



**SECOND
INTERNATIONAL
FAMILY NURSING
CONFERENCE**

MAY 21-24, 1991

**RED LION LLOYD CENTER
PORTLAND, OREGON, USA**

PROCEEDINGS

sponsored by:

**Oregon Health Sciences University School of Nursing
Montana State University College of Nursing
University of California San Francisco, Dept. of Family Health Care Nursing
University of Washington School of Nursing**

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**Editor
Linda G. Krentz, RN, MN**

Sponsored by:

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Montana State University College of Nursing
University of California San Francisco, Dept. of Family Health Care Nursing
University of Washington School of Nursing**

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FORWARD

The Second International Family Nursing Conference was conceived to provide a forum for the exchange of family nursing ideas, information and expertise and to foster the development of an international community of family nurses to improve the health of families throughout the world. It carries forward the legacies begun at the First International Family Nursing Conference which was held in Calgary, Alberta, Canada in 1988 and the National Conference on Family Nursing which was held in Portland, Oregon, U.S.A. in 1989 and represents a joint effort among four universities: Oregon Health Sciences University School of Nursing, Montana State University School of Nursing, University of California San Francisco Department of Family Health Care Nursing and the University of Washington School of Nursing.

The opportunity to share and exchange with other family nurses has been exciting and the response to the Call for Abstracts was tremendous. It resulted in a final program including 13 Symposia, 138 paper presentations, and 82 poster presentations from nurses representing the U.S., Canada and 13 other countries.

Many volunteers contributed their energy, ideas, commitment and time to make this conference possible. The support and commitment of members of the Advisory Committee who spent countless hours has been vital to its success.

We are very optimistic about the future of family nursing and look forward to the continuing exchange with other family nurses with the Third International Family Nursing Conference to be held in Montreal, Canada in 1984.

Linda G. Krentz, RN, MN
Editor

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ABSTRACTS OF PLENARY ADDRESSES

Health for All in the Year 2000: The Role of Family Nursing

Miriam J. Hirschfeld, RN, DNSc
Chief Scientist for Nursing
Division of Development of Human Resources for Health
World Health Organization
Geneva, Switzerland

This keynote will first present some of the historical background and explanations as to what is meant by Health for All through Primary Health Care (PHC). Those areas considered of crucial concern to understanding major developments will then be highlighted: socioeconomic aspects, military expenditure, literacy, status of women, the situation of children and young people, and of disabled persons, as well as some specific data related to mortality, AIDS, and the elderly.

The original description of PHC in the 1978 Alma-Ata document of the World Health Organization is: primary health care is essential care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work."

Finally, our responsibility as nurses - and in particular as family nurses - will be discussed. Four major challenges will be highlighted: (i) the challenge to jointly develop education, practice and management; (ii) the challenge for nursing to take responsibility for caregiving wherever it may take place, including caregiving by auxiliaries and families; (iii) the challenge of knowledge development through research and theory which must grow from the reality and the needs of caregiving and feedback into caregiving at all levels; and (iv) the challenge for nursing to practice within a continuing dialogue with those we care for (individuals, families, and communities), as well as with the entire health care team and with the political establishment.

The Early Years of the Family Life Cycle
Communication: Dyadic Interaction in Families

Kathryn E. Barnard, RN, PhD, FAAN
Professor of Nursing and
Associate Dean for Academic Programs
University of Washington
Seattle, Washington U.S.A.

Families the world over are experiencing changes in their values, beliefs, practices and context. In the United States families with young children are confronting issues of poverty, single-parenting, teen-age parents, substance abusing life styles, and affluence to name a few.

In relation to the issues families are confronting there is the need to define functioning of the family, as well as function of individuals within the family. In the market place, new models and measures to guide assessment defined five areas of family assessment which include Family process, Family coping, Parenting, Health Maintenance, and Home Maintenance.

Family Processes are defined as "Patterns of living and communication that create an environment to meet members physical, emotional and spiritual needs as far as is possible in order to support individual growth and functioning." This domain of Family Process includes family adaptation, family satisfaction, communication, decision making, family relationships, and boundary management within the social environment. The topic of communication of dyads in the family will be discussed. The topics of both parent-child and couple interaction will be highlighted since they are a vital part of family function in all situations.

Evidence from parent-child interaction as measured by the NCAST feeding and teaching scales will be presented which confirm these scales measure parent-child communication. Empirical data supporting the validity of the scales with other communication and language measures will be discussed. Parent-child interaction will be discussed from the context of poverty, single-parenting, teen-age parents, parents with handicapped children, alternative caregivers and substance abusing parents.

Intervention with parent-child communication will be explored in relation to both parent and child risks. Principles of fostering parent-child interaction during the earliest years of life will be elaborated. The major factor of negative communication cycles will be highlighted in relation to evidence of how early these cycles appear in infants and the relationship they have with developmental outcomes. Language development is highly influenced by parent-child interaction; language and communication of the young child is correlated with later cognitive and behavioral outcomes.

Finally, research on couple communication patterns, including negative feedback loops will be presented. Evidence of parent communication intervention strategies for teaching couples communication skills to increase positive interaction will be explored.

Family Nursing with Aging Families

Margarethe Lorensen, RN, PhD
Professor
Institut of Nursing Science
University of Oslo
Oslo, Norway

"Do not follow where the path may lead. Go instead where there is no path and leave a trail."

That is the path and challenge family nursing must follow to help meet the health and social needs of the fast growing population of people over age 65 in the next decade to come, as there is much we still don't know and have to map out.

A global view of the demographic trends of aging persons finds that by the year 2000, there will be 410 million persons in the world 65 years or older, representing an annual growth of 2.4%. In both developing and industrialized countries, the fastest growing section of the population are the oldest of the old, those aged at least 80. Worldwide, the number of elderly women is greatly larger than the number of elderly men. Further, as 85% of women over the age of 75 are single, widowed, or divorced with very low incomes, the social, economic, and health problems of the elderly are in large part the problem of elderly women.

In the future, it appears that aging persons will have better health, resulting in an increased survival rate. However, this means that more elderly persons will eventually develop one or more chronic diseases and experience increased frailty and morbidity. Dementia will be the biggest challenge of the future, with an expected prevalence rate of 5 to 15 % among individuals over 65. It is not so much the medical model that is needed but more the social-nursing-health model.

Recent demographic changes among families have led to a decrease in the availability and opportunity of children to care directly for their aging parents. Some studies are finding that families still do care for their elderly, but for a shorter time. As a result, more social and health care support services will need to be provided by the private and government sectors. Alternative living situations will need to be explored, such as that being tested in Denmark where single persons approaching 65 decide to live together and share common resources.

Community care of the elderly is still considered optimal for 3 main reasons: (a) People prefer to be in their own homes; (b) Community care is usually cheaper; and (c) Community care is generally better for individuals than institutional care. A major challenge for nursing homes is to change their philosophy to active rehabilitation, modeling their care on the perceived needs and lifestyles of the elderly. Regardless of where care takes place, all care must be done in collaboration with the elderly and the family in their cultural-social context.

A critical challenge for the future will be the recruitment, retention, and education of professionals and caretakers. Curricula in professional educational programs must include gerontological theory and research. Caretakers will need specific detailed knowledge in order to cope with caring for their elderly. We will need to determine what is normal behavior for 80, 90, and 100 year olds and how they manage to keep healthy.

The priorities and challenges facing family nursing in the near present and the future are: (a) Recruitment, retention, and education of nursing personnel caring for the elderly and their families; (b) Research, theory development, and systematic data gathering; (c) Influencing policy making and decisions; and (d) Setting up experimental unit of care in agencies and in home nursing, to do research, and try out interventions.

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1A1: *Conceptual and Methodological Issues in Research of Families. Symposium*

FEETHAM, Suzanne L ; KNAFL, Kathleen; DEATRICK, Janet; PERKINS, Mary; BREITMAYER, Bonnie; GALLO, Agatha; ZOELLER, Linda; FAUX, Sandra A.; CARROLL, Ruth (Maryland U.S.A.)

Overview:

PURPOSE: To analyze conceptual and methodological issues in research on families using a synthesis of theoretical and clinical literature and results from programs of research on children with health problems and their families.

OBJECTIVE: Critique current methods for research on families in context of Feetham (in press) criteria for family and family related research.

PRESENTATION OVERVIEW: Discuss different approaches to qualitative research and their appropriate use in research on families. (Presentation 1). Sensitize participants to the contribution of qualitative research related to understanding the illness experience of child and their families. (Presentation 2). Discuss methods for analyzing quantitative data and identify advantages and disadvantages of various techniques using family data. (Presentation 3). Analyze issues of conceptualizing the family as a unit of analysis in studies of families with a child with chronic illness. (Presentation 1, 2, & 3). Explore innovative strategies for combining qualitative and quantitative methods in studies of families with a child with a chronic illness. (Presentation 1, 2, & 3).

Presentation I:

KNAFL, Kathleen; BREITMAYER, Bonnie; GALLO, Agatha; ZOELLER, Linda (Illinois U.S.A.)

One Approach to Conceptualizing Family Response to Illness

How best to conceptualize the family as a unit of analysis in research and a unit of care in nursing practice remains an issue for both nurse researchers and clinicians. The purpose of this paper is to present one approach to conceptualizing the family as a unit of analysis in research. The approach was developed in conjunction with a naturalistic study of 63 families in which there was a chronically ill school age child. The primary objective of the study was to conceptualize how families define and manage a child's chronic illness. Parents, ill children and school age siblings participated individually in open ended tape recorded interviews that addressed perceptions of the child's illness, strategies for managing the family members and family life as a whole. Structured measures of individual (e.g. Profile of Mood States) and family functioning (e.g. Feetham Family Functioning Survey) also were completed. In this paper, techniques for conceptualizing the response of the family unit to the chronic illness of the child are described. The investigators constructed a series of qualitative matrixes to display simultaneously data from individual family members and reviewed these matrixes in order to identify configurations of family member's reported conceptions and behaviors. These configurations were compared across families and grouped as to types of family management styles. The usefulness and limitations of the investigator's approach to conceptualizing the family as a unit of analysis are discussed.

Feetham, S. (1984) Family research: Issues and directions for nursing. In H. Werley & J. Fitzpatrick (Eds.)

Annual Review of Nursing Research. (Vol. 2) pp. 3-25. New York: Springer.

Gilliss, C, Highley, B., Roberts, B., Martinson, I. (Eds.) (1989). Toward a Science of Family Nursing. Menlo Park, CA : Addison-Wesley.

Miles, M., & Huberman, A. (1984). Qualitative Data Analysis: A sourcebook of new methods. Beverly Hills, CA: Sage. - rmdrix. drfpbv-

Interviews to individual family members -
 Conceptualize family response to illness - managing
 Familial perspective -
 Pattern scores

comparing
Interpretive
Presentation

II:

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DEATRICK, Janet A.; FAUX, Sandra A. (Pennsylvania, U.S.A.)

Studying Families' Experiences with Illness: The Contribution of Qualitative Research

Qualitative research has made significant contribution to the study of phenomena of important to nurses who work with families. In particular, various qualitative approaches have been used to study children's (Bernheimer, 1986; Deatrick & Faux, 1989) and families' (Walker, 1985) perceptions of the illness experience. Studies in the past have used an individual family member's perception to represent the illness experience of the child and the entire family. However, an increasing number of family researchers are attempting to examine the illness experience from the perspective of the entire family, including the child who is ill. A comprehensive review of the contribution of various qualitative approaches to understanding the illness experience of children and their families will be presented. Studies will be grouped according to the specific approach used to study the phenomena (e.g. plain, definition and experience of illness, death and dying, reaction to hospitalization) such as grounded theory, ethnography, phenomenology, and critical thinking. Data collection techniques common to the various approaches (e.g. observation, intensive interviewing) will be discussed as to their suitability from a developmental and a scientific perspective. Recommendations for future research of the phenomena will be discussed as well as suggestions for the most appropriate design of future research to further our understanding of both the family and the child,

Bernheimer, L.P. (1986). The use of qualitative methodology in child health research. Children's Health Care, 14, 224-232.

Deatrick, J.A., Faux, S.A. (1989). Conducting qualitative studies with children and adolescents. In J.M. Morse (Ed.) Qualitative Nursing Research: A contemporary dialogue. Rockville, Maryland: Aspen Publisher, Inc. 185-203.

Walker, A.J. (1985). Reconceptualizing family stress. Journal of Marriage and the family, 47, 827-837.

Presentation HI:

V

Q^i,0

FEETHAM, Suzanne; PERKINS, Mary; DNSc.; CARROLL, Rum

Methodological Issues in Using Quantitative Data to Examine Family Responses p- p

Family scientists have identified and challenged several methods used for the analysis of individual family member's data to determine family responses. The results of analysis of data from family members (N = 120 mothers and fathers) will be interpreted. This interpretation will identify the advantages and disadvantages of various types of analysis including the use of mean scores, discrepant scores, and sums of scores for calculating combined scores for relational data. The results using extreme and difference scores will also be presented. Schumm and colleagues technique for determining the existence of a common family base or shared variance will be reviewed. The controversies and challenges to each of these methods will be presented. Criteria for selection of methods will be presented.

Feetham, S. (in press) Conceptual and methodological issues in research of families. A. Whall & J. Fawcett (Eds.) Family Theory Development in Nursing. Philadelphia: F.A. Davis.

^ Schumm, W.R., Barnes, H.L., Bollman, S.R., Jurich, A.P., Milliken, G.A., (1985). Approaches to the statistical analysis of family data. Home Economics Research Journal, 14 (1), 112-122.

Uphold, C.R., Strickland, O.L. (1989) Issues related to the unit of analysis in family nursing research. Western Journal of Nursing Research, 11 (4), 405-417.

1A2: *The Nurse as a Family Therapist. Symposium*

FISHEL, Anne Hopkins; BILLINGS, Carolyn; FERREIRO, Beverly Webster; MANLEY, Elizabeth (North Carolina U.S.A.)

Overview:

FISHEL, Anne Hopkins (North Carolina, U.S.A.)

The Nurse as a Family Therapist

The role of the nurse as a family therapist has been articulated by such writers as Shirty Smoyak, Susan Jones, I. Clements, and Wright and Leahey. A central thesis of family therapy is that when one member of the family is manifesting an emotional disorder, the entire family is in pain. Thus, the family system is the unit of treatment. The four cases presented in this symposium are reflective of the unique identity of nursing—the diagnosis and treatment of actual or potential health problems within a holistic perspective. Examples of dysfunctional families to be discussed include families with an acting out young adolescent, an adult incest survivor, a substance abuser, and a runaway teen. Different theoretical frameworks guided the nursing interventions. Structural, strategic, family systems, and developmental theory are all reflected in the presentations. Some nurse therapists used several styles and others used one theoretical approach. Length of treatment varied from several weeks to more than 10 years. The Calgary Family Assessment Model, developed by nurses, incorporates all of these theories and provides an integrated approach for the nurse family therapist.

Clements, I., & Buchanan, D. (1982). Family therapy: A nursing perspective. New York: John Wiley.

Smoyak, S. (1975). The psychiatric nurse as family therapist. New York: John Wiley.

Wright, L. M., & Leahey, M. (1984). Nurses and families: A guide to family assessment and intervention. Philadelphia: F. A. Davis.

Presentation I:

BILLINGS, Carolyn Veronica (North Carolina U.S.A.)

A Brief Family Treatment Model

This presentation will focus on the nurse as a family therapist in an independent practice setting. The case selected will involve discussion of a family problem in which there is an acting-out preadolescent. Utilization of a brief, solution-oriented, strategic conceptual approach will be highlighted. The organizing framework will highlight the Calgary Family Model with special attention to the intervention phase of the therapy. Emphasis will be placed on the unique contribution of the nurse as contrasted with other disciplines who work with families.

deShazer, S., & Insoo, B. (1988). Constructing solutions. The Family Therapy Networker.

Eron, J., & Lund, T. (1989). From magic to method. The Family Therapy Networker.

Weltner, J. (1988). Different strokes. The Family Therapy Networker.

Presentation II:

FERREIRO, Beverly (North Carolina, U.S.A.)

Adult Incest Survivor and Her Family

The purpose of this case presentation is to discuss the phases of therapy and treatment strategies used with a young mother with a history of father-daughter incest. The paper traces the development of the therapy from the initial referral of the 6 year old daughter through subsequent marital, individual and group therapy. Effective and ineffective interventions are analyzed and outcome measures for the treatment are delineated. The

characteristic ways that child incest victims make their cry for help and are brought to the attention of emergency-room nurses, pediatric nurses, and school nurses are also addressed.

Bass, E., & Davis, L. (1988). The courage to heal: A guide for women survivors of child sexual abuse. New York: Harper & Row.

Russell, D. (1986). The secret trauma: Incest in the lives of girls and women. New York: Basic Books.

Maltz, W., & Holman, B. (1987). Incest and sexuality: A guide to understanding and healing. Lexington, MA: Lexington Books.

Presentation III:

FISHEL, Anne Hopkins Carolina, U.S.A.)

The Family with a Runaway Teen

The Longfelter family were referred initially to this therapist about 12 years ago while the mom was hospitalized for a major psychotic episode, bipolar affective disorder, manic type. At various times over the years the other three members of the nuclear family became symptomatic, this presentation concerns a recent two year time frame when the youngest girl was the identified patient. The family was in the launching period of family development. The specific crisis occurred when the 16 year-old ran away from home to Myrtle Beach, South Carolina. Her older sister was graduating from high school. In a family which had been dealing with enmeshment issues for a long time, the therapist anticipated launching would be stressful. Both direct and indirect interventions were used to shift the family coalitions, strengthen the parental generation boundary, and reinforce parenting practices appropriate for the developmental level of young adults. Interventions were guided by structural family systems and family developmental theories.

Bowen, M. (1978). Family therapy in clinical practice. New York: Jason Aronson.

Carter, B., & McGoldrich, M. (1988). The changing family life cycle. New York: Gardner.

Minuchin, S. (1974). Families and family therapy. Boston, MA: Harvard University Press.

Presentation IV:

MANLEY, Elizabeth (North Carolina, U.S.A.)

The Family with a Substance Abuser

The role of the nurse as a family therapist is illustrated through the presentation of a clinical situation involving an adult male substance abuser. Intervention is guided by the following conceptual models: Calgary Family Assessment, family systems theory, and the nursing process. A dynamic shift occurred when the nurse began to work with the client's parents on decreasing reactivity, developing stronger generational boundaries, and focusing on their own developmental tasks as a retirement-age couple. With support and a theoretical framework, the parents separated from their son. As they let go of over-functioning on his behalf, he began to function more for himself (food shopping and preparation, money management, and peer relationships). At termination, parents initiated contact with a substance abuse counselor to plan an intervention with their son. inter-generational patterns of over- and under-functioning are explored in light of both parents' work on current problems in each of their relationships with their own family of origin.

Gordon, M. (1987). Nursing diagnosis. Process and application (2nd ed.). New York: McGraw Hill.

Kerr, M. E. (1981). Family systems theory and therapy. In A. S. Burman & D. P. Kniskern (Eds.), Handbook of family therapy (pp. 226-264). New York: Brunner/Mazel.

Wright, L. M., & Leahey, M. (1984). Nurses and families: A guide to family assessment and intervention. Philadelphia: F. A. Davis.

1A4: Childhood Cancer: A Family Experience. Symposium

MARTINSON, Ida M.; MILES, Margaret S.; WEEKES, DeLois; WANG, Ru-Hwa (California U.S.A.)

Overview:

MILES, Margaret S.; MARTINSON, Ida M.

This symposium focuses on the impact of childhood cancer on the family as well as the family's important role in helping the child. Because of the intense meaning of children, the impact of childhood cancer has great significance to family members and to the family as a unit. The family, in turn, has an important role in helping the child with cancer to deal with the illness and treatments. The intense and prolonged treatments involved, the frequent clinic visits and hospitalizations, and the related monitoring of symptoms creates many stresses for the child with cancer and for the family. The four papers presented in the symposium focus on the needs of the adolescent with cancer for support from his parents and on the impact of the child's illness on the parents and the family unit. The subjects in these four studies are from two areas of the United States (the West and the Southeast) and from two oriental cultures (Taiwan and Mainland China). Although a relatively rare disease, childhood cancer does occur in all populations and in all parts of the world. By including papers from these diverse populations, the symposium will offer opportunities to compare and contrast findings from these cultures and to identify both common threads and unique problems faced by families. Methodological and theoretical issues involved in studying families also will be examined.

Presentation I:

WEEKES, DeLois P. (California U.S.A)

The Phenomenon of Hand Holding as a Type of Coping Strategy in Adolescents Experiencing Treatment-Related Pain

Purpose: To understand and describe the phenomenon of hand holding as a type of coping strategy used by adolescents experiencing treatment-related pain, i.e., cancer and renal, and to determine whether adolescents indicate a preferred person to provide hand holding.

Rationale/Background: In two previous studies of adolescent cancer patients, hand holding was described by early, middle, and late adolescents as one of the most effective types of coping strategies in helping them to deal with cancer treatment pain. The literature provides minimal information regarding hand holding as a type of coping, (e.g., factors influencing use, temporal aspects, generality). Exploratory study was necessary in order to understand and to describe these properties.

Significance: This study contributed important clinical information about a simple, parsimonious, and easily implemented coping strategy that is preferred and perceived by adolescents as highly effective in helping them to deal with cancer treatment pain.

Methods: The design was exploratory descriptive, with one comparison group (adolescent renal patients), which was used to help determine whether hand holding was unique to adolescent cancer patients. A convenience sample of 24 adolescents (12 with cancer & 12 with renal disease) ages 11-19, receiving treatment for at least 3-months, without developmental delays, was recruited from two pediatric outpatient clinics. Data were collected using a semi-structured interview guide and a structured observation tool. Forms of both instruments were used in previous studies and have been found to be stable with inter-rater reliability and face and semantic validity of .85 and .94 respectively. Demographic data were also collected on all subjects. Data were analyzed using ETHNOGRAPH a qualitative data analysis program used to enter along side the substantive data the codes and categories that result from the content analysis. The content analysis proceeded from the substantive data to first level coding of related pieces of data and so forth. ETHNOGRAPH allows multiple codes to be searched concurrently. Observation data were used to supplement and validate interview data.

Major Findings: Data analysis is in process, however, adolescents indicate that parents are the preferred persons for hand holding, followed by the nurse. Of the parents, the father is most preferred because his hands

are typically larger and the adolescent feels that they can be squeezed harder without inflicting pain or injury. Adolescents are reluctant to ask for hand holding because they do not want to be thought of as "babies" by the staff, especially the nurses.

Implications: Information gained from this study may be used as the basis for a very effective, simple intervention that is perceived by adolescents as effective in helping them to deal with treatment-related pain.

Presentation II:

MILES, Margaret S.; COOPER, Herbert C; NELSON, Audrey; POPAWRA, Colleen (Norm Carolina U.S.A.)

Parents of Children with Cancer: Stress and Health

Childhood cancer is not considered a chronic disease with an illness trajectory involving relapses and remissions and entailing complex treatment regimes, multiple clinic visits, and frequent hospitalizations over a long period of time. Parents are the most important resource to both the sick child and the entire family in coping with this complex illness. Research suggests that parents experience intense stress as they attempt to fulfill their increased responsibilities and cope with their own feelings and concerns. Although stress researchers have begun to focus on the impact of stress on the physical and mental health of individuals undergoing a wide variety of stressful life events, little research has been done with parents of children with childhood cancer. Given that the stresses associated with childhood cancer are many and continue for a long time. It can be anticipated that this stress may place some parents at risk for increased health problems. The purpose of this exploratory study is to describe the changes in physical and mental health status reported by mothers and fathers of children with cancer over the first year following diagnosis. Subjects are parents of 30 children. Data are collected at 3 to 6 months following diagnosis and again at 12 months. Data are collected using a Health Assessment Scale which measures overall level of health, the presence and severity of specific health problems, appetite and weight changes, sleep problems, drug usage, and somatization. Mental health is measured using the CESD-Depression Scale. Data analysis is underway and involves primarily descriptive statistics to assess changes over time. Differences in reported changes between mothers and fathers will also be examined.

Presentation 1H:

MARTINSON, Ida M. (California U.S.A.)

The Impact of Childhood Cancer on Families in Guangzhou, China

Childhood cancer is considered a major stressor for the child, the parents, and the family. Although rare, childhood cancer occurs in all areas of the world. This offers the unique opportunity for nurses to work collaboratively with nursing colleagues from other countries in studying the responses of families to this serious childhood disease. This paper examines the impact of cancer on Chinese families in Guangzhou, China. The study was done in cooperation with the nursing faculty at the Sun Yat Sen University of Medical Sciences. This cross-sectional study involved 89 families in which the child was at varying phases in the illness trajectory: newly diagnosed, under treatment, in relapse, or after death. Data collection involved a review of medical records, informational data about the families, and a semi-structured interview. The interview focused on the families' experiences with childhood cancer. Data was collected by the Chinese nurse after instruction and training by the principal investigator. Notes were taken during the interviews and the data collectors immediately wrote up a full record upon completing the interview. The interviews were then translated into English for analysis. Content analytic techniques were used to summarize and analyze the findings. Preliminary findings indicate that over one-half of the children had symptoms for over a month before diagnosis and several of the families reported difficulty in obtaining adequate medical care. As the cost of medical care was usually the responsibility of these more rural families, every family reported major financial difficulties. The lack of any pain control was almost universal and had a serious impact on families. Most of the mothers

and fathers reported increased difficulties in sleeping, loss of appetite and weight, and increased dreams. Family configurations changed as these "one child" families were able to expand their families due to the serious nature of the child's illness.

Presentation TV:

WANG, Ru-Hwa; MARTINSON, Ida; HOLADAY, B.; SAVEDRA, M. (TAIWAN R.O.C.)

Chinese Family Environment of Children with Cancer

Research has shown that the equilibrium of cancer family is endangered. However, the influence of childhood cancer on the Chinese family environment has not been well-described. The purpose of this study was to explore the changes in Chinese families of children with cancer. In Taiwan, 45 Chinese families were selected through referrals and a cancer foundation name roster. Interviews were completed with the healthy siblings aged 7 to 16 years, and their parents. During the interviews, parents provided the demographic information about the family unit and completed the 90-item Family Environment Scale. Siblings were asked to answer open-ended questions concerning changes in their living experiences following the diagnosis of cancer. Descriptive and inferential statistics were used to analyze data from qualitative measures (interviews), and quantitative measures (scale). Content analysis of interview data showed that siblings mentioned inadequate knowledge/fear of contagion ($n=3$), reduced family communication ($n=27$), and insufficient support ($n=22$). Results of Pearson's Product Moment Correlation on family environment subscales and family demographic data indicated that family income significantly associated with Independence ($r=.31$, $p < .05$), and with Intellectual-Cultural Orientation ($r=.39$, $p < .01$). Significant positive correlations were found for parental education and Cohesion ($r=.38$, $p < .01$), for parental education and Independence ($r=.31$, $p < .05$). Furthermore, one significant negative correlation was found between family size and Cohesion ($r=-.48$, $p < .01$).

Findings of this investigation confirmed and extended dimensions of the family environment developed by Rudolf Moos during the childhood cancer, and suggest that prospective, cross-cultural studies on changes in family responses to the long-term stress of childhood cancer are needed. Because of siblings' misconception of cancer in this study, priority should be given to provide an educational program and a support group for Chinese families to help family members who perceive everything within their family environment as harmful and threatening.

Chen, Y., Chao, Y., & Martinson, I. (1987). Parents reactions to childhood cancer in the family in Taiwan.

Recent Advances in Nursing. 16, 61-84.

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Daniels, D., Moos, R.H., Billings, A.G., & Miller, J.J. (1987). Psychosocial risk and resistance factors among children with chronic illness, healthy siblings, and healthy controls. Journal of Abnormal Child Psychology. 15 (2), 295-308.

Greenberg, H.S., Kazak, A. & Meadows, A.T. (1989). Psychological functioning in 8 to 16 year old cancer survivors and their parents. The Journal of Pediatrics. 114, 488-493.

1B1: *Characteristics and Approaches to Family Theory Development in Nursing Symposium*

FREY, Maureen A.; McCUBBIN, Marilyn; DEATRICK, Janet A.; WHALL, Ann L. (Michigan, U.S.A.)

Presentation I:

WHALL, Ann L. (Michigan U.S.A.)

Characteristics and Approaches to Family Theory Development in Nursing: State of the Art

Presentation II:

McCUBBIN, Marilyn A. (Wisconsin, U.S.A.)

Family Theories and Nursing Research

Family stress theory, as one example of a family theory "borrowed" from the family science field, has been used by many nurse researchers attempting to answer the persistent nursing question of why some family systems adapt and even grow and thrive when faced with normative transitions such as parenthood or situational stressors related to a family member's acute, chronic, or life-threatening illness while other families seem to deteriorate and disintegrate under similar circumstances. Because nursing theory development historically has focused on the individual, nurse scientists have utilized family science theories to describe, explain, and predict how the family as a unit responds to and manages developmental transitions and actual and potential threats to the health of its members.

Family stress models; such as the ABCX Model, Double ABCX Model, and the Typology Model of Family Adjustment and Adaptation; focus not only on the number, type, and cumulative nature of stressors facing the family unit but also on the family strengths and resources that are in place and can be developed to assist the family in adaptation. How family stress theory and family stress models address the four concepts of person, environment, health, and nursing from nursing's metaparadigm and the domains of nursing knowledge developing from the use of this family theory in nursing research will be discussed. Implications for further theory development and directions for future research also will be included.

McCubbin, M. (1989). Family stress and family strengths: A comparison of single- and two-parent families with handicapped children. Research in Nursing and Health, 12, 101-110.

McCubbin, M., & Huang, S. (1989). Family strengths in the care of handicapped children: Targets for intervention. Family Relations, 38, 436-443.

McCubbin, M., & McCubbin, H. (1989). Theoretical orientations to family stress and coping. In C. Figley (Ed.), Treating stress in families (pp. 3-43). New York: Brunner Mazel.

Presentation HJ:

FREY, Maureen A. (Michigan, U.S.A.)

A Theoretical Perspective of Family and Child Health Derived from King's Conceptual Framework for Nursing

One approach to family theory development is the use of nursing's existing conceptual frameworks. This deductive process requires development and empirical testing of middle-range theories. My theory of family and child health in families with children with chronic illness is derived from Imogene King's conceptual framework for nursing. The relationships among empirical indicators of family health, child health, and social support were derived from King's concepts of interaction and health of personal and interpersonal systems. The theory has been tested and revised in two studies with families and children with insulin dependent diabetes mellitus (IDDM). The findings indicated the need to expand both the parameters of the theory and indicators of the concepts. The newest formulation includes selected dimensions of family health (adaptability, cohesion, coping, and resources), child health (functional and perceived health status), child's health actions (general

health and illness related), social support (parent's and child's general support, diabetes support, and satisfaction with support) and illness factors (duration, age at onset, severity or control status, physical symptoms). A third, longitudinal study comparing families with children with IDDM and families with children with asthma is underway. The utility (as well as the challenges, trials, and tribulations) of this deductive approach for the development of knowledge unique to the discipline of nursing will be discussed.

Frey, M. A. (1989). Social support and health: A theoretical formulation derived from King's conceptual framework. Nursing Science Quarterly, 2» 138-148.

King, I. (1981). A theory for nursing systems, concepts, process. New York: John Wiley & Sons.

Silva, M. (1986). Research testing nursing theory. Advances in Nursing Science, 9(1). 1-11.

Presentation IV:

DEATRICK, Janet A. (Pennsylvania, U.S.A.)

Inductive Approaches to Family Theory Development in Nursing: Family Management Styles

Quint (1967) sensitized the nursing community in the late 1960's to the value of theories generated from empirical data. Since that time, inductive approaches to theory development in family nursing have stemmed in large part from our desire to understand the family's experience with illness and disability. In particular, various inductive approaches have been used to describe how the family defines, manages, and evaluates their situation when a family member is ill. The purpose of this paper is to describe one primarily inductive method used to develop theory in family nursing, constant comparative analysis and the grounded theory approach (Glaser & Strauss, 1967). A conceptual model that was generated with this approach will also be described, Family Management Styles (Knafl & Deatrck, 1990). Finally, the family management perspective will be discussed in relationship to knowledge development in family nursing and the questions that remain unanswered in the field.

Glaser, B. G., & Strauss, A. L. (1967). The discovery of grounded theory. Chicago, IL: Aldine.

Knafl, K. A., & Deatrck, J. A. (1990). Family management style: Concept analysis and development. Journal of Pediatric Nursing, 5, 4-14.

Quint, J. C. (1967). the case for theories generated from empirical data. Nursing Research, 16, 109-114.

1B2 & 1C2: Family Systems Nursing: Assessment and Intervention Using a Systemic Belief Approach

WRIGHT, Lorraine M.; WATSON, Wendy L.; BELL, Janice M. (Alberta CANADA)

The purpose of this symposium is to provide an indepth exposure to a family systems nursing approach with families experiencing difficulties with health problems. This family systems nursing approach practiced in the Family Nursing Unit, University of Calgary has been labelled a Systemic Belief approach. A Systemic Belief approach focuses on challenging the family's problematic/constraining beliefs and co-evolving facilitative beliefs. In our work as a clinical team, family beliefs have been found to be an important variable in assessing families with health problems. The symposium will present the research and clinical practice of the Family Nursing Unit team. The reciprocal influence of illness and family functioning will be highlighted through videotape examples of family systems nursing interventions on family beliefs and on the health problem. Interventions demonstrated will include split-opinion, reflecting teams, rituals, and metaphors. Outcome research results with these families will highlight the efficacy of the Systemic Belief approach.

Watson, W.L. (Producer). (1988). Fundamentals of family systems nursing [Videotape]. University of Calgary, Calgary, Alberta.

Watson, W.L. (Producer). (1989). Family systems interventions. [Videotape], University of Calgary, Calgary, Alberta.

Wright, L.M., Watson, W.L., & Bell, J.M. (in press). The Family Nursing Unit: A unique integration of research, education and clinical practice. In J.M. Bell, W.L. Watson, & L.M. Wright (Eds.). The cutting edge of family nursing. Calgary, Alberta: Family Nursing Unit Publications.

IB4 Assessing Family Impact of Critical Illness

TOMLINSON, Patricia Short; ANDERSON, Kathryn Hoehn; HARBAUGH, Bonnie Lee; KIRSCHBAUM, Mark; MU, Pei-Fan

Overview:

The symposium presents five papers related to this program of research in progress by focusing on theory, selected aspects of our current empirical testing and methodology. The first paper is the full theoretical family/health system model designed with the praxic aim of identifying families at risk for compromised adaptation following acute illness of a member. The second paper describes a study designed to explore the concept of family vulnerability and resilience from the standpoint of antecedent family functional factors which may influence the families' cognitive appraisal of an acute health event. A third paper focuses on aspects of the stressor event itself, specifically the unique aspects of the stressor in a critical care setting relative to both the child's and parent's experiential context and its effect on parent/child synchrony. A fourth paper focuses on the most severe crisis for families in critical care when decisions must be made relative to authorization or withdrawal of life support technology, defining a realm of decision making with serious ethical implications in nursing. The final paper builds on previous papers and presents a qualitative methodological procedure in use in this program to integrate the quantitative and qualitative data, and delineate separate parental (father/mother) issues. All but the first paper will report completed studies.

Presentation I:

TOMLINSON, Patricia Short (Minnesota U.S.A.)

A Research Model for Assessing Family Impact of Critical Illness in Children

The surge in technology evident in pediatric intensive care means more children are being saved and more parents are experiencing the stress of critical care. In turn, health care providers must become more knowledgeable of sources of stress, and the effect on families. This rapid technological development has contributed to growing sub-populations of children and their families whose care challenges current nursing practice. The purpose of the program of research unprecedented in this symposium is to examine the interaction between family system variables, a crisis health event, family stress response, context of care and family outcomes with the long range goal of developing a model for nursing intervention with families experiencing acute and chronic health problems with children. The foundation of this program of research is Hill's (1949, 1958) proposition that the emergence of crisis in the family social system is dependent upon an interaction among three critical factors; the stressor event and related hardships, the family's crisis meeting resources, and the definition the family makes of the event. Subsequent elaborations (McCubbin & Patterson, 1983) on this family stress model have enhanced the theoretical explanation of the effect of stress and the role of stress buffers on family systems, resulting in multiple propositions at each stage of the general model (Burr, et al., 1979). Combined with a nursing perspective some of these propositions have explanatory potential to enhance understanding of effect of health crisis on families.

Burr, W., Hill, R., Nye, F.I. (Eds.) (1979). Contemporary theories about the family. New York: Free Press.

Hill, R. (1958). Social stresses on the family: Generic features of families under stress. Social Casework, 39, 139-158.

McCubbin, H. & Patterson, J. (1983). Family stress adaptation to crises: A double ABCX model of family behavior. In D.H. Olson & B.C. Miller (Eds.), Family studies review year book. (Vol. 1) (pp. 87-106). Beverly Hills: Sage.

Presentation II:**ANDERSON, Kathryn Hoefan (Wisconsin U.S.A.)***Family Sense of Coherence: Mediating Illness Stress in Serious Illness and the Family Quality of Life*

Recent elaborations on the family stress model have turned to an examination of generalized family resistance factors and a pragmatic view of families to explain family response to stress (Antonovsky & Sourani, 1988). The purpose of this study in progress is to explore illness stress in the family during the crisis period of onset of a serious illness and to examine if family sense of coherence mediates the impact of the illness demands on the family quality of life. The strength of the family sense of coherence (FSOC) is central to successful coping with family stressors. The family sense of coherence is viewed as a factor that might attenuate the relationship between life events, and psychological risk factors that eventuate in physical and/or emotional pathology, and indicates the family's ability to manage the demands of life and to see life as meaningful and comprehensible (Antonovsky, 1988), Family Quality of Life (Olson & Barnes, 1982), and Demands of the Illness Scale (Woods & Haberman 1987). Data analysis of family scores will be accomplished using descriptive statistics, correlation matrices, and multiple regression. If families differ in their quality of life responses to the illness demands based on their FSOC, then nursing interventions need to be geared to the individual family's FSOC level, instead of a general approach to all families experiencing the diagnosis of a serious illness.

Antonovsky, A. (1987). Unraveling the mystery of health: How people manage stress and stay well. San Francisco: Jossey-Bass.

Antonovsky, A., & Sourani, T. (1988). Family sense of coherence and family adaptation. Journal of Marriage and the Family. 50, (1), 79-92.

Lavee, Y. McCubbin, H., Olson, D. (1987). Effect of stressful life events on family well-being. Journal of Marriage and the Family. 49 (4), 857-874.

Presentation III:**HARBAUGH, Bonnie Lee (Minnesota U.S.A.)***The Child's Contextual Experience and Interruption of Parent-Child Synchrony in the Pediatric Intensive Care Unit*

This is a preliminary study to examine what factors in the child's Pediatric Intensive Care Unit (PICU) experience contribute to interrupted interactional synchrony in child-parent relationships. Assumptions of this study are that parents don't simply act upon children, but act in response to child cues as well (Bell, 1979) and that this is valid even in critical illness. PICU hospitalization is disruptive to established child-parent interaction, furthermore, nurses replace the parents as primary caregivers. What then, are the child cues that parents respond to, and what are the parent's responses? Uncertainty in the parent-child relationship could be one response (Mishel, 1983), and Miles & Carter (1982) report family stress related to the child's appearance, sounds, and number of procedures the child experiences. Other "cues" may include the suddenness of the event, child's medication effects, comfort-level, unit smells and sights as well as behavior and sensory alterations.

This exploratory study uses three PICU's in two large Mid-western cities to form a preliminary picture of the child's experiential context, and the interruption of parent-child synchrony. Approximately 20 dual or single parent families with acutely ill children with no previous PICU admissions or child abuse are being recruited within 1 week of PICU admission. Data include qualitative measures: chart review (Age/sex/health situation/event factors/behaviors/appearance/medications); and Post-hospitalization parent and child interviews to assess parental-child experience relative to disrupted child-parent synchrony. Some of these data will be analyzed using descriptive methods, the rest with content analysis. Quantitative measures will be used to support and explain relationships found between the child's condition and parental estimates of interruption in the parent-child relationship, and include: the child's acuity ratings, Physiologic Stability Index, and the Family Uncertainty in Illness Scale. Data will be analyzed with association methods.

This study will begin to identify factors that contribute to the interruption in the parent-child relationship in the PICU. Much work has been done in the area of disrupters of early parent-child attachment in Newborn settings. With the increased number of children exposed to the PICU, family nurses need to become aware of factors that contribute to the disruption in parent-child synchrony in critical care situations.

- Bell, R.Q. (1979). Parents, child and reciprocal influences. American Psychologist, 34, 821-826.
- Miles, M. & Carter, C. (1982). Sources of parental stress in pediatric intensive care units. Children's Health Care, 11 (2), 65-69.
- Mishel, M.H. (1983). Parent's perception of uncertainty concerning their hospitalized child. Nursing Research, 32 (6), 324-330.

Presentation IV:

KIRSCHBAUM, Mark (Minnesota U.S.A.)

The Meaning for Families in Life Support Decisions

Technological advances have posed difficult decisions for families of ill children for whom outcomes are bleak or benefits of treatment are minimal or unknown. This paper presents preliminary findings of the decision to authorize, forego, or withdraw life support technology in their child. Before families decide, they must define the situation or their child. Before families decide, they must define the situation or represent it to themselves in symbolic terms (Burr, et al., 1979) and yet perception, a major determinant of outcome, has been the least investigated factor in the family stress model (Boss, 1986). A family's definition of meaning is expected to be influenced greatly by a family's value orientation and the degree of uncertainty.

Boss (1986) discussed values in relation to perception, but noted that values and belief systems have an influence on all factors of the family stress model. A pervasive family value orientation, a way of seeing the world, is considered an antecedent family variable and will be measured using a measure of Coherence (SOC; Antonovsky, 1983).

Such decision situations are characterized by their complexity, degree of risk and uncertainty, and potential consequences (Paolucci, Hall & Axinn, 1977). The degree of uncertainty is conceptually related to the family's definition of the event and decision making. Mishel (1981) proposed that the uncertainty experienced by parents of ill children contains the characteristics of ambiguity, lack of clarity, lack of information, and unpredictability. A major source of ambiguity lies in the nature of the technology involved in patient care. The family's perception of uncertainty will be measured using the Mishel Uncertainty of Illness Scale-Parent/Child Form-PPUS (Mishel, 1983).

The major variable of interest, meaning of the decision to forego or withdraw life support technology, is ascertained from qualitative interviews with families. A semi-structured interview is being undertaken with fifteen families who have made authorization decisions regarding some life support technology with their child in the last 12 months. Both parents are interviewed separately and together, taped transcripts will be analyzed for themes using Ethnograph and the Minnesota Contextual Content Analysis (MCCA: McTavish & Pirro, 1986).

- Antonovsky, A. (1983). The sense of coherence: Development of research instrument. Newsletter and Research Report, 1: 11-22, W.S. Schwartz Research Center for Behavioral Medicine, Tel Aviv University.
- Boss, P. (1986). Family stress: Perception and context. In M. Sussman and S. Steinmetz (Eds.), Handbook on marriage and the family. New York: Plenum.
- Mishel, M.H. (1983). Parent's perception of uncertainty concerning their hospitalized child. Nursing Research, 32 (6), 324-330.

Presentation V:

MU, Pei-fan (Minnesota U.S.A.)

Analysis of Family Data: The Minnesota Contextual Content Analysis

Content analysis remains an under-utilized research method with great potential for studying beliefs, organizations, attitudes, and human relations. Computer-aided content analysis is finding its way into more social and humanistic disciplines (Markoff, Shapiro & Weitman, 1975; Weber, 1985).

The purpose of this presentation is to demonstrate the application of the Minnesota Contextual Content Analysis (MCCA; McTavish & Pino, 1984) computer program to analyze the interview data of a pilot study of The Family Impact of Catastrophic Illness in Children project. MCCA helps to integrate qualitative and quantitative methodologies.

The purpose of this pilot study is to use qualitative measure to understand: 1) what is the family perception of uncertainty when a child has a critical disease; 2) what is the major crisis support of the family with a critically ill child; 3) what is the relationship between the family perception of uncertainty and their crisis support? This pilot study included six families whose child's illness was life threatening and of acute onset at the time of selection. Data were collected by a semi-structured and open-ended interview with the parents. Each interview took 1 to 1 1/2 hours. All data were subjected to MCCA.

MCCA produces four contextual scores (C-score) and emphasis scores (E-score). The context scores (practical, traditional, emotional, and analytic) describe the perspective taken by the respondent. The emphasis scores permit an investigator to examine the over- and under-emphasis on idea categories relative to the norm of expected categories usage. The emphasis scores are computed by comparing word usage in a given text with standardized weights of word usage in the language.

Both C-scores and E-scores can be treated as continuous, interval-level variables, and used in quantitative analyses. Several other functions may be derived from the C-score and E-score. For example: The emphasis profiles and cluster approach devised by MCCA authors are being used to suggest common themes for subgroups and compare mother/father responses.

The findings with the use of MCCA can be incorporated into quantitative analyses with other data, used as a guide to qualitative studies, and to help integrate strengths of quantitative and qualitative approaches to research.

Markoff, J., Shapiro, F. & Weitman, S.R. (1975). Toward the integration of content analysis and general methodology. In D. Heise (Ed.), Sociological Methodology, (pp. 1-58), San Francisco: Jossey Bass.

McTavish, D. G., & Pino, E.B. (1984). Contextual content analysis. Paper presented at the Pacific Sociological Association Meeting, Seattle, WA, April 12.

Weber, R.P. (1985). Basic content analysis. Beverly Hills, CA: Sage Publications.

ICS: *Preserving Caring Practices of Families in Developmental and Illness Transitions*

SMYTH, Lee; LEONARD, Victoria; CHESLA, Catherine A. (California U.S.A.)

Overview:

This symposium describes how cultural and family situations create caregiving possibilities and constraints in developmental and illness transitions in families. In each paper, notions of the good and practical knowledge embedded in the caring practices of families will be explored with the aim of helping nurses preserve and protect caring practices. These three papers are presented as a symposium because they share a common research perspective, Heideggerian phenomenology, and a common interpretive question: How family meanings and practices of care evolve in family transitions to parenthood and in illness transitions.

Method: The methodology common to all three studies was an interpretive strategy based on Heideggerian phenomenology and elaborated by Benner (1984a, 1984b) and Benner and Wrubel (1989). Drawing on the stress and coping theory of Lazarus and Folkman (1984) and Benner and Wrubel, family units and/or individuals were interviewed and transcribed interviews were treated as text analogues for interpretive analysis. All three papers exemplify the role of narratives in the following aspects of interpretive work: interviewing, textual analysis and presentation of findings.

Findings: We will give exemplars of caring practices that were identified and the cultural and situational constraints on those practices that were evident for the four different populations: Teen mothers and their families, first time mothers with career commitments, parents of schizophrenic offspring, and spouses and adult children of Alzheimer's disease victims.

Significance: These three studies show up the difference between care based on meanings and concerns versus care based on technique. The studies together make explicit important family caring practices that tend to be taken for granted and are therefore unrecognized and undervalued. Bringing these practices into focus, where they can be understood and preserved is an important task for family nurse researchers and clinicians.

Benner, P. (1984a). From novice to expert: Excellence and power in nursing practice. Menlo Park: CA: Addison Wesley Publishing Co.

Benner, P. (1984b). Stress and satisfaction on the job: Work meanings and coping of mid-career men. NY: Praeger.

Benner, P. & Wrubel, J. (1988). The primacy of caring: Stress and coping in health and illness. Redwood City, CA: Addison-Wesley.

Presentation I:

SMITH, Lee (California U.S.A.)

Family Caring Practices for Teenage Mothers

Purpose: Although the families of teenage mothers remain involved in the lives of the majority of young mothers and their children (Furstenberg & Crawford, 1978; Mayfield, 1986), the family context as background to the young mother's skill, knowledge, conflicts and coping remains relatively unexplored. The study described here addressed that gap by investigating the mothering practices of young mothers in the context of their families' traditions and involvement.

Method: The study design involved multiple interviews of family members and observations of family childcare practices over a three month period beginning when the teenager's infant was 8 to 10 months of age. Data was analyzed using an interpretive strategy based on Heideggerian phenomenology. Transcriptions of interviews and field notes were treated as a meaningful text and analyzed using the strategies of paradigm cases, exemplars and thematic analysis (Benner, 1985).

Findings: Patterns of family involvement in caring for the teenager and her infant and the concerns implicit in each form of involvement are described with attention to how family childcare practices set up coping possibilities and conflicts for the teenage mother. The development of family meanings and caring

practices are interpreted from narrative accounts of family breakdown in meanings as well as narrative accounts of smooth family functioning in caring for the teenager's infant.

Significance for family nursing: Scientific views of mothering which uphold mothering as individually derived and based on formal knowledge overlook the ways in which mothering is shaped by family and cultural meanings. To the extent that clinicians and programs serving young mothers disregard the concerns and practices of young mothers and their families, practical skills lodged in family traditions may be undermined (Kitzinger, 1978). Implications for designing interventions relevant to the meanings, concerns and practices of young mothers and their families are examined.

Benner, P. (1985). Quality of life: A phenomenological perspective on explanation, prediction and understanding in nursing science. Advances in Nursing Science, 8 (1), 1-14.

Furstenberg, F.F., & Crawford, A. (1978). Family support: Helping teenage mothers to cope. Family Planning Perspectives, 10, 322-333.

Kitzinger, S. (1978). Women as mothers. New York: Random House.

Presentation II:

LEONARD, Victoria, RN, MSN

First-time Mothers with Career Commitments: Situational and Cultural Contexts of Care

Purpose: This paper will describe the results of a longitudinal phenomenological study on stress and coping in the transition to parenthood of first-time mothers with career commitments. The study examines how family and cultural meanings of work and motherhood shape mothering/caring practices and what counts as stressful and what coping strategies are possible for this population. Social policy as well as clinical implications of the findings will be addressed.

Method: The study is a longitudinal, phenomenological investigation. Using an interpretive strategy based on Heideggerian phenomenology and elaborated by Benner (1984a, 1984b) and Benner and Wrubel (1989), and drawing on the stress and coping theory of Lazarus and Folkman (1984) and Benner and Wrubel (1989), narrative accounts in transcribed interviews and observational field notes were treated as text analogues for interpretive analysis. Twenty women with career commitments were interviewed in the last trimester of pregnancy, and at 4 weeks, 4 months and 8 months postpartum. Fathers were interviewed at 8 months and two observations were done of each family. The use of the computer program Ethnoeraph for data analysis will be described briefly.

Results: Findings of the study in the three following areas will be presented, along with clinical implications: 1) the situational and cultural factors negatively affecting the caring practices of new mothers, 2) the content and meaning of work and how they both shape and are shaped by the experience of becoming a mother and 3) the timing of return to work: factors in the decision making process, how a woman's interpretation of this timing is framed by her notions of what it is to be a good mother, and how interpretations of this timing are reflected in the concerns voiced by women as they go back to work.

Significance: Mothering, like nursing, embodies important caring practices and a notion of the good which are so transparent as to be taken for granted, yet are essential for our culture and threatened by our increasing technological self-understanding. This study will increase the understanding required for family nurses to support mothers' practices of nurture and care.

Benner, P. (1984a). From novice to expert: Excellence and power in nursing practice. Menlo Park: CA: Addison-Wesley Publishing Co.

Benner, P. (1984b). Stress and satisfaction on the job: Work meanings and coping of mid-career men. NY: Praeger.

Benner, P. & Wrubel, J. (1988). The primacy of caring: Stress and coping in health and illness. Redwood City, CA: Addison-Wesley.

Presentation HJ:

CHESLA, Catherine A., RN, DNSc

Care of Alzheimer's Disease and Schizophrenia: Similar Family Concerns and Practices

The current practice of investigating chronic illness within specific disease models may gloss over important commonalities that influence patient and family psychosocial adaptation. The demands on family caregivers from Alzheimer's disease (AD) and Schizophrenia (SC) in a member may be similar as both diseases have a gradual often confusing onset, and disrupt the personhood of the victim. The purpose of this hermeneutic, interpretive research was to examine the experience of caring for a family member with AD or SC. Caregiver's narratives of care over time, provided the text for interpreting what mattered to them in the care situation (concerns), as well as the caring skills and practices they developed. The aim was to learn if there were common or unique care concerns and practices in families caring for AD versus SC.

Method: Hermeneutic interpretation was conducted using text from two separate investigations of family care of AD and SC. Each project examined family caregiver's concerns and practices through the Berkeley STress and Coping Interview, a semistructured interview that elicits narrative accounts of memorable and difficult episodes of care. Thirty AD caregivers, (spouses and children), recruited from support groups and clinics, were interviewed every 6 months for 18 months. Twenty one parental caregivers of SC offspring, recruited from community support groups were interviewed monthly for 3 months. Narratives of care were compared within and across illnesses.

Findings: Initial interpretations suggest that parallel forms of family care practices and concerns are evident in the AD and SC. Four forms of family care identified with SC families were a) Engaged care, which was guided by a concern for the ill member's self esteem; b) Conflicted care, which evidenced conflicting concerns for the ill member and the caregiver's own needs; c) Managed care, which was shaped by concern for to follow scientific prescriptions and d) Distanced care, where the concern for direct care was delegated to others inside or outside the family. While these same forms of family care are evident in the AD families, additional forms, that may be specific to the disease of AD, or to the spousal (rather than parent-child) relationship are emerging. In ongoing interpretations, further dimensions of the 4 forms of care practices are being specified.

Significance: Understanding the experiences of family who care for members ill with AD and SC is important for extending current theory beyond notions of burden and risk. Caring practices and concerns that are common to families coping with distinct disease situations are important for developing theory about family care of chronic illness.

Benner, PB & Wrubel, J. (1989), The primacy of caring: Stress and coping in health and illness. Menlo Park, CA: Addison Wesley.

Packer, MJ & Addison, RB (Eds.) (1989), Entering the Circle. Hermeneutic Investigation in Psychology. New York: State University of New York Press.

Rolland, JS (1984) Toward a psychosocial typology of chronic and life-threatening illness. Family Systems Medicine. 2(3)245-262.

2A1: Family Health Assessment/Intervention and the Neuman's Systems Model. Symposium

BERKEY, Karen Mischke; HANSON, Shirley M.H.; POST, M. (Hawaii, U.S.A.)

Overview:

The importance of family centered care is well recognized. Numerous references urge a holistic approach that considers all internal and external forces affecting clients and their families. Yet little documentation exists regarding the family as a unit of nursing care. A family centered approach to family assessment is very important since this information influences subsequent nursing interventions. Few nursing models or instruments are available for systematic assessment that leads directly to interventions.

The purpose of this symposium is: To present a family focused model based on Neuman's Systems Model, to discuss a new instrument entitled Family System Stressor/Strengths Inventory (FS3D), and the explicate the psychometric processes used to determine the content validity of this new measurement instrument.

There will be three separate presentations. First, Neuman's system conceptual model will be summarized illustrating how it was adapted for a family-as-client rather than an individual-as-client focus. Second, the development of a new family assessment/intervention instrument evolving from this model will be discussed. The Family Systems Stressor/Strengths Inventory (FS3D) will be presented and participants will be able to see the new instrument. Third, the psychometric processes important in new instrument development will be discussed, focusing specifically on the content validity phase of the process with the FS3I. Finally, all three presenters will discuss possibilities for field testing this new model and instrument in a variety of nursing service settings in agencies and the community. One hour and a quarter are required to permit each speaker twenty minutes each with fifteen minutes for interaction with the audience.

Presentation I:

BERKEY, Karen Mischke; HANSON, Shirley M.H.; POST, M. (Hawaii, U.S.A.)

Neuman's Systems Model and Family Health Assessment

There are over twenty conceptual models developed specifically for the profession of nursing. Some of these models are in wide use in service and education settings and others are obscure or new to nursing. Most nursing models are middle-range theories (Fawcett, 1989) and require a great deal of analysis and field testing. Most nursing models are initially developed to focus on individuals, but in recent years some theorists have begun to evolve these models more in the direction of family focused care. One model which has been widely used and demonstrates promise for further refinement for family nursing is the Neuman's Systems Model (Neuman, 1989).

The purpose of this paper is to discuss the evolution of a conceptual framework which was built on the earlier work of Neuman (Neuman, 1989). Neuman's model was modified to incorporate and focus more on a family approach to assessment and intervention. The inclusion of family strengths and family stressors concepts (Quran, 1983, 1988) into the newer evolved model will be discussed.

This presentation is the first presentation in a series of three. It will be followed by the discussion of a new family assessment/intervention instrument (Family Systems Stressor/Strength Inventory (FS3I)) that was developed out of the conceptual framework and the psychometric process of determining content validity.

Presentation II:

HANSON, Shirley M.H.; BERKEY, Karen Mischke (Oregon, U.S.A.)

Family Systems Stressor/Strength Inventory

There is a paucity of measurement tools in the family literature that assess family health. Most of the existing scales developed by disciplines outside of nursing are very specific in nature and focus on one particular variable under investigation for a research study. In the past ten years, nursing has begun to refocus

itself on the family-as-a-unit of care/analysis. Three family nursing textbooks have discussed family focused assessment models and strategies (Wright & Leahey, 1984; Friedman, 1986; Bo mar, 1989).

There are three major problems in the development of family nursing that this presentation hopes to address. The first problem is the lack of a conceptual framework from which assessment/measurement instruments can be developed. The second problem is that measurement instruments that have been developed by nurses tend to be very time consuming to administer and provide an overwhelming amount of data from which the nurse must choose to apply interventions. No instruments have demonstrated a clear succinct link between assessment and intervention strategies. The third problem is that instruments have largely focused on problems the families experience, rather than on family strengths upon which interventions can be built.

The purpose of this presentation is to discuss the development of an instrument entitled Family Systems Stressor/Strengths Inventory (FS3D) developed by Mischke-Berkey and Hanson (1990). This instrument, based on a conceptual model modified from Neuman's Systems Model, is a short clear approach that helps bridge the gap between assessment/measurement and intervention strategies. The instrument also incorporates the concepts of family stressors and family strengths (Quran 1983, 1985).

This presentation is the second in a series of three in this proposed symposium. It will be preceded by a theoretical paper summarizing the evolution of a conceptual model that focuses the family-as-a-unit of care. It will be followed by a discussion of the psychometric processes, particularly content validity used in the construction of the FS3I.

Presentation HI:

POST, Mary (Oregon U.S.A)

Family Systems Stressor/Strengths Inventory and Content Validity

The purpose of this paper is to present a study that was completed on a new family assessment/measurement instrument entitled the Family Systems Stressor/Strengths Inventory CFS3D. The presentation will include an introduction and a review of the literature related to family assessment/measurement, psychometric testing of new instruments, and conceptual frameworks for nursing. The conceptual framework used in this study was developed by Mischke-Berkey and Hanson (1990) and evolved from the Neuman's Systems Model (1989). The proces of determining content validity is discussed and how a panel of family and nursing experts from across the country were used to provide input and feedback into this process. The results of the findings will be summarized. Also, some preliminary data pertaining to field testing the new instrument will be discussed. A request for family nurses willing to field test this new instrument will be made.

This presentation is the third in a series of three papers proposed for this symposium. It will be preceded by a theoretical paper summarizing the evolution of a new conceptual framework that focuses on the family as a unit-of-analysis and which is based on Neuman's Systems Model. Also a discussion of the psychometric processes involved in new test construction for the FS3I and the determination of content validity will take place.

2A2: Family Systems and Mental Health Nursing: Issues in Implementing a Dual Clinical Role

LEAHEY, Maureen; COOK, Sheila; LTMACHER, Lori; PARK DORSAY Jan; STREITBERGER, Sylvia
(Alberta, CANADA)

For Family Systems Nursing to take its rightful place as a specialty area of CNS practice, clinicians implementing the role must document their experiences and identify the critical issues in role development. Role implementation is a complex process for both novice CNS's and for their supervisors. This presentation will address the transition issues experienced by four CNS's and their supervisor in implementing dual clinical roles: Family Systems and Mental Health Nursing. Areas to be addressed include:

Definition of Family Systems and Mental Health Nursing: Family Systems and Mental Health areas of nursing expertise are not the same although there is considerable overlap between them. Similarities and differences between Family Systems Nursing practice in a mental health setting and in other settings will be addressed.

Issues in Implementing a Dual Role: 1. Phases in implementation will be presented. The struggle between graduate education, personal hopes and institutional expectations will be discussed as well as the advantages/disadvantages of employing several CNS's at once on the same clinical team. These clinicians' experience as it differs from that described in the generic CNS literature will be addressed. 2. Facilitators (opportunities for live/videotape supervision, and case discussion/consultation with experienced clinicians) and barriers/challenges to role development will be presented.

Strategies for Enhancing Dual Role Development: General and specific strategies will be addressed: 1. Focus on clinical work. 2. Advantages of a mentor within/outside the organization. 3. Emphasis on clinical scholarship. 4. Development of collaborative interdisciplinary practice and its value/challenges. 5. Significance of role evaluation.

Critique: Analysis and critique of the issues presented will be offered by one co-author who worked in this setting for a nine month contract. She is now implementing a dual role in a psychiatric hospital in another city.

Future Directions: Recommendations for integrating Family Systems with a Mental Health Nursing specialty role will be offered.

Significance: This presentation is of significance to Family Nursing because for the first time it documents the collective experiences of four CNS's practicing Family Systems Nursing and relates them to the general CNS literature. It will be of interest to educators/preceptors of students doing placements, students in practicums, and clinical supervisors in hospitals and agencies working with or seeking to employ CNS's.

Videotape Demonstrations, Handouts.

Hamric, A.B., & Spross, J.A. (Eds.). (1989). The Clinical Nurse Specialist in theory and practice. (2nd ed.). Philadelphia: W.B. Saunders Co.

Harrell, J. & McCulloch, S. (1986). The role of the clinical nurse specialist: Problems and solutions. Journal of Nursing Administration. 16 (10), 44-48.

Wright, L.M. & Leahey, M. (1990). Trends in nursing of families. Journal of Advanced Nursing. 15. 148-154.

2A8: Family Focused Pediatric Transitional Care. Symposium

DEATRICK, Janet A.; BARNSTEINER, Jane; VERGER, Judy; THURBER, Frances W.; LIPMAN, Tern; MAHON, Margaret M. (Pennsylvania U.S.A.)

Overview:

DEATRICK, Janet A. (Pennsylvania U.S.A.)

Family focused pediatric transitional Care (FFPTC) Model will be described and applied to activities of the Nursing of Children Division of the University of Pennsylvania School of Nursing. FFPTC integrates a professional caregiving model, Nurse Specialist Transitional Follow-up Care (Brooten, Brown, Munro, York, Cohen, Roncoli, & Hollingsworth, 1988) and a pediatric chronic illness model, Family Management Styles (Knafl & Deatrlick, 1990). Synthesis of the two models reflects specialist care emanating from tertiary pediatric settings. Transitions of seriously ill and chronically ill and impaired infants, children and adolescents and their families along a continuum of care in home, hospital, community, and school settings, as well as transitions among phases in the cycle of illness are reflected in the model.

Particular attention in the symposium will be paid to describing the model. In addition, the model will be applied to clinical, educational, and research initiatives in academic and service settings. Central to the model are the interventions of masters and doctorally prepared nurses that are sensitive to the needs of both the individual child and family.

Issues for discussion include criteria for evaluating the model (Feetham, In press), generalist versus specialist preparation in family and pediatric nursing, application to curriculum in academic and service settings, levels of specialist intervention, and research fundamental to further refinement of FFPTC.

Presentation I:

DEATRICK, Janet A.; FEETHAM, Suzanne; HAYMAN, Laura L.; PERKINS, Mary (Pennsylvania U.S.A.)

Development of a Model to Guide Advanced Practice in Family Nursing

Family Focused Pediatric Transitional Care (FFPTC) is being developed to serve as the model to guide graduate curriculum, programs of research, staff development and clinical activities. The model is a synthesis of two models developed in programs of research: the Nurse Specialist Transitional Care Model (Brooten, Brown, Munro, York, Cohen, Roncoli, & Hollingsworth, 1988) and the Family Management Styles Model (Knafl & Deatrlick, 1990). FFPTC reflects interventions by nursing specialists based in tertiary pediatric settings. Seriously ill and chronically ill and impaired infants, children and adolescents make transitions along a continuum of care, there are also transitions among phases in the cycle of illness (Rolland, 1988). All transition points serve as potential points of contact for intervention by masters and doctorally prepared clinical nurse specialists (CNS) and research by faculty and CNS. Preparation is reflected in staff development and graduate education activities.

Interventions that are sensitive to the needs of both the child and the family are focal to FFPTC. Needs of the family unit are conceptualized on the basis of their family management style. (FMS). The family's experience with illness is viewed from the multiple perspectives of individual family members as they define and manage their situation within the sociocultural context. Of particular note are the management behaviors of the child, mother, father, and siblings, as well as caregiver (Perkins, 1988). The management behaviors are seen as the focus of interventions and teaching since they are the discrete behavioral accommodations made by family members on a daily basis that focus on the ill child, family system, or the social system.

Brooten, D., Brown, L.P., Munro, B.H., York, R., Cohen, S.B., Roncoli, M., & Hollingsworth, A. (1988)

Early discharge and specialist transitional care. *Image: Journal of Nursing Scholarship*. 20 (2), 64-68.

Feetham, S.L. (In Press). Conceptual and methodological issues in research of families. Whall, A., & J.

Fawcett (Eds.) Family theory development in nursing. Philadelphia, PA.: F.A. Davis.

- Knafl, K.A. & Deatrick, J.A. (1990). Family management style: Concept analysis and development. Journal of Pediatric Nursing, 5 (1), 4-14.
- Perkins, M. (1988). Caregiving identity emergence in the parents of hospitalized disabled children. Unpublished doctoral dissertation, University of California, San Francisco.
- Rolland, J.S. (1987). Family systems and chronic illness: A topological model. Journal of Psychotherapy and the Family, 3 (3), 143-168.

Presentation II:

BARNSTEINER, Jane H. ; GILLIS-DONOVAN, Joanne (Pennsylvania U.S.A.)

Standards for Therapeutic Relationships with Children and Family

Family involvement in pediatric care has been an evolving process. The late sixties and early seventies witnessed the evolution from limited family involvement to one that promoted family participation in all aspects of the care of an ill child. The positive benefits of participation to the child and the family were known. However, the impact of these changes on the staff who care for families was unknown and furthermore was rarely, if ever, considered in most settings.

By definition nurses are caregivers. Because of their continuous close contact with families they are easily caught in intense relationship with no behavioral norms or standards many nurses have found themselves in positions of over or under involvement with patients and families. Furthermore, individuals in leadership positions feel unprepared to assist staff in problem solving around these highly emotional issues.

This presentation will describe how family-centered care has at times inadvertently resulted in unrealistic expectations and negative outcomes for nurses, patients, and families. Assessment of nurse-patient/family relationships and the development of therapeutic relationships will be described using family systems theory and concepts from the Family Management Styles model as a framework. Personal and institutional barriers that impede development of healthy relationships will be discussed. Strategies for promoting therapeutic professional relationships will also be presented.

Barnsteiner, J.H. & Gilliss-Donovan, J. (In press) Developing standards for therapeutic relationships with families. American Journal of Maternal-Child Nursing.

Bowen, M. (1978). Family Therapy and Clinical Practice. New York: Jacob Aronson.

Kerr, M. & Bowen, M. (1988). Family Assessment. New York: Norton

Presentation III:

VERGER, Judy; BOURNAKI, Marie-Christine; POLISE, Karen (Pennsylvania U.S.A.)

The Technology Dependent Child and Family Transitional Care

Advances in technology have exposed increasing numbers of children and their family to what has been referred to as "high tech" care. The transition of these medically fragile children from the hospital setting to the home and community has many implications for the health care provider. In order for nurses to assist families in adapting to these transitions, family management styles need to be identified with their ventilator-dependent child which could either be barriers or resources to the transitions including the health care system and professionals, bureaucratic systems, finances, and significant others.

This presentation will focus on how "high tech" care effects management styles throughout the continuum of home, hospital, community and school settings for the individual family members and for the family unit. A case study will be used to describe the process of family management throughout these transitions. Interventions by the clinical nurse specialist designed to foster optimal family management will be described. Implications for nursing education and research will be discussed.

- Hazlett, D. E. (1989). A study of pediatric home ventilation management; Medical psychosocial, and financial aspects. Journal of Pediatric Nursing. 4, 284-294.
- Scharer, K., Sc. Dixon, D. M. (1989). Managing chronic illness: Parents with a ventilator-dependent child. Journal of Pediatric Nursing. 4, 236-247.
- Wessel, G. L., Prumo, M. O., & Harrison, P. (1989). School placement and the oxygen-dependent child. Journal of Pediatric Nursing. 4, 435-436.

Presentation IV:

THURBER, Frances W.; BERRY, Barbara; ROSNER, Susan; RYAN, Eileen (Pennsylvania, U.S.A.)

Family Transitional Care for HIV

The provision of high quality, cost effective care for the growing population of human immunodeficiency virus (HIV) infected adults and children is a national priority. By July 1, 1989 the total number of pediatric cases reported to the Centers for Disease Control (CDC) approximated 1600. By 1991 this number is expected to increase to over 3,000, with an additional 2,000 cases manifesting some symptoms of HIV infection. Because the parents of many of these children are indigent and users of intravenous drugs, as well as ill themselves from the virus, serious questions exist about their ability to acquire health care services that they and their children require (Thurber & Berry, in press).

Work in progress by the authors will define children and family responses to the child's diagnosis as HIV +, considering the physical, behavioral and developmental outcomes of the child as well as the caretaking concerns of the custodial family. Building on this work, a model of transitional home follow-up care for these children and their families using pediatric clinical nurse specialist (PCNS) follow-up care is proposed. Research using this model will seek to ascertain the difference between HIV+ infants and families who have transitional home follow-up care and those who receive routine care. In addition, the major types of nursing interventions used by PCNS will be documented.

Discussion for this symposium will center around the impact that intervention by a clinical nurse specialist can have on family management strategies, adherence to treatment regimen, and cost containment. All aspects of family care including discharge preparation, teaching and transitional follow-up care will be included.

- Cooper, E., Pelton, S., & Lemay, M. (1988). Acquired immunodeficiency syndrome: A new population of children at risk. Pediatric Clinics of North America. 35. 1365-1387.
- Oleske, J., Conner, E., & Boland, M. (1988). A perspective on pediatric AIDS. Pediatric Annals. 17. 319-321.
- Thurber, F., & Berry, B. (1990). Children with AIDS: Issues and future directions. Journal of Pediatric Nursing. 5, 168-177.

Presentation V:

LTJPMAN, Terri; MAHON, Margaret (Pennsylvania, U.S.A.)

Educating Nurses to Educate Families

A model geared toward educating nurses to educate children with a chronic condition will be described. The prototype in this model is diabetes, however this model can be applied across conditions and across the wellness/illness continuum. Before staff nurses start the education process with families, the nurses' knowledge and understanding of the appropriate content must be addressed. We will describe a diabetes knowledge assessment tool that was administered to nursing students and nurses, and non-nursing undergraduate students.

Once the nurses' knowledge has been determined and any necessary instruction for the nurses has taken place, implementation of the diabetes education model begins. Education strategies are then individualized based on assessment of two areas: the developmental level of the child and the health of the child at the time of education. The educational/psychosocial needs of the family vary with the child's developmental level (Lipman, DiFazio, Meers, Thompson, 1989a, 1989b). The health of the child determines the setting that will be the focus of the educational model: hospital, home and/or community (e.g., school, day care, camp, etc.) (Shelton, Jeppson, & Johnson, 1987). Information about management behaviors of the family allows further individualization of the education plan (Knafl & Deatrick, 1990).

Anticipatory guidance is a major component of this education model. One goal of the education program is to prevent acute exacerbations of the chronic condition that might occur as a result of inadequate knowledge about the illness and its management. Utilization of the education model can result in increased understanding of all facets of the disease process. This knowledge can result in an improved level of health by self determination and early intervention.

Knafl, K. A., & Deatrick, J. A. (1990). Family management style: Concept analysis and development. Journal of Pediatric Nursing, 5, 4-14.

Lipman, T. H., DiFazio, D. A., Meers, R. A., & Thompson, R. (1989a). A developmental approach to diabetes in children: Part I - Birth through preschool. MCN, 14, 255-259.

Lipman, T. H., DiFazio, D. A., Meers, R. A., & Thompson, R. (1989b). A developmental approach to diabetes in children: Part II - School age through adolescence. MCN, 14, 330-332.

Shelton, T. L., Jeppson, E. S., & Johnson, B. H. (1987). Family centered care for children with special health care needs. Washington, DC: Association for the Care of Children's Health.

2B1: An Ecological Perspective of Organizational Dynamics and Nurses' Ethical Decision-Making with Families in Crisis. Symposium

DURAND, Barbara A.; FRIEDRICHS, Judy; SAVAGE, Teresa; SLACK, Jeanne F. (Illinois, U.S.A.)

Symposium Overview:

Specific Purposes: The hospitalization of a child with critical illness is a significant crisis for all families and challenges normal coping mechanisms and family functioning. As a result of advanced technological developments, families are increasingly faced with profound issues and dilemmas of an ethical nature. Dilemmas are often related to the provision of extraordinary care measures and continuation of life support technologies. These issues currently are and will continue to be the focus of societal debate.

The role of nursing in assisting families through these critical situation is largely unseen, unknown to the public and, to date, nurses have not had a significant voice in the debate on ethical issues. Although many factors have contributed to this lack of visibility, two major concerns are the perceptions of families and other health professional about the nurse's role in the resolution of ethical dilemmas and organizational constraints influencing nursing practice.

The purpose of this symposium is to examine the context and nature of nursing interventions in the care of families confronted with critical ethical issues in tertiary care settings, in order to direct attention to the important contributions nurses can make not only to families but also to the larger societal effort to resolve these issues.

Methods: There will be four presentations of 10-15 minutes each as follows: 1. Families in Crisis: Overview and Clinical Scenarios. (B. Durand). 2. Families' Perceived Needs when Confronted with an Ethical Crisis Involving a Seriously Ill Child. (Judy Friedrichs). 3. The Role of the Nurse in Facilitating Ethical Decision-Making by Families. (Teresa Savage). 4. Creating an Organizational Environment that Supports Nurses and Families During a Serious Ethical Crisis. (Jeanne Slack).

Implications: An examination of current clinical scenarios, ethical dilemmas inherent in these situations, and nursing interventions provided to families will contribute to better definition of the nurse's role in support of families facing ethical dilemmas and to enlarging nursing's voice in proposing solutions to these dilemmas.

Significance to Family Nursing: Nurses providing health care to families in crisis have rich information that can contribute to our knowledge base and give direction to research. In no other area is the importance of family nursing greater than in the scenarios presented in this symposium.

Presentation I:

DURAND, Barbara A. (Illinois, U.S.A.)

Families in Crisis: Overview and Clinical Scenarios

Purpose: 1. To provide a theoretical and sociopolitical contest for examination of nursing's role in the care of families with critically ill children in tertiary care settings. 2. To identify ethical dilemmas confronting these families from a nursing perspective by use of clinical scenarios.

Methods: 1. Description of the current status of public/societal debate over approaches to resolution of ethical issues resulting from technological advances in health care. 2. Description of a theoretical framework for nursing assessment and intervention with families who have a child with critical illness. 3. Presentation of clinical scenarios demonstrating a range of ethical issues confronting families and nurses.

Implications: If nursing is to make significant contributions to societal efforts to resolve ethical dilemmas faced by families, nursing's current role in the direct care of these families must be made explicit and communicated to the public and policy makers.

Significance to Family Nursing: An explication of nursing's role in assisting families in crisis who also face profound ethical issues will contribute to acknowledgement of the central role of nursing in the care of these families and demonstrate the critical importance of a family perspective in providing care.

- Mercer, R.T. (1989). Theoretical perspectives on the family. In: Toward a Science of Family Nursing. Gilliss, C.L., Highley, B.L., Roberts, B.M. and Martinson, I.M. (eds). Menlo Park: Addison-Wesley.
- Thompson, J.E. and Thompson, H.O. (1988). Living with ethical decisions with which you disagree. M C N 13:245-250.
- Duff, R.S. (1979). Guidelines for deciding care of critically ill or dying patients. Pediatrics 64:17-23.

Presentation II:

FKFJDRICH, Judy (Illinois U.S.A.)

Families' Perceived Needs when Confronted with an Ethical Crisis Involving a Seriously Ill Child

Background: Parents experiencing the sudden, critical illness of their child are faced with many decisions. The nurse is usually the first health professional the family has contact with and the one usually viewed as most accessible. However, nurses do not always maximize these components of their role that would allow them to assess and intervene in a supportive way with the family facing critical decisions and ethical dilemmas for their child. Families come with a variety of needs and expectations of both their role and the health professionals role. If these are incongruent with the nurse's expectations, conflict and tension can result.

Purpose: The purpose of the presentation is to discuss the family-nurse relationship, as the vehicle on which successful resolution of an ethical dilemma is based, and through which the health care team can work.

Method: 1. To describe differences in expectations parents and health care professionals have related to the level of involvement and participation in resolution of an ethical dilemma involving their child; 2. To provide a conceptual model for the health care team to be used when assessing the immediate needs of the family faced with an ethical decision; 3. To discuss strategies nurses can use to develop interventions grounded in parental perceptions, needs and goals.

Implications: The resolution of complex ethical dilemmas with families is dependent upon caring, assertive and supportive nurses who recognize family needs and provide support for them in negotiating the health care system. If the nurse is to be recognized by physicians and families as having a valued role in the ethical decision-making process, we must identify family expectations and their definitions of roles within the team and use these expectations to develop a consistent role while caring for a family faced with an ethical dilemma.

Significance and Family Nursing: It is important for all involved in ethical decision-making to better understand the needs of the family so an informed decision is even possible and mutual goal setting becomes a reality. Due to the short amount of time a family is given to orient to the ICU surrounding; the gravity of their child's condition and the finality of the decision they are faced with, the nurse is often the one that provides the ongoing support. Nurses working with families using the models of assessment and intervention suggested in this paper will generate more knowledge about family's response to critical illness and the critical role nursing plays in the decision-making progress with families.

Robinson, C A . and Thome, S. (1984). Strengthening family 'interference'. Journal of Advanced Nursing, 9, 597-602.

Thome, S.E. and Robinson, C A . (1989). Guarded Alliance: Health Care Relationships in Chronic Illness. IMAGE, 21 (3), 153-157.

Walwork, E. and Ellison, P.H. (1985). Follow-up of families of neonates in whom life support was withdrawn. Clinical Pediatrics, 24 (1), 14-20.

Presentation ID:

SAVAGE, Teresa (Illinois U.S.A.)

The Role of the Nurse in Facilitating Ethical Decision-Making by Families

Background: The birth of a child with serious health problems, a child's sudden illness or injury, or a child's chronic illness stresses a family's equilibrium. Parents are often expected to synthesize complex medical

information, ask appropriate questions, and make the "right" decision for their child, all in a compressed time frame. The informed consent process requires careful explanation, clarification, and reinforcement of information. Nurses commonly employ these behaviors while educating families for many other health care needs their children have in both ambulatory and acute care settings. Parents seek information and seek clarification about their child's health and illness from the nurse, and share their concerns, worries, and innermost fears with the nurse. Yet nurses are not recognized as key players in the decision-making process when ethical issues are involved.

Purpose Statement: Nurses are often required to function as facilitators in assisting families in the ethical decision-making process. Yet many do not have the skills nor confidence to assume this role in a visible manner. The purpose of this symposium is to suggest strategies to assist the nurse in fulfilling this role and become a legitimate member of the health care team that is accountable for supporting families with ethical dilemmas.

Major Topics or Concepts to be Covered: 1. The socialization of nurses as facilitators of ethical decision-making; 2. The perception of other professionals toward nurses' capacity to undertake this role; 3. Models available to nurses to use in analyzing ethical situations; 4. Nursing as an integral part of the health care team.

Recommendations and Evaluation: Interventions for preparing the nurse for the role of facilitator will be discussed. Discussion will focus interventions to help nurses recognize ethical dilemmas families face; to learn skills to assist families in resolution of their ethical crisis. Evaluation of the effectiveness of the overall strategy for these interventions will also be presented.

Fowler, M.D.M. & Levine-Aruff, J. (1987). Ethics at the Bedside: A Sourcebook for the Critical Care Nurse. Philadelphia: J.B. Lippincott.

Murphy, P. (1989). The role of the nurse on hospital ethics committees. Nursing Clinics of North America. 24 (2), 551-556.

Winslow, G.R. (1984). From loyalty to advocacy: A new metaphor for nursing. Hastings Center Report. 14 (3), 32-40.

Presentation IV:

SLACK, Jeanne (Illinois U.S.A.)

Creating an Organizational Environment that Supports Nurses and Families During a Serious Ethical Crisis

Purpose: 1. To identify the components of an organizational system which support the nurse's role as an active participant in efforts to resolve complex ethical dilemmas confronting families of critically ill children. 2. To provide a theoretical framework for nurse administrators to use to create an organizational environment which is supportive to nurses and families facing profound ethical issues.

Methods: 1. Description of the components of an organizational environment which facilitates the nurse's role in resolving serious ethical issues confronting families in crisis (i.e., interdisciplinary ethics committees). 2. Description of a theoretical framework for tertiary care organizations that develops and supports the nurse's role in resolving ethical dilemmas confronting families of a critically ill child. 3. Presentation of a clinical scenario demonstrating the effect of an organizational system that is supportive to nurses and families in crisis.

Implications: Tertiary-care organizations and nursing administrators can create an organizational environment that facilitates the nurse's role in resolving ethical dilemmas faced by Families of critically ill children.

Significance to Family Nursing: Nurses can provide valuable assistance and support to families confronted with profound ethical issues. Administrators need to understand and develop the necessary components of an organizational system that supports nurses and families during a serious ethical crisis.

Christensen, P.J. (1988). An ethical framework for nursing service administration. Nursing Service Administration 10 (3): 46-55.

Fralic, M.F. (1989). Decision support systems: Essential for quality administration decisions. Nursing Administrative Quarterly. 14 (1): 1-8.

Maybeny, M.A. (1986). Ethical decision-making: A response of hospital nurse. Nursing Administrative Quarterly. 10 (3): 75-81.

2B9: Fatherhood: Implications for Family Nursing. Symposium

HANSON, Shirley; BOZETT, Frederick W.; LASS, John N.; JORDAN, Pamela; BOYD, Sheryl; DUNCAN, Marie (Oregon U.S.A.)

Overview:

Men's roles in families is a subject about which little is actually known. However, in recent years there has been increasing interest in fathers regarding their participation in families, their activities as parents, and in their responsibility for family health. Men now commonly participate with their partners in childbirth education classes, and often attend the birth. In many countries across the world, fathers are expecting to take an active part in parenting their infants, and in caring for their children as they grow and develop.

The purpose of this symposium is to present four papers representing different views of fathers in families. The first paper which was written by two family nursing educators/researchers will address the broader cultural dimensions of fatherhood from a conceptual and theoretical point of view. This paper will also summarize some of the findings of recent research in the area of cultural variations of American fatherhood.

The second paper will focus on teenage fatherhood. The author, a community clinician, will report on his work with teenage fathers. He will discuss a community based outreach program and the services it provides, such as parenting skills, child development knowledge, job search skills, legal advocacy, contraceptive knowledge and use, couple, individual and family crisis counseling, and information referral.

The third paper will be the report of an empirical research study that has just been completed by a nursing educator/researcher. It covers a broader range of scope than just infancy and spans fatherhood from the prenatal period through one year of life. Based on findings of the fathers in this study, strategies will be discussed that support the integration of fathers into the childbearing family.

The fourth paper will also be the report of an empirical research study that has been completed by two nursing educators/researchers. These researchers will address attitudes, involvement, and support of fathers during the first six years of their children's lives. Additionally, first and second time fatherhood will be addressed.

All four papers will address the implications of their work for family nursing theory development, practice, education and/or research. One hour and a half are required to permit each speaker 20 minutes each with ten minutes for audience participation.

Presentation I:

Hanson, Shirley M.H.; BOZETT, Frederick (Oregon U.S.A.)

Culture, Fatherhood and Families

The role of men in families is changing. A heightened interest in fathering and the role of fathers in the family system has occurred within the past fifteen years. Particular emphasis has been on men in nurturing roles thus nurses along with other social scientists have led the way to developing this specialized body of knowledge.

Cultural diversity, in the United States has traditionally been a mainstay of this country's idealism. Culture appears to have a great deal of influence on how men parent children and participate in families. The purpose of this paper is to discuss how the multifaceted nature of culture effects attitudes, values, and behaviors of American fathers, how culture influences father's role and participation in family life, and the implications this has for nursing practice, education, research and social policy. This paper is an outgrowth of a book entitled Cultural Variations of American Fatherhood (Bozett & Hanson, 1990).

This paper will discuss cultural variations and constraints that promote and/or inhibit father involvement in family and child care. Father involvement is often determined by differences in ethnicity, nationality, occupation, and social class. Religion, as well as the differences between rural and urban settings also impact

father's enactment of the paternal role. The internal environment or family process/dynamics also play a role in the enactment of men in families.

A discussion of the nursing assessment of fathers and their place within the family systems will be included to promote and incorporate more paternal involvement into family and child health care planning. Nursing interventions that take into account cultural variations also promote more active involvement of all family members. Incorporating content on fatherhood and families into the nursing curricula will be addressed, and areas most in need of additional research will be considered.

Bozett, F.W. & Hanson, S.M.H. (Eds.) 1990. Cultural variations of American fatherhood. NY: Springer Publications.

Hanson, S.M.H. & Bozett, F.W. (Eds.) 1985. Dimensions of fatherhood. Beverly Hills, Calif: Sage Publications.

Steinmetz, S. & Sussman, M. (Eds.) 1987. Handbook of marriage and the family. NY: Plenum Press.

Presentation II:

LASS, John (Oregon U.S.A.)

Teenage Fatherhood

With teenage parenthood now referred to as a national epidemic, society needs to look at some more creative solutions and a missing piece to the puzzle, namely the father of the baby. Supportive caring concern for mother and child seems to vanish when the father of the baby is discussed. Teenage fathers are often viewed as a culprit who needs to be punished and made to pay. Involving teen fathers can be an incredibly complicated task, one that may require impacting on values of individuals, families and society, and may necessitate changing come long entrenched policies. Many times negative stereotypes block some very viable solutions.

The presenter will discuss one pacific northwest city's attempt to provide services to teenage fathers through a teen parent program. An overview of the project and coordination of services with community health nurses will be addressed. The importance of addressing the needs of teenage fathers in health and social programs will be the goal of this presentation.

Klinmen, D.B. & Sander, J.H. (1985). Reaching and serving the teenage father. NY: Bank Street College of Education.

Nickel, P., Smith, J., Belany, H. (1984). Working with teen parents: A survey of promising approaches. Chicago: Family Resource Coalition.

Sandor, J.H. (1986). Working with teenage fathers: A handbook for program development. NY: Bank Street College of Education.

Presentation III:

JORDAN, Pamela I. (Washington U.S.A.)

Integrating Fathers into Families over the Childbearing Period

Pregnancy, childbirth, and parenting have largely been considered the domain of women. The mother has been the designated recipient of perinatal health care which has facilitated the observation and study of the maternal experience. But every child has two biological parents contributing to conception. The father's transition to parenthood is also a major life event, yet, for the most part, he remains a stranger. Opportunities to explore expectant and new fatherhood as normative life events or a developmental process have been limited. In order to better understand the family there is a need to better understand the father as an integral family member. The father's experience during the transition to parenthood sets the stage for his enactment of the parental role and his involvement in the family.

The findings of the author's grounded theory methodology study of the male experience of expectant and new parenthood are utilized in this paper as the basis for discussion of nursing interventions over the perinatal period to promote and support paternal behavior in first-time fathers. The essence of the experience of expectant and new fatherhood is laboring for relevance which consists of: a) grappling with the reality of the pregnancy and child, b) struggling for recognition as a parent from mate, coworkers, friends, family, baby, and society, and c) plugging away at the role-making of involved fatherhood. Strategies to promote and support paternal behavior include; reinforcing the reality of the pregnancy and child; promoting recognition of the father as a parent, including minimizing gate-keeping by the mother; and supporting paternal role-making, including facilitation negotiation of work and family roles.

Nurses are the primary providers of childbirth and parenting education programs. They have the opportunity to provide supportive and educative care to both men and women as they make the transition to parenthood. Increased attention to men over the perinatal period may help fathers become more firmly ensconced as integral members of the family.

Jordan, P.L. (1990). Laboring for relevance: The male experience of expectant and new parenthood. Nursing Research, 39 (1).

Jordan, P.L. (in press). First-time expectant fatherhood: Nursing care considerations. NAACOG's Clinical Issues in Obstetric, Gynecologic, and Neonatal Nursing.

Shapiro, J.L. (1987). When men are pregnant. San Luis Obispo, CA: Impact.

Presentation TV:

BOYD, Sheryl T.; DUNCAN, Maire (Oregon U.S.A.)

The Father's Parenting Role within the Family

The father-child relationship may be effected by parental and infant factors as well as social factors and past experiences. This paper will discuss the mother's and father's attitudes toward the father's involvement in childcare, as well as examine the participation of the father in child care activities. The specific aims of the paper are to examine: 1) the relationship of the maternal and paternal attitudes towards the father's involvement in infant care; 2) the relationship of their attitudes with the father's participation in caretaking activities, and 3) the differences in attitudes and participation when the father is a first-time father versus an experienced father.

Findings from two studies will be reported. The initial study contacted parents at postpartum and at one month following the birth of their first child. The second study includes first-time and experienced families who were recruited during postpartum and have been followed for five to six years. This second study includes a replication of the initial study. A descriptive research design was used in the first study with a sample of 77 families. The second study used an experimental research design with 132 families. In both studies, only mothers and infants with no complications during antepartum, intrapartum and early postpartum were included. Data was collected from both parents in the hospital during the postpartum hospitalization, in the home by visit of a research assistant at 1 and 12 months, and by mailed questionnaires at 5-6 years.

Findings suggest that when mothers are positive about the fathers involvement, the fathers are also more positive about being involved in infant caretaking. In addition, one and twelve month attitude scores of both mother and father are correlated with the father's participation in infant caretaking activities at one and twelve months respectively. That is, when the mother's attitude is more positive, the father is also more likely to participate in infant caretaking activities. However, the mother's attitude was not correlated with the father's participation when data was collected during the preschool years. Additional analysis is being completed to further examine the impact of parity within the family.

The paper will examine the value of understanding more than one family member's beliefs when interacting with families and nursing implications concerning the importance awareness of the mother's attitude toward the father's involvement. The nurse can facilitate increased awareness by both parents of the effects the mother's attitudes may have on fathering. By giving fathers equal opportunity, acceptance, encouragement, and recognition from the beginning for learning parenting skills, nurses can help fathers to take an active role in

their children's lives. By exhibiting these behaviors, the nurse also can serve as an effective role model for the mother.

Boyd, S. (1981), Measurement of paternal attitude toward infant care taking. Children's Health Care. 10, 66-67.

McHale, S. & Huston T. (1984), Men and women as parents: Sex role orientations, employment, and parental roles with infants. Child Development. 55, 1349-1361.

Cronenwett, L. (1982), Father participation in child care: A critical review. Research in Nursing and Health. 5, 63-72.

2C2: *Family Systems Nursing: An Invitation to Clinical Practice. Symposium*

VOSBURGH, Di, RNMN; BEVERLY, Laurie; HARPER-JAQUES, Sandy; McELHERAN, Nancy; SIMPSON, Peggy (Alberta CANADA)

Symposium Overview:

Traditionally, nursing has had a focus on the family. Individuals, viewed in the context of their families or families seen in the context of the individual are common to nursing practice. An emerging perspective, however, is a family systems nursing approach where the family is the unit of care.

This symposium, composed of five papers, is designed to demonstrate an integration of the theoretical and practical applications of family systems nursing. An introductory presentation will draw forth the distinctions between family systems nursing and family nursing from the perspective of the presenters. By focusing on theories and concepts from nursing, systems/cybernetics, communications and family therapy, the basis of the family systems nursing approach will be described. In the next three papers, presenters will highlight assessment and intervention strategies of three clinical case studies. The experience of a family encountering life-threatening illness, chronic illness or psychosocial problems will be described. A final presentation will describe the role of the family systems nurse in facilitating positive involvement and collaboration between families and the health care system.

Together, these five papers will provide a comprehensive look at the practice of family systems nursing. Discussion of issues pertaining to the practice of family systems nursing will be facilitated.

Gilliss, C, Doherty, W.J., Needle, R. & Campbell, T. (1989). Random notes. Health policy and the family: Agenda for the year 2000. *Family Systems Medicine*, 7 (2), pp. 229-239.

Watson, W.L. (Producer). (1988c). *Fundamentals of family systems nursing*. [Videotape]. University of Calgary, Calgary, Alberta.

Wright, L.M. & Leahey, M. (1990). Trends in nursing of families. *Journal of Advanced Nursing*, 15, pp. 148-154.

Presentation I:

McELHERAN, Nancy (Alberta CANADA)

Overview: Family Systems Nursing

Family systems nursing has as its focus the whole family as the unit of care; that is, both the individual and the family are simultaneously the focus of nursing care. Family systems nursing is the integration of nursing theory, systems, cybernetics and family therapy theories.

In practice, a family systems nurse is concerned with the interaction and reciprocity between the family and the health problem. The core assumption of a family systems nursing approach is that the family's belief about the problem is the problem. Family systems nurses draw forth and challenge problematic beliefs and draw forth and support facilitative beliefs. In this way the nurse creates a context by which the family can discover alternate solutions to its problems.

The presenter's purpose with this paper is to provide an overview of the practice of family systems nursing. The distinction between family nursing and family systems nursing, from the perspective of the symposium presenters, will be articulated. Approaches to the assessment of problematic and facilitative beliefs will be identified.

As an overview paper, the presenter will describe the theoretical underpinnings of the family systems approach to patient care illustrated by the clinical case studies and by the paper on the family system/health care system relationship.

- Gilliss, C, Highley, B., Roberts, B. & Martinson, I. (1989), Toward a science of family nursing. Menlo Park: Addison-Wesley.
- Watson, W.L. (Producer). (1989). Family System Nursing Interventions. [Videotape]. University of Calgary: Calgary, Alberta.
- Wright, L.M. & Leahey, M. (1990). Trends in nursing of families. Journal of Advanced Nursing. 15. pp. 148-154.

Presentation II:

VOSBURGH, Di (Alberta CANADA)

The Experience of Schizophrenia: A Family Systems Perspective

Individuals and family members impacted by schizophrenia often describe the illness as a confusing, concerning and potentially overwhelming experience. Family members, particularly children, may encounter difficulties as they observe unusual behaviors, feel angry and confused by an apparent lack of parental involvement and are embarrassed by the reaction of their peers. As children move to the developmental stage of adolescence, the support and acceptance of their peers and their movement toward increased autonomy and independence may create unique challenges for families experiencing schizophrenia.

Family Systems Nursing practice, concerned with the reciprocity between families and health problems, creates a context for change which may assist family members in recognizing a wide range of solutions. The purpose of this presentation will be to describe a case study of a family knowing schizophrenia. A creative solution designed by a young daughter with the assistance of her family will be highlighted.

- Watson, W.L. (Producer). (1988a). Families with psychosocial problems. [Videotape]. University of Calgary, Calgary, Alberta.
- White, M. (1987, Spring). Family therapy and schizophrenia: Addressing the 'in the corner' lifestyle. Dulwich Center Newsletter, pp. 14-21.
- Wright, L.M. & Watson, W.L. (1988). Systemic family therapy and family development. In C.J. Falicov (Ed.), Family transition: Continuity and change over the life cycle, (pp. 407-430). New York: Guilford.

Presentation III:

SIMPSON, Peggy (Alberta CANADA)

A Family Experience with Guillian-Barre: A Systemic Perspective

Guillain-Barre Syndrome is a life-threatening condition which strikes lightening fast, often leaving the patient paralyzed and the family members in a state of helplessness and confusion. The family's beliefs regarding the illness may be the most significant factor to assess.

This presentation will address a family systems nursing approach that examined aspects of the reciprocity between the impact of Guillain-Barre on the family and the influence of the family belief system on the meaning and course of the illness. Questions were used as both assessment and intervention strategies to explore and draw forth the problematic and facilitative beliefs. The White/Epston narrative model of family therapy provided the theoretical underpinnings for a family systems nursing approach which invited the family to explore the meaning of the illness experience for them and provided the opportunity for the patient to story her experience and begin writing the next chapter of her life.

- Smith, W. (March, 1989). Guillain-Barre Syndrome: My Perspective. The patient's unpublished story.
- White, M. & Epston, D. (1989). Literate Means to Therapeutic Ends. Adelaide: Dulwich Center Publications.

Wright, L. & Leahey, M. (1987). Families and life-threatening illness: Assumptions, assessment, and intervention. In M. Leahey & L.M. Wright (Eds.) Families and Life-Threatening Illness, (pp. 45-58). Springhouse, Penn.: Springhouse Co.

Presentation TV:

BEVERLEY, Laurie (Alberta CANADA)

Families with an Alzheimer's Member: A Systemic Perspective

When confronted with the impact of a chronic illness, such as Senile Dementia of the Alzheimer's type [SDAT], most families request assistance for their affected relative, but also for the family unit. As family roles shift, and families are repeatedly faced with situations for which they have had little preparation or understanding, the focus of concern becomes the interaction of the illness with the individual and the family. The study and application of relevant theory, therefore, has particular significance to guide the practice of nurses in their work with these families. Of particular interest to this author is the impact of a family systems nursing approach which integrates systems, cybernetics, family therapy and nursing theories.

The purpose of this paper is to present the writer's interpretation and practice of a family systems nursing approach that could guide nurses in working with families with an SDAT member. A case study of a family experiencing difficulties will demonstrate a systemic perspective in the conceptualization of the family's health problems. The interventions and the theoretical underpinnings that were used to create a context for change will be described.

Maturana, H. & Varela, F. (1987). The Tree of Knowledge. Boston: New Science Library.

Watson, W.L. (Producer). (1988). Aging families and Alzheimer's disease. [Videotape]. University of Calgary, Calgary, Alberta.

Wright, L.M. & Leahey, M. (Eds.) (1987). Families and chronic illness. Springhouse, PA: Springhouse Corp.

Presentation V:

HARPER-JAQUES, Sandy (Alberta CANADA)

Facilitating the Family/Health Care System Relationship

Families encountering a need to interact with the health care system through life-threatening illness, chronic illness or psychosocial problems of a family member frequently enter into a complex, confusing relationship with the larger system. Divergent beliefs about illness and treatment, in combination with a lack of specific information for both the family and the health care system may lead to feelings of anger, frustration and helplessness. The family systems nurse is in the unique position to facilitate a positive involvement and collaboration between families and the health care system.

The presenter will describe the role of the family systems nurse in assessment and intervention with the family and the larger system. This systemic perspective will emphasize the nurse's role as family advocate, particularly in the family system/health care relationship.

Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, California: Addison-Wesley.

Imber-Black, E. (1988a). Families and larger systems. New York: Guilford.

Imber-Black, E. (1988b). The family system and the health care system: Making the invisible visible. In F. Walsh & C. Anderson (Eds.), Chronic disorders and the family, (pp. 169-183). New York: Haworth

2CS: A Cross-Cultural Look at the Meanings of Health and Health Practices in Families. Symposium

PLAGER, Karen A.; ERIBES-GONZALES, Carmen; KIM, Susie; YANG, Soon Ok (California U.S.A.)

In 1978 the International Conference on Primary Health Care held in Alma-Ata declared a global goal of "Health for All by the Year 2000". With this goal in mind, a cross-cultural symposium on the meanings of health in families is proposed. The objectives are:

1. To examine the meanings of health and health practices in the family in 3-4 distinct cultural groups and/or countries;
2. To locate the family in each of these cultures in the socioeconomic, political, and primary health care systems in the culture and discuss the particular impact that these systems have on families' meanings of health, their health practices, and their ultimate health status;
3. To stimulate dialogue on the implications that family meanings of health and health practices have cross-culturally in achieving the goal proposed by the World Health Organization.

Papers will consist of a review of the literature specific to each presenter's cultural group or country to meet objectives one and two. Canadian, Korean, Mexican-American, and middle class American family systems are proposed to be represented. Panel-audience dialogue will address objective three.

Health means many things to many people, yet it is held out as a universal goal for all people. Families constitute a unit of society in all cultures and contribute significantly to the health of its members and itself as a group. It is important that family nursing not only address family health through formal models of structure and function in families, but that it also looks at meanings of health in families and the common and shared practices that contribute to the health status of the family and its members. This has important implications for family nursing as we strive internationally toward progressive improvement in health for all people.

3A2: Parent-Nurse Interaction: A Research-Based Model. Symposium

DIXON, Donna M. ; KNAFL, Kathleen A. ; MURPHY, Kathryn M. ; KODADEK, Sheila M. (Illinois U.S.A.)

Symposium Overview:

This symposium is a report of a secondary analysis and synthesis of five qualitative research studies conducted since 1979 by the authors working together and separately. The studies were related to understanding parent and nurse behavior during interactions together. The first paper presents an overview of theoretical and research models which have been developed by other authors and lays the foundation for the presentation of Dixon's (1989) Model of Parent - Nurse Interaction developed from a research study of 102 parents of hospitalized, school-age children. The second paper reports the findings of a secondary analysis of four other qualitative studies whose purpose was to empirically validate the Model of Parent - Nurse Interaction with samples of parents dealing with acute and chronic childhood illness, inside and outside of the hospital setting. The third paper reports the methodology utilized and refinements of the model of the model that were generated by the secondary analysis. This research represents a significant contribution to our understanding of parent and nurse interaction in the context of a child's illness or chronic condition. In addition, it presents a methodology by which rich, detailed qualitative data from single studies can be synthesized to build theory in the area of family nursing.

Presentation I:

DIXON, Donna M. (Illinois, U.S.A.)

Theoretical Models of Health Care Professional and Family Relationships

Models which describe the relationship between doctors or nurses and the patient's family can be categorized in four ways - by role, process, labels and activities. First, some models examine the family's role with the professional. For instance, Rosenthal, Marshall, Macpherson and French (1980) described the family as staff, visitor, or patient. Szasz and Hollender (1956) described three roles of patients and family with physicians as Activity - Passivity, Guidance - Cooperation, and Mutual Participation. Second, some models describe a process that occurs between professionals and families. Thome and Robinson (1988) described three phases that families go through which they labeled naive trust, disenchantment and guarded alliance. Barbarian and Chester (1984) identified seven dimensions of staff behavior with parents of children with cancer that were relevant to the development of relationships. Third, some models identify labels given to patients and families by professionals. Lorber (1975) described the characteristics of "good" and "bad" patients on general medical units. Bogdan and Taylor (1982) described the labels given to parents and infants in the neonatal intensive care unit. Rosenthal et al. (1980) delineated three types of family problems: staff-initiated and family-initiated (crisis and routine). Lastly, some models describe the activities of parents during a child's hospitalization (Algren, 1986; Hill, 1978; Jackson, Bradham and Burnwell, 1978; Stull and Deatruck, 1986). All of these theories highlight the variation that exists in family behavior though there are identifiable similarities between them.

This symposium is based in Dixon's Model of Parent - Nurse Interaction (1989) which identifies four patterns of parental behavior with professionals: limited contact, recipients of care, monitors of care and decision-makers. These patterns were derived from a qualitative study of 102 parents from 65 families (Knafl, Cavallari, and Dixon, 1988). The model also delineates patterns of behavior in the nurse as she interacts with parents. Interaction is viewed as the merging of parents' and nurses' definition of the situation and a resulting process of negotiation for control, sharing expectations and building trust.

Knafl, K. A., Cavallari, K. A. & Dixon, D. M. (1988). Pediatric hospitalization: Family and nurse perspectives. Glenview, IL: Scott, Foresman.

- Rosenthal, C. J., Marshall, V. W., Macpherson, A. S., & French, S.E. (1980). Nurses, patients and families. New York: Springer.
- Thome, C. J. & Robinson, C. A. (1988). Health care relationships: The chronic illness perspective. Research in Nursing and Health. **11**, 291, 300.

Presentation U:

KNAFL, Kathleen A.; DIXON, Donna M.; MURPHY, Kathryn M.; KODADEK, Sheila M. (Illinois, U.S.A.)

Parent-Nurse Interaction: Empirical Validation of the Model

The nature and development of effective working relationships between health care providers and clients remains an enduring concern for nurses. Nonetheless, relatively little research has been directed toward understanding and conceptualizing how patients and family members interact with health care providers. Dixon's Model of Parent-Nurse interaction provides a beginning conceptualization of one kind of interaction. The purpose of this paper is to apply the Parent-Nurse Interaction Model to data from four separate studies of family response to illness or disability in order to further validate the model. The four data sets come from naturalistic investigations of the following: (1) 20 parents of children who were blind, (2) 16 parents of children who were ventilator dependent, (3) 40 parents of high risk infants and (4) 76 parents of children with diabetes. Parents in each study participated in individual open-ended interviews designed to elicit their views of the child's illness/disability, their beliefs about how to manage the situation and their perceptions of health care providers. For this presentation, these data will be submitted to a secondary analysis using The Parent-Nurse Interaction Model as a framework for reviewing data related to interactions with health care professionals from each study. Analysis will entail categorization of families into the four patterns of relationship identified by Dixon (Limited Contact, Recipients of Care, Monitors of Care, Decision Makers) in order to determine the validity of the identified patterns for a wide variety of health care situations (e.g., acute illness, chronic illness, disability). It is anticipated that the process of categorization will lead to the identification of additional patterns or subpatterns of interaction.

- Knafl, K., Breitmayer, B., Gallo, A., and Zoeller, L. (1987). How families define and manage a child's chronic illness. (Grant No. NR01S94). Funded by the National Center for Nursing Research, Public Health Service.
- Knafl, Cavallari, K., and Dixon, D. (1988). Pediatric hospitalization: Family and nurse perspectives. Boston: Scott, Foresman and Co.
- Kodadek, S., and Haylor, M. (In press). Using interpretive methods to understand family caregiving when a child is blind. Journal of Pediatric Nursing.

Presentation HI:

MURPHY, Kathryn M.; KODADEK, Sheila M.; DIXON, Donna M.; KNAFL, Kathleen A. (Pennsylvania, U.S.A.)

Parent - Nurse Interaction: Further Development of the Model

Core variables in a qualitative study link that data together by explaining much of the variation in the data (Strauss, 1987). The model proposed by Dixon (1980) identifies three core variables which are central to the ways in which nurses and parents interact. These core variables include trust, control and expectations. They are the building blocks from which nurses' and parents' construct their definition of the situation and, as such, are central to the interactional patterns described by Dixon.

The secondary analysis of four qualitative studies described in the previous paper by Knafl, Dixon, Murphy, and Kodadek validates the patterns of behavior by parents. This paper further develops the core variables identified and therefore refines the model. The refinement of the model will describe the ways in

which the core variables shape parent-nurse relationships. These relationships are conceptualized as a function of the categories describing parental interactions vis-a-vis providers (limited contact, recipients of care, monitors- of care and decision makers) and the categories describing provider interactions vis-a-vis providers (Facilitative, rule-enforcer, collegial, avoidance and competition).

Specifically, this paper will further validate the ways in which the core variable CONTROL contribute to variation in parent - nurse interactional patterns. This secondary analysis will further extend the categorization of families by exploring ways in which issues of control contribute to variability within the identified interactional categories across the four data sets. It is anticipated that this process will provide additional insight into how control issues shape provider-parent interactions across a variety of health care situations (acute illness, chronic illness and disability).

- Dixon, D. M. (1989). Parent-nurse interaction: A theoretical model. Presented at the National Conference on Family Nursing, Portland, OR., September, 1989.
- Murphy, K. (1989). Threatened perinatal loss: Defining and managing strategies used by parents of critically ill infants. Unpublished doctoral dissertation, University of Illinois at Chicago, Chicago, IL.
- Strauss, A. S. (1987). Qualitative analysis for social scientists. New York: Cambridge University Press.

3A8: Families in Supportive Care. Symposium

DA VIES, Betty; BROWN, Pam; MARTENS, Nola; CRUTKSHANK, Sheila; CHEKRYN RETMER, Joanne
(British Columbia CANADA)

The purpose of this symposium is to present the results of four interrelated investigations of family responses to supportive care for advanced cancer in patients being cared for in various types of palliative care programs. These projects represent a collaborative effort in developing and conducting research between acute care, community and academic settings.

The overall purpose of the program of research is to examine the impact on families of having a member with advanced cancer who requires supportive care and who is receiving such care either at home or in hospital. Studies reported in the literature describe attempts issues related to palliative care at home, in hospital, and in hospice units. The majority of these studies however focus on the response of individual patients or individual family members rather than on the responses of the family of which the advanced cancer patient is but one part. Most studies have been conducted retrospectively. Furthermore, the instruments used in many studies have not evolved from the direct experience of families themselves. These projects therefore are prospective examinations of the response of families to advanced cancer.

Two studies in the project are being conducted in a parallel, staggered fashion in two geographical areas and with families from four types of palliative care programs. Four-five families, each comprised of the patient, spouse, and one adult child, were selected from each program. They were interviewed as a unit and as individual family members. All interviews were taped, transcribed and analyzed. Results of content and grounded theory analysis will be presented. Content analysis conducted to date indicates that families prefer home care over hospital care; this preference is explained by the concepts of being there, normalcy, reciprocity, sustaining relationships, and self determination. From the constant comparative analysis, a beginning description of a transition of "fading away" is evolving. An additional study is scheduled to further explicate and validate this description with a sample of ten additional patients and family members whose family configurations may include a variety of forms. Finally, a fourth study is being conducted to examine the experience of Chinese-Canadian families of caring for a member with advanced cancer.

A diagnosis of life threatening illness affects not only patients but also has implications for family members (Northouse, 1984). This consequence holds especially true during the final stages of the illness. Family members are repeatedly identified as the primary source of psychosocial support for the cancer patient, and they bear the greatest responsibility for day-to-day care for as long as possible and, if feasible, to the point of death (Googe & Varricchio, 1981). They too are the ones best able to describe aspects of quality palliative care (Kristjanson, 1986). Health care professionals however lack understanding of the family's experience of having a member with advanced cancer, whether at home or in the hospital. Only on the basis of such knowledge can theory be developed as the basis for optimal interventions.

Googe, M. C., & Varricchio, L. G. (1981). A pilot investigation of home health care needs of cancer patients and their families. Oncology Nursing Forum. 8 (4), 24-28.

Kristjanson, L. J. (1986). Indicators of quality of palliative care from a family perspective. Journal of Palliative Care. 1 (2), 8-17.

Northouse, L. (1984). The impact of cancer on the family: An overview. International Journal of Psychiatry in Medicine. 14 (3), 215-242.

ABSTRACTS OF CONCURRENT SESSION PRESENTATIONS

ARTINIAN, Nancy Trygar (Michigan U.S.A.)

Spouses' Perceptions of Readiness for Discharge After Their Partner's Cardiac Surgery

Transition from hospital to home can be a stressful event for cardiac surgery patients and their spouses. The purpose of this study was to describe spouse perceptions of readiness for discharge from the hospital after their partner's coronary artery bypass graft (CABG) surgery. An exploratory design was used to address the following research questions: 1) Do spouses feel adequately prepared for their partner's return home after cardiac surgery? 2) What factors positively influence the feeling of discharge readiness? 3) What factors negatively influence the feeling of discharge readiness?

A convenience sample of 86 female spouses of CABG patients, with a mean age of 56, participated in the study. Women who consented to participate received a mailed questionnaire six weeks after discharge. A content analysis was done on responses from 73 returned questionnaires.

Forty-eight women (65%) reported they felt adequately prepared for their husband's discharge, 25 women (34%) felt they were not prepared and 1 woman reported she was unsure. Nine spouses (19%) reported they felt prepared because of various nurse activities such as giving explanations about how to assist husband to recover, about medications and diet and about what to do if something unexpected would occur. Three women (6%) felt prepared because a booklet about going home was given to them. Only one woman reported the booklet alone was enough, the other two women felt the booklet needed to be accompanied by explanation from a nurse. Six women (13 %) felt prepared to go home because they knew they had family to help them, three of whom mentioned they had children who were R.N.'s and one who reported the family could get help from a visiting nurse. Other factors identified that facilitated discharge readiness were: having enough time to prepare, viewing a video, prospect of no longer having burdensome long commutes to and from the hospital and talking with the doctor. Of the women who did not feel prepared for discharge, 15 (60%) cited lack of knowledge as a problem. Women wanted more knowledge about: specific caring activities, what to expect regarding recovery, making lifestyle changes and planning for the future. Other reasons cited for perceptions of lack of readiness were: continual feelings of fear and worry, overwhelming family and work responsibilities, and the booklet about discharge was not specific enough. The findings suggest nurses plan an important role in facilitating discharge readiness and suggest information to include in discharge planning.

Note: This project is supported in part by the AHA of MI and the College of Nursing Center for Health Research, Wayne State University.

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BAILLIES-KULCZYCKY, Janet; GOTTLIEB, Laurie (Montreal CANADA)

Pregnant Mothers' Reports of Difficulty Managing Their Firstborns' Behaviors

Purposes: Researchers have speculated that a mother's pregnancy may be a stressful period for young children, in part due to changes in their mothers (Gottlieb, 1985; Nadelman & Begun, 1982). Contrary to expectation, we found that firstborns whose mothers were in the first and third trimester of pregnancy exhibited fewer negative behaviors than children of nonpregnant mothers (Baillies-Kulczycky, 1989). Nonetheless, pregnant mothers may have more difficulty managing firstborns' negative behaviors than their nonpregnant mothers. Difficult-to-manage behaviors may be related to the type of behaviors, firstborn characteristics (age and sex), and the point in the pregnancy. In the present study, the relationship between the frequency of the difficulty managing behaviors was examined. Pregnant mothers' reports of difficulty

behaviors, at different weeks in pregnancy, were compared to nonpregnant mothers' reports; and the relation between difficult behaviors and firstborns' characteristics was explored.

Methods: Eighty mothers participated, 20 in each trimester of pregnancy and 20 in a comparison group of nonpregnant mothers with only children. Children were matched for both sex and age (young (18-36 mo) vs. old (37 - 60 mo)). On the Preschool behavioral Rating Scale (PBRS), mothers rated 40 negative behaviors in terms of the frequency of occurrence and degree of difficulty managing the behavior. The 40 negative behaviors were grouped into five subscales (e.g. Reaction to Separation, Withdrawal, Anger, Insecurity, Dependence). Mothers rated their children's behavior with reference to the previous 2 weeks and completed the PBRS three times at monthly intervals: the first-trimester group from 12 to 20 of pregnancy, the second-trimester group from weeks 20 to 28, the third-trimester group from weeks 28 to 38, and the comparison group over a similar period. Correlations, multivariate, and univariate statistics were used to address these issues.

Results: Preliminary analyses indicate that the measures of frequency vs difficulty managing child behaviors, although moderately related are not equivalent. First trimester mothers reported the same degree of difficulty in managing firstborn's behaviors as comparison group mothers. Second trimester mothers reported less difficulty managing daughters' anger and hostility than comparison mothers with daughters whereas third trimester mothers reported less difficulty managing sons than comparison mothers with sons. Further analyses will explore the specific behaviors that pregnant mothers find difficult to manage.

Nursing Implications: Nurses play a major role in helping families cope with pregnancy and prepare for a new child. A major task of secondtime parents is dealing with the behaviors of their firstborn. Understanding the behaviors that mothers find difficult to manage will facilitate the assessment and planning of family nursing care.

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BELL, Janice (Alberta CANADA)

An Outcome Study of Family Systems Nursing Practice: Do Families Think We're Helpful?

The purpose of the study was to evaluate the family's perceptions of the efficacy of family systems nursing interventions. Three major variables were examined: 1) satisfaction with the family nursing services received; 2) changes in the presenting problem and family relationships; and 3) satisfaction with the family nurse clinician.

The outcome study was conducted with a population of families experiencing difficulties with health problems who received family systems nursing assessment and intervention at the Family Nursing Unit (FNU), University of Calgary between 1982 and 1989. Each family completed an average of five family sessions. Families were contacted six months following the completion of the family session and invited to participate in a structured interview. Content validity for the interview instrument was established by a panel of family nurse clinicians. Questions for each variable focused on two time periods: 'then'—at the completion of the family sessions (six months prior) and 'now'—at the present time. Unlike other family outcome studies which asked only one family member for information, in this study each family member's responses to the questions were recorded by a trained research assistant who had no previous contact with the family.

Results from a convenience sample of 75 families, found a range of 6.5-100% of family members (mother, father and each child) were satisfied to very satisfied with the services received. Regardless of the presenting problem, a surprising 64.6% of fathers and 66.7% of mothers reported positive changes in the marital relationship including increased communication, improved relationships, decreased tension and increased spouse

involvement in instrumental and expressive family functions. Overall the families reported that the most important thing they learned from coming to the Family Nursing Unit was an ability to solve ones own problems.

Implications of these findings for outcome designs in family nursing research will also be discussed.

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BENJAMIN, Caroline; KERZIN-STORRAR, Lauren; HARRIS, Rodney (ENGLAND)
Family Perceptions and Response to a Variable Genetic Condition, Neurofibromatosis

Based in the Regional Genetics Centre (St. Mary's Hospital, Manchester, England) is the Regional Genetic Family Register for families at risk of the more common inherited conditions. Included on this register are families with neurofibromatosis type I, an autosomal dominant condition with a birth incidence which may be as high as 1 in 2,500*. This condition is extremely variable in expression, ranging from only mild pigmentary skin characteristics to severe deformity, learning difficulties, and malignancy. At present 56 families and 120 affected individual are included on the register, with 43 relatives potentially affected who are being approached. The aims of the register are to offer examinations, genetics counselling, and ongoing psychosocial support for each individual in families with this condition in the North Western Region of England (population 3.9 million). In addition, by screening and clearing unaffected relatives, we are relieving unnecessary in a large number of family members.

Because NF is such a variable condition, medical research in the past has tended to concentrate on the more serious aspects and perhaps given a biased representation of the condition. The most worrying aspects of the condition to families are the disfigurement, malignancy and learning problems associated with NF. Two studies carried out by geneticists with a special interest in NF have looked at the incidence of the specific clinical features with the aim of gaining a more complete ascertainment of families, and providing more accurate information". However, the psycho-social problems of individuals and their relatives with this condition have not been studied in detail. We have therefore set out to do this without cohort of families on the register using detailed questionnaire completed at interview. It is hoped that 100 individuals including affected adults and parents of affected children will be included in this study by December 1990. The questionnaire aims to ascertain patients knowledge of the condition, how their personal experiences relate to their perception of the condition and to their reproductive options; and to identify the extent of the psycho-social problems created by the condition. It is hoped that as well as highlighting the needs of these families, this research will outline important areas in which we, as health professionals, can provide a better service to a family'.

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BIRENBAUM, Linda (Pennsylvania U.S.A.)

The Relationship Between Bereaved Parents' Depression and Their Health Status

Purpose: This paper is subanalysis of a study to investigate the family's responses to the death of a child from cancer. The purpose of this paper is to describe the relationship between parents' depression and their health status prior to and after the death of a child from cancer.

Methods: A prospective longitudinal design was used to collect data approximately two months prior to death, and two weeks, four months, and one year after the death. The sample consisted of between 13-27 fathers and 24-40 mothers at different points in time. The Beck Depression scale was used to measure parents' depression. Four scales of the Duke-UNC Health Profile were used to measure parents' health: Symptoms, Social, Physical, and Emotional. This psychometric properties of these instruments were consistent with previous reports. Because of the varying samples size, descriptive and correlational statistics were used to describe the relationship between parents' depression and their health in each of the four scales at each of the measurement periods.

Results and Implications: Parents' scores on the Beck Depression scale were highly correlated with the Duke-UNC Health Profile for all four scales at times I and II. The breadth of the relationships weaken somewhat at times III and IV. Specifically depression continued to be significantly related to the Symptoms and Emotional scales at time III. Only the relationship between depression and the Emotional scale continued to be significantly related at each of the four times regardless of the declining sample size.

Significance to Family Nursing: Parents' depression can be measured relatively quickly in the clinical setting. Interventions can be developed to reduce the effects of depression on the parent and other family members.

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BLYLER, Joanne (BANGLADESH)

A Family Nursing Experience in Bangladesh

The purpose of this paper is to raise awareness of the cultural, social and economic implications of family nursing in a developing country among Family Nursing Practitioners. Because of the uniqueness of Bangladesh, no conclusions are inferred for other countries.

I came to Bangladesh in early 1986 as a volunteer in a church mission program. The paper chronicles the work first in Khalispur, an industrial suburb of Khulna where thousands of homeless, landless people struggle to eke out an existence in the worst of living conditions, and later in the lowlands where people live on wide-spread man-made islands in a sea of rice fields.

The nature of the family, the health care needs and the influence of culture and economy are explored. Information is based on oral history and experience. No formal research has been conducted; the problems, issues and needs are self-evident. Researchers have documented root problems very well.

The paper reports the joint effort of the volunteer and the Bengali staff to develop a family oriented health care program. No specific family nursing model was used. Basic survey were conducted by village field workers. Within the limitations of the abilities of the staff and the resources available a modest program was implemented. Networks were established with other agencies to broaden and improve services.

Presently a group of nurses (unlicensed), village field workers (minimally educated) and a small support staff provide immunizations, distribute vitamin A, conduct Under-five and Antenatal Clinics and provide simple general illness care. Our clients are the very poorest people. We have no way of measuring the success of our

programs. Our clients are included in government/UNICEF studies. The need for research is evident but not welcomed by the local sponsor.

Our story is told to stimulate interest in the issues we face and to encourage health care providers to consider the implications for all of us in this every shrinking earth home.

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BOWERS, Joan E. (Illinois U.S.A.)

Boundary Management in Home Health Care

Issues and conflicts frequently arise between family members and the health professional that negatively affect the provision of nursing care in the home. These situations are often attributed to the personal characteristics of one or the other participant in the interaction. The concept of boundary management is explored, using the process described by Walker and Avant (1988), as an aid to understanding these issues.

Boundary is a concept that appears in several fields of study; cell biology literature uses the term to describe the structural boundary that controls the exchange of matter between the cell interior and its environment. The concept of personal boundary as an individual attribute has been analyzed. Emphasis was primarily on boundary as an individual attribute that aided in separation and individuation as well as adaptation to the environment (Scott, 1988).

In the family literature, two major definitions are prevalent. Friedmann's (1986) definition of boundary as "a semi-permeable" membrane that regulates the amount of input from the environment and output to the environment" (p. 84) has gained popularity in nursing. This definition focuses on structure and form and is similar to the use of the concept in cell biology. Minuchin's definition of boundary is that of a "set of rules that governs who interacts and how in a given sub-system" (1974, p. S3). This definition carries with it a notion of interaction and reciprocity that is missing in the Friedmann definition; this aspect will be explored further in developing the concept. Other concepts that overlap in meaning with boundary include "territoriality" (Oland, 1978); "privacy" (Block, 1978); "personal space" (Felipe & Sommer, 1966) and "distance" (Smith & Cantrell, 1988). Each of these concepts is explored for its contribution to the understanding of the concept "boundary management" as it relates to nursing situations in the home setting.

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BRANDT, Patricia (Washington U.S.A.)

Nursing Standards for Family Assessment: Coping-Stress Tolerance Pattern

The Children with Special Health Care Needs Standards were developed to enable nursing diagnoses of children birth to six years are based on reliable and valid assessment information. Two of these assessment Standards have a family unit focus: the family's coping, and the roles and relationships of the family. The purpose of this presentation is to describe the content of the Standards that have a family unit focus and the relevance for Nursing in relation to Public Law 99-457. Public Law 99-457 was passed by Congress in 1986 and provides for early intervention services for children birth to six who have special health care needs and their

families. Nursing is challenged with participating with professional accountability in the multidisciplinary assessment process required by 99-457. Guidelines provided by standards specific to the population and validated through an evaluation process promote an accountable, comprehensive Nursing assessment.

The Children with Special Health Care Needs Standards were developed using the diagnostic framework of Marjory Gordon which identifies functional health patterns as the basis for assessment. Each Standard contains an overall goal, a sample diagnostic statement with defining characteristics and etiologies, expected outcomes and assessment criteria. References, assessment measures and criteria for further assessment and/or referral are also included. Content validity and clinical utility testing were an integral part of the development process.

These Standards were developed as part of a quality assurance protocol for advanced nursing practice within a University Affiliated Program. A case study format with videotaped client-clinician interactions provides the opportunity to evaluate the integration of these Standards in advanced practice. Due to the specificity and clinical relevance of these Standards, a comprehensive assessment of coping, and roles and relationships within the family unit is enhanced. Pertinence of these Standards for case management, assessment of family strengths and individual family service plans will be described to highlight the importance for Nursing and 99-457 implementation. The value of these Standards for clinical research will also be discussed.

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BROUSE, Jenise; HENDERSON, Angela (British Columbia CANADA)

The Experiences of New Fathers During the First Three Weeks of Life

The purpose of this qualitative study was to clarify our understanding of the experience of new fathers during the first three weeks postpartum. Twenty-two fathers were interviewed in their homes. In order to uncover the meanings that experiences held for these fathers, a phenomenological approach was used. This method allowed us to understand client experiences by analyzing their perceptions of events in their lives. When utilizing this approach, analysis and data collection are conducted concurrently—analysis leading to emerging themes being incorporated into upcoming interviews.

The themes fell into the following categories: expectations, reality, and transition to mastery. "Expectations" involved coming to the experience with preconceptions about how it would be. "Reality" was the uncomfortable sensation which prompted the move to "transition to master", a conscious decision to take control and work at acquiring the skills necessary to incorporate their view of fathering. The crucial factor which seems to influence adjustment is how reality is experienced and how that reality measures up to the expectations.

The fathers' experience of this process is influenced by external factors often beyond their control, some of which are amenable to nursing intervention. Factors include: varying levels of inconsistent and unnecessary information received from prenatal classes and hospital staff, the hospital experience, previous experience with infants and availability of social support. The most influential of these factors was inconsistent and unnecessary information.

A major conclusion of this study is that nurses continue to deliver care using a matricentric philosophy which treats the father as an irrelevant observer. Few of the present nursing interventions are experienced as being helpful; in fact some, like the inconsistency of information, are detrimental. It is important, that as nurses implement new programs and interventions, their practice is developed from a research derived knowledge base which recognizes the important role of the father in the developing family unit.

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BROWN, Marie Annette; POWELL-COPE, Gail (Washington U.S.A.)

The Work of Family Caregiving For AIDS: Managing and Being Managed by the Illness

AIDS can devastate an individual's ability to care for oneself and family members become the key component in providing care and support for their loved one during the course of the disease. Family members need to provide a wide range of assistance to help maintain the Person with AIDS (PWA) at home, i.e. emotional support, meal preparation, management of personal business and personal business and finances, transportation and communication with health care providers. Little is documented however about the extent to which family members become involved in helping the PWA manage the illness. Therefore this study was undertaken to provide an indepth exploration of the family caregiving experience. Due to the complexity of this phenomenon, the project used a triangulation of methods with both naturalistic inquiry and quantitative methods of data collection and analysis. The sample included 53 volunteers (gay lovers and former lovers, heterosexual spouses, parents of either adults or children with AIDS, siblings, and friends) who were living with and caring for a PWA. Participants were initially asked "What is it like for you living with and taking care of someone with AIDS?" Indepth exploration of their responses followed and the interviews ranged from 2-6 hours. Verbatim transcripts were coded, analyzed, five categories derived, and validity and reliability addressed. The purpose of this analysis is to provide an indepth description of one of the categories of the experience of family caregiving for PWAs, the experience of managing and being managed by the illness. This category is defined as: vigilantly monitoring the mercurial illness of HIV and constantly responding to the relentless demands and uncertainties associated with caregiving. Subdimensions include: 1) Watching and Analyzing, 2) Doing For, and 3) Coordinating Help. The data suggested that a major focus for these helping activities surrounded prevention of wasting and weight loss. Quantitative data supported this theme in that the most common activity reflecting family members involvement was providing assistance with food and eating by shopping and meal preparation. Seventy two percent of the family members regularly provided this type of help on a regular basis. Other components of family involvement in caring for a member with life threatening illness will be discussed. The data suggest that the family is profoundly affected when one of the family members becomes ill with HIV infection.

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BURNS, Cathie; MADIAN, Nancy (Oregon U.S.A.)

Development and Clinical Experiences with a Support Group for Grandparents of Severely Handicapped Young Children

The purpose of this paper is to describe the development of a support group (in progress) for grandparents of severely handicapped young children. The project is based on the assumption that increasing the functional coping of grandparents will maximize their ability to serve as principle family resources for the parents of the handicapped children. The major problems expressed by the participants will be identified and discussed within an intergenerational family theory framework.

The children are all patients at a Child Development and Rehabilitation Center. The impetus for development of the group came from expressed concerns of some grandparents who attended development clinics with their children and grandchildren. Most are significantly involved with direct care activities of their grandchildren, at least as regular respite care providers.

Goals for the group were established by the co-leaders after reviewing the work of others in the areas of grandparenting and asking the members to complete a brief questionnaire to identify their needs. The areas of focus include self-esteem, mastery of feelings, social isolation, understanding of family systems, and information. The progress of the group over time in these areas will be discussed with case examples taken from ongoing process notes.

The significance of this information for family nursing will be highlighted. No similar support groups have been identified and the issues facing grandparents of severely handicapped young children are only beginning to be described.

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CALDWELL, Shirley, M. (Tennessee U.S.A.)

Family Function, Self-Concept, Stress, and Glucose Control in Families with a Diabetic Parent

The purpose of this study is to study 10 families in which a parent has IDDM using the same variables of communication, self-concept, stress, and HbA1c, that had been used in previous studies of 46 families in which a child has IDDM. Comparisons between the two different family groups will be done. In addition, families will be asked to identify the main barriers to care they have experienced from health care providers as well as the ways in which the parent has the chronic illness and the children are still young.

Methodology is based on family systems theory that when one member of the family has a chronic illness, other members also are affected. Families include at least two children (between the ages of 8 to 18) and two parents, one of whom has IDDM, to test the relationship of family functioning on self-concept and stress. Hypotheses are that individuals in "functional" families will score higher on self-concept and lower on stress than individuals in "dysfunctional" families. Families are first assessed for function via analysis of videotaped family communication by trained raters using the Beavers-Timberlawn Family Evaluation Scale. Self-concept is measured using the Piers-Harris Children's Self-Concept Scale (children) and the Tennessee Self-Concept Scale (parents). Stress is measured using the Family Well-Being Assessment Scale. Glucose control of the diabetic parent will be determined by the HbA1c. Families in the current study will be matched with comparable aged parent and children from previous studies, then analyses will be done to identify differences between these two groups of families as well as similarities. Open ended questions will be analyzed qualitatively.

This study is in the data collection phase. The significance to nursing lies in the fact that the number of families with chronically ill members increases each year while little is known about the psychosocial impact on such families, particularly when a parent has the chronic illness. This study should provide guidance to health care workers regarding better ways to help such families.

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CAMERON, Sheila; ORR, R.R. (Ontario CANADA)

Stress, Coping, and Resources in Families Caring for Developmentally Disabled Adults at Home.

The focus of this research is on the stress, coping strategies, and resources used by families caring for developmentally delayed adults. A particular emphasis is on families who are successfully caring for an adult with developmental disabilities at home (low stress). We have hypothesized that there will be an inverse relationship between the stress families report and the coping strategies and resources they use (low stress, high coping and high resources). This research is based on the Family Stress Model proposed by McCubbin and Patterson (Double ABCX Model). Essentially, this model proposes that family stress will be mediated by the coping strategies and resources families use. Families were solicited through services their son/daughter, or their family used. Approximately 170 families responded to a series of questionnaires selected to measure stress, coping, and resources in their families. The Questionnaire on Resources and Stress (Holroyd, 1987), Family Crisis-Oriented Personal Evaluation Scales (McCubbin, Olsen and Larsen, 1981) and the Family Inventory of Resources for Management (McCubbin, Comeau & Harkins, 1981) were selected as dependent measures. In addition, a demographic survey was prepared by the researchers to examine selected demographic variables such as SES, family compositions, characteristics of the disabled person and services used. Approximately one third of the families had offspring who were no longer living in the family home and two-thirds of the families were still caring for their son/daughter at home. Data collection is now completed and analysis has commenced. Initial data reduction will involve the determination of means and standard deviations for the instruments and the demographic variables. Regression analyses will be conducted to determine the relationship between the demographic variables and the measures used. Scores of families caring for members at home will be compared with families who have placed their offspring in alternate settings. As increasing numbers of people with developmental disabilities are being cared for at home, both the dependents and their families are increasing in age. Little is known about the stressors these families are experiencing. If nurses in community and hospital settings are to provide adequate supports for these families, it is essential that we increase our understanding of their strengths and limitations.

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CANTPAROLI, Catherine (Montana USA)

Family-Centered Primary Health Clinic: A Model for Service Delivery

Lincoln, Montana is a small community (< 1,000) located in the Rocky Mountains, 58 miles from the nearest health care services. Because of its isolation, there is a need for some in-community health care services. Because of limited income potential and isolation status, no health care services were available in the community. The community recognized a need to provide family-centered primary care to the community.

A volunteer health board was begun to address this need and to manage the donated clinic and equipment. A contract with a nearby hospital established staffing and supplies for the clinic. The result is a clinic two days a week staffed by an RN, a nurse practitioner and a family practice physician. The financing of the clinic is through fee-for-services, the annual Western Art Auction and Fair, and a grant from the contracting hospital.

The Health board, hospital and professional staff are responsible for clinic evaluation. In 1989, there were 850 clinic visits.

Access to health care for families living in rural areas is becoming difficult because fewer physicians are willing/able to locate in rural areas, families struggling to afford health care and the economies of rural communities are increasingly unstable. This is a model which could be utilized in other rural areas.

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CARNEVALE, Franco A. (Quebec CANADA)

The Experience of Families Following the Death of a Critically Ill Child

The purpose of this study is to describe the experience of families that encounter the death of a critically ill child. The death of a child has been regarded as one of the most overwhelming life events. The research literature examining the impact of this loss has predominantly focused on children dying from long-term illness. Death resulting from critical illness typically involves a relatively short period of illness and hospitalization in an intensive care unit. The small body of research investigating bereavement in this context has examined bereavement among parents, and to a smaller extent, the experience of siblings. Virtually no research has been directed toward family bereavement following the death of a critically ill child, from a family systems perspective. This qualitative study utilized a phenomenological approach within a family systems framework. The investigator interviewed four families that experienced the death of a child resulting from critical illness. The families were interviewed on a regular basis for a minimum of one year. Observations were recorded in detailed field notes. The phenomenological approach enabled the investigator to describe the grief experience of each family member, as well as the collective experience of the family system. Thematic analysis of field notes was utilized to identify themes related each family member's grief experience. Issues identified by parents included conflict with spouse, concern for the surviving siblings, feelings of emptiness, guilt, frustration and anger toward extended family and friends. Issues identified by siblings included feeling unimportant, feeling alone, guilt, being negatively compared with the deceased sibling, and concern for the parents' marriage. Family functioning and reorganization was examined through a systemic analysis of interactional data. A series of transitions in family rallying to cope with critical illness, disorganization immediately following the death of the child, followed by a series of reorganizations, and settling into a 'new' family life. The findings of this study will guide the development of further research and nursing intervention programs for this population.

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CARROLL, Ruth M. (Pennsylvania U.S.A.)

The Relationship of Bereaved Parental Distress, Coping, Family Functioning, and Cohesiveness with Infant Death

Previous research has consistently supported the existence of a differential grief response for bereaved spouses after the death of their infant and has implied the death had a negative effect on family relationships. However, most research on parental responses to infant death has focused on individuals, neglecting relationships among other family members. The purpose of this study was to explore the association between bereaved partners' individual distress and perceptions of relationships such as coping patterns, spouse support, family functioning and cohesiveness after infant death. The ecosystem model of grief and mourning developed from an ecosystem perspective (Melson, 1980) was used as the conceptual framework for this study, permitting exploration of associations between individual, family and sociocultural responses to infant death.

A cross-sectional descriptive survey design was used to study sixty volunteer families from Pennsylvania and Maryland who experienced the death of an infant three months to three years prior to the interview. Data were collected in the family's home using self-report measures independently administered to both bereaved parents. Data were analyzed using SPSS-X and a variety of descriptive and multivariate correlational procedures.

Coping patterns used by parents, gender and the time since the death were entered into a step-wise multiple regression to explore their association with the parent's perception of achieved versus expected family functioning. Self reliance and accepting support were found to be the best predictors of family functioning. There was no significant difference between mothers and father's perceptions of family functioning however, there was a significant difference between the bereaved parent's coping patterns. There was a significant positive association between the bereaved parent's perception of spouse support since the death of the infant and their current distress. Individuals who reported withholding their expression of grief were more likely to perceive their family as less cohesive.

This study was significant for nursing research of the family because of theoretical and methodological innovations. First, the use of the ecosystem model of grief and mourning permitted a new perspective on the grieving family which permitted a broader scope to study grief than the traditionally used crisis theory. Secondly, data were collected from more than one family member. Third, spouses scores were combined in several ways and finally, data were analyzed using family scores.

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CHOU, C. F.; HSIUNG, P.C. (TAIWAN, R.O.C.)

A Study of a "Home Care Program" for Families with Schizophrenic Patients

This study was undertaken to examine the influence of "home care program" for family with schizophrenic patients. There were three major aims: to learn what were families' stressors and coping strategies in taking care of the schizophrenic family members, to reduce their perceived stress, and to enhance their problem-solving ability.

The quasi-experimental design was used to conduct this pioneering study in a urban city in Taiwan from January 1989 to January 1990. Twenty-four families who had schizophrenic patients discharged from a 27-beds acute psychiatric ward participated in the study and were divided into experimental and control group. Repeated measurements of stress perception and coping strategies were completed while patient discharged and in the

first, third, sixth and ninth month after patient's discharge. A professional psychiatric nurse regularly visited those families to provide needed information, support and problem-solving method.

Demographic characteristics of the sample included: a mean age of 47.48; 11 (46%) male and 13 (54%) female. The relatives included 16 (67%) as parents, 4 (17%) as spouse, 2 (8%) as siblings and 2 (8%) as others. Results showed that the major stressors for both groups were related to patient's psychosocial function and the illness course and treatment. The two major coping strategies used by both groups were self-helping behavior and denial/displacement. The overall perceived stress level tended to decrease in the experimental group. There were no significant differences between experimental and control group in perceived stress at different time period. The results of in-depth analysis will be discussed in the presentation.

This study demonstrated that the "home care program" was a valuable nursing intervention to enhance the quality of life for schizophrenic patients and families in community. In this program, professional nurse served as a important coordinator and therapist among patients, families and psychiatric health care team. Further research was suggested to evaluate the cost-effect of the "home care program".

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CLARKE, Heather (Vancouver BRITISH COLUMBIA)

Public Health Nursing: The Preferred Future - A Matter of Policy

Social and health care system changes have been transforming public health in Canada. New demands have been put on public health nursing for population-based, family-focused health promotion practice. Although public health nurses possess the requisite knowledge and skills to implement effective strategies, traditionally they have not participated in the necessary public health policy development. The purposed of this policy-focused research were to 1) identify issues critical to attaining the preferred future in public health nursing and 2) determine the relative importance of these issues.

A two-phase Delphi Survey method was used with a sample of 240 public health nurses in British Columbia, the 120 members of the Community Health Nursing Interest Group (CHNIG) and 120 non-members selected randomly from RNABC registration files. The overall response rates were 50.4% and 45% for phases I and II respectively. CHNIG members had a higher response rate than did the non-members: Phase I - 59 % vs 42% and Phase II - 52% vs 38%.

Phase I questionnaire was developed from an earlier CHNIG brainstorming workshop. Phase I data were analyzed for frequencies, scores and ranks from the sample and sub-samples. Respondents' comments were summarized and new items identified. Phase II questionnaire included the statistical findings, summarized comments and new items from Phase I. Data from Phase II were similarly analyzed and compared to Phase I findings. The items and comments were content analyzed to develop major concepts and a conceptual model. Literature on the concepts was reviewed to help validate the model and provide more substantive content for policy implications.

The conceptual model puts forth a distinct viewpoint of public health nursing, defining significant client dimensions (family and community), environments (e.g. public health system), public's health and roles of public health nurses. It also specifies goals for nursing, one of which is the concept "Shared Governance". A participatory climate for public health nursing groups was identified as essential for public health nurses to function simultaneously in two areas: 1) measurement, monitoring and management of clients needs; and 2) active participation in policy development for community and family health needs. The findings are significant

to family nursing in both the use of the conceptual model and in practice, education, and research and use of the specific findings in health policy development.

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CLARKE-STEFFEN, Laura (Oregon U.S.A.)

The Experience of Families When a Child is Developed With Cancer

SPECIFIC PURPOSE. The purpose of this study is to describe the experience of families, from the family's point of view, when a child is diagnosed with cancer with a favorable prognosis (disease free survival rate of greater than 60%).

RATIONALE AND BACKGROUND. Quantitative studies of family response to the diagnosis of childhood cancer have looked only at isolated variables in the family experience. Usually those variables are of interest to health care professionals, rather than those identified by family members as important. Few studies look at family process and the complex interactions within the family and how those interactions affect the family response. When considered together, these studies suggest that the family experiences a transition. Nursing literature suggest that the concept of transition is a useful concept for nursing practice, but, that the concept needs to be developed further (Chick & Meleis, 1968). The present study will explore the nature of the family transition in response to the diagnosis of childhood, thereby contributing to the understanding of experiences and needs of these families. The present study will also develop the concept of the diagnosis of childhood cancer as an occasion for a family transition.

METHODS. The study is a prospective descriptive study of the response of families to the diagnosis of childhood cancer, using a grounded theory approach. It is also longitudinal, so that changes in the experience of the family over time can be described. The study looks at multiple interactions within the family and the experience of individual members.

Subjects were 7 families of children who had been diagnosed with favorable prognosis cancer. All family members age 5 and up were interviewed.

Data collection consisted of three intensive interviews with family members. The interviews took place at the time of diagnosis, at remission, and three months after remission. During the first two interviews, all family members over the age of five were interviewed individually. In addition, during the first interview, the parents were asked to fill out a demographic form. The third interview was with the entire family as a group. Interviews were semi-structured, to allow the informants to suggest categories and topics which they felt were most pertinent to the experience of childhood cancer in the family. Questions were about the nature of the illness and the effect of the illness upon the individual's and the family's life.

Data are being analyzed using the constant comparative method described by Glaser and Strauss (1967). This method was chosen because of the emphasis on process appropriate to a transition experience (Glaser, 1978).

RESULTS AND IMPLICATIONS. The major finding was a model of the family transition in response to the diagnosis of childhood cancer. This transition was characterized by a fracturing of reality at the realization of the malignant nature of the illness, a period of limbo following the diagnosis, the utilization of strategies to reconstruct reality, and a "new normal" for the family. The transition process continued for the 4-5 month course of the study and, in all families, extended beyond the study period.

Factors limiting generalizability of the findings include the small sample size, single site, and the shortness of time families were followed. Implications for nursing practice include the family's need for continued nursing involvement throughout the illness trajectory, past medically defined remission and a need for nursing care to be family focused. Research implications include further exploration of the transition over a longer period of time, with a variety of illness trajectories and a larger sample.

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DASrflFF, Carol J. (Tennessee U.S.A.)

Family Functioning and Diabetic Control in Female Diabetics During Puberty

An increase in readjustment to life events is known to be required between ages 12 and 14, indicating that puberty is a stressful time (Coddington, 1972). Therefore, regulation of disease processes during puberty, make regulation of diabetes more difficult (Bennett & Ward, 1977). Females tend to have worse metabolic control than males during this period (Anderson et al., 1981, Hamburg & Inoff, 1982). Anderson and Auslander (1980) suggest that the interplay of metabolic control and parental perceptions of, and responses to their child's diabetes in puberty needs to be carefully examined in family studies. The purpose of this study was to identify the contribution of family functioning to diabetic control in female diabetics and to describe parental perceptions of the impact of diabetes on the pubertal female, the marital relationship, and the family as a whole. A descriptive design with an exploratory qualitative aspect was employed with 15 Type I female diabetics, aged 11-15 and their married parents. The convenience sample was drawn from physician practices in Diabetes Centers in two southeastern cities. Family functioning was assessed by the Moos Family Environment Scale (FES), administered to each subject separately. In addition, an audio-taped semi-structured open-ended interview was conducted with the parents. Metabolic control was assessed by glycosylated hemoglobin, HbA1c. Descriptive non-parametric statistics were utilized along with qualitative content analysis of interviews.

The families in this study were primarily characterized by a typology indicating that personal growth through moral and religious ideals was important in family organization and function. The families were more like distressed families in the differences among members in perception of the family, but were like 'normal' families in cohesion, achievement and moral-religious emphasis. No significant relationship was found between family functioning and diabetes control. Qualitative analysis indicated a perception that diabetes had a major impact and this impact was greatest on the spousal relationship. The primary process of the family was 'managing emotional distress' and this involved patterns of distancing, communicating and accessing support. Control of the disease involved processes of deciphering and monitoring, and was inextricably intertwined with management of emotional distress. The results point to the importance of directly addressing family emotional processes especially in the marital dyad and providing assistance to families in managing their distress.

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DA VIES, Susan, B.A.; HASLAM, Isabel (Quebec CANADA)

From Vision to Reality: An 18 Month Odyssey

Family Nursing in our urban university-associated hospital has taken many forms. On our Restorative Nursing Unit, where we are working with patients and families who have to cope with the stress of chronic illness and institutionalization, we use a multifaceted approach to introduce Family Nursing. It includes staff development at the unit level: a Family Nursing Course; integration of Family Life Education with Nursing

through a Family Support Group; and internal and external community sensitization to the concept of Family Nursing.

This paper describes how a head nurse and a staff nurse initiated Family Nursing on a new unit while responding to the constraints of resistance to change and limited resources.

Utilizing the Calgary Family Assessment Model (Wright and Leahy, 1984) and Schutz' theory of group development (1958), the authors will discuss the incorporation of two disciplines to initiate quality Family Nursing. After 18 months of operation they are able to describe the effect of this approach in their sometimes frustrating, often exhilarating and always stimulating milieu.

This paper is of interest to nurse managers and clinicians wishing to implement Family Nursing in a hospital setting.

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DAVIS, Linda L. (Alabama U.S.A.)

A Comparison of Research Findings When Summative, Discrepancy, and Correlational Scores are Used to Measure Family Stress

A major decision confronting many family nurse researchers is choosing the most appropriate strategy for combining data from individual family members into some type of composite family score. This paper has two purposes. The first is to discuss the implications of using summed, difference, and correlational scores in family research. The second is to compare the findings from one study in which these three strategies were actually used to measure family stress.

A descriptive, mailed survey design was used to collect data on family stress during the recovery phase of a major illness or injury. Patients scheduled for hospital discharge who were expected to have prolonged recovery periods in the home, were asked to identify a family member, friend, or significant other who would function as their Family Care Giver (FCG) during recovery. A total of 109 pairs of patients and FCGs completed Lefebvre and Sandford's 48-item, self-scored questionnaire on the cognitive, affective, and behavioral stresses they each experienced during the recovery period.

Paired stress scores for each patient and FCG were handled in the following three ways:

Paired scores were summed to reflect a combined stress level for the family dyads.

Each FCG's stress score was subtracted from the patient's score and converted to an absolute value to yield a measure of discrepancy in stress levels of the family dyads.

Patient and FCG scores were plotted and a correlation coefficient was calculated for the two sets of stress scores to determine whether there was a monotonic relationship between the stress levels of the family dyads.

The various types of research questions associated with each of these three approaches are then discussed, and the three strategies are compared for their strengths and weaknesses in yielding composite family scores.

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DEMI, Alice S.; HOWELL, Carol (Georgia U.S.A)

Family Reactions to the Suicide of a Parent or Sibling

Death of a family member by any mode has a major impact upon family functioning. Research indicates that death of a family member by suicide has an effect on family functioning that is even more pervasive than a death by other modes. The purpose of this study was to describe family reactions to the suicide of a family member as perceived by young adults who experienced the suicide of a parent or sibling during childhood or adolescence. A grounded theory approach was used to generate the theoretical constructs. Eighteen subjects, ages 18 to 40, who had experienced the suicide of a parent or sibling during childhood or adolescence were recruited through newspaper advertisements and through contacts with bereavement support groups. A semi-structured interview technique was utilized to collect data. The domains of interest were established prior to data collection. The constant comparative technique was used for data analysis. Specific aims of the study were to discover family patterns of coping with the suicide. All data have been collected; data analysis is currently in progress, and will be completed by June 1990. Themes identified to date include rejecting, blaming, minimizing, and nurturing. The findings from this study may be helpful in understanding diverse family reactions to suicide of a family member and in helping to provide support for families who are experiencing such a crisis.

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DIETZ-OMAR, Mildred A. (Michigan U.S.A)

Family Adaptability and Cohesion, Family Coping Strategies and Family Life Satisfaction in Husbands and Wives in Step-families and Biological Families During Pregnancy

The purpose of this paper is to examine the predicted relationships between family coping action, family interaction, internal and external family coping strategies, family adaptability and cohesion, and family life satisfaction for step-family and biological family husbands, wives, and couples in the third trimester of pregnancy. The discussion will also include examination of the two different family types which emerged. Step-families emerged as "creating families", characterized by a "Learning-adjustment" effect. Biological families were "established" families characterized by a "fine-tuning" effect.

Findings from a study of 40 step-family couples and 40 biological family couples will be reported. Step-family couples were experiencing a joint-birth for the first time, and biological family couples were not experiencing a first-time birth. The wives were in the third trimester of pregnancy, and at least one child under the age of 18 was living in the home. Data were collected from both husbands and wives during in-home interviews.

Study findings indicate internal family coping strategies and moderate family adaptability had a direct and positive effect on family life satisfaction for step-family husbands, wives, and couples. Greater family adaptability and cohesion together (i.e., family interaction) had a direct and positive effect on family life satisfaction for biological family couples.

Issues to be addressed include: Is there an assumption about family satisfaction, such that family dynamics related to family life satisfaction are the same in step-families and biological families? How important is it to identify and promote different strategies for step-families and biological families during pregnancy? Raising such issues will provide further insight into the complex nature of relationships in step-families and biological families during the critical family life transition of pregnancy for improved quality of nursing care to childbearing families.

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DINSMORE, Nancy; DRAKE, June M. (California U.S.A.)

Nutrition in Homeless Children and Childbearing Woman

Children and childbearing women are a significant portion of the homeless population, and their numbers are increasing. Since they lack storage facilities for food, they eat their meals at shelters or fast-food restaurants. This population has unique nutritional needs which are often unmet. The purpose of this study was to evaluate whether the nutritional needs were being met in an identified shelter facility for homeless expectant couples and children, and to develop a program that would increase the nutritional adequacy of the meals being served. Data was gathered through observations, interviews, and participation in the shelter's soup kitchen. A program with three goals was designed: 1) to provide the shelter with a menu guide that would meet the nutritional requirements of the clients and which would serve as a master plan for purchases; 2) To develop a system for solicitation of food donations that would promote the menu plan; 3) To provide a procedure for referring shelter clients to WIC (Women, Infants, and Children). Evaluation of the three components of this program was conducted using the systems theory of community health. Observations and personal interviews with staff and clients have shown the program to be successful. The shelter staff verbalized their intent to use the menu guide for meal preparation and for purchasing supplies. A system for the ongoing donation of food supplies was developed and implemented, and a procedure for referral to WIC was instituted through the shelter nurses. Homeless children and childbearing women have unique dietary needs, and nurses who work with families and children must be aware of these. Many families are living under homeless conditions, and their care must be tailored to fit that lifestyle.

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DONOHUE, Katharine; WJNEMAN, N. Margaret; O'BRIEN, Ruth A. (New York U.S.A.)

Client and Family Caregiver Interest in Community Living Programs

The purpose of the study was to determine the need for supportive community living programs, such as a community living residence, day care, and respite services, in a sample of people with multiple sclerosis (MS). The impetus for the study was anecdotal reports of premature and precipitous admission to skilled nursing facilities, unsafe housing situations, and expressed family concerns such as caregiver aging and poor health. The availability of formal supportive services to supplement the informal support provided by family and friends has been suggested as alternatives to delay premature nursing home admissions. This area has been investigated in the elderly and chronically mentally ill populations. The significance of the present study lies in its examination of a middle-aged population with progressive physical disabilities which heretofore are under-reported.

The design was cross-sectional and correlational. The sample consisted of 102 clients of a local MS society and 50 caregivers who consented to a home interview using a semi-structured interview and structured

questionnaires. Data were collected about sociodemographic and illness characteristics, functional capacity (Kurtzke, 1981), instrumental activities of daily living (Lawton & Brody, 1969), social support availability and satisfaction (adapted from Hirsch, 1980), adaptability of the home environment, and use of community services. Two questionnaires were developed for this study to assess attitudes toward the need for and potential use of supportive community living programs.

There were 96 subjects with a diagnosis of MS and six had related chronic progressive illnesses that impair mobility. Time from diagnosis averaged 15 years (range 2 to 43 years), and 49% used a wheelchair full or part-time. The majority were female (70%) and Caucasian (95%). Sixty-nine percent lived with family or friends. The mean age of the sample was 48.4 years.

Preliminary analysis suggests that the family provides a tremendous amount of uncompensated care. 60% of the sample received help with household chores on a regular basis, and 40% required routine assistance with personal care. Client and caregiver responses to hypothetical vignettes and direct questions about use of community living programs were positive. A majority could foresee using a community residence and day care service. While 69% of the caregivers could foresee using a respite service, only 37% of clients indicated interest. Further data analysis using descriptive and correlational techniques will be presented.

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DRAYDEN, Tonya; IMLE, Margaret A. (Oregon U.S.A.)

First Time Parents' Perspectives of Family Care Needs During the Postpartum Period of Transition to Parenthood

New parents' experiences of the postpartum period prompt them to meet new challenges of parenting a newborn infant while adjusting to concurrent changes in themselves, as individuals, and in their relationship, as a couple. It is a time of change with potential for adaptation to the new family configuration.

In our study 6 fathers and 16 mothers were each interviewed 1 to 3 times during the first 54 postpartum days. Subjects represented 4 ethnic groups, but 77% were Caucasian. Mean age was 25 years (range 19-34); 59% were coupled and 41% were living as single individuals.

Inductive, qualitative methods, using constant comparative analysis, were used to identify major processes occurring during the earliest postpartum period (days 0-17). This established conceptual categories representing new parents' earliest concerns. Comparison of new parent concerns from days 18-54 with the earliest parental concerns was done to establish a list of new needs and to document continuing concerns. The research findings of the earliest period are the focus of this paper.

Three major conceptual categories found in the early postpartum were: (1) Support, (2) Generating Parent Problem-Solving and (3) Integration of Parent and Person. Support is defined as a form of assistance identified by the subject that has the potential to aid or hinder him/her in achieving a positive feeling of success while acquiring the new parenting role. Identified supports come from sources outside the individual. Examples of these supports include information or psychosocial assistance from printed material, health care givers, family members and friends. Financial and occupational supports (family or community based) are also identified.

The process of Generating Parent Problem-Solving is one whereby the parents generate for themselves a theory that enables them to have predictable interactions with their baby. This process involves a series of overlapping phases wherein the parent develops expertise in relating to the baby, using as resources their own intra-personal characteristics and problem-solving techniques. The parent must be able to notice the newborn baby's behavioral signals and decode them, a process of identifying the baby as similar to themselves and as

like or unlike the expected baby. Knowing the baby is the outcome of decoding the 'real' baby's signals. Throughout the process of problem-solving, there is tentative care-giving that moves toward informed parenting.

Integration of Parent and Person includes success in the parent role and redefinition of relationships. Parenting success is how the impact of the parent role behaviors affect both baby and self-concept of the parent. Redefinition of relationships involves relationships for the couple and family members external to the couple. Integration of these involves merging these themes with the previous self-understandings and ending up with a whole that represents the parent-person in relationship to self, partner, baby, and extended family.

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DUCHARME, Francine; ROWAT, Kathleen (Quebec CANADA)

Conjugal Support, Family Coping Behaviors and Well-Being of the Community-Based Elderly Couple

Two factors hypothesized as contributing to the well-being of elderly couples i.e. conjugal support and family coping, have received little attention in the literature. Therefore, the purpose of this cross-sectional study was to test the well-being of community-based elderly couples. A multistage sample of 135 couples, 65 years of age and over, was drawn from users and non-users of the health and social systems in a large metropolitan area. A series of questionnaires, presented within an interview format, were used to measure the variables of conjugal support (Modified Interpersonal Relationship Inventory), family coping behaviors (Family Oriented Personal Evaluation Scales) and well-being (Self-assessed health (Cantril Ladder), Life Satisfaction (Life Satisfaction Index-Z) and Marital Satisfaction (Visual Analogue Scale)). Selected demographic and control variables were also measured. Interviews were carried out in the home with each spouse separately. Zero-order correlations and hierarchical multiple regressions were performed on individual data for each well being criterion. Paired t-tests, intraclass coefficients of correlation and repeated measures analyses of variance were carried out on couple data. Results revealed significant zero-order correlations between conjugal support and well-being. Two cognitive family coping strategies i.e. reframing and avoidance of passive appraisal were significantly related to the well-being of both spouses. There were significant differences between husbands and wives on selected variables: husbands tended to perceive more conjugal support, perceived the family as using less external social support and were more satisfied with their marital life than wives. Congruency of perception between spouses on conjugal support and use of reframing was found to have a significant positive effect only on wives' well-being. Multiple regressions revealed a direct effect of family coping on well-being, accounting for up to 39 % of the variance, and both a direct and an indirect effect of conjugal support on well-being through family coping. A model linking the major variables is proposed. These findings suggest nursing interventions to improve cognitive family coping and conjugal support with the ultimate aim of enhancing the well-being of elderly families.

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DUFFY, Linda M. (Minnesota U.S.A.)
A Survey of Sexual Behavior in Alzheimer's Couples

Findings from a pilot study funded for 1990 by the National Alzheimer's Association of forty married couples, in which one spouse has a diagnosis or strong suspicion of Alzheimer's disease (AD) will be reported. The caregiver in each couple will be interviewed in an effort to determine whether there is a predictable pattern of patient sexual behavior and caregiver response associated with AD. Preliminary work by the primary investigator in instrument design and testing has resulted in a survey instrument and scoring schedule to be used in this project. Data obtained during the instrument design phase has been reported at both regional and national meetings and was well received. Appropriate findings from this project will be used in applying for grant support of a longitudinal study designed to detect the possible association of documented sexual behaviors with AD disease stage. A third study of the effects of stage appropriate nursing/caregiver interventions would logically follow.

Psycho-sexual health and its relationship to whether an AD patient is likely to be cared for at home by his spouse or placed in a Long Term Care setting is an issue which has not previously been addressed. Questions regarding marital satisfaction and sexual behavior have been explored in other groups with chronic disease (i.e., diabetes mellitus, spinal cord injury, hypertension, and multiple sclerosis), but perhaps in no other group is the relationship of the spouse caregiver as important to maintaining the afflicted person in a non-institutional setting.

We know: 1. that the majority of long term, informal AD caregivers are female spouses, 2. that in normal aging sexual activity continues into late life, 3. the type and frequency of sexual activity for females is primarily dependent upon the availability of a partner, and 4. that it is the nature of AD to threaten marital intimacy by reducing the couple's ability to communicate, do mutual problem solving, and continue to perform traditional roles and functions. We do not know the unique roles that marital sexuality may play in the lives of AD couples. There is a large body of literature on assessment and management of sexual dysfunction, sexual satisfaction and marital intimacy in normal aged and physically disabled populations. However, until the problem has been explored and documented with this unique AD patient/caregiver population, the relevancy of the information is unknown and remains unavailable to these couples.

Maintaining strong marital bonding between patient and caregiver while decreasing caregiver stress may increase the likelihood of the affected mate remaining in the home setting. Historically, clinicians have found anticipatory guidance a valuable means of preparing caregivers to deal with problem areas such as wandering, home safety, and urinary incontinence. Reliable information on the relationship of AD to sexual behavior would provide professionals with the ability to offer clients anticipatory guidance in this area as well. Assisting caregivers with problems in the area of sexual health could increase their ability to cope effectively with yet another change and decrease the risk of early placement of the patient.

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DUHAMEL, Fabie (Quebec CANADA)

Innovative Family Nursing Interventions for Children Experiencing Behavioral Problems During Hospitalization

Children's negative reactions to their hospitalization are frequently observed in the form of behavioral problems which affects collaboration with nursing care. These behavioral problems are influenced by a multitude of individual and psychosocial factors. Families and nurses can significantly contribute, maintain or alleviate these problems through their interactions with the child.

The family therapy field offers assessment and intervention techniques that are useful to nurses who deal with children and their families having difficulty coping with hospitalization. Specifically, the White/Epston Model, has reported significant success with assisting families with children experiencing behavioral problems (e.g., encopresis, regressive reactions, temper tantrums). This presentation will discuss the major theoretical concepts, assessment and intervention techniques of the White/Epston Model. Two case studies will be presented to illustrate how nurses can utilize these innovative nursing interventions with children and families experiencing difficulties adjusting to hospitalization. The rapid and dramatic effectiveness of these nursing interventions will also be addressed.

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DULL, Joseph (Missouri U.S.A.)

Father-child inteactions in gay-fathered households

In the wake of societal changes in the defining and structuring of family, gay men are entering the role of father in greater number and with greater openness. There exists a lack of research dealing with needs, concerns, and life patterns of these men and their culture. The purpose of this study is to examine the general trends in parenting skills and interaction patterns utilized by gay fathers in relation to their children as described from the father's point of view.

This will be a descriptive study using a sample of gay fathers from nine major United States cities: Boston, MA; Columbus, OH.; Dallas, TX.; Indianapolis, IN.; Kansas City, MO.; Orlando, FL.; Phoenix, AR.; San Francisco, CA. and Seattle, WA. Subjects were recruited from Gay Father/Parent groups in each city. The Questionnaire, developed by the researcher and based on past research questionnaires by Scallen (1982) and Harris & Turner (1986), will attempt to elicit information on the following categories: living and custody patterns, fathering skills/attitudes, interaction between father-child, sources of support, and acceptance of father's homosexuality by the children as expressed by the fathers themselves. Data will be analyzed both descriptively and statistically to determine frequency. Data will be analyzed both descriptively and statistically to determine frequency. Data will be grouped according to three regional areas of the county and compared for possible differences or trends.

This research evolved after discovering a lack of pertinent literature on the topic. Much of the literature on gays and family/parenting dealt with lesbian mothers or the homosexual's family of origin. The study and research questions have a strong theoretical base from both Family Systems Theory and The Emergent Perspective Model of Fathering (Fein, 1978). It is believed that greater understanding can result in more accepting attitudes and relationships. Since nurses have direct contact with gay men and their children, it is imperative that they have an understanding of the gay-father identity and lifestyle in order to offer a broad range of supportive services.

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DUNCAN, Marie T. (Oregon U.S.A)

Family Caregiving for Institutionalized Dementia Patients

In the past decade there has been considerable research on family caregiving at home. Although studies may be found on families and formal care, very little organized attention has been given to the experiences of family members of institutionalized dementia patients. In addition, most studies speak of family caregiving as a single entity, failing to recognize the differences between categories of caregivers, such as spouse and adult children.

The proposed study investigates the experience of family caregivers to Alzheimer's patients as they shift their caregiving setting from home-based to formal care. Because there is no clear understanding of the caregiver role for families much ambiguity surrounds the family-staff relationship. Although it has been recognized that family caregiving continues after the move to formal care, little is known about any differences between the way that spouse and children as caregivers experience that shift.

Questions to be examined include: (1) What do family caregivers of Alzheimer's patient's experience as they shift their caregiving from home to formal care?; (2) How does caregiving in formal care differ from caregiving at home?; and (3) How do family caregivers perceive the relationship that occurs between families and formal care staff? In each of these three areas, differences between spouse and adult children will be addressed.

Spouse and adult children of Alzheimer's patients form the study population. With the qualitative approach as methodology, two bodies of data will be analyzed: (1) transcripts of 29 focus groups involving 77 home and 102 formal care caregivers; and (2) ten interviews with caregivers who were initially involved in the focus group discussion while caregiving at home and who have now placed their family member in formal care.

The data will provide health care professionals with knowledge of the experiences, feelings and needs that family caregivers encounter in their shift of caregiving sites. An understanding of the range of experiences and why some individuals have experiences that are more positive plus insight into different categories of family caregivers and awareness of their specific needs is relevant. In order for nursing to be responsive to families in formal care settings, access to this knowledge is critical.

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DUNKIN, Jen W.; JUHL, Nyla, HOLZWORTH, Colleen (North Dakota U.S.A.)

Assessment of Rural Family Hardiness: A Foundation for Intervention

The purpose of this study is to describe the ways that rural families cope with hardships using family strengths to buffer the negative impact of unexpected life events. The Family Hardiness Index (McCubbin & Thompson, 1987) developed by M. McCubbin and associates will be used to measure the family's patterned approach to life's hardships and its typical pattern of appraising the impact of life events and changes on family functioning. Hardiness encompasses four interrelated components. Coordinated commitment is the ability of the family to work together to manage difficulties. Confidence is the ability of the family to handle problems. The component named challenges is the ability of the family to seek new life experience. Finally, the family has a sense of internal control as opposed to being a victim of circumstances (Figley & McCubbin, 1983).

The significance of this study and the theory surrounding family hardiness is geographically more diverse than rural America alone. Much of the world's population is rural and the literature reveals that rural populations, wherever they are found, share similar problems. When patterns of family hardiness in the U.S. rural areas are found, there may also be global implications for rural family hardiness. There may be

significant interactions between family hardiness and the success of Primary Health Care in many countries of the world. Once again this assessment would be an important foundation for planning interventions for rural families.

Representative of rural communities, eastern North Dakota will be the site of data collection. The Family Hardiness Index will be administered during health screening, at health fairs, screening clinics and clinic well adult checks. Approximately 1000 subjects will be collected during 1990. Hardiness scores will be plotted for each stage of the family life cycle. Scores and plots for rural family hardiness will be compared with scores and plots for non-rural family hardiness found in the literature. Comparison and contrast will be done and implications for rural U.S. populations and rural populations world wide will be drawn.

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EGAN, Maura (Washington U.S.A.)

A Study of Cultural and Perinatal Factors that Affect Postpartum Outcomes for Asian Women and Their Families

The influx of Southeast Asian refugees into Washington state (ranks 3rd in the US for refugees per capita) and the large numbers of Asian and Pacific Islanders resettled in the Puget Sound area present many challenges to the health care delivery system. Because cultural beliefs and family values are intimately related to particular activities and proscribed practices for childbirth and the postpartum period, obstetrical and community health nurses are challenged to meet the special needs of Asian women and their families. Culturally diverse and culturally mixed families present tremendous challenges to nurses from the dominant culture, whose Caucasian values and beliefs will no longer be predominant in the next century.

The presentation will discuss the findings from two related studies that examined postpartum and family outcomes for two groups of Asian women. The purpose of the two studies was to determine culturally appropriate nursing interventions which promote positive postpartum and family adaptation outcomes following the birth event. One client group of women selected were Vietnamese refugees who delivered at a large teaching hospital; the other client group selected were Korean immigrants (all married to American military men) who delivered at a large military hospital in a different city. Nurse subjects for the second study were recruited from the OB/GYN units at both hospitals.

The nursing interventions which the client and nurse subjects found culturally sensitive and appropriate during the birth event will be discussed. The Asian women were interviewed to determine their perceptions of adaptation to the birth event, as well as, postpartum and family adaptation outcomes. The nurse subjects were surveyed to determine their knowledge about caring for culturally diverse patients. The survey questionnaire and interview schedules were developed by the researcher. Two bilingual assistants interviewed the client subjects in their homes and administered two standardized tools that have been translated into Korean and Vietnamese.

The research findings will be discussed within the context of cultural diversity and family adaptation. Different models of family adaptation and family functioning were explored for their utility in directing the research design. The study design is unique in that culturally diverse and culturally mixed families (including refugee and immigrant women) were selected for the study samples.

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ERICKSEN, Janet; HENDERSON, Angela (British Columbia CANADA)

Children in Transition: The Experiences of Children as They Accompany Their Mothers who are Leaving Abusive Relationships

This presentation will acquaint the conference participants with a study which seeks to understand and clarify the experiences of school-age witnesses of marital violence. Preliminary findings and implications will be described.

Wife abuse is endemic in North American society. Children are as much the victims of marital violence as are their parents; the behavioral and psychological effects of witnessing marital violence are diverse, long-lasting, and well documented. There is general recognition that these children have specific needs, and therefore services in the form of specific programming are beginning to be provided. The literature related to the development of these programs, however, shows that data about these children and their needs has been solely collected either through parental report or professional observation. While these approaches are important, the data is incomplete without the direct input of the children themselves as it has long been recognized that effectiveness of care may be enhanced when the client's viewpoint is considered when planning interventions.

The purpose of the study is to determine the needs of children in the transition period as they accompany their mothers who are leaving violent relationships. Specific objectives of the study are: (1) to describe the experiences of these children, (2) to identify factors which affect these experience, and (3) to isolate aspects of the children's experience which affect program planning. As the meaning that the children's experiences hold for them is the central question, phenomenology was the chosen research methodology. Children between the ages of 4 and 12 years have been interviewed using and unstructured interview guide which focusses them on their experiences without directly influencing the formulation of their answers. The process of phenomenological analysis is described by Giorgi is being used in an attempt to make a general statement which accurately explains the experiences of all the subjects.

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FERRETRO, Beverly Webster (Norm Carolina U.S.A)

Factors Restraining or Increasing Conflict During Custody and Divorce Negotiations

Divorce is one of the most prevalent alterations in parenting. Parents must renegotiate their parental roles and cope with some loss of time with and control of their children. Ongoing parental conflict has emerged as one of the key factors affecting children's postdivorce adjustments. This study contributes to the literature concerning the factors influencing parental conflict in divorce and methods for conceptualizing and measuring it. The purpose of this qualitative, hypothesis-generating study was to identify the factors affecting the level of parental conflict during the custody/divorce negotiations.

In-depth interviews (3 hours) were conducted with 26 divorced parents. The data from the mother and father were integrated into a family case study, which was analyzed using content analysis procedures. The cases were then grouped according to the level of conflict (low, moderate or high) parents experienced during

their initial custody negotiations. Cross-case analyses were then done to identify the factors affecting the level of parental conflict.

Factors restraining parental conflict were guilt about one's role in the break-up, consideration of long term consequences, deliberate use of anger-control strategies, and the need to be congruent with previous value system, especially concerns about equity. Factors increasing parental conflict were an intense marital relationship, complete opposition to decision to divorce, high parental need for the child, feeling helpless about perceived power imbalance, negative transformation of spouse's identity, and support of the conflict by the social network or professional helpers. If nurse family therapists can identify parents at risk for ongoing postdivorce parental conflict, we can target our interventions to more effectively protect children's mental health.

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- Leupnitz, D.A. (1982). Child custody: A study of families after divorce. Lexington, Massachusetts: Lexington Books.

FLATT, Margaret M. (Minnesota U.S.A.)

Life History: Relevance to Family Care of a Member with Alzheimer's Disease

The main objective of this research, which will be completed in 1990, is to analyze the relevance of life history to family care of a member with Alzheimer's disease. Qualitative methodology will be used to determine how life history data relate to current activities of husbands with Alzheimer's disease and their wives who are primary caregivers. Questions to be answered are: 1. What type of personal historical data can be obtained from men with Alzheimer's disease, and their caregiving wives? 2. How do historical behavior patterns and experiences of these people relate to current behavior patterns and experiences with home care?

Informants will consist of approximately ten family dyads. Data will be collected through use of genograms, ethnographic interviews, and behavioral observations. Descriptive and structural questions will provide data on historic and current activities and experiences of husbands and wives. Contrast questions will explore meaning, at times comparing historic activities and experiences with their current counterpart.

Spradley's (1979) constant comparative method will be used in data analysis. Data may support previous research, or may result in new information from which grounded theory on family caregiving can be generated.

Leininger (1985) suggested life histories are extremely valuable for understanding factors affecting health and the development of care behaviors. Mace (1987) indicated good care is individualized, based on knowledge of the individual's wishes, abilities, history, and family. This study should help clarify the relationship between history and family care. It should provide data that will help human services professionals understand factors affecting home care of Alzheimer's disease, information that may enhance their ability to facilitate positive family care experiences and postpone institutionalization.

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- Mace, N. (1987, May/June). Programs and services which specialize in the care of persons with dementing illnesses - Issues and options. American Journal of Alzheimer's Care and Research, pp. 10-17.
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FRANKLIN, Martha; DUNKTN, Jen W. (North Dakota U.S.A.)

Health concerns among rural families: A Foundation for Effective Interventions

This qualitative community study describes the way rural families define health, interact with the health care system and achieve health for themselves. Because much of the world's population resides in rural area, the findings of this study will be useful for the development of an international community of family nurses.

Techniques of grounded theory research were used to designate subjects for the study and for data collection, analysis, and verification. Coding was generated on the basis of incoming data and modification done in order to confirm or refute explanations.

The sample included 30 key informants from small towns, crossroad communities, and isolated residences in Eastern North Dakota. These informants are representative of rural Americans particularly in farm, mining, and ranch areas in frontier (population of 6/sq. mile) counties. A semi-structured interview guide was used with questions in six categories.

Preliminary analysis indicates that the data can be grouped to demonstrate family health heritage, family use of health services, family self care, health behaviors differentiated by family role, scope of dependence on external (out of family) health resources, and family perspectives on chronic illness.

Nurses in many countries of the world will likely relate or contrast the findings of this study with family and health issues in their own countries. A better understanding of family health issues and health behaviors can provide a foundation for the development of more effective interventions with rural residents. Sharing insights and effective interventions for rural families can only serve to strengthen the health of people and the camaraderie of nurses worldwide.

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FRJJEDL, Mary Cardwell (Michigan U.S.A.)

Family Nursing Research: A Feminist Critique

Although there is increasing interest in nursing in understanding, researching, and working with families, nursing has not openly questioned its basic assumptions about families. Most of the family frameworks used in nursing have been developed by sociologists (Mercer, 1989; Feetham, 1984). The major, as well as the founding, theorists within these frameworks have been white American and European males. Empirical research necessarily reflects current conditions. Feminist thinking challenges as to question and to rethink our assumptions about these conditions. Thus, a feminist critique of family nursing research was done to examine predominant assumptions in nursing about families.

The research design was a feminist critique of a content analysis of published family nursing research. A convenience sample of the 91 studies reported in two major nursing research journals published in the United States during the 1988 calendar year was used. Twenty-three of the published reports met Gilliss' (1989) criteria for inclusion as a family study. Harding's (1987) criteria for distinguishing feminist research were used in the critique, and the major patterns which emerged from the content analysis were examined in relation to feminist literature.

None of the studies addressed the family as a unit but rather focused on a dyad or the performance of a role within the family. More than 50% of the studies focused on perinatal issues. White, well-educated, middle-to upper-income families were studied most, and the nuclear family, based on a heterosexual relationship, was presented as the expected norm. Most of the studies reported marital status of participants whether or not that variable was related to anything else in the published report. None of the studies used a feminist perspective,

and in all of the studies in which both males and females participated, often unequally, the results were homogenized.

Three major issues which emerged from the critique were the endorsement of the nuclear family as the "norm", the predominant focus on women's reproductive functions, and the acceptance of married, white, high socioeconomic women as the "norm" for advancing knowledge about women and families within the discipline. The populations and the topics for research selected by family nurse researchers have reinforced the status quo and traditional views of women and families in our society. How does our research help nurses to work with the rapidly increasing numbers of women and children living in poverty in female-headed households, families from racial and ethnic minorities, and families with variant lifestyles? Our biggest challenges in family research are still ahead of us!

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FRIEDMAN, Marilyn M. (California U.S.A.)

Examining Functional and Dysfunctional Family Coping

The purpose of this presentation is to describe the concepts of family coping, functional and dysfunctional family coping, the variables affecting family coping the theories in which family coping is embedded, and the implications for family nursing practice. As evidenced in the nursing and social sciences literature, there has been extensive interest in the concepts of coping and stress. More recently family coping is being discussed and studied. As family nurse practitioners move increasingly into working with the family as a system, the notion of family coping and how to assist families to cope more effectively become salient issues.

Family coping is distinct from coping, as the target system of analysis is the family or one of its relational sub-systems, such as the parent-child sub-system. Family coping, then, involves the behaviors and cognitions of at least one family sub-system, if not the whole family unit, as the family or its sub-systems attempt to deal with perceived family stressors. There are specific types of family coping efforts or responses which family typically use in response to actual or potential family stressors. Moreover, family coping responses can be seen as either functional or dysfunctional, depending on probable family consequences and the time dimension.

The particular ways families cope is substantially influenced by several major factors: the family's social class, its cultural background and its family developmental stage and family form. Examples of how each of these variables impact on family coping responses are given.

The ABCX and the Double ABCX Theories are described as the most commonly referenced theories in which the notion of family coping is embedded. Family systems theory, especially the notions of circular causality, non-summativity, and the ripple effect are also important theoretical concepts which should be incorporated into family nurse's thinking about family coping.

A brief description of family nursing practice implications, consisting of both assessment and intervention guidelines, concludes the presentation.

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FULLER, Sara; MOORE, Lucille; KRUMHOLTZ, Betty; LESTER, Jerry (South Carolina U.S.A.)
Maternal Perceptions of Family Functioning From Pregnancy to Four Months Postpartum

Parenthood is an important developmental milestone in the life of a family. Previous research indicates that pregnancy and early parenting may be stressful to the developing family. The family system that is experiencing increased stress may function less effectively in meeting the needs and expectations of individual family members. Dissatisfaction with the functioning of the family may negatively influence the mother's sensitivity and responsiveness to the needs of the developing infant. Research is needed to study stability and change in family functioning during the childbearing year. Using Olson's circumplex model of family functioning as a theoretical framework this study investigated whether or not family functioning, as perceived by the mother, improved significantly by the fourth postpartal month. A convenience sample of 250 women from diverse ethnic and socioeconomic backgrounds participated in this longitudinal study. Women who volunteered as subjects were 18 years of age or older, at least 33 weeks pregnant, and considered at medical low-risk. Subjects responded to Olson's Family Cohesion and Adaptability Scales (FACES III), a self-administered instrument with adequate validity and reliability for both research and clinical purposes. Subjects described their actual and ideal families during the last trimester of pregnancy, during hospitalization after delivery, and two and four months following delivery. Repeated measures ANOVA was used to determine the statistical significance of changes over time in FACES III responses. Post hoc analyses were done using the Duncan Multiple Range test at each point in time. Chi-square analyses tested the significance of change from pregnancy to the fourth month in the proportionality of balanced to mid-range and extreme families. Findings indicated that the level of family functioning increased post-delivery, but at four months postpartum, was at essentially the level noted during pregnancy. At four months the family was described as having become less adaptive, and mothers' marital satisfaction decreased in relation to both adaptability and cohesion. The number of balanced families was proportionately low both at the end of pregnancy and four months postpartum. While one-third of the subjects described the level of family functioning as having changed, half of these families were no longer described as balanced. Shifts from unbalanced to balanced families were noted with greater frequency among Hispanic mothers, mothers with more children, and low income mothers. A greater proportion of families of low income mothers also was described as shifting from balanced to unbalanced in terms of family functioning. Shifts from balanced to unbalanced family functioning were proportionately greater among Caucasian mothers, younger mothers, and mothers with more than a high school education. The overall pattern of increased satisfaction with family functioning shortly after birth that dissipates by the fourth month for some mothers has many implications for nursing the fourth month, pediatric nurses must be attentive to the concerns of mothers as well as the health status of the infant. Family functioning should be a nursing consideration throughout the childbearing cycle and early parenting. Further research is needed to identify factors which contribute to family functioning during these critical developmental transitions.

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FULTON, Janet S.; SILLS, Grayce M. (Ohio U.S.A.)
Woman's Meanings of the Breast Cancer Experience — Family Themes

Each year 1 in 10 American women are diagnosed as having breast cancer. The purpose of this study is to investigate the meaning of the experience of breast cancer from the perspective of women diagnosed and treated for breast cancer. The research question is: What is the meaning of the experience of breast cancer for women treated with mastectomy and antineoplastic chemotherapy for early stage breast cancer? The theoretical

perspective is derived from Sullivan's Interpersonal Theory. Qualitative methods are used. Participants represent a non-probability sample and are: 18 years of age or older; have Stage I or II breast cancer; no previous diagnosis of cancer prior to this incident of breast cancer; mastectomy was the primary treatment; completed a course of adjuvant chemotherapy; and able to speak and understand English. The setting is outpatient treatment centers in a mid-western metropolitan area of a million people serving a demographically diverse population. The primary method of data collection is an in-depth interview done 4-8 weeks after completing chemotherapy. Interview data is facilitated by visual narratives depicting stories drawn by the participants. The visual narrative is used as an instrument to assist participants in identifying anecdotes that are exemplar of a larger area of meaning about the experience of breast cancer. Thematic data analysis is conducted through constant comparative analysis. Preliminary analysis identified several family themes. Family themes include: 1) significance of family, including the relevance of family members to everyday life and existence; 2) a "being there" role for the spouse, which included "holding me," "letting me cry" and "pep talks"; 3) concern for children, which included expressed need to "live for the children", and to "be positive for the children"; 4) reported children's responses, including "did not discuss", "curiosity", "worry", and "sympathy sickness"; 5) role of extended family, which focused primarily on women relatives who assumed the role of care provider for the children and/or spouse. Nurses are expected to provide holistic interventions for persons with cancer. Identifying the meaning of the diagnosis and treatment process from the perspective of the women with breast cancer provides nurses with a data base on which to develop holistic interventions that incorporate the meaning of the experience. This study is identifying family themes central to the meaning of the cancer experience.

Wood, N.F. & Earp, J.A. (1978) Women with cured breast cancer: A study of mastectomy patients in North Carolina. Nursing Research. 27, 279.

Rosser, J.E. (1981) The interpretation of women's experience: A critical appraisal of the literature on breast cancer. Social Science and Medicine. } £, 257.

Northhouse, L. (1989) A longitudinal study of the adjustment of patients and husbands to breast cancer. Oncology Nursing Forum. 16, 5-11.

GAGE, Ruth B. (New Jersey U.S.A.)
Battered Women or Interpartner Abuse

Purpose of Presentation: To assist nurses to identify differences in abuse patterns among couples. Reciprocal abuse may not be recognized when only one partner is identified as the victim.

Methods Used: Data for this study were drawn from 25 couples who were self-referred or remanded by the court to a northeastern metropolitan agency constituted for the treatment of domestic violence. Communication theorists have hypothesized that communication serves as a metaphor for relationships and that a primary motivating factor in relationships is relational control. The investigator's clinical experience with abusive couples led her to believe that many of the partners sought to dominate the other and that this issue appeared largely unresolved in such couples. Couples were presented with a structured discussion task as part of the standard intake interview, which was audiotaped and transcribed. The structured tasks were subsequently coded by four independent raters not connected with the study. Data were analyzed using a cross tabulation of the sequence of message categories to summarize the interactions of each dyad. In order to examine the combined data, a log linear analysis was performed on these transition tables.

Results and implications: An analysis of the interactions of the couples within the sample revealed that 89 % of the exchanges between them were representative of domineering behaviors by both partners. The principal finding of this study was that interactions between members of abusive couples within this sample did not follow the stereotypical role expectation of the battered woman, but indicated a pattern of interpartner abuse.

Significance to family nursing: Treatment efforts for the battered woman typically involved "rescuing" her from the relationship. In those instances where interpartner abuse is the pattern, couples can be assisted to

improve their relationship by assuming mutual responsibility for their communication patterns and accompanying behaviors.

Felthouse, Alan R. Crisis intervention in interpartner abuse. Bulletin of the American Academy of Psychiatry and the Law, 11, 3, 1983.

Watzlawick, Paul, Beavin, Janet and Jackson, Don D. The pragmatic of human communication. New York: Norton 1967.

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GARTRELL, Mary C. (Alberta CANADA)

The NOBODY'S PERFECT Program in Alberta: A New Strategy Toward Reducing Inequities in Family Health

Effectively working with disadvantages families has always presented a challenge to community health nurses. With ever-increasing awareness of (a) the close interrelationship of health and social factors affecting families, (b) the far-reaching manifestations of family dysfunction, and (c) current scarcity of resources necessitating targeting programs where they are most needed, new strategies for reaching the hard-to-reach have become critically important. Research is demonstrating the effectiveness of community-based intensive intervention by nurses with families "at risk".(1)

The Alberta NOBODY'S PERFECT Program uses a community development approach to reach parents with few resources. Nurses work collaboratively with other community agencies in planning and delivering the program. Parents of 0-5-year-old children who are young, single, isolated socially or geographically, or have low levels of income and education are actively recruited through face-to-face contact.

NOBODY'S PERFECT was developed and piloted in Atlantic Canada. Process and impact evaluation (2) indicates that the program is effective in not only increasing target parents' knowledge of their children's health, safety and behavior, but also in effecting positive behavior change in target parents, and improving their confidence, self-image and coping skills.

NOBODY'S PERFECT is a learner-driven program based on adult education and health promotion principles (e.g. reducing inequities, self-care, mutual support). (3) Facilitators (primarily nurses) are trained to use materials and processes to assist groups of parents to build on their own strengths, and identify and meet their own needs.

This presentation will provide a descriptive evaluation of the NOBODY'S PERFECT Program in Alberta, including,

- the outcome of three years of NOBODY'S PERFECT implementation in Alberta;
- the process of implementing a collaborative, community-based family nursing program;
- the barriers to introducing a new strategy at a time of fiscal restraint;
- the relevance of the nurse's role in recruiting appropriate target parents and focusing on child health issues as a mechanism for changing parenting behavior; and
- the importance of training in enhancing nurses' skills as facilitators rather than experts.

Although progress is slow without new funding, early results are very positive, and point to the critical need for a program for these families and to the effectiveness of preventive program designed to meet their unique needs.

Olds, D.L., C.R. Henderson, R. Chamberlin, and R. Tatelbaum. "Preventing Child Abuse and Neglect: A Randomized Trial of Nurse Home Visitation". Pediatrics, 78:1, 1986.

Epp, Jake. Achieving Health For All: A Framework for Health Promotion. Health and Welfare Canada, Ottawa, 1986.

VanderPlaats, Madine. NOBODY'S PERFECT Process and Impact Evaluation Report. Prepared for Atlantic Regional Health Promotion Committee, 1989.

GERMINO, Barbara B.; FUNK, Sandra G. (Norm Carolina U.S.A.)

Diagnosis and Treatment of Cancer: Differing Experiences of Adult Family Members

Given the current emphasis on cost containment in health care, the initial diagnosis, staging and treatment of cancer are more often carried out on an outpatient basis. The family is often the source of support and care during the diagnostic and treatment phases of living with cancer. However, the perceptions of individual family members and the concerns those perceptions generate may differ in important ways which have the potential for affecting family functioning. The purpose of this study was to describe and compare the concerns of adults with breast, lung, or colorectal cancer, their spouses and their adult children during diagnosis and treatment.

Concerns were defined as having three dimensions: issue or topic, priority and focus or referent. The study presented here was part of a larger investigation which sampled adult families within the first six months after the cancer diagnosis, using a cross-sectional survey design and semi-structured simultaneous interviews of family members in their homes. Fifty families including 127 individual family members were recruited in a southeastern state and comprise a clinically representative sample which is demographically heterogeneous. All interviews were audiotape recorded and transcribed verbatim. Coding categories were developed using random subsamples of verbatim content and consensual validation of the research team. These categories were tested on two additional random subsamples of transcripts, with two coders applying each category independently, followed by discussion and consensual validation of the research team. Only after this process were the categories finalized. All transcripts were finally coded by two independent coders and differences resolved by the investigators and one research associate. Both qualitative and quantitative descriptive data will be generated using content analysis procedures and basic descriptive statistical procedures. Preliminary analyses indicated shared and divergent concerns among family members including among many such issues as how the diagnosis was presented, who was given what information by caregivers, whether appropriate treatment choices had been made, and tolerating the disruptions and changes caused by treatment. The findings of this study will assist in generating hypotheses for further study of the impact of cancer diagnosis and treatment experiences on family functioning as well as in informing family-focused care.

GILLISS, Catherine L.; NEUHAUS, John M.; HAUCK, Walter. (California U.S.A.)

Family Heart Study: Family Functioning After Cardiac Surgery

This paper reports the results of a randomized clinical trial of nursing care, designed to improve the recovery of individuals and their family members during the first six months following cardiac surgery. The study inducted 156 patient-family member pairs randomized into either experimental or control groups. The experimental group received nursing care that began prior to discharge and continued by telephone for three months following discharge. Based on the previous work of the investigators and on self-efficacy and family stress theories, the nursing care was designed to address content and concerns specific to the patient's recovery and to assess and support family functioning simultaneously.

Appraisals of family functioning (APGAR & FACES II), family coping (F-COPES), family resources (FIRM) and family members' mood state (POMS) and social support (SSS) were completed by the subject pair on the eve prior to surgery and repeated at three and six months. Although significant differences were found on the individual markers of patient recovery, no differences were observed between the treatment groups for family variables. However, the over time patterns in family variables seen with this sample support patterns reported with an earlier, smaller sample. That is, caregivers' reports of family functioning (APGAR) continued to decline over six months time.

We conclude that future investigation of the effectiveness of family nursing care following cardiac surgery requires; 1) a more specific and intense intervention, or 2) more precise measures of subtle family behaviors, or both.

GILLISS, Catherine L.; LEAVTTT, Maribelle B.; CASEY, Mariene Foide; CHESLA, Catherine; TTBLIER, Kay; (California U.S.A.)

Developing Family Nursing Skills Through Supervised Practice

If family nursing represents specialty practice in nursing, as has been argued by Gilliss (1989), then the preparation for this advanced practice role involves academic course work and supervised clinical practice with families. To date few academic nursing programs have demonstrated how the training program for family nursing majors is planned and implemented.

The purpose of this paper is to provide an overview of a training program that prepares specialists in family nursing. Although the plan for academic course work will be addressed, the primary purpose of this paper is to discuss the course work in teaching clinical intervention with families, and the accompanying clinical practice supervision. Strategies of supervision including role playing, use of audio and video tapes, and live supervision will be reviewed and discussed in terms of their effectiveness as a teaching method for students at various levels of development. The relative cost of faculty time and energy expenditure will be reviewed. Videotaped segments of faculty supervision will be used to demonstrate effective and ineffective use of the various techniques.

Gilliss, C. (1989). Family Nursing Research, Theory, and Practice: Our Challenges. Proceedings of the National Family Nursing Conference. Portland, OR: OHSU, pp. 15-31.

GIVEN, Barbara; GIVEN, Charles W.; COLLINS, Clare; POHL, Joanne; KING, Sharon (Michigan U.S.A.)
Family Caregiver Involvement in Care of the Dependent Elderly: The Impact on Mental Health

Home care of disabled elderly persons by their family members represents a form of chronic stress for the primary caregiver. In this research caregiving is viewed as a chronic social stressor and variations in caregiver involvement in caring are then used to examine how increased, decreased and changes over time influence caregiver reactions to caring and to their mental health. It will be possible to compare directly the war and tear versus the adaptation and adjustment hypotheses. Further, a third hypothesis will be examined, namely, that among family members whose duration of caregiving exceeds 3 years, minor changes in involvement have no effect on their reactions to caring or upon their mental health. To examine these hypotheses, a self selected sample of 105 spouse and 88 nonspouse caregivers of elderly family members with at least one dependency in ADL at enrollment and who reported information at intake and 6 months as part of panel study will be used. Involvement in caregiving at intake, 6 and 12 months was measured by asking each caregiver to report involvement in each of 10 activities of daily living (eating, bathing, etc.) and a set of 8 health care activities. Measures of frequency of assistance will be included. These were scored from 1 through 4 according to frequency. Caregiver reactions included impact on daily schedule and impact on health. Mental health was measured via the CES Depression scale. (All measures have alphas greater than .75.) Change scores for involvement were developed by examining cases where between intake and six months, the caregivers experienced only increases in involvement, (N=51 for ADL; 65 for HCA) or only decreased (N=38 and 49) in involvement or a mixture of increases and decreases (N=91 and 34). To test the hypotheses the level of involvement at intake will be entered into a regression first, followed by the increases in order to determine the added effects of increases between 1 and 6 months on caregivers' reactions and their mental health scores. Similarly, decreases and mixed cases will be assessed. Using these analytical approaches it will be possible to address whether established caregivers respond to changes in their involvement, whether increases vs. decreases make any differences in their reactions, or if reactions exist relatively independent from short changes in caregiver involvement.

Given, B., Given, C.W., Stommel, M., & King, S. (In Press). Elderly spouses' responses to caring for the elderly. Research in Nursing and Health.

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GOTTLIEB, Laurie; MENDELSON, Morton, J. (Quebec CANADA)

Maternal Responses to Young Sibling Interactions

Purposes. The sibling relationship is among the most important that young children develop. Siblings provide support, affection, and companionship, not only in childhood, but throughout life (Goetting, 1986). Apparently, a close sibling relationship in adulthood originates in childhood, and parents play a major role in shaping it (Ross & Milgram, 1982). And the quality of the relationship may even be established at its outset; thus, preschoolers who show interest in a newborn sibling interact more positively months later (Dunn & Kendrick, 1979). But little is known about how mothers respond to sibling interactions and how their responses are related to child characteristics (age/sex), sibling-pair characteristics (sex-composition/birth order), and sibling functions (such as affection/companionship).

Methods. 72 families with a preschooler and a baby participated. There were about the same number of families in each of three cohorts, which differed in the baby's age (5,11 and 17 mo.). Each cohort was matched for age spacing and sibling sex-composition. An interview was used to elicit mothers' child-rearing strategies for each child in situations that commonly occur between siblings (Honig & Caldwell, 1965). We asked about situations that fostered nine positive functions of the sibling relationship - affection, approval, companionship, friendliness, getting along, help, identification, nurturance, and protection - and two were used to tap each of the nine functions (e.g., firstborn comforts baby when he/she is hurt; baby imitates firstborn). For each situation, the mother was asked to describe her usual response to the target child and, if the situation occurred recently, her actual response. The interviews yielded qualitative data that are content analyzed and quantitative data that will be subjected to multivariate analyses.

Findings. Our initial analyses have yielded four major response strategies that mothers use to mediate the situation: 1) Child-directed strategies convey to the targeted child that he/she is a socially significant person by acknowledging feelings, by showing affection, or by suggesting or demonstrating appropriate behavior. 2) Relationship-directed strategies serve to bridge the interaction by explaining the thoughts and feelings of one child to the other, by reinforcing the benefits to the relationship of sharing, and by instructing with explanations that refer to the other child's needs and rights. 3) Interference strategies can be directed either to the child (e.g., disapproval of behavior) or to the relationship (e.g., separating children). 4) Noninterference strategies involve intentionally doing nothing (e.g., letting the children work things out by themselves). The four strategies will be analyzed in terms of the nine functions of the sibling relationship, and as a function of the child and the sibling-pair characteristics.

Nursing Implications. A major concern of parents with young children is how to mediate sibling conflict and promote positive sibling relationships. Nurses are often asked to help families address issue. Our study is a first step towards systematically documenting how mothers foster the development of positive sibling relationship.

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Goetting, A. (1986). The developmental tasks of sibship over the life-span. Journal of Marriage and the Family. 48. 703-714.

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HALL, Lynne A.; SACHS, Barbara; GURLEY, Diana N. (Kentucky U.S.A.)

Single-Mother Families: Predictors of Health Outcomes

The purpose of this study is to identify psychosocial predictors of favorable health outcomes among low-income single-mother families. Specific aims are: (a) to examine stability and change in maternal depressive symptoms over one year; (b) to identify psychosocial predictors of maternal depressive symptoms; and (c) to investigate the effects of maternal psychosocial factors, depressive symptoms, and parenting attitudes on children's behavior and health status.

A three-wave panel study is in progress, with structured in-home interviews at baseline and 6- and 12-month follow-ups. A sample of 225 low-income, single mothers was recruited from clinics of a county health department. Maternal inclusion criteria were: (a) at least 18 years of age; (b) never-married, widowed, or divorced or separated for at least 6 months; (c) head-of-household; (d) family income at or below 185% of poverty level; and (e) at least one child between one and four years of age. In-depth interviews using naturalistic inquiry techniques were conducted between waves one and three with a sub-sample of 10 mothers. During the structured interviews, measures of the mothers' chronic stress, social resources, coping strategies, depressive symptoms, parenting attitudes, and reports of their children's behaviors were obtained. Cross-sectional data on health status of the index children at baseline were obtained from health department records. Quantitative data are being analyzed both cross-sectionally and longitudinally using descriptive and multivariate statistics. Naturalistic techniques are being used to analyze the qualitative data.

Cross-sectional and longitudinal findings from the first two waves of structured interviews will be presented, along with findings from chart review and in-depth interviews. Quantitative data from the first wave indicate that 60% of the mothers had high depressive symptoms. These symptoms were associated with unemployment, everyday stressors, a lack of social support, and the use of avoidance coping. Maternal depressive symptoms predicted parenting attitudes, which in turn predicted maternal reports of child behavior.

Single-mother families with young children constitute a rapidly growing population at high risk for adverse health outcomes. These mothers are particularly at risk for depression. Parental psychological disturbances and stressful family environment are associated with poor health outcomes for children, yet few researchers have investigated the effects of maternal depressive symptoms and their psychosocial correlates on child health outcomes. Knowledge obtained from this research will be useful for health professionals providing services to these high-risk families and for developing interventions whose efficacy can be tested in future studies.

Hall, L.A. (in press). Prevalence and correlates of depressive symptoms in mothers of young children. Public Health Nursing.

Hall, L.A., & Farel, A.M. (1988). Maternal stresses and depressive symptoms: Correlates of behavior problems in young children. Nursing Research, 37 (3), 156-161.

Hall, L.A., Williams, C.A., & Greenberg, R.S. (1985). Supports, stressors, and depressive symptoms in low-income mothers of young children. American Journal of Public Health, 75, 518-522.

HALL, Wendy A. (British Columbia CANADA)

A Comparison of the Experiences of Women and Men in Dual-Earner Families Following the Birth of Their First Infant

The purpose of this paper is to compare and contrast the findings of two separate qualitative studies. The first grounded theory study explored the experience of eight women returning to work after the birth of their first infant. In both studies, each member of the couple was working full time and the women had returned to work within a few months of their infant's birth. These were middle-income families with total incomes ranging from \$30,000 to \$75,000 per year (Canadian Funds). Using the grounded theory method, data were collected, coded, categorized and compared and contrasted.

Both studies generated substantive theories which were best described as "role redefinition". There were, however, some major differences in how the two groups described role redefinition. For the women, role

redefinition involved three stages: taking on multiple roles, experiencing role strain and reducing role strain. For the men, role redefinition included taking on the fathering role with qualified or unqualified support for a dual-earner spouse, monitoring family role strain and limiting family role strain.

Dual-earner families represent almost half of Canadian working families and a continuing rise in those numbers is predicted. Kline and Cowan (1988) argue that research studies should examine the quality of psychological support from spouses for this lifestyle, the similarities and differences between men and women in connecting work and well-being and the life stage of the family in relation to work and well-being. While role strain has been implicated in the difficulties of combining work and parenting across the life span (Goode, 1960; Johnson & Johnson, 1980), this paper will address the significance of role strain for mothers and fathers who are trying to maintain well-being in beginning families.

Goode, W.J. (1960). A theory of role strain. American Sociological Review, 25, 483-496.

Kline, M. & Cowan, P.A. (1988). Rethinking connections among "work and family" and well-being Journal of Social Behavior and Personality, 3, (4), 61-90.

Johnson, C.L. & Johnson, F.A. (1980). Parenthood, marriage and careers: Situational constraints and role strain. In F. Pepitone-Rockwell (Ed.), Dual career couples, (pp. 143-161). Beverly Hills, CA: Sage Publications.

HAMMOND, Rosalie H. (California U.S.A.)

Social Support for Single Mothers: Implications for Family Nursing

In the past three decades, the number of mother-only families in the United States has continued to increase (McLanahan & Booth, 1989). Along with this increase has been a rise in the percentage of these families living under adverse social and economic circumstances with implications for the health and well-being of family members (Sidel, 1986). Social support has surfaced as one of the major dimensions potentially influencing well-being of family members in mother-only families (D'Arcole, 1988; Issacs & Leon, 1986; Leslie & Grady, 1988). However, the influence of social support appears to be attenuated when economic, social, and personal resources are considered. Knowledge of the process of engaging in supportive relationships, and the conditions salient to this process, is lacking.

The primary purpose of this qualitative study is to explore, describe, and analyze the process of engaging support by single mothers. Among conditions to be explored are the quality and patterns of support available from family members to the single mother, the families' past patterns of utilizing support, and the relationship of this to the mother's patterns of engaging support. This presentation will focus on study findings that are more significant to family aspects of social support rather than individual attributes influencing the development of supportive relationships.

Major tools of data collection are a semistructured interview focusing upon the mother's perceptions of her supportive interactions, and a diary of supportive interactions to be kept by the mother over a four week period. Single mothers over 18 years of age with a child from two to ten years will be recruited from two pediatric facilities in a large western city. Mothers must be English speaking, and have been a single parent for 18 months or longer. Their children should have no evidence of major disease or disability. Thirty-five mothers of diverse socioeconomic backgrounds are being recruited. Interview and diary data will be content analyzed using the methods of grounded theory (Strauss, 1987). Projected completion of data collection and analysis is December, 1990.

Potential significance of this project to family nursing is both theoretical and practical. Mobilization and utilization of potential support may be strongly influenced by family patterns of engaging in supportive relationships. Knowledge of this should serve to improve both assessment of family supports and the planning of supportive nursing interventions for families at risk for isolation.

D'Ercole, A. (1988). Single mothers: Stress, coping, and social support. Journal of Community Psychology, 16, 41-54.

Issacs, M.B. & Leon, G.H. (1986). Social networks, divorce, and adjustment: A tale of three generations. Journal of Divorce. 9 (4), 1-16.

Leslie, L.A. & Grady, K. (1988). Social support for divorcing mothers: What seems to help? Journal of Divorce. 11 (3/4), 147-165.

HARKINS, Ann (California U.S.A.)

Childhood Chronic Illness and Family Hardiness: Integrating a New Diagnosis

The purpose of this study is to examine the interactive, reciprocal relationship of attitudes, beliefs, and behaviors of social development of the chronically ill school age child and his/her family.

The life-span developmental perspective provides the theoretical and methodological approach for explaining the reciprocal developmental process for the social development of chronically ill school age children (ages 7-12 years) within the context of the developing family unit. Social development is defined as the evolving age-appropriate intra-individual, and inter-individual, as well as intra-family and family society interactions.

Using a non-categorical diagnostic approach (excluding children diagnosed as mentally retarded), a sample of 80 chronically ill school age children and families are inducted into the study during clinic visits for routine monitoring of the child's chronic condition. The induction is cross-sectional, with subsequent time sampling occurring at one, two, and three month intervals. At each data collection point, family member > 11 years of age are asked to complete the Family Environment Scale and children 5-10.5 years of age are asked to complete the Child's Version of the Family Environment Scale. At the one-month data collection point, a structured interview is taped to obtain individual and family attitudes/beliefs as well as patterns of social behaviors. In addition, at the third data collection point, family members will be asked to complete the Family Adaptability and Cohesion Evaluation Scale.

Analysis of the study includes content analysis of the taped interviews using the methodological process advocated by Schatzman and Strauss (1973) and Glaser (1979). Data are coded and dominant, recurrent themes are identified. Descriptive statistics and correlations of demographic data, content analysis of interviews, and significant findings from measures employed are carried out.

The significance of this study resides in its ability to explicate important correlates of the interactive relationships of intra- and inter-individual aspects of age-appropriate psychosocial development for these children and their families. Ultimately, this study may help answer the questions: "How do 'normal' families with 'extraordinary' children negotiate the developmental trajectory?" and "What are the components of the 'equation' that will permit us to identify where these families are in the developmental trajectory, how they got where they are, and why some families progress along the developmental trajectory and others appear stymied?"

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HARRISON, Margaret J.; NEUFELD, Anne (Alberta CANADA)

Women and Work: Social Support During Reentry and Retirement

Women are an increasing presence in the work force. Both reentry and retirement result in the assumption of new roles and relationships. The ease or difficulty with which the woman completes these life transitions has implications for the availability of time, energy and skills she requires for use in other roles such as parent of caregiver. Social support is an important resource during a transition and the type of support needed may differ from that which the woman has previously had available. Many of the research studies on social support have

been correlational studies that indicate a positive relationship between social support and health. Little is known, however, about the processes and decision making involved in building or maintaining supportive relationships. This longitudinal, prospective study examines and compares the process by which two groups of women locate, select and use sources of social support during a common life transition. Qualitative methodology was used in order to obtain detailed descriptions of women's perceptions and decision making as they proceed through a period of change. The sample consisted of five women returning to work and five women who recently retired. The subjects were recruited through advertisements/ Three in depth interviews are being conducted with each respondent over a period of one year. A thematic form of content analysis is being used to identify themes and patterns in the data that describe the process of using social support. The findings from the analysis of the first two sets of interviews suggest that there are both outer life changes in roles and activities and inner life changes in outlook, personal goals and self definition. Women make conscious decisions to maintain, relinquish or locate sources of support. They also describe the importance of reciprocity of support in relationships. Results of the study suggest ways that nurses may promote women's health by assisting them in locate and use social support from family members and others during a life transition.

Gottlieb, B.H. (1988). Marshaling social support: The state of the art in research and practice. In B. Gottlieb (Ed.) Marshaling social support: Formats, processes, and effects, (pp. 51-55). Beverly Hills, California: Sage.

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Jewson, R. (1982). After retirement: An exploratory study of the professional woman in S. Maximilianl (Ed.) Sage Yearbooks in Women's Policy Studies: Volume 6. Womens retirement policy implications of recent research. Beverly Hills: Sage.

HARRISSON, Sheila; WALKER, Irene (ENGLAND)

Assessment of Elderly Patients Living at Home in a Predominantly Urban Area Using Non-Selective Screening

The unreported needs of elderly patients has been a cause for concern for many years. Current demographic trends indicate that the financial implications for health care provision for the increasing number of elderly people will continue to be a major concern in Britain. When allocating resources, attempts must be made to balance the increasing demand for services with high staff workloads, increasing labor costs and reduction in public expenditure. Matching appropriate care to specific needs requires accurate assessment of patients' needs. Different methods of assessment may be required in different locations, e.g. in urban areas with a transient population, patients and their support systems may be less well known to health professionals than those living in rural locations or in small urban areas with geographically stable populations. Thus, in the former urban areas, universal rather than selective screening of the elderly might be more appropriate. However, selective screening uses fewer resources than universal screening.

A survey of 220 patients aged 75 years or more, from one group medical practice in a predominantly urban area with a geographically stable population in North East England was carried out between September 1987 and July 1988 using a modification of the Glasgow Woodside Assessment Tool developed by Barber and Wallis (1976). Of the 142 elderly people available for assessment, 51 % lived with a spouse or other family members. The majority (82%) were between 75-84 years. Although 75% were mobile and able to get out of the house, 53 % of the sample were dependent on others for domestic and/or personal care. The assessment consisted of a preliminary, short screening questionnaire for patients to identify those 'at risk' and a longer one for health visitors (public health nurse) to assess those so identified. The screening tool was tested for sensitivity and specificity which showed that it predicted correctly for 84-94% of all patients assessed. A substantial amount of previously undetected illness was found ranging from the very minor to the potentially serious. A total of 104 patients (73 %) were referred to statutory agencies. Most problems were easily identified, corrected or helped.

Not all patients welcomed the outcome of the screening exercise. Screening is time-consuming and its outcome is likely to lead to an increase in care-related activity.

The findings suggest that routine screening is important to improve the quality of life for the very elderly and to reduce the potential cost of future care. However, it is difficult, given the resources required and the implications for workload, to make a case for universal, non-selective screening. A stronger case can be made for the routine screening of the younger elderly (ie. 65-74 years) to identify those with 'a risk' potential.

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HARVATH, Theresa A. (Oregon U.S.A.)

Caregiver Appraisal of Problematic Behavior in Persons with Dementia

Caring for an older family member with dementia can be a very difficult and frustrating experience. Some of that difficulty occurs while managing the behavior problems that are commonly associated with dementia. Previous research in this area suggests that the caregiver's perception of the care receiver's behavior and functional abilities influences how effectively she is able to manage the behavior problems, and mediates the negative consequences she experiences.

The purpose of this in-progress study is to identify and define the dimensions of caregiver appraisal that are germane to: (1) how effective a caregiver is in managing the care receiver's problematic behavior, and (2) how much strain is associated with management of specific instances of problematic behavior associated with dementia. This study uses grounded theory (Glaser & Strauss, 1967) to address these issues. Using a semi-structured interview guide, family caregivers to persons with dementia are asked about their management of the care receiver's potentially problematic behaviors. The data from these interviews are being analyzed using constant comparative analysis. Analysis of these data will focus on the refinement of the conceptual definition of caregiver appraisal, identification of its dimensions, and specification of the relationships between caregiver appraisal and other concepts salient to caregiver management of problematic behaviors of persons with dementia.

The results from this study will be used to refine a model of caregiver management of potentially problematic behaviors developed by the researcher. In addition, this study will serve as the basis for the next methodological study designed to develop and test an instrument measuring caregiver appraisal. It is hoped that a better understanding of how a caregiver's perceptions of the care receiver's behavior influences how successfully and effectively she manages the behavior will help clinicians who work with older families.

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HAYES, Virginia E. (British Columbia CANADA)

Parenting Style and Families' Management of Childhood Asthma

This paper will present a secondary analysis of findings of qualitative data collected in a study of families coping with asthma in their children. Ninety-two parents in 56 families of preschool and school age children

participated in the study and the data constructed into a phenomenological account of the experience of living with childhood asthma. Parents describe a "tough life", fraught with periods of great fear, frustration, worry, and on-going adaptations and decision-making.

Most parents were interviewed and observed at home over approximately a 10-month period. Three interviews were conducted with parents, singly or in pairs, with or without their children present, as they preferred. Constant comparative analysis was used during original data collection, though subsequent analysis has revealed parents' implicit models for parenting as important constructs. The transcribed data and field notes reveal significant themes related to three general styles (parental models) of parenting, and their relationship to how the children's asthma is managed at home and during health care encounters. These parenting styles are unnamed at the time of writing, but they are related to general outlook on life; attitudes towards, and methods of, problem solving; role and rule adjustment within the family; and expressed values of child rearing, health, and health care seeking.

The effects of parents' specific models for parenting are reflected in their attitudes toward health care and health care professionals, and specifically their communication with health professionals. It is postulated that nurses' interactions, teaching, and collaborative work with parents are affected by parenting style, suggesting specific adjustments to customary interventions in acute and primary care. Ways that nurses could better promote parental sense of competence and control over the effects of childhood asthma will be addressed.

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HAYES, Virginia E. (British Columbia CANADA)

Nursing Science in Family Care, 1984-1990

This paper concerns the development of family nursing science, as reflected in recent published nursing literature. Its thesis is that although the practice of family nursing seems to be advancing, the growth in nursing literature does not reflect a proportional concern for the family as the unit of care. Two or three seminal publications in the early 1980's reviewed selected works in nursing and related fields, suggesting future directions, and predicting an up-swing in family nursing theory development and research. According to this review, predicted trends are not yet apparent, and family nursing research is not reflected proportionate to the recent general increase in published nursing research.

To establish the "current state of the art" in family care publication, selected journals were reviewed from where others' (Feetham, 1984; Gilliss, 1983; Gilliss, 1989) left off. The six journals systematically reviewed by Gilliss (1989) to 1986 were examined to the present, in addition to nine others, which were reviewed from 1984 to the present. Eight major nursing research journals, a family journal, and six pediatric nursing journals comprised the sample.

Indices of all issues of all journals (N=335) were examined systematically for articles of significance to family care. The sample of 34 articles reflects a selection process that included all works that were significant for practice, and in which the authors had articulated family theory for testing or explication. About half were of the conceptual of literature review type, a few reported instrument development, and the balance were research reports. (For this paper, the review will be up-dated to the present.)

The content and significance of the reviewed literature will be presented, with an emphasis on research publications. Family nursing science, as reflected by published literature requires continued systematic effort by members of the discipline. Stumbling blocks and possible solutions will comprise the final section of this paper.

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- Murphy, S. (1986). Family study and nursing research. Image. 18, 170-174.

HELLINGS, Pam; HOWE, Carol; TAYLOR, Diana; HARRISON-HOHNEN, Jane (Oregon U.S.A.)
Family Nursing Faculty Practice

The Family Nursing Faculty Practice has grown out of three separate faculty practice clinics: the Nurse-Midwifery Service, the Breastfeeding Service, and the Menstrual Disorders Clinic. The practices address the needs of special populations as well as provide general primary care. In addition to the unique services provided, the practices provide faculty role models for nursing practice and clinical experience for nursing students and community practitioners. As a natural outgrowth of these efforts, the Family Nursing Faculty Practice program was established to demonstrate a model for a combination of a nursing faculty practice and a clinical nurse education program. This opportunity to test innovative practice models, to integrate research and practice, and to provide education and community service has been facilitated by a federal grant from the Division of Nursing, Department of Health and Human Services.

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- MacLeod, G. & Schwartz, M.R. (1986). Faculty practice plans: Profile and critique. JAMA. 256 (1), 58-62.
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HENDERSON, Angela (British Columbia CANADA)
Abused Mothers' Perceptions of Their Children's Needs

The purpose of this study is to understand the needs of children who have accompanied their mothers when leaving an abusive relationship. Insight is being gained into these same children's experiences by obtaining their mother's perception of what the children have gone through and what they need in terms of health care programming.

Specific objectives are: 1) to identify the mother's perceptions of their children's experiences when mother and child(ren) leave an abusive relationship, and 2) to identify those aspects of both mothers' and children's experiences which mothers feel are important to consider when planning programs to meet their children's needs.

A qualitative methodology, phenomenology, is being used in this study. This approach is most appropriate when the perspective of the client is the focus of investigation, the topic is complex and an understanding of the holistic nature of the client experience is being sought. The researcher seeks to make this complex experience explicit in such a way as to give direction to those involved in the planning and provision of care.

The sample is composed of mothers who have left a physically violent home within the last eighteen months and who have at least one child between the ages of 4-12 years. Interviews will take place in the participants' home. They are audio-taped and transcribed. Analysis is conducted concurrently with data collection. Insights are incorporated into subsequent interviews and validated with participants. In this way the researcher is constantly refining and clarifying the concepts which emerge.

Preliminary findings indicate that mothers have specific concerns about their children's behavior and adjustment particularly in relation to school, friends and school work. The other major problems are concerns the need for ongoing contact between the child (ren) and the father. Specific strategies used by the mother to

address these problems will be presented and implications for mother and child based nursing interventions discussed.

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Porter, B., & O'Leary, K. (1980). Marital discord and childhood behavior problems. Journal of Abnormal Child Psychology. 80, 287-295.

HERMAN, Sonya J.; EHRENFELD, Mally (ISRAEL)

Marrano Families in Cultural Crisis and a Nursing Intervention Model

1. Families of Portuguese Jewish origins sometimes called Marrano Jews (Roth, 1932; Roth, 1974; Dubonov, S., 1969; Hordes, S., 1980; Herman, 1985) are becoming known in the United States, England, France, Holland, Belgium, and Israel. In the above populations formal and informal interviews are used to collect family histories (many of whom have family roots to the 14th, 15th, and 16th centuries).

Characteristics of these families have been identified as "never fitting any place." Fear, confusion, ambivalence and "double-bind" thinking were prevalent. Although many families have migrated from one place or country most have not known historical data such as the Spanish Inquisition (when Jews were expelled from Spain with some going to Portugal) nor looked at their own family roots. Almost all interviewers have reported "vague data" as a continuous search for self. A Jewish identity has often been discovered.

2. A nursing intervention model was identified to provide nurses with the necessary problem-solving abilities once the families were identified. The intervention model includes establishing a relationship with the families (Herman, 1987); utilizing a life line guide or family genealogy diagram to establish a data base; and recounting historical and cultural world and Jewish history during the Inquisition period (Roth, 1974; Shapiro and Rubin, 1988). Often as the origin of the family identity becomes evident, and intense fearful and emotional experience occurs within family members. Crisis intervention (Aquilera, D. and Messik, J., 1974; Caplan, G., 1981; and Leavitt, M., 1986) is implemented to interpersonally support family members.

Data from the first part of this study has been collected, and analyzed for characteristics.

The nursing intervention model is being implemented presently on the undergraduate level. The evaluation tools are questionnaires given to students regarding preparation of the nurse to intervene. The results have international implications in the field of family and psychiatric nursing.

Roth, Cecil. A History of the Marrano Jews. New York: Herman-Schocken Books, 1974.

Hordes, Stanley. The Crypto-Jewish Community of New Spain, 1620-1649: A collective biography. Ph.D. Tulane University, 1980.

Leavitt, M. Families at Risk. Boston: Little, Brown and Company, 1984.

HTLBERT, Gail A. (New Jersey U.S.A.)

Initial Responses of Cardiac Patients and Spouses

The primary purpose of this study is to describe the emotional responses of patients and spouses to myocardial infarction (MI) during the hospitalization phase of recover. Research questions are:

1. What are the emotional responses of MI patients?
2. What are the emotional responses of spouses of MI patients?
3. Do patients and spouses with higher levels of perceived family functioning experience a more positive affect balance?

This is a descriptive cross-sectional study. The non-probability sample will consist of 60 MI patients and their spouses. Both patient and spouse will complete the Affects Balance Scale (ABS) and the Family APGAR. The ABS is a 40 item adjective mood scale which measures positive affect states, negative affect states and the balance between them (the affects balance index or ABI). The APGAR is a five item questionnaire which measures a family member's satisfaction with five components of family functioning.

Date analysis will include: frequency distributions for all variables. Pearson Correlation coefficients for negative affect, positive affect, ABI and APGAR scores. T tests will be used to determine if patients and spouses or males and females differ on the study variables.

Significance to nursing: cardiac disease is the leading cause of death in the United States. Those who survive in MI are faced with the crisis of adjusting to a life threatening disease and the need for a drastic change in life style (Stem & Pascale, 1979). Spouses must also make an adjustment to the illness and incapacity of a loved one (Bedsworth & Molen, 1982). It is important for nursing research to examine the experience of both the patient and the spouse. Both are the recipients of nursing care; the patient because he is ill and the spouse as a primary source of social support which potentiates the ability of the patient to cope and successfully adapt to the stress of illness (Gillis, 1989).

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Gillis, C. L. (1989). The family and cardiac illness. In C. L. Gillis, B. L. Highley, B. M. Roberts & I. M. Martinson (Eds.), Towards a science of family nursing, (pp. 344-356). Menlo Park: CA: Addison-Wesley.

Stem, M. J. & Pascale, L. (1979). Psychosocial adaptation post-myocardial infarction. Journal of Psychosomatic Research. 23. 83-87.

BONDS, Cora (Ontario CANADA)

Suffering: A Relatively Unexplored Phenomenon Among Family Caregivers of Non-Institutionalized Patients with Cancer

Suffering is a phenomenon with physical and emotional components. Although several studies (Hinds, 1985; Oberst, Gass & Ward, 1989, for example), have drawn attention to the needs of, and demands placed on families who provide care for patients with a diagnosis of cancer at home, few have discussed the suffering which many of these caregivers experience. Weisman (1972) identified two types of suffering, "primary suffering" which comes from an affected organ, and "secondary suffering" which represents the demoralizing significance of total distress. It is within the context of secondary suffering that this paper is developed.

A probability sample of 83 family caregivers of patients with a diagnosis of cancer, 43 males and 40 females, with mean ages of 53 and 54 years respectively, were interviewed in their homes to determine needs they encountered in their caregiving roles. Families not only identified their needs, they also indicated several areas which were for them sources of suffering.

Family suffering often stemmed from fear of loneliness; uncertainty about the future, their own and the patient's (survival); observing physical changes in patients' lifestyle disruption communication breakdown; lack of support and knowledge; and their sense of helplessness.

These findings suggest that health professionals, particularly nurses, who work with families in their homes must be alert and sensitive to cues and circumstances which could indicate suffering, in order to take the necessary steps to ameliorate their situation.

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Oberst, M. T., Gass, K. A., & Ward, S. E. (1989). Caregiving demands and appraisal of stress among family caregivers. Cancer Nursing. 12 (4), 209-215.

Weisman, A.D. (1972). On Dying and Denying: A Psychiatric Study of Terminality. New York: Behavioral Publications, Inc.

HORAN, Mary; LOVELAND-CHERRY, Carol (Michigan U.S.A.)

The Experience of a Preterm Infant: Maternal and Paternal Differences in Well-Being and Perceptions of Family Functioning

Nurses have an extensive knowledge base from which to plan care of fullterm infants and their families. However, little has been documented in regard to post hospital parent and family responses to the birth of a preterm infant. It is assumed that, similar to other stressful experiences, mothers and fathers may react differently. This paper describes parental responses and examines differences in the experience for mothers and fathers.

As part of a larger study which examines the relationship of parental and family factors on preterm infant development, data related to perceived discrepancy between the expected and real infant, causal attributions, emotional and physical well-being, and family functioning were collected from 125 sets of parents of preterm infants. The infants were born less than 38 weeks gestation, were appropriate for gestational age, and were patients in a neonatal intensive care nursery for at least one week but not more than three months. Data were collected through the use of structured interviews (perceptions of discrepancy between expected and real infant, and causal attributions) and self-completed instruments (Affects Balance Scale, somatic symptoms, FACES III, Feetham Family Functioning Survey) in the family home when the infant was three months old.

Differences in means of parental and family variables for mothers and fathers were examined. Results validated that the preterm birth is experienced as different for mothers and fathers in a number of respects. Findings suggest that, especially for mothers, the perception of a preterm birth has implications for well-being and subsequently, family functioning. Interventions with these families should take into account the differences in mothers' and fathers' reactions, with attention given to potential consequences for helping parents to understand and deal with such differences.

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Anxiety, depression, and hostility in mothers of preterm infants. Nursing Research. 37 (4), 213-216.

Harriman, L.C. (1986). Marital adjustment as related to personal and marital changes accompanying parenthood. Family Relations. 34, 233-239.

Mercer, R.T. & Ferketich, S.L. (1990). Predictors of family functioning eight months following birth. Nursing Research. 39 (2), 76-82.

HORN, Beverly; PRIMOMO, Janet (Washington U.S.A.)

Health Care Needs of Families with Children in a Rural Island Community: Results of an Ethnographic Study

Rural health care services for families are under severe constraints today. Nursing is in an excellent position to explore the health care needs of rural families because of our focus on the family as the unit that provides for the health needs of its members and interacts with the health care system to assist in meeting those needs. The purpose of this ethnographic study was to describe the perceptions concerning health and health care needs of families with children who lived in a rural island community.

An open-ended interview guide was developed to gather data on the perceptions of families about their health needs. Existing survey data, key informant interviews, and participant observation of island living were used to augment the data gathered from the in-depth interviews. Families with children at home who resided on one of three islands were invited to participate through snowball sampling or advertisements. Of the 55 families who participated, the mother was the primary informant in 48 of the families. The mean age of the respondents was 39.6 years and the average number of children was 1.9. Forty respondents were married. The average

educational level was at least 3 years of college and 44 respondents were employed full or part time. The median income was between \$20,000-529,000.

Constant comparative analysis within the tape recorded and transcribed verbatim transcripts was conducted to develop coding categories. In general, results were consistent with other studies or rural populations. A strong sense of community, self-reliance, independence, and transportation difficulties were common themes in the data. Women's health care issues, including family planning services, prenatal care, and treatment for sexually transmitted diseases were areas of concern in this study. Because families had difficulty obtaining primary care services for children, self-care (often without the know-how) was common.

This study illuminated the health care issues faced by families in a rural island community and was useful in developing health care recommendations for the community studied. Because nurse who practice in both urban or rural areas are faced with caring for rural families, it is crucial to understand the unique health care needs of rural families we encounter and the available resources in rural communities in order to provide quality care.

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HOROWITZ, June Andrews (Massachusetts U.S.A.)

Social Support and Locus of Control in Relation to Maternal Coping in One and Two Parent Households

The Problem: The number of single parent families headed by women has escalated in recent years. It is therefore critical to examine the factors associated with these mothers' ability to function effectively. The question addressed in this study is: What is the relationship of social support and locus of control to mothers' coping in one and two parent households?

Method: A sample of 84 mothers was selected from various settings, such as health clinics; there were 46 from two parent households and 38 were single parents. Data were collected via a questionnaire consisting of the following instruments: The Norbeck Social Support Questionnaire; Rotter's Internal-External Locus of Control Scale; The Jalowiec Coping Scale; and a set of items concerning family situation and demographics. A variety of analytic procedures were employed, including T-tests, correlation and partial correlation analysis.

Findings: Two parent and single parent mothers showed no significant differences in coping styles or locus of control. However, mothers from two parent households showed a consistent pattern of significantly higher scores on all measures of social support.

Conclusions: While two parent and single parent mothers did not differ when variable measure of coping and cognitive styles were compared, they showed clear differences in the degree of aid, affirmation, affective and functional support available. The single parent mothers had significantly less social support available. In relation to family nursing practice, these findings suggest directions for assessment and intervention concerning the availability of resources and their use among single parent mothers.

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- Norbeck, J.S. Sheiner, M. (1982). Sources of social support related to single-parent functioning. Research in Nursing and Health. 5, 3-12.
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HOUCK, Gail M.; KING, Mary C. (Oregon U.S.A.)

Family Characteristics in Relation to Optimal Emotional and Behavioral Adaptation for Previously Maltreated Children at School-age

The literature indicates certain factors, including treatment and family environment, may alter the maltreated child's experience sufficiently to mediate the effects of the abuse and neglect. However, limited research has investigated the family characteristics that potentially compensate for the consequences of maltreatment. The purpose of this study was to describe the emotional and behavioral adaptation for previously maltreated preschoolers at school-age and to identify family characteristics associated with optimal child adaptation. The sample consisted of 24 school-aged children (15 boys) who were maltreated as preschoolers, placed in foster care and received treatment, and subsequently were placed in adoptive homes (n= 17) or returned to their biological families (n=7). On average, the children had completed treatment and been with their respective families 2.5 years. Data collection took place during a 2 hour visit to the family homes using written questionnaires, semi-structured interview, child psychological testing, and family observation. On the whole, this sample of children was found to be more maladjusted and less adaptive than a clinical normative group. Broadly, family dimensions concerned with structure and directiveness were linked to positive child behavioral adaption whereas family and parental characteristics concerned with emotional bonding and support were linked to more positive emotional adjustment. Notably, these compensatory factors were associated with adoptive families. The findings have implications for nurse clinicians, especially those working with maltreating families in the community or mental health settings, and provide direction for targeting those family and parental characteristics for assessment and intervention that may optimize child emotional and behavioral outcomes.

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Houck, G.M. & King, M.C. (1989). Child maltreatment: Family characteristics and developmental consequences. Issues in Mental Health Nursing. 10. 193-208.

HUANG, Pei Ling; MAO, Chia-Ling (TAIWAN R.O.C.)

An Investigation of the Home Caregiving Experience of Schizophrenic Patients' Relatives - Stress Perception and Coping Behavior

This study is to acknowledge the stress perception and coping behavior of the discharged schizophrenic patients' relatives, and to inspect their relationship with the variables of demographic data, disease condition, disease process and degree of life satisfaction. Sixty-three patients' relatives were interviewed as basis of study, and "Relatives' stress perception rating scale", "Relatives' coping behavior rating scale" and "Background information table" were used as research tools.

Interview results were analyzed by statistical methods such as frequency distribution, factor analysis, t-test, one-way ANOVA, and Pearson product correlation coefficient with following findings.

1. "There is no one to look after him in the future" is the most stressful situation of these mid to old age relatives. Second is the economic burden brought about by medical care expenses. As the types of stress is concerned, lack of knowledge about the disease and remedies give the highest degree of stress.

2. Coping behaviors of these subjects fall into categories: "Let it be", "self-help action", "Avoidance", "Neglect" and "Reliance". The two categories that were more often employed are "Let it be" and "Self-help action".

3. There are two important factors that affect the stress perception. One is estimation of degree of recovery, the other is degree of life satisfaction of the subjects. Both are negatively correlated.

4. Factors that affect the employment of coping behavior "Let it be" are age, social/economic status and education. The older the age, the lower the status and education, the higher possibilities to use coping behavior, "Let it be".

The researcher suggests, when making home care plans, the prior consideration should be to assist the patients' relatives to know the disease and remedies, and to take initiative to help the relatives trying other coping behaviors that might be more effective. In the mean time, community mental health program could be in the direction of setting up half-way house, nursing home and providing medical care subsidy.

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Goldmen, H.H. 1982. Mental Illness and Family Burden: A Public Health Perspective. Hospital & Community Psychiatry. 22 (7), 557-560.

Hartfiel, A.B. 1978. Psychological Costs of Schizophrenia to the Family. Social Work, Sept., 23 (5), 355-360.

HYMOVITCH, Debra P. (Florida U.S.A.)

Parenting Stressors When a Parent has Cancer

The goals of this descriptive study of parents with cancer are to (1) describe parent and spouse stressors and coping strategies and (2) develop nursing intervention strategies to facilitate parent and child adaptation. This presentation will focus on a description of parenting stressors. Theoretical sampling was used to select a sample of mothers and fathers with cancer and their spouses. Data were collected using semi-structured open-ended tape-recorded interviews. Length of time since diagnosis varied from 5 weeks to 7 years. Diagnoses included acute lymphocytic leukemia, breast cancer, cervical cancer, and lymphoma. The families had between two and four children ranging in age from 9 weeks to 20 years, nearly evenly distributed between three age groups: Preschool (under 6 years), school age (6-12 years), and adolescents (over 12 years).

Interview data were analyzed using the constant comparative method of analysis described by Glaser and Strauss. Emerging from the data are parent stressors related to the parents themselves, their children, and the nature of family communication. Parent stressors include having inadequate information about the illness, uncertainty regarding the course and prognosis, and maintaining composure in front of the child, and communicating with the child about the illness. Child variables of concern to parents included the age of child, establishing and maintaining a trusting relationship with child, child behavior, and hospital visiting. The nature, content, and timing of the information were communication stressors. Implications or nursing intervention identified thus far include the need to provide support to parents regarding their parenting roles and to provide parents with developmentally appropriate information about child thought processes and responses to stress. Research with children of various ages is needed to determine the impact of the parent's illness on the entire family unit, not just the parents.

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JACK, Anne (Ontario CANADA)

Memories of a Gentle Presence: A Bereavement Program for the NICU

In January, 1987, a multi-disciplinary committee of nurses, physicians, and social workers began to develop our formal family-centered NICU bereavement programme. There were three goals identified as central to the functioning of the NICU bereavement programme: 1) to provide sensitive, comprehensive support for families in anticipation of and at the time of their baby's death, 2) to provide short and long term follow-up for bereaved families by the NICU staff and the community, and, 3) to establish a mechanism whereby NICU staff are supported in their own grief responses. Small working groups developed the structure for meeting each goal. This was put together and then introduced to the nursing and medical staffs through in-services. The programme was formally begun in April, 1988. Since that time, we have had 170 families receive our bereavement care. Around the time of death, we create a memory packet for the family. This consists of photographs (both instamatic and 35 mm), a bereavement outfit, a lock of hair, foot and/or hand prints, crib card, name band, tape measure, a blessing shell (used in baptismal or blessing service) and a certificate of life. This memory packet is put together for every family, whether or not they are present. We also have a literature packet we give to each family. Autopsy and/or organ donation, funeral arrangements, and grief process, and bereavement follow up are briefly explained to the family. Within two weeks of their baby's death, a follow-up telephone call is made to the family, in order to assess how the family is doing and to let them know that they have not been abandoned. Areas such as emotional responses, physiological responses, life style patterns, dreams, and understanding the cause of their baby's death are explored. We ask the family if they would like the memory packet and then arrange for them to receive it. There are guidelines, but follow-up is individualized to each family's needs. Arrangements are made for on-going contact between the family and the follow-up individual. Staff support consists of three facets: professional literature, informal, and format staff support. We completed a staff evaluation after 8 months and have overwhelming support from all levels of medical and nursing staff. Formal family evaluation has not been undertaken yet; however, informal feedback from a majority of our families has been positive, i.e. all three families in the first year requested the entire memory packet. We have also received many thank you cards and donations to our unit. We are proud of the progress that has been made in accomplishing the 3 goals established prior to programme development. The evaluation phase includes plans for a regional survey of resources for bereaved families the a formal family evaluation.

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Vachon, M.L.S. (1987). Occupational Stress in the Care of the Critically Ill, the Dying and the Bereaved. Cambridge: Hemisphere Publishing Company.

JERRETT, Mary D. (Ontario CANADA)

The Experience of Caring for a Chronically Ill Child

The purpose of this study was to explore the parents' perspective, and come to a more thorough understanding of their unique situation. The phenomenological interpretative method was chosen for its philosophical and qualitative nature, and applicability to the questions that guided this inquiry. The indepth interview was the main method of data collection. An open-ended interview schedule was used to guide the interviews and in order to understand their reality, both parents were interviewed separately, and two accounts of the experience added richness, depth and variation to the data. The participants were ten two-parent families of children with juvenile arthritis. Data analysis was consistent with methods used with a qualitative approach. Thus, the transcribed interviews were analyzed for recurring themes and a number of themes emerged around which the parents' lives were organized.

This paper will focus on the ways in which managing the child's care on a day-to-day basis was shared by the parents. The ideology of family responsibility which determines the caring and the parents' subjective experiences of caregiving will be highlighted. The division of responsibility and how the caring work was different for the mother and father will be discussed.

The significance of the study to family nursing, its terms of the meaning of the parents' relationship with health professionals, will be addressed from the perspective of the parents in this study.

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JOHNSON, Mary Ann; KNOX, Shirley; MORTON, Marsha K. (Utah U.S.A.)

Family Experiences with Decision-Making Process for Nursing Home Placement

This research with family members is a continuation of a previous study conducted with daughters who had admitted a parent to a nursing home. Results of that study supported findings by other investigators related to continued involvement with the patient following admission. Those daughters also expressed elements of uncertainty about aspects of the decision-making and admission processes that may have influenced the way different daughters experienced this phenomenon. There was also evidence from the daughters that different family members had various stakes in the decision and relocation process. Little research has been conducted to expand our understandings about family involvement in the decision-making process for relocation of an older relative to a nursing home. Nor has the concept of uncertainty been widely used in research with family and intergenerational issues.

The purpose of this research project was therefore to explore with family members their perceptions of the experience with decision for nursing home admission. Three research questions were asked: 1) How do family members describe their experiences related to the decision for nursing home placement of a parent? 2) In what way do these perceptions differ between family members? and 3) What evidence exists that uncertainty influenced the way family members experienced the decision making process.

The purposive sample is drawn from those adult children who have recently (past 4 to 8 days) admitted a parent to a nursing home. Although the sample consists primarily of adult children, the parent will be included in the research/interviews whenever possible. The child identified as the responsible person on nursing home records will serve as the contact person to schedule appointments for a first interview. A second interview will be conducted 30-45 days post admission in order to capture the process nature of this decision. A third interview will be held if needed for clarification. When more than 3 interviews in order to facilitate clarification of issues and perceptions. A loosely structured interview, based on a pilot project, is the only method to be used for data collection. All respondents will initially be asked to "describe your experiences related to the decision for nursing home placement". Respondents will be asked to consider aspects of uncertainty based on Mishel's work with this concept.

Content analysis of all interviews will be used to address each research question. Comparisons of descriptions of the experiences will be made between results of the previous research with daughters and the present sample.

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JONES, Patricia S.; MARTINSON, Ida M. (California U.S.A)

Caregiver Bereavement in Families where a Member Dies with Alzheimer's Disease

Early studies of grief and bereavement (Lindemann, 1944, for example) indicated that grief reactions should be completed within weeks of the death of a loved one. Later studies proposed up to one year for the resolution of grief. McCloskey and colleagues (1987) reported an "empty space" phenomenon for family members who experienced the death of a child from cancer. The Institute of Medicine's Committee on Health Consequences of the Stress of Bereavement (1984) concluded that different sets of circumstances influence the grief experience, and recommended studies of bereavement related to various conditions of death.

This study describes caregiver bereavement in families where a member died with Alzheimer's Disease. Thirty families in central and northern California participated in a longitudinal study of the impact of Alzheimer's disease. Caregivers were invited to participate in a final interview regarding the death of the family member. Two refused and one was not usable. Nine of the fourteen interviewed were females, four daughters and five wives, and five were male, two sons and three husbands. Data from the taped interviews were transcribed and subjected to content analysis utilizing the grounded theory approach of Glaser and Strauss (1967), that is, open, axial and selective coding.

Major findings regarding bereavement include: (1) The grieving process begins before the death; (2) The grieving is different from that following other illnesses; (3) The death is a relief but often accompanied by guilt related to the relief; (4) Caregivers regretted using life-prolonging measures; (5) The empty space is felt before the death and in many cases is ready to be filled soon after.

Two conceptualizations describing bereavement in caregivers of family members with Alzheimer's disease were identified: (1) complex relief and (2) the process of detachment. Complex relief refers to the relief mixed with other feelings that is often experienced. The process of detachment refers to the painful and prolonged separation from the family member that occurs as the individual gradually loses personhood.

Implications for nursing practice include: During the bereavement period, caregivers need (1) support in getting on with their lives, and (2) help in not feeling guilty about the sense of relief associated with the death of the family member or about decisions made during the period of caregiving.

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KERR, Rita Butchko (Ohio U.S.A.)

Factors Mediating Adult Daughters' Experience of Grief After the Death of an Elderly Parent

The purpose of this descriptive correlational study was to examine the relationship between adult daughters' grief responses after the death of an elderly parent and the contextual and demographic factors that mediated their grief responses. Specifically, the independent variables investigated included the characteristics of the dying process and the subsequent death of the parent, the meaning adult daughters attributed to the death, and the family context in which the death occurred. The dependent variable was the grief responses adult daughters, ages 35 to 65, experienced 12 to 36 months after the death of a parent.

Sixty-seven respondents were interviewed in their homes. The interviews consisted of a series of structured and open ended questions; two scales, FACES III, a scale that measures family cohesion and adaptability, and the Grief Experience Inventory, a scale that measures physical, emotional, social, and cognitive responses to grief; and demographic information.

Data are being analyzed at present. Quantitative analysis is focusing on the relationship between the intensity of grief responses as measured by the Grief Experience Inventory and the family context in which

grieving occurred as measured by FACES III and selected demographic characteristics of the respondents. A regression model will be developed to predict the intensity of grief responses. Qualitative analysis, with the assistance of the Ethnograph computer program, is focusing on a descriptive summary of the content of all codes across all respondents. Comparison between the quantitative scores and qualitative findings will be reported.

Factors mediating the grief responses of adult daughters are important for nurses working with families to understand because nurses will have increasing contact with elderly parents and their adult daughter care takers as the population continues to age and because the stress associated with prolonged grief has been linked to serious physical and emotional illnesses. Only when the factors mediating grief responses are documented can research begin to address appropriate nursing interventions.

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KILLIEN, Marcia Gnu; JARRETT, Monica (Washington U.S.A.)

Work and Family Correlates of Working Mothers' Health

Background and objectives. Nearly half of mothers return to work within the first year of the infants' life. Scientific interest in maternal employment has focused predominantly on its impact on children; lacking is research that examines the impact on maternal health and well-being of returning to work while simultaneously adjusting to parenthood. A subset of working mothers experience particular difficulty with health problems such as fatigue, depressed mood, and infectious diseases or find their ability to function in their multiple roles impaired due to poor health. The purpose of this paper is to describe the individual, work, and family characteristics that differentiate working mothers with good and poor health and functioning during the first postpartum year. The paper is based on the findings of a study that compared women with poor health and good health with respect to family demands and benefits, work demands and benefits, individual resilience, and use of individual and family lifestyle management strategies.

Methods. The study used a cross-sectional survey design to gather data from 80 women who were married, employed 20 hours/week or more, and had one child under twelve months of age. Subjects completed a mailed questionnaire that included multiple measures. Two dimensions of health were measured: symptomatology and functional ability. Symptomatology was measured by Kogan's Symptoms of Stress Scale and the Beck Depression Inventory. Functional ability was measured by Kogan's Perception of Functional Ability Scale. Family demands and benefits were measured by the Roach Marital Satisfaction Scale, Spouse Support for Work Scale, Equity Scale, Maternal Gratification Checklist, Parenting Stress Index, and Maternal Separation Anxiety Scale. Work rewards and demands were measured by the Minnesota Job Satisfaction Scale, the Moos Work Environment Scale, and the Hughes Work Interference Scale. Individual resilience was measured by Wagnild & Young's Resilience Scale and the Rosenberg Self-Esteem Scale. Lifestyle management strategies were measured by the Dual Employed Coping Scale and the Health Promoting Lifestyle Profile. Composite variables were developed from the multiple indicators of each concept using confirmatory factor analysis. Factors were then regressed on each of the indicators of health: symptomatology and functioning.

Findings. Participants ranged in age from 25 to 40 years; their infants ranged in age from 1 to 12 months. Participants returned to work between one and 25 weeks postpartum. Participants reported currently working between 20 and 65 hours/week. Symptom scores ranged from 7.08 to 233.5 with a mean of 73.2. Depression scores ranged from 0 to 15, with a mean of 3.6. Women indicated functioning at between 2 and 91 percent of their optimal functional abilities. Forty percent of the variance in maternal symptomatology was explained by six factors, with a majority of the variance explained by job rewards, work pressure, parenting rewards, and

parenting stress. Eighteen percent of the variance in maternal functioning was explained by two factors: family/work interference and individual resilience. Neither characteristics of the marital relationship nor family coping strategies significantly explained variability in maternal health.

Significance. These findings support the influence of selected family characteristics on the health of working mothers. However, contrary to existing literature, neither the marital relationship nor family coping significantly influenced maternal well-being. Explanations for this finding may be related to measurement issues or to the greater salience of the parental role during the first postpartum year.

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KING, Sharon; COLLINS, Clare; GIVEN, Barbara (Michigan U.S.A.)

Family Assistance and Values as Determinants of Service Use by Caregivers of Alzheimer's Patients

The home care of persons with Alzheimer's Disease is provided almost exclusively by family members and that the helping networks of these families differ from those of families helping physically disabled elders. Studies which have investigated the degree to which Alzheimer's caregivers make use of available community services to lessen the burden of caregiving have reported low rates of service utilization.

Specific objectives for this presentation include: 1) description of the individual caregiver and family values of a group of Alzheimer's caregivers; 2) the interactions and assistance between family members; and 3) the influence of those beliefs, family interactions, and helping actions on the caregiver's use of formal services. Data for this analysis result from a longitudinal quantitative study of the impact of Alzheimer's Disease of family caregivers (n= 150) and the qualitative study of the service use patterns of a subset of 30 subjects from the longitudinal study. Both mailed questionnaires and in-depth interviews were used to determine knowledge about and use of visiting nurse services, home health aides, adult day care, and support groups.

Preliminary findings on a portion of the subject panel indicate that only 19% report using visiting nurses, 27 % use home health aides, and 7 % use support groups. The constellation of family networks has ranged from adult children without siblings caring for parents to spouses with the assistance of children taking care of their husband or wife. Early qualitative results indicate that a strong family value system serves to dictate the acceptability of seeking assistance outside the family system and participation of multiple family members in providing care influences the perception of need for outside assistance.

The significance for family nursing includes identification of family situations which result in high risk for excessive caregiver stress, service attributes which caregivers find acceptable and unacceptable, and marketing strategies which enhance the service use of family caregivers.

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KIRSCHLING, Jane Marie; GILLISS, Catherine L.; CAMBURN, Camilla D.; CLOUGH, Roberta S.; DUNCAN, Marie T.; FRENCH, Margie; HENDRICKS, Joyce; KRENTZ, Linda; SMITH-YOUNG, Jane; TICE, Kathleen S.; YOUNG, Thomas (Oregon U.S.A.)

Family Nurses from Throughout the World: Who They Are, Where They Practice, and What They Do

This research is the result of a regional effort on the part of the Oregon Health Sciences University Family Nursing Continuing Education Program Research Proposals Special Interest Group. The Special Interest Group (SIG) met during four regional CE workshops between 1987 and 1989 and presented their research in 1989 at the National Conference on Family Nursing held in Portland, Oregon.

The purpose of this study was to explore the practice of people who describe themselves as family nurses, what they do in their practice, and how they interact with their clients. Phase I of the study was completed in 1989 and included a sample of 196 nurses from the United States and 43 nurses from Canada who identified themselves as family nurses.

Phase II of the study, 1989-1991, involved expanding the sample to include nurses from throughout the world. Questionnaires were sent to 54 nurses from outside of North America. These nurses were asked to distribute the questionnaires to family nurses in their countries. A total of 42 useable questionnaires were returned: 7 each from Australia, Denmark, and Sweden, 6 each from Finland and Iceland, 3 from Hungary, and 2 each from England, Scotland, and Switzerland. Only the Hungarian nurses comments to open-ended questions had to be transcribed.

The Phase I [North American] and II [International] respondents were primarily female (96%) and married (71 %). The mean age was 41 years, mean number of years practiced as a nurse was 18 years, and mean number of years practiced as a family nurse was 10. The North American nurses reported working significantly more hours per week than the International respondents (41.1 hours vs. 36.2), however they spent significantly less time providing direct care each week (16.1 vs. 21.7). The North American nurses spent significantly more clinical time with adults and less with infants and children than the International nurses. The nurses from Canada and the United States also spent significantly more time in in-patient and ambulatory care settings, while the International nurses reported spending significantly more time in community health and home health settings.

The overwhelming majority of respondents, 94% of the North American nurses and 90% of the International nurses, reported that they considered family as their client. Both samples of nurses identified prior practice and experiences with families as the most important factor that influenced their family orientation and they identified professional experience as having had the greatest influence on their understanding of family behavior. Additional findings will be presented. Although the use of a convenience sample limits the generalizability of the findings the results do provide directions for future research with family nurses.

KODADEK, Sheila, M. (Oregon U.S.A.)

Learning Through Literature: The Experience of Family Caregiving

The purpose of this presentation is to describe and critique the use in family nursing education of literature on the experience of family caregivers—parents, spouses, adult children, siblings—caring for chronically ill family members. The vast majority of long-term care in the United States is provided by family members in the home. Nurses need to be knowledgeable about the everyday experience of these families in order to understand the demands and benefits of family caregiving. It is suggested here that descriptions of family caregiving in novels, short stories and first-person accounts can give insights into the phenomenon of family caregiving that enliven and illuminate the growing body of family nursing research in the area.

The presentation will be based on the author's experience of selecting, assigning and evaluating the use of family caregiving literature with both undergraduate and graduate nursing students in a university setting. Evaluation data, including data from student assignments, interviews and course evaluations, suggest that use of this literature is both an efficient and compelling way to assist student to make connections between concrete experience and family nursing research and theory.

LANG, Anella; GOTTLIEB, Laurie N. (Quebec CANADA)

Predictors of Parental Grief Reactions Following Infant Death

Purpose: Mothers and fathers experience a wide range of grief responses following their infant's death (Demi, 1987). There is growing evidence that mothers and fathers differ in the intensity and type of grief response (Johnson-Soderberg, 1982). Researchers are moving beyond the descriptive level and are asking what factors relate to parents' different grief reactions. Factors that have been suggested as contributing to the intensity and type of grief response include the quality of the marital relationship, pregnancy history (e.g., infertility), events surrounding the loss (e.g., suddenness, length of time since the death, contact), and infant characteristics (e.g., age, sex). The purpose of this study was to examine how these factors are related to the different types of grief responses in both mothers and fathers.

Methods: 57 bereaved couples who lost an infant (> 20 wk gestation, < 12 mo of age) within the past 24 mo were visited at home. Mothers and fathers independently completed questionnaires. Grief reactions (e.g. anger, guilt, yearning, meaninglessness, and isolation) were measured with the Bereavement Experience Questionnaire (Demi, 1987). The couple's marital relationship was assessed using the Personal Assessment of Intimacy in Relationship (Schaeffer & Olson, 1981) which comprises five areas of marital intimacy: emotional, social, sexual, intellectual, recreational. Interview data on the history of the pregnancy, the experience with the infant, the events surrounding the infant's death, and infant characteristics were collected from both parents. Separate regression analyses were performed on each grief reaction for mothers and fathers.

Results: The best predictor of mothers' anger, guilt, meaninglessness, yearning, and isolation was the suddenness of the death. If the death had been sudden, mothers' reactions were more intense. Furthermore, angrier mothers also experienced less emotional intimacy with their spouse whereas, mothers who felt guiltier, meaninglessness, and isolation, reported less intellectual intimacy. The longer the interval since their infant's death, the less intense were mothers' sense of meaninglessness and yearning. Different predictors affected fathers' grief reactions. Fathers' anger could not be predicted from these variables. However, contact with the infant after the death predicted more intense feelings of yearning and isolation whereas, the suddenness of the death was associated with a greater sense of meaninglessness. Fathers who experienced more guilt and yearning also reported less recreational intimacy and fathers who felt more isolated also experienced less social intimacy with their wives. Finally, a sense of meaninglessness was related to less sexual intimacy.

Nursing Implications: This study highlights the importance of nursing the bereaved parents as a couple to help them understand the differences in their individual expressions of grief. Nurses can sensitize couples to the importance of their relationship in moderating the intensity of their grief.

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LANGFORD, David (California U.S.A.)

Family Violence-Related Homicide: Patterns of Violence and Service Utilization

Violence in families is a serious family health problem increasing the morbidity and mortality of all family members. Both assailants and their victims are at risk of being killed during a violent incident. Family violence is difficult to detect in medical settings because there is inadequate use of family concepts in assessing and providing medical care. This pilot study is a descriptive examination of family violence-related homicides occurring during 1986 in San Francisco using coroner's reports and hospital medical records. The objectives of the study are to; 1) describe the characteristics and patterns of family violence-related homicide; 2) describe the

patterns of medical care utilization during the years preceding death, and 3) ascertain the degree to which health care providers identify family violence as a problem and intervene.

Police department files were used to identify cases (family violence related homicides, N=27) from the total number of homicides (N= 113) in San Francisco during 1986. For each victim the coroner's report and the combined medical records were used for data collection. All the victims medical records were obtained from one hospital, selected for its geographic location to the homicide scenes, comprehensiveness of services offered, and its designation as a "trauma center".

Analysis consists of identifying the relationship of the victim to the assailant, types of weapons used, cause of death, types of medical services utilized, types of care requested, and the use of drugs. Content analysis (Krippendorff, 1980) of the coroner's narrative, physician, nurse, and social worker notes will be used to identify family themes and patterns present in the assessment as well as the degree to which health care providers identified the presence of family violence and intervened. Medical records will be separately analyzed for each clinic or hospital visit and then as an entire patient record to look for patterns of utilization and indicators of violence over time. Descriptions of these findings will be reported. This study highlights the need for integration of family concepts into clinical practice and education for the health professions.

The study was undertaken with the combined efforts of the Trauma Foundation and the Family Violence Project.

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LANSBERRY, Carolyn R (New York U.S.A.)
A Nursing Paradigm for Family as Client

The purpose of this presentation is to explore the application of nursing's simultaneity paradigm to "family as client". In family health nursing there are two general orientations for viewing the family. In one, the family is seen as the essential background for the individual (family as context) whereas in the other the family is the focal point of inquiry (family as client). Using the figure/ground analogy, the family is ground in one orientation and figure in the other. Thus, these two orientations offer different perspectives for observing, explaining and predicting health behaviors.

It is important in family health nursing to develop conceptual frameworks derived from and consistent with nursing models. This is necessary to enhance family nursing practice, education and research. The current stage of development of nursing's conceptual models, however, reflects a predominant focus on the individual as the client of nursing. Although this individual focus creates no theoretical inconsistency when applied to "family as context", it does when applied to "family as client." This presentation examines this theoretical issue. In addition, it provides a rationale for why the nursing models within the simultaneity paradigm have the greatest potential for providing a congruent framework for "family as client." In developing this rationale, client, environment, health and nursing, as conceptualized within the simultaneity paradigm, are applied to "family as client."

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LEVITNE, Mary Anne (California U.S.A)

Planned Health Change in an Emerging Nation: A Case Study of Maternal/Child Health Programs in the Peruvian Andes

Professional skills developed for providing maternal/child health services are applicable both in industrialized and the Third World nations. By utilizing in the assessment process those most affected, and real commitment to the project develops. The utilization of indigenous health workers as active participants puts them directly in the decision making process. As a consultant to a catholic relief organization in Arequipa, Peru, in the summer of 1988, I put these principles to work.

The Quechua Indians, although the native population of Peru, are now a marginal group out of the mainstream of society. They are poor, in ill health, have high infant and child mortality rates and are currently on the move by the thousands to the fringes of the big cities, attempting to better their lives. Unfortunately, their lives become even more stressed, poverty is even more rampant, jobs are even more scarce, and women and children are often abandoned. These people share much in common with their fringe counterparts in the United States.

I have worked extensively in the Third World as well as in the industrialized world, and draw on my personal experiences from Honduras to India, Malawi, Great Britain, and the United States. Using planned change theory and my transcultural health expertise. I have worked abroad as a direct care provider and role model, and in my role as consultant as a facilitator, teacher and resource person.

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LOCKE, Lori; WINEMAN, N. Margaret; MILLER, Deborah (Ohio U.S.A.)

Situational and Transitional Group Therapy for Adolescents of a Disabled Parent

The purpose of this presentation is to provide an overview of a clinical intervention program for high risk adolescents. Adolescence is the stage of psychosocial maturation characterized by the development of a new sense of identity. This new sense of identity emerges from the struggle with the conflicting need to establish independence from the parents yet remain as a member of the family unit. Successful resolution of this conflict may be complicated by extraordinary stressful events in the adolescent's life. One such extraordinary event which places the teenager at high risk for interference with normal psychosocial development is the presence of a disabled parent in the home. In the presence of a disability, family roles may be altered, and the adolescent may be put in the position of providing care to the parent. This situation then compromises the teenager's ability to develop independence, pursue personal interests, and establish relationships with peers. The intent of this clinical intervention program was to minimize these risks through the implementation of a group therapy program. A "teen group" for adolescents of parents with multiple sclerosis (MS) was designed, integrating developmental, transitional, and situational theory as its theoretical foundation. The group offered a place where adolescents could acquire information about MS, have an opportunity for ventilation of feelings, and gain support and acceptance from peers and a parental figure.

The group's goals were to provide an opportunity for the teenagers; 1) to become more knowledgeable about MS; 2) to have their questions answered by health care professionals; 3) to share their experiences of having a disabled parent with other teens; and 4) to share their knowledge, feelings, and experiences with others by making a videotape about "Life with MS." Group participants were selected from a registry of an outpatient center for diagnosis and treatment of MS of a large northeastern medical center. After obtaining the consent of

both the parent and the adolescent, 12 teenagers joined the group which met for 90 minute sessions on four consecutive Saturdays.

The presentation will highlight the development of the program, rationale for the theoretical framework, therapeutic strategies, and evaluation methods, ending with an opportunity to view the videotape developed by the teens.

The significance to family nursing are twofold. The first is that this clinical program illustrates successful application of the framework of situational and transitional group therapy. The second is that group participants may experience a decrease in stress as a result of increased knowledge and support, thereby enhancing their coping skills and facilitating achievement of a new sense of identity.

Brandes, N.S., & Gardner, M.L. (Eds.) (1973). Group therapy for the adolescents. New York: Jason Aronson.

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LOVEIJ\ND-CHERRY, Carol; HORAN, Mary (Michigan U.S.A.)

Scoring Family Data: An Application with Families with Preterm Infants

For the most part, measures of family variables are obtained through assessment of individual members' perceptions of family concepts. Subsequent decisions regarding scoring of the data are major problems faced by researchers interested in family phenomena. In most cases, researchers ignore the issue of difference in units of measurement and fail to fully address the significance of creating a variable that operationalizes the collective group from data derived from individuals within the group.

The purpose of this paper is to examine alternative methods of scoring family measures based on data from the FACES III and the Feetham Family Functioning Survey (FFFS) for 110 sets of parents with preterm infants. The specific questions addressed are: 1) How do family cohesion, family adaptation and satisfaction with family relationships relate to measures of well-being in mothers and fathers of preterm infants? 2) How do these relationships differ depending on whether individual, mean or difference scores for the family variables are used? 3) What are the implications for interpretations of results relative to the different scoring methods?

As part of a larger, longitudinal study of the impact of parental and family factors on preterm infant development, data were collected from 110 sets of parents with preterm infants. Family measures included the FACES III and the FFFS. Parental well-being was measured using the Affects Balance Scale (ABS) and a single item visual analogue scale with the anchors "poor" and "excellent" asking respondents to rate their own health.

Individual scores for mothers and fathers were computed for the three family variables (cohesion, adaptability and family relationships) and the ABS. Next, family mean scores and difference scores were computed for each set of parents for each of the family variables. Bivariate correlations were calculated between ABS scores and the self-rating of health scores and; 1) the individual scores; 2) the mean scores, and; 3) the difference scores on the three family variables. Finally, the ABS score was regressed on age, self-rating of health, adaptability, cohesion and family relationship scores, using the three alternative methods of scoring. Separate analyses were run for mothers and fathers. Thus, three multiple regressions were run for mothers and three for fathers. The results are interpreted and discussed in terms of conceptual and substantial issues.

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LUNDEEN, Sally (Wisconsin U.S.A.)

A Collaborative Practice Model for Disadvantaged Urban Families

The scope of the problems facing disadvantaged families in this nation's urban centers demand radical solutions. New systems of service delivery must be devised which both improve access to existing resources and provide the case management services critical to improvement of the health status of families. Such new systems must focus on collaboration across systems and across disciplines.

This paper describes the process and outcomes related to the integration of nurse practitioner and community nurse specialist services into an existing community-based, social service agency. The model had resulted in a very comprehensive scope of services in one accessible location, thus improving access to health services for targeted low-income families in a subsidized housing project. Current services are briefly described and include health assessment, health promotion and education, screening, case-finding, referral and follow-up, home visiting and outreach, parenting education and support, counselling, tutoring, child care, employment support services, and emergency support services. An analysis of the current service delivery model as well as the type and frequency of interventions currently provided, and a demographic description of the client populations served will be presented. The advantages provided by such an interdisciplinary "one-stop shop" of services to a target population of multi-problem, inner city families are enumerated.

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LYNAM, M. Judith (British Columbia CANADA)

Helping Families to Rise to Challenges and Resolve Contradictions: How Can We Respond When a Young Adult Family Member has Cancer?

It is clear that families assume the major responsibility for providing support to, and caring for, a family member who becomes ill. Having a young adult family member develop cancer however, challenges many of the assumptions by which families operate. An example of such an assumption is that parents live longer than their children. The purpose of this paper is to examine the nature of the challenges faced by families and how the challenges are responded to when the "patient" is a young adult. The data which form the basis of the presentation were gathered in a study that focused upon the social relationships of young adults with cancer. Fifteen young adults who participated in a series of indepth interviews spoke at length about what enabled and interfered with their families' ability to provide them with the kind of support they needed as they coped with their illnesses. Although some of the families had great difficulty providing support, it was clear from the study data that support from family members was more meaningful than support from other sources. Cancer is seen by the young adults as posing a threat to their relationships with others, thereby potentially severing their sources of support. The young adults assumed a role of nurturing the relationships in order to maintain family ties and they acquired skills for managing the stresses of doing so at a time when cancer can be seen as having compromised their abilities to participate evenly in sustaining and maintaining their relationships with others.

The presenter takes the position that it is necessary to examine support within the context of the relationships from which the support is derived. We can then gain a clearer understanding of the importance of sustaining relationships, the stresses and strains of doing so, and can infer more clearly our role in care.

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Norbeck, J.S., & Tilden, V.P. (1988). International nursing research in social support: Theoretical and methodological issues. Journal of Advanced Nursing, 13, 173-178.

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LYNCH, M. Marcia (Massachusetts U.S.A.)

Fathers' Responses to Unplanned Hospitalization of their Children

This presentation will focus on selected findings about fathers' responses to unplanned hospitalization of their children. The data to be reported is part of a larger study for which the problem was to examine the relationships between mother and father perceptions of stress of the unplanned hospitalization of a child, family stress, and coping behaviors. The theoretical framework supporting the study was family systems theory and family stress and coping theory. The father sample consisted of 47 fathers of children hospitalized with an acute care problem not related to a long term condition or chronic illness. Instruments completed included a perceived stress scale developed by the researcher, the Coping Health Inventory For Parents (CHIP), and the Family Inventory of Life Events (FILE). Relevant demographic data were obtained. Data were analyzed using descriptive statistics and multiple regression. Two hypotheses related to the fathers were tested: 1) The greater the father's perceived stress, the lower will be the number of his coping behaviors; 2) The higher the number of family life events (family stress), the lower will be the number of coping behaviors. Neither hypothesis was supported. However, 66% of the fathers rated the experience of the child's hospitalization as very stressful to extremely stressful. Analysis of the data through descriptive statistics and coding of qualitative findings generated information about the fathers' responses. Since many studies which have examined parental coping and response to child illness and hospitalization use the mother as primary respondent, this work is important in that data was collected from fathers. This provides an additional theoretical perspective of relevance to nurses concerned with promoting and facilitating family centered care. Approaches and actions used to enhance and encourage father participation in data collection will also be discussed.

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MACEDO, Alice (Quebec CANADA)

Nursing the Family System in Alzheimer's Disease

Alzheimer's disease has a potentially devastating effect on the family system. Each family member faces many losses throughout the progression of the Alzheimer patient's disease. Nurses can promote the family's healthy adaptation to this painful event by systematically assessing and intervening with the family system over time.

The proposed approach stresses the assessment of the structure, and development, the communication patterns, and the interactional patterns of the family using the Calgary Family Assessment Model as a guide. The nurse assesses the impact of the Alzheimer's disease on each family member and on the family system. The McCubbin & Patterson Double ABCX Model of family coping provides the structure for the analysis of the family's coping. Another component of the assessment is that of the family's social support resources: what they are; how they are used; and whether they are effective. The goal of family nursing intervention is to engage the family system in the process of maximizing its potential for healthy living. This is achieved by engaging the family in collaborative relationship, where the family is actively involved in defining and solving its concerns. Nursing interventions in this approach are directed at the family's cognitive, affective, and behavioral levels of family functioning. Nurses can effectively address such issues as the feelings of guilt and powerlessness, the behavioral problems associated with Alzheimer's disease, the understanding of the disease process, and the fear of institutionalizing the loved one. In this paper, a case illustration will depict a variety of strategies that can be used when assessing and intervening with the Alzheimer patient's family system. The evaluation phase of this approach takes place as the nurse and family jointly measure the outcome of the

family's efforts to meet their goals. The assessment, intervention, and evaluation phases are interrelated parts of an ongoing process. Ultimately, families who have coped effectively manage to evolve through the disease with sense of control over the disease's effects. These families describe their relationship with their ill loved one and with each other positively.

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Watson, W.L. (1987). Intervening with aging families and Alzheimer's Disease. In Families & Chronic Illness. Wright, L.M. & Leahey, M. (eds). Pennsylvania: Springhouse Corporation.

Wright, L.M., & Leahey, M. (1984). Nurses and Families: A Guide to Family Assessment and Intervention. Philadelphia: F.A. Davis Company.

MAGYARY, Diane; BRANDT, Patricia (Washington U.S.A.)

Patterns of Family Predictors Over Time: School Age Outcomes of Children Born Preterm

The purpose of this presentation is to examine the patterns obtained over time among family predictors and school age outcomes of children born preterm. The result of a longitudinal study of 68 children born preterm and their families will be used as the basis for this presentation. A related goal of the study was to determine the relative importance of family variables during early and late childhood for foretelling the child's developmental status at eight years.

Subjects in this longitudinal study were born prior to 34 weeks conceptual age and weighted from 840 to 2340 grams. Of the original sample, 77 % were followed from newborn to eight years of age.

Stepwise multiple regressions were used to examine the relationship between family predictors and a single outcome. Two clusters of family variables were used as the predictors relevant to this presentation: family interpersonal and family contextual. The best predictors from each cluster for each outcome were used in the regression equations. The family interpersonal cluster included measures of the mother-infant interaction and the home environment during the first two years of life, and measures of family organization, family relationships and the mother-child relationship at eight years of age. The family contextual cluster included family stress at infancy and eight years, and demographic variables: family social status at eight years, and mother's caregiving experience and educational level at child's birth. The child outcome variables were examined at eight years and consisted of: general intelligence, academic achievement, classroom behavior and behavioral problems.

The major patterns that emerged from the regression analyses indicated that the timing and type of family variable that remained in the optimal regression equation differed with each child outcome. Generally, family measures were significant predictors for child behavioral outcomes, but not for general intelligence and academic outcomes. For example, family stress measured at eight years and eight months of age were the significant predictors of school age behavioral problems. However, for academic achievement there were no family predictors at eight years in the regression equation and only the home environment at 24 months. Results for each child outcome will be described. Issues related to the selection of predictors, outcomes, measures and methods to improve prediction accuracy in future family research will be discussed.

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Magyary, D., Brandt, P., Hammond, M. & Barnard, K. (in press). School age follow-up of the development of preterm infants: Infant and family predictors. In M. Sigman (Ed), Advances in applied developmental psychology series: Low birth weight children. NY: Ablex Press.

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MALONE, Judy, A.; MAURIN, Judith T. (Utah U.S.A.)

Family Adaptation Across Chronic Illness

Chronic illness, mental or physical, is a family phenomena. This study (1) explores how individuals within the family, the patient and the family as a unit have adapted to the chronic illness, (2) compares the context and issues of family adaptation within the framework of a psychosocial topology of illness, and (3) examines the feasibility of studying the family as an intact group using a multi-method, multivariate, multilevel correlational design to describe the family's experiences. Five families with an adult son with chronic mental illness and five families with an adult son with a chronic physical illness will be compared. Using the T-Double ABCX Model of Family Adjustment and Adaptation as the conceptual framework, FACES HI, FAM-III, the Nottingham Health Profile, FILE, FIRM, the Progress Evaluation Scales, and semistructured interview, and a demographic questionnaire will be used to collect data. The significance to nurses is that this study bridges two perspectives of family adaptation (family therapy and family theory) and will provide guidelines for further research that examines the differences and similarities so that nurses can adapt interventions developed from either field of study to improve family-centered nursing care.

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Madison, WI.: University of Wisconsin-Madison.

Chilman, C.S., Nunnally, E.W., & Cox, F.M. (1988). Chronic illness and disability. Newbury Park, CA.: Sage.

Walsh, F., & Anderson, C. (1988). Chronic disorders and the family. New York: Haworth Press.

MARTELL, Louise K. (Oregon U.S.A)

Conflict in the Mother-Daughter Relationship During Daughters' Childbearing

The relationship between mothers and their daughters is one of the most enduring family bonds. Daughters' first pregnancy may be a marker event in this relationship. For example, in a study of adult daughters, Baruch and Bamett (1) found that daughters who have children had a different relationship with their mothers than daughters who were childless. These daughters stressed that the mother-daughter relationship changed before they reached 35 years of age. Psychoanalytic investigators (2,3,4) reported that pregnancy was a time during which pregnant women resolved conflicts from earlier in life with their mothers. To date, the mothers' perspective of conflict during daughters' childbearing has not been studied. Also the psychoanalytic perspective on conflict resolution may not be valid for contemporary pregnant adult women and their mothers. The research questions for this study are:

1. Does conflict between mothers and pregnant daughters decrease over the pregnancy?
2. Is change in conflict associated with changes in relationship quality between mothers and daughters over the course of pregnancy?

The strategies for data collection and analysis was based on Schaie's (5) cross-sequential design for studying developmental changes (Table). Data on conflict and relationship quality were collected from a convenience sample of 49 mother-daughter pairs with a 2-wave mail survey. Collection intervals were 8 weeks apart. The instruments are the conflict subscale from Tilden's IPRI (6) and the intimacy and attachment subscales from the relationship quality instrument developed by Thompson and Walker (7). The women were grouped into 4 cohort of nonpregnant daughter-mother pairs was included.

Data will be analyzed with a repeated measures MANOVA. The repeated factors are mother or daughter and Time 1 or Time 2 of data collection. The attachment, and intimacy. Age of daughters may be covariate.

The findings of this study will increase the knowledge base for family nurses in practice, education, and research with mothers and daughters as well as childbearing families.

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Ballou, J. (1978). The significance of reconciliative themes in the psychology of pregnancy. Bulletin of the Menninger Clinic. 42, 383-413.

Bibring, G.L., Dwyer, T.S., Huntington, D.S., & Valenstein, A.F. (1961). A study of the psychological processes in pregnancy and of the earliest mother-child relationship. The Psychoanalytic Study of the Child. 16, 9-72.

MARTIN, Myma (Alberta CANADA)

Externalizing the Problem: An Intervention With Child, Family and Larger Systems Levels

This presentation will explore the application of White's (1989) theoretical model of externalization by a Family Clinical Nurse Specialist with "multi-problem" families and a multi-disciplinary team composed of social workers, psychologists, child care workers and special education teachers. The setting is a day treatment program for children showing extreme uncontrolled behaviors, primarily of an acting-out nature. These behavior are commonly viewed as evidence of "bad" parents or a "bad" child or at least "bad" relationships within the family by both the family members and the professionals. This belief is held in spite of attempts at many systems levels to change these behaviors, often over a number of years. The children, age 6 to 14, are referred when their behavior can no longer be managed within the public school system.

Externalization of the problem is refreshing for the professionals as well as the members of the family who arrive at our program desperate and disheartened. This oppressiveness is lifted when family members are able to separate themselves and their relationships from the problem and join with our team in challenging the objectified or personified entity, for example, the notorious Mr. Trouble, who has been influencing them so unfavorably. Everyone involved is freed up to creatively and energetically reduce this influence and put the problem in its place. Space is open for alternative views of the child and the family to emerge at all systems levels.

A case study, developed through narrative, videotape and still photography modes will be utilized to demonstrate the process of externalization and the subsequent development of a new and more appealing story of the family's life and newly uncovered strengths. The key ideas and operationalizing techniques for assessment, intervention, maintaining and enhancing the new story will be outlined.

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Wright, L. and Leahey, M. (1987). Families and psychosocial problems: Assumptions, assessment and intervention. In Leahey, M. and Wright, L. (Eds.) Families and psychosocial problems. Springhouse, Perm.: Springhouse.

MENKE, Edna M; WAGNER, Janet, D. (Ohio U.S.A.)

The Health of Homeless Children and Their Families

Despite growing media coverage and increasing public awareness regarding the condition of homelessness, very little research has been done about the homeless. The research which has been generated has focused primarily on homeless adults. Statistics indicate that as many as 20 percent of the homeless are children living with their mothers; however, little research has focused on homeless children and their families. Homeless children are considered the fastest growing subgroup within the homeless population. The purpose of this study was to examine the health of homeless children and their mothers. The primary objective was to determine the mental health and developmental status of homeless children in relation to selected demographic and homeless variables. The other objective was to ascertain the health care practices and health status of homeless children and their families.

A descriptive cross-sectional research design was used to study homeless children and their families. Each child had to be between the ages of one month and eleven years of age and was living with their mother. No more than two children from a family were included in order to have independence of subjects. Subjects were obtained from shelters, soup kitchens, other agencies that assist the homeless, and referrals from homeless individuals. The sample was comprised of 250 children and their mothers. Data were obtained from both the mother and the child or children. The mother participated in a tape recorded interview, completed the SCL-90-R about her own mental health, and completed the Child Behavior Checklist for her child or children over two years of age. For each child under six the Denver Development Test was administered. Each child over eight years old participated in a tape recorded interview and completed the Kovac Depression Inventory. Several data analysis steps and techniques were used due to the complexity of multiple data collection methods. The data were coded according to predetermined procedures and tests for intercoder reliability were implemented. Data analysis is in progress and will be completed by June 1990. The findings of the study will be discussed and their implications for family nursing research and health care policy.

Bassuk, E.L., & Rosenberg, L. (1988). Why does family homelessness occur? A case-control study.

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Institute of Medicine (1989). Homelessness, health and human needs. Washington, DC: National Academy Press.

Kozol, J. (1988). Rachel and her children: Homeless children and their families in America. New York: Crown Publishers.

MOORE, Lucille; FULLER, Sara; LESTER, Jerry W. (Texas U.S.A.)

Descriptions of the Pregnancy Experience and Family Functioning for Women of Different Ethnic Origins

Exploration of the influence of ethnicity is important to nurses working with clients from diverse ethnic backgrounds in order to promote wellness and prevent illness and disability. Consistent with Leininger's conceptualization of nursing as a transcultural phenomena ethnicity must be considered, however, in the context of personal life experiences, the family, and other background variables. The research questions addressed by the study were: 1) does being Hispanic, Black or Caucasian explain significant amounts of the variance in how women perceive their pregnancies after taking into account other background characteristics? and 2) does being Hispanic, Black or Caucasian explain significant amounts of the variance in how pregnant women perceive their families after taking into account other background characteristics? Women (N=338) volunteered as subjects after the 33rd week of pregnancy. The mean age of the sample was 23.7 years and the mean educational level 12.2 years. Slightly more than half of the women were married (58.1 %), and about 50% were from families with annual incomes less than \$10,000. The majority (70%) of the women were pregnant with their first or second baby. Caucasian women comprised 51 % of the sample, and Black and Hispanic women 32% and 17%, respectively. Subjects responded to the Family Cohesion and Adaptability Scales (FACES III), a measure of perceived family functioning, and the Pregnancy Research Inventory (PRI) a measure of pregnancy perceptions. Both of these instruments have adequate validity and reliability for research and clinical purposes. For entry into a multiple regression (MR) analysis for each ethnic group, and particular ethnic group was recorded as '1' and the two other most represented groups as '2'. Other background variables, none of which were more than moderately correlated, were entered as one set in the MR analysis, and explained 5% to 10% of the variance in FACES III or PRI scores. After taking other background variables into account, ethnicity was found to make significant contributions to the variance in both the subjects' perceptions of family functioning (FACES III) and the psychological experience of pregnancy as measured by 2 to 4 subscales of the PRI. When ethnicity made a significant contribution, R² change varied between 1 % and 6 % depending upon the particular score. The following conclusions are derived from the findings: 1) being Black, Caucasian or Hispanic explained a significant amount of the variance in how women perceived their pregnancies using PRI scores as indicators; 2) being Black and Hispanic explained significant amounts of the variance in family satisfaction as indicated by FACES III actual-ideal discrepancy scores, but the actual-ideal discrepancy was greater for Black women and

lesser for Hispanic women; 3) ethnicity explained a significant amount of the variance in how women perceived their pregnancies and their families after taking maternal characteristics into account; 4) Black and Caucasian women differentiated themselves from each other as well as Hispanic women with regard to perceived health problems, desire for pregnancy, dependency needs, and maternal feelings. The unique perceptions of Hispanic women were noted in regard to lesser degrees of depression and withdrawal, and irritability and tension. Considering the findings of this study, maternal background characteristics should be considered in the provision of nursing care to childbearing women and families.

Freese, M.P., & Thoman, E.B. (1978). The assessment of maternal characteristics for the study of mother - infant interactions. Infant Behavior and Development, 1, 95-105.

Leininger, M.M. (1988). Leininger's theory of nursing. Nursing Science Quarterly, 1 (4), 152-160.

Olson, D.H., Russell, C.S., & Sprenkle, D.H. (1988). Circumplex model of marital and family systems: VI. Theoretical update. Family Process, 22, 69-83.

MORIARTY, Helene J; COTRONEO, Margaret (Pennsylvania U.S.A.)

Sampling Issues and Recruitment Strategies in Family Nursing Research

To family researchers working from a family systems perspective, measures from multiple family members are viewed as necessary to capture the complexity of family systems (Straus, 1964; Cromwell & Olson, 1975). Yet, obtaining data from multiple family members poses many methodological and pragmatic challenges. This paper will, first, describe the complexities of sampling in family research. It will then discuss strategies around sample recruitment; recruitment of special groups, training of data collectors, interviewer effects, and the reporting of response and refusal rates.

Emphases will be placed on recruitment strategies for families who are difficult to recruit or are underrepresented in family nursing research; families experiencing severe stressors or confronting sensitive issues (e.g., bereavement, physical or sexual abuse), lower socioeconomic status families, minority families, and families with nontraditional forms (e.g., single-parent, divorce, blended, and extended families). Examples of recruitment strategies will be drawn from previous research with these groups and from the authors' research with bereaved families (Moriarty, 1990), families involved in child custody disputes (Cotroneo, Hibbs, & Moriarty, 1991), and families with abuse (Cotroneo, DeFeudis, Moriarty, & Natale, 1990).

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Moriarty, H.J. (1990). The relationship of family cohesion, family adaptability, and time post death to parental bereavement reactions after the death of a child. (Doctoral dissertation, University of Pennsylvania). Ann Arbor, MI: University Microfilms International (No. 902662).

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MORIARTY, Helene (Pennsylvania U.S.A.)

The Relationship of Family Cohesion, Family Adaptability, and Time Postdeath to Parental Bereavement Reactions after the Death of a Child

The primary purpose of this descriptive, correlational study is to examine the relationship of family cohesion, family adaptability, and time postdeath to parental bereavement reactions after the death of a child. Olson's (1979) Circumplex Model of Marital and Family Systems provides the theoretical framework for this research. The study represents an attempt to extend the theory to a population of families experiencing a severe stressor. It also hopes to contribute to a family systems perspective of bereavement.

The sample consisted of 135 parents, representing 76 families, randomly selected from the population of families in the Philadelphia five-county area who have experienced the sudden, unexpected death of a child under age two. The majority (79%) suffered a child's death due to Sudden Infant Death Syndrome. The length of time since the child's death ranged from two weeks to two years. A stratified random sample with three time strata (less than 6 months postdeath, 6-12 months postdeath and 12-24 months postdeath) was drawn to assure equal representation of families along the continuum of time. Measures were obtained from two parents per family, except in the case of 17 single-parent families. Parents in this study were broadly defined as "the working parental unit—the significant parents to the child who had died" in order to allow for the diversity in family forms, particularly in poor, minority, and urban families. Data were collected in families' homes. The Family Cohesion and Adaptability Evaluation Scales (FACES III) was used to measure parents' perception of family cohesion and adaptability. The Symptom Checklist 90-R was used to measure the severity of parental bereavement reactions. Statistical procedures include descriptive statistics and multiple regression/correlational analyses. Data analyses will be completed by Spring, 1990.

Limited generalizability of the findings is a problem in parental bereavement research because most studies include convenience samples, which consists primarily of white, middle to upper class mothers, who are members of self-help groups. In contrast, the generalizability of this study's findings are broader, as the sample consisted of mothers and fathers, whites (53%) and nonwhites (47%), participants and nonparticipants of self-help groups, and all socioeconomic groups. The sample appears representative of the population in terms of race, cause of the child's death, and family income.

This research has potential to advance nursing's knowledge of the bereavement process. In addition, the identification of significant family variables related to management of the stressor of a child's death, through this research and continued work, will enhance nursing assessment and interventions with bereaved families and families encountering other stressors. For example, identification of family variables associated with poor management of stressors will allow nurses to identify high-risk families and to begin early interventions specific to the family system. Identification of family strengths that help families to manage stressors will stimulate nurses to develop more creative and more system-specific strategies to empower families.

Olson, D.H., Sprenkle, D.H., & Russell, C.S. (1979). Circumplex model of marital and family systems: 1. Cohesion and adaptability dimensions, family types, clinical applications. *Family Process*, 18, (1) 3-28.

MURATA, JoEllen (New York U.S.A.)

Stress, Conflict Tactics and Child Behavior in Black, Urban, Mother-alone Families

Although the female-headed, black, urban family has been repeatedly linked to child behavior problems and adolescent delinquency, the family processes related to child misbehavior have not been identified. The purpose of this study was to obtain information about family interactions of Black, inner city, mothers alone with their children in order to plan family nursing interventions for this high risk group. Within the family stress and adaptation (double ABCX) model, the relationships between family stress, mother's discipline style, her appraisal of stress and her son's behavior were investigated.

Teachers and administrators at an inner city elementary school referred "single" mothers of boys with classroom behavior problems to the study (n=23). During a home visit by the investigator, each mother who agreed to participate completed a series of standardized questionnaires which included Olson's FILE, Strauss' CTS, ISEL and Achenbach's CBCL. Each mother was reimbursed \$20 at the completion of data collection.

The nonparametric Kendall's tau B correlation statistic, analogous to Pearson's r, was calculated for the variables in the model. The results indicated that increased family stress was significantly related to mother's increased use of verbal aggression in the family. Mother's verbal aggression was significantly associated with her son's social withdrawal, depression, immaturity and somatic complaints. Mother's support in appraising family stress was strongly and negatively associated with her verbal aggression; however, no significant relationship was found between either family stress or son's behavior and appraisal support. Family stress accounted for about 25 % of mother's verbal aggression toward her son, while her aggression accounted for

about 17 % of her son's internalizing behavior. The greater the mother's support in appraising her situation, the less her verbal aggression in the family. A decrease of about 49% in mother's verbal aggression was accounted for by the availability of appraisal support.

The findings indicate that mother's verbally aggressive family conflict tactics can be modified by the availability of a person with whom she can discuss family stressors. A family nursing intervention which offers supportive counseling for the single, Black urban mother with family stress may decrease her son's social withdrawal, depression, immaturity and somatic complaints-behaviors which have been associated with adolescent drug abuse.

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Lavee, Y., McCubbin, H., & Patterson, J. (1985). The double ABCX model of family stress and adaptation. Journal of Marriage and the Family, 48, 811-825.

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MURPHY, Susan O. (California U.S.A.)

Integrating Visual and Verbal Data in Family Research

The complexities of family phenomena present special challenges to family nurse researchers. We are continually called upon to find diverse research strategies to address and contextual, interactive, and experiential aspects of families in health and illness. This methodological paper will demonstrate how multiple forms of family data were integrated in developing substantive theory concerning sibling relationships in families.

This longitudinal, qualitative family study focused on the development of sibling relationships when a new baby entered a family with a school age child. The primary research question was: How do sibling relationships develop between school age children and newborns in families and what factors influence that process? To be eligible for the study, families had to be experiencing a normal pregnancy and have a school age child over 5 years of age. Eight families with school age children were followed from the 9th month of pregnancy through the 24th month postpartum.

In order to understand the sibling relationship from the child's perspective as well as the parents, multiple forms of data were gathered, including: a videotape of the child's first meeting with the infant; videotaped observations of everyday family interaction; interviews with school age children; parent interviews; and children's drawing. Qualitative analysis (Strauss, 1987) was used to derive theoretical concepts and relationships from both the visual and verbal data. Analysis involved working back and forth between the various forms of data and the theoretical concepts. Comparisons were made within and across families over time.

Several patterns of sibling relationships were identified, including: "caretaker" siblings, "Buddy" siblings, and "Love-Hate" relationships. The findings indicate that both family conditions and individual characteristics appear to influence sibling relationship outcomes.

This research will be of particular interest to nurse researchers who are working with qualitative data from families with children. The use of visual as well as verbal data gathered directly from children is unique among family nursing studies. The author hopes that this paper will stimulate discussion about various methodologies for studying families with children. These findings are not yet ready for application to family nursing practice. However, if future studies corroborate these findings, they may help guide nurse in devising interventions to foster positive sibling relationships in families.

Gottlieb, L.N. & Mendelson, M.J. (1987, July). Patterns of adaptation in firstborn girls following a sibling's birth. [Abstract]. International Nursing Research Conference, July, 1987. Edinburgh, Scotland.

Kreppner, K., Paulsen, S., & Scheutze, Y. (1982). Infant and family development: From triads to tetrads. Human Development, 25, 373-391.

Stacker, C, Dunn, J., & Plomin, R. (1989). Sibling relationships: Links with child temperament, maternal behavior, and family structure, Child Development, 60, 715-727.

NELSON, Karen L. (Alberta CANADA)

Family Nursing Assessment and Intervention in a Public Health Setting

Public Health Nurses at Millboume Health Centre, Edmonton Board of Health, Edmonton, Alberta, Canada, provide a generalized public health program to members of the community across the lifespan. The program includes home visitation of parents with newborns; assessment, immunization and counselling to families and individuals in well-child clinics and schools; communicable disease follow-up; prenatal teaching; seniors' and bereavement visitation. The public health nurse has endless opportunity to interact with individuals, families and larger groups in everyday practice.

Improving the effectiveness of interactions with the public has been one goal of public health nurses at Millboume Health Centre, as they have developed family nursing assessment and intervention skills. By using nursing interaction effectively, the public health nurse enables the individual and family to develop their own strengths and resources, thereby promoting self-care and healthy environments.

Family nursing assessment and intervention will be presented within a public health philosophy demonstrated by case studies.

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OLSHANSKY, Ellen (Washington U.S.A.)

Married Couples' Experiences of Infertility

The purpose of this research project was to understand and explain how infertility influences a marital relationship. Research is sparse in this area of infertility, though Shapiro (1982) addressed variables that influence infertile couples' marriages. The research presented for this abstract provides additional understanding of infertility and marriage from the perspective of the couples who have experienced infertility.

Grounded theory methodology (Glaser & Strauss, 1967) was used in this study of 22 persons, including ten married couples, one married woman whose husband was unwilling to participate, and one widowed woman. Thirty in-depth, open-ended, semi-structured interviews were conducted, as each person was interviewed separately and eight couples were interviewed conjointly. Interviews were tape recorded and transcribed verbatim and constant comparative analysis guided data analysis.

Findings indicate that couples take on, to various degrees, an identity of their marriage as infertile. Some couples perceive infertility as consuming their marriages, whereas other couples view their marriages as "larger" than infertility. Several concepts provide explanations for why different couples perceive their marriages as more or less consumed by infertility. One is the concept of "taking on the problem of infertility," referring to situations in which one spouse or the other takes "responsibility" for the couple's infertility problem. Another concept is that of "matching" or "mismatching" as couples negotiate and make decisions regarding infertility treatments and options. A sub-concept of "matching" and "mismatching" is the meaning each spouse has of marriage, specifically the meaning of sexuality, parenting, and children within the context of a marital relationship.

This study has significance for family nursing in that nurses often care for couples as they undergo the transition to parenthood (Randell, 1989). Understanding impediments to this transition, particularly difficulty

becoming pregnant, deserves increasing attention as nurses become more involved in caring for childbearing families.

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PARK DORSAY, Jan (Ontario CANADA)

"But Nurse, the Pain is REAL": Family Systems Nursing Interventions with Families Experiencing Psychosomatic Problems

It has been estimated that a large proportion (possibly 50%) of persons seeking help for physical health problems, experience their health problems for reasons other than physical causes. The experiences of chronic pain, asthma, gastrointestinal disturbances, and headaches, in the absence of identifiable physical causes, are examples of a number of health problems which may be considered to be psychosomatic in nature. Psychosomatic health problems present a frustrating clinical situation for patients, families, and nurses involved in their care because (1) clear-cut answers about the causes of the problems are not available (2) a vast array of helping professionals, often holding conflicting opinions may be involved (3) usually effective interventions are not helpful. Family nurses are in a position to provide a significant clinical contribution to working with families experiencing these complex health problems. A family nurse's biopsychosocial perspective provides (a) a knowledge base which may be utilized to generate systemic hypotheses and interventions at the individual, family, nurse-family, and larger system levels (b) a comfort level in employing and understanding the language of symptoms, diagnostics, and treatments with families. Recommendations found in current family nursing literature (eg. Norfleet (1987)) that traditional, direct interventions be utilized in working with psychosomatic problems will be contrasted with the notion that indirect interventions are generally more helpful. A family organization, sensitive to challenges to their firmly held beliefs that the experience of physical symptoms are 'real', is the context in which psychosomatic problems frequently occur. An effective approach is one in which the nurse joins the family in the language of symptoms while simultaneously working to offer alternate perspectives to the problem. Indirect family systems nursing interventions which will be described include the use of questions as interventions, reframing, and the use of metaphor and rituals. Specific case material will be offered as examples to illustrate the use of family systems nursing interventions with families experiencing psychosomatic problems.

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PERIARD, Mary E.; AMES, Barbara; deLASKI-SMITH, Deborah L. (Michigan U.S.A.)

Care Giver Lifestyle Changes: Impact on Care Giver Strain

One of the most debilitating illnesses facing family care givers is that of cerebrovascular accident, commonly known as stroke. Ninety percent of stroke survivors have some discernable functional disability (Sacco, Wolf, Kannil, & McNamara, 1982). Although professionals can provide guidance and support with rehabilitation, ultimately the day-to-day responsibility falls to a primary care provider.

Previous research on objective factors impacting care provider strain have provided much information, but limited definitive findings. The findings of ecological study of stroke survivors and their primary care givers (Ames et al., 1989) raises the question of whether the number of required lifestyle changes could affect the level of care giver strain. This exploratory study investigates care giver lifestyle changes and their impact on care provider strain.

A convenience sample of twenty car providers of first time stroke survivors was obtained through referrals from hospitals, home care agencies and stroke clubs in a 60 mile urban/rural area. In-home interviews were completed using questionnaires that included a care giver strain index (Robinson, 1983). Other instruments included standardized and researcher-designed measures that dealt with each family, and data are both quantitative and qualitative in nature. All responses relative to lifestyle changes will be quantified and total number of perceived changes in care giver life-style determined. This will then be studied in relation to care giver strain index scores. Descriptive findings will be reported.

Results will provide initial information relative to the impact of total perceived lifestyle changes on care giver strain. This represents a new approach in the efforts to understand an ever increasing problem of complex dimensions. Results could serve to direct further research in the area of care giver strain. It could also provide helpful information for clinicians in their contact with care givers of stroke patients.

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PETERSON, Jane (Washington USA)

The Black Family: A Social Network Study

This paper seeks to demonstrate how social network and exchange analysis can be used to conduct research on the family. I conducted an intensive social network study of family organization in an urban black population from 1979 to 1980. Since then I have returned periodically to these families continuing with my research.

Ethnography was the primary method used to collect data. Three months after the study was started a structured questionnaire was developed which tapped at exchange resources within the family. The sample was self-selected. Anyone whom I met who was Black, owned their own home on The Hill and was willing to be studied intensively for one year was invited to become an informant. There were five key informants each representing a distinct family network. The five family networks totalled 330 individuals. Data were analyzed using traditional anthropological techniques of interpreting what was gleaned by participant-observation. Explanations offered by informants were analyzed in the context of all I knew about The Hill and its people. The limited quantifiable data, gathered from the questionnaire were used to illustrate points revealed in the analysis of the ethnographic material.

The findings of this research are a description of Black American families as portrayed by Black Americans. These findings address the structure of the family, values held by family members and the behavior of family members.

The significance of this study for family nursing is that it provided a method for uncovering meaning, cultural values, and behaviors of families that are distinct from those of the nurse. With this knowledge, nurses can provide culturally sensitive family nursing care.

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PHUPHAIBUL, Rutja (THAILAND)

Application of Orem's Self-Care Model in Thai Families

Emerging nursing models and theories resulted from the commitment of nurse theorists to the advancement of nursing science since the 18th century, from Nightingale's regime to present. Self care is a concept that presents its phenomena across cultures. As the Thai's National Health Policy has been focused on primary health care and self-reliance of the people, which ones are responsible for their own health. Thus, self care concept could explicitly be applied within the Primary Health Care approach to achieve Health for all by the Year 2000.

Orem's self care model is to descriptively explain self care as an essential function of humans in forms of deliberate action, learned behaviors, learned within the family and other social units. However, self care of a family could be explored to examine the essence of self care functions in Thai families. Particularly, the emphasis is placed on family's members as self care performers as well as dependent care agent to facilitate self care of family as a whole of its member.

There has been certain limitation of direct application of Orem's self care model in Thai families without modification. This presentation provides current views of application of Orem's self care model in family cases with critical evaluation, as well as discussion and recommendation for future application.

PHUPHAIBUL, Rutja; NONTTBUTRA, Kanitta; TUNGWORRAPONGCHAI, Jintana; PATTARACHIDA, Mareerat (THAILAND)

Industrialization and Changing Roles of Thai Women as Family Health Care Providers

This study is a comparative study to identify role changes of women of reproductive age as family health care providers. Subjects were 94 women of an agricultural village and 133 women of a newly industrialized village (gem-cutting) located in Nong-rue district, Khon Kaen Province in the northeast of Thailand. Data appraised in the study consisted of 3 parts. 1) Demographic data 2) Women's role data, and 3) Socioeconomic changes data. Additional data on women's attitude towards their present occupation were also contained. Method of data collection were interviewed.

Data was analyzed using two sample t-tests and Chi-square test. The findings reveal that women from both groups were primary health providers of family. They cared for the young and the old aged family members. Both groups maintained sufficient and long enough breast milk to their babies. The under one-year old baby had a normal growth rate. However, after the first year, their growth rate were not as normal. Particularly, the newly industrialized group reported illness more frequent than the other group. Even though the women in the newly industrialized group earned higher income, they found that their role as family health care providers decreased, due to time limitation.

Additional data on changing socioeconomic status and women's attitude towards present occupation showed significant difference between both groups. The newly industrialized group earned more money and they spent more on household appliances. It also found that they belonged to community groups as much as the other group. It also revealed significant differences between attitudes towards occupation between both groups of women.

POHL, Joanne M.; GIVEN, Barbara; COLLINS, Clare; GIVEN, C.W. (Michigan, U.S.A.)

Social Vulnerability of Daughters and Daughters-In-Law and the Impact of Parent Care

Theories of the impact of caring for elderly family members in the home have focused on how aspects of the situations and the patient are related to family caregivers' reactions. Fewer studies have examined the circumstances of the caregiver and, particularly, how the social vulnerability of the caregiver might exacerbate reactions to caregiving. Variables conceptually linked with social vulnerability, i.e. caregiver income, educational level, employment, marital status, social support, level of depression, and health, were used to predict three categories of caregiver burden (negative reactions, sense of family abandonment, and impact on schedule) in 172 daughters and daughters-in-law caring for their disabled aging parents. Depression was dropped from the final equation, as it was so overpowering in its prediction of burden. Social support, income, and caregiver health best predicted negative reactions to caregiving, the first burden category, while social support alone best predicted feelings of family abandonment, the second burden category. Level of involvement in care and social support best predicted impact on schedule, the third category of caregiver burden. Marital status, employment, and educational level did not contribute significantly to caregiver burden in this sample. In addition, differences between caregivers who quit work to provide care and those who did not were examined. "Quitters" described themselves as less healthy, had less education, lower income, were more depressed, more involved in care, perceived less social support, and overall experienced more caregiver burden than their working counterparts.

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PRJMOMO, Janet (Washington USA)

Chronic Illness Management and Family Context: Women with Diabetes Mellitus

On a daily basis, women with chronic illness must cope with complex treatment regimens and symptoms of illness as they try to integrate these demands into their personal and family lives. Family factors, such as family life stage and structure, may influence how women cope with and adapt to chronic illness. The overall purpose of this study was to generate knowledge about the family context in chronic illness management and the processes by which women manage and adapt to a chronic illness that mandates daily intervention.

A combined qualitative and quantitative approach was used. Standardized instruments were used to develop adaptive profiles. An interview guide was used to gather data from the women's perspective on the day-to-day management of diabetes and the family context. These tape recorded and transcribed interviews were used to identify patterns or styles of diabetes management. The patterns were linked to family life stage, family structure, and psychosocial adaptation.

Forty women with diabetes mellitus participated in the study. Their average age was 38 years. Most women were married with a school-aged child, moderately well education, middle to upper-middle class, and employed. Thirty-five of the women had insulin-dependent diabetes and the mean duration of illness was 13 years.

There was a great deal of variability in diabetes management styles and the family context associated with each style. Family was perceived as being both an anchor and barrier in women's illness management. Women whose style was most chaotic had few anchors in their lives such as family, were not employed, and had the lowest incomes of the sample. These women were anxious and depressed. Alternatively, women with a calculated but flexible style seemed to take control of their diabetes regimens and some were able to adjust their

regimens to accommodate the demands of family. Women with preschool children were found to have more illness-related family functioning demands than women in other family life stages.

This investigation contributes knowledge about the family context and the processes by which women manage and adapt to chronic illness. Nursing interventions that promote optimal adaptation must take into account the family context that influences adjustment.

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QUTNN, Maureen A. (Montana U.S.A.)

Relationship of Social Support, Family Functioning and Attachment Between Fathers and Handicapped Children

I. Specific purposes/objectives:

1. Present research findings through the framework of a parenting model as it pertains to a family with a handicapped child.
2. Identify specific behaviors between fathers and handicapped children that affect child development outcomes.
3. Identify issues in the involvement of fathers in early intervention efforts with their handicapped infants.
4. Compare findings between paternal and maternal interactions with their handicapped infants.

II. This descriptive research study will utilize a sample of convenience and purposes to determine the significant relationships, if any, that exist between empathy, perceived social support, and attachment between fathers and their handicapped infants. The sample will consist of volunteer father-infant dyads recruited from early intervention programs and parent support groups.

The fathers will complete two paper and pencil questionnaires, the Empathy Construct Ratio Scale (LaMonica, 1981) and the Personal Resource Questionnaire (Brandt and Weinert, 1985). A forty-five minute observation of the father and child interacting will be analyzed by the researcher using the Attachment-Separation-Individuation Scale (Foley and Hobin, 1981). The relationships will be analyzed utilizing the Pearson Correlation Coefficient, AND VA, and a Multiple Regression analysis.

III. Results - data collection is scheduled to begin in February.

IV. Significance to Family Nursing:

Identification of factors that affect attachment and interactions between handicapped infants and their fathers may provide further knowledge upon which family nursing practice may be developed. The importance of parental interaction for optimal child development is not disputed. It follows that attachment/interaction between handicapped infants and parents is especially crucial since optimal development for these children could have a profound effect on their quality of life.

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RANKIN, Sally H. (California U.S.A.)

Pitfalls, Problems, and Pleasures in Family Research

Nursing research which examines the family as the unit of analysis poses problems of a much greater magnitude than those encountered in research with individuals. This paper addresses common problems involved in data collection and their implications for data analysis. A method of examining the interdependence of paired couple data is presented based on the investigator's experience. The paper is based on the author's experience collecting data from families in which one member has experienced cardiac surgery.

Data Collection: The pitfalls involved in data collection from more than one member of a family are examined. Serendipitous data and its relationship to family research is reviewed. The influence of subject gender on family data collection is addressed. Suggestions based on the investigator's experience include strategies to maximize sample size and enhance return of data in longitudinal studies. Inexpensive and useful techniques for gathering sensitive qualitative data from family members are also discussed.

Data Analysis: Problems encountered in the analysis of paired couple data in longitudinal studies are considered from the vantage point of statistical analysis. Suggestions are made to maximize available data for analytic purposes.

Interdependence of Family Data: Data presented on a study of patients and spouses recovering from the stressor of cardiac surgery suggests the interdependence of family data and the power of family members to influence health outcomes. Congruence and incongruence in paired spousal data were examined. Findings revealed that the combination of congruence and positive, or high scores, on measures of family and marital satisfaction were likely to predict positive mental and physical health outcomes for patients.

Lastly, the unique role of the nurse researcher in collecting family data is discussed in terms of the nurse's role as supporter and comforter in family illness situations. Indeed, this unique role results in many of the pleasures of family research. Problems in separating the nurse and investigator role are discussed particularly as they influence intervention studies.

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RAY A, Afroditi (GREECE)

Family Care of the Elderly in Greece: Culture and Research

The paper aims at sensitizing and involving nurse in the family care of the elderly, by depicting one country's practices, that of Greece.

The problem of aging in Greece is growing. In order for one to understand aging in Greece, the speaker first highlights the cultural perspective formed by the ancient Greek philosophy and the Christian Orthodox faith of the Greeks. Secondly, the health care of the Greek elderly is discussed. Then, family attitudes and practices with reference to the care of the elderly is illustrated. And finally, nursing implications and challenges are drawn. When appropriate, available research findings are presented throughout the presentation.

In ancient Greece the elderly were respected, honored, protected and used socially for their wisdom, prudence, critical judgment and precious life experiences. In ancient Greek families and society whoever did not respect the elderly was considered to be an object of hatred and persecution by the gods, because negligence of the elderly was insulting to the gods. An ancient Greek law commands: No one should become a leader before having fulfilled his duty to his aged parents. Later on, the Christian faith emphasized reverence and care of the elderly and Saint Basil in Kaessaria founded the first geriatric hospital of the civilized world. The Greek Orthodox church plays a pioneer and leading role in the care of the elderly. In modern Greece, aging is not considered a disease, but a process with biopsychosocial development. Old people are not only worthy of respect, but also continue to be useful to the community.

The health status of the elderly is of primary concern, because of its implications not only physical but also psychological, social family and economic. Of the elder, 95 % live in their own homes but increasing disability obliges a number of them to be eventually accommodated in nursing homes and in general hospitals, because of the inadequacy of primary health care services, home nursing care and rehabilitation centers.

The dominating trend in Greece is to keep the elderly at home, in an open environment, within the neighborhood, in the community. For this reason, there have been developed special programs called: centers of open care for the elderly, throughout the country.

In all nursing educational programs, included the university program, the principles of gerontological holistic nursing care are taught, as well as relevant research studies are conducted in an effort to involve nurses in the family care of the elderly.

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REISS-BRENNAN, Brenda; OPPENHEIM, David; ROSS, Barbara L.; VOS, Betty; THOMPSON, Margaret L. (Utah U.S.A.)

Managing Difficult Families in a Nursing Practice: A Classification System of Family Relationship Patterns

The objective of this presentation is to describe a "Classification System of Family Relationship Patterns" that can be used in family nursing practice to diagnose and manage difficult families. The system was initially developed to understand and manage families in psychotherapy, but is more broadly applied to relationships between families and individuals in other helping roles including those which are not primarily psychotherapeutic (e.g., nurses, physicians, teachers, physical therapists). The classification system is particularly useful for treating families with children and adolescents, as it focuses on the development of close relationships from the beginning of life.

The development and assessment of family relationship patterns is influenced by attachment, object relations, and family systems theories. We classify families and individuals by evaluating their relationship patterns across four domains: family engagement in helping relationship, therapist or health care worker's response to the relationship with the family, family history of relationships, availability and use of social support networks. The unit of analysis is the relationship pattern which remains consistent over time and shows congruent across the four domains. We have labeled the patterns we use One, Two, and Three. The three patterns will be described with clinical case examples.

These classifications have important ramifications for family nursing practice. We have found them to be useful in planning treatment and predicting difficulties in the families responsiveness to the treatment process such as duration of treatment, typical resistances and crisis, premature termination, health care worker's disappointment and acting out.

High agreement has been found among clinicians currently using the system in classifying families according to the three patterns by independently rating video taped family interviews. A more detailed reliability investigation is currently underway.

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ROBINSON, Carole A. (British Columbia CANADA)

Normalization: A Health Goal for Families Managing Chronic Illness?

In the management of chronic childhood illness, normalization has been viewed as a positive goal for families in that it encourages continual striving for the sick child to be "as normal as possible." Through earlier work, it has become apparent that this goal for the child often has a paradoxical effect on family life and functioning, that is, it is anything but "normal." As will, there is some evidence that normalization may do little to promote a healthy sense of self as different. Therefore, the intent of planned research is to do a secondary analysis of approximately 4,000 pages of interview data that were gathered primarily to illuminate health care relationships in the context of chronic illness but also were directed to explore the issue of normalization. The purpose is to gain insight into the meaning or normalization for both the family and the sick individual/child.

The data are comprised of repeated interviews with 73 informants (both sick individuals and family members) who were involved in the process of managing chronic illness. Following completion of the first round of interviews, questions were designed to guide the second round of interviews that included an exploration of the phenomenon of normalization from the perspective of these informants. Data analysis will be guided by the phenomenological paradigm of research methodologies.

It is anticipated that this study will give direction for nurses working with families who are managing the chronic illness of one of their members by providing some insight into the question of whether we are promoting health when we promote normalization.

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RYNERSON, Barbara C; FISHEL, Anne H. (North Carolina U.S.A.)

Interactions of Abusing and Non-Abusing Couples

It is well known that women choose to remain in abusive relationships for a variety of reasons. While less is known about men in abusive relationships, meeting dependency and control needs are often cited as binding factors. This paper reports a study of relationship issues, specifically dyadic adjustment and conflict tactics, among a group of court referred, abusing partners and a volunteer group of non-abusing couples. Scores on Spanier's Dyadic Adjustment Scale (including the four sub-scales of consensus, affectional expression, satisfaction, and cohesion) and the Strauss Conflict Tactics Scale, were used to determine patterns of interaction and negotiation. Data analysis is complete on abusive couples' dyadic adjustment, and mean scores indicate that both men and women (with scores of 89.7 and 85 respectively on a scale of 1-150) perceived low overall functioning of the relationship. Both also indicated low levels of satisfaction and commitment to the relationship. The women scored lower than the men on the extent of agreement on issues important to the functioning of the marriage, satisfaction with the level of affectionate behavior, and the extent to which the couple engaged in pleasurable, mutual activities. On the conflict tactics scale, both men and women scored relatively high on reasoning, indicating difficulty with conflict resolution. Data on the non-abusing couples are currently being analyzed. Comparison of the scores on abusing and non-abusing couples, will be made to determine where the differences lie, as a basis for nursing assessments of populations vulnerable to domestic violence and development of interventions to prevent or ameliorate domestic violence.

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SCHOFTELD, Ann (California U.S.A.)

Attachment as a Way of Coping with Widowhood

Purpose of Project: This study was designed to investigate attachments that the widowed use in their adaptation to life without the spouse. The U.S. Bureau of the Census, 1984, reveals that 50 percent of women 65 years and over and 12 percent of men of that age will become widowed. However, death and loss, and widowhood, are not only the province of the old. Although there are more widows in every age bracket, the average age of recent widows in this country is fifty-six years. In addition to coping with grief, the surviving spouse often has to cope with disruptions in financial security, social status, and primary support networks, and risk for deteriorations in mental and physical health. Attachment is important in facilitating the adjustment to grief. There are many objects to which attachment can occur, people being only one category. Attachments can develop towards such objects as things, places, ideas and belief, as well as to groups and individual people. The self is an object of attachment often overlooked. This study takes a comprehensive look at types of attachments used by the bereaved.

Methods: Using a cross-sectional approach the Kirschling Attachment Questionnaire was administered to three cohorts of twenty widowed subjects at 6 months, 1 1/2 years, and 2 1/2 years bereavement. Data on attachment was correlated with time and response to grief by way of the Grief Resolution Inventory, the Adjustment Scale, the Beck Depression Inventory, and the State-Trait Anxiety Inventory STAI (Form Y). Two way between subjects ANOVAs were conducted.

Results: Statistical significance was found for the following. Support from groups was important to the 6 month group. People were an important source of support for the 1 1/2 year group. Between the sexes, importance of people and importance of idea/beliefs were higher for females as a whole. For men there was an interaction between group and sex. At 6 months things/places were important for men, and thereafter declined to levels comparable to that of women. There were few differences among the groups in scores measuring adjustment to bereavement. A trend was noted that the 2 1/2 year group tended to be more satisfied with their support system than the other groups, perhaps indicating their adaptation to bereavement. Data seemed to indicate that while this sample reported the difficult issues unique and typical to the widowed, they coped relatively well throughout bereavement.

Significance: Often the family is called upon to provide the support of the widowed individual, at a time when members are dealing with their own feelings of grief. Using the findings in this study, nurses can help both the bereaved and the family to access resources. Types of supports might be increased or numbers of supports could be added, depending upon preferences. It is also possible to identify individuals that have few supports and so are at risk in grief. Many bereaved and their families are in need of such counseling.

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SELLECK, Cynthia; GORZKA, Patricia A. (Florida U.S.A.)

The Effect of Short-Term Intervention of Homeless Families

Homelessness is not a new problem in the United States; it is, however, a problem of increasing proportions and changing demographics. In fact, a growing number of today's homeless are families with children forced to live on the streets or find temporary shelter due to factors such as unemployment, eviction, domestic quarrels or abuse.

Not only are the homeless an understudied population, but the bulk of research to date has focused on specific subgroups such as the mentally ill or chronic alcoholics. This research proposes to study the homeless not only from the standpoint of the individual but also from the standpoint of the aggregate unit, the family. The model chosen to guide this investigation is one of enabling and empowering families. The purpose of this study is two-fold: (a) to describe selected psychosocial and physical variables in homeless individuals and families; and (b) to determine if short-term intervention programs targeted at homeless families effect a change in these selected psychosocial and physical variables.

A descriptive design will be utilized to sample 60 homeless families who enter an emergency shelter in Hillsborough County. Participants will complete Family Environment Scale (adult and child version), and the Parenting Stress Index. Selected health indicators will also be measured. Data will be collected upon entry into the program and again at 3 and 6 weeks.

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SHIAU, Shu-Jen; HUANG, P.L.; CHOU, C.F. (TAIWAN R.O.C.)

The Influence of a "Family Stress Management Group" for Schizophrenic Adolescents and their Mothers

Interest in the rehabilitation problem of schizophrenia and families' burden, the purpose of the study was to develop a therapeutic program of a "Family Stress-Management Group", and to evaluate the influence of the group on schizophrenic adolescents and their mothers. It was hypothesized that, in comparison with a control group, patients in the intervention group, would increase the daily life functions, mothers in the intervention group, would experience a decrease in the amount of distress and anxiety, and increase in their sense of well-being, and better problem-solving management, as well as better interaction between patients and mothers.

Subjects were recruited through the day-care rehabilitation unit of psychiatric department in National Taiwan University Hospital; 10 subjects (5 patients and their mothers) participated in the intervention group and another 10 subjects (patients and mothers) served as matched controls using a stress-coping framework, the "Family Stress-Management Group" consisted of 12 weekly sessions, each 1 and 1/2 hours long. The content included information, support, problem-solving method, and relaxation skills. The nurses assumed a didactic, supportive, and consultative role rather than a strictly therapeutic role. The patients and their mothers were encouraged to express their own feelings and share their own ideas in this intervention group.

Both experimental and control subjects received pretest, post-test measures (at the end, and 3 months after the intervention). The measures included: 1) two semi-structure questionnaires evaluated the mother's past exposure to a variety of stress about having schizophrenic sons and their coping method as well as how efficiency of these coping methods from their own perceptions; 2) a 28-item questionnaire was to measure mother's coping method; 3) a 12-item Chinese Health Questionnaire was used to evaluate mother's health; 4) "Daily Life Function Assessment" evaluated patient's ability from nurse's and mother's perceptions; 5) "Maternal-Child Interaction Scale" assessment interaction between patients and mothers based on nurses's home observations.

Results of the influence of the "Family Stress-Management Group" are planned to be analyzed into two dimensions: the experiences from the group and the difference of maternal perceived stress, coping behaviors, maternal health status and patient's daily life function between the experimental and control group after the special intervention. These analysis will be completed at the end of August, 1990. The benefit of such a group, it seems a powerful & effective nursing therapeutic strategy of meeting the caring needs of patients & their families during the rehabilitation phase of the patient's illness.

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SHYU, Yea-Ing Lotus (TAIWAN R.O.C.)

The Primary Caregiver's Burdens of Dependent Elderly Persons in an Urban Community of Taiwan

Purpose: The purpose of this descriptive correlational study is to explore the nature of the family caregiver's burden in urban Taiwanese families who are caring for dependent elderly family members. Factors related to caregiver burden will also be studied.

In recent years there has been an increased incidence of disability in the elderly population in Taiwan. Due to the increasing pace of industrialization, family situations in Taiwan are also rapidly changing. Taiwanese families now have limited time and manpower to take care of their disabled elderly members. Understanding the impact of caregiving burden on family caregivers is essential for nurses in order that they can develop effective nursing interventions. Family caregiver burden is becoming a problem in Taiwan, however there are few studies on the burden experienced by family caregivers who take care of disabled elderly family members in Taiwan.

The conceptual framework of this study was developed and modified based on Zarit, Orr and Zarit's (1985) Determinants of Caregiver's Burden Model. The major concepts include: Self-care ability of care receiver, direct care tasks and strain from direct care, help from others, relationship between caregiver and care receiver, and caregiver burden. The measures include a modified version of Chiou, Lu, Hsu, Chen, and Liu's (1988) and Zarit, Reever, and Back-Peterson's (1980) caregiver's burden scales; Chiou's (1987) Self-Care Scale of the Aged; and a modified version of Archbold's (1989) Direct Care, Strain from Direct Care, and Help from other People scales. The hypothesis for this study was that there would be a stronger relationship between strain from direct care, relationship between caregiver and care receiver, and help from other people with caregiver burden than between care receiver's self-care ability and direct care receiver, and help from other people with caregiver burden than between care receiver's self-care ability and direct care tasks with caregiver burden.

Fifty-six family primary caregivers of dependent elderly persons from the urban areas of a northwest city in Taiwan were asked to participate in a one-time face-to-face interview. The interviews were conducted through home visits from local health stations.

As predicted, caregivers who had more strain from direct caregiving tasks had significantly higher caregiver burden than caregivers who experienced less strain from direct caregiving tasks. Also as predicted, self care ability of the care receiver and direct caregiving tasks did not significantly correlate with caregiver burden. Help from other people and relationships of the caregiver and care receiver did not significantly correlate with caregiver burden, which was different from what was predicted. Significantly related caregiver characteristics that correlated with caregiver burden included subjective health and number of symptoms reported by the caregiver. The small and convenient sample is a limitation of this study. Given the findings from the current study, understanding caregivers' feelings toward caregiving tasks is important in order to intervene to decrease caregiver burden.

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SPERHAC, Arlene M.; BARTON, Sharon Jackson; HAAS, Sheila A. (Illinois U.S.A.)
Family Nursing Approach for a Clinical Ladder

The purpose of this project was to demonstrate how a clinical ladder for professional nursing fostered the growth of family nurses in a pediatric hospital. The clinical ladder outlined the development of skills necessary for a pediatric nurse to advance as a family nurse using a professional recognition system.

A model was developed that used the definitions of nursing, health-illness, client, and the environment. The definition of client was based on the definition of family as client. Care of the family was stressed in the specific criteria for each of the four levels of the clinical ladder. The levels of practice were defined based on increasing skill of the nurse in family nursing. The four levels were the family care nurse, family care coordinator, family care consultant, and family care specialist.

Studies in the literature support the need to expand the definition of the professional beyond that of "curer" to that of "a partner-in-care" (Hallburg and Little, 1989) for the family unit facing illness. Hardgrove and Roberts (1989) note that during hospitalization, staff can work with families to serve as an extended family, supporting and enhancing the clinical role, helping until the family recovers and can resume some measure of support for their child. However, lack of recognition for efforts to attend to families' needs or the lack of a systematic approach to the family as a unit of care are often the major deterrents to implementation (Geary, 1979).

The clinical ladder, implemented in September, 1989, provides recognition for nurses to practice family nursing. Nurses have been promoted to each of the four levels. Data were collected prior to implementation, and a follow-up study is in progress on the nurses perceptions of the clinical ladder.

This project is significant to family nursing because it provides a framework that defines levels of family nursing practice. The clinical ladder provides the opportunity for nurses to take family nursing models and theory into the practice arena. Family nursing is articulated in a synthesized applicable way that nurses can understand and apply.

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SPROTT, Julie E. (Arkansas U.S.A.)
The "Black Box" in Family Assessment: Cultural Diversity

Olson and his colleagues (1989) view extreme scores in dimensions of the Circumplex Model as "normal" if those scores reflect norms of the cultural group of that family. Though seeming to illustrate flexibility in assessment of families, on the contrary, this interpretation serves to treat culturally diverse family interactions and values as a black box. Two outcomes result:

1. Ignored is the need for development and application of other types of assessments that would be more revealing of the relevant functional and dysfunctional family behavioral patterns in culturally diverse families.

2. A Label that clearly reflects an aberrant pattern in the majority culture such as "rigidly enmeshed" is applied to "normal" families of minority groups, so that healthy patterns are given a negative connotation.

This paper focuses on the assumptions underlying context-free versus context-bound methods of family assessment, and applies findings from cross-cultural family and child development research to illuminate rethinking construction and interpretation of family assessment instruments.

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STETZ, Kathleen M.; HANSON, Wanda (Washington U.S.A.)

Perceptions of Caregiving Demands Over Time

It has been estimated that family caregivers provide as much as 80% of the home care needs required by older people. Nursing interventions to assist family caregivers to remain in their role and prevent negative health outcomes are critically needed. The purpose of this research was to identify caregiving demands experienced by spouse caregivers of persons with advanced cancer. Thirty-one spouses initially interviewed during the time they were caring for their partner in their home were contacted approximately 6 months post-death of the partner. Two research questions were proposed: 1. What do spouse caregivers view as having been the most difficult aspects of caring for a spouse with terminal cancer in the home?; 2. In what ways do the caregiving demands reported after the death differ from those reported at the time of actual caregiving? A mailed questionnaire was used to collect data from this study. The study instrument, The Caregiver Role Guide contained questions about the spouse's perceptions of the difficulties experienced in caring for a partner in the home, the coping strategies used and the positive aspects of being a careprovider. The mean age of the subjects was 65 years, with 23 wives and 8 husbands. Over 50% of the sample had an average household income of \$20,000 or less. Data analysis was conducted using content analysis techniques as outlined by Krippendorff (1985). This process involves unitizing, categorizing, coding and reliability assessment. Interrater agreement between two independent coder was 89%; corrected for chance using Scott's pi it was 86%. Categories of caregiving demands reported most frequently after the death of the spouse included: managing the physical care, alterations in caregiver's well-being, and constant vigilance. Each of these categories had been reported at the time of caregiving. Additional categories reported after the ill partner's death included: turning over control and challenged judgments. At the time of caregiving, managing the physical care was the most salient demand. After the death of the spouse what was remembered as most difficult was standing by and observing the slow deterioration of the ill spouse. In addition, two-thirds of the study participants reported "personal regrets" with respect to their experience. They reported they wished they had sought out additional resources and accepted assistance that was offered. Study findings suggest two important implications for nurses practicing with families in home care. First, clinicians must be careful not to limit their interventions to the primary demands identified by family caregivers; overtime the saliency of the perceived demands may vary. Second, clinicians need to introduce the concept of respite care early in the relationship with caregivers. It may be that the caregiver needs "permission" to have assistance, as receiving help may be perceived as a sign of weakness or failure.

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TALABERE, Laurel R. (Ohio U.S.A.)

The Effects of an Asthma Education Program on Selected Health Behaviors of School-aged Children Who Have Recently Had an Acute Asthma Episode

The purpose of this study was to evaluate the effects of an asthma education program on selected health behaviors of school-aged children who have recently experienced an acute asthma episode. Asthma is the leading cause of school absenteeism and a major source of disability in children. A literature review shows an increase in the prevalence of asthma and hospital admissions for asthma in this age group in recent years. Furthermore, there is an increased risk of hospitalization for children in lower socioeconomic groups due to irregular health care. A chronic health alteration and its management impacts the family unit, not just the client. School-aged children are developmentally and cognitively ready to assume an increased role in managing their own health. The concurrent development of mutually supporting child and parent knowledge, attitudes and behaviors increases the likelihood of positive change.

This quasi-experimental (pretest-post-test control group) study used a random block design to control for age, gender, and ethnicity. A convenience sample of 52 children aged eight to twelve years was obtained from the admission and emergency room rosters of a Children's Hospital. Asthma education, the independent variable, consisted of two one-hour teaching sessions conducted by specially prepared nurse. The lecture/discussion format was individualized to the needs of the child and parent. Questions were encouraged, and selected printed materials and props were utilized. Parents in both the experimental and control groups kept a three-month calendar diary to monitor the child's usage of medication, wheezing episodes, school absences, emergency care, and hospitalization. The child's knowledge about asthma and perceptions about responsibility for self health care was measured by two separate paper-and-pencil instruments at the point of entry into the study and again after completion of the three month parent diary. Likewise, at the same points in time, a questionnaire was given to the parents to measure their perceptions of their child's severity and frequency of asthma episodes and their child's maturity and independence. During the three month period of keeping a diary, each parent received a reminder phone call every two weeks from a research assistant. Upon completion of the study each child received a specially designed T-shirt and each child and parent in the control group received a complete packet of teaching materials. The data will be analyzed using the appropriate statistical tests for the ordinal and interval dependent variables.

The possible significance for family nursing lies in providing evidence that a targeted asthma education program may 1) reduce the frequency of hospital admissions, emergency care, and school absences; 2) increase the school-aged child's knowledge of asthma; and 3) produce positive changes in the perceptions of the parent and child about the child's asthma.

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TAPPEN, Ruth M.; DeSANTTS Lydia; BURKHARDT, Margaret; FOLDEN, Susan (Florida U.S.A.)

Haitian Immigrant Families: Definition and Function Within a Sociocultural Context

Care of recent Haitian immigrants has presented considerable challenges to biomedical providers in South Florida and throughout the United States. Poverty, language differences, racial discrimination, the ongoing

effects of stigmatization from their former classification as an at-risk group for AIDS, uncertain legal status and family members left in Haiti combine to place considerable strain on Haitian families.

An examination of the Haitian immigrant's concept of family was done in 1988-89 using a combination of qualitative and quantitative measures. Ethnographic interviews relating to their concept of that constitutes a well-functioning family and what they expect from their families were conducted with 76 immigrant parents (male and female) who had arrived in South Florida since 1980. Quantitative measures included sociodemographic data, Pratt's (1976) Energized Family Scale and Smilkstein et al's (1982) Family Apgar. A panel of experts in social anthropology and Haitian culture reviewed the questions for content validity. Pilot testing was also done. Interviews were conducted in Haitian Creole in the participants' homes.

Preliminary data analysis revealed that blood relationships and marriage are the primary boundary markers for family. Love and affection between mates emerged as a dominant theme. Members of well-functioning families are described as having loving attitudes, showing respect, having obedient children and "setting a good example" in the community. Members of dysfunctional families are "in trouble all the time" and find little understanding in their families. A second theme was concern about money. Family incomes are below the poverty level and financial problems place heavy demands on the majority of the families. Most felt they could rely on their family for support (described as help, sympathy and counsel), but emphasized that each family member has his/her own troubles to deal with.

The findings are further analyzed within the context of acculturation and socioeconomic factors. A cross-cultural perspective suggests that the family must be viewed within a number of more inclusive and abstract contexts, especially that of its culture (Schwartzman, 1982). The client's expectations of the family may differ considerably from those of the biomedical health care provider. Implications for transcultural nursing in relation to family health care will be discussed.

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THOMAS, Beryl L. (New Jersey USA)
Guardianship & the Vulnerable Elderly

A descriptive survey of 100 elders (60 plus) who have entered a guardianship system in an urban, medically underserved county in New Jersey, within the past 2-5 years, is in progress. The objectives are to identify variables which predict deterioration of the caregivers role and to identify circumstances which influence the entrance of elders into a court system. Records from the County Surrogate Court are being examined to collect the data which is then recorded on a questionnaire. Descriptive summary statistics to identify trends/patterns with cross tabulations will be utilized. If appropriate, Spearman Rho & Pearson Correlation techniques will be used. Since the structure and function of families change with time, this study will have relevance to the dynamics of role theory in family nursing.

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THOMAS, Robin B; BARNARD, Kathryn; SUMNER, Georgina (Washington U.S.A)
Family Nursing Diagnosis as a Framework for Family Assessment

Family centered care is a valuable tool for providing services for children and families. The health care and social welfare concerns we, as a nation, face today are family concerns. AIDS is a family concern, drug abuse can devastate families and it is not only individuals, but families that are homeless today. Virtually any individual we attempt to help belongs in a family. The foundation of family centered nursing practice is accurate family assessments. Nurses need to know what areas of the family are important to assess and how to assess families. The authors of this paper have identified five areas of family functioning, or family nursing diagnostic categories, that we believe are important to assess when working with families. These are based on the work of the North American Nursing Diagnosis Association (1989), the Handbook of Nursing Diagnosis by Lynda Carpenito (1989) and the Manual of Nursing Diagnosis by Marjory Gordon (1989). These diagnostic categories have been revised and redefined to reflect a positive rather than deficit model. Each family nursing diagnostic area is differentiated from those of Gordon (1989) and Carpenito (1989) while similarities of the three definitions are discussed.

The utility of family nursing diagnoses is limited without knowledge of appropriate assessment strategies and tools for family assessment. Like other forms of measurement, family assessment offers professionals information upon which to base decision making. Assessment also facilitates an understanding of the family's perspective of the provider's role, their goals and ideas about how to accomplish those goals, as well as their own assessment of their needs and resources. Clinical family assessment tools or strategies appropriate for assessing the family in each of the family nursing diagnostic categories have been identified. Several tools for each area will be discussed in this presentation. Suggestions for evaluating and selecting family assessment tools or strategies, and ideas for incorporating family assessment into practice will be offered.

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TRACY, Rita V.; SANDERS, Gyneth (Kansas U.S.A.)

Caseload Analysis of a Homeless Population: One Step Toward Family Health Policy

Society needs to decide what direction government should take in determining social policies for the poor. Current policies have been unclear. Failure to meet our current health care needs, let alone those of the future, will continue as we enter the 21st century. Nurses are in a unique role to view families and how policy actions affect them.

Meister (1989) suggests that nurses can play a role in shaping health policy through caseload analysis. An attempt will be made to apply caseload analysis to a small number of individuals and families as they seek primary health care at a nurse-managed clinic located at a community shelter for the homeless. Demographic characteristics and their associations with other systems and subsystems will be investigated.

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Meister, Susan Blanch, (1989). Family Health Policy: A Perspective on its Development and Trends for the Future. In Linda G. Krentz (Ed), National Conference on Family Nursing. Proceedings. Portland, OR: Oregon Health Sciences University.

TSE, Alice M.; PEREZ-WOODS, Rosanne; BARTON, Sharon Jackson; VELSOR-FREIDRICH, Barbara; GAMMERMAN, Susan (Illinois U.S.A.)

Quality of Life - Children with Hemophilia and Their Parents

Purpose: This pilot project, begun 7/1/89, is to investigate the quality of life of families of children with hemophilia.

Specific Aim of Study: This two group comparative study used an ecological framework to explore the quality of life of children with hemophilia. The specific aims of the study were: to determine the impact of diagnosis of hemophilia and possible HIV seropositivity on the family's physical and psychosocial functioning, to determine which provider interventions the family perceives as most helpful, to determine factors predicting a better quality of life in families and to provide an empirical basis for the development, modification or selection of appropriate programs of care for these families.

Methods Used: A longitudinal cross-sectional design with repeated measures is being used at two points in time. Thirty families have been enrolled from the hemophilia clinic population at Children's Memorial Hospital, Chicago. Thirty families with healthy children were matched (age) to act as a comparison group.

Instruments: The following instruments are being used: Signs and Symptoms Checklist, Child Behavior Checklist (Achenbach & Edelbrock, 1983), Quality of Life Index (Ferrans & Powers, 1985), Jalowiec Coping Scale (Jalowiec, 1988), Coping Health Inventory for Children (Austin & Patterson, 1987), Intervention Checklist, Children's Self Concept Scale (Piers & Harris, 1969), Child Attitude toward Illness Scale (Austin & Huberty, 1978), Family Environment Scale (Moos 1981), and the Interpersonal Support Evaluation List (Cohen, Mermelstein, Kamarck & Hoberman, 1985).

Data Analysis: The majority of the children in the hemophilia group were HIV seropositive. Responses on the instruments indicated that most families of children with hemophilia perceived themselves similar to the general population, yet children perceived themselves as being picked on more often than their healthy peers. Significant differences were found between responses of families with healthy children and families with children with hemophilia in the areas of family conflict and activities. Strong relationships were obtained between the quality of life rating and: 1) the child's behavior, 2) family conflict, 3) organization and 4) activities. These relationships were only present in families with children with hemophilia.

Significance to Family Nursing: The quality of life was similar for both groups, either because of an effective support program at the care facility or because no differences exist. Further intervention related research is strongly indicated.

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Ferrans, C.E. & Powers, M.J. (1985). Quality of life index: Development and psychometric properties. *Advances in Nursing Science*. 8, 15-24.

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VALANIS, Barbara; VOLLMER, W.M.; ETTINGER, K.M.; HOLLK, J.F.; HORNBROOK, M.C.; STEVENS, V.J.; WALL, M.A.; EISENBERG, J.D. (Oregon U.S.A.)

Strategies for Managing Children with Asthma

Asthma affects more than 3-5 percent of children in the United States, and exerts a significant social impact through its influence on school and work absenteeism and generates stresses on families related to uncertainty and perceived lack of control. Reports of increased asthma morbidity and mortality since the late 1970s, including a rise in hospitalizations among children, have prompted the development of asthma co-management programs targeted toward families of children with asthma. Typically consisting of a series of formally structured, behaviorally oriented class sessions, these programs have been shown to reduce health care utilization among high risk asthmatic patients. We describe and present preliminary process data from a

randomized clinical trial conducted in a large, group practice HMO (Kaiser Permanente, Northwest Region). Two hundred six-teen families with children aged 4-14 who have moderate to severe asthma have been randomly assigned to one of the three management options. The study is designed to determine the relative effectiveness of two distinct approaches to asthma co-management: an established class-format program (Open Airways), and 24-hours access to a specially trained asthma advice nurse in comparison with usual care. Families of children in the advice nurse intervention have an initial meeting with the advice nurse and the child's physician during which they receive a written management plan and discuss the role of the advice nurse. The advice nurse is intended to provide a predictable, accessible 24-hour liaison between the patients and their primary care provider so that, for instance, a burst of steroids may be started over the phone or the frequency of inhaled bronchodilators may be increased. In addition, the advice nurse supports the family through counseling the family to improve their knowledge of asthma and asthma management skills, providing an alternative means of delivering the information presented in the co-management classes. Presentation will focus on implementation and process measures associated with the two interventions, including type and frequency of phone calls to the advice nurse and evolving patterns of advice nurse utilization over time.

VAN RIPER, Marcia (Wisconsin U.S.A.)

Well-Being in Families that Include a Child with Down Syndrome: What are the Mediating Variables?

The purpose of this research is to identify variables that might differentiate those families who are adversely affected by the experience of raising a child with Down Syndrome from those who are not. A variety of theoretical perspectives (e.g. internal working models, stigma and deviancy, developmental perspectives, and symbolic interactions) will be integrated in an attempt to better understand and explain well-being in families that include a child with Down Syndrome. Approximately 90 parents of children with Down Syndrome will be included in the sample. The sample will be divided into three groups based on the age of the child with Down Syndrome: a) birth to 5 years of age, b) 6 to 11 years of age, and c) 12 to 17 years of age. A series of self-report measures will be used to assess parental perceptions of how other people (physicians, nurses, other children, and Society in general) respond toward the child with Down Syndrome and the perceived impact of these interactions on how parents define their situation (Impact of Social Responses Scale), family coherence (Family Coherence Measure by Antonovsky), and perceived quality of life (Quality of Life Index by Ferrans). A series of data analytic strategies will be employed to assess the data obtained in this research (e.g. MANOVA's, regression analyses, correlational analyses). Findings are expected to have significance for the design and timing of supportive interventions for families that include a child with Down Syndrome.

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VAUGHAN-COLE, Beth; PETT, Marjorie (Utah U.S.A.)

Patterns of Mother-Child Interaction

Mother and child interaction is a dyad of primary concern in understanding family behavior. The authors wish to present some of the results of their study of 200 mothers and their preschool children. The major objective of this research was to examine reciprocal patterns of mother-child interaction.

The present questions of interest to the researchers, are what are the patterns of reciprocity and dominance of control and support behaviors between divorced and married mothers and their preschool children? This research was supported by the National Institute of Mental Health. The subject dyads and their preschool

children were videotaped in their homes at the dinner hour. Two videotaping sessions were recorded. In addition to the videotaping and mothers and fathers completed paper and pencil questionnaires regarding social and psychological functioning.

Each videotape was coded according to a matrix of interacting control and support behaviors (see reference 1). One of the unique aspects of this study was the ability to enter the data in a time sequenced recording in a computer program which allowed the data to be analyzed for actual sequential behavior. The data are in the process of being analyzed, and will be completed prior to the date of the conference.

The presentation will discuss the findings regarding the following two hypotheses; 1) There will be a significant positive correlation between marital status, level of psychosocial functioning, family social status, age of the child, sex of the child being female and the number of significant others present during the interaction and the degree of reciprocity of support that occurs between mother and child. 2) There will be a significant negative correlation between marital status, level of psychosocial functioning, family social status, age of the child, sex of the child being female and the number of significant others present during the interaction and the degree of reciprocity of control that occurs between mother and child.

Pett, Marjorie A., Vaughan-Cole, B., Egger, M J. & Dorsey, P.R., (1988). Wrestling meaning from interactional data: An empirically-based strategy for deriving multiple molar constructs in parent-child interaction, Behavioral Assessment, 10, 299-318.

Wampold, B. E. & Margolin, G. (1982). Nonparametric strategies to test the independence of behavioral states in sequential data. Psychological Bulletin, 92, 755-765.

Wallerstein, J.S. (1984). Children of divorce: Preliminary report of a ten year follow-up of young children. American Journal of Orthopsychiatry, 54 (3), 444-458.

WALKER, B. Lee (Utah U.S.A.)

Patterns of Adjustment to Breast Cancer in Marital Dyads

Treatment for breast cancer affects not only the patient, but also those associated with her. This correlational study investigated factors within the dyadic relationship related to the adjustment of husband and wife following mastectomy and subsequent treatment. Specifically, the study investigated 1) reciprocity of support within the relationship, 2) communication, and 3) the child's perception of their ability to adapt to changes brought about by the illness as these relate to the psychological adjustment of both husband and wife. Two aspects of adjustment were considered: 1) fear of recurrence, and 2) general emotional distress.

Sixty women age 30 and over who had had a mastectomy and their husband responded to a survey questionnaire which consisted of demographic information, the Perceived Social Support—spouse questionnaire, the Adaptability subscale of FACES III, a communication instrument, the Fear of Recurrence questionnaire and the Profile of Mood States. The majority of participants were well-educated, middle-aged urban couples in long-standing relationships.

Analyses were computed separately for husbands and wives using couple scores on reciprocity and adaptability, individual perceptions of communication and selected demographic and illness-related factors as predictors of adjustment. When the influence of demographic and illness-related variables was controlled through hierarchical regression, reciprocity of support added significantly to the prediction of husbands' general emotional adjustment. Husbands' perceptions of frequency of communication about the mastectomy were the best predictor of their own and their wives' fear of recurrence, reflecting the interactive nature of the process of adjustment. Follow-up interviews to be conducted Summer 1990 will investigate patterns of communication that add to or detract from adjustment of these husbands and wives and identify interventions which enhance support within the marital dyad. This information will then aid in the design and implementation of the most effective interventions following mastectomy.

Lichtman, R.R., & Taylor, S.E. (1986). Close relationships and the female cancer patient. In B.L. Andersen (Ed.), Women with cancer: Psychological perspectives (pp. 233-256). New York: Springer-Verlag.

Friedman, L. C., Baer, P. E., Nelson, D. V., Lane, M., Smith, F. E., & Dworirin, R. J. (1988). Women with breast cancer: Perceptions of family functioning and adjustment to illness. *Psychosomatic Medicine*, 50, 529-540.

Northouse, L. L. (1988). Social support in patients' and husbands' adjustment to breast cancer. *Nursing Research*, 37, 91-95.

WARD, Debbie (Washington U.S.A)

Toward An Economics of Family Nursing

Unpaid work — much of the daily labor performed by women — has largely been excluded from traditional economic thought and practice. Thus work such as the care given to ill and dependent family members and friends, which I call Kin Care, is invisible in an environment that judges value by the present-day system of accounts. This invisibility leads to the perception that kin care, as opposed to institutional and/or professional care, is free. In most current cost comparisons of home-based and institutional care, home-based care is inappropriately favored so long as family members' (read women's) caregiving labor has no value. This in turn supports policy, in long-term care for example, which mandates kin care for those unable to afford alternatives and blocks the development of public supports for a wider range of care sites and practices. Such policy promotes gender-biased work structures, and concertizes double duty — work at home without pay plus paid employment — for women.

This presentation will acquaint family nurses with the economic issues in home-based care and enable them to illuminate those issues for public discussion. Examples of kin care situations are given in which the economic consequences are detailed. The effects of the economic perspective on practice as well as policy is discussed. Nurses who can add an economic perspective to their work with families are ideally placed to bridge the gap between the family and the public policies that constrain health care options.

Finch, J. & D., Groves, eds. (1983). *A Labour of Love: Women, Work and Caring*. London: Routledge and Kegan Paul.

Ward, D. (1991). Gender, time and money in caregiving. *Scholarly Inquiry for Nursing Practice*, 4(3): 223-236.

Waring, M. (1988) *If Women Counted: A New Feminist Economics*. New York: Harper & Row.

WATSON, Wendy (Alberta CANADA)

Innovative Interventions with Aging Families

The "senior boom" is here! With increasing frequency family members are seeking help for the problems of their elderly. The elderly's problems (physical/emotional) impact on the family and in turn are influenced by the family.

A critical question for nurses working with aging families becomes "How can I help them without making them helpless?" The purpose of this presentation is to provide some innovative answers to this question.

Videotape examples of the presenter's clinical work with aging families will highlight a family systems nursing approach which empowers aging family members and their relationships. Innovative interventions which draw forth aging family strengths, enabling them to solve their own problems, will be discussed and demonstrated.

Wright, L. M. & Watson, W. L. (1988). Systemic family therapy and family development. In C. J. Falicov (Ed.), *Family transition: Continuity and change over the life cycle*. New York: Guilford Press, 407-430.

Watson, W. L. (1987). Intervening with aging families and Alzheimer's disease. In L. M. Wright, & M. Leahey (Eds.), *Families and chronic illness*. Springhouse, PA.: Springhouse Corp., 381-404.

Watson, W.L. & Wright, L.M. (1984). The elderly and their families: An interactional view. In J.C. Hansen & E. Imber Coppersmith (Eds.), Families with a handicapped member. Rockville, Maryland: Family Therapy Collections, Aspen Systems Corporation, 75-88.

WEINERT, Clarann; CATANZARO, Marci (Montana U.S.A.)

The Impact of MS on Family Well-being

Purpose: Evidence from the literature and clinical arena substantiate that MS has a high risk of being a major stressor on the family system affecting many aspects of life including work, social identity, physical mobility, family and friend relations, and leisure activity. Previous research (____, 1978) indicated that the wives of men with M.S. reported feeling more isolated, having less opportunity for social interaction, and engaging in fewer group recreational activities than did men whose wives had M.S. This presentation will focus on the differences on the impact of the illness on family well-being between families in which the husband/father has M.S. and those in which the wife/mother has the disease. Factors which contribute to these differences will also be explored.

Methods: This presentation is based on a longitudinal study of 362 families living in 42 states. The sample consists of 101 families in which the husband/father has M.S. and 261 in which the wife/mother has the disease. A survey method employing well established measures was used to generate the data. Key conceptual sets in the larger study, from which this presentation will derive, include level of ability, stress, social resources, social support, individual functioning, and family functioning. Family functioning was assessed using the Family APGAR (Smilkstein, 1982), FACES III (Olson, 1985), and Family Adaptation (Spanier, 1976). For this presentation family functioning will be examined for similarities and differences between the two groups of families as well as exploring factors such as level of stress and social support which have a potential impact on how the family is able to manage under the pressure of a long-term disease.

Results: All data have been collected, entered onto the mainframe, cleaned, and preliminary analysis begun. Acceptable distribution of scores and alphas have been obtained. Preliminary analysis indicates that there is a differences between the levels of dyadic adjustment and selected aspects of family functioning between the two groups. Bivariate and multivariate techniques will be employed to explore these differences and to identify variables which influence these relationships.

Significance: Because gender differences in adaptation to stress are apparent it is critical to understand the factors related to these differences when planning nursing interventions with families living with long-term illness.

WHITE, Marjorie A. (Florida U.S.A.)

The U.S. Nordic Cross-National Research Project: Issues and Challenges

The purpose of this paper is threefold: 1) to describe the issues and challenges in a current cross-national nursing research project between the US and Nordic countries that begin in 1986 with the author as principal investigator, 2) to present the compelling reasons for replication research inherent in the project, as well as the problematic issues of validity and reliability, and 3) to identify mechanisms in place for nursing that foster replication research for the 1990's.

The Project: The project focuses on interaction between pregnancy, family dynamics, and infant temperament in the U.S., Iceland, Finland, and Denmark. Rationale in selecting families in these four countries is based on family structure, and philosophies of social status.

Major issues are: networking, communications, funding, and selected socio-cultural variables. Networking to acquire interested researchers was accomplished through personal contacts and through international conferences. A variety of communications methods assisted in establishing the necessary collegueship. Funding sources were acquired co-jointly.

Major challenges are: language, translation of instruments, and standardization of procedure. The double translation technique for instruments contributed to validity. Personal transatlantic visits and orientation of personnel were approaches used toward standardizing methods of procedure.

Replication Research: Among several points of justification, replication research addresses issues of universal health problems, the shortage of nurses, and theory building in nursing. Methodological issues including varying types of validity, and Type I - Type II errors loom as important considerations in undertaking replication.

Trends in Replication Research: Nurse researchers conducting clinical trials in nursing are providing leadership in replications. Organizational efforts are growing in number through university international programs, schools of nursing, international nursing and international nursing research organizations, and international nursing and nursing research journals. Several trends fostering replication are evident for the 1990's.

Connelly, C. (1986). Replication research in nursing. International Journal of Nursing Studies, 23 (1), 71-77.

Meleis, A. (1987). International nursing research for knowledge development. Western Journal of Nursing Research, 9 (3), 285-288.

Morse, J. (1986). Transcultural nursing research: Process, problems, pitfalls (pp. 61-75). In S. Stinson and J. Kerr (Eds.), International Issues in Nursing Research. Philadelphia: The Charles Press.

WINEMAN, N. Margaret; O'BRIEN, Ruth A.; NEALON, Nancy; KASKEL, Beth (Ohio U.S.A.)
Illness Uncertainty in the Chronically Disabled and their Family Caregivers

Primary responsibility for the care of the chronically ill falls on the family. In order to manage the chronic illness, both the affected individual and the family must come to terms with the "illness trajectory," described as the course and progression of the illness.. When the disability results from multiple sclerosis (MS), coming to terms with the illness trajectory may be uncommonly difficult because of the unpredictable nature MS. For couples, differing perceptions of illness uncertainty may lead to tension in the marriage, possibly resulting in dysphoria and family dissatisfaction. ^

The purpose of this research was to study the degree of congruence in illness uncertainty between marital partners and to explore its relationship to emotional well-being. Research questions included: 1. What is the relationship between the caregiver's and the disabled individual's perception of uncertainty? 2. Does the degree of congruence between the caregiver's and disabled individual's perception of uncertainty explain a significant portion of the variance in the caregiver's mood and family satisfaction? and 3. Does the degree of congruence explain a significant portion of the variance in the disabled individual's mood and family satisfaction?

A descriptive, correlational design was used. Data were collected from 61 married couples in their homes. Mean age of spousal caregivers was 55.1, and for those with MS, 54.4. Couples were married an average of 30.2 years, and those with MS were diagnosed an average of 17.3 years. Data were collected about illness uncertainty, mood, and family satisfaction from both partners. Information was also collected about the functional capacity of subjects with MS. Instruments included the Mishel Uncertainty in Illness Scale, the Kurtzke Incapacity Scale, the Profile of Mood States, and the Family Satisfaction Scale. The variable, congruence in the perception of uncertainty, was derived by summing the absolute differences between the caregiver's and the disabled person's scores on uncertainty scale items.

Results were as follows. The correlation between the spouse's and the disabled persons' perception of uncertainty was moderate ($r = .38$, $p < .01$). Spouses with more negative moods were likely to be caring for family members with severe disability ($r = .31$, $p < .01$) and to be perceiving more uncertainty ($r = -.43$, $p < .001$). Controlling for disability and caregiver uncertainty, congruence did not contribute to the explained variance in caregiver mood. Congruence, however, uniquely accounted for 9% ($p < .01$) of the variance in the caregiver's family satisfaction when age and uncertainty were controlled. For those with MS, congruence did

not explain a significant amount of the variance in mood or family satisfaction. The variable with the strongest relationship with mood and with family satisfaction, was the disabled person's perception of uncertainty ($r = -.63$, $p < .001$ and $r = -.59$, $p < .001$, respectively).

The study's significance lies in the potential to promote effective nursing interventions with both the caregiving spouse and the disabled individual in the future through the identification of two factors: illness uncertainty and congruence in uncertainty between the caregiver and family member, which may have deleterious effects, albeit different, on the marital dyad.

Corbin, J.M., & Strauss, A.L. (1984). Collaboration: Couples working together to manage chronic illness.

Image: The Journal of Nursing Scholarship. 16 (4), 109-115.

Ekberg, J.Y., Griffith, N., & Foxall, M.J. (1986). Spouse burnout syndrome. Journal of Advanced Nursing. 11, 161-165.

Yarcheski, A. (1988). Uncertainty in illness and the future. Western Journal of Nursing Research. 10 (4), 401-413.

WOODS, Jean H.; BROWNING, Marta J. (Pennsylvania U.S.A.)

Constructing Cross-Cultural Family/Nurse Partnerships

The purpose of this paper is to explore strategies which develop cross-cultural partnerships with families in attacking the health care needs of the urban poor. The objectives are to discuss the concept of racism, its effects on ethical commitment and its impact on the development of health care for urban poor families and to analyze strategies which develop cross-cultural family/nurse partnerships. A framework of family systems theory and empathy is used to explore the impact of issues like poverty, infant mortality, substance abuse and teenage pregnancy on poor urban families. What is shown is that racism calls into question the ethical commitment of caregivers to provide quality family care. In the context of exploring common misconceptions and erroneous assumptions of health care professionals, the authors demonstrate how cultural and racial health care groups misinterpret each other regarding the role each should play in addressing the remedying family crises. The tendency of white professional to define these health problems in "we, they" terminology, thus abdicating responsibility for solutions, is also examined. Cross-cultural family/nurse partnerships are proposed that, when approached with empathy, effectively develop strategies for shifting professional mind sets from the "we, they" framework to a "let's plan together" motif. Thus, the family systems framework shows how the interrelatedness of interacting systems can help all professionals assume responsibility for planning innovative solutions in collaboration with the families concerned. Elements of effective cross cultural partnerships which attach the problems listed above are discussed and implemented. The significance of this approach for nursing is it strengthens collaborative relationships across cultures among professionals and maximizes the strengths of families so they can assume responsibility for their own health and wellness behaviors.

Carey, R. (1989). How values affect the mutual goal setting process with multi-problem families. Journal of Community Health Nursing. 6 (1), 7-14.

Crawley, B. (1988). Black Families in a Neo-Conservative Era. Family Relations. 37, 415-419.

Goldrick, M. (1982). Normal families: Ethnic perspectives. In Walsh, N. (ED). Normal Family Processes. New York: The Guilford Press, pp. 399-420.

WRIGHT, Lorraine M. (Alberta CANADA)

The Non-Existence of Non-Compliant Families: An Introduction to the Ideas of Humberto Maturana

Non-compliant, resistant and unmotivated families are a source of challenge and frustration to nurses. In the nursing of families, expectations exist that families will comply to ideas, advice and directives that could help to promote health or manage an illness. Therefore, when families are obedient to nursing interventions,

nurses frequently interpret this behavior as a lack of readiness or an unwillingness to change. This linear view implies that problems with adherence to treatment regimens reside within families, not in the interaction or relationship between nurses and families. An implicit belief is that the process of changing behavior is often approached from theories of learning which involve instructive interaction.

However, if nurses adopt some of the ideas of Chilean biologist Humberto Maturana, such descriptions as non-compliance, resistance and unmotivated are questioned. Maturana offers a meta-theory of cognition which suggests that instructive interaction does not and cannot exist. It is proposed by Maturana that all living systems, including humans, are structurally determined systems. It is the individual's structure that determines change in his/her state or a change in his/her behavior. It is not nurses that determine or direct change.

The major concepts of Maturana's meta-theory of cognition will be presented. The profound implications of this theory for understanding behavioral change and what types of nursing interventions are most effective in the nurse of families will also be discussed.

- Dell, P. (1985). Understanding Bateson and Maturana: Toward a biological foundation for the social sciences. Journal of Marital and Family Therapy, *II*, 1-20.
- Maturana, H. (1978). Biology of language: The epistemology of reality. In G. Miller and E. Lenneberg. (Eds.), Psychology and Biology of Language and Thought, (pp. 27-63), New York: Academic Press.
- Maturana, H., & Varela, F. (1987). The tree of knowledge: The biological roots of human understanding. Boston: New Science Library.

ABSTRACTS OF POSTER PRESENTATIONS

ALLEN, Joyce K.; MYTON, Catherine L. (Indiana U.S.A.)

Families of the Client with Dementia: Implications for Care

This two year study investigated the relationship between organic mental impairment as measured by the Bender Gestalt Test (BGT), the extent and progression of self care deficits, and the impact of dementia on the client's family and care givers.

Twenty four demented subjects from Midwestern day care centers and nursing homes were selected to participate in the study. A comparison group of 40 normals were randomly selected from personal referrals and community agencies. Individuals with other coexisting psychiatric diagnosis were excluded. The family member responsible for care was interviewed to determine the client's self care deficits and the impact of this illness on the family. If the client was institutionalized during the study, nursing staff as well as the family member was interviewed. The BGT was repeated after one year to examine disease progression.

Statistically significant relationships were found between perceived severity and self care deficits, and between the BGT scores and self care deficits. Clinically useful themes emerged from the interviews with the family care givers as well as the finding of an average 18.6 percent progression in self care deficits each year. Specific supports needed by families of the demented client and implication for providing care are discussed.

Jarvick, L.D. (1980). Diagnosis of dementia in the elderly: A 1980 perspective. In C. Eisdorfer. Annual Review of Gerontology and Geriatrics. New York: Springer.

Omar, D. (1980). Nursing: Concepts of Practice. 2nd Ed. New York: McGraw Hill Book Co.

Simon, R.J., Kuriansky, J.B., Fleiss, J.L., and Gurland, B.J. (1976). Pathways to the hospital for the geriatric psychiatric patient in New York and London. American Journal of Public Health. 66(11): 1074-1077.

BALDWIN, JoAnn; SCHAFFER, Susan (California U.S.A.)

The Continuing Case Study: A Method of Teaching Family Nursing Concepts

Nursing has long-recognized the value of family-centered nursing care. Thus, as a major theme in nursing education, family nursing content should be introduced early and built upon throughout the curriculum. The Continuing Case Study (CCS) is a teaching strategy designed to illustrate family concepts and provide a content for theory application, while highlighting essential elements of the family, such as continuity, growth and change.

In a pilot study, a fictitious multi-generational family was introduced to sophomore nursing students to familiarize them with a case of characters that would be used throughout the academic year for analysis and application exercises. Family members represented a variety of ages, roles, education levels and cultural backgrounds. The students were provided with an initial family description, which served as a point of departure for future case study development. As the semester progressed, faculty focused on individual and family responses to changes in health to emphasize class objectives. Over time, these case study characters continued to react and interact in response to various acute and chronic illnesses.

In addition to illustrating classroom content such as professional ethics and applied nursing theory, this on-going family case study was used successfully in the physical assessment laboratory. In this setting, students practiced interviewing techniques, with family assuming the roles of family members with various health complaints. With their comprehensive knowledge about the family, students were able to achieve relatively sophisticated insights regarding the health of individual persons existing in a family content. In a follow-up evaluation of the CCS strategy, students acclaimed its overall effectiveness in teaching family nursing concepts.

The continuing case study goes well beyond the conventional case study approach, in that it, 1) focuses on human responses to changes in health over time, and 2) emphasizes the interactions of family members in the context of health. It is potentially useful at all levels of the nursing curriculum and could be adapted to meet a wide variety of educational objectives.

Baldwin, J. & Schaffer, S. (1990). The continuing case study. Paper accepted for publication in Nurse Educator.

Friedemann, M.L. (1989). The concept of family nursing. Journal of Advanced Nursing. 14. 211-216.

Ryden, M.B., et al. (1989). Multi-course sequential learning as a model for content integration: Ethics as a prototype. Journal of Nursing Education. 28(3). 102-106.

BANOUB-BADDOUR, Suzan (Newfoundland CANADA)

Family Synergism Towards Adjustment: A Nursing Strategy for Health Promotion of Children Diagnosed with Cancer and their Families

One of the challenges facing the Health for All by the Year 2000 movement is the need to "enhance people's capacity to cope with chronic illness" (Epp, 1986). Promoting mutual support among family members, or family synergism, is a major strategy to enhance the capacity to cope with childhood cancer. By definition, synergy is combined action. In family synergism, there is a special interaction of sick child, parents, siblings and grandparents, if available, so that the total family energy level for adjustment to the illness is greater than the sum of the individual energy levels.

Family synergism, especially when the child is being diagnosed with cancer, can provide a sense of stability that is a vital component in adjusting to the catastrophic event. In this context, family adjustment is defined as the period of time that is normally expected for a given family "to be able to incorporate management of chronic illness with other responsibilities." (Glazer-Waldman, Conatser and Fitch, 1989). Maintenance of a sense of stability - both "stability inside one's body and a sense of stability about the external world" (Ormstein and Sobel, 1987), needs to be promoted for the ill child and family. Stronger relationships within the family, both at home or at the child health center must be developed and maintained. As well, the family - both nuclear and extended, when feasible - needs to have stronger routines to organize the days and weeks ahead into predictable, persistent patterns so that the child could live in a quiet and secure environment as possible. It is expected that family synergism would hence act as a shock-absorber, providing time for healthy denial and hope, both factors needed for positive coping with the diagnosis of childhood cancer.

In the present paper, the experience of a nurse educator seeking to offer - in collaboration with a pediatric nurse coordinator and the rest of the health care team of a tertiary child health center - a complementary nursing intervention focussing on family synergism, will be presented. Attempts at designing and promoting family-tailored interventions to facilitate family adjustment to the child's diagnosis will be described. Problems and constraints encountered, and suggestions for a less frustrating approach will be addressed.

Epp, J. (1986). Achieving Health for All: A Framework for Health Promotion. Can. J. Public Health. 77, 393-408.

Glazer-Waldman, H.R., Conatser, C. & Fitch, S. (1989). A Scale for Identifying At-Risk Families in a Pediatric Setting. User's Manual, The University of Texas South Western Medical Center & Children's Medical Center of Dallas, Dallas.

Ormstein, R. & Sobel, D. (1987). *The Healing Brain*, New York, Simon & Schuster.

BASOLO-KUNZER, Mary; DIAMOND, Seymour, MALISZEWSKI, Michael; WEYERMANN, Lois (Indiana U.S.A.)

Family Transactional Patterns of Chronic Headache Patients

The purpose of this study was to describe the family transactional patterns of chronic headache patients and their spouses prior to pain control treatment. Relationships between the headache patients' pain symptomatology and family transactional patterns were investigated.

Minuchin's family systems theory of psychosomatic illness was the framework. Minuchin identified the following four transactional patterns of families with psychosomatically ill children who did not benefit from

conventional medical treatment: enmeshment, overprotectiveness, rigidity and lack of conflict resolution. In this study, family transactional patterns were assessed by the subjects answering self-report questionnaires measuring the four transactional patterns identified by Minuchin.

A survey design was implemented. The sample consisted of 117 chronic headache patients and spouses who had been referred by a physician to a pain management clinic. A control group of 108 married couples without chronic headaches was obtained from a university clinic. On admission to the pain clinic the headache patients and spouses were given the questionnaires by a staff member. The control group of 108 married couples without chronic headaches was obtained from a university clinic. On admission to the pain clinic the headache patients and spouses were given the questionnaires by a staff member. The control group were sent their questionnaires by a research assistant. All subjects mailed their questionnaires directly back to the researcher. The questionnaires included the following scales: the Dyadic Adjustment Scale, Enrich Subscales (Marital Satisfaction, Conflict Resolution and Sexual Adjustment), Family Adaptability and Cohesion Scale, Family Satisfaction, demographic questions, and questions pertaining to the patients' pain frequency, duration, intensity and disability. These scales assessed Minuchin's four transactional patterns observed in families with psychosomatically ill children.

Headache couples reported greater conflict resolution and differences in dyadic consensus, cohesion, affection and sexual relationships than controls. There were no differences between headache couples and control couples on family cohesion, adaptability, satisfaction, and marital satisfaction. Headache patients reporting greater dyadic adjustment were more likely to have continuous pain than those reporting less dyadic adjustment. Headache patient's pain per day correlated positively with greater family cohesion and adaptability. Headache patients' pain intensity was correlated positively with greater dyadic affection. The headache spouses' dyadic cohesion, affection and family cohesion and adaptability correlated positively with greater need for counseling than controls.

The study's significance to family nursing is that it supports the need for nurses who work with adult chronic headache patients to assess family interactions along with pain symptomatology. Differences in headache patients' and spouses' dyadic adjustment and sexual relationships may affect the headache patient's pain and its treatment. Headache couples who report a need for counseling prior to pain control treatment may benefit from marital counseling along with pain treatment.

Mmucchhin, S., Rossman, B., and Baber, L. Psychosomatic Families: Anorexia in Context. Cambridge: Harvard University Press, 1978.

Olson, D. Family Inventories. Family Social Science, 290 McNeal, University of Minnesota, St., Paul, MN 55108, 1985.

Spanier, G.B. Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. Journal of Marriage and Family. 1976, 38, 15-28.

BASOLO-KUNZER, Mary; DIAMOND, Seymour, MALISZEWSKI, Michael; WEYERMANN, Lois (Indiana U.S.A.)

Family Transactional Patterns of Chronic Headache Patients

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without chronic headaches was obtained from a university clinic. On admission to the pain clinic the headache patients and spouses were given the questionnaires by a staff member. The control group of 108 married couples without chronic headaches was obtained from a university clinic. On admission to the pain clinic the headache patients and spouses were given the questionnaires by a staff member. The control group were sent their questionnaires by a research assistant. All subjects mailed their questionnaires directly back to the researcher. The questionnaires included the following scales: the Dyadic Adjustment Scale, Enrich Subscales (Marital Satisfaction, Conflict Resolution and Sexual Adjustment), Family Adaptability and Cohesion Scale, Family Satisfaction, demographic questions, and questions pertaining to the patients' pain frequency, duration, intensity and disability. These scales assessed Minuchin's four transactional patterns observed in families with psychosomatically ill children.

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Minuchin, S., Rossman, B., and Baber, L. Psychosomatic Families: Anorexia in Context. Cambridge: Harvard University Press, 1978.

Olson, D. Family Inventories. Family Social Science, 290 McNeal, University of Minnesota, St., Paul, MN 55108, 1985.

Spanier, G.B. Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. Journal of Marriage and Family. 1976, 38, 15-28.

BEACH, Elizabeth; SNELSON, Catherine; PILNY, Charles; SUTHRINGER, LUTHRINGER, Lisa (Ohio U.S.A.)

Three Perspectives of Recovery Post Acute M.I.: The Patient, The Family and The Nurse

The PURPOSE of this study is to identify and compare definitions of recovery held by heart attack survivors, the family members, and Phase II Cardiac Rehabilitation nurses. SIGNIFICANCE Research on recovery from a heart attack has not lead to an agreed-upon definition of recovery. As health care cost continue to escalate, it is crucial that nursing professionals demonstrate that nursing care of the post heart attack patient influences recovery positively. To demonstrate the effects of care, accurate means are needed to measure recovery after a heart attack. METHODS Data will be gathered through the use of focus groups,. Three 10 members focus groups (1). a representative sample of persons who are 3 to 6 months post first M.I., 2). a representative sample of family members of heart attack survivors, and 3). Phase II Cardiac Rehabilitation Nurses) will be conducted in April, 1990 using focus group techniques described by Krueger, Richard A. (1988) & Morgan, David L. (1988). This method was selected because 1) it is an efficient way to collect a large quantity of rich data, 2) it avoids the possibility of losing subjects due to death or moving that occur with longitudinal studies, 3) it provides several points of view, and 4) it affords opportunities for an instant check on whether views are commonly held because people in the groups can immediately agree or disagree with each other. The data will be ANALYZED using ethnographic methods. The ethnographic method has been selected because it relies more on direct quotation from the group discussions rather than simply numerical descriptions

of data. Ethnograph 3 will also be used to analyze the data. During this presentation the perceptions of these three groups will be compared and contrasted and the process will be shared. Knowledge about patient, family, and nurse perspectives of "recovery" will assist family nurses to communicate patient progress in a meaningful fashion. This is also one step in the process of testing and theoretically validating the Myocardial Infarction Recovery Index (MIRT) developed by the principal investigator.

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BENNETT, Lora Ruth (Newfoundland CANADA)

The Lived Experience of Witnessing Marital Violence in Adolescent Girls: A Phenomenological Study

Family violence as a broad phenomenon has received extensive attention in the literature over the past decade. The focus of such research has been the more direct victims of violence, the women and children in these homes. More recently the child and adolescent witnesses of marital violence have come to the forefront. Generally research efforts that provide evidence of specific effects on children who have been exposed to this violence, have stressed the more visible behavioral effects. Few have explored how violence is experienced, particularly by adolescent girls in these homes. The purpose of this study was to gain an understanding of the meaning of the experience from the perspective of adolescent girls. The study included five participants between the ages of fifteen (15) and twenty-four (24) using unstructured taped interviews, and a phenomenological method of data analysis, (Giorgio, 1975). Validation interviews supported study findings.

Essential constituents of lived violence identified included feelings of fear, helplessness, and loss, a need to understand and "settle" the experience and evidence that violence as a phenomenon is experienced as a whole and has an impact on many aspects of family life. Implications of the findings focus on important aspects of assessment to take into account lived dimensions of the phenomenon, in order to determine both the immediate and long-term risk for mental health problems.

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BLECKE, Janalou (Michigan U.S.A.)

Variation of Children's Self-Care Health Behavior Occurring Within Differing Family Contexts

The effects of lifestyle on health and life expectancy are becoming increasingly well known and specific health practices are more and more prevalent in the population. There is growing evidence that children as well as adults can and do develop such health practices. Although a few researchers have begun to focus more specifically on children's health and health behavior, little effort has been directed toward identification of the contextual factors that potentially impact that behavior, especially those within the family. Qualitative and quantitative research addressed the basic question: How does the self-care health behavior of children vary within the context of the family? Based upon the qualitative research with one dual-career, middle class, two parent family with school-age children, family variables related to children's health and self-care behavior were identified, e.g., maintenance of structure and order in family life. Most variables identified related to other children's behavior also. For the quantitative research which is in progress these family variables were

conceptualized and operationalized according to the family typologies of the Circumplex and T-double ABCX Models (Olson, et al., 1979 & 1983; Olson, 1986; & McCubbin & McCubbin, 1987; McCubbin & Thompson, 1987). Children's health and self-care behavior was defined as knowledge and responsibility reflected in the initiation and performance of habits related to maintaining optimal health. Optimal health was viewed as an orientation toward wellness (versus disease avoidance) and the habits related to nutrition, exercise, rest/sleep, hygiene/grooming, dental care, absence of substance use, safety, relationships (family and other), stress management, and sexual maturity. Instruments specific to the models identified along with the Child's Health Self-Concept Scale and Children's Health Locus of Control instrument will be utilized to survey parents and children, grades K-6, in the elementary schools of a Michigan county. (Hester, 1984 & 1987; Parcel & Meyer, 1978). It was hypothesized that the children's health and self-care behavior will vary according to their particular type of family or family context. Given that this is supported, the results should provide additional information concerning these family context that will be beneficial to human service professionals and family life specialists who are dedicated to promoting the health and health behavior of children. For example, construction of assessments and/or pretests for children and families can incorporate inquiries regarding the children's health status and self-care behavior as well as operational factors in the family situation. Based on the data gathered, appropriate strategies for intervention such as education of children and/or families can be planned and implemented more effectively and efficiently.

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Model of family adjustment and adaptation and McCubbin, H.I. & Thompson, A.I. (1987). Family typologies and family assessment. In McCubbin, H.I. & Thompson, A.I. (eds.). Family Assessment Inventories for Research and Practice. Madison: University of Wisconsin.

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BLOCK, Miriam (Wisconsin U.S.A.)

Family Stress and Adaptation in Response to a Child Member Hepatic Transplantation: A Pilot Study

The retrospective, exploratory study will examine the effect of the transplant experience on family functioning up to two years post transplant. Specifically, the study will: (1) examine the effect of family characteristics on family functioning up to two years post transplant, (2) determine the relationship between uncertainty in family perception of stress, the severity of the child's illness and family adaptation following the transplant (3) determine the combined contribution of family characteristics, severity of the illness experience, and perception of uncertainty to family functioning. The independent variables include the constructed variables of family characteristics, the impact of the transplant event and family perception of uncertainty. The dependent variable is change in family functioning. The study will use a convenience sampling of parents, (N=41) whose child member has successfully undergone a liver transplant. Subjects will be recruited by an introductory letter and a follow-up telephone call from a list of transplant families supplied by the medical staff of Midwestern University Hospital. Qualitative and quantitative data will be collected from subjects who agree to participate using a semi-structured, open-ended family telephone interview and a mail response of standardized measure of family assessment. Data will be analyzed using multiple regression, the preliminary study is part of the first phase of a program of research; The Family Illness Impact Project, designed to contribute to family health theory in which the family is the unit of health care delivery during both acute and long term care. Preliminary results indicate that important factors in whether the transplant experience is ultimately destructive or growth producing for family life are; the quantity and quality of parental coping responses, the level of family internal cohesion, the length and severity by medical complications post transplant, and family ability to seek external support especially from other transplant families and from the health care community.

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BOMAR, Perri J. (California U.S.A.)
Health-Promoting Lifestyle of Childbearing Parents

There have been numerous studies on the social and psychological concerns of families, but there is dearth of literature and research that explores health- promoting behaviors and lifestyle of parents. The purpose of this study was to explore the differences in the health-promoting lifestyles of parents of infant, toddler, and preschoolers. Using the Health-Promoting Lifestyle Model (Pender, 1987) as a framework, the objective of this study was to determine if differences existed over time in the health-promoting lifestyles between parents who had completed a behavior change contract with a graduate family nursing student and parents who did interact with a family nursing student. The study design was a repeated measures over time design study using two groups of parents of young children. The recruited volunteer sample were 200 parents with children from birth to 5 years of age. The experimental group (n= 100) were parents who contacted with a graduate student in Family Health Nursing for a semester to evaluate thier health status and contract to make a change in a family health lifestyle bahavior. The control group (n= 100) were parents who did not interact with a graduate nursing student in family health nursing. Instrument used to collect data was the Health-Promoting Lifestyle Profile (HPLP) (Walker, Sechrist, & Pender, 1987). It is a 48 item instrument which uses a 4-point response format to determine health-promoting behaviors. The internal-consistency is high (Alpha=0.922). There are six sub scales (Self-actualization, Health Responsibility, Exercise, Nurtrition, Interpersonal Support, and Stress Management) which are reported to have high internal consistency ranging from Alpha = 0.702 to 0.904. Parents completed the HPLP three times in a six month period (one month, three months, and six months). Data will be analyzed using t-test and descriptive statistics. The health behaviors of parents are the helath promoting behaviors are passed on to the children. Therefore, findings of this study may provide data to enhance the knowledge of family nurses about the health-promoting lifestyles profile of parents with small children.

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BORDENICK, Stephanie (Maryland U.S.A.)
Assessment of Childhood Obsessive-Compulsive Disorder on a Pediatric Endocrine and Genetic Unit

In our current specialty-oriented hospital system, most mental health patients are treated on mental health units by nurses trained in this specialty. A recent study of Childhood Obsessive-Compulsive Disorder (OCD) was conducted at the National Institutes of Health, and the patients were admitted not to a mental health unit, but the pediatric endocrine and genetics unit. The purpose of this was not only to utilize available hospital space, but to provide the children with a more open, family-centered environment and an opportunity for socialization with their own age group.

Childhood OCD is very much the same as the adult form. As with adults, children usually have symptoms of obsessional thoughts together with compulsive rituals. Before the first children wee admitted, an in-service

was held with both the investigators and a psychiatric clinical nurse specialist to inform the staff about the disorder and the study. It was necessary to then look at each step of the nursing process as it related to these patients and families. One need identified and implemented was specifying the assessment done at the time of admission. In addition to the standard body systems and growth and development needs normally addressed, we included a more indepth sociological/psychological assessment. Planning by the primary nurse involved formulation nursing care plans developed from the indepth assessment, with a frequent diagnosis being alteration in thought processes related to rituals and/or repetitive thoughts. Nursing implementation included observing for rituals, providing emotional support during tests, teaching about procedures, and being available to listen. Evaluation of long-term goals was made difficult due to their short hospital stay, but we often received positive feedback from the investigators or the children themselves when returning for follow-up testing.

The outcomes of this project were twofold. The pediatric nursing staff was challenged to learn more about this disorder and how to provide nursing care specific to this patient population. The children and their families were also positively affected by a unit environment stressing family-centered care, and by the opportunity to meet other children with different chronic health problems as well as with OCD.

Any time nurses are challenged with caring for a patient with a disease new to them, it is necessary to learn more about it and specify the nursing process to meet their needs and those of their family. This project was a learning experience for all involved, and met those goals successfully.

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BOWEN, Sheila M. (Tennessee U.S.A.)

Intimacy and Generativity in on-time and Delayed Childbearing Women

Recent advances in contraceptive technology and medical science have permitted women greater latitude in choosing the age at which they initiate childbearing. As a result more women have decided to delay the onset of childbearing until well into their thirties. Very few studies, however, have examined the implications of delayed childbearing.

Recent evidence suggests that the age at which a woman experiences a first pregnancy may also be instrumental in the process of her adult development. This study attempted to identify characteristics related to Erikson's developmental stages of intimacy and generativity in on-time group and 39 women over age 30 in the late timing group. T tests for independent samples revealed no difference in intimacy scores between the two groups. Women under 30 had significantly higher generativity scores than women over 30. Demographically, the two age groups were similar to other studies of delayed parenthood in that the older women had more education, more second marriages, higher income, and more amniocenteses.

The results of this study suggest that the age at which a woman initiates childbearing may have developmental implications and that childbearing status may be an integral part of adult developmental models for women.

BRAGE, Diane (Nebraska U.S.A)
A Causal Model of Adolescent Depression

Depression is a major psychiatric illness in the United States and has long been the focus of psychiatric intervention with adult clients. Until recently, however, depression in adolescents had not been considered a serious problem. Researchers and clinicians now acknowledge that depression often occurs in adolescents.

Many health and family professionals suggest that a relationship exists among adolescent depression and family and personal factors, but what constitutes this relationship remains unclear. Effective prevention and treatment by family nurses requires identification of those factors that are important in the etiology of adolescent depression. Thus, the present study addresses the interplay between selected factors and their impact on adolescent depression. These factors include family strengths, parent-adolescent communication, self-esteem, and loneliness.

The purpose of this study is to determine how family strengths, parent-adolescent communication, self-esteem and loneliness are interrelated and how this interaction influences depression of adolescents in a midwestern state. The influence of age and gender on adolescent depression is also examined.

Questionnaires have been distributed to 250 adolescents between the ages 12 and 18 in several junior and senior high schools in a midwestern state. Parental and child consent were obtained prior to the completion of the survey instrument.

Data analysis is in progress. Reliability of the Center for Epidemiologic Studies Depression Scale for Children (CES-DC), Loneliness Inventory, Family Strengths Inventory, Parent-Adolescent Communication Inventory, and Self-Esteem Scale will be evaluated using the Chronbach's coefficient alpha. A correlational matrix will be obtained for the exogenous and endogenous variables. To further explicate the relationships among selected variables, a theoretical causal model will be tested via LISREL analysis.

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BRYKCZYNSKI, Karen (Texas U.S.A.)
The FNP: Nurse Practitioner for All Seasons

Our graduate nurse practitioner curriculum was revised to incorporate a family-focused, community-based clinical management sequence for all specialties. The objective was to produce a graduate with the combined knowledge and skill of the nurse practitioner and the community health nurse. In addition, all nurse practitioner specialties would continue to be offered along with a new family nurse practitioner specialty. The challenge was to problem solve regarding what family content and skills are needed by all specialties and where in the curriculum this content should be provided.

Initially, the three course clinical management sequence was developed with family concepts, theory, and skills provided as the foundation for establishing and maintaining a family perspective throughout the sequence. Specialty (other than family) students and faculty objected to the lack of attention to management of specific disease conditions and poor coordination of classes with clinical preceptorship experiences in the first family course.

In response to feedback, the sequence of the family course was changed from first to third. After an introduction to the overall family/community focus, the first two courses conceptualized the family as the context for health and illness. The third course presented the family as the unit of care. This family course provides the foundation for the two course sequence of community which is the culminating experience. The

significance for family nursing is that the family content and skills are proving to be necessary for all specialties and it appears that after a 1-2 year transition period, all the specialties will be subsumed under one family specialty.

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CARNEVALE, Franco A. (Quebec CANADA)

Children's Story Books as a Medium for Relating to Children

This report summarizes an initiative to incorporate children's story books into nursing practice at a children's hospital. Stories have traditionally assumed a number of important roles in every society. Children's stories that have evolved can help children discover the richness of their lives and the world around them. These stories have been captured in books through the creative blending of the written word and graphic illustrations. Story books address a variety of themes relevant to children encountering (1) normative developmental issues such as independence, power, relationships, family, courage, feelings, school, sexuality, a coping, as well as (2) themes related to health such as the human body, health behavior, nutrition, nurses, physicians, dentists, bed-wetting, loss, illness, and death. These books can assist nurses in enabling children and parents to address troublesome issues. Books designed for pre-reading children can also foster an effective interaction between a child and adult during storytime. The story permits a relatively non-threatening exposure to a metaphor on a significant life issue. The children can discover informational knowledge, a greater awareness of their perceptions and feelings on a particular issue, and ways of coping with specific problems. The use of story books is currently promoted within the nursing care of children and siblings followed by the Montreal Children's Hospital. Children's books have become an integral component of counselling for bereaved families. Families and nursing staff have reported a number of beneficial outcomes related to the use of children's story books.

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CHOPLIN, Barbara J., KASPER, Mary Ann; CLANCY, Barbara J. (Kansas U.S.A.)

Instrument Development: Early Postpartum Adaptation

The purpose of this research funded by NTH National Center for Nursing Research, was to develop and test an instrument, Early Postpartum Adaptation (EPA). This instrument was designed to assess the self-care capabilities of the early discharged family. Orem's self-care theory provided the framework for the research. Two descriptive studies were conducted that employed two independent samples of newly delivered, low-risk families. Study I (N = 150) developed and tested the EPA Instrument to assess the mother and newborn. Study II (N = 506) added the concept family to the instrument and established further the reliability and validity of the mother/newborn section. Instrument items were generated through review of literature and consultation with content experts. Content validity was determined by judicial agreement of experts. The EPA Instrument was pilot tested using 15 mothers prior to implementation of Study I and 48 mother prior to Study II. Subjects met established criteria and were discharged from one of four hospitals in three metropolitan areas within two calendar days post delivery. In Study I, and EPA mother/newborn section was administered in the home to 150

mothers 3 to 7 days post delivery. In Study II, 885 mothers were given a pre-addressed, stamped total EPA in the hospital. A telephone call was made to these mothers 5 days post delivery to remind them to mail the instrument. This resulted in a 65 % return rate as 574 mothers returned 506 usable instruments, which were completed by 10 days post delivery. Factors analysis was used to confirm the proposed dimensionality. The instrument development process resulted in two instruments with items within the factors that differed from families with first newborn and families with other children. Each of the identified instruments contains two sections: four mother/newborn dimensions and five family (with first newborn or with other children) dimensions. The total item pool was reduced from 105 to 70 items for the family with first newborn and 73 items for the family with other children. Cronbach's alpha was computed to establish internal consistency. Dimension alpha coefficients for both instruments ranged from .71 to .87. Section alpha and theta coefficients were Mother/Newborn .84, .90; Family with First Newborn .78, .88; and Family with Other Children .79, .86. The instruments appear to possess sufficient reliability and validity and to be efficient and simple to use, thus providing support for their usefulness as screening instruments for postpartum adaptation for both clinical and research purposes. With early discharge, care becomes the responsibility of the reproductive family. Health professionals need to assess critical areas of postpartum adaptation and the ability for self-care in the newly delivered family in order to provide guidance early in the adaptation process.

CLAWSON, Julie (Missouri U.S.A.)

Maternal Attitudes of Natural Mothers and Stepmothers

This replication study focused on stepmothers as part of the stepfamily system as defined by Satir. The purpose of this study was to compare maternal attitudes of natural mothers and stepmothers as measured by five scales of the Hereford Parent-Attitude Survey. These five scales from which the hypotheses were drawn include the Confidence scale, the Causation scale, the Acceptance scale, the Understanding scale, and the Trust scale. A demographic profile collected data included: age, race, highest level of education, marital status, attendance at parenting classes, occupation, spouse's occupation, number and sex of biological children with present spouse, number and sex of biological children with other spouses, number and sex of stepchildren, and length of time stepchildren were in their stepmother's home. Additional data were collected from stepmothers on expectations prior to becoming a stepmother, which stepmother role was chosen, the hardest part of being a stepmother, the greatest asset in present stepmother role, and the contributions made to stepchildren.

Twenty natural mothers from rural parenting classes completed the demographic profile and the Hereford Parent-Attitude Survey. Twenty stepmothers from rural parenting classes and an urban stepparenting class completed the demographic profile, the Hereford Parent-Attitude Survey, and the additional stepmother questions.

Statistical analysis was calculated by t-tests for each of the five scales of the Hereford Parent-Attitude Survey and thus addressed the five hypotheses. Analysis indicated only one significant difference, that being between natural mothers and stepmothers in terms of the Understanding scale of the Hereford Parent-Attitude Survey. This scale is concerned with mutual understanding between parent and child. Unlike the Willard and Gasser (1982) study, this replication study did not indicate a significant difference between natural mothers and stepmothers regarding the Causation scale of the Hereford Parent-Attitude Survey.

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COLE, Carol W.; HAMILTON, Anon* (Oregon U.S.A)

The Family Enhancement Program: A Multidisciplinary Approach to Treatment

The Family Enhancement Program is a multidisciplinary team composed of a Community Health Nurse, a Mental Health Counselor, Tri-County Respite (a child care service) and an Exchange Club community volunteer (parenting model). The target families are those that are at risk of child abuse and who would benefit from in-home intervention.

This paper intends to explore the effectiveness of this multidisciplinary team approach by comparing Family enhancement clients with a similar population taken from other Multnomah County Community Health client data files. We will compare using (1) Nursing diagnosis, (2) client acuity, (3) interventions, (4) length of service, (5) frequency of visits, and (6) outcome.

This comparison is meant to be descriptive of the Family Enhancement Program and provide a strong measure of effectiveness, but due to the multitude of variables does not constitute a strict scientific study.

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CORNMAN, B. Jane (Washington U.S.A.)

Female Adolescent Response to Childhood Sexual Abuse

Objective: The objective of this study is to compare sexually abused adolescent females with adolescent females who have not been sexually abused with respect to incidence of emotional disorders, somatic symptoms and overall adjustment.

Methods: The study is a descriptive design using multiple methods of data collection. Methods include interview questions, self report questionnaires and projective drawings. Instruments include the Signs of Stress Inventory (SOS), the SCL-90, a scale of psychological symptomatic behavior and the Kinetic Family Drawing (KFD-R).. The convenience sample of adolescent females between and ages of 12 and 17 includes 20 subjects from an adolescent clinic who have no known history of physical or sexual abuse. Having obtained the written consent of the legal parent and assent from the participating adolescent, a family demographics form is obtained from the parent. The adolescent is interviewed separately. The adolescent is given the two questionnaires to fill out, and asked to draw a family drawing. She is then asked a series of structured interview questions to determine the type and extent of sexual abuse experienced. Analysis of the results will include; 1) descriptive data based on demographics and responses to interviews and instruments, 2) T-tests and cross tabulations to compare abused versus non-abused groups and 3) Pearson product-moment correlations to explore the association between measures.

Results: The study is in progress. Expected date of completion is August, 1990.

Significance: The incidence of childhood sexual abuse has reached epidemic proportions. Many of the perpetrators are family members or a parent figure to the victim. Nurses in varied settings are in a position to identify, evaluate and treat the individuals and their family who manifest a wide range of sequelae to the abuse. This study extends our knowledge base of physical as well a psychological sequelae to childhood sexual abuse. The use of Kinetic Family Drawings provides a less threatening way for victims to express their view of family interactions. The long term goal is to use this information to develop strategies for assessment as well as intervention with this population.

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CRAWFORD, Elva L; McGREGOR, Leslie (SWITZERLAND)

Families and Nurses: The Two-Way Street to Mental Health Care

Nursing in a psychiatric emergency room provides a unique opportunity to observe a wide range of involvement of families with a sick member. Such involvement may range from one extreme of total abandonment to one of intrusive, controlling over-protectiveness and everything between. Of special interest are patients in regular follow-up but the family seeks help from the psychiatric team of the emergency room, not the regular treating team. The question is, "Why now"?

The literature suggests at least one factor is the discrepancy of values between the team and the family. The health professionals are concerned with "the illness", and symptoms representing disease while families are concerned with their "experience with the illness", that is, the day-to-day problems of living with a mentally ill member. As a result families become frustrated, angry, distrustful of the team and seek help elsewhere. If nurses are to make helpful interventions, we need a better understanding of such perceptions.

This paper proposes a project to do this. Immediately following an emergency room visit, a nurse would begin home care visits to the family. The theoretical assumption is that by allowing the family to articulate their anxieties, and how they "experience" those anxieties, it would allow an opportunity to provide knowledge about the illness, provide support to their caring in order to increase their confidence, in order to have constructive future reactions.

The belief is that by increasing the nurse's understanding of the family and the patient in their environment we could succeed in gaining collaboration to maintain patients at home with their families.

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DANFORD, Cynthia A (Indiana U.S.A.)

Spiritual and Moral Assessment of the Child: Is it Necessary?

A role of the child health nurse is to gather as much information as possible from the child and family so that a clear picture of the needs of both is evident and an effective plan of care can be developed. In caring for the well, acutely ill or chronically ill child, nurses have been successful in thoroughly assessing physical, developmental, and psychosocial needs. The missing link revolves around moral or spiritual assessment of the child and family. Moral and spiritual development, both closely related, may provide a foundation for care.

Cavalletti (1983) described morality as an orientation of the whole person in life. This orientation begins during infancy as the infant begins interacting with others. The responses he or she receives create a foundation for later childhood and adulthood. Spiritual experiences guide the child and strengthen the moral development. The love and support the child receives from the family and others guides and develops his or her ability to know right from wrong and good from bad.

The project in process involves testing the effectiveness of a tool to assess moral and spiritual development of the child. The tool, divided into two sections, involves questions related to morality and spirituality. Faith, hope, love, and forgiveness are components of spirituality which may be assessed through descriptions of

personal experiences. Questions evaluating moral development include differentiating between good and bad, right and wrong and identifying appropriate modes of discipline and praise from the child's perspective.

This presentation will involve discussion of theory supporting the need for such a tool and the benefits and risks in obtaining this information. Interaction between the presenter and the colleagues present will allow for further critique of this tool.

Spiritual and Moral Assessment of the Child: It is Necessary? Carson, V.B. (1989). Spiritual dimensions of nursing practice. Philadelphia: W.B. Saunders Company.

Cavalletti, S. (1983). The religious potential of the child. New York: Paulist Press.

Shelly, J.A. (1982). The spiritual needs of children. Downers Grove, Illinois.

DIMICO, Gretchen Stone (Washington U.S.A.)

Family Adaptation, Breastfeeding Practices, Duration and Quality of Breastfeeding Experience, Among Working Women

The primary purpose of this research is to study the effect of family adaptation on the duration and the quality of the breastfeeding experience among working women. This study also examines factors such as breastfeeding practices, length of maternity leave, and hours of work associated with duration of breastfeeding among women who continue breastfeeding after they return to work. The adaptation phase of the Double ABCX Family Typology Model developed by McCubbin and McCubbin (1987) was used to examine how families balance the crisis of a normative transition such as having a baby and the "pile up" of stress and strain with their resources such as financial resources, educational level, and level of family development.

This research, in process, uses an ex post facto, descriptive, correlational design. Data is currently being collected using three self-report survey instruments include the Family Inventory of Life Events and Changes (McCubbin & Patterson, 1987) which measures family stress and strain, the Family Inventory of Resources for Management (McCubbin & Comeau, 1987) which measure family resources, the Breastfeeding Experience Instrument a global measure of the quality of the breastfeeding experience. Subjects are also being interviewed to collect data about demographics, breastfeeding practices, and coping strategies used by the mothers who returned to work breastfeeding. The final report is scheduled for completion in May 1990 and will include information obtained from statistical analysis (correlations and multiple regression) of variables in the family adaptation model and the dependent variables breastfeeding duration and quality. The convenience sample of 60 families required that the mother was employed, had breastfed at least initially, and the infant was healthy and full-term at birth.

This is an important study, since working mothers often wean their infants before or soon after returning to work. There is little research available for understanding family adaptation during this stressful transition or for developing intervention strategies that can be used to help promote breastfeeding among working mothers.

Auerbach, K. G., & Guss, E. (1984). Maternal employment and breastfeeding: a study of 567 women's experiences. American Journal of Diseases of Children. 138 (10), 958-960.

McCubbin, H. I., & McCubbin M.A. (1987). Family stress theory and assessment: The double ABCX model of family adjustment and adaptation. In H. I. McCubbin & A. I. Thompson (Eds.), Family assessment inventories for research and practice, (pp. 3-34). Madison, WI: University of Wisconsin-Madison.

Morse, J. M., & Bottorff, J. L. (1989). Intending to breastfeed and work. Journal of Obstetric, Gynecologic, and Neonatal Nursing. 18(6). 493-500.

DANFORD, Cynthia A. (Indiana U.S.A.)

Infant Temperament: A Means of Evaluating Dissonance Between Parents and their Chronically Ill Infants

Developmental delay and physical underdevelopment are common in infants and children with congenital cardiac defects. Psychological and social factors may also play a role in contributing to performance deficits and in molding the behavior or temperament manifested by these children. This descriptive study was developed to assess and compare parent's ratings and impressions of cardiac infants' temperament as measured by the Infant Temperament Questionnaire (ITQ) by Carey and McDevitt (1978).

Identifying infants with difficult temperaments and/or families exhibiting dissonance in parent-child interactions is an essential part of nursing assessment. As a group, infants with congenital heart disease may be labeled as having difficult temperaments when compared with average infants. Assessing parents' reactions to their cardiac infants' temperament will assist the nurse in identifying dissonance which could lead to conflicts such as failure-to-thrive, child abuse, and developmental delay in the infant or child. Such assessment will also aid planning of appropriate nursing interventions to enhance parent-child interaction and to facilitate child development.

This researcher recorded the means, standard deviations, and frequencies of 24 parents' rating and impressions of the daily behaviors of their infants with congenital heart disease. Using the ITQ, results indicated that approximately one half of the parents rated their cardiac infants as having "more difficult temperaments" than the average healthy infant. In contrast, their impressionistic descriptions suggested that their cardiac infants' temperaments were "easier" than average children. Two parents had the impression that their infants' temperaments were more difficult than their ratings indicated, possibly putting them at risk for dissonant parent-child interaction.

Carey, W.B. (1981). The importance of temperament-environment interaction for child health and development. In M. Lewis L.A. Rosenblum (Eds.). The uncommon child, (pp. 31-55), New York: Plenum Press.

Carey, W.B., & McDevitt, S.C. (1978). Revision of the infant temperament questionnaire. Pediatrics, 61, (5), 735-739.

Gonzalez-Padro, I., Miles, M., Taylor, M., & Mattioli, L. (1981). Congenital heart disease: Developmental and neurological evaluation in preschool children. The Journal of the Kansas Medical Society, 3, 115-118.

DIMICO, Gretchen Stone (Washington U.S.A.)

Family Adaptation, Breastfeeding Practices, Duration and Quality of Breastfeeding Experience, Among Working Women

The primary purpose of this research is to study the effect of family adaptation on the duration and the quality of the breastfeeding experience among working women. This study also examines factors such as breastfeeding practices, length of maternity leave, and hours of work associated with duration of breastfeeding among women who continue breastfeeding after they return to work. The adaptation phase of the Double ABCX Family Typology Model developed by McCubbin and McCubbin (1987) was used to examine how families balance the crisis of a normative transition such as having a baby and the "pile up" of stress and strain with their resources such as financial resources, educational level, and level of family development.

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adaptation model and the dependent variables breastfeeding duration and quality. The convenience sample of 60 families required that the mother was employed, had breastfed at least initially, and the infant was healthy and full-term at birth.

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Auerbach, K. G., & Guss, E. (1984). Maternal employment and breastfeeding: a study of 567 women's experiences. American Journal of Diseases of Children. 138 (10), 958-960.

McCubbin, H. I., & McCubbin M.A. (1987). Family stress theory and assessment: The double ABCX model of family adjustment and adaptation. In H. I. McCubbin & A. I. Thompson (Eds.), Family assessment inventories for research and practice, (pp. 3-34). Madison, WI: University of Wisconsin-Madison.

Morse, J. M., & Bottorff, J. L. (1989). Intending to breastfeed and work. Journal of Obstetric, Gynecologic, and Neonatal Nursing. 18(6), 493-500.

DIPERT, Susan, M. (Ohio U.S.A.)

Family Perceptions of Nurse Caring Behaviors in the Neonatal Intensive Care Unit

Effective nurse caring behaviors are a requisite to neonatal nursing practice. Caring is the central component of nursing. Development of the concept of caring has moved forward over the past 25 years. Most of the reported research and caring concept development is adult oriented. Little information is published regarding caring behaviors in the neonatal intensive care.

Caring priorities in nursing are frequently minimized in deference to technological and scientific advancements. The "soft touch" of nursing care is essential to performing quality patient care. Perhaps there is no more appropriate milieu in the primary care setting to model caring behaviors than in the neonatal intensive care. Although this particular area utilizes the most advanced, state of the art technology to sustain the fragile lives of the neonates, nurses are highly visible and deliver patient care in a very specialized environment. The NICU, equipped with a multiplicity of technology, requires effective nurse caring behaviors to fully provide health care for the neonate. The relationship established with the neonatal patient and each family represent a vital aspect of total health care. The purpose of this qualitative research was to identify and describe family perceptions of important nurse caring behaviors in the neonatal intensive care unit (NICU).

Twenty-three families volunteering to participate after receiving a brief introduction to the research. All interviews were conducted in one health care facility: a 772 bed, inner city hospital in a large midwestern city. Interviews ranged from 20 to 90 minutes in duration and were collected over a four month period.

Fifteen areas of concern were identified by the families. Each area was analyzed for the frequency of responses. The most frequently occurring responses were: the family's orientation and first visitation to see their infant; limitations to touching or being with neonates; family comfort during visitation; and caring, supportive actions by the nurses. All families participating in this study expressed sincere respect and appreciation for the nursing care they received during the hospitalization.

Brown, L. (1986). The experiences of care: Patient perspectives. Topic in Nursing. 8 (2), 56-62.

Edwards, K.A. & Allen, M.E. (1988). Nursing management of the human response to the premature birth experience. Neonatal Network. 6, (5), 82-86.

Leininger, M. (1984). (Ed.). Caring: The essence of nursing and health. New Jersey: Slack.

DONNELLY, Eileen (Massachusetts U.S.A)

Frequency and Analysis of Family Nursing Diagnoses

The focal point for the development of nursing diagnoses to date has been on the individual client. There is an absence of discussion and research regarding nursing diagnoses that are applicable to the family as unit of service. There is a need to refine existing NANDA categories and to generate new diagnostic labels for the family.

This descriptive research analyzed the work of 19 community health nursing graduate students over three semesters. The diagnostic process was used with 27 families selected from various community agencies. Some families were formal clients of health care agencies such as visiting nurse associations. Other families had not accessed the health care delivery system and were involved in senior centers or child day-care centers. Selection criteria was based on convenience and voluntary participation of the families.

Data from home interviews, observations and theoretical concepts was analyzed in order to identify appropriate diagnoses. Common to all analyses was the application systems theory.

Conclusions of this research demonstrate that:

- 1) Existing diagnostic categories can be utilized and refined in order to provide effective family focused nursing care.
- 2) Nursing diagnoses emerged with greater or lesser frequency; one family focused category was not used at all.
- 3) The diagnostic categories that emerged with greatest frequency represent the basis for future research in this specialty.

Recommendations stress the need to further refine existing family related NANDA categories but also the need to generate new categories. There is minimal discussion about family nursing diagnoses and a need to strengthen the family focus in nursing at both the graduate and undergraduate levels.

GANONG, Lawrence (Missouri U.S.A.)

The Effects of Information About Patients' Family Structure on Nurses

Nurses' perceptions of patients may affect their performance in the nurse role. The general purpose of this project is to examine the effects of information on patients' family structure on the quality and effectiveness of nursing care. This project examines the effects of information about patients' family structure on how nurses (a) interpret patient characteristics and behavior, and (b) respond to patients. This project not only includes investigation of the presence of family structure stereotypes but also the pragmatic effects of such stereotyping on nurses' behaviors are being examined. Videotaped portrayals of patients and accompanying written information about the patients are used as stimuli. Two studies are being conducted. In each study subjects are given a written description of a patient prior to viewing a videotaped interview of the patient by a nurse. Written and video data presented are identical for every subject except that the family structure of the patient varies. Subjects are randomly assigned to one of eight family role conditions: married mother, married with no children, divorced mother, divorced with no children, unmarried mother, unmarried with no children, step-mother, remarried with no children. Subjects are given a brief description of a patient and a questionnaire asking for their first impressions. They are then shown a videotaped interview between a nurse and patient. After viewing the videotape, subjects respond to a series of questionnaires designed to measure: cultural stereotypes related to family roles, predicted patient behaviors, recalled information about the patient, and information sought from the patient. Subjects are also asked to identify further information they would seek if they were actually interviewing the patient. Finally, subjects are asked to role play an interview. They are instructed to verbally respond to a series of questions and statements made by the videotaped patient. Responses are audiotaped for later coding. In this analogue design, measures of nurses' first impressions of patients,

cognitive reconstruction of patient data, cognitive organization of data-gathering about patients, and verbal responses toward patients from different family structures are obtained. Data collection is not completed; results will be analyzed by May 1991. Data analyses will be a series of randomized block multivariate analysis of covariance tests. The findings of this study have important implications for patient care and nursing education.

Ganong, L. Bdek, V., & Manderino, M. (1987). Stereotyping by nurses and nursing students. Research in Nursing and Health. 10, 49-70.

Glanz, D., Ganong, L., & Coleman, M. (1989). Client gender, diagnosis, and family structure. Western Journal of Nursing Research. H, 726-735.

Siebert, K., Ganong, L., Hagemann, V. & Coleman, M. (1986). Nursing students' perceptions of a child: Influence of information on family structure. Journal of Advanced Nursing. H, 333-337.

GEDALY-DUFF, Vivian (Oregon U.S.A.)

Mothers' Management of Acute and Chronic Pain in Childhood

The purpose of this analysis was to compare two studies' findings for similarities and differences between mothers' experience in identifying and managing their children's acute pain (post-surgical pain) and chronic pain (juvenile rheumatoid arthritis) in nonlife-threatening situations. Using a qualitative design, a theoretical sample of seven mothers whose children who had a day surgery tonsillectomy were compared to ten mothers whose children were diagnosed with juvenile rheumatoid arthritis for one year or more. Four research questions were asked: 1) how do mothers describe their children's pain associated with a nonlife-threatening situation, 2) what feelings do mothers report as they manage their children's pain, 3) what roles do mothers perceive other family members have in the pain management, and 4) what factors do the mothers perceive as significant in helping them to manage a child's pain?

The total sample consisted of 17 families (46 interviews) who had two parents in the home, were Caucasian and English speaking, and whose targeted children were 4-8 years old (Piagetian intuitive cognitive age level). Constant comparative analysis indicated the following similarities: 1) use of behavioral and verbal cues as indicators of pain; 2) use of multiple pain interventions, both pharmacological and non-pharmacological; 3) uncertainty in assessing their children's pain; 4) fear of drugs compounded by trial-and-error tactics used in administering medicines. The following differences were found: 1) distinct patterns of pain; and 2) a "redefining of pain" in families coping with long term illness.

This analysis is part of a program of research designed to develop a model of family management of childhood pain. From a parental perspective there is a little research concerning childhood pain. Because the child is partially shaped by family, how families manage their children's pain is an important area of research. Families's conceptions and responses to illness and pain are relevant as researchers derive intervention models to treat childhood pain. Presently there is neither descriptive information nor an adequate theoretical model available.

Gedaly-Duff, V. (1990). [Family management of childhood pain. Phase 2: Families's experience in care of their children's repeated pain episodes associated with chronic illness such as juvenile rheumatoid arthritis.] Unpublished raw data.

Gedaly-Duff, V. (1989). Phase 1: Parents' experiences in home care of their children's pain associated with physical injury. Funded by Nurse Research Emphasis Grant/Nurse Doctoral Program at Oregon Health Sciences University from the National Center for Nursing Research (Grant No. 5R21 NR01489-02, Study No. 6). Portland, Oregon: Oregon Health Sciences University, Office of Research Development and Utilization, School of Nursing.

Rolland, J. (1987). Chronic illness and the life cycle: a conceptual framework. Family Process. 26, 203-221.

GELMANN, Gloria; GAGE, Rum B. (New Jersey U.S.A.)

Assessing the Needs of Well Siblings of Hospitalized Handicapped Children

Purpose: A study to investigate the nature of the impact of hospitalization of a handicapped child on well siblings. Few studies have considered family adjustment to the experience of coping with a neurologically/physically impaired child.

Method: The research design is an exploratory descriptive study to identify similarities and trends as well as differences in behaviors of well siblings of neurologically impaired children to explore specific needs of this population. Data was collected through the use of direct observations, behavior checklists and structured interviews of SO well siblings, age 5-16, from English speaking families, who are living in the home. The Achenbach Direct Observation Checklist was used to classify behaviors during interaction between the well and the neurologically impaired siblings. The Parent Observation checklist was used to determine the parent's perception of the well child behaviors and needs. A semi-structured interview between the investigators and the well siblings was used to elicit their concerns. The primary nurse of the neurologically impaired child was interviewed regarding her/his observations of sibling interactions. Descriptive statistics were used to describe all data obtained from the study sample. Frequency distributions were used to describe sample characteristics. Results of scores derived from the Direct Observation Checklist and the Parent Observation Checklist were summarized into categories and depicted in tables and graphs. Preliminary findings indicate that behavior problems identified by these instruments fell into the clinical range when compared to norms for ratings of non-referred populations in approximately 70% of these well siblings. Such problems were classified according to clusters relating to internalized or externalized difficulties. An analysis of these clusters revealed that the most prevalent problems experienced by the well siblings were related to nervous-obsessive and depressive behaviors.

Results and implications: It is anticipated that results of this study will assist in providing a model for identifying the needs of well siblings of hospitalized handicapped children. Based upon the common behavioral difficulties observed, these findings will be used to develop a nursing model for early intervention before more serious problems develop.

Significance to family nursing: It has been consistently noted in the literature that family relationships are disrupted by the presence of handicapped children. Because of the lack of well controlled empirical investigations of well siblings, little information has been available to provide the basis for effective nursing models of intervention. Such interventions could enable families with handicapped children to develop better coping strategies and lead more normal lives.

Lobata, Debra: Siblings of handicapped children: A review. Journal of Autism and Developmental Disorders. 13, 4, 1983.

Steiner, Patricia: The well child and the hospitalized disabled sibling. Journal of Psychosocial Nursing. 22, 3, 1984.

Hannah, Mary Elizabeth and Midlorsky, Elizabeth: Siblings of the handicapped: Maladjustment and its prevention. Techniques: A Journal for Remedial Education and Counseling. 3, July 1987.

GILL, Kristine M. (Ohio U.S.A.)

Health Professionals' Attitudes Toward Parent Participation

This study explored the attitudes of health professionals toward parent participation in their hospitalized child's care; and examined personal (age, sex, marital status, parental status, culture, geographic location [U.S. & Canada] and professional (institution type, position, profession, education, number of years caring for hospitalized children) characteristics which may be related to their attitudes. Parent participation was explored as an aspect of family self-care and of family-centered care by health professionals (e.g. family nursing).

A random sample (810 = 80.4% response rate) of members of ACCH* contributed to this study. They (child life specialists, collegiate educators, hospital administrators, nurses, nurse educators, physicians, psychologists, recreation therapists, social workers) completed a Parent Participation Questionnaire**. The

hypothesis that there are significant ($< .05$) differences in attitudes based on characteristics was analyzed through multiple linear regression. Differences between groups were explored through analysis of variance, t-tests, and Spearman r correlations as appropriate.

As age and number of years of experience increased, attitudes were more accepting ($p < .01$; $p < .01$). Parents and ever married subjects had more accepting attitudes than nonparents and never married subjects ($p < .01$; $p < .05$). These findings were evident for the total sample, and for nurses and child life specialists. The attitudes of American subjects, nurses and child life specialists also were related to these characteristics. Overall attitude scores were in the accepting attitude categories. Individual item scores ranged from most rejecting to most accepting. The significant characteristics in this study suggest an affect of life and professional experiences on a professional attitude. Educators, practitioners, researchers and administrators need to develop means of facilitating positive parent/family-health professional interaction in colleagues and students without these experiences. Conceptual framework similar to "novice to expert" (Benner, 1984) may enlighten interpretation of these findings and facilitate role development in family-centered care.

* Association for the Care of Children's Health (international and interdisciplinary).

** Attitude scale modified with permission of F. Seidl

Dunn, B. (1979). Nurses exchange: Who's resisting parent participation? Pediatric Nursing. 5, 54.

Gill, K. (1987). Nurses' attitudes toward parent participation: Personal and professional characteristics. Children's Health Care. 15, 149-151.

Gill, K. (1987). Parent participation with a family health focus: Nurses' attitudes. Pediatric Nursing. 13, 94-96.

Porter, L. (1979). Health care workers' role conceptions and orientation to family-centered care. Nursing Research. 28, 330-337.

GORZKA, Patricia A.; BLAIR, Carole L.; STECKEL, Arleen; ESCALLIER, Lori (Florida U.S.A.)

Parenting: Categories for Anticipatory Guidance

The provision of parental anticipatory guidance is an essential nursing intervention. Dunst, Trivette and Deal (1988) in their model of enabling and empowering state that intervention must be based on family identified needs.

The purpose of this descriptive survey was to elicit parental perceptions of needs related to anticipatory guidance of well children ages infancy through adolescence. Anticipatory guidance, was defined broadly as providing knowledge for support in parenting. Parent was defined as the adult(s) primary caretakers) responsible for the nurturing and socialization of the child.

A descriptive cross-sectional study of 174 parents living in suburban areas of Long Island, New York, and Florida was conducted. An open ended interview form was constructed which contained two questions related specifically to anticipatory guidance. Graduate nursing students conducted the interviews. A convenience sample was used. Interviews were conducted in the home setting.

Interest in anticipatory guidance was expressed by 69 % of the parents. Three categories of anticipatory topics were found:

1. General parenting topics - topics of a general nature but which have relevance for all parents regardless of age of their children, ex: discipline.
2. Child age - specific topics - topics which were specifically related to the child's chronological age and associated state of development.
3. Parental self-care topics - topics which were specifically related to the subjects' own self-care, self-development and self-concept as a parent.

The category having the greatest percentage of topics was that of general parenting. Topics within this category suggest that social and behavioral issues are of major concern to parents. With information on parent's

perceptions of their own knowledge needs, nurses can develop comprehensive family-centered anticipatory guidance programs that will enable and empower parents.

- Caldwell, B. (1986). Education of families for parenting. In M.W. Yogman and T.B. Brazelton, In Support of Families. Cambridge, Mass.: Harvard University Press.
- Dunst, C, Trivette, C, Deal, A. (1988). Enabling and empowering families, principles and guidelines for practice. Cambridge, MA.: Brookline Books, Inc.
- Hollen, P. (1982). Parents' perceptions of parenting support systems. Pediatric Nursing, Sept./Oct., 309-313.

HANKINS, Shelley; NELSON, Lois (Indiana U.S.A.)

Physical Abuse During Pregnancy: A Prevalence Study

The exploration of violence within families as a sociological phenomenon in the United States began in the 1960's and many myths still exist about the battered woman, how she views herself and her situation, and where she turns for help. The problem under investigation is the prevalence of physical abuse during pregnancy in Central Indiana and the Midwest. The significance of this study is that if more is known about physical abuse in women, especially during pregnancy, preventive programs can be developed. The literature reveals that historically, a large percentage of women are physically abused by their male partners (Martin, 1976, Jaffe, 1980). This abuse becomes more prevalent during pregnancy (Strauss, Gelles, Steinmetz, 1980, Helton, 1985, Barry, 1987). There are reported studies of physical abuse during pregnancy on both coasts and in Texas, but none reported in the Midwest.

The purpose of this study is to determine differences in four groups of women with regard to physical abuse during pregnancy. The hypothesis will be the following: There will be no significant differences in physical abuse between two groups of pregnant women and two groups of nonpregnant women in Central Indiana.

Subjects will be obtained from within Central Indiana. They will be women visiting prenatal clinics, women visiting private OB/GYN physicians, women from women's shelters. We will define four groups within our population: 1) women who are presently pregnant and have never been abused; 2) women who are presently pregnant and have been physically abused; 3) women who presently not pregnant but have been physically abused; 4) women who are not pregnant and who have never been physically abused. A target sample of 500 subjects in each group will be sought. A two by two ANOVA analysis of variance will be used to test the hypothesis at .05 level of confidence.

A self-report questionnaire has been developed and will be used in the study. A panel of experts has validated the tool. A test-retest reliability has been obtained in a pilot study with a N of 75. Confidentiality of the participants will be maintained by the researchers throughout the study due to the sensitivity of the material and the risk of precipitating further violence. Participation is totally voluntary and any participant may withdraw at any time without penalty.

- Helton, A.S. (1987). "Battering During Pregnancy: Intervention Strategies, " Birth. Vol.14, No. 3., pp. 142-147.
- Walker, L. (1984). The Battered Woman Syndrome. New York: Springer Publishing Co.
- Gelles, R. (1975). "Violence and Pregnancy: A Note on the Extent of the Problem and Needed Services," Family Coordinator. 24 (1):pp. 81-86.

HANSELL, Phyllis Stanley; CALIANDRO, Gloria; HUGHES, Cynthia; RUSSO, Phyllis; BUDIN, Wendy (New Jersey U.S.A.)

A Pilot Study Abstract Social Network Structure, Social Support and Stress and Coping of Caregivers of Children with Perinatal AIDS.

Although the importance of the family, friends and staff as caregivers in providing long term care to the pediatric AIDS patient has been identified, a review of the literature from 1976 to 1988 revealed that to date there have been no intervention studies focused on the caregivers (staff) of children with AIDS. Parents, family members and foster parents and staff as caregivers are mentioned but information relative to their stress, coping, network structure and social support is lacking.

This pilot study addresses the needs of the caregivers (staff) of children with AIDS. The purposes of this study are twofold: to determine the stressors and coping strategies of caregivers (staff) of children with perinatal AIDS and to test the effect of a social support intervention aimed at strengthening the caregivers' social support by enhancing access to network ties and through boosting the quality of support from the caregiver's existing network.

The objectives for this pilot study on caregivers of children with perinatal AIDS are as follows: 1. To determine who are the caregivers (staff) over time. 2. To identify the stressors and coping strategies of the caregivers (staff). 3. To determine the social network structure and social support of the caregivers (staff). 4. To test the effect of social support intervention on effective coping and the mitigation of stress on the children's caregivers (staff).

The study variables are organized and viewed from the perspective of Lin's model of social support, stressful life events and illness, McCubbin's theory of stress and coping, and relevant concepts. Instrumentation for the study includes: F-COPES, The Personal Resources Inventory, The Hopkins Health Profile, The Norbeck Social Support Questionnaire and The Hollingshead Four Factor Index of Social Position. All are well established reliable, valid instruments.

A single group design is being used. The total N for this pilot study is 20 subjects. Data are currently being analyzed using descriptive statistics and Path Analysis in order to determine the effects of the intervention. Findings should be available shortly.

Lin, H., Ensel, W.H., Simeone, R., & Kuo, W. (1979). Social support, stressful life events, and illness: A model and empirical test. Journal of Health and Social Behavior. 20, 108-119.

Norbeck, J.S., Lindsay, A. M., & Carneri, V.L. (1983). Further development of the Norbeck social support questionnaire. Nursing Research. 32 (1), 4-9.

Weinert, C. (1987). A social support measure: PRQ 85. Nursing Research. 36 (5), 273-277.

HART, Heidi L. (Oregon U.S.A.)

Description of the Family Therapy Practice of Psychiatric Mental Health Nurse Practitioners in the State of Oregon

Purpose: Although many nurses practice family therapy, descriptions of how nurse psychotherapists conceptualize their clients (family as system vs. family as context) are lacking in the literature. Further, nurse psychotherapists' use of theories and psychotherapeutic interventions for families have not been well described. Nurse psychotherapists' definitions of mental health as expressed in goals for therapy, and descriptions of the contextual settings in which they practice are also sparse. The purpose of this study is to describe the family therapy practices of psychiatric mental health nurse practitioners in Oregon.

Methods: This study is a descriptive mail survey of all 98 psychiatric mental health nurse practitioners certified by the Oregon State Board of Nursing. The questionnaire was written by this researcher and analyzed by seven expert nurses in the field. The questionnaire was designed to address the following four concepts. Questions are designed to assess how psychiatric mental health nurse practitioners conceptualize family (family as system vs. family as context), what schools of therapy guide practice (e.g. family systems, symbolic

experiential, interactional, structural, strategic/systemic, behavioral, and others), how mental health is defined and operationalized, and in what context nurses practice psychotherapy. Dillman's procedures are being used to guide mailing of questionnaires. The data gathered by the questionnaires is being analyzed using descriptive statistics, as well as qualitative coding for the open-ended questions.

Results and implications: Analysis of data from this research study is in process. Results are projected to be ready by June, 1990.

Significance to family nursing: Results from this study can provide a base for future research to document the effectiveness of family therapy as offered by psychiatric mental health nurse practitioners.

Doherty, W.J. & Burge, S.K. (1987). Attending to the context of family treatment: Pitfalls and prospects.

Journal of Marital and Family Therapy, JJJ (1), 37-47.

Gilliss, C.L. (1989, September). Family nursing research, theory and practice: Our challenges. Paper presented at the National Conference on Family Nursing, Portland, Or.

Spunt, J.P., Durham, J.D., & Hardin, S.B. (1984). Theoretical models and interventions used by nurse psychotherapists. Issues in Mental Health Nursing, 6, 35-51.

HAYLOR, Martha J. (Oregon U.S.A.)

Caring in Families of Autistic Children

The purpose of this study is to generate a description of the practical knowledge inherent in the lived, everyday experience of families of autistic children. Specifically, the family members' understanding of autism, the meaning of the experience, the concerns and care demands of living with an autistic child will be identified. The way in which caring, stress, and coping are shaped by these background meanings will be explored. The limited research that exists regarding stress and coping in families of autistic children has been conducted from a theoretical position that assumes the child is a source of chronic stress to which the family responds (Bristol, 1987). The present study will use a phenomenological view of caring, stress, and coping as explicated by Benner and Wrubel (1989). This perspective assumes that caring, stress and coping are situationally embedded in a background of family understanding and meaning.

Hermeneutic, or interpretive, methods for data collection and analysis will be used. Data will be gathered from parents and siblings of 10 autistic children under the age of 12 years using individual and family interviews, and in-home observations. Participants will be solicited from parent support groups and through professional referral.

Interpretive analysis of the text generated from interviews and observations will be undertaken to identify themes, exemplars, and paradigm cases of family caring, stress, and coping. This study will add depth and richness to the present theoretical understanding of these families by attending to the contextual and cultural aspects of caregiving. By understanding the explanatory models, demands, and concerns that shape the family experience of living with an autistic child, nurses will be better able to joining in a caring partnership with the family.

Benner, P., & Wrubel, J. (1989). Primacy of Caring: Stress and coping in health and illness. Menlo Park, CA: Addison-Wesley.

Bristol, M.M. (1987). Mothers of children with autism or communication disorders: Successful adaptation and the Double ABCX Model. Journal of Autism and Developmental Disorders, 17 (4), 469-486.

HETMS, Marsha L.; HANSON, Shirley; JULIAN, Doris (Oregon U.S.A.)

Family Nursing Education: Implications for Research

Family nursing education is expanding in complexity and scope. Consideration of the status and trends in family nursing education are necessary for practitioners, theorists and educators as they shape the future of

family nursing. Curriculum and instructional practices designed to prepare nurses for family-centered care must be investigated in order to address changing interactions in family life and family health.

The purpose of this poster is to stimulate ideas for future education and plan family nursing educational research based on the status of family nursing education in the United States. The results of a recent study of family nursing curricula in the USA, combined with trends in practice and education were utilized to suggest research related to family nursing theory building, practice, and education: 1) family as a unit of analysis, 2) family nursing models and paradigms, 3) methodological approaches to family nursing research, 4) family myths and health of members, 5) family nursing practice in multiple arenas, 6) evaluation of family nursing practice, 7) family nursing and alternative family structures, 8) history of nurses in family health, 9) clinical settings in family nursing practice and education, 10) family and health care professional relationships, and 11) curriculum evaluation of baccalaureate and graduate level programs. The perspective gained from exploration of these and other concerns in family nursing education provide research foci for the future.

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HERON, Joan (California U.S.A.)

Application of Family Systems Concepts to Staff Training in a Group for Abused Children

The purpose of this project was to increase overall team effectiveness in working with abused infants and toddlers living in a group home. The framework for the training project incorporated relevant concepts from: group process, team building, family systems, and nursing theory.

The presentation includes an overall view of the project and emphasizes the relevance of family theory and the significance of such projects. Initial outcomes and ongoing evaluation possibilities are also included.

The project was conducted over a period of 18 months. It included two assessment surveys and three all-day and one half-day training sessions. Survey results were collated, themes abstracted, and the results utilized to formulate training session agenda' e.g., 'things our team want to learn more about.' Relevant family system concepts were presented; e.g., quality of parental coalition, effects of excessive rescuing/enabling behaviors.

Specific objectives were developed by each team to address issues such as communication, team cohesiveness, and role clarity. Examples of activities and outcomes resulting from the objectives include: more than 20 specific methods of communicating between shifts, teams and disciplines; greater consistency in staff behavior with children; more diverse and age-appropriate activities for the children, greater staff responsibility for individualized treatment plans and outcomes.

Ongoing evaluation will utilize indicators such as staff absence and turnover and behavior change of infants and toddlers; e.g., feeding patterns, level of apathy, speech patterns and response to caregivers.

The seriousness of the sequelae of child abuse and the number of children and substitute parent figures involved makes this kind of project significant to family systems nursing.

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HILTON, B. Ann; STARZOMSKI, Rosalie (British Columbia CANADA)

Individual and Family Adjustment to Kidney Transplantation With and Without Interim Dialysis

Kidney transplantation is considered the treatment of choice for the majority of End State Renal Disease (ESRD) patients however, it is neither a permanent cure nor without risk (Simmons, et al., 1977). A recent trend in B.C. is to transplant earlier with some patients being transplanted without interim dialysis. When the rigorous process of dialysis, known to have effects on patients and families does not occur, what influence might that have on subsequent adjustment? Since an illness in one family member affects the functioning of the family system, any study of adjustment should also include the family. No studies were found on the adjustment of these patients and their families to this new protocol. The purpose of this study is to examine the process of patient and family adjustment over time to kidney transplantation and compare adjustment with and without dialysis. Family stress theory provides the theoretical framework because it identifies the adjustment process of a family to a stressful situation (Hill, 1949). It emphasizes the central role that family characteristics, assessments, resources and capabilities play in understanding family behavior and adjustment (McCubbin et al., 1987). .

A longitudinal design was selected to study the adjustment process from the pretransplant assessment period through to the third and sixth month post transplant. The sample will consist of 100 adult ESRD patients expected to be activated to the transplant waiting list or receive a living donor transplant and their spouse/mate. This is expected to provide a sample of at least 30 who have interim dialysis and 30 who are pre-empted to transplant. At this point in time IS have been recruited into the study. The patient will be asked to complete instruments which measure their sense of coherence and uncertainty, the impact of their illness, and perception of family functioning at each data collection point. The spouse/mate will be asked to complete instruments on recent major family events and changes, available family resources, and their perception of family functioning. This study is being conducted in tandem with a medical study assessing physiological and financial costs. Although mail survey is the primary data collection method, the Research Assistant for the medical study will personally collect completed questionnaires and identify areas of concern. Data analysis will consist of MANOVA to analyze change over time, multiple regression to identify the variance contributed by each of the predictor variables to adjustment, and Hotelling's T to analyze differences in groups. Information obtained will provide insight into the process of individual/family adjustment and factors that can facilitate adjustment.

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HOFFER, Jeanne (Ohio U.S.A.)

Concept Analysis of Communication in Families

A concept is both timeless and impersonal. The value of a concept depends upon the use conceptualized for it (Kaplan, 1968). Concepts have many meanings (Dubin, 1948) which are expressed using language (Walker & Avant, 1988). Gaut (1981) maintains that concept analysis describes the use of the concept and the rules for the behavior associated with the use of language. Fawcett (1986) considers clarification and classification of a concept as a first step in theory development for nurses. The concept of communication evokes many ideas, images, and meanings depending upon the usage. The purpose of this paper is to analyze the concept of "communication" in families.

Nursing and other pertinent literature revealed numerous uses of the word. Also included, is a review of the paucity of communication research by nurses. Using the strategy detailed by Walker and Avant (1988), numerous uses for communication are explored. Critical attributes are defined. The use of a model case helped clarify antecedents and consequences. Other sample cases increased understanding of the concept. Implications for further nursing study emerged from the analysis.

Communication is frequently considered a facilitating variable in family research. Nurses must have a clear definition of communication as used in families prior to intervention.

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HOROWITZ, June Andrews (Massachusetts U.S.A.)

Social Support in Relation to Maternal Coping Style

The Problem: The parent's ability to cope effectively with the daily demands of childbearing affects the entire family's well-being. Although increasing numbers of mothers now work outside the home, mothers remain primary caretakers of their children. I is critical to examine the factors associated with the mother's ability to function effectively. The question addressed is: What is the relationship of social support to mothers' coping style?

Method: This study employed a descriptive correlational design. A convenience sample of 84 mothers was selected from various settings, such as health centers. Data were collected via a questionnaire consisting of the following instruments: The Norbeck Social Support Questionnaire, The Jalowiec Coping Scale, and a set of items concerning family situation, demographics, and other personal data. A variety of analytic procedures were employed, including Pearson product moment correlation and partial correlation.

Findings: A pattern of significant positive relationships emerged between problem oriented coping and the following dimensions of social support: aid, affirmation, affective and functional support. No pattern of relationships was found between dimensions of social support and affective coping.

Conclusions: Social support is a complex contextual variable that showed a positive linkage to mothers' problem oriented coping style in this study. Mothers who use problem solving may be better able to develop or use their support network; alternately, these mothers' coping style may be shaped by that network. Because family nursing is concerned with promoting effective maternal coping, it is hoped that the results will contribute to knowledge needed for appropriate assessment and intervention.

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McLaughlin, M., Cormier, L.S., Cormier, W.H. (1988). Relation between coping strategies and distress, stress, and marital adjustment of mulitple-role woman. Journal of Counseling Psychology. 35, 187-193.

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HOVEY, Sharon R. (Montana U.S.A.)

Prenatal Education for Rural Childbearing Families

One of the major components of prenatal care is prenatal education. The purpose of this study was to describe and evaluate a hospital-based prenatal education program for childbearing families in a rural community of approximately 60,000 population. The Expectant Parents Classes conducted during a six month period in 1989 were evaluated. A total of 246 women attended the five-week prenatal education series during the study period. Participants drive up to 120 miles round trip to attend classes in this rural region. The content and method of presentation were rated as "excellent" by three-fourths of the participants. The average cost to the agency for Registered Nurse salary per pregnant couple attending the class series was approximately \$18.00. This independent practice of nurses is very cost effective and highly rated by consumers.

Women receiving no or little prenatal care as defined by antepartum physician visits also did not engage in prenatal education. Single and divorced women were underserved populations. Native American and Hutterite women were also underrepresented in the prenatal education classes. All IS women who received no prenatal care delivered term infants of 2500 grams or greater and accounted for no admissions to the intensive care nursery. The trend of no or little prenatal care over the past ten years was reviewed. The number was sparse and consistent from 1980 through 1986. The number of women has continued to escalate each of the past three years.

The impact of the rural culture and the apparent healthy pregnancy outcomes of the women with no formal prenatal education or care is a curious phenomenon. Health care which addresses early, personal, and culturally acceptable practices may decrease the number of women with no or little prenatal care and increase their participation in prenatal education activities.

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HSIUNG, Ping-Oman; LEE, C.S. (TAIWAN R.O.C.)

The Twofold Adaptational Process of a Family with Bipolar Disorders Patient

The focus of this paper is to investigate changes of the adaptation process of the family with a bipolar disorders patient in family therapy. The family consists of father as a bipolar disorder patient for 14 years, his wife and two daughters as sophomore and senior high school student. The treatment combined biological therapy and individual supportive psychotherapy. Based on the assessment of the family, family therapy was considered as a possible therapeutic modality.

A descriptive case study design was used. A eleven-session's family therapy was conducted from July 1989 to January 1990. The therapy content was verbatim transcribed and qualitative content analysis focused on the identification of patterns and recurring themes among the data.

The principal themes emerged was categorized as twofold: (1) family structure, (2) communication patterns. Family structure consisted of three dimensions: boundary (the rule defining who participate and how), alignment (join or opposition of one member to another) and power (the relative influence of each member). Communication patterns consisted of two dimensions: role-taking (the roles member played in interaction, such as: dominator, follower, harmonizer, compromiser, etc.) and communication efficiency (empathy, direct and clear expression, realistic problem solving).

It was observed with family therapy that family structure and communication patterns were improved and patient's mood swing was decreased. The significance of the study demonstrated that the twofold principal themes was a valuable tool to identify the adaptation process of family with bipolar disorders patient. It also demonstrated that nurse could take active and facilitating role in family therapy within the context of multi-disciplinary collaboration. Further research is clearly needed to determine the impact of family therapy together with biological treatment on enhancing family coping ability and lessening illness deterioration for psychotic patients. The results of in-depth analysis will be discussed in the presentation.

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Minuchin, S., & Fishman, H. C. (1981). Family therapy and techniques. Cambridge: Harvard University Press.

Weber, G., Simon, F., Stierlin, H., & Schmidt, G. (1988). Therapy for families manifesting manic-depressive behavior. Family Process, 22, 33-48.

JONES, Sandra B. (KUWAIT)

Acquired Immune Deficiency Syndrome (AIDS) - A Content Analysis of Questions Posed by Preadolescents

Purpose: The purpose of the research study was to examine questions about AIDS handed in by 11 and 12 year old.

Method: This descriptive study focused on explicit sexual questions about AIDS handed in by some of the fifth and sixth grade students in a sex education class. A content analysis of the questions suggested that the questions focused on four areas:

- a. High risk sexual behaviors
- b. Myths
- c. Medical questions
- d. Sociological questions

Results: In reviewing the questions it was concluded that many of their questions dealt with a real need for sex education about AIDS. As a result, the study outlines some early interventions that nurses in the school, clinical setting and family can use to teach kids about AIDS.

KLEMCZAK, Laurie A. (Michigan U.S.A.)

A Volunteer Based Pediatric Crisis Intervention Program

Current literature supports the general assumption that children are very sensitive to the emotions of their parents. "When parents are able to cope with their feelings, they can serve to reassure their child" (Mishel, 1983, p. 324). The event of hospitalization itself can engender crisis for the child and his/her crisis. Studies by Zind (1974) and Sands (1983) indicate that nurses in the general hospital do not knowingly and purposefully function within a crisis intervention framework. Obstacles to therapeutic crisis intervention include issues related to features of the hospital system and the nurses' self and role perception.

Through a grant from a local funding agency, the Pediatric Crisis Intervention Program was developed to service clientele in a large, inner city tertiary care facility. Primary crisis intervention is provided by a group of skilled volunteers in a collaborative program coordinated by a Masters prepared nurse clinician, the Director of Social Work, the department of volunteer services, and the unit nursing staff.

The purpose of the program is to provide emotional and tangible support, at the time of admission, to families with hospitalized children. The program is in effect during hours that professional support services are limited, ie., evenings and weekends. Volunteers are recruited from local schools of nursing, medicine, and social work, are required to attend an eight hour training program.

Benefits of the program to the parent, child, nursing staff, and volunteer are being evaluated using objective and subjective measures. Family needs and support received are assessed utilizing Molter's (1976) tool: Needs of Relatives of Critically Ill Patients. An increase in family referrals to facility and community support services has been identified. Nursing staff members report subjective satisfaction with assistance offered by volunteers in decreasing job related stress. Finally, volunteers report the ability to apply family interactions and experiences to their academic program requirements.

The utilization of a volunteer based, collaborative approach to the care of families of hospitalized children is a cost effective method of improving psychosocial family care. This program has potential applicability to adult acute care, mental health, and community health settings as well.

Mishel, M. H. (1983). Parents' perception of uncertainty concerning their hospitalized child. Nursing Research, 32 (6), 324-330.

Sands, R. G. (1983). Crisis intervention and social work practice in hospitals. Health and Social Work, 8 (4), 253-256.

Zind, R.K. (1974). Deterrents to crisis intervention in the hospital unit. Nursing Clinics of North America. 9 (1), 27-36.

KLEMCZAK, Laurie A. (Michigan U.S.A.)

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Zind, R.K. (1974). Deterrents to crisis intervention in the hospital unit. Nursing Clinics of North America. 9 (1), 27-36.

LEAHEY, Maureen; YASKOW, Cathy; STOUT, Loree; MYRAH, Irene (Alberta CANADA)

Study of Family Systems Nursing Practice on an Inpatient Mental Health Unit

Purpose: The purpose of this study was to explore and describe the Family Systems Nursing (FSN) practice of nurses on an inpatient mental health unit. The study identified and isolated nurses' beliefs about and descriptors of their FSN practice.

Literature Review: An extensive review of the literature revealed no previous studies that specifically describe FSN practice. One exploratory study of nurses' involvement with families of the inpatient elderly has been documented. Several authors however, cite the need for such research.

Research Design/Methodology: This exploratory, descriptive study was conducted in two phases. As no standardized instruments exist to measure FSN practice, the investigators developed both a semi-structured

interview format and a questionnaire. Experts' opinions about both instruments were obtained. Both instruments were pretested and revisions made prior to study commencement.

Phase I: A research associate conducted a 26 minute semi-structured private audiotaped interview with each subject.

Phase II: Each subject completed a written self-administered questionnaire (10 minutes).

Setting: Inpatient Mental Health Services (M2, M3) Holy Cross Hospital was used.

Sample: A convenience sample of 14 nurses currently employed on a day or evening rotation volunteered for the study. Although small, the sample is representative of the total number of staff nurses at Holy Cross Hospital trained in FSN.

Data Analysis:

Phase I. Content analysis of the transcribed interviews was performed by independent coders.

Phase II: Descriptive statistics of the questionnaire data were compiled.

Results: 78 % of the nurses believe the family is their unit of care even when working with the individual. 86 % of the nurses described how they actively involve families as part of the treatment team. All subjects describe developing more family-focused inpatient treatment and discharge plans of care.

Significance: This study is important to family nursing because it; a) documents staff nurses' beliefs about their actual practice of FSN, b) generates hypotheses for future observational studies, and c) suggests implications for clinical practice, training, administrative support and research.

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Collier, J.H., Gray, Y.R., Hoffer, A.J. & Schirm, V. (1989). Family Nursing of the Elderly in Acute Care Settings. (Research Challenge Grant No. OBR 5-34000). Akron, Ohio: College of Nursing, University of Akron.

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LYNCH, Ann; BOSTON, Patricia (Quebec CANADA)

Evaluation of Family Nursing in and Acute Care Setting

The importance of family nursing in acute and long-term hospital settings is not well recognized. The means of helping nurses incorporate family nursing into their practice and the means for assessing this learning are not well established. The present paper addresses the issue of evaluation of means of facilitating family nursing practice.

The paper will describe the use of survey questionnaires as one means of evaluating family nursing practice following implementation of a structured family nursing program.

A questionnaire will be developed by the investigators. The tool will be used to gather data from a representative sample of 500 nurses across all clinical units in a hospital setting. The data will be analyzed to determine actual family nursing practice and the situational factors affecting it.

Information from the survey will be used in planning educational activities for nurses. It is suggested that the present study will contribute the meeting the learning needs of nurses and the ultimate health and well being of families undergoing a hospital experience.

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MARONEY, Mary Katharine (New York U.S.A.)

Pregnancy and Parenting After Infertility

The purpose of this study is to determine how formerly infertile couples compare with fertile couples during the transition to parenthood. A short-term longitudinal design comparing 20 formerly infertile couples with 20 fertile couples pre- and post-birth is in progress. The sample was drawn from private physician practices specializing in infertility. Reported group differences in; 1) the level of transitional stress (personal, marital, and parental), 2) parental behaviors which affect the marital relationship and assumption of the parental role, and 3) parental network structure and perceived support are being investigated. Structured instruments (Stress Questionnaire, State Anxiety Scale, Dyadic Adjustment Scale, Social Network Inventory, Prenatal and Postpartum Self-Evaluation Questionnaires) and a semi-structured tape-recorded interview designed for this study are being administered. The following variables are being taken into account when comparing the two groups: parity, marital status, planned pregnancy in the third trimester, and socioeconomic status.

Multivariate analysis of variance will be the method of data analysis. Pearson product-moment correlation coefficients will be used to measure the relationship between infertility and reported stress levels. An Analysis of Covariance will statistically control for intervening variables (motivations for wanting a baby, duration of the infertility experience, attitude toward the birth experience, and parental perception of their infant). Qualitative data from interviews will be used to facilitate interpretation of the quantitative data.

Expected results are likely to confirm both the higher transitional stress level and greater parental investment in the formerly infertile couples. This systematic investigation of both fertile and formerly infertile couples is an initial step in bridging the knowledge gap concerning pregnancy and parenting after infertility. To date, research on transition to parenthood (Belsky, Lang & Rovine, 1985; Jacoby, 1969; LaRossa & LaRossa, 1981; LeMasters, 1957; Russell, 1974) has been separate from work on infertility (Bernstein & Mattox, 1982; Clapp, 1985; Kraft, et al., 1980; Menning, 1977, 1980; Shapiro, 1982; Woods & Luke, 1979), with the latter literature based primarily upon anecdotal reports of clinicians. Individual, couple, and parental experiences must be identified empirically in order to provide an appropriate basis for childbearing and childbearing family nursing practice.

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MARTIN, Angela Carter (Virginia U.S.A.)

Coping Behaviors, Self-Efficacy and Satisfaction with Family as Perceived by Adult Children of Alcoholics

In recent years, adult children of alcoholics (ACAs) have been recognized as a separate group that require and deserve individualized treatment in and of themselves apart from the alcoholic parent(s). Family nurses have extended and frequent contact with families and are in an excellent position to assist ACAs with problems related to their family history of alcoholism. While clinicians have contributed important observations regarding the damaging effects of growing up in an alcoholic home; there is a lack of empirical evidence upon which to base important clinical decisions surrounding interventions aimed at assisting the ACA and their family to recovery.

The purpose of this ex-post facto study was to examine differences between ACAs' (n=71) and non-ACAs' (n= 174) self-efficacy scores, utilization of coping behaviors related to stressful family relationships, and determine if these variables could be used to predict family satisfaction. All study participants completed the

Jalowiec Coping Scale, the Self-efficacy Scale, the CAST instrument, and the Family Apgar. Selected sociodemographic information was also obtained.

For the purpose of analysis, participants were divided into two groups based on their CAST scores; an instrument designed to identify ACAs, and group means were compared on all study variables. While significant differences between mean scores on self-efficacy were not found; significant differences did exist related to coping behaviors. When dealing with the stress of family relationships, ACAs reported using more overall coping behaviors and were found to have higher scores on evasive, optimistic, fatalistic, palliative, and self-reliant coping behaviors. Mean family satisfaction scores were also significantly different between groups. Results of the multiple regression equation showed that self-efficacy and coping behavior scores could not be used to predict family satisfaction scores.

These data suggest that ACAs may cope differently with the stress of family relationships, and experience less family satisfaction than non-ACAs. Implications for further research and family nursing practice will be discussed.

- Bandura, A. (1986). Social Foundations of Thought and Action. Englewood Cliffs, New Jersey: Prentice-Hall.
- Black, C, Bucky, S., and Wilder-Padilla, S. (1986). The interpersonal and emotional consequences of being an adult child of an alcoholic. The International Journal of the Addictions, 21 (2), 213-231.
- Brown, S. (1988). Treating Adult Children of Alcoholics: A Developmental Perspective. New York: Wiley and Sons.

McNEAL, Carolee; KIRGIS, Carol A.; GODFREY, Athleen B. (Utah U.S.A.)
Home Care of the Preterm Infant: Maternal Concerns

This research project investigated concerns of 43 mothers who had recently delivered essentially healthy preterm infants. These preterm infants were discharged from the hospital within one week of deliver (M = 6.6 days). Mothers were interviewed at home on four separate occasions at weeks 2-5 after delivery to identify maternal concerns about their own health and about the health and care of their preterm infants.

Organization and qualitative analysis of data from the interviews yielded seven major maternal concerns (themes). These included: 1) maternal illness before, during or after delivery which seemed to adversely impact the mother-infant acquaintance process; 2) anxiety about delivering the infant prematurely; 3) guilt; 4) worries about finances and siblings; 5) adequacy of family support; 6) the health, well-being and future development of the infant, and 7) returning to work and child care for a preterm infant.

These findings suggest the need for implementation of programs to provide nursing support and guidance to families of preterm infants in home settings. Even parents with intact support systems may benefit from these therapeutic services.

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- Macey, T.J., Harman, R.J., and Easterbrooks, M.A. (1987). Impact of premature birth on the development of the infant in the family. Journal of Consulting and Clinical Psychology, 55(6): 846-852.
- Miles, M.B. and Huberman, A.M. (1984). Qualitative Data Analysis: A Sourcebook of New Methods. Beverly Hills, CA: Sage Publications.

MUNET-VHARO, Frances (California U.S.A.)
Natural Killer Cell Activity of Anglo-American and Hispanic Mothers Caring for a Child with Cancer: A Pilot Study

It has been well established that under certain psychological and physiological stressful conditions, there is an increase in adreno-cortical and thyroid activity (Selye, 1976). In a prospective study of bereavement of parents (N=40) of leukemia children, Hofer and colleagues (1972) found a significant relationship between levels of urine corticosteroid excretion and time of impending loss and death of the child. Recent research studies suggest that the immune system is also affected by stressful situations such as caring for a chronically ill family member (Kiecolt-Glaser, Glaser, Shuttleworth, Dyer, Orgooki, & Speicher, 1987). However, there is no data which documents changes in immune functions in individuals caring for a family member with a chronic illness during the time of diagnosis and early stages of treatment.

A descriptive longitudinal design was used to identify and describe Natural-killer cell activity of mothers caring for a child newly diagnosed with cancer. A convenience sample of seven mothers were recruited from two major medical centers in the Western part of the United States. Using aseptic techniques, fifteen milliliters of blood were collected from each subject at 2,4,6, and 8 weeks post diagnosis. A total of 60 ml. of blood were drawn from the most convenient vein from either the left or right arm of the subject between 6:00 and 9:00 a.m. The blood was analyzed using standardized radioimmuno essays tests.

Preliminary analysis of the raw data indicates that there was a 25 % decline in Natural-killer cell activity in three of the subjects, at six weeks post-diagnosis. An upper respiratory infection was observed ten days after N-K cell activity declined in two of the subjects. Increased symptomatology in the child after intense chemotherapy was also observed during this period (6 wks. post diagnosis). Further statistical analysis is being conducted at this time.

Data that documents the immunological responses of mothers associated with the stress of caring for a child with cancer is pivotal to the development of appropriate family nursing interventions. These interventions could take into account the nature, relevance, and scope of the mother's physiological and psychological responses associated with caring for a chronically ill child in the early stages of treatment.

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Kiecolt-Glaser, J., Glaser, R., Shuttleworth, E., Dyer, C, Orgooki, P., & Speicher, C. (1987). Chronic stress and immunity in family care givers of Alzheimer's disease victims. Phychosomatic Medicine. 49 (0), 000-000.

Selye, H. (1976). The Stress of Life (Rev. ed.) New York: McGraw-Hill.

MURPHY, Nancy G. (California U.S.A.)

Factors Associated with Breastfeeding Success and Failure: A Systematic Integrative Review

An integrative review of nursing research literature was conducted to identify factors associated with breastfeeding success and/or failure. The Neuman Systems Model examined a total of 83 variables. Variables were categorized as physiological, psychological, sociocultural, developmental, or spiritual, according to Neuman's five client system components. Thirty-six variables were found to have statistical significance in one or more studies. Statistically significant variables included marital status, attitude and commitment of the patient's partner toward breastfeeding, attitude of grandparents toward breastfeeding, and whether or not the patient herself was breastfed. From the thirty-six variables, a preliminary screening tool was developed, based on the most consistently demonstrated significant factors, in order to identify pregnant women at risk for early weaning. Three questions are specifically designed to elicit family-support information. Nurses, utilizing information gained from the screening tool, will be able to plan and implement specific preventive measures to promote successful breastfeeding and reduce early weaning.

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Morse, J.M. & Harrison, M.J. (1987). Social coercion for weaning. Journal of Nurse-Midwifery. 32 (4), 205-209.

NAKAO, Constance (Washington U.S.A.)

Perceptions of Affect: Determinants of Mother-Infant Interaction

Parental perceptions of infants' emotional expressions are believed to influence the socialization of emotions and to affect parenting behaviors. This research summarizes the richly diverse terms mothers use to describe their infants' emotional states, and to examine the relationship between these perceptions and subsequent interactions. Normal, first-born infants (N=60) and their mothers were videotaped during a 5-minute free-play situation and a 10-minute separation-reunion episode. Immediately thereafter, the mothers viewed the videotape and described what they thought their infants were "feeling". An independent observer rated the same facial expressions using the Infant Affect Scale. The quality of mother-infant synchrony during free-play was rated using the Synchrony Scale—6 months. The mean congruence score between the observer's and mothers' perceptions of the nine basic emotions (joy, excitement, distress, sadness, anger, fear, interest, passivity, and surprise) was 38 %. Nonetheless, mothers' perceptions of infants' displays of positive affect were positively related to synchrony in interaction ($r=.27$, $p<.05$). However, affects perceived by the observer were not ($r=.07$, NS). These results indicate that a positive dialogue with infants requires that mothers do more than "objectively" identify emotions and that a positive perceptual set may be a critical variable in determining the quality of mother-infant interactions. Synchronous interactions might be better facilitated when nurses go beyond merely teaching mothers to "read" infants' behavioral cues and address the mother's expectations and general perceptions of her infant.

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Kropp, J.P. & Haynes, O.M. (1987). Abusive and nonabuse mothers' ability to identify general and specific emotion signals of infants. Child Development, 58, 187-190.

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NEWMAN, Diana M.L. (Connecticut U.S.A.)

Measuring Functional Status of Parents Caring For a Child at Home In a Body Cast: A Pilot Study

Purpose: The purpose of the proposed pilot study is to determine the psychometric properties of an instrument designed to measure functional status of parents caring for a child at home in a body cast. The Inventory of Functional Status-Child in Cast (IFS-CIC) measures functional status of parents who are caring for a child in a body cast. The pilot study is being undertaken in preparation for a proposed larger study of correlates of parental functional status while caring for a child at home in a body cast.

Design: The psychometric testing is expected to take 12 months to complete. Phase one of the study will focus on content validity determination and is projected to take 3 months. Phase two of the study will focus on reliability and initial construct validity testing and is projected to take 9 months.

Sample: The phase one sample will consist of 12 parents who are caring for a child at home in a body cast, who will serve as content validity experts for the IFS-CIC items. The phase two sample will consist of 30 parents who will provide data for internal consistency and test-re test reliability.

Procedure and Data Analysis: Popham's (1978) average congruency procedure will be used to determine content validity. Internal consistency reliability will be determined by correlating each item with the total scale score and by correlating each subscale item score with its respective subscale total score. Internal consistency reliability, test-retest reliability and construct validity will be assessed.

Instruments: Background data sheet, IFS-CIC, Content Validity Rating Form, Cover letters.

Results: This study is based on a preliminary study of parents caring for a child at home in a cast. The preliminary study suggested that parents with a child in a body case had the most ineffective adaptation, especially in the role function mode.

Significance to Family Nursing: This study tests the Roy Model as applied to family nursing. By increasing the body of nursing knowledge about adaptation of families with these health problems, nurses may intervene more effectively. The outcomes of this study will be used in a future study of correlates of functional status of parents with a child at home in a body cast.

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Cuddy, Claudia M. (1986). Caring for the child in a spica cast: a parent's perspective. Orthopaedic Nursing. 5, (3), 17-21.

Shesser, Lynn K. (1986). Practical considerations in caring for a child in a hip spica cast: an evaluation using parental input. Orthopaedic Nursing. 5, (3), 11-15.

NORWOOD, Allison; CLAWSON, Julie; SCHOMACKER, Twila (Missouri U.S.A.)

Grandparent: A Role Defined

Grandparenthood has become a topic of special interest in today's society. Never before have so many people lived long enough to participate in that special social role, and never before has there been such a need for understanding the diverse activities and feelings of second generation parenting. Researchers have devoted little energy to the study of grandparents; study that could offer valuable insights into strengths, weaknesses, and dilemmas of the contemporary American family (George, 1980; Cherlin and Furstenberg, 1986).

The purpose of this qualitative study was to investigate the grandparent role. Objectives focused on: (1) identifying the grandparents' perception of their role, (2) identifying methods utilized by grandparents in learning about their role, (3) identifying resources that assisted in transition of the grandparent role or could have assisted in enactment of this role, and (4) identifying ways in which nursing could assist grandparents in transitioning to their role.

A semi-structured interview and a questionnaire were developed from an extensive literature review and later administered to a convenience sample of 24 rural/urban grandparents. Content analysis was performed on the interview data and descriptive statistics were used to describe the sample.

Preliminary findings indicate that the grandparent role really is one of personal wants, beliefs, feelings, attitudes, values, and actions. Therefore, geophraphic orientations does not appear to have a significant impact on the grandparent role. Data on an additional thirteen grandparents is being analyzed at this time and further research is planned from the perspective of the grandparents' children.

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O'CONNOR, Patricia (Quebec CANADA)

Establishing Family Systems Nursing in a Child Psychiatric Unit

In 1987, a major reorganization occurred on a small, psychiatric unit for school-aged children (at a tertiary care teaching, hospital in Montreal). Conceptually the shift was from family-centered care with primary focus on the parent-child dyad, to an intensive focus on family-level care. Prior to the change, admissions were approximately seven months. Within one year, this was reduced to 2.7 months, and the number of children

treated increased by 75 %. All of this occurred with no increase in the operating budget. This major change was initiated by the Nursing department and responsibility for the planning, development and evaluation has been directed by Nursing. The purpose of this presentation is to report on the complex change process and highly successful outcomes. Shifting to a systemic model involved multi-level changes:

1. Months of negotiating with Program directors and the executive director. Political networking process was crucial. Steps taken to demonstrate cost/benefits of the approach.
2. Interdisciplinary collaboration: successes/failures will be described vis-a-vis physicians', social work, teachers' roles.
3. Replacing child-care workers with an all baccalaureate prepared nursing staff. Union grievance and legal arbitration.
4. Comprehensive curriculum on advance family systems nursing was given; small group clinical supervision was given by nurses with family therapy training.
5. Primary nurses acted as case managers in coordinating family care on the unit and for three months of community follow-up.
6. Frequent re-evaluation of clinical outcomes as well as monitoring the difficult learning/developmental stages that the staff and management nurses experienced.

Outcome research is currently in the final planning stage to formally evaluate clinical changes in the child and family. Staff nurses are actively involved in planning/completing the study.

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Murphy, S. Family study and nursing research. Image: Journal of Nursing Scholarship. 18 (4), Winter 1986, 170-173.

O'CONNOR, Tracy M; HOROWITZ, June A. (Massachusetts U.S.A.)

A Developmental Perspective of Maternal Coping Styles

Aims: This non-experimental study explored the means by which mothers of various ages cope with stress. Problem-focused and affective-focused coping mechanisms (Folkman and Lazarus, 1988) were examined in relation to maternal age. Such coping styles were examined in an effort to contribute to the development of models of maternal development, stress, coping, and effective clinical interventions.

Methods: A convenience sample of mothers (N=57) obtained from various outpatient clinics and personal affiliations was divided into three age groups: 18-25 y.o., 26-29 y.o., and 30 y.o. and older. Subjects self administered the Personal Information Sheet for Mothers (Horowitz, 1986) regarding demographic information and the Jalowiec Coping Scale (1979) which examined problem-focused and affective-focused coping styles.

Findings: Descriptive and inferential statistics were utilized in data analysis. Pearsons product-moment correlation revealed no significant correlations between age and coping style scores. Analysis of the variance of coping styles between age groups yielded insignificant findings. This lack of variance persisted after marital status, education, income, race, and religion were controlled through an analysis of covariance. In addition, an analysis of differences in coping styles versus maternal age at the birth of one's first child proved to be insignificant.

Discussion: Various explanations were generated which addressed the lack of significant findings. Nonprobability sampling increased the risk of selecting a biased sample. While Jalowiec's Coping Scale (1979) is easily administered, it may measure general coping beliefs without regard to the appraised degree of stress or the significance of stress in relation to particular coping strategies. In addition, variability may exist not in the frequency of the use of particular coping skills, but may exist in relation to the appropriateness and effectiveness of chosen coping techniques. Jalowiec's scale may not be sensitive to situational responses that might be altered by development. In order to address such possibilities further studies should address degree of stress,

accessibility of social support, coping resources, focus of control, and coping responses to specific stressful situations. Furthermore, insignificant findings might suggest that coping skills are relatively stable, and remain unchanged from adolescence through adulthood. In an effort to more fully address family health and coping needs, nurses must continue to examine the basis of assessment and intervention strategies aimed towards evaluating and maximizing the adaptive coping skills of mothers.

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Jalowiec, A., Murphy, S.P., & Powers, M.J. (1983). Psychometric assessment of the Jalowiec coping scale. Nursing Research. 33 (3), 157-161.

Walter, C A . (1986). The timing of motherhood. Lexington, Massachusetts: D.C. Heath and Company.

PERALA, Marja-Leena; MERILAINEN, Pirkko; POLLANEN, Maiketta (FINLAND)

Evaluation of the Quality of Life Including Family Life and the Nursing Care Perceived by Coronary Bypass Surgery Patients

The purpose of this study was to evaluate the quality of life including family life of patients who had undergone coronary bypass surgery, as they perceived it two years after the surgery. Another objective was to study how patients perceived the nursing care while in hospital for the surgery and after their discharge. The study also aimed to find the factors contributing to patients' satisfaction with the hospital care and to a positive outlook on their future prospects.

The data for this study were collected at University Central Hospital of Kuopio using the questionnaires of 112 patients who had undergone coronary bypass surgery in 1985. The data were collected in March and April 1988. The response rate was 95 %.

Half of the patients felt no pain at the time of the follow-up study. Consequently, they were able to move, cope with everyday routines and even pursue activities requiring physical fitness. They had even more friends and more hobbies after the surgery than before it, for instance; hunting, fishing and all kinds of physical activities. About one quarter of the patients were employed at the time of the follow-up study. Many patients stated that the relationship with their spouse was improved after the surgery, including their sexual life.

Nearly all patients felt that their lives had improved after the surgery. They also were mentally balanced, except for one patient who lived in constant fear of death. Three out of four patients had positive expectations for the future. Apart from their rehabilitation and continued care, the patients were satisfied with the nursing care.

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Ranshaw J. & Stanley C. Individual differences in life style response to coronary artery bypass surgery. British Journal of Medical Psychology 1983, 3 (1), 253-263.

Smith H. Frye R. & Pichler J. Does coronary bypass surgery have a favorable influence on the quality of life. Cardiovascular Clinics. 1983, 3 (1), 253-263.

PHUPHATBUL, Rutja; NONTTBUTRA, Kanitta; TUNGWORRAPONGCHAI, Jintana.; PATTARACHIDA, Mareerat (THAILAND)

Industrialization and Changing Roles of Thai Women as Family Health Care Providers

This study is a comparative study to identify role changes of women of reproductive age as family health care providers. Subjects were 94 women of an agricultural village and 133 women of a newly industrialized village (gem-cutting) located in Nong-ruae district, Khon Kaen Province in the northeast of Thailand. Data appraised in the study consisted of 3 parts. 1) Demographic data 2) Women's role data, and 3) Socioeconomic

changes data. Additional data on women's attitude towards their present occupation were also contained. Method of data collection were interviewed.

Data was analyzed using two sample t-tests and Chi-square test. The findings reveals that women from both groups were primary health providers of family. They cared for the young and the old aged family members. Both groups maintained sufficient and long enough breast milk to their babies. The under one-year old baby had a normal growth rate. However, after the first year, their growth rate were not as normal. Particularly, the newly industrialized group reported illness more frequent than the other group. Even though the women in the newly industrialized group earned higher income, they found that their role as family health care providers decreased, due to time limitation.

Additional data on changing socioeconomic status and women's attitude towards present occupation showed significant difference between both groups. The newly industrialized group earned more money and they spent more on household appliances. It also found that they belonged to community groups as much as the other group. It also revealed significant differences between attitudes towards occupation between both groups of women.

RAINES, Teri; MILLAR, Frank E. (Wyoming U.S.A.)

Metaphor for Family in Families with Adolescents

The metaphors used by families reflect the families frame of reference. Metaphor is used in the creation of meaning. Metaphors can serve as vehicles for discovery for the family and the researcher or psychotherapist.

Twenty families with adolescents thirteen to eighteen years of age participated in indepth interviews and completed five questionnaires: Olson's (1985) Family Adaptability and Cohesion Scale, Family Satisfaction Scale and a Family Communication Scale (on each family member participating in the study). Eight of the families contained adolescents experiencing difficulties (failing in school, in trouble with the law or acts of violence against self or others). All families contained two parents in the home, some were blended families or step families. These families all lived in a non-metropolitan community in the Rocky Mountain region. The collection of data is completed.

Each family member was asked to describe family in terms of a metaphor. The Ethnograph computer program was used to categorize metaphors by problem and nonproblem families, levels of family cohesion (based on Olson, (1985) Family Adaptability and Cohesion Scale) gender and age of adolescent, and types of metaphors used by adolescents, mothers and fathers. General categories of metaphors were then analyzed for differences in any of the above areas.

Results are incomplete at this time, however upon initial inspection a common family metaphor used by adolescents involved water, i.e., "A lake, sometimes it's calm and placid-peaceful and other times like when we are fighting it's big waves like a violent storm".

Increased understanding of family metaphors can help guide family assessment, when families both create/describe and interpret their own metaphors. Metaphor is being use very successfully in family therapy.

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Raff, B.S., Humenick, S. & Wilkerson, N. (Eds). (1990). Adolescent pregnancy: primary, secondary and tertiary prevention across individuals, family and communities. (Birth Defects: Original Article Series. Vol. 21, No. 6, 1989). White Plains, NY: March of Dimes.

Welch, M.J., (1984). Using metaphor in psychotherapy. Journal of psychosocial Nursing. 22, (11), 13-19.

REECE, Susan M. (Massachusetts U.S.A.)

Stress and Adaptation of Primiparas Over 35 One Year Postpartum

A recent trend exists of women delaying childbearing until their educational and career goals have been achieved (Postponed childbearing, 1989). Generally, women who delay parenthood are better educated and

have achieved higher occupational levels than their younger counterparts. Yet, older first-time mothers may experience unique stressors that could affect the ease with which they adapt to the parenting role (Mercer, 1986). The purpose of this longitudinal study was to assess whether expectations, self-evaluations, and satisfaction with the early parenting experience at 1 and 3 months postpartum were associated with maternal identity, adaptation and stress one year after delivery.

The sample consisted of 94 first-time mothers over 35. At 1 and 3 months after delivery the What Being the Parent of a Baby is Like - Revised (Pridham & Chang, 1989) was administered. One year postpartum the mothers completed the Postpartum Self-Evaluation Questionnaire (Lederman, Weingarten, & Lederman, 1981), and the Global Perceived Stress Scale (Cohen, Kamarack, & Mermelstein, 1983).

Correlational analyses indicated that mothers' expectations, and self-evaluations of parenting at both one and three months after delivery were associated with a positive maternal identity and dimensions of confidence in the motherhood role and support 1 year postpartum. Perceived stress at three months had a negative association with maternal confidence, satisfaction and support. Stress both at 1 and 3 months after delivery was associated with global perceived stress at one year. Perceived stress at one year had a negative relationship with dimensions of maternal adaptation including relationship with husband, satisfaction with life circumstance, confidence and satisfaction in parenting and support.

The outcomes of these analyses have relevance for all nurses in practice with childbearing families. Early identification of mothers at risk for increased stress, difficulty with maternal identity and/or with maternal adaptation over the transition to parenthood allows for anticipatory intervention strategies to promote the health and well being of older first-time mothers and their infants.

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RENNICK, Janet E. (Quebec CANADA)

Fostering Family Nursing in a Pediatric Intensive Care Unit: The Role of the Clinical Nurse Specialist

The role of the Clinical Nurse Specialist (CNS) has been described in the literature, and operationalized in a multitude of centres for more than two decades. Yet it remains one of the most controversial roles in nursing today. While the trend in many centres has been to establish CNS positions that foster a functional approach to nursing, (nurses can become cardiovascular specialists, respiratory specialists, neuroscience specialists, and so on), this raises important implications and potential limitations for nursing practice. At the Montreal Children's Hospital (MCH), the CNS is considered a "nursing" specialist. An understanding of physiology as it relates to nursing care is integrated with the broader set of needs presented by the child and family. Implementing the role implies a commitment to advancing nursing practice and improving the quality of family care that is delivered. The role of the CNS in the Pediatric Intensive Care Unit (PICU) at the MCH has evolved over a seven year period. The PICU is a particularly busy and stressful environment for families and staff. Families are confronted with dramatic role alterations, loss of control, changes in support systems, uncertainty regarding long-term recover, and difficult ethical dilemmas related to treatment measures and the alleviation of suffering. Nurses must carry out highly specialized and complex patient care, including caring for dying children, and caring for those who will recover but who will sustain irreversible damage. Ethical dilemmas are confronted by nursing staff on a regular basis. The clinical practice and education components of the CNS role in this setting involve working with families and with staff on a daily basis regarding many of these issues. Interventions include (among others) formal and informal education and information sharing sessions, workshops, family conferences, multidisciplinary meetings to discuss ethical dilemmas, meeting with nurses on an individual basis

to discuss issues related to practice, and direct involvement with a number of long-stay children and families. The research component of the role focuses on the investigation of clinically relevant issues for nursing. This presentation focuses on the important relationship between the CNS role and the development of family nursing within a PICU. Clinical intervention strategies are explored, and nursing outcome are examined.

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McCubbin, H.I. and Patterson, J.M. (1983). Family transitions: Adaptation to stress, in H.I. McCubbin and C.R. Figley (eds.), Stress and the family: coping with normative transitions (vol 1). New York: Brunner/Mazel.

RENNICK, Janet E.; VIAU-CHAGNON, Michele (Quebec CANADA)

Exploring the Lived Experience of Bone Marrow Transplantation: A Family-Centered Approach

The diagnosis of leukemia in childhood is devastating. The decision to pursue bone marrow transplantation (BMT) as a choice of treatment is, at best, an extremely difficult one. This case study explored the experience of one very special family who elected to undergo transplantation at the Montreal Children's Hospital. Jules was a 5 year old boy who was diagnosed with leukemia at 20 months of age. After two relapses, his only chance for survival was BMT. Although a twin brother was able to act as a donor, the decision to go through with the transplant was a painful one for this family to make. This study explored the BMT experience through the perspectives of those who were intimately involved in it. The study purpose was to conceptualize the enduring and relevant meanings of this shared human experience between the family and the health care team. Family interviews were conducted and video-taped. Interviews were also conducted with nurses, child life specialists, a social worker, and physicians who worked closely with this family. Audio tapes of all interviews were transcribed, and the data content analyzed. Data analysis revealed a family that worked together as a well-functioning system, with boundaries that were permeable enough to allow a strong supportive team approach to family care to develop. Five central themes identified in an earlier study by Rennick (1987), emerged and were expanded upon in this study within the broad context of the family system. They included; the need to know, the need to be respected, the need to comfort, the need to be comforted, and the need to trust. Study results provide important insight into the lived experience of BMT, and raise further implications for nursing practice and future research.

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RHYNE, Maureen Culkin (California U.S.A.)

The Effects of Parental Mid-life Divorce on Young Adult Development

The present study builds on recent exploratory studies (Ahrons, 1986; Cooney, Smyer, Hagestad, & Klock, 1986; Kaufman, 1987) and focuses on the effects of parental mid-life divorce on the developmental task, lifestyle, and affective response of young adult children, 18 through 23 years old, whose parents have separated/divorced within the last 36 months. A comparison group whose parents are still married and living together is included. Controlling for time since separation/divorce, focusing on the young adult transition,

including a comparison group, having a larger sample size, and using standardized instruments distinguish this project from previous endeavors in this area.

The young adult transition has been viewed as a critical developmental stage by Levinson (1978). This study has addressed the impact of the situational crisis of parental divorce being superimposed on this developmental crisis. Undergraduate students from universities in the Southern California area were recruited to participate on a voluntary basis. Participation involved a paper and pencil response to the following instruments: the Student Developmental Task and Lifestyle Inventory (Winston, Miller, & Prince, 1987), the cohesion and conflict subscales of the Moos Family Environment Scale (Moos & Moos, 1974) and an adaptation of the Life Change Inventory (Constantini, Braun, Davis, & Iervolino, 1974). A questionnaire designed by the principal investigator to assess demographic data and issues related to family dynamics, divorcing families, particularly mid-life divorce, and life cycle issues, with special emphasis on the young adult transition and the mid-life stage was also administered. Participation required about one hour of the subjects' time. Randomly selected respondents were interviewed to add a more personal dimension to the quantitative data. Preliminary analysis of the data indicate important implications for family nursing. The concurrence of the young adult transition and parental mid-life separation/divorce reciprocally impacts the health of family members and their lifestyle choices.

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Constantini, A., Braun, J., Davis, J., & Iervolino, A. (1974). The life change inventory: A device for quantifying psychological magnitude of changes experienced by college students. Psychological Reports, 34, (pp.991-1000).

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ROBINSON, Michael Ann (Utah U.S.A.)

Adolescent Friendships as Sources of Social Support During Family Disruption

Purpose: This mixed designed study investigated the extent to which several dimensions of social support from friends served as potential coping resources to influence the perceived stress felt by young teenagers from their parents' separation. To facilitate family adaptation, nurses need knowledge about why some adolescents cope well with family disruption while others experience considerable difficulty.

Methods: A group design was used to compare differences in stress and friendship support between 50 teenagers whose parents had separated within 12 months and 50 teenagers whose parents claimed stable, first marriages. A correlational design was used to investigate the relationships between friendship support, potentially mediating family factors, and the perceived stress of adolescents. The groups were matched on grade, gender, and religion. Instruments used included adapted versions of the Perceived Stress Scale, Hassles of Separation Survey, Arizona Social Support Interview Schedule, and Inventory of Social Support Behaviors, and the conflict subscale of the Family Environment Scale. Tests for reliability during a pilot study ranged from .72 - .95 (reliability coefficient) and from .75 - .90 (Cronbach alpha). During the main study, the Cronbach alpha coefficients ranged .77 - .92. Data were collected during home-based interviews by two female research assistants. Data were analyzed using analysis of variance and multiple regression statistics.

Findings: There were no statistically or practically significant differences in perceived stress between teenagers with separated or married parents. Teenage girls with married parents reported statistically, but not practically significant higher levels of need for support and enacted support from friends. Teenagers' need for support, friendship network size, and satisfaction with support accounted for 29 % of the variance of their perceived general stress. Neither parents' marital status, time since separation, nor degree of family conflict were significant mediators in the relationship between stress and friendship support.

Significance to family nursing. Findings suggest that, while family disruption from parents' marital separation was stressful for many adolescents, it was not the only source of their stress. While teenagers' need for support was high and friendship support was important for some, in general it did not function as a primary

resource for coping with stress related to parents separation. These findings contribute to a parallel body of knowledge about the role of parent strengths in children's adjustment to separation and divorce. Since the study was conducted in a culture with strong family values, the findings also suggest the need for future nursing research into the role of family beliefs as a resource for coping with family disruption.

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 Hetherington, E.M. & Arasteh, J.D. (1988). Impact of divorce, single parenting, and step-parenting on children and adolescents. Hillsdale, NJ: Lawrence Erlbaum Associates.
 Lazarus, R. S. & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer Publishing.

ROBINSON-SMITH, Gale (New Jersey U.S.A.)

Coping Ability and Life Satisfaction Among Elderly Couples After a Stroke

The study examines the relationship between coping ability and life satisfaction among elderly couples six months to one year after one member has experienced a cerebrovascular accident (stroke). Potential subjects were screened for memory loss by registered nurse report and researcher assessment. The design of the study is a repeated measures, split plot design with matched spouses. Instruments used include the Folkman and Lazarus Ways of Coping scale and the Neugarten and Havighurst Life Satisfaction, and Gulick's Self-Care ADL Scale. Functional status will be used to control for effects of the severity of the stroke. Analysis of variance, Pearson correlations and multiple regression are used to analyze the data.

Thirty-two elderly couples have been studied as part of a continuing study which will involve seventy-five couples. Of the 32 couples in the study, there are 23 husbands and nine wives who have experienced stroke. Twenty-two couples live alone, and mean years married for all couples is 42. The mean age of males in the study is 70 years, while in females, it is 68 years.

Findings to date show a significant positive relationship between life satisfaction of the stroke spouse and spouse. There is statistically significant difference in life satisfaction between the spouse group and stroke spouse using ANOVA. The stroke spouse is consistently less satisfied than the spouse. The relationship between coping and life satisfaction is not significant. There is a significant relationship between life satisfaction of the stroke spouse and the ability to feed self. Multiple regression analysis will be completed to analyze the relationship between the problem-focused and emotion-focused coping of the stroke spouse and the spouse.

Significance to family nursing includes understanding how life satisfaction in the spouse may contribute to life satisfaction in the stroke spouse. Fine motor skills show way to help both spouses cope more effectively in dealing with the stroke.

- Gulick, E.E. (1988). The self-administered ADL scale for persons with multiple sclerosis. In Measurement of Clinical and Educational Nursing Outcomes. Vol. 1. Client Centered Outcomes. C.F. Waltz and O.L. Stickland (Eds) New York: Springer Publishing.
 Lazarus, R. and Folkman, S. (1984). Stress, Appraisal, and Coping. New York: Springer Publishing.
 Neugarten, B., Havighurst, R., and Tobin, S. (1961). The measurement of life satisfaction. Journal of Gerontology. 16, 134-143.

ROBRECHT, Linda C. (Oregon U.S.A.)

Marking Time: The Impact of Technology on the Pregnancy and Childbirth Experience of the Mature Gravida

I. Purpose of Project: The purpose of this pilot project was to begin to generate a theory reflecting the unique pregnancy and childbirth experience of the first-time mother over the age of thirty-five.

II. Significance to Family Nursing: 1. Family nursing is concerned with promoting and maintaining health families and family relationships. Women over the age of 35 expecting their first baby are subjected to

routine prenatal care that differs from younger counterparts. Women in this age group are typically exposed to more technological interventions; infertility evaluations, prenatal genetic diagnostic testing, increased antepartum surveillance, and some anticipation of labor and delivery complications due to maternal age and the premium value of the pregnancy. In order to plan and provide meaningful nursing care for this group of women and their families, it is essential to understand, from their perspective, their unique responses to the pregnancy and childbirth experience. 2. Theory-generating research is an important aspect of scholarly inquiry that contributes to nursing knowledge and to the discipline of family health care nursing.

III. Study Procedures: Grounded theory methodology, a naturalistic-inductive method, was used to begin to generate a theory, Marking-Time: The Impact of Technology on the Pregnancy and Childbirth Experience of the Mature Gravida.

The convenience sample consisted of 10 married informants over the age of 35 expecting her first child. A total of 15 semi-structured interviews were conducted. Data were analyzed according to the technique of dimensional analysis in which conceptualizations emerged from the data to specify and define the context and consequences of phenomena.

IV. Results and Implications: Time takes on patterns which are discernable through the ways humans mark time as it seemingly moves forward in anticipation of life's experiences. Markers of time may be finely or grossly constructed (e.g. gross markers include childhood, adulthood, old age; fine markers include expectations or planning as in pregnancy and birthing). The point is that marks are applied to time to reflect not only the substance (pregnancy) but the personal-social-biological and cultural indicators of marks of time as generally and specifically experienced. The mature gravida finds that general markers of time that are standard for younger gravidae may be only grossly appropriate and sufficient. Health professionals and even mass media begin to indicate new considerations that have to be taken into account (made markers). Thus, the marking of time for the mature gravida incorporates the experience, professional, institutional, and technological of her social-cultural-biological milieu. These markers of time have special meaning to the gravida over 35, and therefore, hold special significance to the provision of health care to women in this age group.

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RODEN, Janet (AUSTRALIA)

Improving Childhood Immunisation Levels: Parental Attitudes and the Role of Nurses

The author is presently undertaking research to investigate, from a nursing perspective, levels of general immunization in 5 year old children living in the Sydney Western Metropolitan Region. (This Region of the State of New South Wales is a culturally diverse area with a total population of 1,470,400, of which more than 34% are children.)

Various socioeconomic, age, ethnicity and educational factors that influence parents to fully immunize their children will be examined. So too will parental attitudes towards immunization and their perceptions of nurses' knowledge of and involvement in immunization. [The second phase of this research will compare the responses obtained from parents with nurses' own perceptions of their immunization knowledge and of the extent to which they are involved in providing immunization services.]

Questionnaires have been given to the parents of 450 kindergarten school age children from 18 classes in 10 schools in the Region. The data will be used to test a series of 15 hypotheses which have been developed, based on Becker's Health Belief Model (cited in Kirscht and Rosenstock, 1979:203 and Friedman, 1986:224) and will thus identify which of the factors are most relevant to improving immunization take up rates.

Why parents regard nurses less favorably than doctors when delivering immunization services will be examined. Discussion will focus on the relevance of nurses' current knowledge level and training, their roles within immunization service delivery systems, whether current community education strategies about

immunization need revision, and the appropriateness of the immunization services provided to the Australian public.

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RUIZ, Maria Elena (California USA)

Folk Beliefs and Health Practices of Mexican-American Women

A study of Mexican-Americans' folk beliefs was performed to determine how cultural factors influence health care practices. Previous research characterizes Mexican-Americans as a tradition bound people who adhere to health care practices based on folk beliefs. However, this research is out dated, confusing, and based on limited samples. This present study was performed to update and clarify the results and to determine how culturally determined beliefs affect the health care practices of the largest ethnic group in the United States.

A review of the existing literature showed that most researchers attribute a specific list of folk beliefs to Mexican-Americans and that these beliefs influence how members of this Latino population seek traditional health care. To determine if this is true, the current study surveyed 40 Mexican-American women questioning them on their knowledge of this list and on their practices. Their responses were found to be difficult from what was previously reported. This research indicates that while many conditions described by folk beliefs were recognized, the subjects still consulted physicians for the treatment of ailments. Also, treatments of these ailments were not considered magical or ritualistic and were used only when more traditional forms of health care were unavailable.

This research contradicts previous findings and indicates that non-traditional treatments of ailments is not wide spread. The main conclusion reached is that knowledge of folk treatments does not imply belief but rather an awareness of cultural traditions.

SANDOR, M. Kay (Texas U.S.A.)

Nursing Interventions for Adolescents in Single-Parent Families: A Problem-Solving Bibliotherapy Approach

This intervention study used an experimental, pretest-post-test, comparison-group field design. For the purposes of the study, the unit of analysis was the individual teenager within the context of the family system. The phenomenon of interest was problem-solving as an efficacious strategy for teenagers coping simultaneously with the developmental transition of adolescence and the familial transition of parental divorce. The design incorporated a previously developed self-help bibliotherapy intervention. The study sought information about the intervention's effects on the competence of a sample of adolescents, as measured by their problem-solving appraisals, self-perceptions, self-efficacy, and self-esteem. These adolescents' single-parent mothers' problem-solving appraisals and parenting characteristics were simultaneously measured to assess the mothers' influence. Mother and adolescent dyads (N= 100) were randomly assigned to either an intervention or comparison group. Testings occurred approximately on month apart, both before and after the intervention for Group I. Group II served as a comparison group, with the workbook intervention delayed until after two test periods. Three hypotheses were used in assessing the impact of the self-help problem-solving workbook intervention and of the single-parent mothers' influence on adolescent competence. Analyses of covariance and multiple regression were used in the statistical analysis the research data.

The findings for Hypothesis 1 suggest that the self-help problem-solving workbook intervention offers a means of promoting psychosocial competence in teenagers. Having used the workbook over a one-month period, teenagers reported a significant decrease in the emotional coping behaviors of getting depressed and of getting mad and yelling. However, there were no significant group differences in the measures of cognitive

outcome in the adolescents. These measures assessed self-efficacy, problem-solving appraisal, self-esteem, or self-perceptions of competence.

The results for Hypotheses 2 and 3 further indicated that the single-parent mothers' parenting skills and problem-solving appraisals were significant but small-grade predictors of their teenagers' competence at pretest and post-test. Although the degree of prediction was low, it was comparable to that of another study which used similar instruments.

In summary, it appears that the workbook provided teenagers a means of using self-regulation to cope with their problems. While the measures of cognitive competence provided useful information, the study could have been strengthened by incorporating more measures of coping ability. It is clear that nursing interventions can help teenagers to cope with the multiple personal and environmental transitions characteristic of the second decade of life.

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SASANKAN, Santhamma (INDIA)

Family Nursing

Family is the basic unit of the society. Health starts from the family. If all the family members are healthy then the nation will be healthy. Mother is the centre of the family. She is responsible for the health of all family members. Family is the first school and the mother is the first teacher of a child. Mother's health and children's health is inter-related. Children are the future of the nation. Only the healthy citizen can build up a healthy nation. So the nursing should start from the family.

Objective: 1. To reduce the maternal and infant mortality and morbidity rate. 2. To improve the health of the family members. 3. To improve the health status of the nation. 4. To improve the income of the family and the nation.

Methodology: Interview schedule and observation method.

Findings: Family health is mainly affected by poverty, ignorance, a balanced diet, special diet for vulnerable groups, large family, repeated pregnancy, high mortality and morbidity among mothers and children, unemployment, low-paid employment, poor living standard, poor sanitation, lack of adequate health facilities, lack of health awareness and health consciousness.

Suggestions: Employment facilities to be improved. Adequate health facilities to be provided to the community. Health education to be given to the community to take the advantage of all available health services which are rendered by the Government. Mothers should be taught about the importance of nutritious food. Nutritive value of common food, child care, importance of immunization, care during antenatal, natal and post natal period.

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SCHEPP, Karen G. (Washington U.S.A.)

Predictors of Coping Effort and Satisfaction with Care of Parents of Hospitalized Children

This study is part of an ongoing research program directed at understanding how parents respond to the hospitalization of a child with an acute illness. The purposes of the study are; 1) to test a clinical nursing theory that predicts factors which influence parents' ability to cope with the stresses of having a child hospitalized and their satisfaction with the care of child receives, and 2) to determine if there is a significant difference between mothers' and fathers' reactions to the situations they encounter when their child is hospitalized. The concepts being studied are the parents' uncertainty, perceived actual control, preferred control, social support, situational anxiety, coping effort, and satisfaction with care. The two dependent variables are coping effort and satisfaction with care.

This study uses a cross-sectional correlational survey design with a causal modelling approach. The subjects are a convenience sample of 70 parents (35 mothers and 35 fathers) of children five years of age or less who are hospitalized for acute illnesses at a large children's hospital. Nine scales are being used to index the eight major concepts. The nine scales are all Likert-type self-administered instruments measuring the concepts at interval level. All of the scales have been shown to be reliable and valid with this sample population or with other health care clients. The psychometric properties of the scales will be assessed for this sample during the data analysis. Multiple regression analysis will be used to test the predicted causal relationships among the concepts. T-tests will be used to determine significant differences between mothers' and fathers' responses to the scales.

This study is significant to family nursing in that it will provide a greater understanding of the family's reaction to having a child hospitalized. The knowledge to be gained from this study will be useful in guiding nursing actions involving families of hospitalized children. (The study is currently in the data collection phase).

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SIEMSEN, Georgene C. (Oregon U.S.A.)

Measuring Family Functioning in Older Families Using the Feetham Family Functioning Survey

There is a need for an efficient, reliable and valid means for assessing aged family functioning. The Feetham Family Functioning Survey (FFFS) has been used with younger families with supported reliability and validity. The purpose of this methodological two phase study was to explore the concept of aged family functioning in qualitative interviews with older families, and to evaluate the use of the FFFS with an older sample.

Phase One was designed to develop the conceptual framework for the analysis of family functioning in older families and to draft the revisions of the FFFS for use with this age group. Focused interviews were used to explore elderly couples' perceptions of family functioning in their age group. Highly functioning elderly couples identified by local senior center staff were interviewed in their homes until categories were saturated (n=8). Constant comparative analysis was done on transcribed tapes and notes. The couples identified the following factors in describing a highly functioning older family; 1) affection, love and trust; 2) intact communication; 3) effective problem-solving, including flexibility and an openness to outside resources; 4) friendships and social contacts; 5) involvement in productive activities; 6) adequate financial resources; 7) involvement in leisure activities and 8) religion as a source of support or comfort. Instrument format and administration procedure were modified. An item to measure religious/spiritual activity was added. Final revisions were made after a review by experts.

Phase Two of this study involved the psychometric testing of the modified instrument (MFFFS). Families over 65 were accessed through two home health agencies in a large city in the Pacific NW (n=47). The families' level of functioning was assessed by nursing or social work staff. The caregiving wives were sent the MFFFS, and their responses were obtained by telephone.

The MFFFS was efficient to use, although cuing was needed to insure subjects understood the response set. A revised modified FFS (RMFFFS) was developed by eliminating items that were problematic for the respondents. The RMFFFS was used in the final analysis. Content validity was supported by the review of the literature and the qualitative work in Phase One. Construct validity was not supported by a t-test comparing family discrepant scores of high and low functioning families. Although not significant, the means were in the predicted direction. Reliability of the RMFFFS was supported with a Chronbach alpha of .86 for the family discrepant score. The addition of the item addressing religious or spiritual activity did not change the alpha, supporting its use in the scale.

The evaluation of family functioning in later adulthood is an important area where little work has been done. This study supports the use of the RMFFFS for use in further research with older families.

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SOLMONSON, Judith (Oregon U.S.A.)

Families of Persons with Severe and Persistent Mental Illness: Caregiving and Support Needs

The purpose of this study was to identify the needs of families of mentally ill persons to maintain good health for themselves and their ill family members and to evaluate a strategy implemented in a joint effort of the Oregon Mental Health Services Division (MHDDSD) and Oregon Alliance of Advocates for the Mentally Ill (OAAMI) to meet these needs.

From the existing body of literature emerges the burden of the family, divided into three components: the burden of loss, the burden of caregiving, and the burden of entanglement. The burden of loss incorporates the grief and suffering experienced by the family as a result of the mental illness of a family member. The second role of caregiver encompasses the family's responsibility for the ill member's care. Entanglement denotes the complicated involvement with the ill family member that may be dysfunctional, compromising, or embarrassing and from which disengagement is difficult. Because the family role has been inadequately assessed, they frequently have not been integrated into mental health treatment planning. When they have, the purpose is more often short term, to resolve the ill relative's problems without recognizing the family as long term collaborators in treatment. Because entanglement is difficult to operationalize from anything but a third party perspective and it does not have the priority of the other roles, it was not addressed in this study except in descriptive example.

This nonexperimental descriptive research used the entire population (69) of family participants in a workshop intended to meet the needs of families with mentally ill family members. A researcher developed instrument containing 4 scales: demographics (28 items), workshop evaluation (18 items), family needs (13 items), and family loss (14 items), was mailed one week prior to a 30 minute telephone interview. This research will be complete by April, 1990. Factor analysis will be used to determine the distinction of the concepts, loss and caregiving, and to provide a more precise description of them. Workshop data will be evaluated descriptively. Findings will be reported back to MHSD and OAAMI for continued collaborative training for families and mental health workers. A better understanding of the needs of families of the mentally ill will help shape mental health services to target specific family needs and strengthen the health of the whole family unit.

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- Lefley, H. (1987). The family's response to mental illness in a relative. In A.B. Hatfield (ed). Families of the Mentally Ill: Meeting the Challenge. New Directions for Mental Health Services. 34. San Francisco, Josey-Bass. 3-21.

SPENCER, Gale; SEIGART, Denise (New York U.S.A.)

The Self-Care Capabilities of Battered Women

The purpose of this project is to determine the relationship between the self-care capabilities of battered women, as measured by Denyes' Self-Care Agency Instrument, and their choice of after-shelter housing. The objectives of the project are: 1) to identify characteristics of women who plan to set up a new household following a period of shelter housing, and 2) to develop a knowledge base that will provide insight as to the self-care agency of battered women that will ultimately assist in developing treatment modalities. These treatment modalities could be directed toward transitional phase service programs which are at present severely limited. Domestic violence and the treatment of battered women is well recognized as a problem within the realm of family nursing. Many significant contributions to the understanding of family violence have been made by nurses and it is hoped that this research will add to this knowledge base. The incorporation of nursing theory into the study of families in crisis adds a new dimension to research in the domestic violence arena.

The study will be conducted in approximately 14 shelters for battered women across New York State. Each resident of the shelters will be given the opportunity to participate in the study by filling out a 44 item questionnaire which will measure two questions on the questionnaire ask where the resident will be going upon discharge, and what contributed to her decision. The questionnaires will then be returned to the investigators by mail on a monthly basis during the year of data collection. The research design will be a descriptive correlational survey using a self-report questionnaire. The research instrument used is the Denyes' Self-Care Agency questionnaire. The reliability and validity for this instrument has been established for abused adolescents and battered women. (Denes, 1982; Campbell, 1986). This research is approved for funding and is scheduled to begin in March 1990. The research is projected to be completed in February 1992. The first year's data will be available for presentation at the conference.

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STETZ, Kathleen M.; LEWIS, Francis M.; HOUCK, Gail M. (Washington U.S.A.)

The Relevancy of Family Theory in Explaining Family Goals

The concept of family goals essentially is unexamined in both the theoretical and empirical literature in family theory. This paper critically examines current knowledge about family goals and provides an integrated theoretical framework for using family goals to explain family functioning and adaptation with the domain of nursing practice. Three theoretical frameworks were identified to examine the concept of family goals and its application to family adaptation to life events. These frameworks include: Organizational Theory, Family Development and Life Cycle Theory, and General Systems Theory. Organizational Theory differentiates between official and operative family goals. Family Development and Life Cycle Theory indicates that family

goals are reflective of the family's developmental phase. General Systems Theory elaborates the processing used to derive goals as well as the hierarchical arrangement of goals within the family. In order to describe and specify the relationship of the frameworks to actual family goals, examples of goals reported by families with schoolage children during a face-to-face interview in the home will be presented. This data is from a large longitudinal study (N= 125) on the impact of the mother's chronic illness on the family's coping and functioning. Findings from the process of integration suggest that family goals may reflect the feedback processes and developmental phases of family life. It is hypothesized that the level of information processing that characterizes family goals and the extent to which the salient developmental issues embedded in them are "on time" would be related to indices of family functioning. Implications for use of an integrated framework for assessment and interpretation of family goals will be provided.

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TIMMER-HAWCK, Louise (California U.S.A.)

Receptivity to Instruction for High-Risk Mothers during the Immediate Postpartum Period.

The purpose of this multiple correlation research study was to identify physical and psychosocial predictors which may explain the variance in maternal receptivity to instruction for high-risk mothers during the immediate postpartum period as measured by performance on a test. This study attempted to demonstrate that maternal test scores were related to twelve stimulus overload variables, which, in turn, affected high-risk mothers when breastfeeding instructions were given.

The study sample consisted of 120 high-risk mothers who intended to breastfeed. Each subject was asked to read a breastfeeding pamphlet and complete a test prior to her first feeding session. Upon discharge, all participants completed a postpartum self-evaluation questionnaire. A stepwise multiple regression analysis of the data was conducted to determine the relationship between the predictor variables and the dependent variable, maternal receptivity to instruction.

Two distinct groups emerged from the findings. One group (58%) was unable to complete the instruction, while the other group (42%) completed the test with the majority attaining 85% or better. Data analysis revealed that five predictors explained 42% of the variance on the criterion, maternal receptivity to instruction.

The study demonstrated that stimulus overload variables are operating in the immediate postpartum period for high-risk mothers. The findings verify, for the first time, the extent and degree of stimulus overload some high-risk mothers experience immediately after birth.

Recommendations from the study include an assessment of the high-risk mother to determine how receptive she is to instruction in the postdelivery period. By a thorough review of the mother's prenatal, labor and delivery records, the postpartum nurses can identify stimulus overload factors that may impact on maternal instruction during the first twenty-four hours after birth. Priorities of teaching self and newborn care can be done in a timely manner, and the high-risk mother can be protected from becoming overwhelmed and shutting out information she needs to learn prior to discharge.

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TREMBLAY, Nicole; THIBAUDEAU, Marie F. (Quebec CANADA)

The Functioning of Families with a Dying Parent

The aim of this exploratory study is to describe the functioning of families with one parent dying of cancer (the last stage) and the help that they desire to cope with the situation. These families are composed of both parents and children. The McMaster model of family functioning developed by Epstein et al., was utilized to conceptualize the six dimensions of that functioning: problem-solving, communication, roles, affective responsiveness, affective involvement, behavior control. The family functioning was evaluated by; 1) the FAD (Family Assessment Device), a 4 point scale composed of 60 questions filled by each family member over 12 years old, 2) the MCRS (McMaster Clinical Rating Scale), an interview guide used by a clinician during an interview with the family members assembled. Moreover, a small questionnaire was used to identify socioeconomic variables and the help needed (formal and informal) by the family.

To date, data have been collected on 20 families with one of the two parents dying. The researcher, a clinical nurse specialist with families, offered help to the families after the collection of data. Some observations were collected on the help utilized by some families even after the death.

A preliminary analysis seems to show that families maintain adequate functioning during this difficult situation; however, the families seem to face some degree of difficulty concerning two dimension, "communication" and "affective responsiveness". Comparisons will be made with data collected on families experiencing other stressful situations.

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VAN CLEVE, Lois; HERRMANN, Marilyn; LEVISON, Linda (California U.S.A.)

The Effects of Parenting Instruction on Self-esteem and Parenting Competency

Considerable attention and concern has been given to the high rate of birth to adolescents. Approximately 24% of infants are born to teen mothers under 20 years of age, many are unwed, and over 90% are choosing to keep their infants. There is a paucity in longitudinal studies that provide both an intervention program and systematic evaluation of the teen mother and the infant.

The purpose of this study is to explore whether self-esteem and mothering behaviors of teen mothers differs when parenting instruction is presented by a Public Health Nurse. The following research questions will be addressed: 1) How does the teen mother view her self-esteem in the maternal role? Does the teen mother's self-esteem change over the first year of parenting? 2) How does the teen mother perceive her ability to parent? 3) What challenges/demands do teen mothers experience in the mothering role? 4) Is there a relationship between self-esteem and perceived competence in the mothering role of the teenager? 5) Is there a relationship between social support and parenting behaviors in teen mothers? 6) Is there a difference in self-esteem and maternal competence following participation in a parenting program? 7) Are there differences in social support, and self-esteem between Black, Hispanic and Caucasian adolescents?

This study will be guided by the theories of Ease of Transition to Role (Burr), Belsky's Parenting Model, concepts from Self Esteem and Social Support.

The research design will be longitudinal quasi-experimental. A purposive sample of teens (12-19 years) from a County Health Department Teen Pregnancy Program in Southern California will be invited to participate in the study. Willing participants will complete the first packet of measurements 0-6 weeks post-partum, and a second packet of measurements following a curriculum of parenting sessions. Measurement materials will be completed in a home visit by an assigned public health nurse. Individual responses will be compared over time

from data collected at 0-6 weeks post-partum, 6 months, 1 year and 18 months. Pilot data will be completed by 10 teen moms during Spring, 1990 with full data collection beginning fall with a goal of 100 teens. The study measurements will include: a) Self-Esteem Scale (Rosenberg, 1979); b) Parenting Sense of Competence Scale (Gibaud-Wallston and Wandersman, 1978); c) Inventory of Socially Supportive Behaviors (Barrera, 1981), and the Leskow and Smock Permutation Task (1970) to screen for cognitive level. Information from the parenting assessment guide, well baby flow sheet, and demographic information will be obtained from the client records. Statistical analysis will consist of descriptive techniques, Pierson r correlations, t-tests and ANOVA as appropriate.

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VAN RIPER, Marcia (Wisconsin U.S.A.)

Project Mend: A Program for Families with a History of Abuse and/or Neglect

The National Center on Child Abuse and Neglect estimates that over one million children in the United States are abused and/or neglected annually. Project MEND (Mobilize individual, family, and community resources; Encourage; Nurture; Discover strengths, dreams, goals), an in-home family based program, was designed to address the complex and varied needs of families with a history of abuse and/or neglect.

Families are referred to Project MEND by social services (ISDSS). Following an initial meeting with family members, members of the LSS-HCS team (2 MSW & 1 RN, MS) and a staff member from the ICDSS, the family enters the assessment phase. During this phase, LSS-HCS team members complete a multidimensional evaluation of the family. This evaluation includes a historical perspective and an overview of strengths and weaknesses within the family unit. Prior to the end of the assessment phase (4-6 weeks), the family, LSS-HCS team members, and the staff member from the ICDSS meet to identify and agree on: a) goals; b) timeliness; and c) possible strategies. The second phase, treatment and intervention, varies greatly in length depending on the needs of the specific family. Treatments and interventions are eclectic, and they are modified to meet the varied and unique needs of the families. Program services are generally conducted in the home (1 to 3 hours per week). In addition to providing direct services to family members, the LSS-HCS team assists in coordinating the network of services utilized by family members. When indicated and appropriate, members of the LSS-HCS team help family members access health, counseling, legal, financial, educational, spiritual, and recreational resources available to them in their own community. Members of the LSS-HCS team and staff members from the ICDSS meet on a monthly basis to discuss the progress of each family, and to modify strategies and goals as needed. When the family, LSS-HCS, and ICDSS agree that the critical individual, dyadic, and family goals have been achieved, the family enters the consolidation phase. During this phase (4 to 6 weeks) an attempt is made to ensure that the family is involved in an on-going support network of relatives, friends, and professionals. Project MEND, which has been in operation for 2 years, was recently funded and expanded by the ICDSS for an additional year. Data is being collected on an ongoing basis to determine program effectiveness.

VAUGHAN-COLE, Beth; RIGDON, Imogene (Utah U.S.A.)

Families' Perceptions of Nursing Support

In an attempt to describe nursing practice more clearly and to understand the clinical phenomenon of nursing support, the authors undertook an exploratory study. Currently the authors have data from 30 spouses or adult

children of hospitalized patients regarding their perceptions of nursing support and nonsupport. One half of the data comes from family members of short-term hospitalized patients and the other IS comes from family members of long-term hospitalized patients (30 days or more). These data were derived from an audio taped interview by a research assistant. The interview followed a semi-structured interview format. The audiotapes were subsequently transcribed. The transcribed tapes will be subjected to content analysis independently by the two authors who will identify major themes. Following their independent review, the authors will compare the elements in the themes and identify categories. Each category will be analyzed for internal consistency and external independence. It is expected that the data analysis of these family interviews will be complete by Fall of 1990 and therefore the results will be available for presentation at the May 1991 International Family Nursing Conference.

In an earlier study interviews with 15 patients and 15 nurses were analyzed regarding perceptions of nursing support. Three corresponding categories of patients' and nurses' descriptions were identified. The first category was Patient-focused Communication. The second category was called "Responding to Needs" (the nurse carried out an action that met the patient's perceived need). The third category was "nurse advocacy" (the nurse facilitated something in behalf of the patient). In addition the nurses had an added category of nursing support the authors named "Collaboration." This category identified the relationships with coworkers and other health care providers.

The content analysis of patients' and nurses' perceptions of non-support yielded three corresponding categories: The names given to these categories were "Negligence" (the absence or lack of nursing actions which were deemed necessary or prudent under the circumstance). "Inconsiderateness" (actions by the nurse which were perceived as careless of the rights and/or feelings of the patient), and "Incompetence" (acts of misinformation, and acts of detriment to the patient).

This study of families' perceptions of nursing support should assist in the clarification of additional characteristics of the phenomenon "nursing support."

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The Nurse and Professional Support for Families of Dying Children

The aim of this qualitative study was to describe the meaning of the professional support given by nurses for the family of a dying child. This was determined through the experiences and views of the families.

The research method used was an adapted version of Leininger's ethno-caring method. Six families were interviewed in depth two or three times as a means of understanding the value and importance of professional support in coping of these families. The families were interviewed 4-12 months after the death of the child. Each interview was supported by observation.

The support needed by families of dying children was divided into four modes: information, practical support, emotional support and spiritual support. These modes were considered according to the stages of the child's disease.

Information was needed continuously and in easily understood form in every stages of the disease. It helped families to deal with their everyday life, to control their feelings and to cope with the loss of the child. The practical support helped families to participate in caring for the sick child and to maintain the unity of the family. This unity was the source of strength and emotional support for the family members. At first, families were not able to receive emotional support from nurses. In the later stages the emotional support of nurses was meaningful in helping families to manage uncertainty and in preparing for the coming loss of the child. Religion had an obvious, but not always conscious role in helping families to cope with the death of their child. After the death of the child and families were without any support of nurses or other staff and they had significant difficulties in coping with their grief.

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Student Family Histories: A Method to Teach Family Responses to Chronic Illness

Nursing students often regard courses of clients dealing with chronic illness as dull and depressing. A method will be described which counteracts that attitude and stimulates interest in the impact of chronic illness or disability on the client and family. The students are presented with four basic concepts in lectures, and advised that they will be asked to provide examples when the teacher comes to see them individually in the clinical setting, many students refer to experiences with their nuclear and extended families. Divulging this personal information increases the ownership of societal attitudes towards chronic illness and disability, and their understanding of the pervasive influence attitudes have on the adjustment and life of their own families. When the students realize that chronically ill clients and families have very similar reactions to those found within their own families, increased empathy and genuine interest in chronicity is sparked. The four questions used with students will be discussed, supported by brief reference to the related theories. Results of a qualitative research project which assessed the attitude changes throughout the course will also be described.

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WARNER, Marguerite; FORD, Marilyn; LAFORET-FLIESSER, Yvette; OLSON, Joanne, WARD-GRIFFIN, Catherine (Ontario CANADA)

The teamwork project: A collaborative approach to learning to nurse families

PURPOSE: This presentation will describe an innovative approach to a family nursing clinical experience for baccalaureate nursing students. A teamwork project was initiated to assist students to further develop collaboration skills. A need to decrease both faculty and student workload, while maintaining the quality of the learning experience, was a secondary motive. **METHOD:** Students select a partner from within their clinical group of eight to ten students. Each team is referred to two families to provide nursing care over a three month period. Each student functions as the primary nurse for one family, assuming ultimate responsibility for that family, and acts as an associate nurse for the second family. Decisions regarding the degree to which the team shares associate student nurses. **EVALUATION:** The team project will be evaluated according to the following criteria: 1) relevance to the learning needs of undergraduate nursing students, and 2) relatedness to the objectives of the family nursing course and of the curriculum in general. Three main methods are being utilized to collect data - participant observation by members of the family nursing faculty, student documentation, and student questionnaires. The goal of faculty observation is to record written field notes documenting observed student teamwork activity in as much detail as possible. Students' journal entries (recorded anecdotes and reflections of the family nursing experience) and student responses to an end-of-term questionnaire will enable us to evaluate the students' experience of their teamwork. In addition, informal interviews will be conducted with staff from the referring agencies to determine their observations and perceptions of the teamwork project. Data will be collected during the 1989-1990 and 1990-1991 academic years. Descriptive statistics will be employed to analyze quantitative questionnaire data. All qualitative data will be analyzed using Spradley's (1980) method of domain analysis. Our presentation will include a description of the quantitative findings, an account of the qualitative situation underlying these findings, and an appraisal of the teamwork project in light of the criteria of relevance and relatedness.

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- Larson, C. and LaFasto, F. (1989). Teamwork: What must go right, what can go wrong. Newbury Park, CA: Sage.

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Parental and Economic Stress in Relation to School Age Children's Peer Relationships and Anxiety

The purpose of this descriptive correlational study was to determine whether there is a long-term relationship between parental stress and school age children's anxiety and peer related behaviors. This was a six year follow-up of 39 of the 52 families from Friedemann's original research on parental stress and depression and children's peer behavior. The majority of the southwestern Detroit families in Friedemann's study had suffered some degree of unemployment in the early 1980's. All of the families had a twelve year old child. The theoretical framework for the study was derived from Friedemann's Conceptual Framework of Systemic Organization for Nursing of Individuals and Families, and McCubbin and Patterson's Double ABCX Model. Data for the research were collected by both mail and telephone on the Social Readjustment Rating Scale, State/Trait Anxiety Inventory for Children, Children's Report of Peer Relations, and the Interview Schedule. Controlling for parental and economic stress from 1983-1988, partial correlations were obtained. Mother's stress in 1983 predicted 18% of the variance in boy's state anxiety and 19% of the variance in peer rejection as perceived by girls. Economic stress in 1983 accounted for 45% of the variance in girls' state anxiety, 39% of the variance in girls' trait anxiety, and 19% of the variance in peer rejection as perceived by girls. This study has implications for nurses working with families in both clinical and home settings. It has provided practitioners with information from which to formulate a profile of families at risk. Recommendations include continued study of samples of children in families experiencing both parental and economic stress.

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The Family Folder: Monitoring Nursing Students' Progress in the Nursing of Families

This presentation will focus on the development and modification of a family folder, designed to monitor nursing students' progress in the nursing of families. This folder was developed by a team of community health nursing faculty in a baccalaureate degree nursing program. A description will be given of how the folder outline correlates with the course objectives for family nursing. The structure of the family folder will be discussed focusing on the following major area: a) family assessment; b) the home visit; c) nursing care plans for the family; and d) application of scientific/theoretical knowledge as it pertains to the family. Finally a description of how the family folder has enabled faculty to evaluate students' progress will be given.

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