FACTORS RELATED TO THE EMOTIONAL RESPONSES OF RURAL SCHOOL-AGED CHILDREN WHO HAVE ASTHMA

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Purpose: Approximately 7 million (9.1%) children share the diagnosis of asthma, the most common chronic childhood illness in the United States. The purpose of this present study was to explore the influence of factors identified in the literature, on school-aged children’s emotional responses to asthma.

Methods: The research design used in this study was exploratory, descriptive, cross-sectional, correlational, using data from a subsample of 85 school-aged children and parents of children who have asthma who were part of the parent Asthma in Central Texas Project (R01NR007770) with one addition added variable. Children ranged in age from 7 to 11 years, (M=8.64, SD=1.184). The race/ethnicity of the children was 52.9% Hispanic, 32.9% White, non-Hispanic, 7.1% African American non-Hispanic, and 7.1% other; Fifty-two (61.2%) were male and 33 (38.8%) were female. Data was collected using self-report surveys and information parent booklets. The following research questions were addressed:

RQ1: What are the relationships among asthma severity, caregiver emotional functioning QOL, child internalizing and externalizing behaviors, asthma morbidity factors (i.e. child hospitalizations, child ED visits, child school absences), and asthma related child emotional functioning QOL?

RQ2: To what extent do asthma severity, caregiver emotional functioning QOL, child internalizing and externalizing behaviors, asthma morbidity factors add to the variance in asthma related child emotional functioning QOL?

RQ3: To what extent does SES and race/ethnicity modify the relationship between asthma severity and asthma related child emotional functioning QOL?

RQ4: To what extent does caregiver emotional functioning QOL, child internalizing and externalizing behaviors, asthma morbidity factors, mediate the relationship between asthma severity and asthma related child emotional functioning QOL?

Findings: Significant inverse correlations were found between asthma related child emotional functioning QOL and each of the following variables: asthma severity; child internalizing behaviors; child externalizing behaviors, and times children visited the emergency room due to asthma. Significant inverse relationships were also found between caregiver emotional functioning QOL and each of the following variables: asthma severity; child internalizing behaviors, and child externalizing behaviors. After running a multiple regression model, the variables that were determined to be significant predictors of asthma related child emotional functioning and accounted for 36% of the variance were: asthma severity; child externalizing problems, and times child was taken to the emergency room due to asthma. No moderators or mediators were identified in this study.

Conclusions: The findings from this study demonstrated that school aged children’s increased externalizing behaviors may be a potential predictor of their decreased asthma related emotional functioning QOL. Findings imply that it may be important for health care providers to consider the emotional impact of asthma on school aged children when doing asthma assessments.

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