. They can observe how parents provide care to children with asthma at the same time. If parents are worried about their children, they must increase the awareness about diseases condition. They can support them psychologically by giving examples of other children having chronic diseases. Nurses can tell them easy way of solving daily problems and the ways to maintain their quality of life.

Nurses can refer the parents as well as children to asthma educational program to increase parents' knowledge about asthma control and to bring positive feelings in children. Positive feelings in children help to develop their self-confidence level. Thus, self-good image can increase their self-esteem.

5.4.5.2 Exercises

Children can be refreshed by being involved in certain activities. Exercises such as swimming, basketball, cycling, walking, and home respiratory exercises can bring positive outcome in children. Children can do aerobic exercises which help to improve their fitness. Severe asthmatic children can do some physical training under supervised situations. Information should be provided for children to take rest in-between during competitive sports like soccer, basketball, etc.

The Nurses can provide knowledge regarding beneficial exercises so that children can be allowed to perform some exercises. Beneficial exercises bring activeness and good sense of self in children. When children involve in physical activity, they can live comparatively healthier and aerobically fit life. So, exercises play an important role in maintaining positive self-esteem in the asthmatic children.

5.4.6 School Performance

Children suffering from asthma are having different life than other healthy children. Asthmatic children are absent more often than normal healthy children. Children may suffer from asthma attacks at any place like at home, school, and playground. Due to the frequent asthma attacks, the children are discouraged to go to school. This leads to miss school days. When children miss frequent school days, they remain backward in their study. They do not have interest to study and cannot do well. Finally, they show poor performance in school. Full time school nurses reduce the number of missing of school days of asthmatic children.

Sometimes, the children will have severe asthma attacks when they are attending important events like examinations, lectures etc. Children feel sad in this condition. They have negative impacts towards life. They are frustrated. They start to think negative things about themselves so that they develop low self-esteem.

Even though school absences due to asthma are usually brief, this pattern of losing school days has more harmful academically. Absenteeism plays a large role in determining student's performance. So, academic performance and absenteeism are

strongly related. The students with asthma are more absent than students without asthma.

Severity of asthma determines the rate of absenteeism.

In such cases, nurses can provide necessary support to control asthma symptoms in children. In addition, full time school nurses can reduce the rate of absenteeism by early detection of asthma symptoms as well as increase awareness in family about diseases condition and its management, and if needed, they refer the children to hospitals as soon as possible. When absenteeism decreases, the academic performance is improved. Good academic results bring high self-confidence and good self-image in oneself.

6 DISCUSSION AND CONCLUSION

The main objective of the study is to find out the problems of family having asthmatic children and to maintain the positive self-esteem in asthmatic children.

The study was conducted by reviewing the existing articles collected through Arcada's Nelli-Portal from academic database. The method followed here is inductive content analysis in a qualitative way.

The Roy Adaptation Model is used as a theoretical framework for this study. This model describes self-concept as the feelings of oneself from other's reaction or from their own internal feelings. The Roy said self-esteem is one of the components of self-concept. Also, she describes nursing as a health care profession which encourages promoting the health of the people in a society as a whole.

The study reveals that the family faces problems due to the lack of knowledge about the disease condition and its management. It was found that family members especially mothers undergo stressful condition when the children are suffering from asthmatic symptoms. In some of the countries like Taiwan, India, people lack the knowledge of

medications. They are not aware of taking inhaler. Mothers are always worried about the side-effects of medications when it is taken for long-term.

Families are worried about the developmental process, adaptation of children, and their safety when children go out of home and also about their education process.

The study suggests that parents have negative feelings that they are not able to fulfill the parental responsibilities. They blame themselves as they cannot help their children when children suffer from the symptoms.

There are no free services of diagnosis of disease and no free provision of medications. The treatment is highly payable so that families having low income get troubled to pay the cost of all treatments. Having asthmatic children at home, parents miss their working days. They have to be absent in their working places. As their income decreases, they have to face the severe financial problems leading them to live the low quality of life.

When children show poor-performance in school, parents are worried about the future of their children. They feel shy to share their feelings with others and do not make contact with their society. Parents themselves try to be alone and isolated from other people. When the anxiety is increased, the confidence level of parents gets low.

6.1.1.1

In addition, in this paper, the study also deals with the self-esteem of children. Asthmatic children have different life as compared to other normal healthy children. Children with asthma are limited to their daily activities. They have to take medications for long-term basis. Children feel shy to take inhaler in front of school teachers, friends and relatives. There is a need of asthma education in school about disease condition from the beginning of class itself so that their friends will not tease them. Here, nurses should encourage asthmatic children to be active to participate in school activities and to take medications on a regular basis.

Some asthmatic children show poor academic performance as they miss the important classes due to sudden asthma attacks. They are also absent from their examinations.

Frequent absenteeism has been seen more in asthmatic children than in normal healthy children. Thus, children are not performing well in their studies. Children are frustrated with life. Therefore, School nurse has to play an important role to bring positive self-esteem in children.

The school Nurses have to identify the problems, early detection of the symptoms and provision of medications at time. The nurse at school is effective for early control of asthma symptoms and for helping to reduce the rate of absenteeism and improve academic performance.

Children can perform some exercises like swimming, cycling, basketball, and etc.that help to improve physical fitness in children. It brings healthier life in children to some extent by refreshing their mind. Thus, children have some good sense about themselves.

The nurses can involve both the parents and children in asthma camp. In such Asthma-Camp, children can share their problems with other children having same problems so that children are relieved from their stress as they know there are also other people having some diseases like them. This allows them to have a good chance for better understanding of diseases and to learn self-management.

But, in this study, there are several points to note that limits the study. Firstly, only full text articles have been chosen. So, the information from incomplete text was missing. More good information can be fetched from incomplete text articles which answer research questions in a better way.

Secondly, only free articles have been chosen by avoiding password required articles. Though the articles have been searched to till date, more information was taken from the articles before the year 2010. Thus, the result may be different if recent information were available.

The study is based on the limited countries like India, Taiwan, Jordan, Australia, and United States. Results may vary if other effective articles from more countries are found. This paper does not include sufficient information about developed countries.

The selected articles are based on the families having asthmatic children. However, the author did not get any knowledge regarding home visits. At home, there is more privacy than at other places so that the parents feel free to tell the problems. Here, this point was not considered.

Though the study has been conducted to find out the problems of families with asthmatic children, most articles mainly indicate the mother's role and their conditions. There was no clear idea about fathers and siblings.

In the searched articles, asthma camp has been included but there were no sufficient information. Articles did not provide information about how much this camp was effective in solving the problems of families with asthmatic children.

The articles have not given any information about counseling with psychologist, when parents and children are in stressful situations, they may get relief if they are referred to psychologist. This information was not found in any articles.

There were no clear explanations about the relationship between working staffs when they were missing too many working hours.

The database has shown hundreds of articles. So, the author read the abstract and headings, carefully choosing the full text free articles. There may be lack of effective methods while choosing the articles.

Further research is necessary to find out more problems of family and also to add more interventions to maintain positive self-esteem in children. Additional studies are needed to determine the effectiveness of Asthma camp and self-esteem enhancement programmes.

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