



# Parent and Child Independent Report of Emotional Responses to Asthma-Specific Vignettes: The Relationship Between Emotional States, Self-Management Behaviors, and Symptoms<sup>1</sup>

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**Purpose:** Little is known about the emotional intelligence (EI) of parents and their children with asthma. Objectives of this study were to assess: 1) parent's and children's report of emotions in response to an asthma vignette (proxy for EI) and 2) the relationship between emotions, self-management behaviors, and symptoms.

**Design and Methods:** We conducted a descriptive, mixed methods study of children 7–12 years old with asthma. Parent–Child dyads (n = 104) responded to an asthma vignette to gain insight into emotions, symptoms, and self-management behaviors. Additional questions assessed confidence and worry using a 5-point Likert scale. Thematic analyses and descriptive statistics were used to assess qualitative and quantitative outcomes.

**Results:** Children were predominantly male (58%), 7–9 (58%), and White (46%). The most common negative emotions reported by children were *scared* and *sad*. Children who sought help from an adult were less likely to report using medications compared to children who did not seek help (39.5% vs. 62.3%, p = .029). Children with low worry and high confidence had fewer symptoms compared to children reporting high worry and low confidence (symptoms: days 3.24 vs. 6.77, p = .012, nights 2.71 vs. 5.36, p = .004).

**Conclusions:** Children provided appropriate emotional responses to the asthma vignette; emotions were related to self-management behaviors and symptoms. More studies are needed to specifically assess EI in this population.

**Practice Implications:** Parents and children with greater EI may be better able to understand their needs, engage in self-management behaviors, and communicate with their nurses, to improve their support network and ability to access services.

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PREVIOUS STUDIES HAVE indicated that certain emotional states and psychosocial factors may serve as one of many triggers in asthma exacerbations (Chen et al., 2006; Fiese, Winter, Sliwinski, & Anbar, 2007; Ritz, Steptoe, DeWilde, & Costa, 2000; von Leupoldt, Chan, Esser, & Davenport, 2013; Weil et al., 1999; Wood et al., 2007). Since parents are the primary individuals influencing young children's emotion socialization or emotional skill development, their reactions to stressful situations, including at the

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time of asthma symptoms, may be important. In particular, studies have suggested that adverse family functioning (Barton, Clarke, Sulaiman, & Abramson, 2003; Bender & Klinnert, 1998; Celano, Holsey, & Kobrynski, 2012; Fiese, Wamboldt, & Anbar, 2005; Kaugars, Klinnert, & Bender, 2004; Repetti, Taylor, & Seeman, 2002; Ritz et al., 2000; Wood et al., 2006; Wood et al., 2007) including family stress, emotions, and coping, play a role in self-management behaviors and increased asthma symptoms.

Emotional intelligence (EI), a type of social intelligence, is one's ability to process emotional information including labeling and monitoring one's own emotions as well as understanding the emotions of others (Mayer & Salovey, 1993, 1995; Mikolajczak & Luminet, 2008). EI allows individuals to discriminate among different emotions and use this information to appraise situations, cope with stress, and guide behaviors, decisions, and actions (Mayer & Salovey, 1993; Mikolajczak & Luminet, 2008). In a study by Salovey et al., the authors indicate that individuals who are better able to regulate their emotions are healthier because they "accurately perceive and appraise their emotional states, know how and when to express their feelings, and can effectively regulate their mood states (p. 161)." (Salovey, Bedell, Detweiler, & Mayer, 1999).

Some studies have indicated a link between emotional intelligence and health (Brown & Schutte, 2006; Martins, Ramalho, & Morin, 2010; Schutte, Malouff, Thorsteinsson, Bhullar, & Rooke, 2007). This includes a 2006 meta-analysis in which EI was found to be associated with both mental and physical health (Schutte et al., 2007). One study found that higher EI scores were associated with significantly lower reactions to stress (both psychological and biological); EI was a moderator not only of subjective measures of stress, but also cortisol secretion, an objective measure of stress (Mikolajczak, Roy, Luminet, Fillee, & de Timary, 2007). It is possible that the mechanisms for which EI has an impact on illness outcomes are both psychological and physiological.

Since negative emotional states, including stress, are related to increased morbidity among children with asthma, (Conn, Swanson, McQuaid, Douthit, & Fisher, 2014; Fiese et al., 2007; Ritz et al., 2000; Weil et al., 1999; Wood et al., 2007), it is important to understand the role of EI. Although emotions of parents and their children with asthma have been studied (Hubbard et al., 2002; Klinnert, McQuaid, McCormick, Adinoff, & Bryant, 2000; Rhee, McQuillan, & Belyea, 2012), less is known about indicators of EI. One study that measured EI among patients with asthma reported low EI for this population (Ropoteanu, 2011); however relationships between EI and asthma symptoms (physical health) were not assessed. It is possible that EI may provide parents and their children with asthma crucial skills to increase their use of social supports (Schutte et al., 2001), which provide protective health effects.

The first step in understanding the emotional intelligence of children with asthma is to understand their ability to recognize and report on their own emotions in response to stressful asthma situations. Children's ability to cognitively

assess and independently generate their own understanding of emotional responses to a particular situation is an important component of EI. In prior studies, young children have been asked to provide a self-report of their emotions, however data were primarily captured using a structured questionnaire format with pre-selected items (Hubbard et al., 2002; Rhee et al., 2012). Little is known about children's ability to successfully identify, label, and articulate their emotions without verbal prompting or language assistance. Furthermore, no studies compare parent and children's self-report of emotions related to asthma. The modeling hypothesis (Morris, Silk, Steinberg, Myers, & Robinson, 2007) states that parents' own emotional reactions and interactions teach children which emotions are expected in specific environments and how they should manage them, which underscores the importance of understanding parent's EI.

The purpose of this descriptive study was to assess parent's and children's report of emotions in response to an asthma vignette of an acute asthma exacerbation, serving as a proxy measure of emotional intelligence among this population. This includes examining young children's ability to identify and articulate their emotions in response to a hypothetical asthma situation, and how both parents and their children perceive each other's emotions related to asthma. Parent's and children's level of emotion were assessed in response to the same vignette and the relationship between their level of emotion with self-management behaviors and asthma symptoms were evaluated. We hypothesized that negative emotions would be associated with poor self-management behaviors of both parents and their children as well as increased asthma symptoms.

## Methods

This is a descriptive study using a brief survey, including semi-structured interviews, to capture emotional data in response to a hypothetical vignette regarding an asthma exacerbation. This study is part of a larger cross-sectional study of children with asthma and their parents (Conn et al., 2014); this larger quantitative study measured feelings of helplessness and social support and assessed the relationship with children's symptoms. Data were collected from both parents and their children independently and included the open-ended response to a vignette describing a hypothetical asthma situation in which the child has an exacerbation of symptoms. Subsequently, quantitative data captured ratings of the degree of emotion and confidence in handling the situation and asthma symptoms. Additional demographic and health related information was also obtained and is described below.

## Subjects and Setting

Parent-Child dyads were recruited from western NY between November 2011 and August 2012. Parents and children were recruited from several pediatric primary care practices, emergency department (ED), an asthma coalition, and area daycares and YMCAs. Recruitment methods differed based on site; however the overall process included

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