

8-1-1993

The Relationship Between Self-Concept And Perceived Chronic Pain In Elders

Shonda R. Phelon
Mississippi University for Women

Follow this and additional works at: <https://athenacommons.muw.edu/msn-projects>



Part of the [Nursing Commons](#)

Recommended Citation

Phelon, Shonda R., "The Relationship Between Self-Concept And Perceived Chronic Pain In Elders" (1993).
MSN Research Projects. 292.
<https://athenacommons.muw.edu/msn-projects/292>

This Thesis is brought to you for free and open access by the MSN Research at ATHENA COMMONS. It has been accepted for inclusion in MSN Research Projects by an authorized administrator of ATHENA COMMONS. For more information, please contact acpowers@muw.edu.

THE RELATIONSHIP BETWEEN SELF-CONCEPT AND
PERCEIVED CHRONIC PAIN IN ELDERS

by

SHONDA R. PHELON

A Thesis

Submitted to the Faculty of
Mississippi University for Women
in Partial Fulfillment of the Requirements
for the Degree of Master of Science in Nursing
in the Division of Nursing
Mississippi University for Women

COLUMBUS, MISSISSIPPI

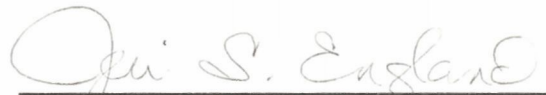
AUGUST, 1992

J. C. FANT MEMORIAL LIBRARY
Mississippi University For Women
COLUMBUS, MS 38701

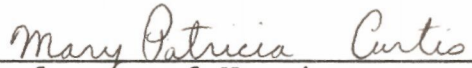
The Relationship Between Self-Concept and
Perceived Chronic Pain in Elders

by


Shonda R. Phelon



Instructor of Nursing
Director of Thesis



Professor of Nursing
Member of Committee



Instructor of Nursing
Member of Committee



Director of the Graduate School

In Memory

Elaine Box Ricks, my mother--You instilled in me several important things--confidence in myself that I could achieve, the value of education, and a respect for older adults. I wish you were here to share in my accomplishments--you would be proud.

Frank and Richie Hovis, my great-grandparents. You were both wonderful role models and excellent examples of what older adults can accomplish. You both are greatly missed.

Dedication

This work is dedicated to my husband Terry Phelon. Thank you for your encouragement, support, and confidence. I have learned so much from you over the past year--about giving, understanding, and the value of friendship and love.

Acknowledgements

This research and subsequent master's degree would not have been possible without the support and encouragement of many people.

First, I would like to thank my grandmother, Helen Box, for her confidence and support in all of my educational and professional endeavors. Thank you for always being there for me and believing that I could accomplish anything that I wanted.

Next, I would like to thank my graduate research committee for their guidance in the writing of this thesis. Mrs. Jeri England, committee chairperson, thanks for your encouragement and friendship. Dr. Mary Pat Curtis, thanks for your enthusiasm for gerontological care and your insight into this work. Mrs. Melinda Rush, thanks for your support, time, and suggestions.

Third, I would like to thank all of my friends and family who understood my absences during the past year and supported and encouraged me.

Fourth, I would like to thank the Veterans Administration Medical Center in Memphis, Tennessee, for allowing me to conduct my research at that institution.

Also, I want to extend a special thanks to all of the veterans who participated in the study.

Finally, to my friend Pam Fail, thanks for being there for me this year, the numerous phone calls, and your friendship. You made graduate school much easier.

Abstract

Chronic pain resulting from chronic illness has become a major problem for elders. In addition, chronic pain has been found to have a psychosocial impact on the elder. Yet little research has focused on the impact that chronic pain has on elders' self-concept. Thus, the purpose of this descriptive, correlational study was to determine the relationship between perceived chronic pain and self-concept in elders. Roy's Adaptation Model provided the theoretical framework. The sample consisted of 22 veterans between the ages of 60 years and 80 years who were receiving outpatient care at a Veterans Administration Medical Center. The variables were measured using the Short-Form McGill Pain Questionnaire (SF-MPQ) and the Tennessee Self-Concept Scale (TSCS). A null hypothesis and two directional hypotheses were tested. The null hypothesis stated that there will be no relationship between the scores of perceived chronic pain and self-concept in elders. The directional hypotheses were as follows:

1. Elders with high perceived chronic pain scores will have low self-concept scores.
2. Elders with low perceived chronic pain scores will have high self-concept scores.

Pain history ranged from 3 to 46 years with a mean of 18.86 years. Scores on the SF-MPQ ranged from 5 to 47 with a mean of 26. Scores on the TSCS ranged from 312 to 423 with a mean of 364. Data were analyzed using the Pearson Product Moment Correlation. A significant correlation ($r = -.64$) was found between total self-concept and perceived chronic pain. Significant correlations also were found between perceived chronic pain and six of the eight subscales of the TSCS. Therefore, the null hypothesis was rejected, and both directional hypotheses were accepted. The researcher concluded that as levels of perceived chronic pain increases, self-concept decreases. Implications for practice include encouraging the chronic pain elder's involvement in activities that assist him to meet self-concept needs and educating other health care professionals on the importance of the psychosocial needs of the chronic pain client. Recommendations for future nursing research include replication and expansion of the study to include the variables of functional ability and quality of life.

Table of Contents

	Page
In Memory	iii
Dedication	iv
Acknowledgements	v
Abstract	vii
List of Table	xi
Chapter	
I. The Research Problem	1
Introduction to the Problem	2
Statement of the Problem	5
Theoretical Framework	6
Significance to Nursing	9
Assumptions	9
Hypotheses	10
Definition of Terms	10
II. Review of the Literature	12
III. The Method	22
Design of the Study	22
Variables	23
Setting, Population, and Sample	23
Instrumentation	24
Procedure of Data Collection	27
Data Analysis	28
Limitations	28
IV. The Findings	30
Sample	30
Results of Data Analysis	31
Additional Findings	32
V. The Outcomes	34
Summary of Findings	35

Discussion	36
Conclusions and Implications for Nursing . .	39
Recommendations	40
Research	40
Nursing	41

References	42
----------------------	----

Appendix

A. Permission to Use Tool	46
B. Approval of Committee on Use of Human Subjects in Experimentation	48
C. Agency Consent Forms	50
D. Consent Form for Participants	54
E. VA Research Consent Form	56
F. Demographic Data Sheet	59

List of Table

Table	Page
1. Correlations Between Perceived Chronic Pain Scores and the Scores on Each of the Subscales of the Tennessee Self-Concept Scale Using the Pearson Product Moment Correlation	33

Chapter I

The Research Problem

The rapid aging of society has had an impact on the health care system in the United States. Treatment of chronic health problems among elders accounts for over 31% of the nation's total health care expenditures (Diamond, 1989). These problems may be either longstanding conditions or physiological changes associated with age (Ebersole & Hess, 1990). While physical deterioration in the elder is not necessarily normal, it may occur in the presence of chronic illness. Physical impairment does not always cause deterioration or dependency, but these consequences may arise if the elder is unable to adapt to changes associated with the aging process (Ebersole & Hess, 1990).

Chronic pain often occurs as a result of the chronic illnesses found in elders (Herr & Mobily, 1991). This problem can cause alterations in self-concept and self-confidence and may even cause depression (Burckhardt, 1985). Additionally, feelings of loss of control and helplessness also have been associated with chronic pain in elders (Burckhardt, 1990). Selected review of the literature revealed that research concerning the effect of chronic pain on an elder's self-concept has not been done. Therefore,

the purpose of this study was to determine the relationship between perceived chronic pain and self-concept in elders.

Introduction to the Problem

"Chronic pain is a pervasive health problem with far-reaching consequences for quality of life" (Burckhardt, 1990, p. 863). Researchers estimate that between one tenth and one third of the population is affected with chronic pain at any one time (Burckhardt, 1990). Elders have an increased incidence of chronic illness, which often entails chronic pain. Research has found that 80% of the elderly population had at least one chronic ailment that involved chronic pain. Studies have shown that 83% of nursing home patients report chronic pain while 70% of noninstitutionalized elders complain of chronic pain (Herr & Mobily, 1991).

Normal aging does not constitute discomfort, suffering, and pain, yet many believe that pain is normal and irreversible in the elder. Lack of information about normal age related changes had led to false assumptions about pain's effects on elders, and the result is sometimes inadequate care (Kwentus, Harkins, Lignon, & Silverman, 1985). Changes that occur with aging vary with individuals and take place at different times (Ebersole & Hess, 1990).

Age related changes occurring normally include both structural and functional changes. Postural changes occur

as a result of calcium loss from bones and atrophic processes of cartilage and muscle. Epidermal cell renewal decreases with age and as a result skin loses its elasticity, nails grow slower, and hair loses texture and color. Functional changes include cardiac, vascular, renal, pulmonary, and endocrine changes. There are also alterations in sensory perception as a result of aging (Ebersole & Hess, 1990).

Chronic pain is present in elders often as a result of chronic illness. The problem has somewhat of a pejorative connotation, in that people complaining of persistent pain have often been labeled as malingerers, hysteronic, and somatizers. Therefore, many people with chronic pain are not treated effectively or holistically (Burckhardt, 1990).

Ebersole and Hess (1990) describe chronic pain as something that "erodes personality, saps energy, and manifests itself in an ever intensifying cycle of pain, anxiety, and anguish" (p. 222). In addition, pain affects a person's perceptual interpretation of self in relation to the environment, time, and space. Elders also experience fear that pain will result in crippling, forced dependency, or the inability to cope. Frustration caused by chronic pain affects not only the elder client but the primary care provider as well. In some situations pain becomes so commonplace that it is ignored, and clients are told that they must learn to live with the pain (Ebersole & Hess,

1990). This attitude conveys a lack of interest to the client and may not only cause the client a feeling of hopelessness but also result in inadequate care by the health care provider.

Burckhardt (1985) found that pain due to chronic conditions contributes to an elder's feeling of loss of control thus eroding self-confidence. The result could be disturbances in self-concept. Geach (1987) suggests that self-image and perception of the situation contribute to one's pain-coping mechanisms. Also, the impact that life stressors, such as chronic pain, have on a person's self-concept may cause more trauma to the elder than the actual pain or chronic illness (Ebersole & Hess, 1990).

Cobb (1985) developed a pain-coping model and typology which suggests that a person's self-image is deeply related to how the pain is perceived. The four types of self-image identified in the model are victim, fighter, responder, and interactor. If the person has a self-image of being a victim, then the pain is all powerful. If the person's image is a fighter, then the pain is viewed as invading. When one's image is that of a responder to the pain, the pain is perceived as more of a reality to with which one can cope. The interactor views the pain as demanding, and coping requires the person to respond to the pain and find solutions. Self-image is a major part of self-concept, and

this pain-coping model indicates that the view of self is a major factor in how the person adapts to pain.

Psychological distress, such as depression or anxiety, has been found to be a response to chronic pain. Depression is nearly universal in clients with chronic pain, and anxiety is often seen during exacerbations of chronic pain. The pain is often unpredictable, rendering the person with a sense of helplessness. In contrast, research indicates that people who are self-confident and in control of their pain management have less pain and psychological distress (Burckhardt, 1990). Also, a secure and stable self-concept protects the elder against the impact of stressful life events (Lee & Shehan, 1989).

Statement of the Problem

Chronic pain has been found to be a pervasive health problem that is very prevalent among the elderly population, especially those with chronic health problems (Burckhardt, 1990). Pain is very stressful for the elder and can result in problems with self-esteem and self-confidence (Burckhardt, 1985). Psychological distress has been found to be a response to chronic pain (Burckhardt, 1990). Yet no research could be found that addressed the relationship between chronic pain and self-concept in elders. Therefore, this research sought to answer the question: Does perceived chronic pain have an impact on the self-concept of elders?

Theoretical Framework

The Roy Adaptation Model is the theoretical framework that guided this study. According to Roy (1976), adaptation is a person's response to a changing environment. Alterations in self-concept as a result of chronic pain indicate maladaptation. The four paradigms of Roy's theory include person, health, environment, and nursing. These paradigms and self-concept are discussed in the following paragraphs.

Person is described as a "biopsychosocial being in constant interaction with a changing environment" (Roy, 1976, p. 11). The person is a biopsychosocial system who receives input from the environment, processes this information with feedback, and responds with output. Output may be either adaptive or maladaptive responses (Riehl-Sisca, 1989). Chronic pain related to chronic illness could be considered as input, and the change in self-concept is the output. The person also has four adaptive modes which are physiological, self-concept, role function, and interdependence. In health and illness the person adapts in one of these four modes (Roy, 1976). The perceived chronic pain indicates a problem with adaptation in the physiological mode. Low self-concept as a result of perceived chronic pain represents an alteration in the self-concept mode.

Health is another part of Roy's paradigm and is described as a process of being, through which the individual becomes an integrated and whole person. Lack of integration results in lack of health. Health is viewed as a process with wellness and illness being one inevitable dimension of one's total life experience. When coping mechanisms are ineffective illness results and health is possible when the person adapts (Marriner-Tomey, 1989). When the chronic pain client is unable to cope with his/her disease, the result is illness and he/she is unable to achieve health.

Roy views the environment as conditions, circumstances, and influences surrounding and affecting one's behavior and development (Marriner-Tomey, 1989). The environment is external or internal and composed of all stimuli that confront the person. Adaptation level is determined by three classes of stimuli: focal, contextual, and residual. Focal stimuli are stimuli immediately confronting the person, contextual stimuli are all other stimuli present, and residual stimuli are the beliefs, attitudes, or traits having an effect on the situation (Riehl-Sisca, 1989). With chronic pain the pain is part of the internal environment and is the focal stimuli immediately confronting the elder. Contextual stimuli are self-concept and coping alterations, and residual stimuli is the elder's perception of the pain.

The fourth part of Roy's (1976) paradigm is nursing, and she defines it as a "theoretical system of knowledge which prescribes a process of analysis and action related to the care of the ill or potentially ill person" (p. 3). In *Adaptation Nursing* the person is a biopsychosocial being, and the nurse uses the nursing process to promote adaptation. The goal of nursing is to assist the person to adapt to the changes that the environment places on his physiological mode, self-concept mode, role function mode, and his interdependence mode during health and illness. By promoting an elder's adaptive responses, his quality of life can be enhanced (Roy, 1976). With the chronic pain client nursing's goal would be to assist the client with alterations in the self-concept mode as a result of physiological problems.

Self-concept is also found in Roy's *Adaptation Model* and is defined by Roy (1976) as "the composite of beliefs and feelings that one holds about himself at any given time, formed from perceptions particularly of others' reactions, and directing one's behavior" (p. 174). In addition, Roy sees the person as adapting not only physiologically to his environment but also through self-concept. The self-concept is affected by health and illness, as well as used to adapt to health and illness. An elder with chronic pain may experience maladaptation with the self-concept mode. In

contrast, an elder with a positive self-concept may have a different perception of the pain.

Significance to Nursing

Chronic pain associated with chronic illness is common in the elderly population. Physiological stressors such as chronic pain may cause psychosocial problems as well. When assisting elders to adapt to health problems, the nurse clinician must assess for maladaptation in the self-concept mode as well as the physiological mode as defined by Roy (1976).

This study contributes to nursing knowledge in that it will provide information about the relationship between perceived chronic pain and self-concept in elders. Data gathered will show the effect that perceived chronic pain has on the dimensions of self including physical self, personal self, social self, family self, moral-ethical self, identity, behavior, and self-satisfaction. Clinical practice will benefit in that clinicians will have a better understanding of the psychosocial effects of chronic pain. This knowledge will assist primary care providers in providing holistic care for these clients and perhaps improve the quality of life for these elders.

Assumptions

The following assumptions were identified for this study:

1. The client is a holistic being with both physiological and psychosocial needs.
2. Adaptation is a process of responding positively to the changing environment.
3. Chronic pain is an environmental change for the elder.
4. Elders with a positive self-concept adapt better to life changes.

Hypotheses

The following research hypotheses were tested:

H_{01} : There will be no relationship between the scores of perceived chronic pain and self-concept in elders.

H_{a1} : Elders with high perceived chronic pain scores will have low self-concept scores.

H_{a2} : Elders with low perceived chronic pain scores will have high self-concept scores.

Definition of Terms

For the purpose of this study, terms were defined in the following manner:

Perceived chronic pain: Pain, discomfort, and/or suffering that has persisted for at least 6 months (Kwentus, Harkins, Lignon, & Silverman, 1985), as perceived by the individual and as measured by the Short Form McGill Pain Questionnaire.

Self-concept: The thoughts and feelings which one has in relation to the self as an object (Rosenberg, 1989). Specifically, the beliefs and feelings that one has about his physical, personal, social, family, and moral-ethical self, his behavior, identity, and self-satisfaction, as measured by the Tennessee Self-Concept Scale (Roid & Fitts, 1991).

Elders: Individuals over the age of 60 years who have at least one chronic illness resulting in chronic pain and are enrolled in an outpatient clinic.

Chapter II

Review of the Literature

A selected review of the literature did not reveal any research specifically related to the impact of perceived chronic pain on the self-concept of elders. Rosenberg (1989) suggests that there has been neglect in the field of self-concept research. Therefore, this chapter focused on five related research studies which included life quality in chronic illness, psychological factors in chronic illness, depression association with chronic pain, self-esteem and body image in women with rheumatoid arthritis or systemic lupus, and perceived body space and self-esteem in males with chronic low back pain.

Burckhardt (1985) researched quality of life and life satisfaction in adults with various forms of arthritis. The purpose of the study was to describe and explain the impact of physical, psychological, and social factors on the perception of quality of life of people with arthritis. A theoretical framework developed by Lazarus and Cohen was used to develop a hypothesized casual model to guide the study. The model proposed that the impact of environmental variables, or inputs, on quality of life is mediated by psychological factors. The model implied 46 direct

hypotheses. The two major hypotheses that summarize the expected relationships of the variables to quality of life were

1. None of the environmental variables will have a direct effect on the quality of life.
2. Each of the mediating variables will have a direct effect on the quality of life.

Ninety-four subjects from private arthritis clinics and a senior citizen's organization were obtained as the sample. Data were collected through the use of a semi-structured questionnaire. Instruments used were the Quality of Life Index, the Severity of Pain Index, the Socioeconomic Status Index, the Social Network Configuration, Perceived Support Scale, the Arthritis Impact Measurement Scale, a Self-Concept Scale, and an Internal Locus of Control Scale. Path analysis was used to define and explain the complex relationships in the model. Hypotheses I and II were supported (Burckhardt, 1985).

Those subjects with a self-perception of efficiency and intelligence had satisfactory quality of life. Maintaining self-worth in the presence of chronic illness was difficult for some of the subjects. The greater the impairment that the illness had on the individual's life, the lower the self-esteem. Subjects who were able to maintain a sense of control had a higher quality of life. Psychological mediating variables such as perceived support, negative

attitude, self-esteem, and internal control over health affected the individual's perception of severity of pain which had a definite impact on quality of life. Burckhardt recommends that strategies aimed at decreasing functional impairment and pain should be tested in experimental designs for their impact on quality of life. Burckhardt's (1985) study is similar to research on the relationship between perceived chronic pain and self-concept in elders in that it focused on psychosocial problems resulting from chronic illness.

In a similar study Lambert (1985) identified and described factors associated with the psychological well-being of women with rheumatoid arthritis. Pain was one of the independent variables looked at as predicting the dependent variable of psychological well-being. A sample of 92 was obtained from three rheumatology clinics in a large urban area on the West Coast. Data were collected using a structured interview using the Bradburn Morale Scale, the Social Support Questionnaire, and the Functional Status Index. Data were analyzed using the Pearson's Product Moment correlation.

Significant positive correlations were found between dependence on others and length of illness, dependence on others and difficulty in performing tasks, dependence on others and age, pain and length of illness, and pain and age. There also were significant correlations found between

psychological well-being and pain. Pain caused difficulty in performing tasks which further decreased psychological well-being. The women reported that having to decrease physical activity because of pain was extremely depressing. Many of the subjects reported that they had to "plan their daily activities around the absence of joint pain" (Lambert, 1985, p. 53).

Pain was found to be the primary predictor of psychological well-being in women with rheumatoid arthritis. Lambert implied that the study should be helpful in identifying women with rheumatoid arthritis at risk for developing problems with psychological well-being. No recommendations were made. Lambert's findings support the assumption that chronic pain does impact self-concept.

In another research study that looked at the consequences of chronic pain, Williams and Schulz (1988) investigated the relationship between pain and physical dependency and depression. A survey of 114 elderly and middle-aged persons was conducted over a 10-month period. Data were collected by two in-depth personal interviews conducted 3 months apart. The Center for Epidemiological Studies Depression Scale was used to measure depression. Pain measurement was determined from the answers to four questions, and an Activities of Daily Living Scale was used to determine level of physical dependency. Age, income, social support, physical dependence, and pain were

investigated to determine their combined effects on the subjects' level of depression. Data were first analyzed using the descriptive statistics of mean, median, and standard deviation, then relationships were analyzed using Pearson Product Moment correlation and a multiple regression model. Finally, change over time was analyzed using a multiple regression analysis.

Age and social support were found to have small negative correlations to level of depression. Physical dependency correlated to depression was weak at .27 while the correlation between depression and pain was stronger at .41. However, the multiple regression analysis performed to control for the other variables revealed that physical dependency had little effect on depression (R^2 change = .03). Regression analysis indicated that pain was an important fact in level of depression even after controlling for all other variables (R^2 change = .13).

Williams and Schulz (1988) concluded that pain is a critical factor in depression in physically ill adults and elders. The researchers encouraged therapists working with chronic pain clients to assist them in reducing their pain level. They recommended that future studies be done to investigate the relationships of the variables in younger persons and the effect of pain modification on level of depression. In comparison this research is similar to research on the relationship between perceived chronic pain

and self-concept in that it sought to determine the psychological impact of chronic illness. Pain proved to be an important variable in this study.

In a related study Cornwell and Schmitt (1990) researched perceived health status, self-esteem, and body image in women with rheumatoid arthritis or systemic lupus erythematosus. The purpose of the study was to investigate the differences in perceived health status, self-esteem, and body image among women with rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), and a group of healthy (HLT) women. The relationship of perceived health status to body image and to self-esteem was explored, as well as the relationship between each of these variables along with age and time since diagnosis.

The hypotheses tested were:

1. RA and SLE groups each will be more negative than a healthy (HLT) group on perceived health status, self-esteem, and body image.
2. Within the RA and SLE groups, better perceived health status will be associated with higher self-esteem and body image.

A convenience sample was obtained for the RA and SLE subjects. Twenty-six RA subjects were obtained from a rheumatology clinic in a large university medical center, and 23 SLE subjects were chosen from a clinic in the same medical center and from a community support group.

variables and self-esteem. Additionally, three open-ended questions elicited subjects' perceptions of their problems, fears, and needs in living with their illnesses. Pain and fatigue were cited almost equally between groups as a major problem. Fears of progression and dependence were cited by both groups as most important. Both groups cited almost equally the need for understanding of their fears and needs. Both the RA and SLE groups subjectively perceived themselves as having poorer health than the healthy group. In the chronic illnesses presented in this study as perceived health declined, self-esteem also declined. Cornwell and Schmitt (1990) recommended repeating the study using a longitudinal design, in which the effects of the illnesses might be assessed over time. This study is related to research on the relationship between perceived chronic pain and self-concept in that self-esteem and body image are a part of self-concept. Cornwell and Schmitt's (1990) study sought to describe how a chronic illness impacts self-esteem and body image, while this researcher specifically looked at chronic pain's impact on self-concept.

In a related study Lisanti (1989) compared differences in perceived body space and self-esteem in adult males with chronic low back pain and those with chronic hypertension. The study was descriptive in nature and tested two hypotheses:

1. Adults males experiencing chronic pain will demonstrate larger perceived body space than adult males who do not experience chronic pain.

2. Adult males experiencing chronic pain will demonstrate lower self-esteem than adult males who do not experience chronic pain.

The sample was purposive and composed of 42 males with chronic back pain and 43 with hypertension. Both groups were between ages 35 and 45 years and enrolled in ambulatory care clinics in the tri-state area of New York, New Jersey, or Connecticut. A personal data questionnaire was used to determine the presence or absence of pain. Fawcett's modified topographic instrument was used to determine perceived body space, and the Culture Free Self-Esteem Inventory for Adults was used to measure self-esteem. Subjects were approached on an individual basis by the investigator and participation was on a voluntary basis.

Hypothesis I was analyzed using a t test. The $t(87) = 1.26$ value was not significant at the .05 level; therefore, the hypothesis was not supported. In Hypothesis 2, the $t(87) = 1.43$ value was not significant; therefore, the hypothesis was not supported. Although Hypothesis II was not supported the results of data analysis were in the expected direction but did not achieve significance. Recommendations by Lisanti (1989) were that nurses have a responsibility of promoting healthy body image and

self-esteem and are encouraged to incorporate these into pain assessment. This study is very similar to research on the relationship between perceived chronic pain and self-concept in elders. While Lisanti (1989) compared a pain group with a non-pain group, this researcher specifically studied the impact that chronic pain has on self-concept in elders.

In the review of the literature of studies relevant to the impact of perceived chronic pain on self-concept of elders, pain emerged as a major problem. Subjects in these studies experienced alterations in self-worth (Burckhardt, 1985), psychological well-being (Lambert, 1985), depression (Williams & Schulz, 1988), and self-esteem (Cornwell & Schmitt, 1990). No research was found that looked at the relationship between perceived chronic pain and self-concept in elders. The literature does indicate that chronic pain impacts the individual afflicted and that psychological well-being, including self-esteem and self-worth seems to be crucial for adaptation to chronic pain (Burckhardt, 1985; Cornwell & Schmitt, 1990; Lambert, 1985). Since there has been no research done on the relationship between perceived chronic pain and self-concept in elders and studies support that chronic pain seriously impacts clients, there is indication that research is needed in this area. Research will provide clinicians with the knowledge necessary to provide holistic care to these clients.

Chapter III

The Method

Little was known about the impact that chronic pain has on elders and how pain can affect an elder's self-concept. The purpose of this study was to determine the relationship between chronic pain and self-concept in elders. This chapter discusses the research methodology used in this study.

Design of the Study

The research design used in this study was a descriptive correlational design. In this type of research the goal is to describe the relationship that occurs between variables. The researcher has no control over the independent variable, and there is no experimental manipulation (Polit & Hungler, 1991). The purpose of the descriptive design is to describe and portray the facts and characteristics of a targeted population. Correlational research determined the extent of the relationships between the variables of perceived chronic pain and self-concept (Isaac & Michael, 1990). Therefore, the descriptive correlational research design was considered appropriate for this study.

Variables. The variables of interest in this study were perceived chronic pain as measured by the Short Form McGill Pain Questionnaire and self-concept as measured by the Tennessee Self-Concept Scale. The controlled variables were age, presence of chronic pain, and veteran status. The intervening variables may have included the honesty of the subjects when answering the questionnaires and the participant's level of physical and mental state at the time of testing.

Setting, Population, and Sample

The setting for the study was a Veterans Administration Medical Center in a city in the Southern United States. The population of the area is approximately 1 million people. The hospital services approximately 400,000 veterans annually from East Arkansas, North Mississippi, South Missouri, and West Tennessee.

The population for this study was elderly veterans aged 60 years or older who were enrolled in the Ambulatory Care Clinics and have had a diagnosis of chronic pain for at least 6 months. The sample for the study included all elderly veterans who volunteered to participate and met criteria for inclusion in the study. The sample was one of convenience and consisted of 22 individuals.

Instrumentation. Two questionnaires and a demographic data sheet were used as instruments to collect data on the relationship between perceived chronic pain and self-concept in elders. The Short Form McGill Pain Questionnaire (Melzack, 1987) was used to measure perceived chronic pain. Permission to use the Short-Form McGill Pain Questionnaire was obtained from Dr. Ronald Melzack (see Appendix A). Self-concept was measured by the Tennessee Self-Concept Scale (Roid & Fitts, 1991). The Tennessee Self-Concept Scale was purchased from Western Psychological Services. A demographic information sheet also was used to collect demographic data for analysis.

The Short Form McGill Pain Questionnaire was developed by Melzack (1987) as an adaptation to his earlier McGill Pain Questionnaire. The shortened version consists of 15 descriptors which are rated on an intensity scale of 0 = None, 1 = Mild; 2 = Moderate, or 3 = Severe; a Present Pain Intensity Index (PPI); and a visual analog scale (VAS). A perceived pain score was derived from the sum of these three scales.

In testing Melzack (1987) found the correlations to be consistently high and significant when compared to his original McGill Pain Questionnaire. The SF-MPQ was found to be valid and reliable when compared with the standard MPQ, which has consistently proven to be both reliable and valid (Melzack, 1975; Melzack, 1987). The original MPQ and SF-MPQ

showed a very strong correlation at .93 with musculoskeletal pain clients, which shows validity and reliability when compared to the original McGill Pain Questionnaire (Melzack, 1987). Few studies have been done on the SF-MPQ, probably because of the short time that this tool has been available for use. Herr and Mobily (1991) recommend the SF-MPQ for use with elders.

The Tennessee Self-Concept Scale was developed by William Fitts in 1965 and is one of the most widely used self-concept instruments. The instrument consists of 100 self-descriptive statements that the respondent uses to portray himself. Subjects respond to the statements on a Likert scale ranging from 1 (Strongly Agree) to 5 (Strongly Agree). One total score or Total Positive Score and eight subscores are obtained from the Tennessee Self-Concept Scale (Roid & Fitts, 1991).

The Total Positive Score is the most important score on the Tennessee Self-Concept Scale (TSCS) and reflects overall level of self-esteem, self-worth, and self-confidence.

Meanings of the subscores are as follows:

1. Identity reflects how the individual describes his or her basic identity, as self-perceived by the individual.

2. Self-satisfaction describes how the individual feels about or is satisfied with his or her perceived self-image.

3. Behavior measures the individual's perception of his or her behavior or the way he or she functions.

4. Physical Self reflects the individual's perception of his or her body, state of health, physical appearance, and sexuality.

5. Moral-Ethical Self describes moral worth, relationship to God, feelings of being a good or bad person, and satisfaction with one's religion or lack of it.

6. Personal Self reflects the individual's sense of personal worth, feeling of adequacy as a person, and self-evaluation of personality.

7. Family Self describes the individual's feelings of worth, adequacy, and value as a family member.

8. Social Self reflects the individual's sense of adequacy and worth in social interaction with other people in general (Roid & Fitts, 1991).

Several studies have found evidence of the reliability and validity of the Tennessee Self-Concept Scale. Fitts (1965) reported test-retest reliability for a 2-week interval based on data from 60 college students. The reliability coefficients ranged from .60 to .92. Another study was conducted for score stability. The sample included adolescents ($\underline{n} = 81$), college students ($\underline{n} = 38$), and adults ($\underline{n} = 44$). The average standard differences in scores was $-.016$ (Roid & Fitts, 1991). Levin, Karnie, and Frankel (1978) used factor analysis to determine the

validity of the TSCS. Results from 451 college students and 180 medical school applicants confirmed that adequate fit could be obtained for a two-dimensional solution consisting of the internal and external dimensions.

The demographic data sheet was developed by the researcher and consisted of eight items with the first item being a code number assigned by the researcher to ensure anonymity. Items answered by the subjects were age, race, employment status, education, chronic illnesses, chronic pain history, injury resulting in chronic pain, and living arrangements. These data were used to describe the sample.

Procedure for Data Collection

After approval from the thesis committee, approval to conduct this study was obtained from the Mississippi University for Women Committee on the Use of Human Subjects in Experimentation (see Appendix B). Approval was also obtained from the Human Studies Subcommittee and the Research and Development Committee at the Veterans Administration Medical Center (see Appendix C).

Next, the researcher reviewed the charts of clients who had appointments in the Ambulatory Care Clinics of the Veterans Hospital to find prospective participants. Potential subjects were approached on an individual basis, explained the purpose of the study, and invited to participate while waiting for their clinic appointment. Participation in the study did not interfere with the clinic

appointment. Subjects accompanied the researcher to a quiet area in the clinic, and the written consents were obtained (see Appendices D and E). The demographic data sheet (see Appendix F), the Short Form McGill Pain Questionnaire, and the Tennessee Self-Concept Scale were verbally administered by the researcher to each participant. Data collection took approximately 40 minutes for each participant. Data were collected from May 15, 1992, to May 29, 1992.

Data Analysis

The Pearson Product Moment correlation was used to analyze the relationship between perceived chronic pain and self-concept in elders. This statistical method was appropriate because it is used to determine the strength of relationships (Polit & Hungler, 1991). In this study the Pearson r was used to determine if elders with a high perceived chronic pain will have a low self-concept and if clients with a low perceived chronic pain will have a high self-concept.

Limitations

The following limitations may restrict generalization of the findings:

1. All subjects were male veterans.
2. Verbal administration of the questionnaires could have biased the subjects' responses.

3. The small sample size could have influenced the results of the study.

Chapter IV

The Findings

The purpose of this study was to explore the relationship between perceived chronic pain and self-concept in elders. Perceived chronic pain was measured by the Short Form McGill Pain Questionnaire (SF-MPQ) and self-concept was determined by the Tennessee Self-Concept Scale (TSCS). The design for the study was descriptive correlational. The findings and the results of data analysis are presented in this chapter.

Sample

The sample for this study was 22 male veterans aged 60 years or older with at least one chronic illness resulting in chronic pain for 6 months or more. There were 18 Caucasians, 3 Afro-Americans, and 1 Hispanic participating in the study. Ages of the subjects ranged from 60 to 80 years with a mean of 67.7 years. None of the subjects were employed. Fifty percent classified themselves as retired and 50% were disabled. Education ranged from 4 to 16 years with a mean of 10.41 years. Fourteen of the subjects lived with their wives, 6 lived alone, and 3 lived with children.

All of the subjects had some form of arthritis. Other chronic illnesses which resulted in chronic pain included low back pain, degenerative joint disease, stomach or liver disease, cancer, and migraine headaches. Nine of the subjects had experienced some type of injury that resulted in chronic pain. These injuries included back, knee, hip, and neck. Of these injuries, 7 were related to the veteran's military service. Pain history ranged from 3 to 46 years with a mean of 18.86 years.

Results of Data Analysis

Data were analyzed to answer the question, does perceived chronic pain have an impact on the self-concept of elders? Correlations were determined by means of the Pearson Product Moment Correlation for the scores of the SF-MPQ and the TSCS. The null hypothesis stated that there will be no relationship between the scores of perceived chronic pain and self-concept in elders.

The scores on the SF-MPQ ranged from 5 to 47 with a mean of 26; the higher the score, the higher the level of perceived chronic pain. Scores on the TSCS ranged from 312 to 423 with a mean of 364; the higher the score, the higher the individual's self-concept.

The relationship between perceived chronic pain and self-concept was measured by a two-tailed test at the .01 level of significance. The inverse relationship between perceived chronic pain and total positive self-concept was

highly significant at the .01 level ($\underline{r} = -.6349$). Because there was significance between perceived chronic pain and total positive self-concept, the researcher rejected the null hypothesis.

Additional Findings

In addition, perceived chronic pain scores were correlated with each of the subscales of the Tennessee Self-Concept Scale. These additional correlations were examined to determine which components of self-concept impact chronic pain and which ones did not. Correlations may be found in Table 1.

Highly significant correlations were found between perceived chronic pain and behavior, physical self, and social self. Significant findings were also found between perceived chronic pain and identity, self-satisfaction, and personal self. The relationships between the perceived chronic pain score and the other two subscales were in the expected direction but did not achieve significance.

Table 1

Correlations Between Perceived Chronic Pain Scores and the Scores on Each of the Subscales of the Tennessee Self-Concept Scale Using the Pearson Product Moment Correlation

Subscale	<u>N</u>	<u>r</u>
Identity	22	-.5035*
Self-Satisfaction	22	-.4284*
Behavior	22	-.6936**
Physical Self	22	-.5732**
Moral-Ethical Self	22	-.2095
Personal Self	22	-.5063*
Family Self	22	-.0186
Social Self	22	-.7597**

*Significance at the .05 level.

**Significance at the .01 level.

Chapter V

The Outcomes

Chronic pain is common in elders as a result of chronic illness and can have a negative impact on the elders' quality of life (Burckhardt, 1990). Studies have shown that pain problems cause individuals to experience alterations in self-worth (Burckhardt, 1985), psychological well-being (Lambert, 1985), and self-esteem (Cornwell & Schmidt, 1990). The literature review did not reveal any studies specifically related to the impact of chronic pain on self-concept. For this reason more knowledge is required to understand the relationship between self-concept and chronic pain.

This descriptive, correlational research sought to determine if there is a relationship between perceived chronic pain and self-concept in elders. In particular, is self-concept lower in elders with high levels of perceived chronic pain?

Data were collected from 22 elders aged 60 years and older who were enrolled in an outpatient clinic at a Veterans Administration Medical Center in the Southern United States. Perceived chronic pain was measured by the

Short Form McGill Pain Questionnaire, and self-concept was measured by the Tennessee Self-Concept Scale. Demographic data were collected to describe the sample. Data were analyzed by a two-tailed Pearson Product Moment Correlation. This chapter explores the outcomes of the research including discussion of the findings, conclusions, implications for nursing, and recommendations.

Summary of Findings

The subjects consisted of 22 male veterans enrolled in an outpatient clinic who had chronic pain. Ages ranged from 60 years to 80 years, with a mean of 67.7 years. Pain history ranged from 3 to 46 years, with a mean of 18.86 years.

The directional hypotheses were:

1. Elders with high perceived chronic pain scores will have low self-concept scores.
2. Elders with low perceived chronic pain scores will have high self-concept scores.

Significant relationships were found between perceived chronic pain and total positive self-concept, as well as six of the eight self-concept subscales of the Tennessee Self-Concept Scale. Because an inverse relationship was found between the two scores, both directional hypotheses were supported.

Discussion

The results of this study indicate that there is a highly significant relationship ($r = -.6349$) between perceived chronic pain and self-concept in elders. Previous research has concluded that there is a relationship between psychological well-being and pain (Lambert, 1985), and that individuals with chronic illness have difficulty maintaining self-worth and self-esteem (Burckhardt, 1985). People who are self-confident and in control of their pain management are thought to tolerate pain better and have less psychological distress than those people who lack self-confidence (Burckhardt, 1990). The findings of this study may have been impacted by several areas including the type of sample, the functional ability of the subjects, family involvement, moral-ethical beliefs, and the methodology used.

All of the subjects in the sample were male. Although females could have been in the study, none were available during the time of data collection. There may be a difference in the way males and females view their pain and self-concept. One subject said "Women are able to cope with their pain and suffering because they don't mind talking about it. That's hard for a man to do." Verbalization of fears and concerns are not always encouraged, and perhaps the clients are not always taught appropriate coping skills. One subject said, "No one has ever asked me how I 'felt'

about the pain." Another said, "I don't believe that people understand what this (pain) does to a person."

Another significant factor that may have impacted the study is the fact that 50% of the subjects were disabled. Some of the subjects also had experienced some loss of functional ability secondary to chronic pain. The loss of functional ability associated with chronic pain could have impacted the subjects' feelings of social worth. The highest correlation found between perceived chronic pain and the subscales was that of social self ($r = -.7597$). Social self is an indication of the individual's feelings of adequacy and worth in relation to others (Roid & Fitts, 1991). Loss of functional ability associated with chronic pain could have impacted the subjects' feelings of social worth in that the subjects were unable to participate in some social activities. Some may not have felt as confident in their social skills because of chronic illness.

There was not a significant correlation between perceived chronic pain and the subscale of family self. The family self score indicated the subjects' feelings of adequacy, worth, and value as a family member (Roid & Fitts, 1991). Because this score did not correlate with perceived chronic pain there is indication that family support helped these veterans to cope with their illness. Seventy-seven percent of the subjects lived with either their wife or

children. This family involvement seemed to have a positive impact on self-concept.

Additionally, there was not a significant correlation between perceived chronic pain and the moral-ethical self score. This score reflects the individual's moral worth, relationship to God, feelings of being a good or bad person, and satisfaction with one's religion or lack of it (Roid & Fitts, 1991). The data suggest that these subjects felt adequate moral worth and were satisfied with their religion. Religion, faith, and spiritual beliefs may be a way that these subjects coped with their pain.

The methodology used was appropriate for this population. Administering the questionnaires in a one-to-one interview style allowed the subjects an opportunity to ventilate their fears and concerns. Gueldner and Hanner (1989) concluded that this method of data collection is best used with elders because it is less anxiety producing than answering questionnaires. Some elders view the interview with the researcher as a "pleasant visit" (p. 184).

The findings of this study are consistent with the theoretical framework used. Roy identifies the person as a "biopsychosocial being in constant interaction with a changing environment" (Roy, 1976, p. 11). This holistic individual adapts through four modes, two of which are physiological and self-concept. Self-concept is identified as being affected by health as well as used to adapt to

health and illness (Roy, 1976). The sample in this study was experiencing maladaptation in the self-concept mode. In Roy's theory the goal of nursing is to assist the person to adapt to the changes the environment places on each of the four modes. With the chronic pain client, nursing's goal is to assist the client to adapt to physiological changes that affect the self-concept mode.

Conclusions and Implications for Nursing

The researcher concluded from the data that there is a significant relationship between perceived chronic pain and self-concept in elders. These data indicate that there is a need to consider the self-concept and psychological well-being of these clients when providing physiological care. The results of this study support Roy (1976), who says that self-concept is influenced by health and illness.

When providing primary and long-term care to elders the nurse practitioner needs to be aware of the self-concept needs of elders in relation to chronic pain and other consequences of chronic illness. Coping skills need to be explored, as well as the elder's involvement in family, religious, and social activities. Elders need to be taught the aging process and complications of chronic illness. Elder males may need encouragement to verbalize fears and concerns associated with chronic pain and illness. The nurse clinician needs to explore social outlets with elders

to assist in maintaining or promoting overall quality of life.

Functional ability had an impact on this group of elders as indicated by the strong negative correlation between social self and perceived chronic pain. Nurse practitioners need to be aware of the loss of functional ability associated with chronic pain and of the effects on the elder's self-concept. Promotion of independence and optimal function should be a priority for these clients.

This study contributes to nursing knowledge in that it indicates that there is a relationship between perceived chronic pain and self-concept in elders. The results show that chronic pain impacts the physical, personal, and social dimensions of self, as well as identity, behavior, and self-satisfaction. Clinical practice should benefit in that the data provide a better understanding of the psychosocial effects of chronic pain. The nurse practitioner should educate other health care professionals on the importance of the psychosocial needs of the chronic pain client.

Recommendations

Based on the findings of this study, the following recommendations are made:

Research

1. The study should be replicated with a larger sample.

2. The study should be replicated and include both males and females.

3. The study should be repeated and include the variables of functional ability and quality of life.

Nursing

1. Provide holistic care for chronic pain elders which includes psychosocial needs as well as physiological needs.

2. Encourage the chronic pain elder's involvement in family, religious, social, and other activities which promote improved self-concept.

3. Educate other health care personnel on the psychosocial needs of the chronic pain client.

REFERENCES

References

- Bentler, P. (1990). Significant tests and goodness of fit in the analysis of covariance structure. Psychological Bulletin, 88, 588-604.
- Burckhardt, C. (1985). The impact of arthritis on quality of life. Nursing Research, 34, 11-16.
- Burckhardt, C. (1990). Chronic pain. Nursing Clinics of North America, 25(4), 863-869.
- Cobb, L. (1985). Pain coping model and typology. Image: The Journal of Nursing Scholarship, 17(3), 69-71.
- Cornwell, C., & Schmidt, M. (1990). Perceived health status, self-esteem, and body image in women with rheumatoid arthritis or systemic lupus erythematosus. Research in Nursing and Health, 13, 99-107.
- Diamond, M. (1989). Health care and the aging population. Nursing Outlook, 37(2), 76-78.
- Ebersole, P., & Hess, P. (1990). Toward healthy aging. St. Louis: C. V. Mosby.
- Fitts, W. H. (1965). Tennessee Self-Concept Scale: Manual. Los Angeles: Western Psychological Services.
- Geach, B. (1987). Pain and coping. Image: Journal of Nursing Scholarship, 19(1), 12-15.
- Guedner, S., & Hanner, M. (1989). Methodological issues related to gerontological research. Nursing Research, 38(3), 183-185.
- Herr, K., & Mobily, P. (1991). Complexities of pain assessment in the elderly: Clinical considerations. Journal of Gerontological Nursing, 17(4), 12-19.
- Issac, S., & Michael, W. (1990). Handbook in Research and Evaluation. San Diego: EdITS.

- Kwentus, J., Harkins, S., Lignon, N., & Silverman, J. (1985). Current concepts of geriatric pain and its treatment. Geriatrics, 40(4), 48-54.
- Lambert, V. (1985). Study of factors associated with psychological well-being in rheumatoid arthritic women. Image: Journal of Nursing Scholarship, 17(2), 50-53.
- Lee, G., & Shehan, C. (1989). Social relations and the self-esteem of older persons. Research on Aging, 11(4), 427-442.
- Levin, J., Karnie, E., & Frankel, Y. (1978). Analysis of the Tennessee Self-Concept Scale as a faceted instrument. Psychological Reports, 43, 619-623.
- Lisanti, P. (1989). Perceived body space and self-esteem in adult males with and without chronic low back pain. Orthopaedic Nursing, 8(3), 49-56.
- Marriner-Tomey, A. (1989). Nursing theorists and their work. St. Louis: C. V. Mosby.
- Melzack, R. (1975). The McGill Pain Questionnaire: Major properties and scoring methods. Pain, 1, 275-299.
- Melzack, R. (1987). The short form McGill Pain Questionnaire. Pain, 30, 191-197.
- Polit, D., & Hungler, B. (1991). Nursing research: Principles and methods. Philadelphia: J. B. Lippincott.
- Riehl-Sisca, J. (1989). Conceptual models for nursing practice. Norwalk, CT: Appleton and Lange.
- Roid, G., & Fitts, W. H. (1991). Tennessee Self-Concept Scale: Revised manual. Los Angeles: Western Psychological Services.
- Rosenberg, M. (1989). Self-concept research: A historical overview. Social Forces, 68(1), 34-44.
- Roy, C. (1976). Introduction to nursing: An adaptation model. Englewood Cliffs, NJ: Prentice-Hall.
- Williams, A., & Schulz, R. (1988). Association of pain and physical dependency with depression in physically ill middle-aged and elderly persons. Physical Therapy, 68, 1226-1230.

APPENDICES

APPENDIX A
PERMISSION TO USE TOOL

November 6, 1991

Dr. Ronald Melzack
 Department of Psychology
 McGill University
 1205 Dr. Penfield Avenue
 Montreal, Que.
 H3A 1B1 Canada

Dear Dr. Melzack:

I am a graduate nursing student at Mississippi University for Women in Columbus, Mississippi. I am conducting a descriptive study on the effects of chronic pain on self-concept in the elderly. I am interested in using the short form McGill Pain Questionnaire as part of my data collection.

I am requesting your written permission to use your instrument for data collection in my research study. I am also requesting a copy of the instrument and information regarding the scoring and analysis of data received. Your assistance is greatly appreciated.

Sincerely,

Shonda R. Phelon R.N.

Shonda R. Phelon, R.N., B.S.N.
 265 Sussex Lane South #202
 Cordova, TN 38018

Nov. 20, 1991

Dear Ms. Phelon:

It is a pleasure to give you permission to use the SF-MPQ for your study.

With best wishes

Ronald Melzack

APPENDIX B

APPROVAL OF COMMITTEE ON USE OF HUMAN
SUBJECTS IN EXPERIMENTATION



MISSISSIPPI
UNIVERSITY
FOR WOMEN

Columbus, MS 39701

Office of the Vice President for Academic Affairs
Eudora Welty Hall
P.O. Box W-1603
(601) 329-7142

April 22, 1992

Ms. Shonda E. R. Phelon
c/o Graduate Nursing Program
Campus

Dear Ms. Phelon:

I am pleased to inform you that the members of the Committee on Human Subjects in Experimentation have approved your proposed study on "The relationship between self-concept and perceived chronic pain in elders."

I wish you much success in your research.

Sincerely,

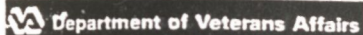
A handwritten signature in cursive script, appearing to read "Thomas C. Richardson".

Thomas C. Richardson
Vice President
for Academic Affairs

TR:wr

cc: Mr. Davidson
Dr. Hill
Dr. Barrar
Dr. Rent

APPENDIX C
AGENCY CONSENT FORMS


REPORT OF SUBCOMMITTEE ON HUMAN STUDIES

Project/Program Title	Relationship Between Self-Concept and Perceived Chronic Pain in Elders	
Principal Investigator	Shonda R. Phelon	
VAMC	Memphis, TN	Review Date: 4/29/92

COMMITTEE FINDINGS:

1. The information given in the Informed Consent under the Description of Research by Investigator is complete, accurate, and understandable to a research subject or a surrogate who possesses standard reading and comprehension skills. YES NO
2. The informed consent is obtained by the principal investigator or a trained and supervised designate under suitable circumstances. YES NO
3. Every effort has been made to decrease risk to subject(s)? YES NO
4. The potential research benefits justify the risk to subject(s)? YES NO
5. If subject is incompetent and surrogate consent is obtained, have all of the following conditions been met: a) the research can't be done on competent subjects; b) there is no risk to the subject, or if risk exists the direct benefit to subject is substantially greater; c) if an incompetent subject resists, he will not have to participate; d) if there exists any question about the subject's competency, the basis for decision on competency has been fully described. YES NO *NA*
6. If the subject is paid the payment is reasonable and commensurate with the subject's contribution. YES NO NA
7. Comments: (Indicate if Expedited Review) EXPEDITED REVIEW

RECOMMENDATION:
 APPROVE

 DISAPPROVE/REVISE

SIGNATURE OF CHAIRMAN	DATE
<i>Don Wolfson</i>	4-29-92

U.S. Government Printing Office: 1990-242-555/1637

MEMORANDUM

May 14, 1992

Program Clerk (151)

R&D Committee Action

Shonda Phelon, R.N., B.S.N.

1. The Human Studies Subcommittee and the R&D Committee have reviewed and approved your proposal entitled "The Relationship Between Self-Concept and Perceived Chronic Pain in Elders."
2. A copy of VA Form 10-1223 (Report of Human Studies Subcommittee) and the approved consent form are attached for your records. You, the Investigator, are responsible for ensuring that the ORIGINAL VA Research Consent Form, VAF 10-1086, is signed and filed in the patient's permanent clinical record and that a copy is given to the patient. **IF THE PATIENT IS AN OUTPATIENT, THE CONSENT FORM AND THE DRUG FORM(S) SHOULD BE FILED IN THE OUTPATIENT FILE ON THE LEFT-HAND SIDE OF THE CHART. IF THE PATIENT IS AN INPATIENT, ALL RESEARCH DOCUMENTATION SHOULD BE PLACED IN THE PATIENT'S ACTIVE MEDICAL CHART ON THE WARD (ON TOP OF THE OTHER MATERIAL IN THE FILE).** This will make it much easier to find the documents when we conduct a chart review. Please refer to the attachments, "Summary of Policies and Procedures for Use of Human Subjects in Research" and "Procedures for Documenting Informed Consent to Participate in Research," for additional information. A copy of the consent form should be given to the patient. If you wish to retain a copy of the consent form you may make a copy for your files. **UNLESS SPECIAL PERMISSION IS REQUESTED IN WRITING AND APPROVED BY THE HUMAN STUDIES SUBCOMMITTEE TO DEVIATE FROM THIS PROCEDURE DUE TO VERY UNUSUAL CIRCUMSTANCES, THIS PROCEDURE MUST BE FOLLOWED ON ALL RESEARCH STUDIES.**
3. Please maintain an accurate record of all participants in your study. You will be asked to provide this office with the names and social security numbers of ALL VA patients entered on the study at the time of the annual reapproval of this protocol by the Human Studies Subcommittee.
4. Appropriate acknowledgement of VA support for this research project and the VA affiliation of the Investigator(s) must be given in any publication or presentation resulting from this research project (reference Service Policy Memorandum 151-1).

5. If you have any questions or need assistance, please call ext. 7267.

Linda McCreight

Linda McCreight

Attachments

APPENDIX D
CONSENT FORM FOR PARTICIPANTS

Informed Consent

My name is Shonda Phelon. I am a registered nurse and a graduate student at Mississippi University for Women in Columbus, Mississippi. I am conducting a study concerned with the self-concept of elders who have chronic pain. If you decide to participate I will ask you to complete two questionnaires that concern these issues. These should take about 15-20 minutes to complete and will not interfere with your clinic appointment. I will be available to answer any questions that you may have.

Your name will not be used, and all information is confidential. The data will be analyzed as a group, and the results written in a master's thesis. Although benefit to you is not immediate, the results should provide a better understanding of the effects of chronic pain and may improve management of chronic pain clients.

Your signature will give consent for your questionnaires to be included in the study. Your participation is strictly voluntary, and withdrawal is permissible at any time up to data analysis.

If you have further questions or experience adverse side effects contact me, Shonda Phelon at (901) 753-5889 or the chairman, Human Studies Subcommittee at (901) 577-7167.

Thank you for your assistance in my educational endeavor.

I hereby give my consent for the data collected from my questionnaires to be used in this research study described above.

Date

Signature

APPENDIX E
VA RESEARCH CONSENT FORM

VA RESEARCH CONSENT FORM

Subject Name: _____ Date _____

The Relationship Between Self-Concept and
Perceived Chronic Pain in Elders.

Title of Study: _____

Principal Investigator: Shonda R. Phelon, R.N., B.S.N. VAMC: Memphis

DESCRIPTION OF RESEARCH BY INVESTIGATOR

Purpose of the study and how long it will last: The purpose of this study is to determine and explore the relationship between chronic pain and self-concept in elders.

Description of the study including procedures to be used: You will be asked to complete two questionnaires, an adapted Tennessee Self-Concept Scale and the Short Form McGill Pain Questionnaire. These questionnaires should take about 15-20 minutes to complete and will not interfere with your clinic appointment. The study nurse will be available to answer any questions that you may have.

Description of any procedures that may result in discomfort or inconvenience: Not applicable.

Expected risks of the study: None.

Expected benefits of the study: Although benefit to you is not immediate, the results should provide a better understanding of chronic pain and may improve patient care.

Other treatment available: Not applicable.

Use of research results: The data collected from the questionnaires will be analyzed as a group, and the results published in a master's thesis.

Special circumstances: Not applicable.

SUBJECT'S IDENTIFICATION ID IS ONE OF FIVE NUMBERS, FIRST, STUDIES

Revised Consent Form Approved 05/05/92 LMSC

Initials _____

 Department of Veterans Affairs

VA RESEARCH CONSENT FORM

(Continuation Page ___ of ___)

Subject Name: _____ Date _____

Title of Study: The Relationship between Self-Concept and Perceived Chronic Pain in Elders.Principal Investigator: Shonda R. Phelon R.N., B.S.N. VAMC, Memphis

RESEARCH SUBJECTS' RIGHTS: I have read or have had read to me all of the above.

Shonda Phelon has explained the study to me and answered all of my questions. I have been of the risks or discomforts and possible benefits of the study. I have been told of other choices of treatment available to me.

I understand that I do not have to take part in this study, and my refusal to participate will involve no penalty or loss of rights to which I am entitled. I may withdraw from this study at any time without penalty or loss of VA or other benefits to which I am entitled.

The results of this study may be published, but my records will not be revealed unless required by law.

In case there are medical problems or questions, I have been told I can call Shonda Phelon at 523-8990 during the day and Shonda Phelon at 753-5889 after hours. If any medical problems occur in connection with this study the VA will provide emergency care.

I understand my rights as a research subject, and I voluntarily consent to participate in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

Subject's Signature_____
Date_____
Signature of Subject's Representative*_____
Subject's Representatives_____
Signature of Witness_____
Witness (print)_____
Signature of Investigator

*Only required if subject not competent.

APPENDIX F
DEMOGRAPHIC DATA SHEET

Demographic Data Sheet

Please provide some background information about yourself. Please answer each question to the best of your ability. You may wish to omit some questions.

1. Code number (to be filled in by researcher): _____
2. Age: _____
3. Race (check one): Asian _____ Black _____ Caucasian _____
Hispanic _____ Other _____
4. Employment Status: Full-time _____ Part-time _____
Unemployed _____ Retired _____
5. Highest grade completed in school (circle one):
1 2 3 4 5 6 7 8 9 10 11 12

Additional education (check if applicable):

- _____ Some college/technical school
 _____ College graduate
 _____ Graduate degree

6. Do you have any of the following illnesses?
(Check those that apply)

_____ Arthritis	_____ Diabetes
_____ Hypertension	_____ Cancer
_____ Heart disease	_____ Lung disease
_____ Kidney disease	_____ Alcoholism
_____ Drug abuse	_____ Mental problems
_____ Liver disease	_____ Seizures

Please list any other health problems or illnesses below:

7. How long have you had chronic pain problems? _____
8. Who do you live with? (Check one)

_____ Alone
_____ Husband or wife
_____ Children
_____ Brother or sister
_____ Other (please specify) _____
9. Are you male or female? _____