



# Family Empowerment for Children with Moderate-to-Severe Asthma: A Qualitative Study

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# Background

- Each family has their unique problem and inner power to handle chronic disease by themselves.
- Pediatric nurses have the accountabilities to help them deal with the issues inside the families with a chronic illness child.
- Asthma was an complicated chronic illness, that needs several self-management with the families' cooperation.
- Few qualitative study to explore the experience of families with a child with asthma during the family empowerment process.
- Family-centered care was the core value of nursing care for children and their families.



## Purposes

- To explore the experience of families with asthmatic children during family empowerment process based on the based on Freire's empowerment theory: listening, dialogue, reflection, and action.



# Methods

- A qualitative study was conducted and recruited seven illegible families.
- The four times in-depth interview at home was conducted during six months for family empowerment by an experienced pediatric nurse for four 60~90 minutes interviewing.
- The 7 families to receive nursing of dialogue conversations and participatory observations.
- The process was recorded and transcribed verbatim. The content analysis was used to analyze the data.



# Interviewing guideline

- The interviewing guideline was based on Freire's empowerment theory
  - to motivate the families expressing their feeling/perception during the *listening* phase;
  - to encourage them discussion and talk out their concerns and barriers of the families about the asthma management during the *dialogue* phase; to challenge them figure out any possibilities and opportunities for change during the reflection phase; and
  - to reinforce their solving strategies about the asthma self-management during the action phase.



# Results

- The 13 themes during family empowerment were retracted, including:
- *Listening* phase: 1. Worried and fear of asthma attack, 2. Negative emotion on self-concept, 3. Inconsistent asthma management;
- *Dialogue* phase: 1. Horizontal inequity, 2. Vertical inequity, 3. Increasing family caring burdens;
- *Reflection* phase: 1. Motivate family members' appraisal, 2. Reconsideration about the care roles, 3. Mobilize family resources;
- *Action* phase: 1. Initiate the consistent asthma self-management, 2. Reassign and balancing the family care burdens, 3. Inclusive each other for mastery asthma management, 4. Self-reinforcing the families' decisional actions.



# Listening

- Firstly we understand the symptoms of asthmatic children, the course of onset, emergency treatment methods when asthma attacks.
  - 1. Worried and fear of asthma attack,
  - 2. Negative emotion on self-concept,
  - 3. Inconsistent asthma management;



## *Dialogue*

- Sit down and have a face-to-face meeting with family members. Through the meeting, the nurses and family members can understand the difficulties and difficulties of asthmatic children in real life and the family's self-management of asthma.
  - 1. Horizontal inequity: Inside the family.
  - 2. Vertical inequity: Within subsystem
  - 3. Increasing family caring burdens:





## *Reflection*

- The researcher and family members analyze and discuss the impact and consequences of family together, and guided reflection and stimulate their motivation to solve the problem.
- 1. Motivate family members' appraisal: Self-reflection of each family member.
- 2. Reconsideration about the care roles: Reassignment
- 3. Mobilize family resources: Inside and outside resources.



## *Action*

- The researcher assists and accompanies the family to establish a common journey, and provides positive support and appreciation for actions that have already been taken.
- 1. Initiate the consistent asthma self-management:
- 2. Reassign and balancing the family care burdens:
- 3. Inclusive each other for mastery asthma management:
- 4. Self-reinforcing the families' decisional actions:



# Discussion

- Each family is a unique one, have their strength and weakness to face the chronic illness.
- The researcher could help the asthmatic children and families to solve the difficulties and difficulties of self-management of asthma.
- The empowerment process is successful, because all of the change strategies were initiated by themselves.
- The nurses have to learn how to initiate to care and assist child and their parents.
- Several series home visits are necessary to participation with the family for in-dept-interviewing.
- The quantitative data also indicated the successfully improve children's conditions, after the listening, conduct dialogue, reflect/provide resources, actions, and evaluate the results.
- The family empowerment process could be the inner strength of the family continuous to deal with their family stresses in the future.



## Conclusion

- Based on the Frere's empowerment process, we promote children with asthma and their families to have the opportunity to re-examine their strengths, find ways to solve problems, communicate effectively with each other, and make family contracts to reinforce the self-management of asthma.



Thanks for your attention