### Introduction

- Nurses care for clients who face a variety of health problems that threaten self-concept and self-esteem.
- Self-concept directly affects one’s self-esteem.
- Nurses need to help clients adjust to alterations in self-concept to promote more successful coping.

### Priority Levels

1. Life-threatening problems & those interfering with physiologic needs
2. Problems interfering with safety & security
3. Problems interfering with love & belonging
4. Problems interfering with self-esteem
5. Problems interfering with the ability to achieve personal goals

### A Positive Sense of Self-esteem, is a Basic Human Need
Scientific Knowledge Base

• Parents and primary caregivers have influence on the development of children.
• Individuals learn and internalize cultural influences on self-concept and self-esteem in childhood and adolescence.
• Job satisfaction and job performance in adulthood are linked to self-esteem.
• The sense of self is often negatively affected in older adulthood.

Self-Concept

• A subjective sense of the self
  – A mixture of conscious & unconscious thoughts, feelings, attitudes and perceptions.
  – 4 Components of Self Concept:
    • Identity
    • Body image
    • Role performance
    • Self-esteem

Nursing Knowledge Base:
Development of Self-Concept

• Development of self-concept is a lifelong process.
• Erikson’s psychosocial theory:
  – Helpful in understanding key tasks
  – Each stage builds on tasks of the previous stage.
  – Successful mastery leads to a sense of self.
Objective #2 Describe factors that influence self-concept

Self-Concept

Based on Erickson’s Developmental Tasks

Developmental Tasks
• 0-1 Year
  • Trust vs Mistrust
    — Begins to trust, distinguishes self from environment
• 1 to 3 Years
  • Autonomy vs Shame and Doubt
    — Has control of some language
    — Begins to be autonomous in thought and actions
    — Likes body
    — Likes self
• 3 to 6 Years
  • Initiative vs Guilt
    — Takes initiative
    — Identifies with a gender
    — ↑ self-awareness
    — ↑ language skills
• 6 to 12 Years
  • Industry vs Inferiority
    — Is industrious
    — Interacts with peers
    — ↑ SE with skill mastery
    — Aware of strengths & limits
• 12 to 20 Years
  • Identity vs Role Confusion
    — Accepts changed body
    — Explores future goals
    — Feels positive about self
    — Interacts with those whom finds sexually attractive
• Mid-20s to Mid-40s
  • Intimacy vs Isolation
    — Has intimate relationships c family and SO
    — Has stable, positive feelings about self
• Mid-40s to Mid-60s
  • Generativity vs Self Absorption
    — Can accept changes in appearance and endurance
    — Reassess life goals
    — Shows contentment c aging
• Late 60s to Death
  • Ego Integrity vs Despair
    — Feels positive about life & its meaning
    — Interested in providing a legacy for the next generation

Components and Interrelated Terms of Self-Concept

• Identity:
  — Involves the internal sense of individuality, wholeness, and consistency of self
• Body image:
  — Involves attitudes related to physical appearance, structure, or function
• Role performance:
  — How individuals carry out their significant roles
Components of Self-Concept

**Personal Identity**
- The internal sense of individuality, wholeness, & consistency of a person over time
- Identity implies being distinct, unique & separate from others
- A client with a sense of hope, direction, purpose, and *identity* is better able to meet the challenges of life and illness

**Body Image**
- Person’s perceptions of the body, both internally & externally
- Includes feelings & attitudes toward the body
- Developmental changes such as physical growth & aging have more apparent effects on body image than on other aspects of self-concept

**Body Image**
- A central concept to human experience
- Ideal body is set by a cultural stereotype
- How we think about our body influences our perception of the world
Role Performance

- The way in which an individual perceives his/her ability to carry out significant roles.
- Involve expectations or standards of behavior that have developed in one's society or culture
- Successful: Able to distinguish between ideal role expectations and realistic possibilities
- Most people have multiple roles

What are Some of Your Roles?

Self-Esteem

- An individual’s sense of self-worth
- Based on both internal and external factors
- Self esteem is positive when one feels capable, worthwhile and competent

= or ≠
Self-Esteem

- In general:
  - A person whose self-concept comes close to matching the ideal self will have high self-esteem.
  - A person whose self-concept varies widely from the ideal self will suffer from low self-esteem.

Sexuality

- Part of a person's identity
- It includes our sense of maleness and femaleness
- In holistic nursing practice, the need to acknowledge issues cannot be ignored.

World Health Organization defines sexual health as "the integration of the somatic, emotional, intellectual & social aspects of sexual being in ways that are positively enriching & that enhance personality, communication and love."

Development of Sexuality

- Gender Identity
- Biologic sex
- Gender-role behavior
  - Erickson's developmental stages
- Sexual orientation
  - Preference of a person for one sex or the other as a sexual partner
  - There is controversy over the determiners of sexual orientation.
Objective 4: The relationship of self-concept to sexuality

**Self Concept and Sexuality**

- Body image affected by:
  - Cognitive growth
  - Physical development
    - Puberty and ageing
    - Hormonal changes
      During adolescence and menopause
  - Secondary sex characteristics
  - Changes in body fat distribution have big influence on self-concept of an adolescent

Objective 5: How the nurse's attitude about sex-related behaviors can influence patient care

**Sexual Health Teaching**

- Sexual health teaching should include:
  - Sex education
  - Responsible sexual behavior
  - Monthly breast and testicular self-examination
- Nurse must be non-judgmental, knowledgeable and comfortable with his/her own sexuality
- Clients are usually reluctant to initiate a discussion about sex; the nurse must take the lead

**Family Effect On Self-Concept Development**

- Family plays a key role.
- Children develop a basic sense from family.
- Strong parental support and parental monitoring create positive effects.
- Family and cultural influences can be positive or negative.
The Nurse’s Effect on the Client’s Self-Concept

- Nurses need to remain aware of their own feelings, ideas, values, expectations, and judgments:
  - Use a positive and matter of fact approach.
  - Build a trusting relationship.
  - Be aware of facial and body expressions.

Objective #8: events that can lead to alterations in the psychosocial system

Stressors Affecting Self-Concept

- Any real or perceived change that threatens identity, body image, self-esteem, or role performance

<table>
<thead>
<tr>
<th>Stressors Affecting Self-Concept</th>
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<tbody>
<tr>
<td>Identity stressors</td>
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<td>Role performance stressors</td>
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<td>Role ambiguity</td>
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<td>Role overload</td>
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Common Stressors that Can Influence Self-Concept

- Stroke
- Blindness
- Ulceration
- Anesthesia
- Amputation
- Searing
- Job loss
- Disease
- Neglect
- Trauma
- Abuse
-Dependency on others
- Conflict with others
- Sexuality concerns
- Repeated failures
- Social attitudes
- Self-esteem

Chronic Health Problems and Self-Image

- Require incorporating a new image of self
  - External:
    - Rashes
    - Facial disfigurement
    - Burns (strongest negative impact)
  - Internal:
    - Diabetes
    - Hypertension
    - Heart disease
  - Functional limitations
    - Amputation
    - Ostomy
    - COPD

STIGMA

- Definition: a “sign of social unacceptability” - the shame or disgrace attached to something regarded as socially unacceptable.
  - Physical deformity
  - Character blemishes
  - Prejudice (perceived deficit of another group)
  - Individual is prevented from interacting in an easy way because of discredited trait
Relationship of Self-Concept to Stigma
• Social isolation often develops from stigma
• Stigma disqualifies an individual from full acceptance
• Think: stigma and identity
  – When you don’t fit the stereotype
  – When you are not what you ‘should’ be

Responses to Stigma
• **Stigmatized person:**
  – Disregard
  – Isolation
  – Resistance
  – Covering
    • Reducing impact of difference

• **Society:**
  – Devaluing (less valuable, less human)
  – Stereotyping
  – Labeling

Self-Concept and the Nursing Process
• Assessment
• Nursing diagnosis
• Planning
• Implementation
• Evaluation
Assessment
• First focus on each component of self concept
• Coping behaviors
• Significant others
• Client expectations

Nursing Process and Self-Concept
Related NANDA Nursing Diagnoses
• Ineffective Role Performance
• Body Image Disturbance
• Chronic low self-esteem
• Self-esteem disturbance
• Situational low self-esteem
• Personal Identity disturbance

THERAPEUTIC INTERVENTIONS FOR SELF-CONCEPT
Recognize signs of low self-esteem:
• Avoids eye contact
• Overly critical of self
• Overly critical of others
• Frequently apologizes
• Stooped posture
• Poor grooming
• Verbalizes feelings of helplessness and powerlessness
• Frequent or inappropriate crying
• Excessively dependent
Therapeutic Interventions continued....

Help clients:
• Identify personal strengths
  – Provide honest positive feedback
  – Acknowledge goals that have been obtained
• Maintain sense of self
  – Respect privacy
  – Call by name
  – Active listening

THERAPEUTIC INTERVENTIONS CONTINUED........

Enhance Self-Esteem by:
• Encouraging clients’ participation in:
  – Discussions about care
  – Activities in which they can be successful
• Providing accurate information
• Avoiding criticism
• Encouraging clients to express feelings and ask questions
• Teach client to use positive talk
  – “I can tie my shoes”—NOT “I can’t dress myself anymore”

Nursing Priorities
• Reduce anxiety/fear
• Support grieving process
• Facilitate integration of self-concept and body-image changes
• Encourage effective coping skills of client/SO
• Promote safe environment/client well-being
Discharge Goals

- Reports/anxiety/fear manageable
- Progressing through stages of grieving
- Client/family dealing realistically with current situation
- Safe environment maintained
- Plan in place to meet needs after discharge

Study Guide

- Apply the components of self-concept to various scenarios
- Choose appropriate psychosocial interventions strategies
- Select various psychosocial nursing diagnoses
- Decide on the most therapeutic responses to alterations in self-concept

THE END