PERCEIVED CONNECTEDNESS WITH HEALTHCARE PROVIDERS IN CHILDREN AND ADOLESCENTS WITH ASTHMA

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Purpose: Asthma affects 6.5 million children and adolescents, hereafter referred to as students, by limiting their daily activities. Students with asthma often experience difficulty in communicating their concerns to their healthcare providers and therefore may be less likely to have an asthma management plan. The purpose was to examine similarities and differences in student-perceived level of connectedness with their healthcare providers based on sex/gender, age, grade in school, race/ethnicity, socioeconomic status, and type of healthcare provider. The Acceptance of Asthma Model guided the study. The model poses that asthma education/counseling programs (a) empower students and their caregivers through increase knowledge, (b) foster psychosocial acceptance through connectedness with their healthcare providers, and (c) promote use of effective asthma management behaviors that ultimately impact asthma control, use of healthcare services, and quality of life.

Methods: Data of five studies were grouped based on two data collection methods for this secondary analysis. The first study (2000-2002) used a cross-sectional, paper-and-pencil mailed survey design. Four subsequent studies were prospective, longitudinal, clinical trials. The first clinical trial (2002-2003) used a mailed, paper-and-pencil, self-report survey. The three remaining studies (2005-2006, 2006-2007, and 2009-2013) used trained evaluators to collect self-report data from participants in their homes using electronic data entry systems. Group 1 consisted of participants who completed the paper-and-pencil survey; whereas, Group 2 completed the electronic survey. Students aged 9–15 years were diagnosed with mild intermittent to severe persistent asthma. Students and their family caregivers represented primarily lower socioeconomic, inner-city, and medically-underserved populations. Group 1 had 216 students with 52% male of diverse (32.1% Black, 51.4% White, and 16.5% others) backgrounds. Group 2 had 213 students with 59% male of diverse (42.3% Black, 24.4% White, and 0.9% others) backgrounds. Caregivers reported demographic and asthma information including parent education and occupation, and family annual income items that were used to compute the Nam-Powers Socioeconomic Index Scores. Students completed the Acceptance of Asthma Questionnaire containing the Connectedness with Healthcare Providers (CHP) sub scale. The CHP measured an individual’s level of connectedness with his or her healthcare provider. Cronbach’s alpha with 4 items for Group 1 was .62 and with 7 items for Group 2 was .75. Scores for Group 1 ranged from 1.00–5.00 (M = 4.11, SD = .80) and for Group 2 from 2.14–5.00 (M = 3.98, SD = .68).

Findings: No statistically significant differences were found for level of connectedness for either group based on sex/gender, age, grade, time from diagnoses to now, parents’ perception of asthma severity, or type of healthcare provider (generalist versus specialist), and family socioeconomic score. However, a statistically significant difference was identified for Group 1 based on race (t(174) = -2.07, p = .04) between Black (M = 3.97, SD = 0.88) and White (M = 4.22, SD = 0.70) students.

Conclusions: Black students in Group 1 may have experienced lower levels of connectedness with their healthcare providers. Design and measurement error may have contributed to the findings because when these were addressed Group 2 indicated no difference.