MAKING THE CONNECTION

Refer to the following chapters to increase your understanding of self-concept:

Basic Nursing
- Communication
- Life Span Development
- Stress, Adaptation, and Anxiety
- End-of-Life Care
- Spirituality
- Complementary/Alternative Therapies

Adult Health Nursing
- Surgery
- Oncology
- Mental Illness

LEARNING OBJECTIVES

Upon completion of this chapter, you should be able to:
- Define key terms.
- Discuss the development of self-concept throughout the life span.
- Describe four major components of self-concept.
- Identify factors affecting self-concept.
- Delineate nursing interventions that promote self-concept.

KEY TERMS

- body image
- empowerment
- ideal self
- identity
- public self
- real self
- role
- role performance
- self-awareness
- self-concept
- self-esteem
SELF-CONCEPT

Self-concept is the way people think about themselves. It is unique, dynamic, and always evolving. This mental image of oneself influences a person’s identity, self-esteem, body image, and role in society. As a global understanding of oneself, self-concept shapes and defines who we are, the decisions we make, and the relationships we form (Figure 15-1). Self-concept is perhaps the basis for all motivated behavior (Franken, 1994).

COMPONENTS OF SELF-CONCEPT

Self-concept is an individual’s perception of self, including self-esteem, body image, and ideal self. A person’s self-concept is often defined by self-description such as “I am a mother, a nurse, and a volunteer.” Client self-descriptive statements such as these help the nurse gain insight into the client’s perception of self. The nurse should be observant for self-descriptive statements when assessing the client’s self-concept. A healthy self-concept is necessary for overall physical and mental wellness.

Three basic components of self-concept are the ideal self, the public self, and the real self (Figure 15-2). The ideal self is the person the client would like to be, such as a good, moral, and well-respected person. Sometimes, this ideal view of how a client would like to be conflicts with the real self (how the client really thinks about oneself, such as “I try to be good and do what’s right, but I’m not well respected”). This conflict can motivate a client to make changes toward becoming the ideal self. However, the view of the ideal self needs to be realistic and obtainable, or the client may experience anxiety or be at risk for alterations in self-concept. Public self is what the client thinks others think of him and influences the ideal and real self. Positive self-concept and good mental health results when all three components are compatible.

A positive self-concept is an important part of a client’s happiness and success. Individuals with a positive self-concept have self-confidence and set goals they can achieve. Achieving their goals reinforces their positive self-concept. A client with a positive self-concept is more likely to change unhealthy habits (such as sedentary lifestyle and smoking) to promote health than a client with a negative self-concept. A person’s self-concept is composed of evolving subjective conscious and unconscious self-assessments. Physical attributes, occupation, knowledge, and abilities of the person will change throughout the life span, contributing to changes in one’s self-concept. Memory Trick 15-1 lists nursing interventions to promote positive self-concept.

Figure 15-1 A positive self-concept enhances healthy relationships.

Figure 15-2 Example of how a nurse may view her ideal self, real self, and public self.

Characteristics of a Positive Self-Concept

Characteristics of a client with a positive self-concept include:

- Self-confidence
- Ability to accept criticism and not become defensive
- Setting obtainable goals
- Willingness to take risks and try new experiences
**Identity**

Identity is an individual's conscious description of who he is. A client's identity is assessed by asking the person to describe oneself. This description of oneself provides the nurse with insight into whether the client is comfortable with one's identity. A client who uses positive self-descriptions will exhibit a healthy self-identity.

An individual's identity is developed over time, constantly evolving, and influenced by self-awareness. Self-awareness involves consciously knowing how the self thinks, feels, believes, and behaves at any specific time (Figure 15-3). According to Burkhardt and Nathaniel (2008), we can enhance self-awareness by developing the ability to step back and look at any situation while being aware of ourselves and how we are reacting to the situation. A client needs to be able to identify one's personal and emotional feelings of a situation without judging oneself.

**Body Image**

An individual's perception of physical self, including appearance, function, and ability, is known as one's body image.

Normal growth and developmental changes may influence and alter body image, such as the physical and hormonal changes that occur during puberty and adolescence. The onset of puberty involves the emergence of secondary sex characteristics in the female and male client. While these are normal expected physical changes that occur during the adolescent stage, these changes will impact an adolescent's body image, thus affecting self-concept.

In later adulthood, physical and hormonal changes present as thinning and graying of hair, wrinkling and loss of skin elasticity, weight gain, decrease in hearing and vision, and decrease in mobility. While some adults accept these changes as the normal process of aging, others may find themselves resisting or feeling negatively about them. These changes will naturally cause the adult to reevaluate the image they have of their body and how they feel about it. A person's body image will continue to change throughout the growth and developmental life span stages.

Health-related factors that may affect body image include stroke, spinal cord injury, amputation, mastectomy, burns, surgical and/or procedural scarring, and loss of a body part or function. Other common physical changes that affect body image involve the development of acne and weight gain and/or loss. According to the Centers for Disease Control and Prevention (CDC, 2007), approximately 66% of American adults are overweight or obese. These physical issues may add stress and anxiety on the client, lowering their self-esteem and self-confidence.

**MEMORY TRICK**

The memory trick I LIKE ME lists nursing interventions to promote a positive self-concept in clients:

- **I** = Identify client's strengths.
- **L** = Listen to the client's self-description.
- **I** = Involve the client in decision making.
- **K** = Keep goals realistic.
- **E** = Encourage client to think positively.
- **M** = Maintain an environment conducive to client self-expression.
- **E** = Explain to the client how to use positive self-talk instead of negative self-talk.

**CLIENT TEACHING**

**Positive Self-Talk**

Positive self-talk can be used to change negative inner messages to positive ones.

1. Send yourself positive thoughts.
2. Say the positive thoughts out loud.
3. Remind yourself of your positive attributes and accomplishments.
4. Recall memories of success.
5. Tell yourself out loud something new that you learned or something good that you did today.

**Emotional Intelligence**

Emotional intelligence (EI) refers to the ability to perceive, understand, control/manage, and evaluate emotions. A number of quizzes and testing instruments have been developed to measure EI. To take a fun and quick quiz to learn more about your emotional intelligence, go to http://psychology.about.com and search for Emotional Intelligence Test.

Normal growth and developmental changes may influence and alter body image, such as the physical and hormonal changes that occur during puberty and adolescence. The onset of puberty involves the emergence of secondary sex characteristics in the female and male client. While these are normal expected physical changes that occur during the adolescent stage, these changes will impact an adolescent's body image, thus affecting self-concept.

In later adulthood, physical and hormonal changes present as thinning and graying of hair, wrinkling and loss of skin elasticity, weight gain, decrease in hearing and vision, and decrease in mobility. While some adults accept these changes as the normal process of aging, others may find themselves resisting or feeling negatively about them. These changes will naturally cause the adult to reevaluate the image they have of their body and how they feel about it. A person's body image will continue to change throughout the growth and developmental life span stages.

Health-related factors that may affect body image include stroke, spinal cord injury, amputation, mastectomy, burns, surgical and/or procedural scarring, and loss of a body part or function. Other common physical changes that affect body image involve the development of acne and weight gain and/or loss. According to the Centers for Disease Control and Prevention (CDC, 2007), approximately 66% of American adults are overweight or obese. These physical issues may add stress and anxiety on the client, lowering their self-esteem and self-confidence.
SELF-ESTEEM

Self-esteem is a personal opinion of oneself and is shaped by individuals’ relationships with others, experiences, and accomplishments in life. A healthy self-esteem is necessary for mental well-being and a positive self-concept. This is achieved by setting attainable goals and successfully accomplishing the goals, resulting in an increase in self-confidence, assertiveness, and feeling valued. Since self-esteem impacts all aspects of life, it is important to establish a healthy, realistic view of oneself (Mayo Clinic, 2009).

Individuals with low self-esteem put little value on themselves and their accomplishments. They feel that they are not good enough and that they are worth less than others and often feel ashamed of themselves. They engage in negative self-talk, frequently apologize, and seek constant reassurance. Often this type of person is a perfectionist who struggles with failure.

One method of improving an individual’s low self-esteem is for the nurse to empower the client. Burkhardt and Nathaniel (2008) define empowerment as “a helping process and partnership, enacted in the context of love and respect for self and others, through which individuals and groups are enabled to change situations, and are given skills, resources, opportunities, and authority to do so” (p. 542). Chamberlin (2008) recognized that empowerment has elements in common with concepts of self-esteem and self-efficacy. As a client becomes more empowered, one will feel more confident in one’s ability to manage one’s life, resulting in improved self-esteem and self-image. Box 15-1 lists the elements of empowerment that nurses may teach clients to use to increase their self-esteem.

Research and assessment has been conducted on self-esteem for several decades. The Rosenberg Self-Esteem Scale was originally developed to assess self-esteem among adolescents (Rosenberg, 1965). This self-report consists of statements related to feelings of self-worth or self-acceptance to measure global self-esteem. The scale has been validated to be used with male and female adolescents, adults, and elderly populations and remains in use today.

ROLE

We experience many roles in our lifetime. As we pass from birth to death, we will become a child, teenager, friend, worker, and perhaps spouse or parent. Many of our roles are defined by our success, education, relationships, and career. An individual’s role is defined as an ascribed or assumed expected behavior in a social position or group. Specific behaviors that a person exhibits within each role make up role performance.

Illness, injury, and aging can lead to alterations in a person’s role. Additional alterations may include pregnancy, loss of a job, retirement, or death of a significant other. How the individual views these changes or losses will determine the impact on one’s self-concept. Individuals who view these alterations negatively are at risk for ineffective role performance and a decreased self-concept.

DEVELOPMENT OF SELF-CONCEPT

Various psychosocial theories have been developed to explain the development of self-concept. A discussion of Erikson’s
Erikson’s Theory
Erikson’s (1963) psychosocial theory states that an individual’s development proceeds throughout life. Each of his eight developmental stages includes psychosocial tasks that need to be mastered (see Chapter 10, “Life Span Development”).

Newborn and Infant
At birth, the newborn does not differentiate itself from the parents. As the parents begin to care for the newborn, their feelings and attitudes toward the newborn will begin to develop the baby’s self-concept. The parents will experience a change in their own self-concept. Parental roles are being established, body images are formed in the mother before and after giving birth, and emotional changes will affect the parents’ self-concept.

The nurse will need to teach the family about the infant’s emotional needs in developing a trusting relationship to promote the infant’s feelings of security and trust in the parents. A sense of security and trust is especially important for the infant if it becomes ill and is hospitalized. Parents need to be encouraged to spend as much time as possible with the infant and provide routine care and developmental interventions for the infant to facilitate the continued healthy development of self-concept.

Toddler and Preschooler
The toddler needs a supportive environment for body image and self-esteem to develop positively. The parents should provide the toddler with an environment to practice his newly learned skills. The toddler needs to be encouraged to try his skills again (such as learning to walk or potty training) if not successful at first. Praising the toddler for mastery of learning his new skill is important in developing a positive self-concept.

Preschoolers begin to exhibit a sense of sexual curiosity. As they hear the names and functions of their body parts, they may ask a lot of questions. How the parents answer a preschooler’s questions may have an impact on his self-concept and body image. As preschoolers develop their self-concept, they will often imitate parents and siblings.

School Age and Adolescence
The school experience has a major impact on a child’s development of self-concept, identity, body image, self-esteem, and role. Parents, teachers, and peers have a direct influence on the child’s developing feelings, views, and sense of self. Children compare their physical appearance, academic and athletic abilities, and social status to those of their peers and seek approval and acceptance from this group. Bullying by verbal, emotional, or technological methods (e-mail, chatting, blogging, texting, or twittering) is common in this age group and negatively affects a child’s developing self-concept. The school-age child places importance on receiving acceptance and approval by one’s peer group to feel included and positive about oneself.

Adolescence marks numerous physical and hormonal changes, including in the female the onset of menses, pubic and axillary hair growth, breast development, and an increase in height, and in the male a slow, progressive deepening of the voice; pubic, axillary, and chest hair growth; enlargement of the testicles and penis; and thinning and reddening of the scrotum. The development of acne and body odor will also occur at this age. These changes influence the adolescent’s view of one’s body and oneself. Adolescents look to their peers, parents, role models, and the media to view what is expected of them (Figure 15-4).

Many adolescents are experiencing issues with the image of their body weight, shape, size, hair, acne, or height. Negative

Figure 15-4 Peer relationships are important during adolescence.
comments and reactions from their peers can cause them to participate in substance abuse, inappropriate sexual behavior, and eating disorders as an attempt to fit in. Adolescents struggling with how to deal with anxiety and depression due to these expectations may use self-injury (self-mutilation) as a method of coping or even attempt suicide.

The development of a healthy self-concept for the adolescent often lies in parental involvement and support. As the adolescent becomes more independent, the parents may need to adapt and change their parenting style. While adolescents may begin to attain more independence, they still require the love, support, and involvement of their family and friends (Figure 15-5).

**Adulthood**

The natural process of aging will lead to significant changes in a person's self-concept. Over the course of a lifetime, an adult will experience changes in one's roles, body, and identity. Young adults strive to develop relationships, careers, and often a family. Older adults attempt to define themselves by their accomplishments. Major life events in adulthood will continuously shape a person's self-concept, such as obtaining a college degree, getting a job, marriage, divorce, losing a job, retirement, and the death of a significant other. How the individual views and copes with these changes will determine the influence and impact they have on the person's self-concept.

**FACTORS AFFECTING SELF-CONCEPT**

Self-concept can be affected by an individual's life experiences, heredity and culture, stress and coping, health status, and developmental stage. The nurse needs to evaluate each of these factors and the influence each has on the client's achievement of a healthy self-concept (Figure 15-6).

**Life Experiences**

Life experiences, including success and failure, will develop and influence a person's self-concept. Experiences in which the individual has accomplished a goal and achieved success will positively reinforce the development of a healthy self-concept. Difficult experiences and/or failures can negatively impact a person's self-concept unless they have established coping strategies to deal effectively with these challenges to their self-concept. Coping strategies are learned as a person encounters and deals with various situations in life.

**Heredity and Culture**

Individuals typically grow up learning and integrating their family's heredity and culture into their life. Beginning at birth, heredity and culture shape and influence a person's self-concept. Individuals who have integrated their heredity and culture into their life tend to have a healthier self-identity and self-concept (Figure 15-7).

**Stress and Coping**

Everyone experiences stress at some level each day. Common stressors include financial, work-related, relationship, and health issues. Individuals react and deal with stress in different ways depending on their past experiences and success and failure with dealing with stress. Individuals who learn and use effective coping strategies to deal with stress most likely develop a positive self-concept. People who become overwhelmed with stress may feel hopeless and powerless, leading to a feeling of low self-confidence and self-esteem (Figure 15-8). The nurse may need to teach the client effective coping strategies and techniques for handling stress.
People tend to take their good health for granted. When they become ill, their altered health status can change their self-identity and self-concept. Alterations in body image can result from such health issues as amputation, cancer, mastectomy, trauma, or scarring. The nurse needs to monitor for changes in the client’s self-concept due to alterations in their health status.

**Developmental Stage**

Growth and development begins at birth and continues into adulthood. Typically a person will achieve specific
developmental tasks as one passes through each stage of life. The successful accomplishment of each task will influence and reinforce the development of a healthy self-concept. Individuals who experience developmental delays or situations in life that prevent or delay the accomplishment of developmental tasks can have an altered or negative self-concept.

NURSING PROCESS

The nursing process facilitates providing nursing care to clients at risk for alterations in self-concept, body image, self-esteem, and role performance.

ASSESSMENT

Assessment data are the basis for prioritizing the client’s problems and the nursing diagnoses. Clients at risk for alterations in self-concept, identity, body image, self-esteem, and role performance require a health history and physical examination. Frequent reassessment may be necessary to facilitate appropriate changes in the plan of care and expected outcomes.

Health History

The nurse begins gathering data for the health history by assessing the client’s perception of their identity, body image, self-esteem, and role performance. Client verbalizations of feelings and perceptions that reflect an altered view of these areas of self-concept will need to be further evaluated. The nursing history should elicit data in the following areas:

- Feelings or perceptions that reflect the client’s view of oneself
- Client report of any changes in body image, self-esteem, or role
- Feelings of powerlessness and/or hopelessness related to any of these changes

Physical Examination

A complete health assessment includes a physical examination to obtain objective data relative to the client’s health status and presenting problems. When assessing the client’s self-concept, identity, body image, self-esteem, and role performance, the nurse should focus the physical examination on:

- Nonverbal actions and behaviors
- Withdrawal
- Lack of appetite
- Wanting to sleep all the time
- Not participating in care
- Intentional hiding, not touching, or not looking at the body part involved
- Isolation
- Interaction with others

Nursing Diagnosis


Disturbed Body Image is defined by NANDA-I (2010) as “Confusion in mental picture of one’s physical self” (p. 197). Related factors to disturbances in body image are as follows:

- Injury
- Trauma
- Surgery
- Illness
- Illness treatment
- Perceptual
- Cognitive
- Spiritual
- Cultural
- Psychosocial
- Developmental changes
- Biophysical

Clients who are at risk for disturbances in body image may have other associated physiological and psychological concerns. The common nursing diagnoses that often accompany Disturbed Body Image include:

- Readiness for Enhanced Self-Concept
- Situational Low Self-Esteem
- Chronic Low Self-Esteem
- Ineffective Role Performance
- Social Isolation
- Powerlessness
- Hopelessness
- Disturbed Personal Identity
- Risk for Compromised Human Dignity
- Risk for Loneliness
- Readiness for Enhanced Power

The list identifies related diagnoses for alterations in self-esteem and role performance that must be considered when planning care for a client at risk for alterations in self-concept.

BOX 15-2 QUESTIONS TO USE IN OBTAINING A HEALTH HISTORY

Obtaining a Client History of Self-Concept

- How would you describe yourself?
- How do others describe you?
- What has been your greatest accomplishment?
- How does this make you feel?
- When you receive praise, do you feel worthy of it?
- What do you admire most about yourself?
- How do you react when you experience failure?
- How do you cope with failure?
- Have you experienced past or recent changes in body image, self-esteem, or role performance?
- Have you experienced feelings of powerlessness or hopelessness?
- Who do you consider your support group?
- What do you do to make yourself laugh or feel good about yourself?
Planning/Outcome Identification

Holistic nursing care requires collaborating with each client to identify goals for each nursing diagnosis. Planning and outcome identification for the client focuses on promoting a healthy self-concept or facilitating change in an altered self-concept. These individualized goals should reflect the client's abilities and limitations.

Nursing interventions are selected and prioritized to support the client’s achievement of expected outcomes based on the goals. For example, if the client states that she considers herself overweight, unattractive, and undesirable to others, this leads to a nursing diagnosis of Disturbed Body Image, and the goals might include expressing positive feelings about herself and integrating a realistic body image.

Implementation

Several interventions can promote a positive healthy self-concept in clients; they are as follows:

- Encourage client to list past and current accomplishments
- Ask client to describe how they and others would describe them
- Assess the client’s report of changes in their self-concept, body image, self-esteem, or role performance
- Encourage verbalization of the positive and negative feelings and perceptions of the changes that have occurred to their self-concept, body image, self-esteem, or role
- Acknowledge normalcy of changes in the emotional response and grieving stages to changes
- Assist client in incorporating the necessary changes into their daily life
- Assist the client in identifying methods of coping that have been useful in the past
- Assist client in contacting appropriate support groups and/or counseling as needed

Evaluation

Evaluation of the effectiveness of nursing care is based on the achievement of goals and expected outcomes. The plan of care must be updated on a regular basis with additional interventions used as needed.

Sample Nursing Care Plan

The Client with Alterations in Self-Concept

T.H., a 38-year-old male, had surgery for placement of a cardiac pacemaker. Two days postoperatively, T.H. refused to participate in his care and appeared quiet and withdrawn. When the nurse asked T.H. if he would like to talk about it, he replied, “I don’t want to look at it or touch it. I will never be able to take my shirt off in the summer again. Why did the scar have to be so big?”

Nursing Diagnosis

Disturbed Body Image related to scarring from surgical pacemaker placement

NURSING OUTCOMES Categorization (NOC)

Body Image
Self-Esteem

NURSING INTERVENTIONS Categorization (NIC)

Body Image Enhancement
Grief Work Facilitation
Coping Enhancement

Planning/Outcomes

T.H. will be able to look at, touch, and talk about the surgical scar on his chest where the cardiac pacemaker was inserted.

Nursing Interventions

Encourage T.H. to verbalize his feelings and perceptions regarding the scar on his chest.

Assist T.H. to identify effective coping strategies.

Acknowledge T.H.’s emotional response to the changes in the appearance of his chest.

Provide empathy and support to T.H.

Rationale

Verbalizing feelings and perceptions may help T.H. express and identify his concerns. Identifying coping strategies may assist T.H. to deal effectively with his body image issues. Acknowledging a client’s emotional response promotes trust and is validating their feelings and thoughts. Providing empathy and support are necessary to facilitate a positive nurse–client helping relationship.

Evaluation

T.H. states that he does not like the scar on his chest, but he can live with it. He has participated in his activities of daily living and washed and dried his chest during morning hygiene care.
A positive self-concept is important in achieving happiness, success, and a healthy self-identity. The four main components of self-concept are identity, body image, self-esteem, and role performance. A variety of activities are available for the nurse to teach the client to promote a positive self-concept.

Body image continuously changes throughout an individual’s growth and developmental life stages. Self-esteem is shaped by relationships with others, experiences, and accomplishments in life. A variety of factors affecting self-concept include life experiences, heredity and culture, values and beliefs, stress and coping, health status, and developmental stage.

1. A 16-year-old female client tells the nurse, “I am fat, ugly, and stupid.” This statement best reflects the client’s:
   1. ideal self.
   2. real self.
   3. public self.
   4. other self.

2. The nurse knows that a positive self-concept is an important part of a client’s happiness and success. Individuals with a positive self-concept exhibit all of the following except:
   1. difficulty accepting criticism.
   2. setting goals they can achieve.
   3. changing unhealthy habits.
   4. self-confidence.

3. A 78-year-old male client presents with thinning and graying of hair, wrinkling and loss of skin elasticity, weight gain, decrease in hearing and vision, and a decrease in mobility. These data are describing which component of self-concept?
   1. Self-esteem.
   2. Body image.
   3. Role performance.
   4. Identity.

4. The nurse knows that activities to promote and enhance a client’s self-esteem include: (Select all that apply.)
   1. empowering the client.
   2. encouraging negative self-talk.
   3. providing support and counseling as needed.
   4. using passive skills.
   5. including the client in decision making.
   6. proving information and resources as needed.

5. A 43-year-old male client tells the nurse, “In the last year, my wife has divorced me, my father passed away from cancer, and now last week I lost my job because of downsizing in the company. I really don’t know who I am anymore.” This statement best reflects a change in the client’s:
   1. role.
   2. body image.
   3. self-esteem.
   4. self-awareness.

6. A 12-year-old female client experiencing the onset of menses, pubic and axillary hair growth, breast development, and an increase in height would be identified as being in which of Erikson’s stages of development?
   1. Trust versus mistrust.
   2. Autonomy versus shame.
   3. Identity versus role confusion.
   4. Integrity versus despair.

7. A 65-year-old retired schoolteacher states that she is enjoying retirement by traveling and playing more with the grandchildren. According to Erikson’s theory, she would be in the stage of:
   1. trust versus mistrust.
   2. autonomy versus shame.
   3. identity versus role confusion.
   4. integrity versus despair.

8. While the nurse is completing a physical exam on a 15-year-old male client, he notices unusual straight razorlike cuts on his forearm. On questioning, the client informs the nurse that he has been cutting himself for the past 6 months because of “unbearable stress” in his life. Which of the following nursing diagnoses is appropriate for the client?
   1. Hopelessness.
   2. Powerlessness.
   3. Disturbed personal identity.
   4. All of the above.

9. A 52-year-old female client has recently been diagnosed with breast cancer. The factor most likely to affect the client’s self-concept is:
   1. her health status.
   2. her developmental stage.
   3. her culture.
   4. her ethnicity.

10. The nurse is obtaining a health history on self-concept for a 45-year-old male client who has recently lost his job. Which of the following questions is the most appropriate to ask the client when gathering data regarding self-concept?
   1. “When did you lose your job?”
   2. “Why did the company terminate your work position?”
   3. “How would you describe yourself?”
   4. “How many years did you work there?”
CHAPTER 15
Self-Concept

REFERENCES/SUGGESTED READINGS


RESOURCES

National Alliance on Mental Illness (NAMI), http://www.nami.org
National Empowerment Center, http://www.power2u.org

SAMHSA’s National Mental Health Information Center, http://mentalhealth.samhsa.gov