A101

Terminal hospitalizations of long-term inpatient’s family attitudes toward and experiences of do not resuscitate decision

I-JU LI

Buddhist Tzu Chi Medical Foundation, Taipei Tzu Chi General Hospital, New Taipei City, Taiwan

Background and Purpose: Do not resuscitate (DNR) decisions are an issue of considerable sensitivity for patients and their relatives, as well as health professionals. The aim of this study was to explore terminal hospitalizations of long-term inpatient’s family attitudes toward and experiences of do not resuscitate decisions in clinical practice.

Methods: A cross-sectional survey design was used. The sample consisted of 103 main decision-maker families that had long-term inpatients in chest ward in general teaching hospitals in Taiwan.

Results: Most of the families were above the age of 65 (76.3%). Doctors should offer 92.5% of families in DNR making decision. 89% of families (92.5%) would like to sign DNR sheet. It’s very interesting of those who entered with DNR, 58.5% changed to CPR when their patients were on critical situation. The most important factors influencing change were families don’t really understand the meaning of DNR, and the complicated relative of families.

Conclusions and Implications: This study demonstrates that long-term inpatient’s family attitudes toward and experiences of do not resuscitate decisions in clinical practice. Each hospital professors should offer a clear DNR sheet to guide and discipline long-term inpatient’s family practice. High quality care should them the opportunity to documenting changes in end-of-life choices when they occur, thus ensuring that care will match patients’ wishes.
The End-Of-Life Care Of Nursing Home Residents In The Context Of Taiwanese Family Culture

Shu-Ling Tsai1, Chang-Hsiung Tsai2, Shu-Hui Yeh3, Yu-Chien Hsu4

1Department of Nursing, Chang Gung University of Science and Technology, Chiayi Campus, Chiayi, Taiwan, 2Department of Life-and-Death Studies, Nanhua University, Chiayi, Taiwan, 3Department of Nursing, Central Taiwan University of Science and Technology, Taichung, Taiwan, 4Department of Nursing, Yuan Pei University, Hsinchu, Taiwan

Purpose and Background: This research aimed to explore the end-of-life care experience of nursing staff in Taiwanese nursing homes (NHs). Given that most families demanded “going home with the last stroke” in Taiwan, nursing staff members were often faced with enormous anxiety and pressure as they ran into the emergent dying situation of residents. The problem became compounded since there was no medical doctor regularly based, and nursing staff members were lack of palliative training and death education. The improvement of care quality at the dying stage in NHs calls for researches that include family culture perspective into scope.

Methods: This qualitative study adopted a hermeneutic phenomenological approach. It was approved by the IRB of a teaching hospital. Sampling was purposive. Twenty-five nursing staff members from nine NHs in Taiwan were recruited. Data were collected through semi-structured interviews in addition to a reflective diary. The analysis of data was guided by hermeneutic phenomenological methodology, and an interpretive circle among units of meaning, sub-themes and main themes was formed to grasp the meaning of the participants’ lived experience. The rigor was assured in terms of Packer and Addison's (1989) evaluation criteria.

Results: There were four main themes emerging from the analysed text indicative of the predicament with which nursing staff members were faced as they took care of dying residents and family members: 1. ‘diagnosing dying,’ 2. ‘avoiding lawsuit,’ 3. ‘family communication,’ 4. ‘grief consolation.’

Conclusions and Implications: This study confirmed the previous findings on the significance of ‘diagnosing dying’ and ‘family communication’ that make up the integral parts of end-of-life care quality in NHs. However, it also disclosed unique situations of dying care in Taiwanese NHs. The cultural issues involved in end-of-life care in NHs are worthy of attention and further researches.
Effects of a Meaningful Activity Program, Social Support, and Family Resilience on Cancer Patient Families' Stress During the End of Life

Luke Yang1, Jen Jiuin Liaw2, Yu-Lun Tsai3

1Hsuan Chuang University, Hsinchu, Taiwan, 2National Defense Medical Center, Taipei, Taiwan, 3TriService General Hospital, Taipei, Taiwan

Background: According to the annual report of Ministry of Health and Welfare of Taiwan, there were 44,791 cancer deaths in 2013, accounting for nearly 1 of every 3.4 deaths. Cancer has been the first most common cause of death in Taiwan since 1982.

Purpose: This research examined the effects of a meaningful activity, social support, and resilience on families' stress during the end of life of cancer patient.

Methods: This is a prospective repeated-measure quasi-experimental design. Data were collected at a medical center in Taipei. A convenience sample of 22 cancer patient families was assigned to intervention group and routine care group based on participants' willingness. There are 11 families in the intervention group, who received two-week meaningful activity program, and another 11 families in the routine care group, who received routine care in the unit. Family stress, family resilience, and social support were measured with Family Stress Scale (FSS), Family Resilience Scale (FRS), and Social Support Rating Scale (SSRS), respectively. Descriptive statistics and generalized estimating equation model were used to analyze data

Results: As cancer patient families received more social support, their stress significantly reduced (B=-0.12, p<0.05). As cancer patients close to the end of life, their families' stress significantly increased (B=5.68, p<0.05). As the family resilience (B=-0.09, p<0.01) and quality of life (B=-0.16, p<0.001) increased, their stress reduced significantly. As cancer patient family's function and age increased, their stress decreased. Female families perceived lower stress than male families. Families with high income perceived higher stress than those with lower income.

Clinical Implications: Social support, family resilience, life quality, and family function are important factors that buffer families' stress of dying cancer patients. Clinicians need to consider these factors to develop interventions for helping family members through grief and loss.
1. **PRESENTATION** This article intend to look for Social Representations of teachers and students in the last year of nursing graduation. We will discuss the social representations of students and teachers of a University in Juiz de Fora – Minas Gerais state – Brazil, on the background of the Family Health as a relevant question for the health and development of future professionals. The present study meets the current public policy and the participation of this future professionals on the Family Health as a subject of action.

2. **METHODOLOGY** For this research we chose qualitative research based on semi-guided interviews. We interviewed 20 trainee students from the last year of nursing graduation and 12 nurse teachers from the university, who covers the programmatic content from the discussed topic.

3. **RESULTS** The material was analyzed based on the analysis of the thematic content. To the students group the subject were “Integral attention to Women's Health” “Health Education” “family planning” “educational groups” “home visits” “Health promotion and prevention” “immunizations” “Men's Health” “Children and Teenagers' health”. For the teachers, the subject was “Men's Health” “Educational groups” “Health Promotion and Prevention” and “Quality in Service and Planning of the actions for better administration of Nursing Services”. So we must emphasize the importance of the universities as places of formation of graduating students and post-graduating students, enabling individuals who act as teachers and students engage in ongoing discussions about the need for participation of the nurse in the Family Health's Strategy Programme, taking the quality of care as an essential factor.

4. **CONCLUSION** Because of that, we certify that the role of the nurse practitioner faces the assistance which, throughout the work was evidenced and the need to work with the students accordingly.
Increasing Cultural Competence for Nurse Educators: Caring for Transgender People

Laurie Sieve

St. Catherine University, Minneapolis, MN, USA

Cultural competency is an expectation of nursing faculty and nurses in clinical practice. Cultural competency encompasses diversity in all forms including gender diversity. Transgender people experience a number of barriers to accessing and receiving quality health care, have greater health disparities, and report negative encounters with healthcare professionals. Nursing faculty and nurses in clinical practice have a knowledge deficit of transgender health and experience.

The purpose of this study is to pre-assess nursing faculty knowledge of transgender health and experience, provide an educational intervention linking knowledge to cultural competency and assess post intervention knowledge. A four hour educational intervention consisting of current evidence based information consisting of; relevant statistics, evolving language, essential health information, standards of care, health disparity facts and a panel presentation with transgender experts will be provided to all nursing faculty. A second post survey will be obtained three months post intervention to assess for knowledge retention and anticipated changes to didactic and clinical teaching.

To address this knowledge deficit several theories were explored. These included critical feminist, unlearning and othering theory which sought to explain the knowledge deficit of nursing faculty, healthcare disparities and negative healthcare experiences reported by transgender people.

Design: A quantitative, quasi-experimental design.
Sample: Approximately n-80 nursing faculty will be surveyed.
Instruments: The Cultural Awareness Sensitivity Tool *Adapted (Pasricha, 2012) will be used to survey faculty.

Results and Conclusions: The study is in progress and preliminary results and conclusions will be available in time for the conference in August.
Social Representations of the Role of the Nurse in the Family Health Strategy.

ALEX MENDES

CENTRO UNIVERSITÁRIO ESTÁCIO DE SÁ, JUIZ DE FORA / MINAS GERAIS, Brazil

This study set out to research and identify the social representations of group work in the context of the Family Health Strategy (FHS) and its relation to the role of the professional nurse acting subjects in the FHS in the city of Juiz de Fora and region. Participated in the survey, 51 nurses, Units Primary Health will (UAP) that develop within several preventive activities in the form of groups, actions and care of the elderly adult, woman, and child and adolescent mental. The theoretical methodology was the Theory of Social Representations of Moscovici, using the structural approach proposed by Abric (2000) which consists in identifying the core elements of contrast and peripheral elements of representation. Data were collected through questions like Free Word Association (ALP technique) with inducing the expression on the nurse, their meanings and practices. The representation is based on identified social elements around caring, responsibility and humanization as central and dedication, and commitment to educate as elements related to the peripheral systems this representation. The results of educational practices are grounded in elements found around the prevention, knowledge, continuing education and promotion as central elements, and quality of life, group and team as elements related to the peripheral system. According to our data, can be noticed an apparent contradiction and inconsistency between the discourse of nurses and what they present as elements inherent in its practice. These demonstrated through a prepared speech that recognize the importance of their role and their educational practices as an ideal benchmark, however through a spontaneous discourse these clearly demonstrate an abstract social practices and that health education is only in the public system. As a result makes us think through the analysis, which is educating role of nurse who works with low-class, public system, compensatory or complementary role.

Keywords: Social representations. Nurse. Health Education.
This presentation will describe an interdisciplinary teaching opportunity on our campus, for returning RN-BSN students to learn about family nursing and family assessment in a clinic setting. The site for this clinical experience within our institution is the Human Development Center (HDC), an interdisciplinary, inter-professional experience for student clinicians to provide a service for referred families.

One of the most valued and unusual experiences the HDC can offer students in professional programs is the opportunity to work directly and clinically with colleagues from other disciplines. There are several disciplines represented on the clinician team, with expert faculty supervisors for each. These disciplines are: Family Health Nursing, Education (literacy instruction), Special Ed (academic achievement), Communication Sciences and Disorders (speech and language disorders), Psychology (school psychology), and Social Work. All faculty supervisors are responsible as a team, for the direct supervision of their own students as well as participating in the educational experiences of student clinicians from other disciplines. HDC provides assessment services, with consultation and intervention recommendations to families with children, adolescents, and young adults. Clients are referred to the HDC by parents, service agencies, counsellors, schools and health care providers.

Student clinicians have a protocol which is followed for each family but is tailored to the particular needs of each client family. For example the nursing and social work students conduct an early home visit to provide health and social history, and pertinent contextual information about the family. Student clinicians in the home setting use the Calgary Family Assessment Model (CFAM) as a guide. For nursing, our use of Leahey & Wright’s family nursing techniques such as Commendations and the One Question-Question (OQQ), are incorporated and valued by our entire interdisciplinary team. Conceptualization and assessment strategies among the team members and communication strategies with client families will be presented, with case examples as appropriate. Most importantly, the presenter will address clinical assessment outcomes for families and our inter-professional evaluation data regarding student learning outcomes for both education and practice.
Standing on their own feet: Entering adulthood as experienced by young people of living with diabetes type 1
– a qualitative study

Birgitta Lindberg, Siv Söderberg
Luleå University of Technology, Luleå, Sweden

Diabetes type 1 is one of the most common long-term illnesses in childhood. The incidence of diabetes type 1 is the second highest in the world in Sweden. The aim with this study was to describe young people's experiences of entering adulthood when living with diabetes type 1. Methods: A qualitative research design was used to obtain an improved understanding of young people’s experiences of living with diabetes type 1 when entering adulthood. Participants: A purposive sample of nine young people (7 female and 2 male) participated in the study. The participants were aged between 17 to 24 years (md=22). Inclusion criteria for participation were: young people in the age 17 to 25 with diabetes type 1 diagnosed for at least one year. Data collection and data analysis: Semi-structured interviews were conducted with the participants. The participants were encouraged to communicate their views as freely with focus on their experiences of entering adulthood related to their illness. The interviews were recorded, lasted between 45 to 90 minutes, and later transcribed verbatim. The interviews were analysed with interpretative description. Results: The analysis resulted in five major themes; Being like everybody else, Facing lack of knowledge and understanding, Day-to-day management, Taking full responsibility, Thoughts on the future life, and Support. For the participants it was vital to be met like people in their age. Participants diagnosed in early age had difficulties to imagine a life without diabetes as they did not remember another life. They also experienced that there was a lack of knowledge in the society about the difference between type 1 and type 2 diabetes. This lack of knowledge was provoking for them as is insinuated an unhealthy living. Having control was of most important for well-being and they had not so much thoughts about the future. It was important for the participants to have support from family members and healthcare personnel. They expressed that the transition from child health service to adult service was a great change. Conclusion: Support was important for young people with diabetes type 1 when entering adulthood. It was an important prerequisite for standing on their own feet. The findings can be used for developing a more person centered care.

Keywords: young people with diabetes type 1, qualitative method, interviews, lack of knowledge, support
Trends in Parent-Child Sex Communication:
A Systematic Review, 2003-2013

Dalmacio Flores¹, Julie Barroso²

¹Duke University School of Nursing, Durham, NC, USA, ²University of Miami, Miami, FL, USA

Background and Purpose: Conversations between parents and children about sex can result in the transmission of family expectations, societal values, and role modeling of sexual health risk reduction strategies. Parent child sex communication’s (PCSC) potential to curb negative sexual health outcomes has sustained a multidisciplinary effort to better understand the process and its impact on the development of healthy sexual attitudes and behaviors among adolescents. Studies that include novel theoretical and empirical findings have been published recently and now require critical analysis and synthesis. The purpose of this review is to advance what is known about PCSC by summarizing descriptive studies and appraising literature published from 2003 to 2013.

Methods: Using CINAHL, PsycInfo and Pubmed, the key-terms “parent child” AND “sex education” were entered for initial query; 130 original articles were included for analysis. Study findings were abstracted into a matrix to determine the content, process, and predictors of PCSC, including its effects on adolescents.

Results: Parent and child gender, race, parental education, prior communication from their own parents, and embarrassment continue to determine the process and content of sex conversations in the home. Mothers talk more to their children about sex than fathers and parents are more inclined to talk about sex only after physical and behavioral changes in their children have been observed. Messages for sons are seen as more permissive about sex while daughters receive more restrictive instructions. There is discrepancy in parent and child reports about PCSC frequency and quality.

Conclusions and Implications: Findings confirm that variability in how PCSC occurs may be lost opportunities in helping children transition into young adults with normal sexual needs. Understanding PCSC typologies based on familial intricacies may assist with formulating ways to facilitate these discussions.
Many childhood long-term and life-limiting conditions are rare. However, little is known about the particular experiences and needs of families or the challenges nurses and other health care professionals face in providing support to this group. This presentation will draw on the findings from a study focusing on childhood multiple sclerosis (MS), a rare and newly recognized condition, to highlight the implications for family support. This study aimed to explore: young people’s and parents’ experiences of living with MS and the appropriateness of current family support from the perspectives of families and health-care professionals. The study was conducted in the United Kingdom (UK) and funded by the MS Society (UK). A qualitative approach (grounded theory) was taken. Semi-structured, in-depth interviews were conducted with 21 children/young people, 31 parents and 20 health-care professionals. The sample was recruited via health service and voluntary sector organizations across the UK. Data were analysed using the constant comparison approach. Obtaining a diagnosis was a difficult process characterized by delays, alternative diagnoses, uncertainty and conflict (inter-professional and parent-professional) that related to the condition’s rare and newly recognized status. Families experienced the diagnosis itself as a ‘double-edged sword’ - a simultaneously desirable and undesirable event in their lives. Disclosure of the diagnosis to others produced a range of responses including disbelief which could contribute to an ongoing sense of uncertainty. Families lacked information about the condition and found it difficult accessing specialist expertise as well as peer support due to the condition’s rarity. Healthcare professionals faced challenges in organizing services (including medications) to support families at home and in school. Families valued receiving support from a specialist nurse although this was not provided by many centres. The study findings illuminate family and professional experiences and inform the delivery of family support in relation to rare childhood conditions.
A Safe Space: Family Participation In An Online Support Forum In The Context Of Living With Cystic Fibrosis

Linda Milnes, Susan Kirk

University of Manchester, Manchester, UK

Background and Purpose: For young people with cystic fibrosis (CF) and their parents peer support is limited due to segregation policies aimed at preventing cross-infection. Peer support is known to be beneficial in the self-care of long-term conditions. Therefore, for families where a child has CF, online support groups could play a significant role but this is an under-researched area. This paper will present the findings from a study that explored how parents and young people with CF used a condition specific online discussion group to access peer support (DG).

Method: An online ethnographical approach was used to explore the social interaction of 182 parents and 97 young people with CF, posting to a Charity website DG over a period of four months. 151 discussion threads were observed and analysed using the Grounded Theory approach. Both authors conducted the analysis.

Findings: Overall the DG offered a safe space for parents and young people to share feelings of isolation, sadness, difference and frustration. Themes arising from the data demonstrate the type of support provided and the supportive culture that developed for families. Participants exchanged advice and views on how to manage treatments, emotions, personal identities, relationships and support from health care professionals. Although parents focused on the use of specific therapies to manage their child’s CF and ways of maintaining their health, young people focused on fitting CF into their lives and enhancing peers’ self-esteem and confidence.

Conclusions and Implications: Parents and young people used the discussion groups to find a supportive community where they could share emotional and social experiences and obtain advice relating to living life with CF. This type of family support is not replicable through self-care support and management advice delivered by health professionals; therefore online support groups have an important role in supplementing existing professional support.
Every Family Needs A Nurse: A Description Of How A Graduate Clinical Course Develops Students’ Skills In Working With Families

Heather Hart

McGill University, Montreal, Quebec, Canada

Background and Purpose: Patient care is moving out of hospitals and into ambulatory care clinics, community agencies and the home. It is in these settings that families are required to manage complex medical and social challenges. Nurses are called upon to care for these families, yet often are ill-prepared for the role. The purpose of this presentation is to describe a graduate course designed to prepare nurses to work with families.

Methods: This presentation will include a description of the philosophical underpinnings of the course: the value-driven approach of Strengths-Based Nursing (Gottlieb, 2013). The focus of the course is to help students appreciate the importance of learning from families, expand their capacity to remain curious, and seek understanding through artful questioning. Students are placed in outpatient clinics where they recruit diverse families to participate in home visits. Critical to developing these skills are advising sessions comprised of two students and an advanced practice nurse. The structure and process of advising sessions and the trajectory of student learning will be described using illustrative examples.

Results: Students demonstrate shifts from linear to circular thinking. They move from a stance of “fixing” to one of creating conditions that support and enhance family health. Students identify the structure of the course as contributing to their growth as clinicians, and recognize that this reflective approach to practice needs to continue beyond the classroom. Most families involved in this course have complex health challenges; students have an authentic, important role in how families manage.

Conclusions and Implications: Every family needs a nurse, but every nurse needs the opportunity to learn how to engage families and to work with them. This requires creating opportunities for students to work with families and to critically analyze, purposefully reflect on, and learn from their encounters with families.
Teaching Students To Think Family Through The Use Of Geriatric Unfolding Case Studies And Simulation

Colleen Royle, Norma Krumwiede, Stacey Van Gelderen

Minnesota State University, Mankato, Mankato, Minnesota, USA

Purpose and Background

The purpose of this presentation is to share simulation teaching strategies that promote nursing students to think family while working with gerontologic clients.

Model/Framework

In the United States, the National League for Nursing has created unfolding case studies encompassing Advancing Care Excellence for Seniors Framework and Essential Nursing Actions to guide the teaching of individualized aging, complexity, life transitions & to encourage family care concepts to nursing students.

Methods

An unfolding case is one that evolves over time in a manner that is unpredictable: offering students an opportunity to experience real life transitions of care across healthcare settings. Each unfolding case incorporates family members into the scenarios. One unfolding case contains three transitions of care and emphasizes Essential Knowledge Domains and Essential Nursing Actions necessary to provide quality care for families of gerontologic clients. Student preparation consists of reviewing a pre-simulation packet, first person monologue, and cue cards. The students are divided into groups of 12 with four students in the simulation and the remaining students in a live feed observation room. The debriefing process occurs following each of the three scenarios.

Results

Evaluation tool with a Cronbach's Alpha .947 measured knowledge acquisition, self-efficacy, and satisfaction. The total self-efficacy ratings on the post-test (M=69.26) were significantly higher than the ratings on the pre-test (M=50.57), p<.001, N23. Knowledge Acquisition revealed several areas of significance: Communicating with families, reviewing the plan of care with family, completing effective teaching with family, and elder abuse/elder mistreatment.

Conclusions

Nursing students became more aware of the needs of families for gerontologic clients. Students’ self-efficacy, satisfaction, and knowledge acquisition improved through using the Red Yoder unfolding case study. These well designed, free geriatric unfolding case studies hold the potential for global application and can easily be adapted to meet teaching-learning needs of students.
A Descriptive Study of the Nutrition-Related Concerns of Caregivers of Persons with Dementia

Joel G. Anderson, Ann Gill Taylor, Karen M. Rose

University of Virginia School of Nursing, Charlottesville, VA, USA

Background and Purpose: Family caregivers are the mainstay of caregiving support to persons with dementia, and often care for a family member with dementia for a decade or more. Malnutrition, including weight loss, is a common issue among older adults with dementia, occurs throughout the disease process, and is associated with death and institutionalization. Nutrition education for caregivers is a potentially important aspect of addressing the care needs of adults with dementia; however, nutrition education research in community-based persons and families experiencing dementia is scarce. The need for tailored education resources ranks as highly important among caregivers; however, the nutrition concerns of caregivers in the home have not been identified. Thus, the purpose of the current study was to gather descriptive data about the nutrition-related concerns of family caregivers of persons with dementia.

Methods: A qualitative descriptive design using semi-structured interviews of caregivers of persons with dementia (n = 4) was used to collect the data. Thematic analysis was used.

Results: Family caregivers experienced nutrition-related concerns and described a need for nutrition education to support the caregiving role. Three themes emerged: (1) meal preparation and food choices; (2) lack of appetite and feeding challenges; and (3) searching for and making sense of existing nutrition information. A discussion of each theme, including exemplars, will be presented, along with suggestions provided by participants regarding how to address existing nutrition education resource needs.

Conclusions and Implications: Issues surrounding care often are complex and require accurate and tailored information. Findings from the current study provide rich, valuable data regarding the needs of family caregivers of persons with dementia with respect to nutrition concerns, allowing for the development, design, testing, and delivery of nutrition education resources and intervention strategies.
Family Care Rubric: Improving Student Family Care Skills through Education and Simulation

Stacey Van Gelderen, Norma Krumwiede

Minnesota State University, Mankato, Mankato, MN, USA

Purpose: To design a research based simulation rubric that nurse educators can use to objectively evaluate nursing student communication skills and family care abilities while offering consistent and focused feedback during simulations. Background: Feedback is imperative for nursing students, currently there are no known tools available for nurse educators that assist with consistent feedback to engage students in incorporating family care into their practice. Methods: A quantitative instrument development and psychometric testing followed a three phase design. The first phase involved an extensive literature review followed by the construction of the 11 item family care rubric (FCR). The second phase entailed refinement of family constructs and pre-testing the FCR. The third phase involved psychometric testing of the FCR with 97 students. Sample: Convenience sample of 3 nursing student cohorts yielded 129 (N = 129) family assessment videos. Setting: Undergraduate nursing program in the United States. Procedures: After the family assessment videos were recorded, three nurse researchers independently scored 129 video-taped recordings utilizing the FCR. All of the data was compiled and 100% of the data points were verified for accuracy. The data were given to an instrument development specialist and a statistician with expertise in Intraclass Correlation Coefficient (ICC) for data analysis. Results: All constructs exhibited significance at the p = .05 level. FCR was determined to be reliable with an overall ICC of .928 (.902-.948) with a significance of p = .000 and Cronbach’s = 0.956 among three family nurse researchers. Conclusions: Although the results from this rubric were favorable, future rubric development is necessary to increase interexaminer reliability and consistency for future family nurse researchers utilizing this rubric. Future research should include utilizing the rubric with practicing nurses to discern the transferability to clinical practice.
Using Online Health Communication to Manage Chronic Sorrow: Mothers of Children with Rare Disease Speak

Adriana Glenn

Marymount University, Arlington, VA, USA

**Background and Purpose:** The ability of mothers to respond and manage a chronic condition depends upon psychosocial factors. The isolating nature of rare disease, health care providers’ limited knowledge about specific rare diseases, and lack of support to families may influence a mother’s experiences with online health communication. It is important to describe experiences having potential implications on the psychosocial health of mothers and to identify how experiences differ from those of mothers of children with more common chronic illnesses. The purpose of the study was to explore the lived experience of mothers of children with Alagille syndrome in using online health communications to manage their chronic sorrow.

**Methods:** This study of 16 mothers of children with Alagille syndrome used phenomenology to explore the above mentioned issues. The theory of chronic sorrow facilitated the development of issues and questions important to consider with regard to examining the lived experience. Data consisted of semi-structured interviews analyzed using techniques described by van Manen.

**Results:** Findings revealed half of the mothers reported experiencing chronic sorrow; the other half experienced unpleasant feelings. The lived experience of all the mothers was very similar with regard to how they used online communication to manage their feelings. Analysis yielded one overarching theme *online communication is essential to a rare disease community*, with four essential themes that contributed to the overarching theme: *connectedness, online triggers, empowerment, and seasons of online use.* The rarity of Alagille syndrome influenced the mothers’ experiences, leading them to engage in online communication immediately, differing from what has been reported by mothers of children with more common chronic conditions.

**Conclusions:** A rare disease diagnosis in a child presents unique challenges regarding managing feelings and using online communication. Findings suggest mothers need online emotional support and help accessing appropriate online resources.
Working collaboratively with parents and health-care professionals to design, develop and pre-pilot the Parent Learning Needs and Preferences Assessment Tool: The PLAnT study

Ruth Nightingale¹, Trish Smith², Veronica Swallow³

¹Great Ormond Street Hospital for Children NHS Trust, London, UK, ²Royal Manchester Children’s Hospital, Manchester, UK, ³University of Manchester, Manchester, UK

Background and Purpose: Health-care professionals spend considerable time teaching parents to safely manage their child’s condition at home. Previous research that explored the ways professionals teach parents and the ways parents learn reported the absence of a robust method of assessing parents’ learning needs; this meant professionals often found it challenging to individualise parents’ skill and knowledge development. Therefore, in the current study we designed, developed and pre-piloted a tool to promote a standardised, multi-disciplinary approach to assessing parents’ learning needs/preferences.

Methods: Phase 1: Data from qualitative interviews with 10 parents and 13 multi-disciplinary team professionals from 11 British children’s kidney units about their learning/teaching experiences were used to develop the PLAnT. Participants were then asked to comment on the PLAnT via qualitative interviews or an online survey. Phase 2: Thirteen parents were each then paired with one of nine professionals to test the PLAnT; feedback on the experience of administering and completing the PLAnT was then sought from these 22 participants via qualitative interviews. Data were analysed using Framework Analysis.

Results: This presentation will focus on three emergent themes:

- **Purpose:** Why ask parents’ about their learning needs/preferences? To gain feedback on professionals teaching or identify prospective needs?
- **Process:** What’s the best way of identifying parents’ learning needs/preferences? Using a structured questionnaire or a semi-structured discussion?
- **Outcome:** How can information about parents’ learning needs/preferences be used? Are professionals able and willing to adjust their practice to meet parents’ needs?

Conclusions: Though professionals may develop an understanding of how to support parents’ learning over time, they can sometimes misjudge parents’ needs. Therefore, parents’ should routinely be asked about their learning needs/preferences. The PLAnT could be used to identify these needs, though further refinement, piloting and feasibility testing is required in future research to address the questions raised by the current study.
The Contribution of Family Variables to the Wellbeing of Children with Arthritis

Kathleen Knafl, Jennifer Leeman, Nancy Havill, Jamie Crandell, Margarete Sandelowski

University of North Carolina at Chapel Hill, Chapel Hill North Carolina, USA

Purpose and Background: Children with arthritis experience recurrent pain that may limit their ability to participate in usual activities and impair quality of life. Despite evidence that families play a key role in fostering children's adaptation to chronic conditions, knowledge of these family influences is lacking. The purpose of this analysis was to examine the contribution of family variables to the wellbeing of children with arthritis.

Methods: Data come from 29 English-language research reports published between January 1, 2000 and March 31, 2014 that addressed families with children <19 years old with arthritis included in a larger mixed methods synthesis. Relevant information and results were extracted from reports using a structured template. Effect sizes were calculated to assess relationship strength between family and child variables. These results were supplemented with analysis of qualitative study results addressing parenting experiences.

Results: Meta-analysis identified three significant correlations. Results from seven studies addressed the relationship between parents' and children's psychological wellbeing (pooled correlation .23, 95% CI .09 to .35, p<.001). Four reports linked family conflict to children's psychological functioning (pooled correlation .29, 95% CI .40 to -.18, p<.001), and three reports addressed the relationship between parental depression or anxiety and the child's physical functioning (pooled correlation .23, 95% CI .09 to .35, p<.001). For parents, especially challenging aspects of having a child with arthritis were their inability to control the child's pain, the personal distress they experienced, and the altered family roles and relationships they attributed to the condition.

Conclusion and implication for practice: The results provide evidence that family and child functioning are closely linked. Interventions directed to strengthening parents' ability to manage especially challenging aspects of their child's arthritis have the potential to improve parent, family, and child wellbeing.

Nancy Havill, Kathleen Knafl, Jamie Crandell, Jennifer Leeman, Margarete Sandelowski

University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

Background & Purpose: Cystic Fibrosis (CF) and Sickle Cell Disease (SCD) are both autosomal recessive genetic diseases. CF is the most common genetic life-limiting disease of people of European decent. SCD is the most common genetic disease of the blood, affecting primarily people of African, Mediterranean, or East Asian descent. Both diseases affect roughly 25/100,000 people, involve multiple organ systems, and have historically resulted in death during early childhood. Medical advances promote survival into mid-adulthood. However, children affected by either disease require complex, continuing, care by their families to achieve longer survival. The Family Management Style Framework (FMSF) was developed to describe how a family as a unit responds to childhood illness. The purpose of this research synthesis study is to use the FMSF to explore the contextual influences on family management of CF and SCD.

Methods: This mixed methods research synthesis is part of a larger NIH funded synthesis study investigating the intersection of childhood chronic conditions and family life. The current analysis is based on results extracted from research reports focused on families in which there was a child with CF or SCD. Research results were extracted from reports using a structured template and coded using codes that included the Contextual Influences component of the FMSF.

Results: A total of 85 research reports (CF=49, SCD=36; quantitative=61, qualitative=24) yielded over 700 results statements regarding contextual influences related to having a child with CF or SCD. The two most salient themes were family social networks’ perceptions of the condition and attributions of cause, and parents’ experience with healthcare systems.

Conclusions: Increased understanding of how contextual factors influence family management of genetic diseases such as CF and SCD can direct research efforts and help improve care to affected families.
The nursing experience of promoting a low self-confidence mother with high risk pregnancy to successful transition

ANDREJA LJUBIC¹, TAMARA STEMBERGER KOLNIK²

¹HEALTH CENTER, POSTOJNA, Slovenia, ²FACULTY OF HEALTH SCIENCE, IZOLA, Slovenia

Objective

The mothers with high risk pregnancy are usually forced to be separated from their newborn babies due to the hospitalization caused by illnesses in both sides, which can jeopardize the establishment of parent-child attachment relationships. The object of the study is to describe the processes of converting the bonding relationships between mothers with congenital heart diseases and their newborn babies. Based on the caring theory, we assist the mothers to develop connection with the babies, show affection for their babies, build up the confidence to take care the babies and simultaneously switch their roles successfully.

Methods

Five postpartum women with congenital heart disease were recruited for the study. In-depth interview was utilized to collect data and analyzed the personal confidence and extent of stress. In an environment free from restriction, the interviewee can talk about the experience of the separation caused by either maternal hospitalization postpartum or the neonatal intensive care and the stress of the establishment of the maternal role as much as possible.

Results

1. This study showed that the high risk pregnancy mothers experienced stronger feelings of attachment towards their newborns than those with normal delivery do.

2. Five themes were identified as the low self-confidence mothers:

   (1) To expect a new life. (2) To worry about the survival. (3) To be anxious about the genetic diseases and complications. (4) To confirm the future development. (5) To be aggressive in participating caring.

3. Using caring theory to help these low self-confidence mothers to successfully transition was described as five processes: (1) to agree with their feelings, offer preparation periods, do not compel them. (2) to provide support and information. (3) to strengthen the connections between family members. (4) to offer opportunities for learning. (5) to build up confidence to feel competence to take care of the baby.

The applications in nursing

The anxiety and uncertainty bring the mothers with high risk pregnancy more difficulties in adaptation. Through the intact integrity caring plans, to reduce the separated period between mothers and babies, provide appropriate resources and build up effective bonding relationships will aid the mothers to alleviate stress and set up the role of being a mother.
An Integral Model of Health Care as a Public Policy Project in the Country is the Major Challenge for Nursing in Family Health

Pilar Amaya

Universidad Nacional de Colombia, Bogota, Colombia

The actual conditions of the system of health attention of the country and the negative consequences of these are reviewed. As a contrast, a new integral model in health based in and congruent with family health and family medicine, supported in law and legal practices and other administrative processes and politics that ensure its viability is presented. The new proposal is focused upon persons, families, and collectives. It integrates social systems and health as strategies because together these generate the operationalism and effectivity. It is a proposal that elects the preparation of interdisciplinary human talent in family health as the initial phase with the recognition of nursing. With this initiative, the Ministry of Health opened an opportunity to all Universities having graduate studies in family health in creating it. The construction of an interdisciplinary program of graduate studies as a specialization in family health has been developed during eight months of work. This can be the basic model for the country that serves as a guide for Universities as a central element which contributes to the implementation of the health model for the country. Although for two decades my faculty has educated nurses and interdisciplinary groups in family health as specialists and Masters, the number of persons formed remains minimal for a proposal to reform the health system. Today is the challenge and the opportunity, to begin the actualization of everyone, and search for collaboration with national and international networks so as to respond to this necessity for the first time.
Does knowledge of family nursing translate into clinical practice in communities: An exploratory study of undergraduate nurses?

Hazel Rands, Elisabeth Coyne, Valda Frommolt

Griffith University, Brisbane, Australia

Introduction

The Australian model of health care is historically medically dominated, although the importance of shifting to patient-centred care has been identified. The model of patient-centred care includes the family however registered nurses are often not equipped to understand and care for the needs of the patient as a unit of care. The Bachelor of Nursing at Griffith University teaches family nursing in second year. This course covers aspects such as family theory, assessment and family-centred care. Students complete a clinical placement in their subsequent semester in a range of community settings. This research aims to explore the students’ knowledge and experience of family assessment models during a community placement.

Method

A phenomenological design was used to explore the students’ experience of family assessment in different community clinical settings. Eight focus groups were conducted to explore the students’ residual understanding of family assessment and the application of this in a clinical setting. Additional depth was given to this study by including a group of students who had completed an international placement in Laos. A thematic analysis was used to identify themes.

Results

Preliminary analysis identified themes that related to an understanding of family assessment and the influence of culture on family care. Immersion in family-centred care practice settings assisted students to link theory to practice. Students comments included; ‘Learning how to assess different family groups, and child development issues.’

Conclusion

The students understanding improved when working closely with registered nurses who embraced the concepts of family-centred care. Opportunity for students to participate in family nursing practice influences students’ understanding of family assessment as they become more responsive to contemporary social issues. Assisting students to develop knowledge of family nursing influences their recognition of family strengths and increases their engagement with family as they develop as clinicians.
Too Tired To Think: Malnutrition Screening In Children From Impoverished Families Of Rural India

Cheryl Corbett

Brigham Young University, Provo, UT, USA

Purpose:
To evaluate nutritional status and prevalence of iron-deficiency anemia among school children from impoverished families of rural India as an initial phase in improving health and academic performance.

Background:
Many families in southeast India are impoverished; particularly those that live in rural areas. Due to cultural restrictions and lack of monetary resources, vegetarian diets are prevalent in this population. Diets deficient in protein and other nutrients contribute to iron-deficiency anemia and malnutrition. Children from families affected by leprosy are particularly prone to malnutrition as family incomes are limited and street begging is a common food source. Nutritional factors have been shown to contribute to depressed intellect and learning difficulties in children.

Improving dietary intake and nutrition can contribute to better learning and energy levels in children. Researchers committed to improving nutritional status and academic performance of children attending a school for leprosy-affected families completed an initial evaluation of nutritional status.

Methods:
Health screenings were performed on 215 school children ages five to sixteen. Hemoglobin levels were obtained and information was entered into a database and analyzed.

Results:
Data analysis revealed a significant level (42%) of students were below the normal hemoglobin range of 11-14 gms/dl. Data were further distributed into ranges of low, very low and extremely low levels.

Conclusions/Implications:
Fatigue and inability to concentrate are common effects of anemia. Results indicated a significant number of children could benefit from improved nutrition levels. Study results were shared and discussed with the medical director of the institution. Children at the school receive a daily health drink and plans were made to supplement this drink with locally available iron-rich foods including nuts, chickpeas, quinoa and ragi. The aim of this intervention is to improve child nutrition and consequently improve energy levels and academic performance.
A701

Discharge Planning For Older Patients And Family Members At The Emergency Department: The Association Between Patient Education And Perceived Discharge Readiness

Mira Palonen¹, Marja Kaunonen¹,², Päivi Åstedt-Kurki¹,²

¹University of Tampere, School of Health Sciences, Tampere, Finland, ²Pirkanmaa Hospital District, General Administration, Tampere, Finland

PURPOSE AND BACKGROUND: The emergency department (ED) visits are short, hence the discharge readiness is emphasized. Discharge readiness requires adequate discharge education in an emergency setting. Family members' role for the coping at home is proven to be greater among older people than other adult age groups. In order to secure the needed information when discharging older people from emergency department, discharge planning should be systematic and the quality of education taken into account. The perceptions of older peoples' and family members' discharge readiness can be used as a quality indicators for discharge education. The purpose of this study was to describe association between emergency department discharge education for older patients and their family members and perceived discharge readiness.

METHOD: In this quantitative, cross-sectional study, data were collected with PREPARED – instrument. It was developed in Australia for describing older, recently discharged patients' and their family members' perceptions of quality of discharge. The instrument has been proven valid and reliable. Postal questionnaire included background variables and open-ended questions about medication and side-effects, managing at home, community services and aids. The data consists of patient (N=134) and family member responses (N=128) from one university hospital and one central hospital in Finland. Data were analyzed using descriptive methods and χ² –test.

RESULTS: The discharge education was evaluated inadequate, 25% of patients and 41% of family members did not receive any discharge education. Discharge education did improve discharge readiness for family members while patient was still at hospital and for patients two weeks after discharge.

CONCLUSION: Discharge readiness for older patients and their family members can be supported by providing adequate discharge education in emergency departments.
A702

Couples Decision Making in Advanced Parkinson’s disease

Barbara Habermann, Ju Young Shin, Diane Bradley

University of Delaware, Newark, DE, USA

Background and Purpose: Parkinson’s disease is the 2nd most common neurodegenerative disease that manifests with a significant progression of motor and non-motor symptoms as the disease advances. With the progression of the disease, spouses/partners become more involved in the day to day care of the person as the disease progresses as most care is provided in the home. Very little is known about how couples manage advanced PD and what decisions they face regarding healthcare and day to day management. Therefore, the purpose of this study was to describe the types of decisions couples with PD make in advanced stages and the degree of agreement about decisions for the couple.

Methods: The Ottawa Decision Support Framework guided the study. A mixed methods approach was utilized that included structured questionnaires on decisional self-efficacy, decisional conflict and decisional regret following a semi-structured qualitative interview. Questionnaires were completed independently whereas the interview was conducted as a couple. Eight couples participated (N=16). Qualitative content analysis of the interviews was used. T-tests were performed on the decisional scales scores.

Results: Content analysis revealed decisions in three themes: 1) housing versus placement (“Can we stay in our home”?); 2) getting more help (“Pay people to come in”); and 3) Equipping and utilizing more assistive and supportive devices (chair lifts, motorized wheelchairs). Statistically significant differences were found at the 0.05 level on the decisional conflict scores with spouses/partners demonstrating higher decisional conflict.

Conclusions and Implications: While couples reported joint decision masking, spouses experienced higher decisional conflict after decisions were made. These findings are being incorporated into a dyadic decision intervention based on the guiding framework to support couples in advanced illness decision making.
Prostate Cancer As A Global Concern For Family Nurses: Men Living With Prostate Cancer

Kelly Krumwiede, Norma Krumwiede

Minnesota State University Mankato, Mankato, MN, USA

Purpose: The purpose of this study was to investigate the lived experience of men who have been diagnosed with prostate cancer.

Background: Prostate cancer is a disease of increasing significance. High rates of prostate cancer can be found globally. Prostate cancer is the fourth most common cancer death in the United Kingdom and is the second most common type of cancer and second leading cause of death in the United States. A gap was found in the literature on the lived experience of men with prostate cancer.

Methods: A hermeneutic phenomenologic method using semistructured, open-ended questions was used. Phenomenology of praxis proposed by van Manen guided the data analysis and transformed personal experiences into disciplinary understanding. Ten men with prostate cancer aged 62-70 years participated and were interviewed in their home. Rigor was enhanced by sensitivity, researcher's ability to identify subtle nuances and cues in the data text that lead to meaning. Extended immersion, bracketing, use of triangulation, and an extensive audit trail were also used.

Results: The use of van Manen's method of inquiry and analysis has contributed to the findings of the study by providing a way to explore the meaning of the lived experiences in an attempt to understand living with prostate cancer. Several themes were identified: Living in the unknown, yearning to understand and know, struggling with unreliability of body, bearing the diagnosis of cancer, shifting priorities, and feeling comfort in the presence of others.

Conclusions: Family nurses have many opportunities to impact the lives of men diagnosed with prostate cancer: Diagnosis, management of physical and psychosocial integrity, and providing education. Exploring perceptions and experiences of men with prostate cancer will expand nurses understanding of the disease which will enhance care for men and their families by reducing anxiety, vulnerability, and uncertainty.
A704

The experience of informal caregivers caring for close family members suffering from chronic illness – a systematic review.

Siri Tønnessen¹, Kristina Sandvik¹, Elin Rosvold²

¹Buskerud and Vestfold University College, Campus Vestfold, Norway, ²Vestfold Hospital Trust, Tønsberg, Norway

**Purpose and background:** Informal caregivers play a significant role in caring when their loved ones suffer from chronic disease. Knowledge of the informal caregiver experience help nurses provide appropriate interventions to minimise the adverse effects the caregiver role has on the caregivers health, thus enabling the informal caregiver to continue helping their loved one. This study reviews current research literature to map how close family members experience their caring responsibility to patients in need of home nursing care. The purpose is to provide an overview of research in this area and to develop new insights that may be helpful to nurses when providing care to patients and their family at home. **Methods:** The literature review was conducted through a) an electronic literature search in the research databases McMaster, PubMed and ScienceDirect resulting in 420 articles, where 13 met the inclusion criteria of the study b) critical evaluation of the articles utilising the inclusion criteria and approved checklists c) discussion regarding the articles relevance and categorising of relevant articles and d) synthesising the literature. **Results:** Three central themes emerged from the literature indicating that: caregivers experience a role conflict, a caregiver burden and a need for social support. **Conclusion:** The review indicates that in order to facilitate the caregiver role, nurses are in a pivotal position to offer the formal social support the caregiver needs, through recognition of the caregiver burden experienced by the family members of chronically ill patients. This includes recognising the experienced role-conflict, the contribution of the informal caregiver and how this affects their mental, as well as physical, health. Tailored nursing interventions at an early stage may minimise the risks of health problems associated with the caregiver role and improve the ability to remain longer as caregivers.
Defining ‘Family’ When A Child Is Acutely Ill At Home

Sarah Neill

University of Northampton, Northampton, Northants, UK

The rising use of health services for acute childhood illness is often attributed to the loss of the extended family as it is assumed that families used to use their extended family for support. This paper will review research evidence from differing ethnic groups in the UK which clarifies the ways in which family is defined when a child is ill at home and the impact of these contemporary definitions of family on the management of acute childhood illness.

Findings drawn from two studies conducted in the East Midlands of the UK will be presented: One involving 25 family interviews with 15 families (Neill, 2008) and the other interviews and focus groups with 27 parents (Jones et al., 2014, Neill et al., 2014), both focussing on families with acutely ill children under 5 years of age. Grounded Theory methodology was used in both projects.

Findings show that families are predominantly defined as the ‘nuclear family’ of parents and children during acute childhood illness. Variations from this pattern were identified in South Asian families, Gypsy/Travelling families, when parents are very young, or when the extended family includes health care professionals. Parents’ roles within families also change during acute childhood illness, reverting back to traditional gendered caregiver patterns. Support provided outside the immediate family unit is, for most, emotional and practical rather than advice on or care of the sick child.

These findings reflect individualism in British society and the need, therefore, for health services to recognise that, even when extended families are present, they may not be accessed for advice during acute childhood illness. Services need to accept the need to provide support to the ‘nuclear family’.

References


Sibling Perceptions Of Living With A Brother Or Sister With An Intellectual Disability Or A Physical Illness: A Literature Review

Ann Webb1, Barbara Mandleco2

1Health Rejuvenation Institute, Spanish Fork, Utah, USA, 2Brigham Young University, Provo, Utah, USA

Background and Purpose: Childhood/adolescent disability/chronic illness profoundly impacts families, especially siblings who are affected along a negative/positive continuum. Negative effects include depression, poor adjustment, and emotional/behavioral problems. Positive effects include greater empathy, cooperation, self-control, kindness, and improved self-esteem. While current research improves understanding of sibling experiences, it is limited because most data are from parent/teacher perspectives rather than from siblings themselves, and few compare sibling experiences across disabilities/illnesses. Therefore, this literature review sought to summarize empirical studies examining siblings’ experiences when living with a young person with an intellectual disability (Down syndrome [DS]; autism spectrum disorder [ASD]), or a physical illness (type 1 diabetes mellitus [T1D], cancer), and then compare those experiences across disabilities/illnesses.

Method: Searches using electronic data bases/references from retrieved articles revealed 2208 studies published between 2000 and 2014; however, only 55 used siblings between 4 and 21 years of age as participants. 22 studies were quantitative, 25 were qualitative and 8 used mixed methods.

Results: Siblings living with a young person with either an intellectual disability or physical illness are affected differently according to the intellectual disability or physical illness. Specifically, differences were noted in their knowledge of the condition (what they knew and who told them about the disability or illness); their relationship with others (what their interactions were like with the young person, family members, or those outside the family); their perceptions of the experience (how they viewed the situation); their emotional reactions (feelings, affect, reactions or moods about the situation); and their behavioral/personality outcomes (social and academic effects).

Conclusions and Implications: Clearly, living with a child/adolescent who has an intellectual disability or physical illness is life changing for siblings; some adapt to the situation whereas others are continually challenged and have difficulties. When working with these families, nurses need to be aware of the impact on siblings and provide appropriate interventions.
Pediatric Feeding Problems and Family: Concept Evolution and Development

Hayley Estrem¹, Britt Pados¹, Jinhee Park², Suzanne Thoyre¹

¹The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA, ²Duke University, Durham, North Carolina, USA

Background: Feeding problems in early childhood are common, affecting approximately 25% of typically developing children and up to 80% of children with developmental disabilities. There is no interdisciplinary consensus on terms to describe feeding problems. Lack of common language is a barrier to effective communication between clinicians, researchers, and caregivers, and inhibits collaboration. This study holistically examined the conceptualization of pediatric feeding problems by healthcare disciplines and caregivers.

Method: Using a hybrid concept development approach, literature were identified via PubMed, Web of Science, CINAHL, and Google Scholar using the search-terms “failure-to-thrive,” “feeding disorder/difficulty/problems,” “infantile anorexia,” and “dysphagia.” The search was limited to English, full text, and pediatrics (ages 0-10 years). References of exemplar manuscripts were also scanned for additional items. Relevant manuscripts (n=271) were identified and sorted in Atlas.ti by discipline of authorship (speech-language pathology, psychology, nursing, occupational therapy, medicine, multidisciplinary, nutrition, other) and years of publication (recent conceptualization [post-2000], evolutionary context [pre-2000]). A sub-set of 100 post-2000 works proportionally represented the disciplinary categories. These were coded for attributes, surrogate terms, related concepts, antecedents, consequences of feeding problems, and family conceptualization. To identify the family caregivers’ perspective, interviews focused on family management from 12 parents of children with feeding problems were included.

Results: Evolution of the concept will be illustrated. Conceptual elements across disciplines and families will be presented with an emphasis on shared views. Conceptual discrepancies and the number of surrogate terms used within and across disciplines and families will also be featured.

Conclusion: Themes from the literature reveal the need for a holistic, interdisciplinary team approach to feeding problems, including caregivers and family members. A conceptualization amenable to interdisciplinary, family-centered work will be suggested.
Interrelationship of Socio-demographic Factors, Health Belief Dimensions and Compliance to Measles Vaccination Among Filipino Mothers

Beryl Rene Lopez, Lesley Anne Lipat, Rhogene Barbette Lirio, Laurice Joy Llanes, Karl Philippe Llapitan, Einstein James Lopez

University of Santo Tomas, Sampaloc, Manila, The Philippines

AIMS: Measles remain as one of the most common childhood diseases despite the availability of vaccine that is safe and cost-effective (WHO, 2013). Because of morbidity and mortality associated with the recent measles outbreak in the Philippines, there is an increasing concern from the health care professionals. The purpose of this study is to determine the relationship between the compliance of Filipino mothers to measles vaccination and their health beliefs when grouped according to the given socio-demographic factors using a researcher-made questionnaire.

METHODS: This research utilized the descriptive-correlational research design. With the use of purposive sampling technique, the study involved 200 Filipino mothers aged 18 years old and above excluding those who are healthcare professionals with children aged 2-3 years old with either urban or rural as their settlements. Pre-testing was done prior to the actual data gathering. A questionnaire composed of 26 items involving socio-demographic, compliance, and health beliefs was distributed to the sample population. Statistical analysis was done with the use of Exploratory Factor Analysis (EFA) for the first research question, and Structural Equation Model (SEM) for the second research question.

RESULTS: Four dimensions were generated with the use of EFA namely: Vulnerability-Oriented Beliefs (VOB), Knowledge-Oriented Beliefs (KOB), Accessibility-Oriented Beliefs (AOB), and Outcomes-Oriented Beliefs (OOB). These were then correlated with the mothers’ socio-demographic factors (age, educational attainment, area of residence, number of children, and yearly income) and their compliance to the measles vaccination schedule. Results showed significant and direct relationships between area of residence and compliance, yearly income and compliance, KOB and compliance, education and KOB, KOB and VOB, KOB and OOB, AOB and KOB, AOB and OOB, AOB and VOB, and lastly, OOB and VOB.

CONCLUSIONS: Based from the results obtained, the primary determinants of compliance namely area of residence, educational attainment, and yearly income increases the mothers’ likelihood to have their child vaccinated with the measles vaccine. These determinants may be focused when giving health teachings to further improve each health belief dimension, and improve maternal compliance with their child’s vaccination schedule.
Effects In Families After Participating In Family Health Conversations

Karin Sundin², Britt Bäckström³, Viveca Lindh², Marie Lindkvist², Britt-Inger Saveman², Ulrika Östlund¹,4

¹Linnaeus University, Kalmar/Växjö, Sweden, ²Umeå University, Umeå, Sweden, ³Mid Sweden University, Sundsvall, Sweden, ⁴Karolinska Institutet, Stockholm, Sweden

Background and Purpose: The sudden impact of stroke may have life-changing effects for whole families that, consequently, should be supported. “Family Health Conversation” (FamHC) is a family systems nursing intervention, inspired from the “Calgary Models”. Even if well-grounded in theory, empirical studies revealing effects of this specific intervention are scarce. The purpose was to evaluate effects and responses from FamHC in families with a member under the age of 65 diagnosed with stroke.

Methods: A mixed methods research design was used. The sample included an intervention (7 families with 17 family members) and a comparison group (7 families with 21 family members). Qualitative data consisted of semi-structured interviews one month post-intervention analyzed with qualitative content analysis. For quantitative data pre and post measures (1 month) were accomplished using Family Hardiness Index (FHI) and assessments of health related quality of life (HRQoL). Regression analysis was performed to assess the effect of the intervention. Triangulation as a methodological metaphor was used to integrate empirical data and theoretical propositions.

Results: Qualitative data showed improved family functioning and that the families experienced reappraisal of life. Quantitative analysis showed that FHI significantly increased, so did HRQoL, in the intervention group compared to the other group. The empirical data supported the theoretical propositions, i.e. FamHC creates a context for change and support the creation of new beliefs and opportunities; families described they had started to think in different or even new ways, to set about the future with confidence and created balance in life. Furthermore, the proposition that participating in FamHC will sustain family health was supported; families described improved relationship, enhanced communication and shared responsibility. Resilience and HRQoL improved.

Conclusion: This study adds to the current evidence regarding family systems nursing interventions showing that responses and outcomes are congruent with the goal of FamHC.
A Shared Respite In Life- The Meaning Of Place For Family Well-being In Families Living With Chronic Illness

Liselott Årestedt¹, Margareta Rämgård³, Carina Persson¹,², Eva Benzein¹,²

¹School of Health and Caring Sciences, Linnaeus University, Kalmar/Växjö, Sweden, ²Center for Collaborative Palliative Care, Linnaeus University, Kalmar/Växjö, Sweden, ³Faculty Health and Society, Malmö University, Malmö, Sweden

Background and purpose: Living with chronic illness is a family affair that often involves ongoing changes and challenges of everyday life. Due to illness these families need places where they can be themselves in order to feel well. A place can be both physical and existential and create relationships and meanings for the individuals as well as for the family as a unit. Therefore the aim of the study was to explore the meaning of place for family well-being in families living with chronic illness.

Framework: The theoretical framework was based on systems theory and health geography.

Method: A qualitative design was chosen. Data were collected by using photovoice combined with narrative family research interviews with ten families living with chronic illness. A phenomenological hermeneutic analysis, inspired by Ricoeur, was used to interpret the data.

Results: Overall, the meaning of place for family well-being in families living with chronic illness can be described as “shared respite in life”. This main theme included three subthemes; “to reflect”, “to feel relief” and “to re-create”. These themes were connected to the concept place security, which includes identity, continuity and rituals. To feeling well means to feel place security for these families.

Conclusions and implications: With knowledge about meaning of place for family well-being, nurses can stimulate families living with chronic illness to both discover and create places that contribute to well-being.
Health-Related Quality of Life and Its Determinants among Thai AMI Survivors

Khemaradee Masingboon¹, Supaporn Duangpaeng², Narongkorn Chaiwong³

¹Faculty of Nursing, Burapha University, Chonburi province, Thailand, ²Faculty of Nursing, Burapha University, Chonburi province, Thailand, ³Health Science Center, Burapha University, Chonburi Province, Thailand

Background and Purpose: Acute myocardial infarction (AMI) is the most common cause of death among Thai with coronary heart disease (CHD). Thai AMI survivors are most likely to have impaired health-related quality of life (HRQoL) due to their functional and psychological problems. Families play important role in care and support these survivors to overcome their health problems and enhance well-being. Guided by the Individual and Family Self-Management Theory, this study aimed to explore HRQoL and identify its determinants among Thai AMI survivors.

Methods: A cross-sectional study was conducted in 155 Thai AMI survivors recruited by stratified random sampling from three hospitals located in eastern region of Thailand. Self-report questionnaires were used to gather information. HRQoL was measured using the Short Form - 12 Health Survey (SF-12). The Center for Epidemiologic studies Depression Scale (CES-D), the Self-management Behavior questionnaire, and the Family Support questionnaire was utilized to assess the presence of depression, self-management behavior, and family support. Multiple regression analysis was used to assess the hypothesis.

Results: Findings revealed that 92 percent of Thai AMI survivors reported a generally high level of HRQoL. 80 percent of them reported higher level of HRQoL in physical health and mental health dimension. Depression and family support were significantly predicted HRQoL among Thai AMI survivors and accounted for 28.5 percent of variance (p < .001). Interestingly, depression was the most significant predictor of HRQoL (β = -.65, p < .001).

Conclusion and Implications: Depression is a significant determinant of HRQoL in Thai AMI survivors. Increasing awareness of depression among these survivors is important. Depressive symptoms in this population should be routinely assessed. In addition, intervention to improve HRQoL among Thai AMI survivors should be addressed through depressive symptom management, family support, and collaboration between AMI survivors, their families, and health care providers.
Motivating Family Members To Quit Smoking When A Relative Has Lung Cancer: Translating Knowledge Into Practice

Joan L. Bottorff¹, Carole A. Robinson¹, Gayl Sarbit¹, Raquel Graham², Mary Kelly¹, Iris Torchalla³

¹University of British Columbia, Kelowna, BC, Canada, ²University of Victoria, Victoria, BC, Canada, ³St. Paul's Hospital, Vancouver, BC, Canada

Purpose: The purpose of this study was to gather feedback on an innovative gender sensitive booklet that draws on emotional connections and relationship factors to motivate smoking cessation.

Research Approach: Qualitative, descriptive

Setting/Sample: Family members of lung cancer patients (21 female, 9 male) in Canada who were currently smoking (13) or had recently quit (17).

Methodologic Approach: Parallel booklets for women and men were developed using language and images to emphasize family relationships and gender considerations to motivate smoking cessation. Participants were provided with the women's and men's versions of the resource in a flip-booklet format, and asked to review the gender-specific version of the booklet that was relevant to them. Semi-structured, telephone interviews were conducted, and transcriptions were analyzed for themes.

Findings: Three themes were evident in the data: a) New perspectives: appreciating the effects of smoking on relationships; b) Reconsidering smoking cessation: understanding the importance of relationships to motivation; and c) Gendered connections: recognizing themselves in the booklet. Although participants voiced other important reasons for smoking cessation, family relationships appeared to bolster motivation for stopping smoking. The majority of participants recommended that the dual-format booklet be available in health care settings.

Conclusions: A gender-sensitive approach that focuses on relationship factors represents an acceptable way to engage relatives of patients with lung cancer in discussions to support smoking cessation.

Implications for Practice: Approaches to supporting smoking cessation among relatives of patients diagnosed with lung cancer should draw on positive relationship bonds and caring connections to motivate cessation.
Community Influences on Diabetes Knowledge and Lifestyle of Individuals and Families

Sharon Denham

Texas Woman's University, Dallas, Texas, USA

Purpose and Background: Appalachia, a large geographic U.S. region, is a place where 81% of its 420 counties have the highest diabetes and obesity rates in the nation. A funded CDC multi-year project was initiated in 11 counties and 4 states. The project's purpose was to increase type 2 diabetes awareness, encourage healthy lifestyle management, and prevent complications in vulnerable populations. Four goals focused the project work and guided outcome evaluations.

Model/Framework: The Family Health Model (Denham, 2003) and a socio-ecological perspective guided program development and evaluations. Specific aims focused on risk reductions, diabetes management, and prevention of complications.

Clinical or Educational or Quality Improvement Focus: Year one focused on coalition formation and community education. Over 100 interviews were conducted and filmed with people living with type 2 diabetes. Year two involved coalition actions (e.g., distribution of four films, and a CD with healthy lifestyle songs) to influence individual and family household behaviors, testing the efficacy of community projects (e.g., walking trails, Turtle Challenge, Kids' Bucks, community gardens), and develop support networks (i.e., Healthy for GOoD). Year three focused best practices approaches and aimed to increase engagement of community agencies to assist in the delivery of community diabetes education programs and participation in community projects.

Evaluation methods: An external evaluation team served to monitor outcomes throughout the process. Survey data from activities were collected from all counties. Focus groups and interviews were conducted with coalitions and individuals each year. Products were examined.

Results: Supporting community engagement by identifying and implementing effective practices proved an effective means to reach goals, increase knowledge, promote lifestyle changes, and build supportive networks.

Conclusions: The model appears to be evolving as a regional approach to preventing type 2 diabetes and its complications.
Counselling And Supporting Patient's Family Members In Out-of-hospital Emergency Care

Mari Salminen-Tuomaala¹, Riitta Mikkola², Eija Paavilainen²,³, Päivi Leikkola³

¹Seinäjoki University of Applied Sciences, School of Health Care and Social Work, SEINÄJOKI, Finland, ²School of Health Sciences, University of Tampere, TAMPERE, Finland, ³South Ostrobothnia Hospital District, SEINÄJOKI, Finland

Purpose and Background: Developing the quality of emergency care is a current concern internationally. In previous studies, the quality of emergency care has been mainly approached from the patient perspective. The purpose of this study is to describe emergency care providers’ experiences of factors that affect counselling and support for family members in out-of-hospital emergency care.

Methods: Data were collected by semi-structured interviews (n=15) in autumn 2013 within a single hospital district in Finland. The voluntary participants, selected by discretionary sampling, consisted of 5 paramedics, 5 nurses and 5 emergency medical technicians. The data were analysed using inductive content analysis.

Results: According to care providers, emergency care encompasses the following areas: providing prompt emergency care on site, arranging safe follow-up care, counselling family members and supporting the coping of patients and families. Family members receive both written and oral counselling on the patient’s home care, preceded by an assessment of the family members’ need for information and ability to assume responsibility for the patient. Family members may be demanding because they feel confused. Counselling includes cognitive, emotional and concrete support. Supporting family members is affected by the nature of the patient’s disease, criticality of the situation, family members’ need for support, their degree of anxiety, contextual factors and by emergency care providers’ theoretical and practical competence.

Conclusions: The knowledge can be useful in nursing education and in developing the quality of emergency care from the family members’ perspective.
Family Involvement In An Orthopaedic Clinic – Does It Make A Difference?

Nicole Zigan¹, Judith Seitz², Vera Mueller², Lorenz Imhof¹

¹Zurich University of Applied Sciences, Winterthur, Canton of Zurich, Switzerland, ²Balgrist University Hospital, Zurich, Canton of Zurich, Switzerland

Purpose and Background: Clinical Pathways are frequently used in surgery settings to standardize nursing care. We developed nurse-led patient pathways for orthopaedic patient populations which emphasize four aspects: patient and family centered care, comprehensive discharge planning, evidence based nursing, and nursing responsibilities. The purpose of this sub-study was to analyze whether length of hospital stay is different in patients with low or high level of family involvement in nursing care.

Methods: This study was a secondary data analysis from a main study to evaluate the effect of nurse-led patient pathways. A quantitative comparative study design was used. A sub data set from 265 patients was used, which were hospitalized in one of two units in a Swiss orthopaedic hospital, belonged to one of the three Diagnosis Related Groups (total hip arthroplasty, exploration and decompression of spinal cord and rotator cuff reconstruction), and completed the patient satisfaction survey. Family involvement in nursing care was measured by a single item on the patient survey to measure patient satisfaction with nursing care quality. The 5-point-scale answers were dichotomized in two groups with low-level family involvement (poor to good) and high-level family involvement (very good to excellent). Length of stay was extracted electronically from the patient record system. Because of non-normal distribution of the dependent variable, test of Mann-Whitney was used.

Results: Length of hospital stay in the group with high-level family involvement (n=141, M = 5.8 days, SD= 2.1, Min= 2, Max= 13) differed significantly from the group with low-level family involvement (n=124, M = 6.3 days, SD = 2.2, Min= 3, Max=14), U= 7’535.5, z= -1.96, p= .05, r= -.12.

Conclusion: This study shows that length of hospital stay differed slightly between low and high family involvement groups. To investigate the clinical effect of family involvement in an orthopaedic setting further studies are needed.
Improving Staff-Family Relationships In Residential Aged Care: An On-line Resource Package For Staff and Family

Michael Bauer¹, Deirdre Fetherstonhaugh¹, Rhonda Nay¹, Ewan McDonald¹, Laura Tarzia¹, Wendy Moyle², Cindy Jones², Sharon Andrews³, Peter Lucas³, Andrew Robinson³

¹La Trobe University, Victoria, Australia, ²Griffith University, Queensland, Australia, ³University of Tasmania, Tasmania, Australia

Background and purpose: A constructive relationship between staff and families optimises care provision for older people living in aged care facilities. The development and maintenance of staff-family relationships in residential aged care however is known to often be marked by misunderstanding, unmet expectations and tension, all of which can be detrimental to the wellbeing of family carers, staff attitudes towards family, as well as on care outcomes for residents. Knowing how to build good staff-family relationships and how to maintain relationships is important for everyone in an aged care facility. The purpose of this presentation is to report on the development and evaluation of an on-line educational resource package for staff and residents’ families in Australian residential aged care facilities.

Methods: Three aged care facilities in three Australian states participated in the development, implementation and evaluation of the education package. Educational resources were piloted and implemented at the facilities over a six month period. Facility staff and residents’ families completed four surveys and were interviewed at baseline and again following the implementation of the educational resources, to evaluate staff-family relationships.

Results: Key findings following the education indicate that:

- Both staff and families thought there was a greater awareness about the importance of good relationships and staff thought more about how they could build relationships with families.
- Staff placed greater value on families’ knowledge about residents’ care needs and believed interactions with families were more frequent.
- Staff acknowledged feeling less stressed by families.

Conclusion and Implications: This educational package provides a suite of resources to promote and sustain constructive relationships to ultimately improve the quality of care provided to residents. The project was funded by Alzheimer’s Australia and resources are freely available on-line.
Effects and responses of an intervention with Family Health conversations at a residential home for older people.

Åsa Dorell¹, Ulf Isaksson¹, Ulrika Östlund², Karin Sundin¹

¹Umeå University, Umeå, Sweden, ²Karolinska Institutet, Stockholm, Sweden

Background and purpose: A Family systems nursing intervention, “Family Health Conversations” (FamHC) influenced by the Calgary Family Assessment Model (CFAM), the Calgary Family Intervention Model (CFIM) and the Illness Beliefs Model (IBM) was conducted in order to strengthen the health of families having relatives at three units in a municipality in Sweden. Significant other who have a family member living in the residential homes participated in a series of three one-hour conversations with two weeks interval. The purpose of this study was to evaluate the effect and responses from family health conversations in families with a family member living at a residential home for older people.

Methods: A mixed method research design was used. Qualitative and quantitative data were collected and analyzed in a parallel approach and then integrated. Interviews with 22 family members six month post-intervention was analyzed with qualitative content analysis. The Swedish Health-Related Quality of Life Survey (SWED-QUAL) and Family Hardiness Index (FHI) were assessed pre- and post-intervention (6 month). Comparisons over time concerning FHI and SWED-QUAL were made by means of paired t-test. Cohen's adjusted d was used to calculate for effect size.

Results: When calculating for effect size, the result showed a clinical significant effect in where the families assessed higher at follow-up in commitment, control and family hardiness total at follow-up. A clinical significant improvement could also be found concerning health-related quality of life. This is supported by the qualitative part of the study.

Conclusion: The main results shows that FamHC can be an important family systems nursing intervention to improve family functioning and enhance emotional wellbeing in family members having a sick relative living at a residential home for older people.
Family Perspectives Of A Diabetes Transition Program

Michele Polfuss¹, Elizabeth Babler¹, Loretta Bush², Kathleen Sawin¹

¹University of Wisconsin- Milwaukee, Milwaukee, WI, USA, ²Children’s Hospital of Wisconsin, Milwaukee, WI, USA, ³Medical College of Wisconsin, Milwaukee, WI, USA

Background/Significance: Diabetes is a life-altering chronic illness usually diagnosed in childhood. The transition from adolescence to adulthood often complicates successful self-management. The role of families in this transition process is critical to the adolescents’ health outcomes. The study purpose was to evaluate the perspectives of families within a diabetes transition program. Specifically to examine: 1) the congruency of adolescents’ and parents’ perspectives on knowledge and skills important for transition, 2) program specifics families determined helpful for transition and 3) the relationship of the adolescents’ self-efficacy to self-management behaviors (SMB) and HbA1C.

Methods: The Individual and Family Self-Management Theory guided this prospective cross-sectional study. The sample included 45 adolescent/parent dyads who participated in a diabetes transition program in a Midwest children’s hospital. Adolescents and parents independently completed questionnaires related to self-efficacy, the importance of specific diabetes knowledge and skills, and what was helpful for self-management and transition readiness. Frequencies, correlations, Chronbach alphas and paired t-tests were used for analysis. Reliabilities for scales used in this study were above 0.73

Results: Families did not agree on behaviors important for transition (t=3.381; p=.002) with marked differences on the influence of alcohol and drugs on diabetes, management of sick days, scheduling appointments and knowing where to get help. Adolescents indicated talking with providers and program materials as helpful, but talking with parents most helpful for transition. Adolescents’ self-efficacy was significantly correlated to their own perception of SMB (r=0.69) and to a lesser extent their parents’ perception of adolescents’ SMB (r=0.40). Family dyads perception of adolescent self-efficacy were similar (r=0.70) but not related to HbA1C.

Conclusion: A diabetes transition program has the opportunity to impact an adolescent’s ability to self-manage their chronic illness by increasing self-efficacy and recognizing the strengths of the parent, child and provider in the transition process.
"Why it helps young people to participate in “peer groups for children of divorce”"

A grounded theory study on children of divorced parents in peer groups.

Hilde Egge¹, Kari Glavin²

¹Diakonova University College, OSLO, Norway, ²Diakonova University College, OSLO, Norway

Objective

Children of divorce are as a group vulnerable, we know this from recent research. In general they have more health problems and in particularly they have more psychological health-problems than other children; they are more anxious, are more often depressed and have a lower self-esteem with lower school results than have children without this experience.

In Norway discussion groups based on health promotion principles is implemented in many schools for these pupils, led by health visitors. This study aimed to describe the youth’s own experiences as to why peer groups help.

Method

Seven focus group interviews with 28 pupils from the age of 14-16 years, from three different municipalities in Norway. Classic Grounded Theory was applied in the analysis.

Results

By sharing their stories, the pupils felt they were no longer alone with their thoughts and feelings. As well as experiencing mutual support, they could identify with each other. The peer groups gained increased confidence and self-esteem as well as increasing influence and control over their own lives. Their understanding of divorce, parents/step-parents, and their ability to see the positive aspects of divorce was also enhanced.

Conclusion

This study shows that peer groups for children of divorced parents may provide an important public health measure. Discussion groups based on health promotion principles would appear to provide youth with divorced parents an increased sense of coherence between comprehensibility, manageability, meaningfulness, and thereby improving their own health.
Differentiating From the Family of Origin: Sexuality and Romantic Relationships in Adolescent Cancer Experiences

Nancy Moules\textsuperscript{1,2}, Andrew Estefan\textsuperscript{1}, Catherine Laing\textsuperscript{1}, Fiona Schulte\textsuperscript{1,2}, Vanessa Slobogian\textsuperscript{2}, Greg Guilcher\textsuperscript{1,2}, Doug Strother\textsuperscript{1,2}

\textsuperscript{1}University of Calgary, Calgary, Canada, \textsuperscript{2}Alberta Children's Hospital, Calgary, Canada

\textbf{Purpose/Background:} Some adolescents get cancer. They also have relationships. During this important family developmental stage of adolescence, they are embarking on the formative task of differentiating from their families of origin. This development of sexual identity and formation of romantic relationships is scaffolded in complex ways when cancer factors in. In two studies, we are examining the impact of cancer on adolescent sexuality and romantic relationships for adolescents with cancer and for partners of these adolescents. Previous studies have shown that survivors of childhood cancer in adulthood demonstrate increased risk for relationship difficulties, fewer romantic relationships, lower relationship satisfaction, and increased distress at relationship endings.

\textbf{Methods:} One study employs hermeneutics and narrative inquiry to investigate the issue of sexuality and sexual identity and image in adolescents. Ten adolescents were interviewed and data analysed hermeneutically. Four of these participants continued with the narrative inquiry phase of the study. The second hermeneutic study interviewed 10 partners in romantic relationships with adolescents who were or had experienced cancer. \textbf{Results:} Participants who had experienced cancer as adolescents reported that cancer had profound impact on self-image, perception of sexual attractiveness, and confidence in forming romantic relationships. It had impact on the family development cycle with the experience of regression in returning to a younger child dependence on parents, abandoning some of the developmental tasks, which usually occur in adolescents. Partners of adolescents reported many complications related to the relationship when cancer was factored in: guilt, loss, fear, information sharing, replacement by parents, and societal pressure. \textbf{Conclusions:} When family lifecycle stages are interrupted by an illness such as cancer, the age appropriate and expected tasks are often halted or even reversed. In the case of adolescents with cancer, this has impact on their development of autonomy, self-esteem, confidence, sexual identity and image, and the formation and maintenance of romantic relationships. It has an often unrecognized and not acknowledged impact on the partners in these relationships. Health care professionals have an obligation to address these issues and intervene earlier rather than later in providing support and counselling.
Waiving Parental Consent: An Ethical Strategy For Inclusion Of LGBT Youth In Research

Dalmacio Flores¹, Joyell Arscott¹, Julie Barroso²

¹Duke University School of Nursing, Durham, NC, USA, ²University of Miami, Miami, FL, USA

Background and Purpose: Securing parental consent is standard practice when conducting family nursing research with adolescents. However, in sexuality research with lesbian, gay, bisexual or transgender (LGBT) youth, many may have yet to disclose their sexual orientation due to uncertainty with parental reactions or may not feel comfortable asking parents' permission to participate in studies about sensitive topics such as sex. Obtaining waivers of parental consent is an underused strategy that allows for the inclusion of LGBT youth in studies about their emergent sexual health needs. This report will detail our experience in securing a waiver of parental consent in the recruitment of 15 to 17 year old gay, bisexual and questioning adolescent males.

Methods: The IRB application included arguments about how excluding LGBT youth from research violates the principles of beneficence, justice and respect for persons, how LGBT youth are autonomous and capable of providing informed consent similar to their heterosexual peers, how studies that waived parental consent have been successfully conducted in peer institutions, and how research findings produced significant and rich results. Other elements included in the waiver request was a list of studies that effectively recruited underage LGBT youth, institutional support letters from bioethicists and child advocacy experts, and anticipated human subjects protection concerns and how they would be addressed.

Results: The waiver of parental consent was granted by the full IRB after months of deliberation.

Conclusions and Implications: To properly safeguard LGBT youth and to encourage family nursing research informed by this population's current social milieu, waivers of parental consent may be necessary. These waivers are in accord with key ethical research principles and can be a crucial methodological feature that will assuage this population's concerns about participating in research about them.
"The burden of guilt" – How to support parents of children with burn trauma in daily care

Veronica Cortes¹, Anna-Barbara Schlüer², Barbara Preusse-Bleuler³

¹University Children's Hospital Zurich, Zurich, Switzerland, ²University Children's Hospital Zurich, Zurich, Switzerland, ³Zurich University of Applied Sciences, Winterthur, Switzerland

Purpose and background: Scald and burn traumas in infants and toddlers are common traumas, often appearing at home within the family setting. Parents or guardians being involved have to deal with feelings of guilt, anxiety and shame: Either because they caused the trauma or because they couldn't avoid it. Studies document high prevalence of feelings of guilt in parents, often associated with severe somatic symptoms. Nurses often feel helpless and lack knowledge in how to support parents accordingly. The goal of this project was to define interventions for clinical nursing to support parents and families effectively.

Model / Framework: The Calgary Family Assessment and Intervention Model served as basis to expand approach, knowledge and skills for nurses.

Methods: Within an evidence based quality improvement project a pilot group of four experienced pediatric burn nurses from a tertiary pediatric burn unit engaged in a multidirectional action learning process involving literature review, consultation of expertise and skills training.

Results: Pilot group members have tried out interventions suggested in literature. These involved “inviting family interviews”, “expressing commendation”, “normalizing feelings”, “offering emotional support”, “offering information”, “allowing closeness to the child” and “balancing work and repose”. By expanding their skills, the feeling of helplessness was suspended in nurses, so that they proactively engaged in a caring relationship with the parents. Acquired know-how and experiences were documented and summarized in order to be used for educational purposes in the team of nurses. An information brochure for parents has been elaborated.

Conclusion: Action learning resulted in a sustainable effect for the nurses. They have become motivated multipliers for early family intervention as part of daily nursing. Scientific evaluation of the process of implementation is to be welcomed.
Role of Family in Pediatric Care: A Case Study in Contrast - Tanzania and the United States

Donna Miles Curry, Gina Marquis

Wright State University College of Nursing & Health, Dayton, Ohio, USA

Background

Appreciation for cultures and deeper understanding of nursing is enhanced through study abroad experiences. Research has demonstrated that students who have had experiences in developing countries mature more in the area of cultural sensitivity than those who experience encounters in developed countries.

Purpose: The purpose of this scholarly presentation is to examine the role of the family in pediatric care in Tanzania based on personal and professional reflections with supporting evidence.

Methods: Using reflection on practice strategies, content analysis for themes were conducted on interview and journal entrees of a U.S. pediatric PNP student by doctoral prepared faculty. This advanced practice nurse spent a three week immersion experience at a university medical center in Dar Es Salaam, Tanzania in summer 2014. She was voiced her own experience in her log and had been encouraged to respond freely.

Results: Cross cultural comparison of the role of family in health care as well as social policy particularly WHO guidelines and millennium development goals are contrasted with family nursing in Midwestern United states.

Conclusions and Implication: There are distinct differences in the role of the nurse with families. A pivotal contrast of individual focused versus communal centered values was noted for the families and health care systems between Tanzania and the United States.

Karen LeGrow1,5, Eyal Cohen4,5, Sherry Espin1, Barbara Gibson2, Simon Kitto3, David Nicholas2,5

1Daphne Cockwell School of Nursing, Faculty of Community Services, Ryerson University, Toronto, Ontario, Canada, 2Department of Physical Therapy, University of Toronto, Toronto, Ontario, Canada, 3Faculty of Social Work, University of Calgary, Calgary, Alberta, Canada, 4Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada, 5Hospital for Sick Children, Toronto, Ontario, Canada, 6Dept. of Surgery, University of Toronto, Toronto, Ontario, Canada

Background: Advances in medical knowledge and technologies have resulted in longer life expectancies for many children with complex chronic conditions. Although hospital admissions are prevalent for these children, a majority of the time they are not cared for in a hospital setting but in their own homes. There is a growing body of evidence suggesting that research conducted in an in-patient hospital setting with this population of children is not applicable to the home care setting. The home care setting presents an entirely different assemblage of social relationships, thereby challenging us to construct alternative conceptualizations of the dominant medical model of care. Parents’ experiences have indicated that the balance of power is not altered with the shift in care from the hospital to the home. Given the expanding growth of pediatric home health care and the concerns of parents regarding their role in decisions related to their children’s care, it is imperative to explore these practices in this unique setting.

Design/Methods: This pilot study used an exploratory multiple case study design to explore parent-healthcare provider decision making practices for children with complex health care needs receiving home care services. Five families and 10 health care providers were recruited for this study. Data collection involved direct observation of parent-healthcare provider interactions in the home setting, detailed analytical field notes of the observed interactions, and audio-taped interviews with parent and health care provider participants.

Results/Conclusions: The findings have laid the ground work for further refinement of the study design and comparative analysis procedures for a larger study that exists within a program of research examining parent-professional relational care practices for this unique population of children.

Danielle Castro¹, Lislaine Fracolli¹, Anna Chiesa¹, Euripedes Miguel Filho², Guilherme Polanczyk²

¹School of Nursing of the University of São Paulo, São Paulo, Brazil, ²Psychiatry Institute of the Faculty of Medicine of the University of São Paulo, São Paulo, Brazil

Background: The Project "Our Children: Windows of Opportunity" was born in 2002 of a partnership between the School of Nursing of University of São Paulo - Brazil, UNICEF, the Municipal Health Department of São Paulo and other partners. A second edition of the Project is being implemented in east of the municipality of São Paulo. Purpose: This project aims the child development in an expanded way, looking at the child in their context and their family as a provider of development opportunities in the middle of a variety of social inequalities. This Project is proposed for the teams of The Family Health Strategy. The health teams work with the families, strengthening the assets that the Family own, in order to implement and improve the development of children between 0-3 years. Aims: to present an overview of the second edition of the implementation of the Project. This is a qualitative evaluative research that used Kirkpatrick’s evaluation framework. Results: 30 health teams were capacitated. Theses health teams are distributed in 6 different Family Health Units. After 1 and a half year these health teams were evaluated, only 18 teams composed the sample of the evaluation of the incorporation of the Project technologies. Only 4 family nurses incorporated the technology, 5 incorporated partially the technology and 4 did not incorporated the technologies. A sample of 300 families had their Family competences evaluated before the implementation of the Project. Conclusions: the Project when incorporated by the Family Nurses has the potentiality to promote child development in an expanded way and this corroborates with other studies that show that health promotion programs in early childhood improve child development in different areas of their life, decreasing social inequalities that the children in lower communities are submitted.
Identifying Family Management Patterns from Interviews of Children with Chronic Health Conditions

Barbara Beacham¹, Joan Haase¹, Janet Deatrick²

¹Indiana University, Indianapolis, IN, USA, ²University of Pennsylvania, Philadelphia, PA, USA

Background/Purpose: Family Management Patterns (FMP) is a useful way to determine whether families of children with chronic health conditions (CCHC) are focused on either the condition itself or on family life. The four patterns (Condition Focused, Somewhat Condition Focused, Somewhat Family Focused and Family Focused) were derived by Knafl and colleagues from mean scale scores of the 6 Family Management Measure (FaMM) subscales. CCHC talk about condition management in ways that are similar to their parents, but family management patterns have not been explored from the child’s perspective. The purpose of this paper is to describe the processes we developed to classify family management patterns from the child perspective.

Method: The first step to classify child perspectives was to develop parent-focused definitions for the four identified patterns. Second, we used the parent definitions in comparison with data from 32 interviews with 8 – 13 year old CCHCs to develop child-focused definitions for each of the 4 patterns. Third, using the child-focused definitions, the data from the 32 interviews were reviewed and classified into child-derived family management patterns.

Results: We were able to determine a family management pattern for each interview. The qualitatively derived family management patterns of children are similar to those derived quantitatively for the parents; however, the definitions of Somewhat Condition Focused and Somewhat Family Focused patterns required modification to more accurately reflect the child perspectives.

Conclusions and Implications: The quantitatively derived definitions of the family management patterns allowed us to subsequently identify patterns from qualitative child interviews. These child-focused patterns may be a useful way of examining the way CCHCs are beginning to organize and integrate their chronic condition into their daily lives. Future work comparing the child and parent patterns is needed to understand the interplay between parent and child regarding condition management.
Recognitions of the Family and Child with Allergy to Nursing Practice for Shared Decision Making in JAPAN

Midori Asano¹, Tomoko Yamada², Makoto Ishii², ¹, Chikae Yamaguchi³,¹

¹Nagoya University, Graduate School of Medicine, Nagoya, Aichi, Japan, ²Chubu University, College of Life and Health Sciences, Kasugai, Aichi, Japan, ³Nagoya City University, School of Nursing, Nagoya, Aichi, Japan

Purpose and Background:

It is said that sufficient explanation and guaranteed choice by health care providers enhances patients’ adherence to medical treatment. Therefore, nursing practice based on SDM is essential for patients’ consent to medical treatment. The purpose of this study is to clarify recognition and expectations about nurses’ role in the practice of mutual partnership between health care providers, children with allergic disease and families on outpatient basis.

Methodology:

Semi-structured interviews with six families (mother and children) who have child with allergy, such as asthma, atopic dermatitis and food allergy, were conducted. Categories were extracted using qualitative descriptive analysis. This study was a part of the project “Exploring the characteristic of pediatric allergy nursing practice based on Shared Decision Making”. This study was performed with the approval of Nagoya University ethics committee.

Results:

Unfortunately, children with allergic disease and their families mentioned that it was quite limited that nurses concerns them directly on outpatient setting. When child were needed medical treatment or medical examination, such as an injection, inhalation, blood test and oral food challenge (OFC) on allergic outpatient clinic, nurses concerned child and family mainly. Additionally, nurses asked their symptom and physical condition. On the other hand, children and mothers felt happy that they had effective education about care skills like a skin care of child more easily and also they felt comfortable talking about their child and family daily life with nurses. The reason of that they think nurses concerned about the child and daily life of family who have child with chronic condition.

Conclusions and Implications:

We couldn’t find clear evidences of nursing practice approach which contribute to create shared decision making of child with allergy and their family.
The Father Friendly Initiative: Evaluating the Implementation of an Interdisciplinary Program Supporting Involved Fatherhood within Families

Francine deMontigny1,2, Christine Gervais3,2, Pascale de Montigny Gauthier1,2, Diane Dubeau3,2

1Université du Québec en Outaouais, Gatineau, Quebec, Canada, 2Center of Research and Study in Family Intervention, Gatineau, Quebec, Canada, 3Université du Québec en Outaouais, St-Jérôme, Quebec, Canada

Background. For the past 40 years, scholars have been studying the development of the father’s role in the family, particularly in regards to fathers’ involvement. It is well known that fathers’ involvement benefits children’s cognitive and social development and contributes to both parents’ well-being. Furthermore, fathers who are involved with their children right after birth tend to stay involved later on in life. Perceived parental efficacy and fathers’ mental health both contribute to fathers’ involvement in the first year of the child’s life. Recent research has shown that social and professional support during this period can be also protective factors for father involvement. The Father Friendly Initiative within the Family (FFIF) program was developed in 2010 to empower health professionals to support fathers’ involvement, detect fathers’ mental health problems, and ultimately prevent child abuse and neglect. It is being implemented in three regions of Quebec (Canada) from 2012-2017.

Objectives. This presentation will describe the evaluation strategies and results of the evaluation of FFIF’s implementation from 2012 to 2014.

Results. Analyses were performed on the activities carried out, the clientele targeted and affected by the project, the relevance of the evaluation tools used, and the conditions that helped or hindered implementation. Project implementation is moving forward as planned. There are challenges related to community mobilization and dealing with changes in the health care system. The project answers a real need in the field, and its activities have generated interest. Health professionals are adopting father-friendly attitudes, beliefs, and behaviours after participating in this innovative program. Its progress thus far promises success for the project.

Conclusion. The discussion will explore implications for father-inclusive family nursing practices as well as for family nursing research, education, and policy development in support of fathers’ involvement.
Despite strong support from national professional groups, published guidelines and formal policies for parent presence at pediatric resuscitations, there is no standard practice. There is a lack of understanding of the parents' experience. There are few studies that describe the parent experience while present during a child's resuscitation. The purpose of this integrative review is to synthesize what is known about the experience of parents present during the resuscitation of their child (EPPRC).

Whittemore and Knafl's model for integrative review was used to synthesize results from qualitative and quantitative research to produce a deeper understanding of parents' experience. A literature search was conducted using Cinahl and PubMed databases with terms "resuscitation", "family presence", "parent presence", "pediatric", and "witnessed resuscitation". Inclusion / exclusion criteria were used to reduce 385 abstracts to 85, then 58, and finally fourteen articles that explored the experience of EPPRC. Only seven studies provided exclusive data about parents’ experience during pediatric resuscitation.

The seven studies about EPPRC include one randomized prospective trial, one quasi-experimental time-series pre-post design, and five retrospective descriptive studies; four using a quantitative survey method, two using qualitative interview methods and one mixed method study. An iterative process was used to identify and abstract significant themes for placement into a matrix. Initially, 15 themes were noted and further reduced to seven. The end result was four broad themes of ‘conflict’, ‘communication and support’, ‘presence is comforting’ and ‘reactions to the experience’.

This integrative review synthesizes what is known about EPPRC. Parents experience conflict, variances in communication and support, comfort in being present and report overall positive reactions to the experience. Understanding this experience is vital for healthcare staff. This synthesis reinforces the importance of this experience for parents, provides support for consistent implementation, and suggests interventions that may improve communication and support during pediatric resuscitation.
Psychosocial Needs, Decision-making and Views about Desired Clinical Services of Women Who Experienced Unintended Pregnancies

June Horowitz1, Christy Tran2, Mary Girard3

1Thomas Jefferson University, Philadelphia, PA, USA, 2Memorial Hermann Hospital Texas Medical Center, Houston, Texas, USA, 3Pregnancy Help, Archdiocese of Boston, Boston, MA, USA

Purpose and Background: Forty to sixty percent of pregnancies in the United States are unintended. Yet limited evidence informs care of women with unintended pregnancies. The purpose of this study was to examine psychosocial needs, decision-making and views about services of women who experienced unintended pregnancies.

Theoretical Framework: Mercer's theory of maternal role adaptation informed the study. Unintended pregnancy challenges adaptation and can produce emotional distress. Thus decision-making support is needed to promote healthy adaptation.

Methods: Researchers used a mixed-method quantitative/qualitative descriptive design. Nurses at Pregnancy Help, a service for perinatal women in northeast United States, invited women in the third trimester of unintended pregnancies or after delivery to participate. Sixty-four participants completed: the Prenatal Self-Evaluation Questionnaire, Pregnancy Decision-Making Questionnaire, and Demographic Information Questionnaire. Ten of the women participated in interviews that were audio-recorded and transcribed verbatim to explore pregnancy decision-making factors and perceptions of quality of clinical services. Data analysis included descriptive statistics, correlation, and content analysis.

Results: Significant positive correlations were found between “Acceptance of Pregnancy” and “Concern for Well-Being of Self and Baby in Labor” ($r=0.75$); “Preparation for Labor and Fear of Pain, Helplessness, and Loss of Control in Labor” ($r= .69$); and “Identification with Motherhood Role and Acceptance of Pregnancy” ($r=.63$). Qualitative findings indicated that women had financial, emotional and support needs, and faced difficult life situations. Family provided support but also created stress in many instances. Women described services as positive and helpful, and staff as welcoming, generous, informative, and non-judgmental; factors that contributed to reassurance about the future and motherhood.

Conclusions: Results provide insights into women’s psychosocial needs and decision-making. Family provided support but also often created stress. Participants’ views can inform clinical care for women and their families who experience unintended pregnancies to promote healthy outcomes for mother and baby.
How Knowledgeable are Couples in Regards to Changes in Their Sexuality in the Perinatal Period?

Pascale de Montigny Gauthier¹,², Francine de Montigny¹,², Emmanuelle Dennie-Filion¹,²

¹University of Quebec in Outaouais, Gatineau, Quebec, Canada, ²Center of Research and Study in Family Intervention, Gatineau, Quebec, Canada

Background. From pregnancy to the postnatal period, new parents undergo a series of complex physiological and psychological changes, which tend to affect the marital relationship. Little attention has been paid by researchers nor clinicians on couple’s sexuality, sensuality and intimacy during and after the pregnancy. Purpose. Explore mothers and fathers’ sexuality, sensuality and intimacy experience from pregnancy to the postpartum period, taking into account the influence of the breastfeeding context. Method. A qualitative research was carried out with 20 Canadian couples, parents of a breastfed infant. Results. From pregnancy to the postpartum period, couples identified various challenges met in regards to maintaining a satisfactory sexual life. These challenges affected the marital relationship, to the point that some feared partner infidelity. Couples’ coping strategies will be shared. Conclusion. Family nurses can provide better support for couples after the birth of a child by helping them to identify strategies to cope with the changes in their sexuality, sensuality and intimacy. Recommendations for family nursing practice, education and research are identified.
B501

“Ninho” Project: an Integrative Teaching and Research Assistencial Project to Promote a Healthy Being in Everyday Life

Rosane Nitschke, Samanta Michelin, Juliana Costa, Renata Orlandini, Camila Vicente, Schirley Espindola

Universidade Federal de Santa Catarina, Florianópolis, Santa Catarina, Brazil

Background and Purpose: The “NINHO” (Nest) Project, proposed in 1995, has been developed through workshops with families of a public children education center at Lagoa da Conceição, Florianópolis, Santa Catarina, south of Brazil. It was observed through an earlier project, realized with the Assistance Research and Education group on health, a group subordinated to the Interdisciplinary laboratory on studies about family and health that families have the need of places where they can improve their daily health routine. Taking it into consideration this needs a proposal to create a place where was possible to offer a trans disciplinary care to families and workers promoting personal and family health, discussing their daily routine and health care on their daily life.

Methodology: Field research using qualitative approach based on Comprehensive and everyday life sociology and on the assumptions of sensible reason of Michel Mafessoli. The data collection was done through group interviews during weekly and monthly workshops with the Guiding Question: How your daily life is and how you promote your healthy being? Techniques such as sensibilization massage and relaxation were used, and data was recorded on field diaries, being analyzed according to Shatzmann and Strauss attending the ethical procedures.

Results: Workshops were done to promote discussion, reflection, learning and care and mainly mutual care.

Conclusions and Implications: During the eighteen years of project we could notice that it has a considerable importance in health improvement and on the social construction of self-care adopting sensible and creative care strategies with students and community preventing future injuries on families in everyday life through integration between assistance, teaching and research.
The Effectiveness Of Health Education About DM Dietary To Improving Of Family Knowledge With DM Disease In Banyuraden District Gamping

Edi Nurrohmad¹, Suwarno -², Tri Prabowo⁰

¹STIKES A.Yani Yogyakarta, Yogyakarta, Indonesia, ²Poltekes, Yogyakarta, Indonesia

Background and Purpose: The number of people with diabetes mellitus in the world in 2030 is expected to 114%. Families can be a very influential factor in determining treatment programs for diabetes mellitus patients. Knowledge of diabetes mellitus family owned very necessary to improve the health status of the family, as a family should give good attention and care to the family members of people with diabetes mellitus. The aim of this study is to determine the effectiveness of a health education about diabetes mellitus dietary to improving of knowledge in family with DM disease in the Banyuraden district.

Method: This research Design is Pre Experimental with pretest-posttest control group design. The Samples was chosen by purposive sampling technique, family with diabetes mellitus disease in Banyuraden, Gamping District of Sleman as much as 36 respondents. The research instrument was used questionnaire and it was analyzed by Independent Sample t-test.

Results: level of knowledge family with diabetes mellitus disease about diabetes mellitus dietary on intervention and control group before given health education majority was 55.6% less. After 7 days the level of knowledge intervention group became 66.7%, and control group was enough 72.2%. The results of independent sample t-test test between intervention and control group design shown that p-value = 0.000.

Conclusion and implication: We recommend health education about DM dietary in family with DM disease in the Banyuraden district Gamping must be increasing and developing.
Family First: Lessons Learned From A Global Health Nursing Course In Tonga

Debra Edmunds, Shelly Reed

Brigham Young University, Provo, Utah, USA

PURPOSE: The purpose of this presentation is to describe lessons learned through participation in a global health nursing course in the Kingdom of Tonga.

BACKGROUND: The population of the United States is becoming increasingly diverse, necessitating educational preparation for nurses to care for those of other cultures. In response to this, the Brigham Young University College of Nursing implemented a required global health nursing course. Students are involved in 3-6 week immersive experiences at sites in the United States and all over the world. One of these sites is Tonga, a tiny island nation in the South Pacific. For five years, student groups of 8-12 students have spent a month in Tonga, involved in clinical and cultural learning experiences.

LESSONS LEARNED: Family is the focus of Tongan culture. Loyalty to and support of family members is an important cultural attribute for Tongans. There is a broader definition of family as compared to Western cultures, with respect for elders, privacy measures among members of the opposite sex, and a culturally identified place that each person holds within the family.

IMPLICATIONS FOR CLINICAL PRACTICE: Understanding the value of family is pivotal when providing culturally sensitive care to Tongans. For example, adherence to healthy living practices will increase by emphasizing the importance of setting a good example for children and grandchildren as well caring for oneself in order to live longer to help care for younger family members.

CONCLUSION: Brigham Young University students participating in the global health course report that they have increased awareness of other cultures and health care systems. Many lessons have been learned about Tongan culture through participation in this course, with the hope that through this experience, students will have increased awareness to specific health care needs existing within every culture.
Simulations of Family Assessments Utilizing the Family Environment Assessment Model

Junko Honda, Satoshi Takatani, Saki Ito, Natsuki Shimada, Naohiro Hohashi

Kobe University Graduate School of Health Sciences, Kobe, Hyogo, Japan

Purpose and Background: The Concentric Sphere Family Environment Theory (CSFET) proposed by Hohashi (2005) is a theory that treats the family as a system and a unit, and a practical theory focused on the family environment that works toward the well being of the family system unit. The Family Environment Assessment Model (FEAM) and Family Environment Intervention Model (FEIM) were developed based on the CSFET. In addition, 14 types of family assessment tools utilizing the FEIM have been developed. The objective of this presentation is to introduce simulations of family assessments utilizing the FEIM.

Methods: During training sessions, students produce imaginary case studies, determine the roles of the family members and the nurse providing intervention for the family, and implement simulated family interviews/meetings to enable family assessments. The contents of the simulations are recorded by video camera and afterwards the students perform repeated playbacks of the simulations, deepening their learning experience.

Results: Multiple family members respond to the Survey of Family Environment (SFE), and items with high needs for family intervention are extracted. Next, utilizing these items and items for dealing with them according to the Family Environment Assessment Index (FEAI), semi-structured interviews are conducted with family members, to clarify family needs.

Conclusions: Through use of the SFE, the items with a high need for family intervention can be quantitatively clarified, and in addition, through use of the FEAI, qualitative assessments of families can be performed. Through the simulated training sessions, both the family interview/meeting method and family assessment can be learned.
Family Nursing Construct Framework Links Research, Education, and Practice

Sandra Eggenberger¹, Norma Krumwiede¹, Sonja Meiers²

¹Minnesota State University Mankato, Mankato MN, USA, ²Winona State University, Winona MN, USA

Background and Purpose: Nurse educators must commit to using teaching and learning practices that bridge research and practice while instilling passion in students to provide quality care for families. This paper describes the approach used to design a nursing curriculum in a structured manner to assist entry-level students in taking nursing actions that translate family nursing science into practice.

Framework: The Family Care Pedagogy Model (FCPM) where the family is viewed as the focus of care and the nurse is receptive to the family experience guided early curriculum work. The FCPM was developed from a comprehensive literature review to identify common themes for teaching family nursing.

Methods: The Family Nursing Construct Framework emerged from faculty dialogue and collaborations with family nursing scholars. This Family Nursing Construct Framework provided common language for faculty and students and offered a coherent and comprehensive approach to course development. Family constructs applicable to nursing were identified through ongoing family nursing research, scholarly projects and literature reviews. Family constructs suggest a more encompassing approach when compared to concept, variable, or intervention. Development of this framework intended to denote the science of family-focused nursing knowledge and the praxis of family-focused nursing actions.

Results: Course development focused on encouraging students to gain knowledge, skills, confidence, and attitudes necessary for providing family-focused nursing actions. Nursing faculty remained dedicated to encouraging family thinking early in the curriculum and integrating family theory, research, and practice in an ongoing manner throughout courses and experiences. More than 30 family constructs and related family-focused nursing actions have been embedded within an undergraduate nursing curriculum. Multiple courses focused on family, regardless of setting, population, or focal content support the implementation of a curriculum based on family constructs.

Conclusions: Educational pedagogies that focus on family constructs and current family evidence may transform nursing practice and education.
Anxiety and Depressive Symptomology on Perceived Health in Persons with Atrial Fibrillation and their Partners

Tomas Dalteg1, Kristofer Årestedt2,3, Anna Sandgren4,5, Dan Malm5,6, Eva Benzein3,4

1Research School of Health and Welfare, School of Health Sciences, Jönköping University, Jönköping, Sweden, 2Department of Medical and Health Sciences, Division of Nursing Science, Linköping University, Linköping, Sweden, 3Department of Health and Caring Sciences, Linnaeus University, Kalmar, Sweden, 4Centre for Collaborative Palliative Care at Linnaeus University, Kalmar/Växjö, Sweden, 5Department of Nursing Science, School of Health Sciences, Jönköping University, Jönköping, Sweden, 6Department of Internal Medicine, County Hospital Ryhov, Jönköping, Sweden

Background and Purpose

Living with atrial fibrillation (AF) is to endure a chronic illness, which does not only affect the patient but also has implications on the partner. Several factors, such as, symptom severity, illness perception, unpredictability of symptoms and uncertainty serves as foundations for psychological distress, anxiety, and depression in patients with AF. These factors have also been linked as predictors for health and quality of life (QoL) in patients with AF. Previous studies has also shown that partners do rate QoL similar to that of patients as well experience uncertainty related to AF. Thus, from a systemic perspective it becomes interesting in examining whether patients’ and partners’ perceived anxiety and depressive symptomology predict their own and their spouses' self-reported health status.

Methods

A quantitative design with a sample of 182 patients and partners, constituting 91 dyads, from four hospitals in the south of Sweden were included. Physical and mental health was measured using the Medical Outcomes Short Form Health Status Survey (SF-36), whilst anxiety and depression was measured using The Hospital Anxiety and Depression Scale (HADS). Analysis on dyad-level was made through the Actor-Partner Interdependence Model (APIM), using structured equation modelling (SEM). Through the APIM the effects of an individual's predictor variable to its own outcome variable is denoted as the actor effect, whilst the effect on the outcome variable of the partner is denoted as the partner effect.

Results

Preliminary results (n=71 dyads) showed that anxiety and depressive symptomology has significant actor effects in most health subscales, whilst significant partner effects only was detected in the overall physical component scale. Complete outcome and results will be presented at the conference.
Factors Predicting Symptom Clusters among People with COPD

Supaporn duangpaeng

Faculty of nursing, Chonburi, Thailand

Background and Purpose: little is known about symptom clusters and their predictors among people with chronic obstructive pulmonary disease (COPD). The purposes of this study were to study symptom cluster and to examine factors predicting symptom cluster among people with COPD.

Method: The predictive correlational design was used to explore predictors of symptom clusters among people with COPD. The sample was 180 COPD patients multi-stage random sampling from hospitals in the eastern region, Thailand. The research instruments were 8 questionnaires and recorded forms. Spearman rank and Pearson correlation coefficient, exploratory factors analysis and standard multiple regression were used to analyzed data.

Results: The findings revealed that the sample had dyspnea, fatigue and insomnia at moderate level whereas having anxiety and depression at low level. All five symptoms were positively related at moderate to high level (r ranged from .423 to .814). Two symptom clusters were generated: physical symptom cluster including dyspnea, fatigue and insomnia; and, psychological symptom cluster including anxiety and depression. Scores of physical symptom cluster was at moderate level while that of psychological symptom cluster was at low level.

Disease severity, co-morbidity and health status perception could predict 40.2% of the variance of physical symptom cluster. Disease severity, co-morbidity, regimen adherence and health status perception could predict 49.8% of the variance of psychological symptom cluster in COPD patients.

Conclusions and Implications: The findings of this study can be helpful for nurses and people with COPD to manage symptom cluster and enhancing quality of life by use predictors to develop appropriate intervention. Moreover, these findings can be used as basic knowledge for further research among people with COPD.
Mutual dependency – a challenge in the partner relationship for couples living with chronic illness

Carina Persson, Eva Benzein

Linnaeus University, Kalmar, Sweden

Background and Purpose: Families living with chronic illness have to co-create new patterns of family functioning in their process towards well-being, which include ongoing family learning and adjustment. The partner relationship constitutes a sub-system within the family system that may face challenges related to various interrelationships within the family, for example partner and parent relationships. The purpose of this study was to identify significant challenges in the partner relationship for couples living with chronic illness as narrated in Family Health Conversations.

Model/Framework: The intervention model, Family Health Conversations, is theoretically grounded in the Calgary models and the Illness Belief Model and has been culturally adapted and developed for the Swedish context.

Methods: The study used a qualitative design. Families were recruited from a middle-sized university campus-based Centre for Research on Family Health. Data consisted of 33 conversations including eleven families. Families had experiences of living with dementia (n=2), Parkinson's disease (n=2), stroke (n=3), memory disturbances (n=2) and others (n=2). Data were analyzed with an interpretative content analysis method.

Results: The current result is preliminary. Results show that "Mutual dependency" is a relational phenomenon in which couples can both be encompassed and exposed to each other. This is a big challenge for the couple in terms of managing the reciprocal concerns and commitments they have for each other. Further challenges are their reciprocal willingness to be supportive and caring in the relationship and to balance and negotiate both partners' needs for freedom/autonomy. These challenges are complex as inequality exists in the relationship; one partner is more dependent and faces greater losses and constraints due to his/her functional limitation. This needs to be managed by both partners and is a prerequisite for a life together.

Conclusions and Implications: It is difficult to make any firm conclusions as the result is still preliminary.
The Effect of the Social Beauty Care Program Designed for Breast Cancer Patients Receiving Chemotherapy: Well-being Report from Patient and Their Family.
Mari Ikeda¹, Nao Tamai², Hisako Kanai³, Misato Ohata³, Kazuko Kondo⁴, Takako Yamazaki⁶, Hiromi Sanada¹,², Kiyoko Kamibeppu⁵
¹Department of Nursing Administration, The University of Tokyo, Tokyo, Japan, ²Department of Gerontological Nursing/ Wound Care Management, The University of Tokyo, Tokyo, Japan, ³Breast Center/Oncology Center, St. Luke’s International Hospital, Tokyo, Japan, ⁴Mothering Study Institute, Tokyo, Japan, ⁵Department of Family Nursing, The University of Tokyo, Tokyo, Japan, ⁶Beauty Journalist, Tokyo, Japan

Purpose and Background: Treatment of breast cancer entails surgery, often followed by chemotherapy. Alopecia is a major, intractable side effect with potentially profound impacts on appearance. We developed a nurse-facilitated program targeting appearance-related symptoms. Herein we explore the effects of this program on breast cancer patients and their families.

Methods: The Social Beauty Care Program (SBC) was delivered in three sessions, each consisting of personal reflections on appearance concerns, short lectures on skincare, and makeover techniques, followed by small group discussions. Self-report questionnaires (e.g., WHO-5, Family APGAR) with open-ended descriptions were collected at the first and final sessions, and at 1-month follow-up. The differences in well-being scores were calculated to assess directional differences (1-month follow-up minus baseline scores) in patients and their families, with interpretations supplemented using the open-ended descriptions. Ethical approval was granted by the University of Tokyo IRB.

Results: Twenty patients attended all SBC sessions and eighteen patient-family-paired data were collected. The mean age of the patients was 46.2 (SD 33-67) years, 17 (94.4%) had partners, and 16 (88.9%) had children. Family participants consisted of 14 partners, 2 offspring, and 2 parents. Increased WHO-5 scores were seen in 6 pairs, and 2 pairs exhibited no change. Those with increased scores indicated that the program helped them become prepared. They felt empowered by the knowledge imparted on skincare and cosmetic techniques, and valued the intimate support realized through sharing experiences within a group facing similar circumstances. The families recognized patients’ changes in anticipatory coping skill, and were relieved that the patients could share their concerns.

Conclusion and Implications: The SBC has increased or maintained the well-being of participants and their families. The group sharing experience empowered the patients. Findings suggest the effectiveness of the SBC in promoting further sharing and communication among breast cancer patients and their family members.
What type of support is helpful for parents managing their asthmatic child in the community

Virginia Jones

University of Otago, Christchurch, New Zealand

Background: New Zealand has one of the highest prevalence rates of asthma in the world, with one in four children being affected, equating to over 296,000 children (Hodges, Maskill, Coulson, Christie, & Quigley, 1998). Maori children have more severe symptoms that require hospitalisation compared to non-Maori children (Craig et al., 2007). Research identifies families managing their child’s Asthma are faced with daily management issues and frequently make inappropriate decisions indicating the need for broad and available community services that better support families (Cicutto, 2007). Therefore the purpose of this study was to identify what support services best meet these family’s needs.

Methods: A qualitative descriptive design was used for this study in which 20 families (10 Maori and 10 non-Maori) who had a child with Asthma were recruited from the community and interviewed using a semi structured interview guide. Boyatzis (1998) thematic approach informed the analysis of the data.

Results: An inductive analysis approach of the data led to the generation of the following 5 themes relating to support; information effectiveness, experiential wisdom, care gateways, health professional relationships and environmental

Conclusion: Findings suggest that the timeliness and type of information and care offered up by various education informants and health practitioners influences the level of support experienced by parents. While knowledge gained from familial and constant exposure supports parents to make timely and accurate care decisions despite having to negotiate everyday environmental and logistic issues.
A concept synthesis of family-centred care and partnership-in-care

Joanna Smith¹, Veronica Swallow², Imelda Coyne³

¹University of Huddersfield, Huddersfield, UK, ²University of Manchester, Manchester, UK, ³Trinity College Dublin, Dublin, Ireland

Purpose and Background:

Engaging and collaborating effectively with parents is central to supporting them to care for children with long-term/chronic conditions. Patient-centred models such as family-centred care and partnership-in-care offer ways to facilitate parents’ involvement in their child’s care. However, these models have been criticised as being espoused rather than enacted in everyday practice, therefore an alternative framework in the context of children with long-term/chronic conditions is needed.

Methods:

To explore these models in novel way, a concept synthesis was undertaken to identify the shared antecedents (or foundations) and attributes (key components) central to embedding family-centred care and partnership-in-care into everyday practice. Research published in peer-reviewed English language journals between January 1999 and April 2014 that met our criteria were identified from the Scopus, CINAHL, and BNI databases. Key elements of the family-centred care framework developed by Shelton and colleagues (1987, 1990, 1995) framed the study.

Results:

Thirty studies met our criteria and were critically analysed. The key antecedents of family-centred care and partnership-in-care were: unclear roles and boundaries, entrenched professional practices and attitudes towards working with families, and lack of organisational or managerial guidelines or policies specifically aimed at supporting the implementation of patient-centred care. The key components associated with the two models were summarised into three domains: (i) Valuing parents’ knowledge and experiences; (ii) Supporting parents in their role as care giver; (iii) Incorporating parents’ expertise into clinical and psychosocial care. Along with associated collaborative processes these formed our novel proposed, ‘parent-professional collaboration framework’.

Conclusions and implications:

This concept synthesis suggests that there are commonalities between family-centred care and partnership-in-care but implementation remains problematic. The framework is offered as a guide for professionals who want to promote and facilitate parents’ involvement in the care of children with long-term/chronic conditions across health-care contexts.
To Be A Sibling Of A Child With Asthma: The Brother Or Sister's Perspective

Ana Paula Keller de Matos², Monika Wernet¹

¹Federal University of São Carlos, São Carlos- São Paulo, Brazil, ²University of São Paulo, Ribeirão Preto- São Paulo, Brazil

Background and purpose: Asthma is one of the most common chronic diseases and its prevalence is increasing, especially among children. In Brazil, the estimated prevalence is about 10%. The care demands from this situation impacts the entire family, with repercussions in several of its members, including the sibling. Therefore, the purpose of this study is to understand the sibling’s experience that lives with children with asthma on the voice of the sibling.

Methods: It is an exploratory, qualitative research, based on the theoretical and methodological framework of Gadamer’s philosophical hermeneutics. Data collection was done with eight participants, ages six to 16 years old, older siblings of children with asthma, through open interviews integrated to the strategies of drawing, letter or photograph. Gadamer’s Hermeneutics was the framework for data analysis.

Results: Siblings appreciates the fraternal relationship and overrides the effects of the child’s asthma in his/her life. Union, fellowship, friendship and protection mark the relationship between them, where the presence of the child in the sibling’s life is understood as happiness. In their daily lives, the siblings are engaged in actions of care and protection to the chronic ill child that is determined by the dynamics of the family. They take responsibilities for the child’s care such as give medicine, keep vigil, take care of the environmental and try to prevent possible risks that may exacerbate the disease. They feel that parents treat them and the sick child differently. Although they have their own demands, those are not perceived and coping is held in solitary way. Nevertheless, the siblings understand his/her life as “normal”.

Conclusions and Implications: the invisibility of the sibling of children with asthma implies in a need for professional practice transformation aiming a comprehensive, meaningful and complete care. That requires changes in teaching, training and research scenarios.
A model of individualised hospital care for children and young people with learning disabilities based on the perspectives of patients, parents and staff.

Kate Oulton¹, Debbie Sell¹, Sam Kerry¹, Faith Gibson¹,²

¹Great Ormond Street Hospital NHS Foundation Trust, London, UK, ²London South Bank University, London, UK

Purpose and Background: Children and young people (CYP) with learning disability (LD) have more hospital admissions and greater lengths of hospital stay than children without disabilities. Yet, there is a lack of research focussing on the issues associated with their hospitalisation from their perspective. Limited research with parents has revealed they lack confidence and trust in staff, feel uninformed and unprepared, fearful and anxious and expected to provide care. Staff in adult hospitals report a lack of knowledge, skills and confidence to identify and meet the needs of patients with LD, leading to an over-reliance on informal carers. This project sought to understand the hospital related needs and experiences of CYP with LD, their families and the staff caring for them. A model for the delivery of individualised to these patients was developed from the data. Methods: An ethnographic study involving (a) participant observation of a hospital ward (b) conversations with ward staff (c) repeated ‘discussions’ with CYP with LD and their parent(s) (d) review of ward documentation and (e) structured interviews with hospital-wide staff. Data was analysed using Framework Approach.

Sample: 9 CYP with LD, their parent(s) and 27 hospital staff, including nurses, working in a paediatric tertiary hospital setting. 135 ward staff also consented to being observed in practice. Results: The need for individualised care to CYP with LD was identified, based on staff gaining appropriate experience and training, being able to identify the population, prioritising the ‘little things’, creating a safe, familiar environment, and using appropriate resources. The vital role that parents played in staff's delivery of individualised care was highlighted. Observation of the hospital journey brought to life the ‘little’ things that made a big difference to CYP with LD. Conclusions: Individualising care to CYP with LD will improve the hospital experience for all those involved.
Nurses experiences on preparing the families to disclosure children’s HIV positive status to them

Renata de Moura Bubadué, Ivone Evangelista Cabral

Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

With the advance of science, children with HIV/AIDS are growing up and with the process of development, families face the challenge to disclose their diagnosis. As a nurse, I started to question myself how nurses take part on this process and how the assess families in order to prepare them for it. Therefore, This study aimed to unveil the experiences of nurses with preparing the families of children with HIV/AIDS to disclosure their diagnosis. To do so, we conducted an art based research through group interviews with nurses where they would construct a timeline of their professional life indicating when and how they encountered the child with HIV/aids and his/her family before going through formal education, during an undergraduate program and afterwards it. Data was analyzed through French Discourse Analysis, where we could identify that nurses are immersed in an ideological context of stigmatization around HIV/aids on which makes them talk about the process of caring for the child and their family in a technical and biomedical form, exposing at times that they do not feel prepared to address this issue. HIV/AIDS is silenced in their discourses and they do not use that Word throught the interview, they often use metaphores such as disease, problem, issue. Also, nurses’ discourses reveal that HIV/AIDS was not openly discussed during their formal education as a nurse and there are not enough continuing education programs that enables them to feel prepared to prepare the families to disclosure the children’s HIV positive status to them. Based on these results, we are currently working on translating knowledge to give nurses’tools to work with families during the HIV diagnosis disclosure process to their child.
End of Life Needs of Adolescents with HIV/AIDS: Do Families Know What their Children Want?

Maureen Lyon¹, Lawrence Friedman², Yao Cheng¹, Jichuan Wang¹

¹Children's National/Children's Research Institute, Washington, DC, USA, ²University of Miami-Miller School of Medicine, Miami, FL, USA

Communication about end of life (EOL) issues in families with adolescents facing life-limiting illnesses (LLIs) is lacking. Early EOL conversations matter, as they hold the promise that quality of care will increase. We examined congruence between the surveyed EOL needs of adolescents with HIV/AIDS and their families’ perceptions of their child’s EOL needs. A 2-group, randomized, controlled trial of Family CEntered advance care planning (FACE) vs. Healthy Living Control was conducted in six hospital-based clinics that follow teens with HIV/AIDS diagnoses aged ≥14 to <21 years and their families from July 27, 2010-June 30, 2014 (N=105 dyads). The Lyon Advance Care Planning Survey-Adolescent and Surrogate versions completed by 47 adolescent/family dyads, randomized to FACE/Session 1, prior to Session 2: Respecting Choices conversation. Intervention adolescents’ mean age was 18; 55% male, 91% African-American, 74% perinatally infected; and 28% with AIDS diagnosis. The 31-item survey was administered separately. Prevalence adjusted bias adjusted Kappa (PABAK) measured response congruence. There was almost perfect agreement that Being free from pain (92%; PABAK 0.84) and Understanding your treatment choices (96%; PABAK 0.92) were important. Substantial agreement was found for importance of Family/friends visiting me (89%; PABAK 0.78); Fulfilling personal goals/pleasures (85%; PABAK 0.7); Saying everything I want to say to people in my family (85%; PABAK 0.7); and Being at peace spiritually (87%; PABAK 0.74). In contrast, there was little agreement about importance of Being off machines that extend life, such as life support (53%; PABAK 0.06); or When do you think it is the best time to bring up end of life decisions? (50% early time; 3% late time; 3% all of the above; Weighted kappa 0.13). Although there were substantive areas of agreement, interventions are needed to increase family EOL communications for adolescents with LLIs.
Risk and Resilience of Medically Fragile Young Adults: Impact of Family and Community Resources

Karen Cook1,3, Susan Jack1, Hal Siden2, Lehana Thabane1, Gina Browne1

1McMaster University, Hamilton, Ontario, Canada, 2University of British Columbia, Vancouver, British Columbia, Canada, 3Athabasca University, Athabasca, Alberta, Canada

Background and Purpose: While advances in technology and health have increased the life expectancy of young adults (YA) with life limiting conditions (LLC), health and social services to support their complex needs and realization of their goals lag behind. This paper is one of the first descriptions of the barriers in health, education and social service systems (HESS) from the perspective of YA’s. Further, this presentation will exemplify the family and community resources that influence their transition experience.

Methods: A descriptive case study was used to examine the factors that affect the transition process. A purposeful sample of 10 young adults and 4 expert consultants was selected. Face to face interviews and innovative online bulletin board focus groups provided accessibility to this geographically dispersed and medically fragile population with divergent communication abilities. Conventional and directed content analyses were used.

Results: Decreasing supports from HESS, changing and declining health, uncertainty about the future, and isolation are among the factors that increase the YA’s vulnerability at transition. While some participants demonstrated a striking capacity to navigate system barriers, others “got stuck”. Some participants transformed their vulnerability into opportunity through family and community support, and their perception of the imposed transitional changes as a challenge rather than a threat. Further, the creative and time consuming work the young adults, their families and communities have undertaken to overcome system barriers and initiate changes demonstrate opportunities for improvements in HESS practice and policy. Descriptions and illustrations of the varied transition experiences and outcomes will be presented.

Conclusions: Opportunities for connectivity with their peers, and integrated services infused with palliative philosophies will improve quality of life for YA’s and support for their families. Contributions to research and practice include the exploration of the experience of young adults with LLC, and an original contribution to community and family impact on appraisal of stress.
Difficulties of Treaters During Pediatric Palliative Patients: A Qualitative Study

Tülay KUZLU AYYILDIZ, Aysel TOPAN, Hülya KULAKCI, Fadime ÜSTÜNER TOP

Bülent Ecevit University, Health School, Dept. of Nursing, Zonguldak, Turkey, Giresun University, Faculty of Medical Sciences, Dept. of Nursing, Giresun, Turkey

Background and Purpose: Pediatric palliative care consists of evaluation and management of physical, psychosocial and spiritual requirements, symptom-control, and supporting of the family during the sickness and bereavement period. This care needed by the child and her family in the terminal period is one of the responsible of a nurse. Herewith, this study has been qualitatively held with respect to estimate the difficulties and ideas of family-members who are responsible of the caring pediatric palliative patients.

Methods: The study has been qualitatively held. The sample group consists of the 30 mothers whose child are treated in the pediatric oncology and intensive care units during terminal period. The sample number has been determined by the rule of data saturation which is valid in qualitative research. The interviews were run with the volunteers among the mothers previously informed. Data were collected by using “Personnel Information Form” and semi-structured “Guide Interview Form”, between 04.04-12.05.2014. Data were evaluated thematic analysis method.

Results: 45% of child are in intensive care unit, 55% are in pediatric oncology unit, 66.7% of responsible of the caring are mothers, 20% are father, and 12% are the other family-members. Four themes were defined following the interviews with the responsible person for caring. They are:

1. The difficulties caused by staying in the hospital
2. Expectations on medical personnel
3. Problems during symptom control of patients

Conclusion and Implications: Fulfilling the requirements and also to work for a joint aim are available with the integration of the sectors such as medical, nursing, pharmacy, social facilities, nutrition, therapy and other health disciplines which develop a joint philosophy and care the responsibility of caring as a group.
The Use of Narrative Inquiry with Families with a Member who has an Acquired Brain Injury

Jane Karpa

Brandon University, Winnipeg, MB, Canada

**Background:** Worldwide, Acquired Brain Injury (ABI) is recognized as a prime cause of death, disability, and burden. Characterized as the second victim, extensive empirical evidence has discussed the negative influences ABI has on families’ social, emotional/psychological and financial wellbeing. While evidence exists regarding the profound impact ABI has on families, findings from research with families affected by ABI indicate minimal supports exist for families. The research concludes that health care professionals need to further acknowledge and attend to the entire family system and not just the individual and primary care giver. Families continue to report they require enhanced understanding of their needs and improved ‘family-centered’ care.

Qualitative research with families, in which two or more members of a family are interviewed together at one time, is relatively unexplored. While the methodology of narrative inquiry, in human and social sciences, has been utilized extensively with individuals and groups, its application to investigations with families as a unit is rare. Narrative inquiry has the potential to contribute to knowledge about families’ experiences with a member who has an ABI.

**Study Purpose:** The purpose of this qualitative study, underpinned by ambiguous loss theory, is to examine families’ experiences with a member who has an ABI. The purpose of this presentation, based on a successfully defended methodological paper for PhD candidacy, is to provide a detailed rationale for the use of narrative inquiry for this particular qualitative study.

**Significance:** Utilizing narrative inquiry with ABI families as the unit of analysis will be unique. This methodology has the potential to make an important contribution to family nursing research and practice; assisting the move towards a more dynamic family centered model of care within the health profession.
Supporting Parents To Manage Chronic Childhood Conditions At Home: Results Of A Feasibility Randomised Controlled Trial Of A New Interactive Health Communication Application

Veronica Swallow1,2, Trish Smith2, Kathleen Knafl3

1University of Manchester, Manchester, UK, 2Royal Manchester Children's Hospital, Manchester, UK, 3University of North Carolina, Chapel Hill, USA

Background: Families living with chronic childhood conditions face multiple challenges and parents have previously identified the need for an interactive health communication application (IHCA) to improve their condition management ability. We developed, and evaluated in a feasibility randomised controlled trial the OPIS (online parent information and support) IHCA.

Methods: Parents of children with chronic kidney diseases were randomly assigned to usual health-professional support for caregiving (control) or usual support plus password-protected access to OPIS for 20 weeks (intervention). We assessed feasibility descriptively in terms of recruitment and retention rates overall; assessed recruitment, retention, and uptake of OPIS and compared family condition management between groups using the Family Management Measure [FaMM] and qualitative interviews. Questionnaire data were analysed using descriptive statistics and qualitative data using Framework Analysis.

Results: 55 parents of 39 children were recruited. Three-quarters of intervention group parents (19/26, 73%) and control group parents (22/29, 76%) were retained, the overall retention rate was 41/55 (75%). The 41 parents completing the trial were asked to respond to the same 10 questionnaire scales at baseline and 20 weeks later; 10 scores were missing at baseline and nine were missing at 20 weeks. All intervention group parents accessed OPIS and showed a greater improvement in perceived competence to manage their child's condition compared to control group parents (adjusted mean FaMM Condition Management Ability Scale, intervention group 44.5 vs control group 41.9, difference 2.6, 95% CI -1.6 to 6.7). Differences between groups agreed with qualitative findings that OPIS improved parents' management ability.

Conclusions: OPIS is being made available as standard practice in the hospital where it was developed and evaluated. A full-scale national trial of the effectiveness of OPIS is feasible. Our design and methodology can be transferred to the management of other conditions in different contexts.
Background

Taiwan differs from Western countries because of the strong influence of Confucianism, which values family concerns over those of the individual. This valuing of family concerns includes an expectation that families will care for their adolescents with cancer, but the impacts of providing care for an adolescent with cancer on family roles and relationships in the home remains unclear, and the processes for managing change in family roles and relationships associated with caregiving are also not well understood.

Purpose

This study explores the processes undertaken by family members in managing familial roles and relationships within the Taiwanese society.

Methods

Seven families (27 participants) were recruited from a medical hospital in Taiwan. Data were collected by qualitative interviews and analysed following Strauss and Corbin’s Grounded theory methodology.

Results

The study findings showed how families managed this disruption to family life by moving through a cyclical series of phases that included confronting, accommodating and repairing the broken chain of family life. The ability to confront, accommodate and repair was governed by how well families managed the process of restoring harmony to everyday family roles and relationships within the Chinese cultural context.

Conclusions

Culture influences both the adolescents and their family, giving them values and beliefs that led them to restore a harmonious family life by adjusting their family roles and relationships. The level of harmony achieved at any particular time, however, differed between the study families, and depended largely on the condition of the adolescents with cancer.
Family-Related Characteristics of Young Adults with Sickle Cell Disease or Sickle Cell Trait: A Context for a Randomized Controlled Trial of Reproductive Health Education

Patricia E. Hershberger1, Agatha M. Gallo1, Robert Molokie1, Alexis Thompson2, Marie Suarez1, Yingwei Yao1, Zhongsheng Zhao1, Bonnye Johnson1, Constance M. Dallas1, Diana J. Wilkie1

1University of Illinois at Chicago, Chicago, Illinois, USA, 2Northwestern University-Feinberg School of Medicine, Chicago, Illinois, USA

BACKGROUND and PURPOSE:

There is a critical need for educational programs that target the reproductive needs of young adults with sickle cell disease (SCD) and sickle cell trait (SCT). However, little is known about the family-related characteristics (i.e., demographic attributes and reproductive health behaviors) of this population. The study purpose was to describe and compare the family-related characteristics of young adults with SCD or SCT prior to taking part in a randomized controlled trial on reproductive health education.

METHODS:

At study enrollment, 234 subjects (mean age 25.9 years, 65% female, 94% African American or Black) completed the SCKnowIQ questionnaire. We used descriptive statistics to depict the demographic and family-related characteristics of young adults with SCD (n=138) or SCT (n=96). For group comparisons, we used t tests, chi-square, or Fisher’s tests as appropriate for the type of variable.

RESULTS:

Young adults with SCT had significantly higher education (p=.004), full-time employment (p<.001) and higher income (p=.005) than those with SCD. Significantly more young adults with SCD had Medicaid health insurance (n=103, 75%) than those with SCT (n=45, 47%). Eighty-seven percent (n=120) with SCD and 76% (n=73) with SCT were never married. Both groups had similar beliefs about the average severity of SCD or SCT. Many subjects reported having a family relative with SCD (54% SCD, 41% SCT). A majority of young adults with SCD (n=90, 65%) had no children compared to 42% (n=40) of those with SCT. Most young adults (85% SCD, 82% SCT) were not planning a pregnancy in the next six months and many used condoms, withdrawal, or oral contraceptives for birth control most or every time (SCD: n=54, 39%; SCT: n=40, 42%).

CONCLUSION and IMPLICATIONS:

Awareness of family-related characteristics can assist nurse scientists with tailoring reproductive interventions for young adults with SCD or SCT and can inform clinical counseling.
C201

Born a bit too soon - how is parenthood affected?

Helle Haslund²

¹Aalborg University Hospital, Aalborg, Denmark, ²Clinic for Woman- and CHILD DISEASES AND UROLOGY, Aalborg, Denmark, ³Research Unit for Clinical Nursing, Aalborg, Denmark, ⁴Clinical Institute, Aalborg University, Aalborg, Denmark

Purpose:

Investigate parenthood after late or moderate preterm birth in Denmark (GA 32-37). Late and moderate preterms count 80% of the preterm population with increased risk of readmission and neurobehavioral problems, but are marginalised regarding clinically and in research. Not receiving specialised health care follow-up.

Methods:

Extensive ethnographic multisite fieldwork was conducted in Danish families and in peer groups for preterm with participant observations (148 times) and qualitative semistructured interviews (20). 130 families were included. Methodological focus was to explore parental perspective – everyday life and aspects of meaning, identity and narrative construction of parenthood.

Results:

Parenthood is affected by prematurity as experience of disruption to plans and dreams. Hospital-context causes medicalisation of normal parental tasks like caregiving, feeding and hygiene. Breastfeeding and skin-to-skin works as disruption repair strategies. In everyday life and decision-making prematurity is a complicating factor as it is unclear what the content and implications are – prematurity is flashing from behind as an extra dimension.

Conclusion:

Parenthood is affected with uncertainty by even moderate and late prematurity.
The Pain of The Family: The Nature of Family Suffering When Someone Has Non-oncological Chronic Pain

Cristina Bárbara Pestana¹,², Maria do Céu Barbieri-Figueiredo³

¹Universidade Católica, Lisboa, Portugal, ²Escola Superior de Enfermagem São José de Cluny, Funchal/Madeira, Portugal, ³Escola Superior de Enfermagem do Porto, Porto, Portugal

Background and purpose: In the context of a larger research study on the nature of the family experience of non-oncological chronic pain, it was found that the suffering of the family emerges as one of the ever-present themes. However, despite the existing unanimity in the literature on the need to alleviate family suffering, little or nothing is known about its nature, in particular with regard to non-oncological chronic pain, questioning nursing interventions targeted to its relief. Thus it was clear the fundamental need to characterize the nature of the family experience of suffering when someone has non-oncological chronic pain.

Methods: With this purpose we developed a qualitative study, based on the assumptions of Grounded Theory, defining the family as the unit of analysis. Qualitative in-depth interviews were conducted with nine families of adults with non-oncological chronic pain attending the Pain Therapy Unit of a Central Hospital. Data were analysed and coded, respecting the principle of constant comparison.

Results: From the comparative analysis of the data, we concluded that the family's experience of suffering is, by its nature, a shared suffering, which has its roots in the perception of the suffering of the person with pain, expressed through feelings of limitation/impotence, anger, deprivation, guilt and fear.

Conclusions and Implications: Although suffering is broadly described as something personal and unique, we identified common aspects shared by the family, which perpetuates and aggravates its experience of suffering; these data makes possible the development of nursing intervention strategies directed to the family in order to alleviate their suffering, allowing them a more effective family-management of non-cancer chronic pain.
Core aspects to describe the dynamics to get and to be a family caregiver: an interdisciplinary group model building study

André Fringer, Marlene Brettenhofer, Sonya Kuchen, Alexander Scheidegger, Adrian Schmid, Martin Müller

FHS St.Gallen, University of Applied Sciences, St.Gallen, Switzerland

Background and Purpose

Relatives are important for family and society. The social value of family caregivers in Switzerland amounts to more than three billion Swiss francs. Communities are being challenged to save the family caregivers as a “resource” as the social care sector evolves. In recent decades much has been written and discussed about the motives, burden of family caregivers and possibilities to relief them. But there exists no theoretical model which describes the development of “acute burden” in the “career” of family carers.

Methods

The aim of the study was: to identify role key aspects which describe the complexity to get and to be a family caregiver; to model the dynamics of their role in regard to acute stress. Based on an integrative literature review and empirical preliminary work about the situation of family caregivers, a qualitative research design (expert group model building) was chosen to answer the research questions. In five expert discussion rounds a theoretical model was successively developed and interdisciplinary proven till agreement of its adequacy with respect to the research questions could be obtained.

Results

Four main key issues have been identified and modelled that characterize the direct and indirect acute stress situations of family caregivers: adaptation of obligations, acute exhaustion, erosion of resources and role appropriation to be a family caregiver. In a graphical model the reinforcing and balancing feedback loops illustrate the interaction of the four central aspects as well as the role of further influencing external factors.

Conclusion

With the results it is possible to show local authorities in how far the motives, burden and relief are interlinked with internal family circumstances and external societal factors and in how far interventions can be derived to promote the family caregivers.
Fathers Can Also Be Capable Single Parents: What Nurses Need to Be Aware Of To Improve the Well-Being of Single Fathers

Sujitra Uratanamanee¹, Chintana Wacharasin², Premwadee Karuhadej²

¹Burapha University, Chonburee, Thailand, ²Suansunandha Rajabhat University, Bangkok, Thailand

Purpose and Background: In Thailand, statistics have shown increasing rates of divorce. Therefore, the number of single fathers and mothers is also increasing. Normally, mothers are expected to be the key person raising children from birth to adulthood whereas fathers are often considered to be a supportive resource. When a man becomes a “single dad”, he often has to assume both a mother and father role in terms of responsibilities. Numerous studies had shown that being a single father brings enormous change in a man’s life. The purpose of this study was to explore the experience of Thai single fathers in facing with this challenge.

Methods: A descriptive phenomenology was used to explore and clarify the lived experiences of Thai single fathers. Six participants were recruited by purposive sampling with in-depth interviews. Data collection and analysis were guided by Husserlian phenomenology.

Results: Four categories illustrated Thai single fathers’ experience, including: 1) feeling free bringing up my child, 2) losing space and time for my personal life, 3) overwhelmed with both mother and father roles, and 4) proud to be a single dad.

Conclusions: The findings can be used to assist nurses with supporting single fathers’ way of life that impacts his health and well-being.
Development of a Nursing Model for the Implementation of Family Care in Primary Health Care Settings: Experiences from Northeastern Thailand

Darunee Jongudomkarn¹, Colin Macduff²

¹CRTGWH, Faculty of Nursing, Khon Kaen University, Khon Kaen, Thailand, ²School of Nursing and Midwifery, Robert Gordon University, Aberdeen, Scotland, UK

Purpose and Background: Developments in nursing that aspire to family care have been prominent in North America and Europe. Within Thailand there are established educational curricula but less is known about how graduate practitioners enact family nursing in practice and the influence this can have in terms of primary care and public health. The aim of this inquiry was to learn from the experiences of family nurses practicing in primary care settings in the region of Northeastern Thailand by distilling what worked well into a nursing model to guide practice and education.

Methods: An appreciative inquiry approach involving qualitative content analysis of individual interviews, written reports, and focus group discussions was used to synthesise what worked well for fourteen family nurses involved in primary care delivery and to build the related model.

Results: Three main strategies were seen to offer a basis for optimal care delivery, namely: enacting a participatory action approach mobilizing families' social capital; using family nursing process; and implementing action strategies within communities. These were distilled into a new conceptual model. The model highlights practical strategies for nursing enactment which harness family and community social capitals.

Conclusions: The model offers a basis for planning and implementing family care in a way that engages with communities and can enable community developments.

Keywords: family nursing; models of care; Thailand
Development Of An Evaluation Framework For Family Health Nurses Working In Communities.

Verena Moser-Siegmuth, Ilda Fernandes, Jozica Ramsak Pajik, Maria Joao Silva, Madalina Manea, Tim Duffy, Maria do Ceu Barbieri-Figueiredo

Center for Nursing Science at Danube University, Krems, Austria, Escola Superior de Enfermagem do Porto, Porto, Portugal, Faculty of Health Care and Community Health Centre, Jesenice, Slovenia, Unidade Local de Saude Matosinhos, Porto, Portugal, Craiova University, Craiova, Romania, University of the West of Scotland, Paisley, UK

Background: Changing demands for healthcare have led to a shift from hospital to community based services concentrating on health promotion, encouraging self-care and allowing people to be supported closer to home. Nurses have a significant role to play in this model. From 2011-2013 the University of the West of Scotland led an EU funded project to develop the concept, role and competencies of the Family Health Nurse (FHN), in order respond to this challenge. The project team included partners from Austria, Germany, Poland, Portugal, Romania, and Slovenia. This paper presents results of one aspect of the project, namely the development of an evaluation framework for Family Health Nursing practice.

Methods: A Minimum Data Set (MDS) was developed based on a literature review of available assessment instruments. The tool adopted for this study included two questionnaires: the EQ-5D-3L Health Questionnaire (EuroQol Group 1990), and a specific questionnaire with classified nursing terminology (ICNP Catalogue). A case study approach was carried out with family nurses in Slovenia, Portugal and Romania to validate the MDS. The data generated from the MDS was analysed using quantitative and qualitative methods.

Results: The study encompassed 24 families from three countries. Common features were identified despite the diversity of the country policies, primary health care organization and processes for nursing professional development. Statements for infant/child development and for health promotion were the most frequent interventions recorded, predominantly in Portugal and Slovenia. In Romania two main causes limit interventions of the nurses working in primary care: a lack of specific regulation and a lack of specialization.

Conclusion: The instruments used within the Minimum Data Set require further improvement to include additional intervention statements to assess all aspects of the “family as a client” approach, health promotion and teaching for health and consequently avoid a focus on a biomedical orientation.
Perception of Nursing Professionals About The Relationship With The Patient's Family in Home Care

Mariana Cunha¹, Andreia Melo², Gabrielle Tayar²

¹Faculda Israelita de Ciências da Saúde Albert Einstein, São Paulo, Brazil, ²Hospital Israelita Albert Einstein, São Paulo, Brazil, ³Hospital Israelita Albert Einstein, São Paulo, Brazil

The Home Care (HC) is the provision of health-related care of the patient in the home, involving specialized human intervention and use of complex technologies. This service in Brazil is expanding due to changes in the country epidemiology, social and economic area. Nursing plays a major role in Home Care and should have the ability to adapt to environmental, social and cultural differences. The importance of the nursing team in the HC for health promotion and, considering this environment as single in assessing relationships between nursing staff and family, some issues arose with the possibility of exploring this theme. This study aimed to assess the experiences of relationship of nursing professionals with families of patients in home care, in the perception of these professionals. This research had a qualitative approach. It was held in Home Care from an extra-sized hospital, private, located at São Paulo (Brazil). The sample consisted of 10 members of a nursing team. Was approved by the Research Ethics Committee. The ethical and legal precepts of research on human beings were respected. A data collect instrument was elaborated by the authors. Data collection had the narratives research as a theoretical reference. Data analysis allowed the construction of the phenomenon "Living the relationship with the patient's family in home care" that reveals how nurses had perceived environmental, family and patient interference, in establishing these relations. The professionals sought to adapt their professional role in this environment and dealing with the patient's behavior and families, expressing the feelings that manifested against the relationship with families in the home environment. The research contributed to the advance in knowledge related to nursing engaged in the HC area. Knowing the experience lived by the nursing team becomes essential for adaptation of these professionals to the home context, making them confident in relationships with families.
Correspondence analysis of family functionality profile among Brazilians older adults

Ana Cristina Viana Campos¹,², Efigenia Ferreira e Ferreira², Andrea Maria Duarte Vargas², Lucia Hisako Takase Gonçalves¹

¹Universidade Federal do Para, Belem, Para, Brazil, ²Universidade Federal de Minas Gerais, Belo Horizonte, Minas Gerais, Brazil

Support and family life are critical factors for active aging. We aimed to evaluate the family functionality profile of Brazilians older adults by establishing combined relations with functional limitation and socio-demographic characteristics. AGEQOL study (Aging, Gender and Quality of Life) is a cohort of the population base performed in 2052 older adults (60 years and more) in a Brazilian municipality, in 2012. Family APGAR assessed the family functioning and KATZ and Lawton Body indexes measured the functional impairment. The explanatory variables were age, sex, marital status, education, income and living arrangement. Initially, bivariate analysis was used to compare proportions through the chi-square test, with a significance level of 5%. Then, all variables were included in a model of multiple correspondence analyses with two dimensions. Most of the older adults were female (59.7%), with less than 75 years old (69.5%), married (52.8%), literate (71.8%), with low income (66 1%), good family functioning (76.3%) and without functional limitations (63.3%). The correspondence analysis enabled us to form three groups with different profiles, in a two-dimension chart with internal reliability of 0.653 and 0.418. The first group consisted of men from 60 to 74 years old, married, literate, with good income, without any functional limitations and proper family functionality. Older women and widows, with lower socioeconomic status and living in mixed arrangements, had more functional limitations and moderate family functionality (group 2). The worst dysfunctional family group was formed by unmarried and divorced older adults who lived alone. We conclude that family functionality among Brazilians older adults is different between genders and differences are even greater in relation to socio-demographic features.
Use of an educational strategy to introduce family assessment models to Australian undergraduate nurses to improve their recognition of family strengths.

Hazel Rands, Elisabeth Coyne, Valda Frommolt

Griffith University, Brisbane, Australia

Background

Undergraduate students are introduced to models of family assessment in a core second year course of an Australian Bachelor of Nursing program – Child and Family Nursing. One of the course learning outcomes includes being able to justify the use of family-centred and partnership approaches when promoting family health and wellbeing. Students complete a written assignment where they describe and evaluate a specific Family Assessment Tool, and then use it to assess a chosen family case study and develop family nursing goals.

Methods

The course provides a range of teaching and learning activities to support student engagement. These include lectures, tutorials, on-line learning packages, simulated learning and course readings. Students complete a specific tutorial prior to the assessment task. This includes the completion of genograms and eco-maps for family case studies and an introduction to the Calgary Family Assessment Model and the Australian Family Strengths Nursing Assessment Guide.

Results

Providing context for family assessment through exploration of family case studies during tutorials and an assessment task supports the development of understanding of family nursing for student nurses. Students reported that they appreciated researching and completing family assessments on a given family case study, as they were clearer about partnerships with families and the importance of recognising family strengths.

Conclusions

Introducing nursing students to family assessment provides context which helps them to provide appropriate family-centred care in health and illness. The opportunity to evaluate and implement a specific Family Assessment Tool in the non-threatening classroom environment allows students to understand the inherent strengths of families. There are a number of family assessment tools that may be used by nurses to perform a family assessment in clinical practice and it is important to understand not only how to use these, but to also appreciate their strengths and the limitations.
Background: Since 2010, family nursing has become a major topic in nursing research and practice development planning at University Hospital Zurich (USZ). Preliminary results of a qualitative analysis conducted in 2013, which focused on interviews with nurse managers and managers of allied health professions, showed that there would be an interest in implementing the concept of family nursing to improve the relationship between healthcare professionals and families. They would support additional practice development projects such as the current innovation project in the Mother-Child Unit. The project, which will start in summer 2015, is in keeping with the corporate culture and principles of the USZ and is based on the family nursing framework (Wright & Leahey 2009).

Purpose: By integrating the family nursing concept in the Mother-Child Unit, we want to advance patient-orientated nursing and emphasise strong communication as a strategic factor of success. A patient and family orientation will form the cornerstone of professional interactions in the nursing process, increasing nurses’ knowledge and skills in family nursing.

Methods: In the first phase, a professional expert group will adapt family nursing to USZ based on the Calgary Family Assessment and Intervention Models (CFAM/CFIM). In the second phase the resulting family nursing concept will be implemented and evaluated before and after implementation at the Mother-Child Unit, using an action research approach. We intend to include pre-existing, well-established international scores in family nursing for our evaluation.

Results: We expect that with the implementation of the family nursing concept nurses will report significantly more positive attitudes towards involving families in their own care. And also that length of stay, complication rates and re-hospitalization will be reduced.

Conclusions: The use of this family nursing framework will facilitate patient-orientated care and family nursing.
Transforming Students’ Views And Practice Through The Families-as-Teachers Program

Ann Garwick, Wendy Looman, Ann Seppelt

University of Minnesota, Minneapolis MN, USA

Background and Purpose:

The World Health Organization calls for care that is organized around the needs of families and communities, however gaps exist in the delivery of such care. Our aim is to describe and evaluate the Families-as-Teachers program that was designed to prepare pediatric graduate nurse leaders to provide family-centered care in partnership with caregiving families in the context of their communities.

Methods:

During their “Assessment and Intervention Models in Families of Children with Special Health Care Needs” course, each student makes 4 to 5 community-based visits to a family who has offered to share their expertise with a student in the Families-as-Teachers Program. In a weekly seminar, students collectively learn how a variety of families with children with complex chronic conditions manage and how nurses can effectively work with families to promote family health. Program evaluation data were collected from four classes of pediatric graduate nursing students after they completed the Families-as-Teachers program. Content analytic techniques were used to analyze 44 students' responses to two open-ended questions about lessons learned from the Families-as-Teachers experience.

Results:

Families generously shared their lived experiences and provided clear recommendations that transformed students' perspectives and practice. Students demonstrated transformative learning related to: (a) the importance of listening to families to identify their strengths and concerns; (b) appreciating the child’s and family’s life experiences outside the clinic or hospital when planning care; (c) the complexity of daily life for families of children with complex needs; (c) the creative ways that families manage caregiving; and (e) how health care providers’ recommendations affect family life.

Conclusion:

The focus on family strengths, health promotion and learning from families in this program builds the advanced practice nurse’s ability to develop collaborative skills in working with families to provide care that is, indeed, family-centered.
Background and Purpose: Refugee organizations resettle approximately 1,200 individuals and families each year in our metropolitan area. The majority of the refugees are families consisting of women and children. Barriers to successful integration for families include illiteracy, lack of job skills and resources to access health care. Since 2010, our College of Nursing has partnered with local resettlement organizations to strengthen families in the difficult process of adjusting to life in their new country.

Methods: Nursing students utilize principles of family nursing during their Public and Global Health course practicum. During this experience, pairs of students work closely with case managers and are assigned three to four refugee families. Course requirements include developing and implementing family health goals and visiting the families two to three times per week. Examples of family health goals include: learning English health terms, understanding food and personal hygiene guidelines and involving family members in physical exercise activities. Case managers and nursing faculty function as community and health advisors. Course activities include journaling, participating in weekly class meetings, and attending cultural activities.

Results: Nursing students describe the profound impact this experience has on their world view including the importance of family centered nursing care. Our community partners report satisfaction with our efforts and continue to welcome us back every year.

Conclusions: This successful partnership is a win/win situation. Students provide overloaded case managers with additional in home information, student nurses are able to practice and witness the benefits of family nursing principles and refugee families receive individualized services.
Configuration Of A Support Network To Children With Asma

Neila Santini de Souza¹, Eliane Tatsch Neves², Regina Issuzu Hirooka de Borba³

¹Universidade Federal do Pampa, Uruguaiana, Rio Grande do Sul, Brazil, ²Universidade Federal de Santa Maria, Santa Maria, Rio Grande do Sul, Brazil, ³Universidade Federal de São Paulo, São Paulo, São Paulo, Brazil

Background and Purpose: This is a descriptive research with qualitative approach originated from a study which aimed at the family everyday care of their asthmatic children. The goal was to get to know the support network of children with asthma and their caregiver family in the context of community.

Methods: For the data production it was used the Creative and Sensible Method. The method was developed by the Dynamics of Creativity and Sensitivity named "speaking map" with ten caregiver families with asthmatic children between November 2012 and February 2013. The study was carried out in a Children's Program of Asthma Prevention (PIPA) in southern Brazil. The research was approved by the Research Ethics Committee process nº 07634512.4.0000.5505 / 2012. The datas were analized using the french discourse analysis. The theoretical-philosophical references used were the liberating theory of Paulo Freire, the care of children with special health care needs in an emancipatory perspective and the philosophy of family-centered care.

Results: The results indicate the configuration of the support network of children with asthma, showing its importance and the need for the existence of a network of family support. PIPA showed up as the main network of institutional support, by ensuring access more easily to children and their families to the health care network. The social network of support of children with asthma has proved fragile because only neighbors or religious institutions ended up helping families toward their needs. The caregiver families groups were pointed by them as an important tool for your daily life, enabling us to exchange experiences, making them reflect on their reality before other similar experiences.

Conclusions and Implications: We believe that the contributions of this study can enhance the professional nursing practice, in consideration of the family as co-participative on the therapeutic process.
Secondary Analysis: The Family Experience Following a Bone Marrow/Blood Cell Transplantation

Linda Young, Christine Ostendorf, Karlie Hinton

University of WI- Eau Claire, Eau Claire, WI, USA

The purpose of this secondary analysis is to identify variation within and across family dyads related to definition of the situation, management behavior and perceived consequences when an adult member is recovering at home from bone marrow or blood transplantation. Family nursing diagnoses will be the lens in which the findings will be interpreted. Many patients who receive transplants, across the more than 50 countries that provide BM/BC transplantation (CIBMTR 2013a), are between the ages of 21 and 50 years, and as a result are often part of child-rearing families. The Family Management Style Framework (FMSF), used in the original study, evolved based on analysis of research that explored how the family as a unit responded to a child’s chronic condition (Knafl & Deatrick 1990, Knafl et al. 1994). To date, the FMSF has only been utilized with families of adult BM/BC transplant patients in the original study upon which this secondary analysis is based. The original study was a descriptive, qualitative, one-point-in-time study. Content analysis in relation to the three conceptual components of the FMSF was used; inductive thematic analysis determined the emergent conceptual dimensions present in the data. The sample consisted of 15 American families from the Midwest region of the United States who met specific criteria. The findings reported in the original study (Young, 2013) address the analysis of the data obtained from the individual participants across cases. The present study addresses within-family analysis and comparison of individual families across cases. The PI of the original study is also the PI of this secondary analysis. A graduate DNP-Family Nurse Practitioner student and undergraduate senior BSN student comprise the research team doing the secondary analysis. Results and conclusions will be identified spring of 2015 as the research team is presently in the analysis phase of the study.
Hospital-Based Care Or Hospital-Based Home Care For Children At Diagnosis Of Type 1 Diabetes; A Randomised Controlled Trial, Two Years From Diagnosis

Irén Tiberg¹, Annelie Carlsson², Inger Hallström¹

¹Health Sciences, Lund, Sweden, ²Clinical Sciences, Lund, Sweden

Practices regarding hospitalisation of children at diagnosis of Type 1 Diabetes vary both within countries and internationally, and high-quality evidence of best practice is scarce. The aim of this study was to compare two different regimens for children diagnosed with type 1 diabetes; hospital-based care and hospital-based home care, two years from diagnosis. The study had a randomised controlled design, and was based on the Medical Research Council framework for development and evaluations of RCTs for complex interventions. The trial included 60 children aged 3-15 years, and took place at a university hospital in Sweden. When the children were medically stable, they were randomised to either the traditional, hospital-based care or to hospital-based home care (HBHC), defined as specialist care in a home-based setting. The active parts of the intervention were defined as the home-based environment, an individualised care and increased support after discharge. Two years after diagnosis there were no differences in HbA1c (p=0.777), in episodes of severe hypoglycaemia (p=0.167), or in insulin U/kg/24h (p=0.269). However, parents’ report of the impact of a chronic paediatric health condition on the family showed significantly higher levels of function in the HBHC group as compared to the hospital-based care group (p=0.026), as well as higher levels of parental reported satisfaction with the healthcare provided (p=0.007). Overall, there are only a few, well-designed and controlled studies that compare hospital care to different models of home care. The results of this study provide empirical support for the safety and feasibility of HBHC when a child is diagnosed with type 1 diabetes. Furthermore, the results suggests that the initial care and the strategies for diabetes management that is first presented to the family exert an impact on the families’ day-to day lives for an extended period of time.
Family’s emotional climate: Parental conflict and Children’s parenting perceptions

Maria Rodrigues, Ana Natividade
Madeira University, Funchal, Portugal

Background and Purpose: One of the important ways in which a family can affect the development in children is the emotional climate of the family. Family emotional climate is affected by the attitudes and behaviours of parents as they respond to the physical and emotional needs of their children. According to family systems theory, interparental conflict is a risk factor for children. The parent-child relationship is the primary feature of the context, as a risk factor, as a protector variable in the parental conflict. The expression “parental conflict” refers to the type and victim: the child witnesses the violence and/or the conflict between two next of kin emotionally attached and with whom is shared the space. The cognitive-contextual framework (Grych & Fincham, 1990) proposes that children’s appraisals of interparental conflict shape the impact of conflict on their adjustment. The aims of this research was analyse the influence of the relation between parents and child and the perception of the parental conflict and analyse the influence of the parental relationship in the association between the interparental conflict and state and trait anxiety.

Methods: quantitative transversal and correlational study, on a probabilistic sample of 2280 children, aged between 8 and 11 attending schools in Madeira Island. Measures: Children's Perception of Interparental conflict (CPIC); Children Report on Parental Behavior Inventory (CRPBI-30); State Trait Anxiety Scale for Children (STAIC).

Conclusions and Implications: Acceptance is negatively associated with interparental conflict. The maternal parental relationship of acceptance moderates the state-anxiety with respect to the perception of threat, focusing on the conflict properties perception in the trace anxiety symptomatology.

The maternal parental relationship of acceptance moderates the symptoms of state-anxiety with respecting the perception of threat. About trait-anxiety this moderating role focused on the perception of conflict properties.
An Innovative Intervention for Veterans with Traumatic Brain Injury and their Families: Acceptability and Impact for Family Members

Helene Moriarty1,2, Laraine Winter2,6, Keith Robinson2,3, Catherine Piersol4, Tracey Vause-Earland5, Brian Newhart2, Gala True5, Delores Blazer Iacovone5, Deborah Fishman2, Laura Holbert6, Nancy Hodgson7, Laura Gitlin7

1Villanova University, College of Nursing, Villanova, PA, USA, 2Philadelphia Veterans Affairs Medical Center, Philadelphia, PA, USA, 3Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA, 4Thomas Jefferson University, School of Health Professions, Philadelphia, PA, USA, 5Center for Health Equity Research and Promotion, Philadelphia Veterans Affairs Medical Center, Philadelphia, PA, USA, 6Philadelphia Research and Education Foundation, Philadelphia Veterans Affairs Medical Center, Philadelphia, PA, USA, 7Johns Hopkins University, School of Nursing, Baltimore, MD, USA

Background and Purpose: Traumatic brain injury (TBI), now recognized as a major problem in military and civilian populations, creates many challenges in cognitive, emotional, and physical functioning. TBI is a family affair, affecting patients and their families. We developed and tested an innovative intervention for military veterans with TBI—the Veterans’ In-home Program (VIP)—targeting the veteran’s environment (physical and social) for intervention, delivered in veterans’ homes, and involving their families. Our study evaluated VIP’s acceptability and effectiveness for veterans with TBI and their families. In this paper, we report on VIP’s acceptability to family members and effectiveness in improving their well-being, operationally defined as mood, caregiver burden, and caregiver satisfaction at follow-up (3-4 months after baseline).

Methods: In this randomized controlled trial, Veterans and family members were interviewed in their homes at baseline and then randomly assigned to VIP or a usual-care control condition. The VIP intervention consisted of 6 home visits and 2 phone calls delivered by occupational therapists. The control condition consisted of clinic-based care supplemented by 2 phone calls. Standardized outcome instruments for family members included the CES-D (for depression), the Caregiving Appraisal Scale (for burden and satisfaction), and 3 acceptability measures.

Results: Eighty-three veterans with TBI (primarily mild) and their respective 83 family members (mean age=42, SD=12.83; 93% female; 70% spouses, 15% mothers) participated. Family members in the VIP had significantly lower depressive symptom scores and significantly lower burden scores at follow-up compared to Control family members. Satisfaction did not differ between groups. Family acceptability of the intervention was high.

Conclusions: VIP represents the first evidence-based intervention that considers both the veteran with TBI and the family. VIP had a significant impact on caregiver well-being, specifically in reducing caregiver burden and depressive symptoms. As such, it addresses a large gap in previous research and services.
Cross-Cultural Study of Family Factors Associated with Adaptation in Families of Individuals with Down Syndrome

Marcia Van Riper¹, George Knafl¹, Hyunkyung Choi², Supapak Phetrasuwan³, Maria do Ceu Barbieri-Figueiredo⁴, Maria Joao Silvia⁴, Maria Caples⁵, Wannee Deoisres⁶

¹University of North Carolina Chapel Hill, Chapel Hill NC, USA, ²Kyungpook National University, Daegu, Republic of Korea, ³Mahidol University, Bangkok, Thailand, ⁴Escola Superior de Enfermagem do Porto, Porto, Portugal, ⁵University College Cork, Cork, Ireland, ⁶Burapha University, Chon Buri, Thailand

Background and Purpose: The birth of a child with Down syndrome (DS) is a life-changing event for most families. Findings from existing research suggest that while some families have difficulty adapting, others adapt successfully and some even thrive. However, our current understanding of why this occurs is limited. Moreover, it is based primarily on data from Caucasian, English speaking families living in either North America or Europe. Therefore, the purpose of this cross-cultural study is to examine the influence of family factors on adaptation in families of individuals with DS from six countries.

Framework: This study was guided by the Resiliency Model of Stress, Adjustment and Adaptation.

Method: Parents from six countries (Ireland 97, Portugal 73, United Kingdom 94, Thailand 99, Korea 167 and USA 547) completed an online survey which included the following measures: Family Index of Regenerativity and Adaptation- General; Family Management Measure; Family Problem Solving Communication Index and the Brief Family Assessment Measure. Linear mixed models were used accounting for intra-familial correlation and constant variance for parents from the same family. An adaptive modeling process was used to reduce the model with all 10 predictors holding the covariates and the intercept fixed in the model.

Results: Each of the 10 predictor variables had a significant effect on family functioning. Family functioning was worse with greater family strains and incendiary communication and better with greater condition management ability and family hardiness. Parents from Portugal and Thailand reported significantly worse family functioning than parents from the USA and parents from Korea reported significantly better family functioning.

Conclusion and implication for practice: Family factors play a significant role in how families respond following the birth of a child with DS. Findings from this study will help in the development of culturally based interventions for families of individuals with DS.
Background and Purpose: Medication side effects and polypharmacy have been an ongoing factor in contributing to falls in the elderly. Many patients and their caregivers are unaware of the side effects of their medications and what to be alert for. The purpose of this study was to educate the home-bound patient and/or their caregivers in medication safety and fall prevention, with the hope of ultimately reducing falls and hospital readmissions.

Methods: Eight patients requiring home care were visited. A fall score was calculated using the Missouri Alliance for Home Care (MAHC) fall risk assessment tool. Each patient was questioned about their last fall, if any, and whether or not it may have been caused by a medicine. They were asked if they know the side effects of all medicines they take, and if they were willing to learn about them. Education was provided using the teach-back method, and a simple reference tool was created.

Results: Six out of eight patients and/or family members were receptive to learning. One out of eight patients had a privately hired caregiver who received teaching. Only two out of eight patients admitted to falling. One out of eight patients had a documented fall, but denied falling when questioned. A successful outcome was measured in six out of eight patients by the verbalization of understanding of the information provided, and a willingness to participate in suggested changes. Follow up to determine an overall reduction in number of falls was not feasible due to time constraints.

Conclusion and Implications: Many elderly patients are taking high risk medications and are unaware of the dangerous side effects. Educating patients may allow patients to recognize side effects, take necessary precautions, and ultimately reduce the number of falls.
A Systematic Scoping Review of Dementia Family Caregiving

Karen Rose¹, Joel Anderson¹, Morgan Dean¹, Elizabeth Epstein¹, Ruth Lopez², Ishan Williams¹, Daniel Wilson¹, Alice Xie¹

¹University of Virginia, Charlottesville, VA, USA, ²Massachusetts General Hospital Institute of Health Professions, Boston, MA, USA

Purpose and Background: Dementia has devastating effects on millions of patients and family caregivers. Nearly 15 million U.S. adults care for someone with dementia, a number estimated to increase to 37 million by 2050. Unpaid family caregivers are the largest source of long-term care services and an important focus of research. To map the dementia family caregiving literature, a systematic scoping review was conducted by a team comprised of interdisciplinary researchers with expertise in family caregiving, dementia, and library science.

Methods: A systematic search strategy was developed and carried out by a member of the research team with expertise in library science. Relevant search terms (i.e., ‘caregiver’, ‘family’, and ‘dementia’) were combined with MESH terms and other search strategies to reduce duplicate references and to limit articles retrieved. Searches were conducted using Medline, CINAHL, and PsychInfo.

Results: A total sample of 2517 articles published between 1999 and 2014 were identified. Articles were included if: (1) these reported primary research; (2) were focused on family/informal caregivers for persons with dementia; and (3) were written in English. Excluded articles used caregivers as informants rather than subjects of the research or focused on formal or paid caregivers. Review articles, case reports and editorials also were excluded. Included articles represented research conducted across all sites of care (e.g., home, long-term care, hospital). Categories and types of articles, along with resulting research questions and recommendations, will be presented from this ongoing study.

Conclusions and Implications: Given the complexity involved in caring for a family member with dementia, findings from this study provide the foundation for developing research questions focused on the gaps in knowledge. Additionally, the final sample will be used for a future mixed methods synthesis of quantitative and qualitative findings, leading to potential future studies, practice recommendations and policy implications.

297 words/limit = 300
A Metaethnography Of Family Interrelationships During Survivorship Of Childhood Cancer

Kyoko Kobayashi¹, Roberta Cricco-Lizza R², Janet Deatrick A²

¹St. Luke's International University, Tokyo, Japan, ²University of Pennsylvania, Pennsylvania, USA

Background and Purpose: The survival rate in childhood cancer has exceeded 70%. However, approximately half of young adult childhood cancer survivors develop physical, psychological and social late effects, which requires lifelong condition management. Family members are considered an integral part of survivorship experience. Family has a structural and functional system which is interacting with family members, and the family influences the daily lifestyle of its members. Then, understanding family interrelationship in survivorhip may contribute to family nursing practice for families living with childhood cancer survivors. The purpose of this study was to synthesize available qualitative research regarding family interrelationships during childhood cancer survivorship using meta-ethnography methods. Our specific aims of this synthesis were to depict how family interrelationships influence the lives of childhood cancer survivors and how cancer survivors influence the daily life of their families.

Methods: Noblit & Hare’s meta-ethnography approach was used to synthesize qualitative studies. We searched articles that 1) describe experiences at least from children’s (survivors’), mothers’, fathers’, or siblings’ views, 2) were published between 2004 and 2013, 3) were using a qualitative method, 4) were written in English, and 5) were peer reviewed studies. PubMed, Psycinfo, SCOPUS, and CINAHL search engines were utilized.

Findings: 152 articles were retrieved through the electronic search and 14 articles met the inclusion criteria and were included in the analysis. All 14 articles were examined and appraised regarding their quality using the Critical Appraisal Skills Programme. Participants of those 14 articles were survivors, mothers, fathers, and siblings. Survivors’ ages ranged from school children to young adults. All selected articles depicted family interrelations during survivorship.

Conclusions Findings focus on developmentally based, family interrelationships during ongoing family life or on family management of cancer-related conditions.
Establishing an initiating family resilience model of children with cancer during recurrence stage of transition: an ethnographic study

Pei-Fan Mu\textsuperscript{1}, Yi-Wei Chen\textsuperscript{2,1}, Giun-Yi Hung\textsuperscript{2}, Hsiu-Ju Yen\textsuperscript{2}, Ching-Ching Sheng\textsuperscript{2}, Yi-Yen Lee\textsuperscript{2}, Muh-Lii Liang\textsuperscript{2}, Robert, Hsin-Hung Chen\textsuperscript{2,1}, Shih-Hung Ke\textsuperscript{2}, Kai-Ling Huang\textsuperscript{2}, Ling-Ya Huang\textsuperscript{2}

\textsuperscript{1}National Yang-Ming University, Taipei, Taiwan, \textsuperscript{2}Taipei Veteran General Hospital, Taipei, Taiwan

Purpose and Background. From the time of diagnosis of children with recurrence cancer, the child and family embark on an ongoing transitions ride of severe functional impairment, uncertainty, failure and anticipatory loss. It is important to understand the mechanism of children's and their family's experience from their self-body-world experience of perception.

The purposes of this study: Build an initiating family resilience model of initial health-illness transition of children with recurrence cancer. Framework. Based on Merleau-Ponty’s perspective of self-body-world, the interwin relationship between children, family, and health professionals in related to developmental and illness time filed, and their roles in regarding initiating family resilience were basic elements to build a caring model. Methods. This study used interpretive ethnographic method. Data collection was performed at a medical center in Taiwan. 40 children and their parents, eight Physicians, 15 primary nurses, and 2 case managers and a nurse practitioner were participating into this study. Results. Based on the integrating self-body-world experience perspective, the findings proposed an initiating family resilience model of children with cancer and their family. Children have experiencing ambiguity of self-identity, starting the possibility of anticipatory loss, and ambiguity of child-parents boundary. Parents have experienced the beginning of anticipatory loss, and building mastery the timing of treatment caring model of children. Furthermore, the initiating family resilience function including: (1) normalizing family positive belief, (2) open family systems toward new direction of shared collaborating model with health professionals, (3) maintaining and directiveness of the sense of existence in living with anticipatory loss. Conclusions. An initiating family resilience model of children with recurrence cancer was proposed. Partnership and shared decision making in focusing on synchronic of illness and treatment, as well as rebuilding family boundary integrity in facing anticipatory loss were suggested.
How Parents Experience The Decision-Making Process For Their Child’s Epilepsy Surgery

Sandra Linke, Claudia Mischke

Berner Fachhochschule, Bern, Switzerland

Background and Purpose: Epilepsy is one of the most common neurological diseases in childhood. By anticonvulsant therapy remission can be achieved in approximately 70 % of epilepsies in childhood. Depending on the aetiology, through epilepsy surgery could be achieved seizure freedom or a reduction in debilitating attacks, in drug-resistant epilepsy. Parents are forced with this treatment option to make a choice. Having to make a decision for their child, which can affect the whole life is difficult. On the one hand the quality of life of the child and the family system can be increased by an epilepsy surgery. On the other the surgical intervention is connected with risks and possible far-reaching consequential damages. Little is known about how parents experience this decision-making. The objective of the proposed study is therefore to present and describe the experience of parental decision-making for epilepsy surgery on their child. On the basis of the results an in-depth understanding of parental decision making for the treatment team should be generated.

Methods: A qualitative descriptive design is used. A purposive selected sample of nine mothers and fathers, which children had been operated aged up to 15 years is planned. Data are gathered using semi-structured face-to-face interviews with open-ended questions. A qualitative inductive content analysis with open coding will be used.

Results: From the five interviews conducted so far, the following themes emerge: “hope for a better live”, “dealing with sense of guilt and uncertainty”, “the degree between too much and too little information”, “developing trust and time to get ripe” and “the unbearable waiting for the surgery date”.

Conclusions and implications: The full results of which are presented are available in June 2015. Based on the experiences and recommendations of the parents the consulting and supporting service will be adjusted.
Journeying Parental Separation

Engelbert Manuel, Rachelle Gay Pacial, Harvey Agni, Karla Mariella Aguilar, Mary Sharra Aquisnas, Aleli Joyce Jamandre, Hazel Ann Laguna, Jessusa Madayag, Joseph Namatoc, Camine Angela Nelmida, Lykha Quiriones, Jeffrey Raguindin

Saint Louis University, Baguio, The Philippines

Keywords: teenagers, parental separation, lived experiences

Background: Family serves as one major aspect in the growth and development of an individual. Hence, it can influence the attitude and behavior of individuals and can affect their perspective of life. The impact of living in separated parents on a teenager posed a big threat to the well-being of an individual, much so that the family is said to be the core and the foundation in the development of an individual.

Aim: This study aimed to have a deeper understanding on the experiences of these teenagers with separated parents.

Methods: The lived experiences of teenagers with separated parents were examined using the qualitative design, particularly phenomenological approach. It was conducted in the city of Baguio from November to December 2013. The study had seven participants, all of whom were selected through convenient, non-random purposive and referral sampling. Unstructured interview was used in gathering data.

Findings & Conclusions: Teenagers differed considerably in their experiences of parental separation. Each experience is different from one another as it was experienced in the different times and with different impacts in their lives. Separation is considered a negative event in a person’s life but our study revealed that positive effects overwhelmed the negative effects of having separated parent.

Recommendation: Considering the above findings, it is recommended that Youth Organization either in the public or private sectors to device appropriate programs and improve social services which will be beneficial to the teenager. Ergo, accessible support programs should be offered to address the vined and challenging needs of adolescents. Both at the separation and afterwards. In mental practice, it is recommended to advocate for the needed social programs to promote mental and social well-being of the teenagers. Future researchers may conduct similar studies with different age bracket since the study was limited to teenagers.
Nurses Clinical Decision Making for Discharge Preparation of Parents of Hospitalized Children

Rachel Schiffman¹,³, Norah Johnson²,³, Stacee Lerret⁴,³

¹University of Wisconsin-Milwaukee, Milwaukee, Wisconsin, USA, ²Marquette University, Milwaukee, Wisconsin, USA, ³Children's Hospital of Wisconsin, Milwaukee, Wisconsin, USA, ⁴Medical College of Wisconsin, Milwaukee, Wisconsin, USA

Background and Purpose: Hospital discharge preparation is a multifaceted process. As part of a larger study using a self-management theory guided hospital discharge intervention for parents, the purpose of this report is to: 1) describe the fidelity of the intervention delivered by nurses; and 2) identify the relationship between the assessment of the parents’ responses to the nurses and the nurses’ subsequent actions.


Methods: In the primary intervention study, an iPad with 9 screens of question prompts was used to facilitate interaction between 13 nurses and 52 parents to assess readiness to manage their child’s care at home. The study took place on 2 units of a USA pediatric hospital. Data on the fidelity of the nurses’ following prompts and response to the parent were collected and downloaded from the iPad. Analysis included descriptive statistics and cross tabulation.

Results: Nurses asked 20.5 ± 5.2 of the 24 questions across the 9 screens. All questions were asked in 52% (n = 27) of the cases. At least 19 questions were asked in 75% (n = 41) of cases. Parents reported knowledge, skill, support, and anticipated adjustments needed to care for their child in 78.8 to 100% (n = ?) of cases. Nurses validated or verified parents 81-100% of the time; provided supplemental teaching 19-61% of the time; and provided additional resources 7-38.5% of the time.

Conclusion and Implications: Fidelity of intervention delivery was high. As predicted by Tanner’s Judgment Model, nurses provided supplemental information even when parents reported sufficient preparation; however, they also validated the parents’ knowledge and skill. Future research with a larger sample and in other settings could enhance the discharge transition process.
Uncertainty in Patients with Rheumatic Illness.
The Experience of Transition from Hospital to Home.

Laila Twistmann Bay¹, Hanne Aagaard²

¹Odense University Hospital, Odense, Denmark, ²Aarhus University, Aarhus, Denmark

Background

Chronic illness is known to involve both physical limitations due to pain and immobility and diffuse symptoms as fatigue. Living with the illness affects family and every day life, and it generates role changes in the entire family. It is unclear what influences the transition from hospital to home, and if patients with newly diagnosed illness experience the transition differently than patients already diagnosed with a rheumatic illness.

Purpose:

To investigate how patients with a rheumatic illness experience the transfer from discharge to home, and to identify which elements are essential for the patient in experiencing comfort, when he is discharged home.

Method:

A qualitative interview study with a hermeneutic-phenomenological approach. Data was collected from seven patients admitted to a rheumatology ward. A semi-structured interview guide was used, and data was analysed and thematised inspired by Kvale & Brinkmann´s phenomenological methodology.

Results

Three essential themes were found in this investigation: The wait, everyday life with newly diagnosed chronic illness and how to handle medication.

Conclusion:

Patients with a rheumatic illness experience transfer on many levels before, after and during discharge. Meleis’ transitions theory can contribute to develop nursing practice related to the changes experienced by patients living with chronic illness, and transitions theory can support the health professionals when guiding the patients.
Impact of Anxiety on the Individual and Family in Early Stage Breast Cancer Survivors: A Literature Review.

Maria Stracke

University of Wisconsin-Eau Claire, Eau Claire,Wisconsin, USA

PURPOSE AND BACKGROUND: To review relevant literature to gain insight into the human response of anxiety in early-stage breast cancer survivors, its impact on the individual and especially on their families and communities, and identify nursing implications.

Breast cancer is the most frequently diagnosed cancer in women worldwide and the second leading cause of death in women in the United States of America. Survival rates have increased due to technological and medical advances but long-term survivors face many psychological challenges. Anxiety affects nearly 50% of women a year after diagnosis and remains a concern throughout the illness trajectory.

METHODS: A systematic search was conducted in the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, Psychology Information (PsychINFO), Social Sciences Citation Index (Web of Knowledge, and SocINDEX between 2002-2013 for primary source, English language articles containing the terms breast cancer, early-stage breast cancer, anxiety, women, family, and survivors.

RESULTS: The review revealed several important elements for nursing practice despite the often missing distinction between early-stage and advanced disease breast cancer survivors. The literature review revealed that anxiety is prevalent in survivorship of breast cancer. Appropriate identification of anxiety distinct from depression may be lacking, especially in the subset of early-stage survivors.

CONCLUSION: The burden of anxiety may impair family and community relationships and interfere with employment. Anxiety is not only present in breast cancer survivors but also in their partners, thus causing family distress. Children’s mental health well-being depends on mother’s well-being and anxiety may have a negative effect on emotional adjustment for both. Early identification of anxiety, implementation of evidence-based intervention models, and collaboration with multidisciplinary agencies may lessen the impact of psychological distress in these women. Additional research to further refine and define the meaning of anxiety in early-stage breast cancer survivors is recommended.
Pulang Laso: Unveiling the Chronicles of Individuals Living With HIV

Roderick Ortega, Arjay Diaz, Ferdinand Gonzalo, Judele Pontanoza, Junielyn Camille Cabanilla, Kimber Jane Daliones, Mardielyn De Jesus, Judie Ann Domenden, Mae Jenna Gabuat, Keesses Lapid, Gladys Patricio, Alexia Krystin Sobrera, Jewel Arnie Lyn Tanguilig

Saint Louis University, Baguio City, Benguet, The Philippines

Keywords: HIV individuals, Experiences

BACKGROUND

AIDS is defined as Acquired Immunodeficiency Syndrome, the final stage of HIV disease, which causes severe damage to the Immune system. The disease is primarily caused by a virus called HIV, the Human Immunodeficiency Virus. Individuals diagnosed with the Human Immunodeficiency Virus face the society with numerous problems, the stigma that is being dealt by these individuals is still apparent and the difficulty of being with the dreaded disease is a common public and personal concern. Knowing the statistics can bare every individual at risk, amidst all this; how do you make someone diagnosed with HIV feel like a normal individual, the researchers chose the study to find out how an individual living with HIV perceives and deals with the everyday living of life, thus we urged to know the life of individuals after being diagnosed with HIV.

AIMS

To know and understand the life of individuals after being diagnosed with HIV.

METHODS

Phenomenological study was conducted using unstructured interview. Five participants were chosen and coded using non-random sampling. Data gathering management was done using Collaizi and Van Kaam.

RESULTS

In conducting the research four themes were formulated “Phantoms of the Truth”, “The Battles Faced to Confer With”, “Accepting the Struggles in the Battlefield” and “Maximizing One’s Potential”.

CONCLUSION

It was concluded that individuals diagnosed with HIV is a universal experience which can be both positive and negative due to each individual his/hers own unique experience.

RECOMMENDATION

We recommend holistic care and communication in the duration of the realization of their health status and for more agencies to welcome them wherein they could be a part of support groups and advocates for newly diagnosed individuals wherein experiences can be shared in order to be able to talk to someone who will understand them.
The Effect Of A Program For Disadvantaged Families With Adolescents In Thailand: How Nurses Can Promote Health In Everyday Life

Sombat Numdokmai

Burapha University, Chonburi, Thailand

Purpose and Background: Minimal research has emphasized how nurses can help disadvantaged families with adolescents to actively promote health in everyday life. The purpose of this study was to examine the effectiveness of a Home Sweet Home Program (HSHP) among disadvantaged families with adolescents in Ang Thong province, Thailand.

Method: A quasi-experimental study with a pre-post test design was employed. The sample of 50 families was equally recruited into the control and experimental groups. The experimental group received two meetings of the HSHP, while the control group received health promotion education only one time. Two sessions of the HSHP were provided at a meeting room in a general hospital and at the family's home. The HSHP consisted of therapeutic conversations that focused on family relationships, family functioning, family health routines, and family communication. The data was collected at intake and one month following the interventions by using self-report questionnaires. T-test was performed for data analysis.

Results: The family health promoting practice scores were significantly increased in the families that received the HSHP than in the families who received the health education program.

Conclusions: The results suggested that the HSHP could be applied by nurses to promote health behaviours among disadvantaged families with adolescents.
Exploring Influences of Healthy-eating Decision-making in Early Adolescent Children of Latino Migrant Farmworkers

Jill Kilanowski

Michigan State University, East Lansing, MI, USA

The purpose of this study was to explore healthy-eating decision-making in early adolescent children of Latino migrant farmworkers. Migrant farmworker children have overweight/obesity rates higher than their Latino and non-Latino peers. Decision-making with unhealthy lifestyle choices can lead to poor adult health outcomes and establishment of unhealthy habits. Brim’s Decision Making Theory provided the study framework.

This was a one-group cross sectional mixed methods pilot study. Recruited at a summer Midwest Migrant Education Program were 24 12-to-14 years olds; 25% first generation, 67% second generation; 42% male. Survey instruments: Decision Making Quality Survey (DMQS); Self-efficacy for healthy-eating; Social support for healthy-eating; Ideas About Decisions. Gender separate focus groups followed. Data analyses included descriptive studies, differences of means, associations, instrument psychometrics, and identification of themes.

The research questions were: (1) what influences early adolescent children of Latino migrant farmworkers when they make decisions about healthy-eating? (2) What are the associations and psychometrics of study instruments?

Findings included: DMQS-Total Adherence Index \( X=13.79 \text{ sd}=3.35 \), and DMQS-Quality Index (QI) had 67% non-quality decisions, alpha=.768. Students had varying degrees of being unsure to eat healthy foods when: at the mall (79%), after school (50%), with friends (62.5%), stressed and when alone (58%), feeling down or bored (54%), and at fast food restaurants (71%); alpha=.669. Mean parent social support \( X=21.42, \text{ sd}=5.93 \) compared to friend social support \( X=16.23, \text{ sd}=3.36 \) with negative significance \( t=-4.090, df=21, p=.001 \). Ideas About Decisions, median=3.400, IQR=.50, and alpha=.492. Spearman associations showed Ideas About Decisions with: parent social support .466, p=.025; DMQS .489, p=.018; and QI .466, p=.025. There were no significant differences between genders. Identified themes were healthy-eating included fruits and vegetables; mothers have influence over health and healthy-eating; and friends encourage unhealthy food choices. Early adolescents were unsure about making healthy-eating decisions when with friends or in social settings. Mothers were supportive.
Parenting is the major protective factor that can prevent adolescents from health risk problems. However, there is less evidence that can describe how parents prevent their children from risks and harms in actual setting. The researchers aimed at analysing the parenting of adolescent practice in rural area setting. Mixed method was chosen. The participants consisted of 193 parents of adolescents aged 10-19 years living in subdistricts of three provinces, northeastern, Thailand. Parenting practice questionnaire and interview guideline based on Establishing Child’s Integrity Model (Virasiri, 2008) were used for collecting data. Quantitative data was analysed by frequency, percentage, mean, and standard deviation. Content analysis was done for qualitative data.

The findings showed that total mean score of parenting practice was in fair level \( \bar{x} = 1.13, SD = 0.78 \). In term of enhancing maturity, the score was in fair level \( \bar{x} = 1.11, SD = 0.89 \). The reinforcing connectedness score was also in fair level \( \bar{x} = 1.14, SD = 0.65 \). While as protecting score was in the lowest level \( \bar{x} = 0.98, SD = 1.25 \). From the interviewed data, the parents had high concerned about health risk of addiction, smoking, alcohol drinking, sexual risk, and driving with violence. They had attempted to protect their teenagers from these risks through teaching and guiding, setting rules, warning, and punishing methods. For reinforcing connectedness, they had intended to give money and things as teenagers needed. For increasing maturity, they did not clearly assign tasks in home for increasing responsibility due to conflicting among them.

In conclusion, the parenting practice for prevention adolescent risk problems was in fair level. Therefore, intervention of strengthening effective parenting for families in rural setting of northeastern of Thailand is needed. Nurses who work in primary health care unit should promote Thai parents to actively perform positive parenting for prevention adolescent health risk behaviors.
Review of Family Nursing Interventions in Research from 2007-2014 for Families with Adult Patients: Analysis of English, German, Thai, and Italian Studies (Studies in English)

Kathryn Hoehn Anderson

Georgia Southern University, Statesboro, GA, USA

Background and Purpose: This review study evaluated family nursing interventions and outcomes from recent intervention studies with adults and their families to guide evidenced based practice. Researchers from the USA, Germany, Austria, Thailand, and Italy collaborated to review the family nursing studies in their respective languages from 2007-2014 to build on previous work of Mattila and colleagues (2009) and Östlund and Persson (2014). This paper focuses on the analysis of family nursing research intervention studies reported in English.

Methods: A literature search was completed using CINAHL, MEDLINE, PsychInfo, and Cochrane review databases. Inclusion criteria included family nursing research study interventions delivered to families where an adult member was the patient. What the nurse did in the intervention with the family also had to be described. Studies with the child as patient were excluded. English abstracts reviewed were 896; full text articles retrieved numbered 149; 21 of those met study criteria and were included. An intervention grid outlined the family nursing interventions and resulting family outcomes. The RE-AIM study criteria were applied to evaluate the characteristics of each study.

Results: From study interventions delivered, seven family nursing intervention categories emerged in the English articles. Family intervention categories included illness and symptom management education; coping, adjustment, and self-reflection coaching; nurse led and family led support groups; family relationship enhancement; family communication and therapeutic conversations; family together activities, and family resource acquisition and caregiving task facilitation.

Conclusions and Implications: Study quality was variable; implications that influence translation of the interventions into evidence-based family nursing practice will be presented. The collaborative analysis from the five country international team papers will share similarities and differences in findings and discuss current issues for family nursing research intervention study quality issues and future considerations for translation of intervention study results into practice.
Review of Family Nursing Interventions in Research from 2004-2014 for Families with Adult Patients: Analysis of Thai Studies

Darunee Jongudomkarn

CRTGWH, Faculty of Nursing, Khon Kaen University, Khon Kaen, Thailand

Background and Purpose: Family nurses play essential roles to the care of families in health and illness. Therefore, this study aimed to examine the evidence of the family nursing intervention in Thailand during 2004 to 2014. This paper focuses on the analysis of family nursing research intervention studies reported in both Thai and English.

Methods: The studies were selected according to the study criteria. Results showed that a total of 196 related documents were input and 39 documents were relevant. Some specified more than one kind of intervention in a study.

Results: A total of eight intervention approaches characterized the intervention with families as illness and symptom management education for the first rank. The second most common type of intervention was family together activities, and family resource acquisition; coping, adjustment, and self-reflection coaching; nurse led and family led support groups; family relationship enhancement; family communication and therapeutic conversations; caregiving task facilitation and family empowerment respectively.

Conclusions and Implications: These findings will contribute to further family nursing knowledge development in Thailand in the future.
Family Nursing interventions in Italy

Julita Sansoni¹, Anna Rita Marucci¹, Walter De Caro¹, Elisabetta Corvo¹, Kathrin Anderson²

¹Nursing Research Unit-Department of Public Health and Infectious Disease Sapienža University, Rome, Italy, ²Nursing Faculty Georgia Southern University, Statseboro Georgia, USA

Background: Health id defined by The World Health Organization as “a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity” (WHO, 1946). The definition has changed during the last 50 years, adapting and renovating itself depending from a number of issues and changes within medicine, health promotion, health policy and so on. Our aim and search question was to find nursing family intervention in Italy, in literature

In the light of the fact that there is a significant decrease of bed within hospital and a correspondent increase of the use of day hospital and day surgery, there is a growing need of health professional who can work at home and within the community. Family's nurse should be a health professional who projects, improves, evaluates interventions such as health promotion, education, prevention; family's nurse should promote health by prevention and care. The development of the role of family's nurses appears crucial in the light of demographic data which display a growing number of older people and frail people together with an increase of rates of chronic degenerative illness, these individuals are cared by relatives at home.

Method: A literature review has been carried out in Pub Med, Chinal, Google Scholar and Google on the subject.

Results are showing 3 paths: published data are very few and fragmented; few articles reported information about family' nurse (role, curriculum and so on), there is strong organizational difference among Italian regions and between Northern Italian region compared to Southern Italian regions. Currently in Italy family's nurse is not yet recognised within the Italian national health system as professional profile.

Conclusion In the light of all above, the need in Italy of this professional role and the lack of it, there is a call for a strong innovation at social and cultural level, this can only be possible through a public health policy which regulates it.
Review of Family Nursing Interventions in Research from 2007-2014 for Families with Adult Patients: Analysis of English, German, Thai, and Italian Studies

Andreas Büscher¹, Martin Nagl-Cupal², Elke Donath³, Johanna Feuchtinger⁴, Hanna Mayer²

¹University of Applied Sciences Osnabrück, Osnabrück, Germany, ²University of Vienna, Institute of Nursing Science, Vienna, Austria, ³University of Applied Sciences, Rheine, Germany, ⁴University Medical Center, Freiburg, Germany

Background and Purpose: This review study evaluated family nursing interventions and outcomes from intervention studies with adults and their families to guide evidenced based practice. Researchers from the USA, Germany, Austria, Thailand, and Italy collaborated to review the family nursing studies in their respective languages from 2007-2014 to build on previous work of Mattila and colleagues (2009) and Östlund and Persson (2014). This paper focuses on the analysis of family nursing research intervention studies reported in German language between 2000 and 2014.

Methods: A literature search was completed using CINAHL, MEDLINE, PsychInfo, and Cochrane review databases. Inclusion criteria included family nursing research study interventions delivered to families where an adult member was the patient. Interventions also had to be described to know what the nurse did. Studies with the child as patient were excluded. For the German literature 105 sources were identified. The studies were conducted in Austria, Germany and Switzerland. An intervention grid outlined the family nursing intervention and resulting family outcomes. The RE-AIM study criteria were applied to evaluate the characteristics of each study.

Results: From study interventions delivered, four family nursing intervention categories emerged. Family intervention categories included illness and symptom management education; coping, adjustment, and self-reflection coaching; nurse led and family led support groups; and caregiving task facilitation. Most of the studies in German language were related to family caregiving, particularly related to care arrangements of people with dementia.

Conclusions and Implications: Study quality was variable; implications that influence translation of the interventions into evidence-based family nursing practice will be presented. The collaborative analysis from the five country international team papers will share similarities and differences in findings and discuss current issues for family nursing research intervention study quality issues and future considerations for translation of study results into practice.
Interventions That Promote The Expressive Functioning, In Families With Adult Members With Depression: A Systematic Literature Review

Maria do Carmo Gouveia¹,², Maria Antónia Botelho²,³, Maria Adriana Henriques²,³

¹University of Madeira - Competence Centre for Health Technologies, Funchal, Portugal, ²University of Lisbon, Lisbon, Portugal, ³Lisbon Nursing School, Lisbon, Portugal

Background and Purpose: Depression is a serious problem that entails great suffering in families affected by the disease. Its symptoms have additional interpersonal effects that disturb expressive family functioning, namely poor communication, increased conflict, decreased family interaction and decreased intimacy. Mental health nurses must help families to deal with these difficulties. However, there are no intervention programs to guide them along this process. The purpose of this study is to identify interventions and practices, with sensitive results in expressive family functioning, in order to design and develop an intervention program to families with adult members with depression.

Methods: A systematic literature review was carried out according to Joanna Briggs Institute guidelines, from April to May 2013, with PICO method, in EBSCO (Cinahl, Medline, Cochrane central register of controlled trials, Cochrane database of systematic reviews, Database of abstracts of reviews of effects, Mediclatina, Psychology and behavioral sciences collection, Academic search complete, Eric). Initial search yielded 665 articles reduced to 204 items after applying limiters (full text, Year 2003-2013, revised by experts, external patients). By reading titles and abstracts 8 of 18 articles selected were included in the study.

Results: Six kinds of programs/interventions, with sensitive results in expressive family functioning, were identified: Psychoeducation, Couples therapy, Family therapy, Keeping Families Strong, Cognitive Behavior Therapy and Family Check-Up. Intervention components applied by nurses, included psychoeducation, problem solving, circular patterns diagram and therapeutic letters. Interventions produced behavioral changes, more constructive interaction patterns in families, facilitated communication, proximity and the narrowing of bonding in families, led to a new understanding of the sick member and his disease, reduced family suffering and burden, improved depressive symptoms and stabilized the disease.

Conclusions and Implications: The impact of identified interventions in expressive family functioning reinforces their relevance to the design of intervention programs and to clinical settings.
Short Therapeutic Conversation Interventions: A Clinical Narrative in Acute Psychiatry

Eydis Kristin Sveinbjarnardottir¹,², Erla Kolbrun Svavarsdottir²,¹

¹Landspitali National University Hospital, Reykjavik, Iceland, ²University of Iceland, Reykjavik, Iceland

Background and Purpose: Clinical guidelines for treatment and management of psychiatric illnesses are increasingly recommending active family involvement to strengthen the patient and the family, because of results from evidence-based research that support the positive effectiveness of constructive family interventions. The purpose of this study is to describe one clinical case narrative where the short therapeutic conversation intervention (STC-Intervention) was used. The conceptual framework of the STC-Intervention was the Calgary Family Assessment and Intervention Models and the Illness Belief Model.

Method: Case study describing and evaluating how the STC-Intervention was applied in clinical practice in psychiatry – to a father and son with psychiatric illness. The father and his son received constructive family support from a clinical nurse working in acute psychiatry. The nurse offered STC-Intervention where the nurse provided information and professional opinion, planned family meetings, encouraged sharing of illness stories and drew out the family’s strength.

Results: A qualitative narrative will be presented of Jon 23 year old who was admitted to an acute psychiatric unit. He is psychotic and delusional with suicidal thoughts. He is dealing with serious drug and alcohol addiction. As time passed by the connection between father and son decreased to nothing. He and his father have not talked to each other for the last five years. Jon moved out of his father’s home and hit the streets of Reykjavik when he was 18 years old. The case study will describe, analyze and interpret in depth how the nurse supported, father and son, by using the STC- Intervention in acute psychiatric services.

Conclusion and Implications: It is of a significant research and clinical importance to describe the STC-Intervention and reflect on it in a comprehensive clinical narrative for further application. The case study vividly describes how family intervention knowledge transfers into clinical practice.
D203

Calm The Amygdala And Other New Family Interventions: The Unexpected Connection To Brain Science For Softening Suffering

Lorraine M Wright

University of Calgary, Calgary, AB, Canada

Purpose/Background:

Therapeutic conversations between nurses and families can profoundly and positively change brain functioning in both family members and nurses. Specific concepts from brain science significantly add to our understanding of why family systems nursing interventions can soften suffering. Understanding the role of the amygdala as the panic button of the brain and how its activation summons constraining illness beliefs is an unexpected connection to suffering.

Theoretical Focus:

The author’s evolution of uncovering healing practice skills that have arisen from practice based evidence and evidence based practice are the backdrop for understanding the connection to brain science. The concept of neuroplasticity and the brain’s ability to change will be highlighted. A brief review of how the brain functions and the important role of the amygdala to soften suffering will also be offered. Suffering can trigger the amygdala into a stress response with negative and discouraging beliefs about illness.

Results:

Calming the amygdala is a new, effective, and exciting family intervention. The brain’s tendency toward a negativity bias, as evidenced by research, compels nurses to learn specific ideas of how to calm the amygdala. The most effective interventions in clinical practice to counteract the negativity bias and thereby calm the amygdala is through curious compassion and “resting on the good”. Clinical examples will be presented to highlight how to effectively utilize these interventions.

Conclusion:

Chronic stress that arises when the amygdala is aroused is very detrimental to long-term physical and mental health. Calming the amygdala through curious compassion is the single most important relational practice for nurses working with families suffering with illness. If nurses calm the amygdala, suffering is softened, and constraining illness beliefs are transformed to invite resilience and courage in patients and their families experiencing illness.
Measuring Family Processes of Reintegration in Chronic Illness: The Family Caring and Relating Scale: Chronic Illness (FCARES: CI)

Sonja J. Meiers¹, Sandra K. Eggenberger², Norma K. Krumwiede²

¹Winona State University, Rochester, MN, USA, ²Minnesota State University, Mankato, Mankato, MN, USA

Purpose and Background: The family experience of chronic illness is one of family reintegration where families choose levels of engagement with the chronic illness within a context of uncertainty presented by the specific illness. The purpose of this study was to test the Family Caring and Relating Scale: Chronic Illness (FCARES: CI), a measure of the family processes of reintegration within chronic illness, to establish initial validity, reliability, and operational definitions of elements of the reintegration process. The FCARES: CI is a nine-item 10 cm visual analogue-scaled measure of family burden, caregiving strategies, change, financial concerns, growth, pondering, relationships, struggling, and vulnerability that was developed from findings of previous qualitative studies.

Model/Framework: A model of Reintegration within Families in the Context of Chronic Illness was used to guide this study.

Methods: This study followed a quantitative design using classic test theory methods. Participants were those who were family members, aged 13 or over, in a family managing chronic illness who could read and write English in the Midwest region of the United States. Participants completed a demographic form, the Mishel Uncertainty in Illness Scale-Family Member (PPUS-FM), and the FCARES: CI. Descriptive and correlation statistics were used to test performance of measures. Correlation between the FCARES: CI and the PPUS-FM were calculated to determine concurrent validity and a Cronbach alpha was used to measure reliability of the FCARES: CI.

Results: Norms were determined for each item on the FCARES: CI based upon this sample. Operational definitions were established for elements of the reintegration process.

Conclusions: Preliminary results indicate that the FCARES: CI exhibits concurrent validity and reliability within this sample of persons managing chronic illness. It is possible that the FCARES: CI could be used to measure the effectiveness of interventions that support the process of family reintegration with chronic illness.
Addressing sensitive topics in research: experience with families living with HIV/AIDS

Renata de Moura Bubadué, Ivone Evangelista Cabral

Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

Throughout history, HIV/AIDS has been a controversial issue to address because its roots are focused on a sexually transmitted disease that was associated to homosexuality and promiscuity. Due to this stigmatized socially constructed reality, developing research with HIV positive children has been a challenge. Talking to families about their experiences around their daily lives with HIV/AIDS is difficult because it involves to revisit family history that is painful and, sometimes, shameful to them. Thinking about this, we aim to report our experiences using art-based research as a strategy to address to sensitive topics with families of children with HIV/AIDS. During a research that involves the unveiling of the process of HIV diagnosis disclosure to children, we interviewed family members that went through it to ask them how they were prepared for it and how they experienced the process. Art based research is defined as a systematic process to primary comprehension of phenomena experienced by the participants, because art presents itself as a metaphorical tool that the participant is engaged in an epistemic and cognitive process, because representing their experiences through art enables experiential insight. Based on creative and communicative intelligence, this type of research can generate precise and subjective information to the meaning participants give to their experiences. This happens because the families who participate in the study would distance themselves from difficult situations and talk about the art they created. In this particular research, families constructed a map telling us how the process of diagnosis disclosure happened in the family. Through it, they would talk about the people and the places they have been to in order to prepare themselves for it. It enabled us to access information we couldn't collect through interviews and was fundamental to understand the family experiences when talking about a sensitive topic.
Ethical Challenges When Interviewing Close Relatives Together – An Integrative Review

Barbara Voltelen\(^1,2\), Hanne Konradsen\(^3\), Birte Østergaard\(^1\)

\(^1\)University of Southern Denmark, Odense, Denmark, \(^2\)University College Lillebaelt, Vejle, Denmark, \(^3\)Gentofte University Hospital, Hellerup, Denmark

Background and purpose

Interviewing two interrelated persons (or more) simultaneously might pose different ethical considerations than interviewing just one person. Such ethical considerations, however, remain largely undescribed in literature, challenging the researcher who wishes to conduct them. The purpose of this study is to describe the special ethical perspectives concerning joint interviews with interrelated persons.

Method

An integrative review was performed. A search was conducted in Pub Med, Cinahl, Philosophers Index and Academic Search from 1980 -2014. Data corpus from the 17 articles was analysed using thematic analysis with an inductive approach searching for themes about ethical considerations doing joint interviews. The SPIDER search tool was applied using keywords relatives, ethic, dyadic interview, challenges and qualitative methods created on the basis of relevant pseudonyms, Mesh and search terms.

Results

In total 17 articles were located, 9 containing relevant information about dyadic interviewing, only dealing subtly with questions of ethics. Another 8 articles addressed both dyadic interviewing and ethical considerations. Findings were divided into three different themes: The researcher/interviewer, Planning of joint interviews and Participant well-being.

Conclusions and implications

The nature of joint interviews poses many ethical challenges as more people are involved. They provide insight into shared accounts and communication patterns between interviewees, highlighting an ethical demand on the researcher to pay attention to all parties. The planning process can be challenging due to logistics and informants are instructed only to reveal things they would like to share. The well-being of all interviewees should be preserved at all times, avoiding harm from topics that cause disagreement and topics difficult to address. The researcher should avoid taking any side and reframe any questions that seem to cause distress.
Leveraging Social Media in #familynursing* Practice

Wilma Schroeder¹, Wendy Looman², Kris Isaacson³, Janice M. Bell⁴

¹Red River College, Winnipeg, Manitoba, Canada, ²University of Minnesota, Minneapolis, Minnesota, USA, ³St. Cloud Technical and Community College, St. Cloud, Minnesota, USA, ⁴University of Calgary, Calgary, Alberta, Canada

With an increase in the number of “digital natives” who are health care consumers, social media is becoming a preferred method of communication by patients and family members and an innovative way of delivering nursing interventions. This podium session is offered by members of the #IFNA* Communications Committee who will address the use of social media in family nursing practice. Social media channels such as Twitter are being used by nurses to share expertise, disseminate best practices through journals, videos and blogs, and provide support to each other. Patients and family members are also connecting through online groups and exchanging information which allows practicing nurses greater access to the experiences and concerns of various populations of families. An example is PatientsLikeMe, (http://www.patientslikeme.com), a research network with over 300,000 members who share a mission of “making healthcare better for everyone by sharing, support, and research”.

*Recommended hashtag to identify a specific topic across social media channels: #familynursing, #IFNA, #IFNC12

References:


Leveraging Social Media to Create a “Tipping Point” in #familynursing*

Janice M. Bell¹, Wendy Looman², Wilma Schroeder³, Kris Isaacson⁴

¹University of Calgary, Calgary, Alberta, Canada, ²University of Minnesota, Minneapolis, Minnesota, USA, ³Red River College, Winnipeg, Manitoba, Canada, ⁴St. Cloud Technical and Community College, St. Cloud, Minnesota, USA

Social media channels such as Twitter, LinkedIn, Pinterest, and Facebook, to name a few, are reshaping health care. Family nursing scholars and members of #IFNA* are slowly beginning to leverage social media to create a "tipping point" in #familynursing* that will insure all families are welcomed, acknowledged, and included by all health care professionals. This podium session is offered by members of the #IFNA* Communications Committee who will describe the uses, benefits, and limitations of using social media in #familynursing* education, research, and practice. Best practices for getting started with a variety of social media channels will also be discussed. Social media channels provide added value in fast horizontal communication and networking—spreading ideas from person to person that could help transform family health around the world. The use of social media has been incorporated into #IFNA* and #IFNC12*.

*Recommended hashtag to identify a specific topic across social media channels: #familynursing, #IFNA, #IFNC12

References:


Application: Leveraging Social Media to Promote your Work and Ideas in #familynursing*

Kris Isaccson¹, Wilma Schroeder², Janice M. Bell³, Wendy Looman⁴

¹St. Cloud Technical and Community College, St. Cloud, Minnesota, USA, ²Red River College, Winnipeg, Manitoba, Canada, ³University of Calgary, Calgary, Alberta, Canada, ⁴University of Minnesota, Minneapolis, Minnesota, USA

The number of people who use social media globally has surpassed 2 billion — that means approximately 3 out of every 10 people actively use sites like Facebook, Twitter, and LinkedIn every day. Despite this phenomenon, a gap persists in the healthcare industry between those who conduct academic research and those who are family nursing practitioners. However, #IFNA* members are well positioned to become key opinion leaders in the family-focused health care movement. We look to the Communities of Practice (CoP) and Bridging Social Capital frameworks to identify and inform our strategies. Social media has expanded upon the original concept of CoP, which generally consists of a group of people who share a common interest and work together and engage in collective learning. Bridging social capital specifically looks to the benefits experienced in relationships with people we do not know particularly well, but share a weak connection, or tie. Social media is all about the “weak tie” connections. This podium session provides basic and advanced strategies, as well as practical examples for using social media to promote your work and become a #familynursing leader who leverages social media to transform family health and healing.

*Recommended hashtag to identify a specific topic across social media channels: #familynursing, #IFNA, #IFNC12

References:


Leveraging Social Media in #familynursing* Education and Research

Wendy Looman¹, Wilma Schroeder², Kris Isaacson³, Janice M. Bell⁴

¹University of Minnesota, Minneapolis, Minnesota, USA, ²Red River College, Winnipeg, Manitoba, Canada, ³St. Cloud Technical and Community College, St. Cloud, Minnesota, USA, ⁴University of Calgary, Calgary, Alberta, Canada

This podium session is offered by members of the #IFNA* Communications Committee for the purpose of outlining the possibilities that social media offers educators and researchers. With an increase in the number of “digital natives” who are nursing students, examples of social media to enhance teaching/learning will be offered. A compelling argument will also be made to leverage social media channels to assist in the diffusion of innovation in family nursing. Twitter for example, can be used to disseminate research findings, recruit research participants, and link news of published findings to a LinkedIn profile thereby widening access to information and improving health outcomes for families.

*Recommended hashtag to identify a specific topic across social media channels: #familynursing, #IFNA, #IFNC12

References:


Nurses’ Perspectives Of The Implementation Process Of The Evidence-Based Nurse Home Visitation Program Nurse Family Partnership

Melanie Lutenbacher

Vanderbilt University, Nashville, Tennessee, USA

Background: Translating evidence-based nurse home visitation (EBNHV) programs that target pregnant women and their families, such as the Nurse Family Partnership (NFP), into practice is occurring worldwide. However, implementation challenges faced by home visitors are not well understood. This study identified challenges faced by nurses implementing the NFP program in six sites across one state in the United States.

Methods: This secondary analysis was part of a larger assessment of the systematic statewide implementation of NFP in South Carolina. Semi-structured interviews of 15 nurses were conducted. A standard set of questions guided the interviews which were taped and transcribed verbatim. Questions addressed nurses’ perceptions of program implementation, collaborative processes, family needs and model fidelity. Two independent reviewers reviewed transcripts for themes with categories emerging. Reviewers met periodically to resolve ambiguities and coding discrepancies. The conceptual model of the larger study guided analysis.

Results: Fourteen of the 15 participants were women; 50% had a graduate degree, mean age was 50.6 (range=29–65 years) and all had lived in their community for at least 7 years. Two broad themes emerged: Preparation for implementation with subthemes of training, motivation, model fidelity, tools for the field, and role evolution; and, Challenges in the field with subthemes of family needs, referrals, recruitment and nurse-patient relationship. Many participants identified an altruistic motivation for involvement in the EBNHV program, difficulties understanding the scope of model fidelity and the importance of a supportive resource system.

Conclusions: Findings add to our understanding of the challenges of translating EBNHV programs in to practice. Lessons learned are applicable to nurses across the globe as they implement evidence-based programs. Understanding the experiences of nurses, particularly challenges that occur during the implementation process, is key to more rapid uptake of evidence-based programs such as NFP and ensuring model fidelity with implementation.
Description Of Native Hawaiian And Pacific Islander Families’ Home Food Environments

Jane Lassetter¹, Petr Ruda¹, Peggy Anderson¹, Rickelle Richards²

¹Brigham Young University, College of Nursing, Provo, UT, USA, ²Brigham Young University, Department of Nutrition, Dietetics, and Food Science, Provo, UT, USA

Background and Purpose: When parents stock the kitchen with food, they create a home food environment, where family members make food choices. As families eat, together and separately, they establish eating patterns and attitudes toward food that can last a lifetime. Native Hawaiians and Pacific Islanders (NPHIs) are an ethnic group with high prevalence of overweight and obesity. A description of their home food environment could help healthcare providers understand NHPI families’ nutritional strengths and challenges. Our purpose was to describe NPHIs’ home food environments.

Methods: Eight NHPI families participated in this quantitative descriptive study over an eight-week period in 2013. We collected their grocery store and restaurant receipts and asked them dietary recall questions. Using Excel 2010 and descriptive statistics we analyzed the families’ food expenditures based on percentage spent on each MyPlate food group and other food categories. We also analyzed the frequency of the families’ visits and expenditures at fast-food and sit-down restaurants. Finally, to more comprehensively describe their home food environments, we compared families’ restaurant and grocery receipts with family members’ recalled food intake.

Results: All but one family purchased some food from each MyPlate group. Food groups with the highest percent expenditures included combination foods (20%), protein foods (19%), and empty calorie food and drinks (11%). The lowest percent expenditures included dairy (6%), vegetables (7%), grain (7%), and fruit (8%). Families averaged two restaurants visits per week. Some family members reported eating out, but their families provided no matching receipts.

Conclusions and Implications: NHPI families spent 47% of their food expenditures on MyPlate food groups and 31% on empty-calorie foods/drinks and combination foods that are often calorie dense. Encouraging families to spend more on MyPlate food groups and less on combination and empty-calorie foods is a beginning step toward improving NHPI families’ home food environments.
Researchers and clinicians now know that men who are involved during the prenatal period are better able to be involved as fathers during their children's early years. However, despite the importance of their engagement, men feel that nurses providing care to their families do not acknowledge their needs. **Research questions.** What are fathers’ specific needs? How can family nurses provide them with appropriate support during the transition to fatherhood? **Methodology.** In this qualitative study, twenty-six Quebecois fathers participated over the course of five group discussions (4 to 6 fathers per group). **Results.** Analysis of the discussions led to the identification of four themes encompassing fathers’ needs during the prenatal period, namely, the need to take their proper place, which includes the sub-theme of feeling useful; the need to be acknowledged; the need to be supported; and the need to be informed. **Discussion.** We will share some avenues to be explored for promoting fathers’ involvement during family interventions. We will also cover implications for family nursing education, practice, and research. If accepted, this presentation could introduce the two conferences in regards to the Father Friendly Initiative within the Family (FFIF), setting the stage to explain why the FFIF was developed and what are the evaluation results.
Reconstructing the way of the searching for care: Therapeutic itinerary of child’s families that experience sickle cell disease in Brazil

Maria Angélica Marcheti, Francine Miranda, Maria Lúcia Ivo
Federal University of Mato Grosso do Sul, Campo Grande, Brazil

Background: The sickle cell disease is a tractable disease, but it is still incurable. Therefore, it demands long-term and continuous care, switching between worsening and stability periods. Thus, it is a chronic disease with potential to affect the family functioning and interactions, demanding a restructuration for better coping with the child’s family in this condition. The strategies used by the family for dealing with the child’s disease do not follow up always a sequenced planning of actions. Thus, the choice of the strategies are based upon subjective constructions, individual and collectively influenced by many factors and contexts. The therapeutic itinerary permits the reconstruction of the ways and choices that the child’s family with sickle cell disease made searching for care and treatment. This allows to comprehend the real situation that they live and the ways that they run through searching for health care.

Purpose: to describe the ways that the child’s families with sickle cell disease run through searching for therapeutic care.

Methodology: this descriptive and qualitative research has as theoretical reference the ethnography.

Results: from the diagnosis made by the Newborn Screening Program of Brazil, the family, besides to have the support of the official programs for sickle cell disease treatment, weaves help webs to grant more sustainability and better conditions for coping with this experience, besides to have at its disposal a belief system and family, professional and popular supports.

Conclusions: The therapeutic itinerary enables the identification of multiple care alternatives activated by family. To comprehend the belief and ways traced by the family searching care enables more effective interventions for that families and the proposition of more congruent public policies that leads to child mortality reduction and to the family functioning maintenance.
Experiences Of Young Persons Affected By Chronic Childhood Disease And Their Families During Transition Into Adulthood - A Systematic Review

Veronika Waldboth1,2, Christine Patch3, Romy Mahrer-Imhof1, Alison Metcalfe2

1Zurich University of Applied Sciences, Winterthur, Switzerland, 2King’s College London, London, UK, 3Guy’s Hospital, London, UK

Purpose and Background: The transition into adulthood is a developmental stage within the life cycle. A chronic childhood condition can disrupt this transition and create major challenges for both the young person and her family. Little is known about these families’ experiences. Therefore, the purpose of this systematic review was to understand experiences of families affected by chronic childhood disease during transition into adulthood. The Family Systems Genetic Illness model provided the conceptual foundation.

Methods: A systematic review of qualitative, quantitative and mixed studies was used to identify relevant information. Databases searched were PubMed, Cochrane Library, PsychINFO, CINAHL, and AMED, using these search terms 1) family, caregivers, young adult, adolescent; 2) adolescent development, transitional programs, transition to adult care; 3) muscular dystrophy, spinal muscular atrophy, cystic fibrosis, haemophilia and sickle cell disease. Study findings were analysed using critical interpretive synthesis.

Results: A total of 8116 citations were retrieved. 33 studies remained following the removal of duplicates, papers unrelated to genetic childhood conditions and families’ experiences of the transition. Findings provided three perspectives: 1) the young person perspective on how to “live a normal life in an extraordinary way” and “manage a chronic and life threatening disease”; 2) the parent perspective on the “complexity of being a parent of a chronically ill adolescent” and “concerns about the child’s future” and 3) the sibling perspective on “concerns about the sibling’s future”.

Conclusions and Implications: Young people with chronic childhood disease are at risk for developmental difficulties and need support from their families, friends and health professionals to successfully transition into adulthood and prevent psychosocial disturbances. Family members are highly concerned about the health and future of their chronically ill relatives and are at risk for increased stress themselves. A family systems approach to practice could improve the health situation of these individuals.
Family Efficacy and Adolescents’ Assessment of Health Risks

Tsui-Sui Kao

University of Michigan, Ann Arbor, USA

Purpose and Background: While self-efficacy and family function are recognized as important constructs for understanding adolescent health behaviors, the domain-specific nature of these constructs limits their operationalization. The emergent construct of collective family efficacy, meanwhile, focuses on interactive family dynamics, and therefore reflects more than the sum of its individual attributes. This cross-sectional research study examined the relationship between collective family efficacy and adolescent assessment of health risks, including violence, injuries, substance use, sexual behavior, diet, and physical activity.

Method: 158 parent–adolescent dyads from the Midwest region of the United States completed online surveys on collective family efficacy, family functioning, filial efficacy, and parental efficacy. Adolescents also completed the RAAPS questionnaire and the CES-D Scale to assess health risks and depressive symptoms. Multiple linear regressions and a Path model were completed to understand factors associated with adolescent health risk assessments.

Results: Adolescent health risks were highly associated with adolescent depressive symptoms (β = .28, p < .05), but inversely associated with their perceived collective family efficacy (β = -.27, p < .05) and satisfaction with family functioning (β = -.15, p < .05) as well as parents’ perceptions of collective family efficacy (β = -.14, p < .05). Adolescent depressive symptoms were significantly and inversely associated with adolescent satisfaction with family functioning (β = -.38, p < .05). Overall, lower health risks among adolescents were closely associated with their satisfaction with family functioning (total effect = -.260); their perceived collective family efficacy (total effect = -.283); their lower depressive symptoms (total effect = .276); and their parents’ perceived collective family efficacy (total effect = -.137).

Conclusions: Adolescent perceptions of family efficacy and family functioning have a significant impact on their health behaviors and levels of depression. Family interventions should focus on enhancing family efficacy and satisfaction with family function.
The Effect Of Stress Management Training To Adolescent Prisoners’ Coping With Stress In Turkey

Özlem ÖZTÜRK¹, Ayse Ferda OCAKÇI²

¹Karabuk University School of Health, Karabük, Turkey, ²Koç University School of Nursing, Istanbul, Turkey

Background and Purpose: This study was conducted to detect the health behaviours of the adolescents in prison and to determine the effect of the training given by using health promotion model based on observed health behaviours, on the behavioural change.

Methods: The study was descriptive and semi-experimental with a pre test-post test control group. The universe of the study was composed of all adolescents in Istanbul Maltepe Closed Penal Institution for Children and Youth (N=276). At the first step of the study, 268 adolescents were given Adolescent Lifestyle Questionnaire. When mean subgroup scores of Adolescent Lifestyle Questionnaire were examined, it was observed that mean item score of Stress Management subdimension (1.53±0.30) was found to be lower compared to other subdimensions. As the second step of the study, 73 adolescents (experimental= 36, control=37) were performed Stress Coping Styles Scale. Experimental group was given Stress Management Promotion Program in order to provide the effective stress-coping methods.

Results: A pre test, a post test after program and a repeat test one month after the program were performed for all groups. A statistically significant difference was found between mean group scores of Stress Coping Styles at the second and third measurement after the program (p=0.000).

Conclusions and Implications: It was determined that Stress Management Promotion program based on Health promotion model of Pender and Bloom’s Taxonomy was effective in providing positive behavioural changes in stress management.
A Participation Model For Identifying The Preferences Of Young People In Relation To Emotional Health Support

Sarah Kendal¹,², Linda Milnes¹, Hannah Welsby¹,², Steven Pryjmachuk¹

¹University of Manchester, Manchester, UK, ²University of Huddersfield, Huddersfield, UK

Background and Purpose

Young people’s mental health is a global concern. Prevention strategies such as promoting emotional health are important responses to this concern and should consider young people’s social and cultural contexts. Public participation in research is gaining momentum, and young people have the right to involvement in decisions affecting them. Therefore research aimed at promoting young people’s emotional health requires meaningful communications with young people about their perspectives. Our study’s purpose was to develop a method for involving young people in research about their emotional health needs.

Methods

Our research team included a local young person with expertise in emotional health. We developed a qualitative design to consult with urban young people from northwest England, regarding their preferences for emotional health support. During spring 2014 we recruited 12 participants (16-18 years) via personal contacts and advertisements in local colleges. We conducted the research within an accessible, city centre, university campus. We facilitated focus groups using a topic guide and vignettes, followed immediately by a nominal group technique in which the participants analysed the data.

Results

Recruitment was challenging and may have been affected by the wide ranging commitments of our target age group. All participants chose to be involved in the data analysis. Two priorities were identified: (i) support that helped them address their own problems; (ii) better recognition of emotional health difficulties in settings frequented by young people. Recommendations for action were around themes of choice and raising awareness.

Conclusions and Implications

Young people’s involvement throughout the research process can enhance the validity of research evidence. Our findings can help develop emotional health promotion strategies that are locally sensitive, age appropriate, and relevant to perceived need.
The Occurrence of Stress Urinary Incontinence after Labour

Grazyna Stadnicka¹, Celina Lepecka-Klusek², Anna B. Pilewska-Kozak³

¹Independent Practical Obstetric Skills Unit, Faculty of Nursing and Health Sciences, Medical University of Lublin, Lublin, Poland, ²Chair and Department of Gynaecology and Gynaecological Endocrinology, Medical University of Lublin, Lublin, Poland, ³Chair and Department of Gynaecology and Gynaecological Endocrinology, Medical University of Lublin, Lublin, Poland

Purpose: It was the aim of this work to determine the scale of the problem of stress urinary incontinence in Polish women after labour as well as the scope of essential influence of the nurse/family midwife in this sphere.

Material and methods: From amongst the group of 350 women, all between 3-6 months after having given birth, 95 (17.92%) were chosen suffering from the symptoms of stress urinary incontinence. The Gaudenz questionnaire and authorial survey constituted the research tools. This work presents the analysis of the research results gathered from women who have been diagnosed with the symptoms of stress urinary incontinence.

Results: The average age of the research participants was estimated at 30.6 ±4.8 years. Close to half of them (44; 46.32%) has been through two labours, 18 (18.94%) have been through three or more, whereas 33 (34.47%) have undergone one labour. Natural childbirth has taken place in the case of 73 (76.84%) women. Clinical symptoms suggesting 1st degree of urinary incontinence occurred in two-thirds of the participants (63; 66.32%), the rest suffered from (32; 33.68%) the 2nd degree symptoms. Only one in five (18; 18.94%) from amongst the respondents has talked about her problem with a midwife/family nurse. One-fifth of the participants knew about the kinesiotherapy of the pelvic floor muscles (21; 22.10%). 17 (17.89%) of the women have received the information about exercising the Kegel muscles after labour from the medical personnel, while 9 (9.47%) have exercised them systematically. Only 8 (8. 42%) of the participants have undergone an urodynamic evaluation and the therapy.

Conclusions: One in five women suffers from the symptoms of stress urinary incontinence after labour, but few of these women report this problem to the nurse/family midwife. The definite majority of women is not knowledgeable about the kinesiotherapy of the pelvic floor muscles.
Motivational Enhancement for Patient and Family Engagement

Shannon Cohen

1Department of Veterans Affairs Medical Center, Salem, Virginia, USA, 2Radford University, Radford, Virginia, USA

Background and Purpose: Motivation enhancement and decision support are effective in promoting adherence to healthy lifestyle recommendations, strengthening self-management skills, and utilizing cognitive dissonance to lead to behavior change.

Model/Framework: The Andersen behavioral model provided a conceptual framework for addressing patient needs related to adherence, collaborative goal setting and decision support, and cardiovascular disease risk reduction.

Methods: This retrospective, longitudinal study reviewed Veteran health outcomes (N=1,865) following use of motivational interviewing and a collaborative goal setting tool at the Department of Veterans Affairs Medical Center in Salem, Virginia. The association among patient adherence, goal setting, and decision support on body mass index (BMI), glycated hemoglobin (HbA1c), and low-density lipoprotein (LDL) was examined using generalized estimating equations with exponential regression.

Results: Collaborative goal setting, educational class attendance, cholesterol medication adherence, age, and type of health care provider were significant predictors of HbA1c and LDL. 22.9% of Veterans had an existing diagnosis of cardiovascular disease, 26.2% had diabetes, and 6.6% had both cardiovascular disease and diabetes. Nearly 40% of the sample was considered obese with a BMI ≥30; BMI levels remained steady throughout the study. 28% of the sample had an LDL higher than recommended but risk declined from 42.9% to 24.2% during the course of the study.

Conclusions and Implications: Findings included significant sustained reduction in LDL and improvement in diabetic control over the 5 year study period. Motivational enhancement and decision support are valuable tools in patient and family engagement. Veterans are at high risk for cardiovascular disease and this study showed that simple interventions can make an impact on lifestyle behaviors and adherence. This talk will outline practical strategies to encourage healthy lifestyle behaviors and family involvement, and use of patient beliefs to produce momentum toward change.
Family Factors Influencing Exercise And Eating Behaviours Among Obese Elderly: What Nurses Can Do To Help

riam namarak

Burapha University, chonburi, Thailand

Purpose and Background: Lack of exercise and unhealthy eating behaviours are the significant causes of obesity among the elderly. The purpose of this study was to examine what family factors influence exercise and eating behaviour among elderly experiencing obesity. In order to prevent obesity among the elderly, nurses need to understand what family factors have an influence.

Methods: Predictive correlation research was conducted with a sample size of 150 elderly and their families in Muang district, Nakhonprathom province, Thailand. Research instruments were used to collect data that included family functioning, family relationship, family support, family health beliefs and family health behaviours. Statistics used to analyse data included frequency, percentages, means, standard deviations, Pearson product moment correlation, and multiple regressions.

Results: Exercise and eating behaviour among obese elderly were at a moderate level. Family health behaviours and family support significantly predicted exercise behaviour among obese elderly family members and explained 31.7% of variance. Family relationships, family health beliefs and family health behaviours significantly predicted healthy eating behaviour among obese elderly and explained 31.9% of variance.

Conclusions: The findings suggested that nurses promote exercise among elderly family members who are obese by emphasizing family healthy behaviours and family support. Promoting healthy eating behaviour among elderly with obesity, nurses should emphasize strong family relationships, facilitating family health beliefs, and healthy family behaviours.
The cultural family cares for infants, NakhonPhanom, Thailand

Runglawon Eamkusolkit, Somsamorn Reungworaboon, Jintana Watcharasin, Pranee Liamputtong

1Nakhon Phanom University, Nakhon Phanom province, Thailand, 2Nakhon Phanom University, Nakhon Phanom province, Thailand, 3Burapha University, Chonburi province, Thailand, 4La Trobe University, Victoria, Australia

Purpose and Background: There is a diversity of local wisdom care that a family uses in the care for infants in Thailand. The purpose of this study was to describe the cultural family care for infant, NakhonPhanom province, Thailand.

Methods: Phenomenological study was conducted and the data were collected by using in-depth interview and non-participant observation. The participants composed of 10 mothers, 10 grandmothers, and 5 local intellectuals who lived in Phuthai’s tribe, Thaiyo’s tribe, Karaung’s tribe and Thai-Vietnam’s tribe at NakhonPhanom province. Thematic analysis and descriptive statistic was performed to analysed data.

Results: The cultural family care for infant founded holistic and coexist care since infant born. Everyone in family were engaged in cultural family care for infant. Holistic family care was cover physical (local food and local treatment), emotional and social (local toy, inter-personal play and local language), and spiritual (increasing body image, protecting ghost, promoting intelligence and enhancing health) dimension that based on believe of ancestors. The spiritual dimension was significant and integrative in family life style in every tribes. Coexist family care was farraginous caring between modern and local wisdom care.

Conclusions: Nursing profession should consider important caring in cultural family care and developing system at postpartum unit and nursery unit in hospital for supporting cultural family care since infant born. In addition, health care provider in community should provide cultural family care in order to develop infant’s holistic health.
**Brazilian Grandmothers’ Experience In Childhood Cancer**

Ana Márcia Mendes-Castillo, Regina Szylit Bousso

*University of São Paulo, São Paulo, Brazil*

Background and purpose: Despite the large volume of research that addresses the impact of pediatric cancer in the family, the experience of childhood cancer for grandparents had not yet been investigated in Brazil. This research aimed to understand, from the perspective of Brazilian grandmothers, the experience of having a grandchild with cancer.

Methods: This is a qualitative study, guided by the Hermeneutics Phenomenological approach. Eight grandmothers of children who had completed cancer treatment participated on the study. The data were collected through individual interviews and analyzed according to the Hermeneutics assumptions.

Results: Grandmothers live an experience of multiple suffering, since they suffer for their adult child, grandchild, other grandchildren (healthy siblings), and for themselves. But their suffering is muted, both by the lack of support as by their desire to tolerate the intolerable so they can be close to the family and help their children. They believe it is their role to be there, helping to maintain balance and family routines, but on the backstage, without interfering on the decisions of their adult children. They feel a great need for information about the health status of their grandchildren, and they would like to receive them from the health professionals themselves, to feel more secure and included in the experience.

Conclusions and Implications: The childhood cancer leaves indelible marks on the grandmothers and they claim for support, but the data show that they have usually been neglected by the healthcare team in our culture. We strongly recommend the inclusion of grandparents in the context of care, and the development of strategies for assessment and intervention to minimize and give voice to their suffering, such as the creation of support groups exclusively for them, as well as the development of material that meets their specific demands of information.
A young grandmother’s perception on parenting role in Thai family

panchaporn yakasem

Burapha University, Chonburi, Thailand

Globally, teenage mother has become increasingly, while their ages are decreasing. According to incidence rate of the Ministry of Social Development and Human Security had showed that the youngest Thai mother, who was gave birth in 2013, was only ninth years old. So, the average age of their mother, who is becoming a grandmother, are decreasing too. Early adulthood, younger than thirty-five years, who is becoming a grandmother, will face with economic burden because of the cost of raising process. Thai Culture, family structures are extended family and the mother dose not only a housewife, giving birth, and raising their child a period of time, but they must raise their child as long as they needs. Thus, almost of Thai children will come back and living together with their own family when they need help or support. As a result, the young grandmothers will face with heavy burden like as a family facilitator, earn money, parenting both child and niece or nephew, and provide anything for them. This is a preliminary study using a descriptive qualitative study to explore young grandmother’s perception on their parenting role in Thai family. Semi-structured interviews were conducted with twelve grandmothers, who serve in rearing in the family. Content analysis revealed three themes from the interview data which have been named the meaning of former stigma, just a big rock, and overcome with sense of love. These findings have showed that Thai grandmother’s understanding, supporting, and recuperating themselves and their beloved, daughter and niece or nephew, from mistake and trauma from being criticizes. The findings suggest the nurses or health care provider should be understanding and apply this preliminary study result to establish an appropriate nursing research or nursing intervention to support the young grandmothers.
Psychosocial Factors, Pregnancy Risk, and Parenting Stress on Health Status of First-Time Mothers at 6-8 Weeks after Birth

Debra Copeland

Loyola University New Orleans, New Orleans, LA., USA

Background and Purpose: The stress of adapting to infant needs and mothering role expectations in early parenthood can be quite exhaustive for the new mother. The need for increased physical and emotional energy can be draining because of the effects of the birth process. Motherhood is a source of stress and may affect the health of women as mothers. In this study, “health status” is defined as a change in physical health that may be caused by the demands of parenting. The purpose of this descriptive correlational study was to determine the relationships among self-esteem, pregnancy risk, life stress, social support, sense of mastery, and parenting stress on the health status of first-time mothers at 6-8 weeks after birth.

Methods: A model of Health Status for first-time mothers guided the study hypotheses: self-esteem, sense of mastery, parenting stress, life stress, and pregnancy risk on health status. Packets of instruments were mailed to participants at 6 weeks after birth. This cross-sectional sample included 80 first-time mothers.

Results: Descriptive statistics were used to describe sample and instrument characteristics. Path analysis was used to examine relationships between variables in the proposed model. Scale reliabilities were .66 to .92 and the Health subscale reliability coefficient was .67. Self-esteem (Beta=-.272, p<.05) and pregnancy risk factors (Beta=.252, p<.05) affected health status. Parenting stress (Beta=.233, p<.05) directly affected health status. Other paths included: 1) Self-esteem (Beta = .705, <.01) affected sense of mastery, and 2) Social Support (Beta=-.284, p<.05) affected parenting stress. Selected model variables accounted for 43% of the variance in health status.

Conclusions and Implications: Pregnancy risk status and psychosocial factors can directly affect the health status of new mothers at 6-8 weeks after birth.
Family Caregivers Of Hospitalized Elderly With Chronic Diseases: Are Nurses Aware Of Them?

Ellen I. Hagedoorn¹,⁵, Wolter Paans⁶,¹, Joost C. Keers⁴,⁵, Tiny Jaarsma³, Cees van der Schans²,³, Marie Louise Luttik⁶

¹Hanze University of Applied Sciences, School of Nursing, Groningen, The Netherlands, ²University Medical Center Groningen, Dept Rehabilitation Medicine, Groningen, The Netherlands, ³Linköping University, Department of Social and Welfare Studies (ISV), LINKÖPING, Sweden, ⁴Martini Hospital, Research Institute, Groningen, The Netherlands, ⁵Hanze University of Applied Sciences, Research and Innovation Group Health Care and Nursing, Groningen, The Netherlands, ⁶Hanze University of Applied Sciences, Research and Innovation Group Nursing Diagnostics, Groningen, The Netherlands

Purpose and Background: The purposes of this study were to gain insight into whether nurses involve family caregivers of elderly with chronic diseases during hospitalization, and which topics were discussed during admission- and discharge interviews. Support of family caregivers is essential in optimizing self-care in elderly with chronic diseases. To maintain continuity of care after the hospital discharge, family caregivers should be involved as caregiving partners during hospitalization. However, family caregivers don’t feel adequately prepared and competent to deal with the caregiving demands at home.

Methods: Qualitative descriptive research was done using analysis of passive observations and audio recordings of structured admission- and discharge interviews between nurses, elderly patients (>65 years) with chronic diseases and their family caregivers. The study was conducted in thirteen nursing wards in four general hospitals in The Netherlands. Qualitative content analysis was done using the inductive approach.

Results: A total of 62 patients (mean age 76 years, 52% male) were included in the study. During admission interviews nurses predominantly discussed practical topics such as obtaining a contact family phone number, ‘family structure’, ‘professional home care support at home’ and the ‘patient’s ability to perform activities of daily living’. Family caregivers particularly added ‘additional information about the patients’ symptoms’ and ‘personal preferences’ during admission interviews. The patient and family caregivers also addressed the topic of ‘informal family support at home’ more often. During discharge interviews nurses mainly discussed topics of ‘home medication’ and ‘follow up appointments’. Patients and family caregivers addressed few topics on their own initiative.

Conclusions and Implications: Nurses predominantly discuss practical topics during admission and discharge interviews in the hospital. More attention to the nature and intensity of caregiving roles at home could possibly promote better prepared family caregivers, who could be more competent to deal with the caregiving demands at home.
The experience of being a middle-aged family member of a person who has suffered a stroke, 1 year after discharge from a rehabilitation clinic:

A qualitative study

Britt Bäckström1, Karin Sundin2

1Department of Health Sciences, Mid-Sweden University, Campus Sundsvall, Sundsvall, Sweden, 2Department of Nursing, Umeå University, Campus Örnsköldsvik, Örnsköldsvik, Sweden

Background and Purpose:

Living in close emotional and physical proximity to a person who has suffered a stroke may alter almost every aspect of daily living and will inevitably impact family life.

This study aimed to illuminate the experience of being a middle-aged family member of a person who has suffered a stroke; 1 year after the stroke sufferer’s discharge from a rehabilitation clinic.

Methods:

Nine middle-aged family member of persons with a confirmed diagnosis of a first-time stroke were consecutively included. The study was part of a longitudinal study. Narrative interviews were conducted, audio-taped, transcribed verbatim and analyzed using a thematic content analysis.

Results:

A turning point was reached; the inevitability of an altered future became self-evident. The family members felt forced to accept and become reconciled to a changed way of living, even if feelings of grief from loss were still present. The process of coming to awareness and recognition of their own needs was part of a complex interplay of emotions, in which they learned to leave feelings of shame and guilt behind. There were a movement from self-denial to self recognition in their search for own well-being and the recovery of their strength for a functioning family life. A significant challenge appears to be the effects of the personality changes among the person with a stroke, and the resulting sense of being an outsider.

Conclusion: This study highlights the family members’ realization that they will live an inevitability altered future. They need support in their relationships within the family for emotional confirmation and to help them recognize and verbalize their needs without feeling guilt.
A Study on the Perception of Care Experiences of Male Caregiver on Disabled Elderly at Home

Te-Fen Lee

Ching Kuo Institute of Management and Health, Keelung, Taiwan

Purpose and Background

Disabled elderly expect to be cared at home, and the Taiwan government want to promote “local ageing”. Care loadings induce the physical and mental burdens on home caregivers. Most domestic studies on female caregivers, and few studies focus on male caregivers, so this study aims to conduct on the middle-age male caregivers.

Method

This study designed semi-structural interview outlines, and obtained the consents of the subjects. The interviews were recorded, and transcribed within 48 hours after the interview as the text material. The data were analyzed with qualitative research method.

Results

The case of this study is a 60-year-old male, who cared for his disabled mother until she passed away in 2011. The care experience included three themes, namely “taking over the care responsibility”, “adjusting to the care duties”, and “realization of life”. The sub-categories of “taking over the care responsibility” are “identification with the role and responsibilities” and “competency in caring ability”. The sub-categories of “adjusting to the care duties” include “utilization of the support systems”, “think positively”, “replenish care energy”, and “maintain care motives”. The sub-categories of “realization of life” include “live and live well” and “if not living well, it is unnecessary to prolong life”.

Conclusion

The rich care experience of the case demonstrated the meticulous care of male caregivers and the unique gender differences from female caregivers. The findings can serve as references to related units to develop gender-specific community care models for “local ageing”.

Keywords: disabled elderly; male caregiver; life experience
Family caregiving: Determinants for preparedness to care in caregivers of elderly parents

Romy Mahrer-Imhof, Rahel Naef, Hannele Hediger, Lorenz Imhof

Zurich University of Applied Sciences, Institute of Nursing, Winterthur, Switzerland

Background: Older persons often depend on the support of family members in order to remain dwelling at home. The preparedness of family members to provide support and care might depend on the burden caregiving imposes and on the relationship between the family caregiver and care recipient. Therefore, the aim of the study was to explore the effects of perceived difficulty of care (burden) and quality of relationship (mutuality) between the caregiver and older persons. The following hypotheses were tested: (1) burden and mutuality explains a significant proportion of the variance in preparedness of caregivers; (2) higher levels of mutuality and lower levels of burden will be associated with higher preparedness; and (3) mutuality mediates the effect of burden on preparedness.

Methods: A descriptive, cross-sectional study was conducted including data from person over 80 years and their caregivers using the German version of Family Care Inventory (FCI) and the Caregiving Burden Scale. Hierarchical Multiple Regression Analyses was used to analyze determinants of caregivers’ preparedness.

Results: Burden was significantly negative associated with preparedness ($\beta=-.217$). Mutuality showed to be a mediator for preparedness ($\beta=.313$). Burden as predictor and mutuality as mediator included together in the model reduced the effect of burden to non-significant effect ($\beta=-.135$) and mutuality remained the only predictor ($\beta=.290$). The test for the indirect influence of burden over mutuality on preparedness was statistically significant ($Z_{\text{Sobel}}=-2.429$, $p=.015$). The explained variance was 30% ($R^2 =.30$).

Conclusion: The results are in accordance with previous research that also showed that quality of relationship is the main predictor for the preparedness to provide care. Interventions to improve relationship amongst family members can therefore be beneficial to reduce difficulties with caregiving in family members.
Evaluation Of Pan-European Training Program For Professionals

CAMILLE - Empowerment Of Children Of Mentally Ill Parents

Katja Joronen1, Wendy Simpson2, Ian Dawson4, Irja Nieminen1, Izabella Tabak3, Giovanni Vigano5, Eija Paavilainen1, Stefano Zanone6, Michael Specka7, Lydia Zabłocka-Żytka3, Eija Paavilainen1, Peter Ryan8, Marja Kaunonen1,9

1University of Tampere, Tampere, Finland, 2Playfield Institute, Dundee, UK, 3Academy of Special Education, Warsaw, Poland, 4Nordland Hospital, Bodø, Norway, 5Synergia, Milano, Italy, 6The Mental Health Department of the Local Health Care Authority, Rovigo, Italy, 7University of Essen, Essen, Germany, 8Middlesex University, London, UK, 9Pirkanmaa Hospital District, Science Centre, Tampere, Finland

Background: Over half of women and men with a mental illness are parents. Research evidence shows that the children living with a mentally ill parent have a greater risk to develop mental health problems or psychosocial difficulties. Professionals working with children of parents with mental illness need more training in order to support families. The objectives of this EU funded Daphne III project CAMILLE were to explore and describe existing programs across Europe, focusing on empowerment of children of mentally ill parents, to develop and pilot a new pan-European training program for professionals working with the families of target groups and to assess and evaluate the piloted training program, and to translate to six European languages.

Purpose: This presentation describes main results of evaluation study of training program. The program included 12 hours training in a multi-professional group in six countries. The trainees were e.g. mental health professionals, social workers, GPs, and teachers.

Methods: The data were gathered with structured online questionnaires before and after the training in Autumn 2014. Questionnaires included statements concerning 1) importance on knowledge-related items, e.g. effects of parental mental illness, and skill-related items, e.g. communication skills with parents and their children, 2) awareness and 3) competence for knowledge-related and skill-related items. The data were analyzed statistically using paired-samples T tests.

Results: Respondents (n=131) were mostly women and the average age was 40.4 years. Overall, the after-training scores either increased or remained the same. Perceived importance on knowledge-related and skill-related items remained the same after the training. Almost all the countries showed a statistically significant increase in awareness and perceived competence for knowledge-related and skill-related items.

Conclusion: Training CAMILLE seem to strengthen both professionals’ awareness and perceived competence in knowledge and skills in terms of supporting families with mentally ill parent.
Graduating Baccalaureate Nursing Students’ Attitudes Toward Family Nursing Practice

Patricia Young1, Norma Krumwiede1, Sandra Eggenberger1,2

1Minnesota State University, Mankato, Mankato, MN, USA, 2Glen Taylor Nursing Institute for Family and Society, Mankato, MN, USA

Purpose and Background

Teaching students to “think family” has potential to revolutionize future nursing practice and improve both individual and family health outcomes. Even though nurse educators may believe this, what is the student perspective? Specifically, what are student attitudes toward family nursing practice upon graduation from a baccalaureate curriculum that was designed to promote family-focused nursing care? Q-methodology has growing support among nurse educators as a means to study attitudes held amongst a group. The purpose of this study is to identify patterns of family nursing practice arising from attitudes among students graduating from a family-focused baccalaureate nursing curriculum. This information can be used to better understand how nursing student attitudes factor into their ability to practice family nursing to the full extent of their education and schooling.

Methods

This mixed-method study uses a modified Q-methodology design with a purposeful sample of 40 baccalaureate nursing students graduating in May 2015 from a School of Nursing with a family-focused curriculum. Data will be collected in April 2015 and analyzed using a standard three-step approach that includes generating a matrix to correlate participant profiles to each other, completing factor analysis followed by varimax rotation, and calculating the factor scores.

Results

A typology of perceptions regarding the phenomena of interest, in this case family nursing, will be identified and presented. A factor array of significant distinguishing statements and a narrative, including participant explanations, will be constructed to describe discovered barriers to family nursing practice.

Conclusions

This study develops understanding of the values new graduates bring to practice. It provides a basis for further research into removing barriers to family nursing practice so that nurse educators are better able to teach family nursing.
What Are The Educational Needs Of Nurses Involved In The Care Of Children And Young People With Rheumatic Disease?

Barbara Davies¹, Christine English¹, Nicola Smith²,³, Ruth Wyllie³, Helen Foster²,³, Tim Rapley²

¹Northumbria University, Newcastle upon Tyne, UK, ²Newcastle University, Newcastle upon Tyne, UK, ³Great North Children's Hospital, Newcastle upon Tyne, UK

Background and Purpose: Recent advances in the management of paediatric and adolescent rheumatology conditions has required highly specialised nursing input within multidisciplinary teams. There is an important role for education and support, not only for nurse specialists but also nursing colleagues sharing that caring. This study aims to establish essential “core” learning needs of nurses, working in a variety of health care settings, who deliver care to children and young people and their families.

Methods: Multi method research was conducted using online survey, focus groups and interviews with key nursing stakeholder groups including clinical nurse specialists (CNS), nursing students, and nurses from general paediatrics, community, research and adult rheumatology. An online survey of CNS within the British Society for Paediatric and Adolescent Rheumatology (response rate: 77%) ascertained expert opinion about educational needs based on experience, knowledge and skills. The survey results informed the question frameworks for focus groups and 1-1 interviews to further explore educational needs of nurses working outside of the specialism. All interviews and focus groups were recorded, transcribed and then analysed qualitatively using thematic analysis. This study had ethical approval with informed consent from all participants.

Results: Four themes were extracted and described: (1) Need for Increased Awareness about Rheumatic Disease (2) Impact of Personal Experience and Nursing Role, (3) Need for Increased Knowledge about Rheumatic Disease and Management (4) Design Components for a Impactful Learning and Information Resource. Descriptions and illustrations of each theme will be presented.

Conclusions and Implications: This study has identified “core” learning needs for all nursing groups. What is apparent from the results is that the level of need ranges from novice to expert. Future work will develop web based resources to meet these individual educational requirements.
Effectiveness Of An Education Intervention For Spanish Nurses Based On The Calgary Family Nursing Model. A Randomized Controlled Trial.

Navidad Canga¹, Cristina Garcia-Vivar¹, Ana Canga¹, Olalla Moriones², Begoña Flamarique³, Maite Echeverria³

¹University Of Navarre, Pamplona, Spain, ²University of Navarre clinic, Pamplona, Spain, ³Osasumbidea Navarra Health Service, Pamplona, Spain

Background and Purpose: Chronic illness has a great impact on the family unit. This justifies the need to have competent professionals in family nursing practice. The aim of this study is to evaluate the effectiveness of an education and training intervention program based on Family Systems Nursing (FSN).

Model: The Calgary Family Assessment and Intervention (CFAM/CFIM) Model was used in this research. METHODS - This randomized controlled trial involved 61 nurses (age range 21-66 years) working in primary care, mental health, or gerontology centers in a region of the North of Spain. Nurses were randomized either into control (n=34) or intervention (n=27) groups. The randomized assignment was blinded. The intervention group received six modules (4 hours each) addressing theory and practice (e.g. therapeutic conversations, the 15 minutes interview). The control group received two modules of 4 hours each addressing basic theory and practice in family nursing. Baseline and T1 (after the course) measures outcomes included knowledge of FSN, nurse’s attitudes towards FSN (using the Family Nursing Practice Scale by Simpson & Tarrant 2006) and satisfaction with both educational programs. RESULTS – By the end of the course, the level of cognitive competence (knowledge) was achieved by 66.7% in the intervention group compared with 29.4% in the control group (p= 0.004). Nurses in both groups reported a positive change in attitudes towards involving families in their practice, being higher in the intervention group but with no significant differences (p=0.8). Both groups were satisfied with the training program. However, the intervention group reported higher satisfaction (mean 28.9) compared with the control group (mean 25.1) (p<0.001). CONCLUSIONS - The educational intervention based on the Calgary Model was shown to be effective to prepare nurses to work with competence (knowledge and attitudes) with families experiencing a chronic illness.
Generalist Competencies for Family Nursing Practice – Application To A U.S. Baccalaureate Nursing Program

Rosemary Eustace, Donna Miles Curry, Bobbe Gray, Deborah Ulrich, Sherill Smith

Wright State University, Dayton, Ohio, USA

Background: Curriculum in nursing education programs to develop the entry level professionals must be built on standards. In 2013 the International Family Nursing Association (IFNA), developed a Position Statement on Pre-Licensure Family Nursing Education, which affirmed that all pre-licensure nursing students should be engaged in learning about the importance of the family to individual health and wellbeing as well as strategies to assess, plan, implement and evaluate family-focused interventions. In 2014 the Practice Committee of IFNA presented a statement of five competencies of family nursing for the generalist nurse.

Purpose: The purpose of this scholarly presentation is to impart an analysis of the curriculum in a U.S. pre-licensure nursing program to determine the degree this program is congruent with the generalist competencies for family nursing practice.

Methods: Using a blueprint based on program evaluation theory, the program was assessed based on the key concepts identified in the five generalist competencies for family nursing practice. A survey instrument based on the competencies was created and applied to each course in the program. In addition, lead faculty were surveyed. The program’s philosophy, course syllabi, readings, clinical evaluation instruments and other assignments were examined for the key concepts.

Results: Findings indicate some lack of continuity in carry over from course to course and lack of consensus on specific family nursing related outcomes.

Conclusions and Implications: There is a need for reinforcement of key competencies. Implications for curriculum/program revision, challenges and further nursing research will be presented.
The development and benefits of Therapeutic Intervention in groups and interviews with parents/cares of adolescents/youth with eating disorders

Margret Gisladottir1, Erla Kolbrun Svavarsdottir2

1Landspitali National University Hospital, Reykjavik, Iceland, 2University of Iceland, Reykjavik, Iceland

Purpose and Background: Parents of adolescents/youth with eating disorder are known to suffer major difficulties and are in a great need for support. The prognosis of a patient with eating disorder is worse if she/he is living with criticism or if parents are over-involved. A little is known however what is most helpful for parents but their support is seen as one of the most important link in the treatment. The main purpose of this study was to develop and to evaluate, if strengthening of parent’s management skills and health beliefs in their supporting role of adolescent/youth with eating disorder was beneficial.

Model: The Calgary Family Models, the Beliefs Model and the Maudsley model were used as the theoretical frameworks. A program was developed that consisted of, three times group- and two parent sessions.

Method: The study is a Quasi-experimental design with one pre- and two posttest measures were six questionnaires were used. Participants (n=58) were parents of adolescents/youth with eating disorders. Therapeutic conversation interventions were conducted on behavior, feelings and coping. The sessions consisted of education in sessions and on a homepage, tasks in sessions and at home. Discussions were provided and therapeutic questionnaires used with emphasis on emotions, care giving demands, communication and the supporting role.

Results: The main findings of the Therapeutic Conversation Intervention indicated statistically significant in the domain of: beliefs, feelings, function and support regarding parents and behavior, reassurance, avoidance and dependency regarding patients and other findings were positive.

Conclusion: The findings indicate that the groups and interviews in the Therapeutic Conversation Intervention was a benefit for both parents and patients. This will increase knowledge for nurses and health care professionals how parents can be supportive and will provide information on treatment which can improve service on health care centers and psychiatric hospitals.
E401

Comparative Concept Analysis Calls for Integrated Holistic Model of Person, Family, and Culture-Centered Care

Maichou Lor, Natasha Crooks, Audrey Tluczek

University of Wisconsin-Madison, Madison, WI, USA

Purpose: This comparative concept analysis identified attributes, antecedents, consequences, and barriers of four concepts: patient-centered care (PTCC), person-centered care (PCC), family-centered care (FCC), and culturally competent care (CCC) operationalized in nursing research.

Methods: Rodgers’ evolutionary concept analysis guided the analytic procedures applied to 32 articles published by nurse researchers between 2009 and 2013.

Results: Attributes included: collaborating with patient and/or families, communicating effectively, being respectful and caring, individualizing care, coordinating inter-professional care, empowering patients, families and/or communities, and viewing family as unit of care (PTCC, PCC, FCC, CCC); developing self-awareness (PTCC, PCC, CCC); forming interpersonal relationships (PTCC, CCC); gaining cultural knowledge, developing culturally congruent skills (CCC). Antecedents prompting research about care models included: lack of empirical evidence (all concepts); poor patient outcomes (FCC, PCC, PTCC); implementation problems and knowledge deficits (CCC, FCC); patient and parent emotional distress (FCC); poor patient-provider relationships (PCC, PTCC); and health disparities (CCC). Consequences associated with care models included: improved health outcomes, increased satisfaction, and enhanced patient/family-provider relationships (all concepts); reduced length of hospitalization or readmissions and improved quality of life (PTCC); improved quality of parent-child relationships (FCC); increased trust and enrolment in research; increased insights about biases; and appreciation for cultural differences amongst students (CCC). Barriers to implementing models included role ambiguity for nurses and parents, inadequate staffing, poor communication, ICU-related stressors, lack of institutional guidelines or support, staff knowledge deficits (FCC); differences between patients’ and health care providers’ cultural values, customs, language or communication styles mistrust of research, and socioeconomic factors (CCC).

Conclusions: Findings indicate need for a unified conceptual framework that embraces the attributes of each care model. This proposed model recognizes the centrality of family, patient and provider contributions to therapeutic relationships and effective communication, as well as the institutional support necessary for effective implementation.
Expanding Family Resilience Concepts Using a Life-world Approach

Catherine Chesla

U of CA, San Francisco, California, USA

Purpose /Background: The aim is to demonstrate how approaching family resilience from a phenomenological life-world perspective offers opportunities to learn how family habits and care practices evolve during health challenges. Novel aspects of family resilience are evident in families’ lives considering their relations, concerns and practices. Resiliency is well-theorized, evolving from stress and coping theories. However, holistic understanding of the novel family resilience practices have arguably been lost amidst the theoretical complexity.

Theoretical focus: Interpretive phenomenological concepts (worldhood, situated possibilities, embodiment and concerns and practices of families) are described as background to the exploration of family resilience. An argument is made that narrative and observational approaches are optimally employed to capture naturally arising and novel aspects of family resilience to family-member health challenges.

Results: Exemplars of family-level resilience practices, extracted from published family research, (yet seldom framed as resilience research) are used to demonstrate how life-world studies uncover novel family practices that bear further examination across conditions. Resilience in families living with diverse conditions such as dementia, endometriosis, schizophrenia, sudden death of a child, and type 2 diabetes are employed. Dementia, for example, gives rise to families ‘filling in’ socially and practically, for the person with dementia. Similar patterns of response, and the concerns that drive them, in other health conditions, bear investigation. Embodied responses to sudden death of a child, (i.e. experiencing one’s arms as missing)are specific forms of resilient coping, suggesting that family embodiment of stress deserves far greater attention than it has received in resilience research.

Conclusions: Holistic, life-world accounts of families responding to chronic conditions illuminate aspects and processes of resilience that are overlooked in current theory. These accounts also raise issues of what is and isn’t resilient, and ethical issues that arise when considering family resilience from the perspective of the family or the individual.
How to establish strong linkage between practice, teaching and research with the goal of implementing the Calgary Family Model in daily nursing routine.

Barbara Preusse-Bleuler

Zurich University of Applied Sciences, Winterthur, Switzerland

Purpose and Background: The implementation of family system nursing faces several challenges in practice and teaching. For example, nurses and students hold constraining beliefs about family nursing or experience a seemingly insurmountable gap between theory and practice. How can continuous developmental processes be implemented in order to achieve sustainability? The experience of 15 years of work with the Calgary Family Model in a German-speaking region is being reported.

Model/Framework: The Calgary Family Assessment and Intervention Model serves as a basis for clinical practice and teaching on bachelor and master level.

Methods: As underpinning model for permanent dynamic creation of knowledge the SECI-Model guided the development through 4 modes of knowledge conversion: - Tacit to Tacit (Socialization), - Tacit to Explicit (Externalization), - Explicit to Explicit (Combination), Explicit to Implicit (Internalization). Practice staff and teachers engaged in evidence-based action learning and researching in order to build a structured context to enable the 4 modes of knowledge conversion.

Results: Several nursing teams established their adjusted policies in a multitude of clinical settings to integrate knowledge and skills in family nursing into their routine.

Selective evaluations showed how feelings of ambivalence in regard to the involvement of families have subsided in nurses. The direct feedback from families plus the individual learning experience have significantly encouraged nurses and have contributed to prove the usefulness of CFAM/CFIM. This knowledge gained in practice is embedded in teaching at several universities. Students are encouraged to strengthen their competencies based on theory and clinical experiences and will thus be helpful in further developments.

Biannual networking days promote mutual stimulation and learning processes. Conclusions: These 15 years created mutually powerful spillover effects between university teaching and clinical practice leading to expanded knowledge and experienced specialists, who serve as inspiring multipliers. Additional research on patient and family outcomes is needed.
CFAM and CFIM: Reflections on the Reciprocity of Professional and Personal Application of Two Clinical Models over 30 Years

Maureen Leahey¹, Lorraine Wright²

¹Private Practice, Pugwash, Nova Scotia, Canada, ²Private Practice, Professor Emeritus University of Calgary, Calgary, Alberta, Canada

Purpose/Background:

Two nursing practitioners and educators, who developed and refined over 30 years the clinical models of CFAM and CFIM, will describe their unique perspective on these models. Specifically, they will articulate the reciprocity between their professional and personal use of CFAM and CFIM.

Focus:

Reflective practice will be utilized to describe clinical situations that influenced our personal lives. Reciprocally, we will offer our own personal experiences of individual and family illness that influenced our models and clinical practice. In addition, the reciprocity between the family life cycle stage of senior families and our own life cycle stage of transitioning to retirement and "preferment" will be addressed. Advances in the application and understanding of our models by other colleagues will be highlighted through the distribution of a detailed reference list.

Results:

As we have reflected on the reciprocity of the professional and personal application of CFAM and CFIM over the years, we have developed educational strategies for teaching clinical skills. We emphasize those perceptual, conceptual, and executive skills required for competent and compassionate family nursing practice.

Conclusion:

Our professional and personal lives are so intertwined that one is always influencing the other. Even in the development and refinement of clinical models, there is a constant reciprocity. Acknowledging this circularity enables us to bring the learning, knowledge, and experiences from one domain to another to enhance our understanding of each. The person of the nurse is an important variable in any nurse-family relationship. When nurses can engage in self-reflection on their personal lives and clinical practice, they increase the opportunity for genuine, compassionate connections with families.
Clinically driven implementation of Family Health Conversations in a Swedish Pediatric Oncology Center

Sonja Marklund¹, Eva Sjödin Eriksson¹, Viveca Lindh², Britt-Inger Saveman²

¹Pediatric Oncology Center, Vasterbotten County Council, Umeå, Sweden, ²Dept. of Nursing, Umeå University, Umeå, Sweden

The aim of this study is to describe the process of a clinically initiated implementation of “Family Health Conversations (FamHC)” in families with a child suffering from cancer.

Background and method

The Swedish FamHC is a family systems nursing intervention inspired by the “Calgary Models”, though, to our knowledge, not clinically implemented in any pediatric oncology center in Sweden. The beginning was an experience that nurses at a pediatric oncology center understood that families with a child suffering from cancer are in extreme need of various supports. Several nurses at the center have completed a master-course in family systems nursing including FamHC and were, therefore, eager to implement FamHC in their clinical work. The joint project between the university and the clinic was realized when the head nurse and a nurse consultant became master students at the university. The implementation is now underway, and education was offered to all staff at the center and further FamHC training for the nurses who are leading the FamHC at the center. The process will be presented as a SWOT analysis.

Result

Strengths: The positive engagement from the head nurse and many of the nurses at the center. The initiative from the head nurse and the excellent collaboration between those involved from the clinic and the university department. Weaknesses: The Swedish FamHC has never been implemented with families with a child suffering from cancer. Opportunities: The FamHC, as ordinary normal and regular part of the care these families receive. Threats: As the implementation is performed at a university hospital, other research projects are running parallel; something that might influence the recruitment of families.

Conclusion

A clinically initiated implementation of FamHC might increase the possibility for success. A more detailed description will be presented at the conference.
Patterns of Family Management of Young Adult Survivors of Childhood Brain Tumors and Their Relationship to Child and Family Functioning

Janet Deatrick¹, Wendy Hobbie²⁻¹, Sue Ogle², Maureen Reilly², Tom Hardie¹, Lamia Barakat²⁻¹, Kathleen Knafl³, George Knafl³

¹University of Pennsylvania, Philadelphia, Pennsylvania, USA, ²The Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, USA, ³University of North Carolina, Chapel Hill, North Carolina, USA

Survivors of childhood brain tumors are at highest risk for chronic morbidities from the tumor and its treatments including chronic health conditions, neurocognitive late effects, and decreased ability for independence. While the quality of family relationships has recently been implicated in the well-being and functioning of these survivors, little is known about the patterns of family response. We report the results of a cluster analysis using data from 184 mothers who are the caregivers for their AYA survivors who are living with their families. Based on the six scales comprising the Family Management Measure (FaMM), patterns of family management and their correlates were derived using K-means clustering and K-fold likelihood cross-validation scores to choose among cluster assignments. We also ran one-way ANOVAs to test for differences in means for mother and survivor correlates by cluster and conducted a post hoc analysis using the Tukey studentized range test to adjust for multiple comparisons. The four primary clusters previously identified for families with children who have chronic conditions were also identified for these AYA survivors of childhood brain tumors and were differentiated by the relative focus either on integrating condition management into ongoing family life (Family Focused, Somewhat Family Focused) or on the demands of the condition (Somewhat Condition Focused, Condition Focused). Most (70.3%) families were in either the Family Focused or Somewhat Family Focused patterns. Measures of family and child well-being were all correlated with patterns in expected directions, supporting the validity of the clusters. Families with family-focused patterns were significantly more likely to have higher incomes and private insurance and their survivors were more likely to be employed. The implications for future practice and include the importance and utility of understanding patterns of family response and to test interventions that help families incorporate condition management into day-to-day life.
The Implementation of Family Health Task in Wound Care by Complementary Therapies at Gitik Public Health Center Area of Banyuwangi Regency: A Phenomenological Study

Tantut Susanto, Iis Rahmawati, Yesi Luki Cahyani

School of Nursing, University of Jember, Jember, Indonesia

A family has health tasks which need to be understood and undertaken in line with health care function. One of health problems that a family often experiences is injury. The use of herbal ingredients such as banana tree sap is one of the phenomena of wound care in Banyuwangi Regency. This research purposes to obtain the value and the meaning of family health task implementation in wound care by using complementary therapies at Gitik public health center area of Banyuwangi Regency. The research used qualitative method, with descriptive phenomenological study design. The sampling technique used exponential discriminative snowball with the number of participants as many as 7 people. The study is identifying 12 themes: disease concept, causes, consequences, knowledge, materials, preparation, implementation, evaluation, attitude or life vision, preventive actions, healthcare facilities and other facilities. The research results indicated that families are able to carry out the family health tasks in wound care by using complementary therapies. This research are expected to be the bases for developing wound care techniques by use of materials from complementary therapy.

Keywords: family health tasks, wound care, complementary therapies.
Aim

The views of parents and health care professionals’ about discussing family issues when a child is in hospital are presented. Data were gathered in a major children’s hospital to finalise a family psychosocial assessment framework that is acceptable and ready for implementation.

Background

Family-centred care (FCC) is accepted as the way to care for children in hospital. In practice, this often means that a parent simply ‘rooms in’ with their child. Yet, FCC is a process of engagement, information sharing and support giving so that the child’s primary care-giver feels competent to give appropriate care in the short and long-term. While many nurses do provide this type care, many do not. There is no framework in place to guide nurses to objectively assess family functioning and plan care to optimise the child’s health and developmental outcomes. Parents often require considerable support as the associated distress frequently affects parental capacity to provide appropriate care, particularly when their child is vulnerable to emotional and behavioural problems.

Research Plan

A formative evaluation was undertaken using a best-practice model that includes a group of factors found to be predictive of poor child health and developmental outcomes. Validated instruments measuring attitudes towards psychosocial assessment were administered and participants were asked to discuss their perceptions.

Results

Both parents and health professionals stated that they believed it is important for staff to ask parents about maternal wellbeing, life-stress, family functioning and support, while asking about parental education and occupation is not. Health professionals with more experience were more positive about psychosocial assessment. Parents living in less advantaged areas were less positive about discussing psychosocial issues.

Discussion

There is a need for implementation of a family psychosocial assessment framework in the paediatric setting. The framework should focus on psychosocial issues related to care-giving rather than socioeconomic characteristics.
The Family-Related Worries And Joys Of Boys In Their Conversations With The Telephone Service For Boys

Heidi Valtatie1, Katja Joronen2, Mika Lehtonen3, Päivi Åstedt-Kurki2

1Tampere University of Applied Sciences, Tampere, Finland, 2University of Tampere, Tampere, Finland, 3Väestöliitto, The Family Federation of Finland, Helsinki, Finland

Background and purpose: Telephone call counselling is involved in several nursing interventions and its positive effects have been proven by research evidence. Less research has been reported about the universal telephone call counselling, especially among adolescents. The purpose of the study was to describe family-related conversations of boys with the Telephone Service for Boys provided by Väestöliitto, the Family Federation of Finland. Methods: The research data consisted of boys’ phone calls written down by the employees of the Telephone Service for Boys. The phone calls were from the year 2012, and the research material consisted of 155 phone calls related to family issues. The data was analyzed inductively using qualitative content analysis. Results: According to the results, the boys’ family-related worries were expressed as multifaceted mistreatment, with concerns regarding the sexuality of family members and family stability, and as conflicts with their parents. The multifaceted mistreatment included e.g. physical and emotional violence as well as leaving the child alone at home. Parental substance abuse emerged as a significant worry of callers. However, boys also expressed family-related joys, such as supporting relationships. Especially, boys emphasized good relationships with the siblings. Conclusions: The family and parental difficulties seem to be linked to the young people’s experience of ill-being. The research opens up discussion on the significance of the telephone helplines in supporting young people. Additionally, a discussion about the gender differences in expressing problems is needed in society and the service system. Nursing professionals need to strive to identify the difficulties of the family behind the adolescent ill-being. In family nursing practice, families should be encountered individually and supported to identify their own resources in the family.

Key words: adolescent, boy, family, worries
Family Factors Related To Self-rated Adolescent Depressive Mood - School Health Promotion Study

Meeri Wargh, Terhi Hirsimäki, Anne Konu, Anja Rantanen, Anna-Maija Koivisto, Hanne Kivimäki, Katja Joronen

University of Tampere, School of Health Sciences, Tampere, Finland

Background and purpose: Depression is the major cause of disease burden in both high- and low-income countries. The purpose of this study was to describe the prevalence of adolescent self-rated depressive mood and family factors and the association between those in two nationally representative target groups: secondary school (n=99’190) and vocational school students (n=41’154).

Methods: The data were gathered through cross-sectional School Health Promotion Study of the years 2010 and 2011. The respondents were the 8th and the 9th grade students and vocational school students; the groups were studied separately. The depression was measured using Finnish version of Beck Depression Inventory. The instrument includes 12 items and the cut point of moderate/severe depression is 8 (scale 0 to 36). The family factors included e.g. family structure, parents’ educational level, parental unemployment, help given by the family in school problems, conversation difficulties with parents, parents’ deficient knowledge of the adolescent’s friends and whereabouts on weekends. The data were analyzed statistically using cross tabulations with chi square test and logistic regression.

Results: Self-rated depressive mood was more common among girls (secondary school: 16.0 %; vocational school: 17.8 %) than among boys (sec: 7.3 %; voc: 7.4 %). Among secondary school students, all the studied family factors were statistically significantly associated with depression symptoms when controlling gender, region and age. Among vocational school students, the depressive mood was explained by scant help given by the family in school problems, difficulties in discussing with parents, parents’ deficient knowledge of the adolescent’s friends, and parental unemployment when controlling background factors. Additionally, parents’ deficient knowledge of the adolescent’s whereabouts on weekends explained depressive mood among boys of vocational schools.

Conclusions: Several interactional and socioeconomic family factors are related to adolescent depressive mood. It will be suggested that family well-being should be supported more in school health services.
Tokenism Or True Partnership: Parental Involvement In The Child’s Acute Pain Care.

Jackie Vasey¹, Joanna Smith¹, Kathleen Chirema¹, Marilynne Kirshbaum²

¹University of Huddersfield, Huddersfield, West Yorkshire, UK, ²Charles Darwin University, Darwin, Australia

Purpose and Background: In the UK, family-centred care (FCC) is espoused as being firmly embedded within the approach to care delivery when working with children and families (Smith & Coleman, 20100. Whilst the Royal College of Nursing (2009) advocates family involvement in pain care, research suggests parents and children are not actively involved in care decisions. The study explored the extent to which parents/main carers are involved and partners in their child’s pain care and the factors that influence parental involvement. The “Family-Centred Care continuum” was the conceptual framework used to examine parental involvement.

Methods: A qualitative ethnographical approach was adopted. Data were collected using non-participant observation and follow up interviews with a purposive sample of nurses, parents and children on the children’s wards of a district general hospital. Framework approach underpinned data analysis.

Results: Partnership between nurses and parents was not overtly evident in relation to pain care. Involvement appeared to be “unspoken”, with neither party (nurse or parent) being clear about the extent to which parents can be, or are involved. Few examples of explicit negotiation related to pain care were observed. Nurses appeared to make decisions without involving parents. Parents want to be more involved in pain care and some took steps to initiate this, often without support from nurses. Nurses appeared to act as gatekeepers in relation to the level of parental involvement in care, even when attempts were made to include parents. Factors which facilitated involvement included the determination and attributes of parents, knowledge and experience of nurses in relation to FCC and pain care.

Conclusions and implications: Nurses require knowledge and confidence to implement collaboration with parents, by empowering and overtly negotiating roles. Further research is necessary to identify how nurses can support parents to be partners in care.
Being the parent of a ventilator-dependent child: the need for support from compassionate professional care

Berit Lindahl, Britt-Marie Lindblad

Borås University, 50190 Borås, Sweden

Purpose and Background: The aim of the study was to unfold the meanings of professional support for the parents of a ventilator assisted child. The number of medically fragile children is increasing resulting in new demands on society. There are few studies on parents’ need of support in this context. This need is often met by society through offering personal care assistants to the child.

Framework: The theoretical framework is built on a caring science perspective, meaning that care is a loving giving to the other, responsibility and watching over the other.

Methods: The method used was phenomenological-hermeneutics based on the writings of Paul Ricoeur.

Research design: The study had a life-world and narrative approach.

Sample: Five couples that had experiences of support from personal care assistants to their ventilator assisted child took part in a narrative interview.

Settings, procedures and analyses: The parents were interviewed in their homes. Data were analyzed stepwise through various structural analyses and then interpreted and presented in a comprehensive whole.

Results: The findings from the first structural analysis were presented as themes intertwined and presented as a new composite story in a fictive first-person voice. The second structural analysis revealed who and in what way various professionals encountered the parents. The professional support system worked more by chance than by competent planning. But good caring encounters existed characterized by a mutual relationship. The findings are discussed in the light of the writings of Foucault, Roach and Kristeva.

Conclusions: The findings point at the need for a dialogue concerning issues as the risk of exercising of power within health care organizations’ management. Parents to a child in need of ventilator treatment at home are vulnerable but willing to do their utmost for their children and then more.
Experiences of Use of Family Resources by Mothers of Children with Developmental Delay

Mei-Yin Lee

Mackay Medical college, Taipei, Taiwan

Purpose and Background: Once children are diagnosed with developmental delay and have to receive early intervention, mothers would experience emotions, such as denial, anxiety, and uncertainty over prognosis. A family is forced to change its original function, and the family interaction and parent-child relationship are affected. Mothers are caregivers of children with developmental delay, and face many physical and psychological stress caused by multiple roles. McCubbin and McCubbin proposed the resiliency model of family stress, adjustment, and Adaptation, and they also indicated that, when a family faces stressful life situations, the family resources it uses can assist family in adjusting and rebuilding the power and resilience of family interactions. However, very few relevant qualitative studies have investigated it. The purpose of study is to investigate the essential structure of experiences of use of family resources by mothers of children with developmental delay.

Methods: Phenomenology was the research design used. This study used purposive sampling to interview a total of 18 mothers of children aged 3-6 with developmental delay receiving early intervention at a certain regional hospital in northern Taiwan. Data were collected using open-ended questions in one-on-one, in-depth interviews that lasted 50-60 minutes. Giorgi's methods were applied to analyze data. Four criteria were employed to evaluate methodological rigor.

Results: Four themes were finally generated: (a) shackles of self-limitation; (b) resilience of mother; (c) opening and extension of family resources; (d) the future of driftwood.

Conclusions: The research results are helpful to medical, nursing and special education-related personnel, provide empirical results about family resources of children with developmental delay, and propose suggestions on development of early intervention related policies and intervention measures, which may increase family's support and ability for children receiving early intervention and improve the care quality for children with developmental delay.
Influencing Factors Of Quality Of Life Of Muslim Preterm Infants

Nuijaree Chaimongkol¹, Wanisa Hayeese², Nootsara Sap-In², Tidarat Wangsawat²
¹Burapha University, Faculty of Nursing, Chon Buri, Thailand, ²Princess of Naradhiwas University, Faculty of Nursing, Naradhiwas, Thailand

Background and Purpose: Preterm infants are vulnerable and must be closely nurtured by the mothers or primary caregivers. Many factors have an influence on the care of mothers to meet fully basic needs or quality of life of preterm infants. Muslims have belief, practice and lifestyle somewhat different from general people. This predictive descriptive study aimed to examine influencing factors of Quality of Life (QoL) of preterm infants in Muslim families.

Methods: A convenience sampling was used to recruit the sample of 118 dyads of Muslim mothers and their preterm infants with 1-12 months old after birth at well-baby clinics, where the mothers took their infants to follow up. Data were collected through the mothers' self-report and the researchers' observation and interview. Research instruments included a demographic record form, the social support questionnaire, the mother's perceived self-efficacy questionnaire, a record form of infant's body weight, length, developmental level, and illness history post-discharge from the hospital, and the questionnaire of QoL of preterm infants. Validity and reliability of all measures were acceptable. Descriptive statistics and multiple regression analysis were used for data analyses.

Results: Results revealed that 54.2% of Muslim preterm infants had met appropriated level of QoL. Mothers' educational level and perceived self-efficacy accounted for 46.4% in the prediction of the preterm infants' QoL ($\beta = .46$, $t = 47.51$, $p<.01$, $\beta = .36$, $t = 19.92$, $p<.01$).

Conclusions and Implications: Mother's perceived self-efficacy in nurturing preterm infants in Muslim family should be promoted. Maternal educational level should also be increased. Consequently, QoL of Muslim preterm infants would be achieved.
Experience of traditional midwives in Thai family

Nareelux Suwannobol

Suranaree University of Technology, Nakhonrachasima, Thailand

Purpose and Background: Thai traditional medicine has been developed continuously in Thai family. The key person who taking cares on maternal and neonatal care all delivery period is called a “birth attendant” or “traditional midwife”. The procedures in every step to help deliver a child and postpartum laying-in by a fire are unique experience up on essence of Thai traditional midwife. The purpose of this study was to explore and clarify the lived experiences of traditional midwife in Thai family.

Methods: A descriptive qualitative research was used to explore and clarify the lived experiences of traditional midwife in Thai family. Four midwives were recruited by purposive with in-depth interviews. Data collection and analysis were guided by qualitative.

Results: Four categories illustrated Thai midwives experience, including: 1) Characteristics of Thai midwives 2) Principles and procedures deliver 3) Umbilical Cord and 4) Maternal and Neonatal Care

Conclusions: The findings can be used to apply and integration nursing education and nursing communication area.
The Predictors of the Psychological Distress of Parents of Rearing a Child with Chronic Asthma

Li-Chi Chiang

National Defense Medical Center, Taipei, Taiwan

Purpose and Background: The heavy caring burden of parents to rear a child with chronic asthma affects themselves health. The purpose was to explore how individual characteristics and family factors (FFFS), as well as the asthma-related quality of life (ARQOL) and the mastery of stress predict the psychological distress of parents.

Methods: One hundred and forty parents completed the questionnaire (84.34%). The structured questionnaire included the demographic data and asthma-related quality of life in individual level, social-economic status and family function and mastery of stress in the family level. The 35-item Modified Brief Symptoms Inventory (BSI) was used to measure the psychological distress experiences of parents. The Hierarchical Regression Analysis was used to analysis.

Results: The average mean of psychological distress from BSI was 3.43 in a 4 point scale. The significant predictors were children’s age ($\beta=-0.98$, $p=0.034$; $R^2=0.032$), Parents’ Mastery of stress management ($\beta=-0.435$, $p<0.001$; $R^2=0.215$), the Relationship between Family and Society ($\beta=-0.231$, $p=0.002$; $R^2=0.268$), and add the asthma signs/symptoms disturbance ($\beta=-0.186$, $p=0.011$) into the regression model could significantly add the explained the totally variance of the psychological distress with R square 0.302 ($t=18.927$, $p<0.001$).

Conclusions: The moderate to severe psychological distress of parents was founded from parents’ self-report. The younger of the children’s age, the worse parents’ mastery of stress, the negative relationship between family and society, and the more asthma signs/symptoms disturbed quality of life could induce more psychological distress of parents to care a child with chronic asthma.
Parent Perceptions of the School-based Care of their Children with Special Health Care Needs

Lori Anderson, Ann McCall

University of Wisconsin - Madison, Madison, WI, USA

Purpose and Background: Nearly 20% of school-age children have a special health care need (CSHCN) that impacts their quality of life, education, and families. Despite this, little is known about the care of CSHCN in the school setting. The purpose of this study was to describe parents’ perception of the care their CSHCN received at school and to better understand the relationship between school health services and child and family functioning.

Model/Framework: The Healthy Learner Model for Chronic Condition Management was used to guide the conceptualization of the study.

Methods: A paper survey was fielded among parents/guardians of CSHCN sampled from a state-maintained public health database (n=180). The survey included information about the care the CSHCN received at school, the Satisfaction of School Nursing Services Scale, a Pediatric Quality of Life Scale, and the Family Life Difficulty Subscale of the Family Management Measure. Analyses included calculating frequencies, means and bivariate correlations to determine relationships between variables. Additionally, the analysis included a subset of Structural Equation Modeling (SEM) known as single Composite Indicator Structure Equation Modeling (CISE).

Results: Results indicated that while parents were mostly satisfied with the care their child received in school they reported the level of school personnel's knowledge about their child's condition to be only slightly adequate. Results also indicate that parent report of poorer child quality of life and increased family life difficulty were related to decreased satisfaction with perceived quality of care received in school, increased amount of care required in school, male children, and children with behavioral or mixed conditions as compared to physical condition only.

Conclusions: Numbers and complexity of CSHCN are increasing in schools. The amount and quality of care that school nurses and others provide for CSHCN is related to child and family outcomes and to parent satisfaction with care.
Enhancing Family-Centered Care for Infants with Heart Disease Using Mother-Infant Skin-to-Skin Contact

Tondi Harrison¹,4, Roger Brown²,3

¹Nationwide Children’s Hospital, Columbus, Ohio, USA, ²Medical Research Consulting, Madison, Wisconsin, USA, ³University of Wisconsin-Madison School of Nursing, Madison, Wisconsin, USA, ⁴Ohio State University College of Nursing, Columbus, Ohio, USA

Background and Purpose: The physical presence of the mother, with the multi-sensory stimulation encompassed by her presence, is a basic regulatory framework for infant neurodevelopment, i.e., the mother’s presence is critical for regulation of autonomic, endocrine, behavioral, and electrophysiological function. Newborn infants hospitalized with complex congenital heart disease (CCHD) have markedly less opportunity to experience these maternal neuroprotective stimuli and are at high risk for neurodevelopmental impairments. This study examined the feasibility, acceptability, and preliminary outcomes of a skin-to-skin contact (SSC) intervention designed to improve infant autonomic function through increased mother-infant physical contact.

Methods: Ten infants with CCHD and their mothers experienced a minimum of one hour of SSC each day for 14 consecutive days post-operatively shortly after initiation of nipple feedings. Feasibility and acceptability were measured with a survey and mothers’ written records of duration and frequency of SSC holding. Autonomic function was measured using high frequency heart rate variability (HF-HRV), an index of parasympathetic activity. Data were collected at feedings before and after the intervention and biweekly for four weeks.

Results: SSC was conducted for a daily mean of 66.58 (SD = 4.85) minutes over the 14 day intervention. Mothers reported reduced feelings of stress and improved bonding with the infant. Infants demonstrated improvements in parasympathetic function with (1) developmentally appropriate increases in the magnitude of baseline (pre-feeding) HF-HRV (t = 40.01, p < .001), (2) consistent improvements in time to post-feeding HF-HRV recovery as calculated using event history analysis, and (3) gradual permanent improvements in adaptive parasympathetic responses to feeding in 6 of 10 infants as calculated using ARIMA time series analysis.

Conclusions: SSC is feasible, acceptable, and beneficial for infants treated for CCHD and their mothers. A randomized clinical trial is needed to more closely examine both maternal and infant effects of this family-centered intervention.
Challenges Associated with Recruiting Families of Children with Rare Conditions - The Congenital Adrenal Hyperplasia (CAH) Experience

Louise Fleming, Kathleen Knafl, Marcia Van Riper

UNC, Chapel Hill, NC, USA

Background and Purpose: Rare, childhood conditions, which are often genetic, can lead to family isolation, school and work disruption, and additional parenting stress. Understanding these family challenges in an effort to develop interventions aimed at improving family functioning and child health outcomes is needed; however, difficulty accessing these families can be a significant barrier to researchers. Recruitment of families of children with rare conditions is a challenge due to the low numbers of affected families in one geographical area; misunderstandings surrounding the diagnosis, which often leads to family stigmatization; and the low number of comprehensive care centers for treatment of the condition. The purpose of this presentation is to illustrate how these challenges were managed in studies of families of children with CAH, a rare, endocrine disorder that leads to life-long, life-threatening adrenal insufficiency.

Methods: Selected recruitment and study design strategies and their effectiveness are detailed from the investigator’s three prior studies that examined the challenges families having a child with CAH face.

Results: Challenges associated with studying CAH families include not only the rarity of the condition, but also the lack of pediatric endocrinology centers specializing in treatment and the stigma associated with ambiguous genitalia in girls born with the condition. When recruiting families of children with CAH, the following strategies were effective: 1) cultivating a trusting partnership with a CAH support organization; 2) using Internet recruitment; 3) employing online surveys and telephone interviews; and 4) conducting a multi-phase study.

Conclusions: Careful selection of recruitment and study design strategies can overcome the difficulties facing family researchers studying rare, childhood conditions. Research on these conditions, although challenging, is needed to enhance the current state of the science and provide a much-needed window into prospective interventions aimed at improving the lives of families and children affected by a rare condition.
Uncovering What is Known About the Needs of Families of Children Who Have Life-Limiting and Life-Threatening Illnesses: A Metasynthesis

Jill M. G. Bally1, Lorraine Holtslander1, Nicole Smith1, Vicky Duncan2, Heather Hodgson-Viden3, Christopher Mpofu4, Marcelline Zimmer5

1University of Saskatchewan, College of Nursing, Saskatoon, Saskatchewan, Canada, 2University of Saskatchewan, Leslie and Irene Dubé Health Sciences Library, Saskatoon, Saskatchewan, Canada, 3University of Saskatchewan, College of Medicine, Saskatoon, Saskatchewan, Canada, 4Saskatoon Cancer Centre, Saskatoon, Saskatchewan, Canada, 5Ronald McDonald House Saskatchewan, Saskatoon, Saskatchewan, Canada

Background: Comprehensive family nursing care for parents of children with life limiting (LLIs) and life threatening illnesses (LTIs) is developing. Ongoing research is needed to identify, assess, and support families’ psychosocial and bereavement needs during this very complex and traumatic life transition.

Purpose: To aid in developing of a hope-based psychosocial intervention, a metasynthesis was undertaken to systematically and comprehensively search and retrieve all interpretive, qualitative studies about the experiences of parents of children with LLIs and LTIs. The studies were appraised, and a classification and synthesis of the findings was completed.

Methods: With the assistance of an experienced medical librarian, a comprehensive search of nine databases was completed including Medline, CINAHL, Embase, PsycINFO. Specific inclusion criteria were applied resulting in a total of 3,428 articles. Organization and analysis of the selected literature was conducted using DistillerSR. Analysis and synthesis of the literature occurred through three rounds of appraisal, CASP scoring, and taxonomic analysis.

Results: Of 3,428 publications, 21 articles were isolated and evaluated. Parents who have children with LLIs and LTIs endure multiple and consistent periods of uncertainty which are associated with fear, anxiety, confusion, loss of control, unfamiliarity, and wavering trust. Parenting a child during this time is difficult but transformative. Parents manage and adjust by seeking information, coming to terms with the inconceivable, and hope. Parental hope is central and essential. Hope changes and provides parents with strength, positivity, connectivity, and an orientation to the future.

Conclusion: Additional research is required to develop supportive approaches for families given the complexities of parents’ experiences. Findings from this metasynthesis provide a practical theoretical evidence-base from which to develop future research, including a psychosocial intervention to better support and strengthen families with a child who has a LLI or LTI.
Effectiveness of a nursing education intervention following calgary family assessment and intervention models.

Maria Luísa Santos¹, Lorraine Wright², Marta Basto³

¹University of Madeira, Funchal, Portugal, ²University of Calgary, Calgary, Canada, ³University of Lisboa, Lisboa, Portugal

Background and Purpose: How nurses involve families in their care receives special emphasis in this investigation. However, helping the family to find new solutions to their health/disease processes and reduce their emotional, physical and spiritual suffering is not always easily identified or effective in clinical settings. The evidence of a theoretical gap in the practice of family nursing led to this study examining the effect of an educational intervention on the implementation and utilization of a systemic approach to family care in the professional practice of nurses.

Methods: A quasi-experimental study involving several time series, conducted in the context of primary health care where nurses work with families. Ten of the twelve practicing care nurses were trained in an educational intervention program on utilizing a systemic approach to family care based on the CFAM/CFIM.

Results: The results showed positive and effective changes in the attitude and behaviour of nurses in their involvement of families in their practice. We highlight a positive attitude, regardless of age, time of service and professional development, and a high perception of self-efficacy in work with families. The effectiveness of the educational intervention program indicated knowledge transfer and therefore could be recommended and useful in similar nursing contexts.

Conclusions and Implications: The change on perceived attitudes and behaviour, by nurses and families, towards the systemic approach to family care, is assumed as an indicator of reduce the gap between theory and practice, after the training experience.

Consequently, the knowledge transfer by educational intervention, a stimulus that affected the methodologies of working with families, highlights and consolidates the nurses’ work with the families.
The 15-Minute Family Interview And The Knowledge About Neurological Study Results

Horak Melitta

University of applied sciences Krems, Krems, Austria

Background and Purpose

Pedagogical strategies to teach family nursing should be employed that enable students to gain family nursing competencies in a way that is meaningful and relevant to them. (Bell, 2010; Fast Braun, Hyndman, & Foster, 2010; Moules & Johnstone, 2010)

Especially because of the stressful and chaotic health care system is the knowledge about the 15-Minutes Family Interview with the 5 key elements a very useful instrument for implementation. (Wright & Leahey, 2014)

With current knowledge from natural scientific you can strengthen the feeling, a 15 Minutes Family Interview is highly necessary for the healing process of the whole family/for a human system.

Teaching method

Results of studies from Neurological Scientists underline the importance of this key elements and shows the students the impact of the human system.

To connect this knowledge with the five key elements of the 15-Minute Family Interview shows the students what could happen in the human system during the time of interaction. In other lessons they just have learned about immunological and neurological processes. Now they got the information, that these 5 key elements, their behavior, their questions, to take somebody seriously and be attentive etc. – directly can influence the whole healing process. Study results shows that if this happens, Neurotransmitter are produced in the neurological system. These neurotransmitter stimulate – as one example- a motivation system which influence the well-being – the mental and physical ability and also the sensitive/experience of pain. (Bauer, 2014)

Results

The students are able to underline the importance of the 15 Minutes Family Interview with arguments from natural sciences, which in our society most of the time is more accepted.

Conclusions and Implications

To implement this 15-Minute Family Interviews is easier/sustained if the importance is accepted.
Purpose: Develop an innovative, interactive family focused electronic health record (EHR) which utilizes genograms and ecomaps to collect family health data.

Background: Clinical practice documentation does not reflect family nursing care. Research findings suggest that nursing practice in many health care settings does not attend to the family as a focus for care. Families play a central role in decision making for the patient, they also provide information to the health care team. Strength of this approach lies in the expansion of the EHR beyond the current state to bridge technology with caring by placing family and family data in the center of care.

Method: A Clinical practice improvement project that blended academic disciplines of: Nursing, computer programming, information systems, graphic design and business. This interprofessional team recognized the need to bridge an informational gap in current healthcare systems. With aims to contribute to the overarching goals of 1) direct health care practice to optimal family care and outcomes, 2) facilitate family nursing practice and education by increasing the visibility of family in an EHR, and 3) to teach students how to develop collaborative interprofessional skills and relationships.

Evaluation Methods: An interactive, user-friendly, and functional family focused EHR.

Conclusion: This EHR is an innovative approach and breakthrough idea, where involving the family in the care of individuals is the future of healthcare sustainability. This approach to analyzing family data can help the health care team and families see connectedness, and help identify potential and missing support people in family caregiving situations. Health care team members are multiple and change often so they need easy access to the data and work that has been implemented related to family communication, relationships and coordination.
Teaching Family Nursing at the Graduate Level: Challenges and Strategies for Advanced Practice Role Preparation

Wendy Looman¹, Sandra Eggenberger²

¹University of Minnesota School of Nursing, Minneapolis, MN, USA, ²Minnesota State University Mankato, Mankato, MN, USA

Background and Purpose: Teaching family nursing at the graduate level requires that faculty and students have a clear understanding of how family nursing in advanced practice moves beyond enhancing skills developed at the undergraduate level. The purpose of this presentation is to clarify the characteristics of family nursing in advanced practice roles and to describe strategies for teaching family health nursing at the graduate level.

Methods: A review of literature and the history of the advanced practice nursing role are used to define a unique set of knowledge, skills, and capacity for role autonomy required for the delivery of family nursing in advanced practice nursing. Exemplars from graduate family health courses in two doctor of nursing practice programs are used to demonstrate strategies for preparing future advanced practice nurses across settings to provide care that acknowledges and engages the family system.

Results: There are foundational skills and practices that are appropriate for all levels of nursing practice, including family assessment, family level nursing actions, recognition of family strengths, and recognizing the interdependence of the family system in health and illness. Current literature suggests core characteristics that distinguish basic from advanced practice as a framework for defining family nursing practice competencies. Using this framework, exemplars from two graduate family health nursing courses are used to showcase strategies for helping graduate nursing students develop and apply these competencies. Strategies for helping students re-vision the significance of family in advanced practice are provided.

Conclusions and Implications: The future of family nursing practice depends largely on the knowledge, skills, and philosophical foundations of practice of the next generation of nurses. Clarity in the elements of family nursing in the advanced practice nursing role will enable faculty and students to apply strategies for teaching and learning for future practice with families.
Knowledge, Beliefs and Attitudes toward Diabetes Mellitus in Families from two Mexican Communities


1 Universidad Autonoma de Baja California, Tijuana, Baja California, Mexico, 2 Universidad Autonoma de Chiapas, Tuxtla Gtz. Chiapas, Mexico, 3 Universidad Autonoma de Tamaulipas, Tampico, Tamaulipas, Mexico, 4 Benemerita Universidad Autonoma de Puebla, Puebla, Puebla, Mexico

Background: It has been observed that relatives of patients living with type 2 Diabetes Mellitus (DMT-2) are usually aware that they have a higher risk for diabetes; however, they underestimate this risk and know little regarding potentially useful preventive strategies. The aim of the study was to explore comprehensive elements on attitudes, beliefs and knowledge in families living with DMT-2 in populations of low social development of Mexico.

Methods: It was conducted an exploratory study with a qualitative approach in families of people living with DMT-2 in two communities of Chiapas, Mexico. Semi-structured interviews were performed in homes of people with DMT-2 and their families, using guiding questions containing the dimensions of the Health Belief Model (Rosenstock, 1974). To analyze information, hermeneutic interpretive design was utilized.

Results: We interviewed 12 members of six families, of which half were patient and half relatives (sons and daughters), about their gender, three were males and six females, ages of the patients ranged between 38 and 56 years old and ages of relatives 22-33 years old. People with diabetes had been diagnosed between four and twelve years before. Five of the six families were extended family type and only one was a nuclear family. By asking to relatives if they believed that someday they would have diabetes, one of the testimonies was "Well, actually ... doctors said that I would have ... but as I say, if God does not allow it, I will not be sick, right?..."

Conclusions: The constructs analyzed in this study reveal that both the severity and perceived susceptibility indicate potential unclear threats to health, so that the behavior related to medical treatment, physical activity and food (pillars of glycemic control) are subject to the limited knowledge about the disease as well as cultural and spiritual beliefs.
Final Reconciliation Of Family Relationship: A Taiwanese Phenomenological Study Of Hospice Care

Chang-Hsiung Tsai¹, Shu-Ling Tsai², Hsiu-Hui Lee³

¹Nanhua University, Chiayi, Taiwan, ²Chang Gung University of Science & Technology, Chiayi, Taiwan, ³Buddhist Dalin Tzu Chi General Hospital, Chiayi, Taiwan

Purpose and Background: This study proposed to explore the care experience of Taiwanese hospice healthcare providers who help terminal patients reconcile their relationship with family members. Situated in an East-Asian group-oriented culture that family is placed over individual, hospice care teams in Taiwan encountered the challenging work in a different way compared to their Western counterparts. However, previous researches mostly treated family issues in hospice from the individual-oriented perspective. They did not fully recognize the significance of the nuances. Therefore, there was a need to make a shift of research orientation.

Methods: This qualitative study was guided by hermeneutic phenomenological method. It was approved by the IRB of hospitals. Sampling was purposive. Twenty-four healthcare providers were recruited from hospice teams of three teaching hospitals in Taiwan. Data were collected through semi-structured interviews and analysed in light of hermeneutic phenomenological methodology. There was an interpretive circle being formed among units of meaning, sub-themes and main themes so that the participants’ lived experience was understood, as suggested by van Manen (1997). The rigor was assured in terms of Madison’s (1989) nine evaluation criteria.

Results: There were five themes being distilled from the text that constitute the essential meaning of hospice healthcare providers’ care experience regarding the reconciliation work between terminal patients and their family members. They were as follows. 1. ‘being patient-centered’; 2. ‘being involved and detached’; 3. ‘being indirect’; 4. ‘pacifying the shame feeling’; 5. ‘treating anticipatory grief’.

Conclusions and Implications: This study confirmed that the care experience of hospice healthcare providers in Taiwan was largely shaped by group-oriented family culture in conducting the family reconciliation work. When the cultural differences involved were properly understood, strategies suitable for the reconciliation work could be developed, and a good death envisioned.
**E903**

**Leprosy In India: Recognizing The Impact On Individuals and Families**

**Cheryl Corbett**

_Brigham Young University, Provo, UT, USA_

**Purpose**

To explore and describe the impact of leprosy on individuals and their families living in rural India.

**Background**

Leprosy is an ancient disease and although eradicated from most of the world, it remains a devastating and debilitating disease in India with millions affected. Leprosy (Hansen’s disease), is an infectious disease caused by a mycobacterium. It affects the skin and peripheral nerves causing loss of sensation and disfigurement of the limbs and eyes.

In rural India a combination of cultural beliefs and ignorance perpetuates an intensely negative social stigma. This stigma prevents victims from attending school, getting employment, boarding public transportation, seeking healthcare and visiting families. The leprosy-affected are frequently separated from their families and placed in residential colonies with others that have leprosy.

**Methods**

Convenience sampling was implemented to recruit 24 participants from six leprosy colonies in rural Tamil Nadu, India. They were invited to share life and family experiences following their diagnosis of leprosy. Interviews were conducted using a semi-structured guide with open-ended questions. Interviews were held in Tamil and interpreted to English via a native interpreter and digitally-recorded. Recordings were transcribed and analyzed for common themes.

**Results**

Prevalent themes that emerged:

- Initial fear and despair upon diagnosis
- Negative family reactions and response
- Social isolation and community discrimination
- Lack of understanding about leprosy (both community and participants)
- New found spirituality provided courage and strength
- Hope for the future in younger generation

**Conclusion**

Participants shared life experiences living with leprosy including the psychosocial, physical and personal impact of this disease. Pleas were voiced for increased public awareness and education about leprosy. Improved understanding of the lived experience of those with leprosy increases awareness and knowledge helpful in providing support to those affected by this disease.
Gastrointestinal stomas in children and adolescents: family experience

Clara Zacarin, Giselle Dupas

Universidade Federal, São Carlos, São Paulo/Sudeste, Brazil

Background and Purpose: Caring for a child with ostomy brings impacts to the family. This study aimed to understand the experience of families with children who have gastrointestinal stomas.

Methods: Qualitative approach was used, in light of Symbolic Interactionism as a theoretical framework and the methodological framework of Narrative Analysis. For data collection, were conducted with interviews by guiding questions, with 16 families of children and adolescents with gastrointestinal stoma. Six families the children had intestinal stomas and ten had gastrostomy.

Results: The analysis process has resulted in 6 themes and categories and the results of this study allowed us to understand that the family of the child or adolescent with gastrointestinal stoma goes through a process of progressive experience and acceptance of the condition of the child, which starts with the impact of the diagnosis of unexpected illness. Feelings like fear and insecurity are evidenced by distancing and denial of the need to make the stoma. After the acceptance and learning period, the family notice the clinical and health improves of the child, but goes through prejudice situations and alienation of the extended family, difficulties in maintaining employment, and maternal burden in the care of the ostomy’s son. The support network is reduced and there is only strengthened ties among members of the nuclear family.

Conclusions and Implications: Even before the difficulties the family has a positive view of the stoma, but crave reenter the child in society through the stoma reversal in the case of intestinal and through oral feeding, at the gastrostomy, even when it is permanent. The results of this study make it possible to understand the experience, which in turn improves the care of these families.
Contents of Family Nursing in Continuing Education by Certified Nurse Specialists

Fumiko Okamoto, Miyuki Nakayama

Osaka Prefecture University, Habikino, Osaka, Japan

Background and Purpose: Family nursing practice has become increasingly important due to changes in the medical system in Japan. However, in basic nursing education, not all educational facilities include education on family nursing. In addition, family nursing education has been initiated only recently in continuing education by certified nurse specialists (CNSs). The purpose of this research was to clarify the contents of family nursing in continuing education by CNSs.

Methods: The study design included qualitative induction research. The data were collected via semi-structured interviews, and were analyzed from the contents of family nursing education at a hospital. This study received approval from the Ethics Committee of the Institutional Review Board of our university.

The subjects included 14 family health nursing CNSs (four men, 10 women). The mean number of years of experience as a nurse was 16.1 ± 4.9, with a range from 9 to 24 years. The mean number of years of experience as a family health nursing CNS was 2.8 ± 1.6, with a range from 1 to 6 years.

Results: With regard to family nursing education, subjects were applicants and more 2 years of experience as a nurse. There were basic and advanced sessions, or one session only. The contents included lectures about family nursing theory, family nursing assessment, family nursing practice, group work about assessment and planning the family nursing care by using a case study, and role playing to improve communication with families. Family health nursing CNSs taught family nursing in clinical settings based on nurses’ needs in continuing education.

Conclusions and Implications: Our results suggest that family nursing education by family health nursing CNSs should expand to cover more areas in clinical settings.
SILENT CARE – how families interact and communicate during advanced cancer

Marianne Fjose, Grete Ellertsen, Marit Kirkevold, Ellen Karine Grov

Sogn and Fjordane University College, Førde, Norway, Buskerud and Vestfold University College, Drammen, Norway, University of Oslo, Faculty of Medicine, Oslo, Norway, Oslo and Akershus University College of Applied Sciences, Oslo, Norway

Background and Purpose: Cancer and impending death have large impact on the entire life of the family. However, few studies have described the issues and concerns shared by family members, or the processes that transpire between them during advanced cancer. Therefore, this study will illuminate from a family perspective with several generations involved, what the family as a unit and as individuals experience as important and difficult in the relations when one old family member has cancer in a palliative phase.

Methods: The study has a qualitative design. Data are collected by family interviews with 27 families, each with two to five participants. Data were analyzed in three steps: naive reading, structural analysis and comprehensive understanding. The analysis process is shown through descriptions of meaningful units, sub-themes and themes which together form the interpreted overall impression.

Results: Findings can be categorized into two themes and four sub-themes. The first theme describes the most important: “to have the most positive final times together”, while the second theme describes the “challenges in the family life”. The first theme consist of one sub-theme: “to cheer and comfort each other”, and the second theme is divided into three sub-themes: 1) “difficult thoughts and emotions”, 2) “difficult distribution of responsibility and tasks” and 3) “sensitive and respectful interaction”. The comprehensive understanding, “silent care” portray how family members' balance needs and emotions to achieve a most positive final time together and minimize the challenges in family life.

Conclusions and Implications: The study shows that families with advanced cancer, care for and support each other mostly without words, because they do not want to burden each other. The silent care can relieve or expand suffering, depending on whether the family members agree about the way of interaction or not.
Background and Purpose: When a person is afflicted by cancer, it is considered a family illness, since all family members experience a changed life situation. Receiving a cancer diagnosis requires emotional and physical adaptation to a new situation for both patients and family members. When the cancer is incurable, both family members and patients feel like their lives are being put on hold with constantly waiting and loss of control. Studies have shown that family members of patients with cancer suffer from psychosocial problems and that they have an increased risk for depression. For society in general and especially for the health care system to be able to provide appropriate prevention and support it is important to develop knowledge of how the family are affected by living with cancer in a palliative phase. Therefore, the purpose of this study was to illuminate family’s life situation when living with cancer in a palliative phase.

Methods: A qualitative design with open ended questions was chosen, including repeated family research interviews with families living with cancer in a palliative phase. Up-to-date, 9 interviews are performed and the data collection is estimated to be completed in February 2015. The interviews are transcribed and will be analysed according to a Gadamer-inspired hermeneutic method.

Results: No results can be presented at this time, as analysis is presently ongoing.

Conclusions and Implications: No conclusions or implications can be outlined at this moment.
Investigation of patient and family needs during oncology care in Denmark and Australia

Elisabeth Coyne1, Karin Dieperink2,3, Debra Creedy1, Birte Ostergaard3

1Griffith University, Brisbane, Australia, 2Odense University Hospital, Odense, Denmark, 3University of Southern Denmark, Odense, Denmark

Background

Patient outcomes are closely linked to support and guidance by the family during the patient journey. Oncology patients experience a range of side effects and treatment issues which are mainly managed by the family. However, the family are often not included in care and conversations with the patient. This study conducted in Denmark and Australia investigated the needs, strengths, and resources of patients and families during oncology care across different cultures.

Methods

Guided by the Family Systems Theory, a cross-sectional exploratory survey was conducted to investigate the needs of participants. A convenience sample of patients and family members from Denmark and Australia were recruited. The survey consisted of the ICE Family Perceived Support Questionnaire, ICE Expressive Family Functioning Questionnaire, Family Hardiness Index, and Family Crisis Orientated Personal Evaluation Scales. Descriptive statistics, correlations, and comparisons were completed.

Results

The sample consisted of patients (Denmark n=56; Australia =83) and family members (Denmark n=54; Australia =39). Patients had a mean age of 61 years, and 51% were female. Family members had a mean age of 55 years and 53% were female. The types of cancer diagnosis were breast 20%, colon 18%, haematological 17%, lung cancer 11% and other 34%. There was no statistical difference between countries on scale responses. The analysis revealed significant correlations between scale scores. There is a significance difference between the patient and family member responses. There were differences between cancer groups and age groups, with lung cancer and younger age being associated with lower overall scores.

Conclusions

This international study identified few differences between Danish and Australian families with cancer which allows for the sharing of supportive care information. This study highlights the need for family assessment, understanding differences between patient and family, age groups and cancer diagnosis to ensure patient and family needs are identified.
Perceived social support for adolescents with cancer

Ayfer Ekim¹, Ayse Ferda Ocakçi²

¹Istanbul Bilgi University, School of Health Sciences, Department of Nursing, Istanbul, Turkey, ²Koc University School of Nursing, Istanbul, Turkey

Purpose and Background: A cancer diagnosis is an appalling trauma for the adolescent. Distortion of body image, change in relationship patterns, and staying away from school environment all have roles in that trauma. The social support system is an important factor for coping with the trauma related with disease or life-changing circumstances. The purpose of this study was to determine the perception of the social support for adolescents with cancer.

Methods: The study was conducted in two inpatient pediatric oncology units located in Istanbul, Turkey. A hundred and eight adolescents between the ages of 12–18 participated in this study. Adolescents were patients at the oncology inpatient clinics and were receiving chemotherapy for at least six months. The data were collected using the Multidimensional Scale of Perceived Social Support (MSPSS).

Results: The mean age of adolescents was 13.9±3.0 years. The mean duration of their hospitalization was 21.3±5.9 days; the number of admissions to the hospital mean was 4.0 ± 3.3. The total score of MSPSS was 55.9 ±11.5. As for subscales, the highest score belonged to families (28.6±2.5). The perception of social support from friends was rather low adolescents with cancer mostly benefited from family social support. The social support of families did not vary according to gender; however, the subscale for social supports of friends was 20.4 ± 6.2 for girls and 16.7 ± 4.8 for boys and this result was statistically significant (p < 0.05).

Conclusions: Family is an important structure for social support in adolescents with cancer. The nurses should be aware of supportive needs of the adolescent with cancer. It is recommended that the nurses should plan interventions for adolescents with cancer to increase social support, especially from family and friends.

Key Words: Adolescent, cancer, social support, nurse
The Ordinary in the Context of the Extraordinary: Parenting in Pediatric Life-Threatening Conditions

Kim Mooney-Doyle¹, Janet Deatrick¹,²

¹University of Pennsylvania School of Nursing Center for Health Equity Research/Center for Global Women’s Health, Philadelphia, PA, USA, ²University of Pennsylvania School of Nursing Shearer Endowed Term Chair, Philadelphia, PA, USA

Purpose and Background: Uncovering what it means to be a parent during the extraordinary time of a child’s serious pediatric illness-life-threatening condition (SPI-LTC) is important for understanding family goals, decision-making, and parenting work. A rich description of parenting both children who are ill and healthy is missing from the research.

Theoretical Framework: This study was informed by Horowitz’s Critical Components of Parenting and Bronfenbrenner’s social ecological model.

Methods: Cross-sectional, qualitative descriptive methods were used to describe the everyday experience of parenting both children who have LTI and their siblings who are healthy. Thirty-one parents of 28 children with LTI who have healthy siblings were recruited from a large, urban, children’s hospital while children with SPI-LTC were hospitalized in a critical care unit, oncology unit, or receiving services from the palliative care team.

Results: Four themes emerged from the data that describe parental desire to maintain emotional connection with all of their children, how parents use cues from their children to know them better and develop parenting strategies, how parents change as a result of caring for the child with LTI, and how they strive to decrease suffering in all of their children.

Conclusions and Implications: The findings of this study highlight the extraordinary work families do on behalf of all children in their family and have implications for clinical practice, family-focused research, and health policy pertaining to families of children with LTI. This extraordinary work becomes an ordinary part of family life, yet there may be risks of and limits to this transformation of parenting as it often become invisible to outside the family. Family nurses and researchers can use the findings of this study to open a conversation with families around goals of care for children with SPI-LTC, as well as parenting goals for the healthy siblings.
The Effect Of An Art-Based Nursing Intervention On Attendants' Satisfaction Levels In Pediatric Nursing

emel teksöz¹, ayse ferda ocakci², ibrahim bilgin¹

¹mustafa kemal university, hatay, Turkey, ²koç university, istanbul, Turkey

Background and Purpose: Family plays a key role for the healing of hospitalized children. To pediatric nursing, family is taught to be the primary unit of care. So that; it is so crucial to search the effect of Art-Based Nursing Intervention on attendants’ satisfaction levels. The aim of the study was to search the effects of Art-Based Nursing Intervention on satisfaction levels of attendants of hospitalized children.

Methods: A qualitative and quantitative design was utilized in this study. The sample of the study consisted of 30 children’s attendants (15 control, 15 experimental) to whom Art-Based Nursing Intervention was applied. As quantitative data collection tool, Pedsql Health Care Satisfaction Tool was applied to the groups in the form of pre and post tests. For qualitative data, semi-quasi question forms were used as well as observation and interviews. Independent t-test was also used to analyze the quantitative data. Additionally; content-analysis was utilized for assessing the qualitative data.

Results: Analysis of data showed that statistically significant mean differences were found in favour of experimental group in the post-test mean scores (p<0.05). According to post-tests' sub-groups, there was not a statistically significant difference between control and experimental groups at “informing” sub-group while there were statistically significant differences in favor of experimental group for other sub-groups that is; “family”, “communication”, “technical skills”, emotional and overall satisfaction”. As for qualitative data; content analysis were held and views of attendants were divided into two themes and they were explained via 23 sub-themes.

Conclusions and Implications: The results have shown that Art-Based Nursing Intervention programme is an intervention which increases the attendants’ satisfaction levels of medical care services and of physco-social satisfaction. In recent years, some nursing interventions, aiming to meet child's game needs which were interrupted due to hospitalization process, came out.

Key Words: Art of nursing, child, child of nursing, intervention
District Nurses’ Lived Experiences Of Meeting Significant Others In Advanced Home Care

Susanna Pusa¹, Katharina Hägglund², Maria Nilsson², Karin Sundin³

¹Umeå University, Umeå, Sweden, ²Västernorrland County Council, Örnsköldsvik, Sweden, ³Umeå University, Örnsköldsvik, Sweden

Background and Purpose: District nurses (DNs) strive to organize nursing care so their work can meet the expectations set by themselves, the patients and the patients’ families. Working as a DN in advanced home care involves supporting significant others and responding to family’s needs and wishes. An extended understanding of the meaning of DNs’ lived experiences in meeting significant others while caring for patients in their homes appears to be needed. Thus the purpose was to illuminate the meanings of district nurses’ lived experience in meeting significant others when giving advanced home care to patients.

Methods: DNs working in advanced home care were recruited from 10 health care centres in mid-Sweden. The data was collected through 10 audio-taped narrative focus-group interviews with the district nurses and interpreted using a phenomenological hermeneutic approach.

Results: Three themes and seven subthemes emerged: The first theme, Feeling close, consists of three subthemes: Being available, Sharing understanding, and Being aware. The second theme Mediating strength, contains the subthemes Being a resource, and Sharing trust. The third theme; Being emotionally influenced involves the subthemes Experiencing emotional distress, and Experiencing emotional gratitude. Descriptions and illustrations of themes and subthemes will be presented. The theories of Travelbee, Ricouer and Marcel have been used to clarify and deepen the understanding of the phenomenon.

Conclusions and Implications: Meeting significant others as a DN in advanced home care means creating and maintaining a trustful relationship with significant others, both on a personal and family level, aiming to illuminate and respond to their needs and desires. The DN strive to reach a mutual understanding through which the DNs may reach an awareness of the wholeness of the family situation and thus receive a tool to support and mediate strength. Being a DN in this context is both emotionally demanding and emotionally rewarding.
F304

Content in Family Health Conversations in Residential Homes for Older People – Significant Others’ Perspectives

Karin Sundin¹, Erika Lundmark², Kirsi Ripatti², Åsa Dorell¹

¹Umeå University, Örnsköldsvik, Sweden, ²County Council of Västernorrland, Örnsköldsvik, Sweden

Background and purpose: “Family Health Conversations” (FamHC) is a family-systems nursing intervention inspired by the “Calgary Models”. FamHC aims to sustain family health by creating a context for support within the family and, when needed, creating new beliefs and opportunities in relation to problems experienced by families. The purpose of the study was to describe the content that significant others (SOs) of family members living at a residential home for older persons chose to focus on when participating in nurse-led FamHC.

Method: The study has a qualitative design. The intervention consisted of a series of three nurse-led, one-hour conversations with each family, with a two-week interval. The participants were SOs of family members living in a residential home for older persons in a municipality in Sweden. The FamHC were characterized by cooperation in which the nurses developed questions designed to mediate stimulus to reflections, focusing on the resources and strengths the family has and on alternative ways to cope with the current situation and its related problems and suffering, as well as the future. The FamHC were tape-recorded, transcribed verbatim, and analyzed using a qualitative content analysis.

Results: The results show what the SOs chose to focus on during the three conversations. The first conversations in the FamHC series were about how SOs felt and reacted before and after their older family member moved to the residential home. In the second conversations, the SOs talked about their suffering and difficulties concerning the new situation. In the third conversations, the SOs talked about how to find coping strategies and resource management for solving problems in the future.

Conclusion and implication: The SOs had a significant need to talk about their experiences together. They also wished that they had been offered an opportunity to participate in FamHC earlier in the illness process.
Constructing A Care Model For The Daily Activities Among Disabled Residents’ Targeting Nursing Home in Taiwan - An Experimental Study

Hui-Chi Huang

Mackay Medical College, Taipei, Taiwan

Background

According to Oxford Dictionary, families are “A person or people related to one and so to be treated with a special loyalty or intimacy”. The nursing home are disabled home, the disabled people called residents in their home, and the nurses and care aides are the first line caregivers in home; therefore, they need provide individual care for differences disabled residents.

Purpose

The purpose of this study was building a daily activities care model in home by interventions.

Model / Framework

The clinical practice model was used: illness focus on how do residents maintain this function from daily activities care, families including residents, their families, nurses and care aides.

Methods

Research design

This was an experimental study design, from September 2013 to December 2013.

Sample, setting

The eligibility criteria sampling of home in this study were: accreditation level had “excellent” or “A” grade, and had more than 100 beds. According to those criteria random selected five from 45 home in Taiwan. Random arrange A, B, C, and D to control and E home to experimental groups. The criteria sampling of residents except stay in hospital were invited.

Procedures, measures and analyses

The statistics of CMH and GEE were used to compare the contents care, where were: Barthel Index, Modified Katz Index, and incidence of fall, pressure sore, physical restraints and infection.

Results

The intervention group had significantly lower incidence of physical restraints. The benefits of residents in regular physical activity for this age group are well documented; it positively influences their mood state and some aspects of their social interactions.

Conclusions

The results suggest the need to increase the nurses’ knowledge base regarding the benefits of swallowing skill, preventing fall, decreased use the physical restraints, and also highlight the potentially adverse effect of restraint usage by nurses.
Content Validation of the Family Management Measure: Feeding (FaMM Feed)

Britt Pados¹, Hayley Estrem¹, Suzanne Thoyre¹, Jinhee Park², Eric Hodges¹, Cara McComish¹, Anne McKechnie¹, Kathleen Knafl¹

¹University of North Carolina at Chapel Hill, Chapel Hill, NC, USA, ²Duke University, Durham, NC, USA

Background: Families of children with feeding difficulty face many challenges in their efforts to support the child’s eating, growth, and development. The family is critical to the successful implementation of feeding interventions. Understanding how the family manages their child’s feeding would guide clinicians in tailoring interventions for optimal success. The Family Management Measure by Knafl and colleagues was adapted to create the Family Management Measure: Feeding (FaMM Feed) by changing item wording related to the child’s chronic condition to wording specific to feeding difficulty. This study presents content validation of the FaMM Feed, a measure of the family’s management of their child’s feeding difficulty.

Methods: Seventeen experts in pediatric feeding were invited to review the instrument using an online survey and rate each item for relevance and clarity on a 4-point ordinal scale. A content validity index (CVI) was calculated for each item for relevance (I-CVI-R) and for clarity (I-CVI-C). Item-level scores were averaged to calculate a scale-level CVI for relevance (S-CVI-R) and clarity (S-CVI-C). Experts were also invited to give feedback on items and suggest additional items.

Results: Nine experts completed the survey from a variety of disciplines, including speech-language pathology (n=4), nursing (n=2), occupational therapy (n=1), and psychology (n=2). There were 53 items on the original FaMM Feed. With 9 experts having completed the survey, the acceptable item-level CVI was ≥ 0.78. Four items had I-CVI-C < 0.78 and one of these also had I-CVI-R < 0.78. Changes to items will be presented. S-CVI-R was 0.98 and S-CVI-C was 0.92, which were both acceptable.

Conclusions: Further development of the FaMM Feed as a measure of family management of a child’s feeding difficulty is supported by this initial content validation by feeding experts. Cognitive interviews with parent experts are planned and results of this study will also be presented.
Validity and Reliability of the Turkish Version of the Family Management Measure

Ayse Ergun, Fatma Nevin Sisman, Saiime Erol, Kamer Gur, Nurcan Kolac, Hasibe Kadioglu

Marmara University, Faculty of Health Science, Division of Nursing, Public Health Nursing Department, Istanbul, Turkey

Purpose: This study was conducted for the purpose of adapting the Family Management Measure for Turkish schoolchildren and adolescents and testing its validity and reliability.

Methods: Survey data were collected from 395 parents of children suffering from chronic disease in the urban areas of Istanbul in Turkey in 2011-2012. (The participants were 395 schoolchildren/adolescent’ parents.) The Family Management Measure was translated using translation and back-translation. Content and construct validity were assessed to test the validity of the FaMM. Cronbach alpha coefficients, item-total correlations and test-retest correlations of the FaMM Turkish version were examined in the reliability analysis.

Results: The mean age of the students participating in the research was 10.77±2.65; 55.4% were girls, 44.6% were boys. Of the family, 61.5% reported that their children had Asthma.

During cultural adaptation of the FaMM, no items or words were found to be incomprehensible. The Kendal’s W analysis results showed that there were no significant differences between the opinions of the experts (Kendall’s W =.183, p = .19). The overall content validity index (CVI) was 95% which signified that the FaMM has good content validity.

The confirmatory factor analysis of the Turkish version of the FaMM did not confirm of the original factorial structure. The model of three subscales for the Turkish FaMM was validated by expiratory factor analysis. Factor loadings on the three sub-scales ranged from 0.27-0.84.

The values of ≥.70 for the Cronbach alpha coefficient, >.25 for the item-total correlations and >.40 for the test-retest application correlations for 2 weeks were determined to be acceptable levels for the instruments and its subscales.

Conclusion: The Turkish version of the FaMM is a useful instrument for measuring management of chronic conditions in Turkish schoolchildren and adolescents between the ages of 6 and 17.

Key Words: children’s chronic conditions; family illness management; instrument adaptation.
A Global Family Quality of Life Scale: Preliminary Psychometric Evidence

Monique Ridosh1, Kathleen Sawin2,3, Timothy Brei4,5, Rachel Schiffman2

1Loyola University Chicago, Maywood, IL, USA, 2University of Wisconsin-Milwaukee, Milwaukee, WI, USA, 3Children’s Hospital of Wisconsin, Milwaukee, WI, USA, 4Seattle Children’s Hospital, Seattle, WA, USA, 5University of Washington School of Medicine, Seattle, WA, USA

Purpose and Background: An emerging concept, Family Quality of Life (FQOL) is useful to understand adaptation outcomes of families with children. Measurement of FQOL is developing for both global and domain-specific quality of life perspectives. The purpose of this presentation is to detail psychometric data from parent report for a new Global Family Quality of Life Scale (G-FQOLS), specifically construct validity and reliability.

Methods: Parents (N = 209) were interviewed in a multi-site study addressing secondary conditions and adaptation in families of adolescents with and without spina bifida (SB). Three global items with a response pattern of zero (poor) to 100 (excellent) were examined. Items were: “How would you rate (your; your teen’s; or your family’s) quality of life?” Data from total sample and subsamples were analyzed. Principal component analysis using Varimax rotation was conducted.

Results: Inter-item correlations were between $r = 0.60$ and $r = 0.81$ in total sample. Subsample with SB correlations were $r = 0.66$ and $r = 0.83$ and without SB were $r = 0.60$ and $r = 0.79$. In the factor analysis the Bartlett tests were significant and the KMO values were above minimum criteria of .60 supporting factorability. A single factor with an eigenvalue greater than 1 was identified in total and subsamples. The factor loadings were between .86 and .94. Internal reliabilities for the total sample and subsamples were strong ($\alpha = 0.86 – 0.90$).

Conclusions/Implications for Family Science: This study provides preliminary support for the G-FQOLS. This global appraisal of FQOL reflects parent’s personal weighting of domains important to them. This measure may be clinically useful in identifying families at risk for further assessment and intervention. Further research with this outcome measure provides a way to evaluate and monitor factors related to adaptation and to guide policy for family centered interventions.
Cognitive Interviews for Validating the Family Nutrition and Physical Activity Screening Tool for Korean-Americans

So Hyun Park¹, Chang Gi Park², Linda McCreary², Kathleen Norr², Hyunjoo Na³

¹Florida State University, Tallahassee/FL, USA, ²University of Illinois at Chicago, Chicago/IL, USA, ³Dong-A University, Busan, Republic of Korea

Background and Purpose: Childhood obesity is a growing health concern and the family plays a pivotal role in shaping lifestyles related to childhood obesity. The Family Nutrition and Physical Activity (FNPA) is a screening tool for identifying family environment may influence on childhood obesity, but it has not been validated for Korean-Americans (KAs).

The purpose of this study was to develop translated Korean version of the FNPA instrument and to evaluate cultural appropriateness of the FNPA for KAs.

Methods: The FNPA was translated into Korean using a parallel blind technique. To determine comprehensibility and appropriateness, the think aloud method was used for cognitive interviews with 19 KA mothers. Content analysis was conducted to identify problems with the FNPA.

Results: Overall, participants reported that the FNPA is easy to understand and using 4-Likert scale is fine with them to answer. Both the English and Korean versions of the FNPA questionnaire items were modified due to: items were not specific enough, confused wording, and incorrect interpretation. Of the 20 items in the FNPA, 14 items were retained in their original form, 6 items were revised, and none items were deleted.

Conclusions and Implications: Cognitive interviews were used to confirm the appropriateness and comprehensibility of the translated FNPA in the KA context. Only minor changes were needed. Further psychometric evaluation of the FNPA should be conducted to demonstrate the usefulness of the FNPA to measure family environment associated with childhood obesity among KA families.
Assessing and Managing Suicidal Ideation and Behaviors in Family-based Research

Matthew Lucas², Wendy Hobbie³¹, Barabara Beacham⁴, Bridgette Brawner¹, Tom Hardie¹, Jennifer Hicks-Meaney¹, Cynthia Paidipati¹³, Kim Mooney-Doyle¹

¹University of Pennsylvania, Philadelphia, Pennsylvania, USA, ²Temple University, Philadelphia, Pennsylvania, USA, ³The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA, ⁴Indiana University, Indianapolis, Indiana, USA

Conducting family-based research with potentially vulnerable populations often needs to incorporate protocols regarding detection of suicidal ideation in family members. Children who survive brain tumors are at risk for numerous physical and psychological effects resulting from their disease and treatment. Neurocognitive effects dramatically impact both a survivor’s ability to achieve independence and the lives of their family members. During a large study of caregivers of adolescent/young adult survivors of childhood brain tumors, suicidal ideation and behaviors were noted among the study participants. Therefore, the research team developed a protocol to react to and assess both survivors and their mothers who described suicidal ideation or behaviors.

The Columbia-Suicide Severity Rating Scale (C-SSRS) was used to identify an appropriate level of intervention by non-psychiatrically trained researchers. We found the C-SSRS to be feasible to use and successful in assessing participants endorsing suicidal ideation during initial phone interviews and adapted it for use in face-to-face, in-home interviews. The protocol includes follow-up with an on-call mental health professionals needed.

Fifteen participants (ten survivors and five caregivers) endorsed a suicidal ideation during the initial phone interviews and were successfully screened by the researcher. All were provided with follow-up by a mental health professional and referred for mental health services if not already seeing a therapist. Process notes contained the following themes about the participants (survivor: anger and/or sadness; caregiver: physical and emotional demands of the survivor) and interviewer (reiteration of event, successful assessment, recommendation in agreement with mental health professional).

Utilization of the C-SSRS as a tool to assist non-psychiatric staff with survivors of childhood brain tumors and their caregivers should include a suicide risk safety protocol to both evaluate expressed ideation/behaviors as well as to provide assistance as needed.
Family Health Barriers And Facilitators To Accessing Needed Services In Children With Developmental Delays

Lynnea Myers\textsuperscript{1,2}

\textsuperscript{1}Gustavus Adolphus College, St. Peter, MN, USA, \textsuperscript{2}Vanderbilt University, Nashville, Tennessee, USA

Introduction/Background: According to estimates from the World Health Organization, approximately 15\% of individuals in the world have some type of developmental disability. In the United States, statistics show early intervention programs designed to ameliorate the effects of delays are serving less than a third of these children. Exploring barriers that impede and facilitators that promote access to referral resources is critical for family health nurses working with families and their young children.

Methods: This presentation will review the current state of science on factors that impact family access to early intervention and other referral services for childhood developmental delay. The presentation will highlight the results of an empirical synthesis of 7 research studies on factors influencing family access to early intervention services for children identified with delays.

Results: Families cite significant barriers to accessing early intervention and other referral resources, including difficulty communicating with professionals, lack of knowledge and education around referral resources and services, and the stigma and fear of having a child with a developmental delay. Families also identify facilitators to accessing services such as supportive professionals and use of written, educational materials.

Conclusions: Understanding barriers and facilitators to the use of early intervention and referral services is a critical area for family health professionals. This empirical synthesis will highlight major barriers and facilitators and propose areas for future exploratory studies and intervention research.
Extended Family Members Role In The Prematurely Born Infant And Families Life's After Participation In Family-centered Network Group

Anne Brødsgaard, Mette Petersen, Theresa Helth

Department of Paediatrics, Hvidovre Hospital, Copenhagen University, Ketlegård Allé 30, 2650 Hvidovre, Denmark

Background and Purpose: Today, family-centered care is recognized as a frame of reference for care and treatment in neonatal intensive care units (NICU). Parents of premature infants can be with their infant in the NICU 24 hours 7 days a week and an increasing number of families participate in the care of the infant and are sitting skin to skin. Visiting hours are abolished and parents decide for themselves when they want their family to visit or be included. However, many parents of premature infants have expressed that it was a big job both having to accommodate the grief of giving birth prematurely, the uncertainty surrounding the premature-born infants survival and development and the need to inform and accommodate their extended family. Studies have shown that grandparents primarily consider themselves as supportive persons for the parents. They consider to a lesser extent their own needs and feelings as important in relation to the role they take. The presence of family members (defined by the parent’s) is considered to have strengthening effect on the parent-child relationship. Family-centered networking with information sharing, education and reflections about the role of the extended family has been a wish from parents, grandparents and health visitors for several years. Our NICU have offered this during the last year. Therefore the purpose of this study is to describe the significance for the extended families of premature infants to participate in family-centered network groups in the NICU.

Methods: A qualitative descriptive design was used with open-ended focus group interviews (2 focus groups, 10 family members) purposively selected as involved in the premature infant and family’s life and admission to the NICU. Deductive theory driven content analysis based on the theory of family-cantered care with special attention to information sharing was used.

Results: Different themes reveal from the extended family members experiences and reflexions. The themes will be presented with descriptions and illustrations at the conference.

Conclusions and implications: Families experiences and recommendations will be incorporated into the efforts and interventions to improve the family-centered care and treatment in the NICU and in the early home programme.
Family Intervention Program Development: How and Why? The Example of the Father Friendly Initiative within the Family

Christine Gervais1,2, Francine de Montigny1,5, Carl Lacharité3,4, Diane Dubeau1,2

1Researcher of the Center of Research and Studies in Family Intervention, Gatineau, Québec, Canada, 2Université du Québec in Outaouais, St-Jérôme, Québec, Canada, 3Center of Interdisciplinary Studies and Research on Child and Family Development, Trois-Rivières, Québec, Canada, 4Université du Québec in Trois-Rivières, Trois-Rivières, Québec, Canada, 5University of Quebec en Outaouais, Gatineau, Québec, Canada

Purpose and background: Several studies have explored families' experiences of coping with various health problems. The current priority is to improve and accelerate transfer of this knowledge into clinical practice, to promote the health, adaptability and well-being of families, health professionals and the healthcare system, by developing family intervention programs based on this research data. Program development, however, is a complex exercise that requires taking into account data, often fragmented, from research, practice and policy. The aim of this presentation is to provide the necessary tools to nurses working with families so they can develop and structure intervention programs. It is also intended to make nurses aware of the importance of evaluating the programs they develop.

Methods: A synthesis of the theoretical literature on program development provides general guidelines for program development by health professionals.

Results: The usefulness of the logic model for guiding the process of program development, implementation and evaluation will be explained. The participation and responsibilities of various actors involved in program development will be covered. The links between the needs analysis, the resources available for the program, the implementation context, best-practice strategies, and desired outcomes will be illustrated. The Father Friendly Initiative within the Family program (FFIF) will be described, with emphasis on its development, the timing of its activities, and program evaluation.

Conclusions: The Father Friendly Initiative within the Family program, developed by two nurses, is an inspiring example of implementation of a nursing intervention. Its observed effects on the 300 health and social service practitioners who have participated in the program are evidence of the quality of its development process. (If accepted, this abstract can be followed by a conference detailing the effects).
Parents' Perceptions of the Quality of the Neonatal Care in Maternity Hospital

Taina Pitkäaho¹, Ulla Sankilampi², Katri Vehviläinen-Julkunen¹,³

¹University of Eastern Finland, Department of Nursing Science, Kuopio, Finland, ²Kuopio University Hospital, Department of Pediatrics, Kuopio, Finland, ³Kuopio University Hospital, Kuopio, Finland

Background and Purpose: High-quality care in maternity hospitals' neonatal or birth units is characterized by family-centered approach with a mutual relationship between care providers and parents. The purpose of this study was to describe parents' perceptions regarding the quality of the neonatal care in a maternity hospital.

Methods: Data of this quantitative cross-sectional study were collected by e-mail survey to newborns' families in one university hospital in Finland between 03.02–21.09.2014. The data consist of 549 responses covering 31.8 % of the stratified survey sample (n = 1724) of three subgroups: A) parturients with abnormal delivery (n = 132, 36.8%) and newborns with normal care needs, B) parturients with abnormal or normal delivery and newborns in a neonatal intensive care unit (NICU) (n = 94, 34.9%), and C) parturients and newborns with normal care needs (n = 323, 29.4%). The Revised Humane Caring Scale (RHCS) was used to measure parents' quality perceptions. Statistical parameters and differences testing were used to interpret the perceptions.

Results: The mother (mean age 30.3 years) was the respondent in 99.6% of the cases. They reported fairly high satisfaction to care participation (mean 8.3; SD 1.69; in the scale 0–10). Differences between groups were observed in perceptions of respect to newborn (p=0.002), quality of treatments (p=0.002), alleviation of newborn’s pain (p=0.021), care of basic needs (p=0.045) and overall satisfaction (p=0.002). Mothers in the group B with the newborn in NICU, were more satisfied to care quality than mothers in the group A and C.

Conclusions and Implications: Perceptions of the quality of neonatal were based mainly on mothers' evaluation. To reach fathers' perceptions, different types of data collection methods should be used. The differences in quality perceptions between the groups indicate need to develop family-centered neonatal care in maternity hospital to response families’ distinct needs.
Family Members As Adaptive Leaders: Collaborative Work During Treatment For Chronic Hepatitis C

Donald Bailey, Michael Cary, Natalie Ammarell, Ruth Anderson

Duke University School of Nursing, Durham NC, USA

Background and Purpose: 1) To describe and classify the collaborative work family members do with the patient and/or the clinician while their loved one undergoes treatment for Chronic Hepatitis C and 2) describe the impact of collaborative work on patient self-management.

Framework: Adaptive Leadership Framework for Chronic Illness

Methods: We used a sequential parallel mixed method design in this longitudinal (10 data-collection points, T1-T10) case study of 20 patient participants, their family members, and their providers. In the qualitative strand, we audio-recorded the index and final clinical encounter, interviewed patients and providers following these encounters (T1 and T10), interviewed patients by telephone (T2-T9), and reviewed all of the medical-records over the 12 – 24 weeks of treatment. In the quantitative strand, we measured illness perceptions, symptoms, viral load, and self-management.

Results: We identified fives themes: 1. Family reinforces provider recommendations; 2. Family suggest ways to manage prescribed regimens; 3. Family seeks and shares information during clinical encounter; 4. Family support patient and 5. Provider encourages family collaborative work. Patients described struggling to continue their usual role in the family. Some family members attempted to maintain usual routines that exacerbated patient challenges while others used collaborative work and adaptive leadership strategies that supported patient self-management. We identified rich descriptions of family members and providers working collaboratively to assist the patient in managing his or her adaptive challenges.

Conclusions: This study suggests areas in which families have demonstrated capacity for collaborative work to support patient self-management during treatment for Chronic Hepatitis C. Collaborative work of family members could be used to develop and test adaptive interventions to facilitate patient self-management in many chronic illnesses.
Family Function, Family Hardiness And Health Related Quality Of Life In Families Where A Member Is Living With High-grade Glioma.

Anni Noerregaard¹, Karin Lütgen¹, Inge Faarup₁, Birte Oestergaard¹, Frantz Rom Poulsen¹

¹Department of Neurosurgery, Odense University Hospital, Odense, Denmark, ²Clinical Institute, University of Southern Denmark, Odense, Denmark

Each year about 250 patients in Denmark are diagnosed with high-grade glioma. Without treatment the patients will die within 3-4 months. For patients treated with surgery, radiotherapy and chemotherapy the average survival is about 14 months. Nearly all patients have behavioural, emotional and intellectual difficulties. The quality of survival of these patients and their family is of major importance. When a person is diagnosed with high-grade glioma not only the patients life change the whole family is affected.

The aim is to investigate family function, family hardiness and health related quality of life in families where a member is living with high-grade glioma.

Methods

An exploratory survey was conducted to investigate the perceptions of families. A convenience sample of patients and family members were recruited from Department of Neurosurgery, Odense University Hospital. Structured interviews with patients and their family members were conducted 4 and 14 weeks after diagnosis. The survey consisted of three instruments: 1. Family Function Style Scale measuring five factors concerning family values, coping strategies, engagement, interactional pattern and mobilizing of resources; 2. Family Hardiness Index which refers to the internal strengths and durability of the family unit and 3. The WHO Quality of Life Questionnaire (WHOQOL-BREF) measuring factors related to physical, psychological, social and environmental domains. Descriptive statistics, correlations and comparisons will be completed.

Results

The sample consisted of 39 patients and their family members. Final analysis and results of the study will be presented at the conference.

Conclusions and Implications

The study is expected to generate new and important knowledge concerning nurses’ opportunities to improve daily life among patients and families struggling with high-grade glioma.

This knowledge might have an impact on future planning and implementation of nursing care for these families.
Preparedness to care: The effects of family-oriented nurse-led counselling for family members of older persons

Romy Mahrer-Imhof, Hannele Hediger

Zurich University of Applied Sciences, Institute of Nursing, Winterthur, Switzerland

Background: Older persons often depend on family support in order to be able to dwell at home. For family members providing support and care can be challenging and burdensome. Therefore, a nurse-led counselling program was developed to provide professional support and to alleviate stress in family members. The study investigated whether preparedness to care could be increased and burden decreased in family members after counselling.

Methods: A quasi-experimental pre-post design was used. Instruments to assess preparedness for caregiving the German version of the Family Care Inventory using an index between 0 (no preparedness) to 4 (very good preparedness) and to measure the burden of caregiving a single item with a VAS scale from 0 (no burden) to 100 (highest burden) were used. Data were collected before counselling and two weeks after completion of the last session. To analyse the pre-and post-intervention data the Wilcoxon Test was applied.

Results: Seventy-two family members from 63 families participated in counselling. The majority were women (79%) with a mean age of 59.1 years (±13.9, 24-89) as were the care recipients (54% women) with a mean age of 80.8 (±9.9, 59-100). Preparedness for care increased significantly from 2.1 ±.6 to 2.6 ±.58 p<.001. Burden in family members decreased but did not show significant results (63.2 ±20.9 vs. 57.1 ±20.5, p =.198).

Discussion. The findings show that family members could benefit from the nurse-led counselling program. the family members received information and could discuss their concerns that led to be better prepared for caregiving. However, the decrease in burden did not reach statistical significance which might be due to statistical power, but also to the fact that burden might only be released when new practices additional services could be implemented and function over a longer period of time.
Family Nursing In Specialized Palliative Home Care: The Benefits Of a Therapeutic Conversation Intervention

Asta B. Petursdottir, Erla Kolbrun Svavarsdottir

University of Iceland, Reykjavik, Iceland

Background and Purpose: A large body of research has documented the effect that cancer can have on family caregivers, which puts them at risk for long-term health problems. However, less is known about effective interventions to improve caregivers outcomes. The psychosocial needs of the family caregivers must be addressed and supported, so they can maintain their own health and perform their caregiving role. The purpose of this study is to evaluate the effectiveness of a family therapeutic conversation intervention (FAM-TCI) for home-based family caregivers of cancer patients (phase I). To evaluate the benefits of implementing clinical guidelines for family caregivers of cancer patients receiving specialized palliative home care (phase II). To evaluate the effectiveness of the FAM-TCI on bereavement outcomes of family caregivers after death of a family member (phase III).

Methods: The theoretical frameworks that guide the intervention are the Calgary Models from the Family Systems Nursing. Phase I: Quasiexperimental; one-group pretest/posttest design, 60 family caregivers answer a set of 7 questionnaires at three time points (baseline, after two sessions of FAM-TCI and four weeks later). Phase II: Cross-sectional design, 8 nurses in a specialized palliative home care unit answer a questionnaire after implementation of clinical guidelines. Phase III: Quasiexperimental pretest/posttest design, 60 family caregivers answer 2 questionnaires at three time points after death of a family member.

Results: Findings from the analysis of data (perceived psychosocial burden associated with caregiving, perceived family support) from 30 family caregivers in phase I of the study will be presented.

Conclusion and Implications: The findings might deliver an effective research-tested intervention targeted to home-based family caregivers of cancer patients, to improve caregivers outcomes and increase perceived family support.
Background and Purpose: Progress in the survival of children and adolescents with cancer has increased in recent years. Consequently, the experience of the families of this population needs to be investigated. The aim of this study was to interpret the meanings of the survival experience for families of children and adolescents with cancer and to integrate them into cultural meanings.

Methods: After ethical approval, a qualitative study was undertaken, based on the theoretical framework of interpretive anthropology and the ethnographic method. Study participants were six families of children and adolescents who survived cancer, totaling 20 informants. For data collection, participant observations, field diary, and open-ended in-depth interviews were held at the informants’ homes during a period of seven months. Inductive thematic analysis was used.

Results: Themes were identified, which indicate the meaning of the experience: “Taking care and learning: the family’s experience in treatment for children and adolescents with cancer” and “Moving ahead without losing the guard: the trajectory of families of children and adolescents who survived cancer”. Descriptions and illustrations of each theme will be provided.

Conclusions and Implications: The experience of the families was explained through the liminality concept, taken from interpretive anthropology, and was characterized by moments of rupture in family dynamics, guided by the search for solutions to the challenges faced, with a view to preserving one’s previous life. This is a prolonged reinterpretation process, due to the lack of clarity about the cure, the need for periodical medical follow-up, functional, personal, and social losses, which cannot always be recovered. Hence, although the start of the liminality phenomenon is very well defined, its final margin is undefined. After ending treatments, learned behaviors direct life practices, as a dynamics cultural activity. This interpretation provides theoretical support for nursing education and clinical practice in pediatric nursing.
The Influence Of Family Factors On Parental Well-being in Thai Families Of Individuals With Down Syndrome

Wannee Deoisres¹, Supapak Phetrasuwan², Marcia Van Riper³, George Knafl³

¹Burapha University, Chon Buri, Thailand, ²Mahidol University, Bangkok, Thailand, ³The University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

Purpose: To examine the influence of family factors on parental well-being in Thai families of individuals with Down Syndrome (DS).

Background: There is growing evidence that while some parents of individuals with DS find it difficult to adapt to the ongoing challenges associated with raising an individual with DS, others adapt successfully and some even thrive. However, few studies have been conducted with parents of children with DS from Asian countries.

Framework: The guiding framework for this study was the Resiliency Model of Stress, Adjustment and Adaptation.

Methods: 99 parents of individuals with DS from Thailand (85 mothers and 14 fathers) completed a packet of questionnaires which included the following measures: Family Index of Regenerativity and Adaptation- General; Family Management Measure and Family Problem Solving Communication Index. Linear mixed modelling was used accounting for intra-familial correlation and constant variance for the two parents. An adaptive modelling process was also used to reduce the model with all 14 predictors (holding the covariates and the intercept fixed in the model).

Results: 12 of the 13 predictor variables (family stressors, family strains, condition management ability, child daily life, family life difficulty, view of condition impact, condition management effort, family hardiness, relative & family support, incendiary communication, and social support) had a significant effect on parental well-being. Results of the adaptive model process revealed that parental well-being was better with greater family hardiness (estimated slope 0.62, \( p=0.011 \)) and worse with greater view of condition impact (estimated slope \(-1.31\), \( p<0.001 \)).

Conclusions: Findings from this study contribute to our understanding of the underlying process associated with differing outcomes for Thai parents of individuals with Down syndrome. Efforts to intervene will be more effective if nurses recognize how culture and family factors influence parental well-being in families of individuals with Down syndrome.
Co-Regulated Feeding Intervention for Mothers of Very Preterm Infants: Evaluating Fidelity

Suzanne Thoyre¹, Anne McKechnie³, Jinhee Park², Carol Hubbard³, Tiffany Young⁴

¹University of North Carolina at Chapel Hill School of Nursing, Chapel Hill, NC, USA, ²Duke University School of Nursing, Durham, NC, USA, ³UNC Health Care Newborn Critical Care Center, Chapel Hill, NC, USA, ⁴University of North Carolina at Chapel Hill School of Nursing, Chapel Hill, NC, USA

Background. Very preterm infants (≤ 30 weeks gestational age) are immature at coordinating breathing and swallowing during the early months of feeding. The skills mothers need to co-regulate feedings are complex, non-intuitive, and novel. The Co-Regulated Feeding Intervention (CoReg) was developed to address these challenges. Dynamic systems theory guides understanding of the emergence of the dyad’s feeding skills while guided participation (GP) theory structures the delivery of the intervention. Essential components of GP include (1) establishing joint attention, (2) structuring, (3) engaging, (4) making connections, and (5) transferring responsibility. GP components are tailored to the salient feeding issues of the mother-infant dyad. This paper evaluates implementation fidelity, including use of GP components, dose, focal feeding issues, facilitation strategies, and barriers to implementation.

Methods. Fidelity data included audio-recorded intervention sessions, video-taped guided feeding sessions, implementation logs, and supervision notes. Frequency of GP component use and dose were analyzed using descriptive statistics. Salient feeding issues, facilitation strategies, and barriers to implementation were identified through content analysis.

Results. Seventy-three intervention sessions were conducted with 17 mother-infant dyads. Eighty-eight percent of the dyads completed all five planned intervention sessions. Mothers’ behavior was guided during feedings. Reflection and planning for future feedings were practiced during the video play-back. Salient issues included (1) use of enhanced feedback of the infant’s self-regulation, and (2) provision of specific co-regulatory strategies. Barriers to delivery included unpredictable infant health and maternal visitation, and inconsistent understanding of co-regulated feeding by the neonatal care setting. Tailored delivery of GP components across selected dyads will be illustrated.

Conclusions. CoReg is a nurse-guided, mother-delivered intervention addressing salient feeding issues of mothers and their infants that can be implemented with fidelity. The process of GP is consistent with provision of developmental care. Coreg-trained bedside nurses would alleviate the barriers to implementation.
Effectiveness Of The Parent-Focused Intervention On Improving Eating Behaviors, Eating Patterns, And BMI Of Preschool Children

Chararin Kwannate¹,², Nujjaree Chaimongkol¹, Yunee Pongjaturawit¹, Deborah Loman³

¹Burapha University, Chonburi Province, Thailand, ²Suan Dusit Rajabhat, Bangkok, Thailand, ³Saint Louis University, MO, USA

Background and Purpose: Prevalence of overweight and obese in preschool children has been rapidly increasing in developing countries due to inappropriate eating behaviors and patterns. Moreover, parents have been involved in preparing meals and being a role model about food choices and preference in the family for their preschool children. Many interventions aimed at over-BMI preschool children have been documented as temporary effectiveness. This study aimed to examine effectiveness of the parent-focused intervention by comparing eating behaviors and patterns, and BMI-for-age of preschool children between the control and the intervention groups.

Methods: A randomized control trial design was used, and the Ecological System Theory guided the intervention. Thirty-five and 30 parent-child dyads in the control and the intervention groups had completed all activities. Both groups were measured 3 times at baseline, week 8, and week 12. The intervention group was implemented with 7 weekly sessions between baseline and week 8, and week 12 for follow up measurement. Repeated measure ANOVAs were used to analyzed the data.

Results: Eating behaviors (desire to drink and food fussiness), eating patterns (food inappropriate), and BMI-for-age of preschool children in the intervention group were better and more appropriate than those in the control group immediately after the intervention and 4 weeks later.

Conclusions and Implications: The parent-focused intervention was successful in improving eating behaviors and decreasing eating patterns of food inappropriate. Overweight and obese in preschool children can have early prevention through parental concerns and involvement in food, eating and meal preparation for their child.
Parent and Provider Decision Making for Infants with Complex Life-Threatening Conditions

Sharron Docherty, Debra Brandon

Duke University, Durham, NC, USA

Background and Purpose: Infants with life-threatening conditions who earlier would have died are now receiving complex treatments to cure their condition or prolong life. These treatments have uncertain outcomes and children are at high risk for death. Three groups of infants at particularly high risk are those with: extreme prematurity (≤ 26 weeks), complex congenital heart disease, and genetic diagnoses requiring stem cell transplant. These infants experience an uncertain trajectory that involves multiple health crises requiring parents and health care providers (HCPs) to make critical and difficult decisions. They must weigh possible treatment benefits against the physical, emotional, social, and economic costs to the infant and family. The decisions are made in tight time frames and in a context of uncertainty. Although much has been written about the processes through which families make decisions, little research has focused on the varied paths of decision making for these at-risk infants and the factors shaping them.

Methods: A longitudinal mixed-methods case study design was used to examine typologies of parent and HCP decision making for infants born with complex life-threatening conditions from birth or diagnosis of the condition until death or 1 year after study enrollment. Stratified, purpose sampling was used to recruit 30 cases including 31 infants, 30 mothers, 25 fathers, and approximately 5 HCPs/case (nurses, NPs, attending physicians, fellows, and social workers). Settings included the intensive care nursery, pediatric intensive care unit, and transplant units at an academic tertiary care center in the southeastern US.

Results: We describe typologies of decisions made; how, when, under what conditions, and in what contexts they make them; how parents’ and HCPs interpretations of infants’ conditions shape their decision making; and how parents’ and HCPs’ decisions shape each other.

Conclusions and Implications: This exploration of typologies of decision making along the infant illness trajectory, with key transition points allow the targeting and tailoring of interventions to assist parents and HCPs to feel more comfortable and at peace with the decisions they make and to reduce infant suffering.
Influences on the Enactment of Family-centred Adult Critical Care: People and Systems

Virginia Vandall-Walker¹, Lorraine Thirsk², Jananee Rasiah¹, Kacey Keyko²

¹Athabasca University, Athabasca, AB, Canada, ²University of Alberta, Edmonton, AB, Canada

Background: In recent years there has been increasing interest in, and research support for family-centred care and the establishment of partnerships with family members based upon mutual respect, collaboration, and support. Despite claims of family-centred care practices promoted by some facilities, and in particular, some adult critical care units, many critical care nurses struggle with enacting family-centred care. Family members are more frequently relegated to the role of visiting guests at best, and considered the most significant obstacle to nurse performance, at worst. Why do these perceptions persist among critical care nurses in spite of the evidence?

Purpose & Design: To investigate perceptions about the supports and barriers to Family-centred Adult Critical Care (FcACC) practice from the perspective of critical care nurses using a qualitative descriptive design to develop a taxonomy of the influences on the practice of FcACC.

Methods: Forty individuals responded to recruitment initiatives. In total, twenty nurses (RNs) from seven tertiary care facilities and two regional facilities participated in one of three focus groups or in an individual semi-structured interview.

Findings: The enactment of family centred care was dependent on both People and Structures. FcACC was seen as a choice, influenced by each RN's understanding of what FcACC was, their values, personality, and education, as well as by patients and family members, charge nurses, and other health personnel. Various structures impacted FcACC practices, related to the unit vision, policies and routines, as well as the environment, staffing, and priorities, to name a few. The degree to which FcACC was practiced differed markedly across individual nurses, units, hospitals, and geographical locations.

Conclusion: These findings challenge critical care nurses, educators, practice leaders, and policy makers to consider both individual and system level influences on FcACC in order to promote FcACC as best practice.
Intensive Care Unit (ICU) Visiting Practises That Facilitate Family Presence At The Patient’s Bed-Side Are Feasible And Promote Person-Centred Care – A Before/After Australian Study

Marion Mitchell¹,²

¹Griffith University, Brisbane, Australia, ²Princess Alexandra Hospital, Brisbane, Australia

Critical illness frequently necessitates admission to an ICU for life-saving care. Patients’ families face the potential that their relative may die. Being physically near one’s relative is consistently identified as a basic family need. ICUs, however, frequently restrict families’ presence at the bed-side. This project investigated families’ satisfaction with care with flexible visiting and described families’, patients’ and ICU staff experiences. A person-centred care framework was used. Methods: A descriptive mixed-method before/after study was used. Participants came from a general ICU in a tertiary-care hospital. ICU patients were interviewed; family members completed the validated Family-Satisfaction in ICU survey and described their perceptions of flexible visiting. ICU staff completed a survey and/or participated in focus groups on their experiences of flexible visiting. Results: Characteristics of participants were collected for patients (n=12); family members (n=181); and ICU staff (n=129). Patients were universally very positive about having their families visit for extended hours. Family members’ overall satisfaction with care remained high, and 85% of families were ‘very satisfied’ being able to be with their relative beyond the previous timeframe. In fact, 24% of the visits occurred outside ‘usual visiting hours’. Families stated that flexible visiting facilitated additional important communication. 75% of staff were satisfied with flexible visiting and thought the identified barriers could be readily overcome. Conclusions: Flexible visiting was perceived very favourably by patients, families and staff. Many families’ visitations occurred outside ‘usual visiting hours’ thus indicating the advantage of having increased access. More flexible visiting should be considered to support person-centred care for critically ill patients and their families.
Family needs in the intensive care: translation, adaptation and validation of the Critical Care Family Needs Inventory

Sara Campos¹, Maria Martins²

¹Centro Hospitalar de São João, Porto, Portugal, ²Escola Superior de Enfermagem do Porto, Porto, Portugal

Background and purpose: Admission in the Intensive Care Unit (ICU) is for the patient’s family a stressful experience as it is usually a sudden event, in which the family hasn’t had time to adapt to. Families may feel weak, unprotected and with difficult to organize themselves, this triggers different kinds of needs which may result in a accidental family crisis.

In Portugal doesn’t exist a valid instrument that allows family needs assessment, in the ICU. Therefore, the purpose of this study was to translate, adapt and validate the Critical Care Family Needs Inventory (CCFNI) of Molter and Leske (1983).

Methods: A structured self-report questionnaire was used in this cross-sectional, methodological study, with a sample of 79 family members of ICU patients, aged between 21 and 65 years old.

Results: It was obtained a translated and culturally adapted version of CCFNI. An acceptable validity was showed: factor analysis revealed a 5 dimensions structure, labelled as needs for participation, visiting, searching for information, emotional support and resources and support systems; concurrent validity showed a weak but significant correlation ($r_s=0.38$ p value $= 0.001$). Reliability analysis revealed a very good internal consistency with alpha Cronbach coefficient value of 0.935.

The most important needs identified by family members are related with questions answered honestly, obtaining information regarding patient’s condition like prognosis and treatment, in regular periods of time, and feeling confidence and assurance in the care and in the healthcare team, while keeping a realistic hope.

Conclusions and implications: Although results can’t be generalized and more studies are needed to a broader evaluation of INFUCI validity, this was the first step to allow Portuguese families needs assessment, and in the future it could help planning and implementing nursing interventions centred on the family unit.
Knowledge Translation in Family Nursing Science: Implementing an Intervention to Support Family Nursing Practice in an Adult Intensive Care Unit

Sandra Eggenberger¹, Marita Sanders²

¹Glen Taylor Nursing Institute for Family and Society at Minnesota State University, Mankato, Mankato, MN, USA, ²Fairview Ridges Hospital, Burnsville, Mn, USA

Background and Purpose: Admission to an intensive care unit (ICU) is a distressing experience for patient and family. Therapeutic relationships with nurses helps families endure; yet, implementation of family nursing practices is inconsistent. Exploration of knowledge translation methods is needed to advance family nursing. Study purpose was to determine if an educational intervention for ICU nurses increased knowledge regarding Family Systems Nursing (FSN) and influenced confidence in providing family nursing.

Framework: Knowledge translation and family system models guided the study.

Methods: This quasi-experimental pilot study included a qualitative component. Prior to development of an intervention, family members (n=35) completed ICE-Family Perceived Support Questionnaire (Svavarsdottir, 2014) to indicate their perception of receiving FSN while nurses (n=30) completed the Family Nurse Practice Scale (FNPS) (Simpson & Tarrant, 2006) to indicate perceived competence in providing FSN. Results guided intervention design by researcher and practitioners. Using knowledge translation methods the intervention was developed. The intervention protocol included digital storytelling, simulation, and reflective practices. 14 ICU nurses participated in the educational intervention.

Results: Participating nurses completed knowledge test, FNPS, survey, and journaling. Comparison of pre- and post-education knowledge assessment and FNPS results, in addition to thematic analysis of surveys and journals, indicated that nurses perceived an increase in their knowledge of FSN, satisfaction with family nursing and confidence about providing family care. An independent samples t-test analysis showed a mean change with a trend in the positive direction. Even though this was not a statistical change in this small sample, results showed promise in using protocol’s knowledge translational strategies. Themes of “engaging in narratives influences thinking” and “reflecting on experiences transforms practice” were identified.

Conclusions and Implications: Nurses are receptive to knowledge translation and educational interventions that guide nurse-family relationships. Further testing of translational methods and educational interventions in family nursing practice is needed.
Predicting the needs of family with a relative admitted to an adult critical care unit

Kate Kynoch\textsuperscript{1,2}, Anne Chang\textsuperscript{2}, Fiona Coyer\textsuperscript{2}

\textsuperscript{1}Mater Health Services, Brisbane, Queensland, Australia, \textsuperscript{2}Queensland University of Technology, Brisbane, Queensland, Australia

Purpose and Background: Attending to the needs of family of critically ill patients ensures holistic care is provided for the patient as well as minimising the stress associated with hospitalisation on relatives. However meeting the needs of families is a limitation experienced by many intensive care units. The objective of this study was to develop a model of variables that influence the extent to which the needs of family with a relative admitted to an ICU are met.

Methods: This study utilised an observational predictive correlational design. The setting for the study was a large tertiary referral hospital in Brisbane, Australia. The sample size was 300 family members and patients from the intensive care unit. The sample size was determined based on the number of variables included in the prediction model. Convenience sampling was used to recruit patients and family. Two rounds of data collection were carried out, the first to test the variables included in the model and the second to confirm the model on another sample of family members. Four previously developed and validated instruments as well as a demographic data form were used to collect outcome data from participants. Structural equation modelling and path analysis was used to determine causal relationship among the variables included in the model.

Results: The results from the model indicate that several variables are statistically significant in meeting the needs of families with a relative in a critical care unit. This research has demonstrated that meeting specific demographic, environmental, information and psychological variables influence whether family of ICU patients feel their needs are met during this difficult time.

Conclusion: Meeting the needs of families is an integral part of caring for a critically ill patient. ICU staff can minimise this stressful time for relatives by anticipating and addressing family needs.
G101

CHOICES Intervention Effects on Reproductive Health Knowledge, Intention and Behavior over 24 Months

Agatha Gallo1, Diana Wilkie1, Yingwei Yao1, Robert Molokie1,2, Christiane Stahl1, Patricia Hershberger1, Zhongsheng Zhao1, Marie Suarez1, Bonnye Johnson1, Rigoberto Angulo1, Jesus Carrasco1, Veronica Angulo1, Alexis Thompson3,4

1University of Illinois at Chicago, Chicago, IL, USA, 2Jesse Brown Veterans Administration Medical Center, Chicago, IL, USA, 3Ann and Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, USA, 4Northwestern University-Feinberg School of Medicine, Chicago, IL, USA

Purpose and Background: Young adults with sickle cell disease (SCD) or trait (SCT) may lack knowledge of SCD, its genetic transmission, and reproductive options but interventions to help with reproductive decision making need to show efficacy over time. The study purpose was to compare over 24 months the intervention effects of CHOICES, a web-based, interactive, multimedia education program on implementing informed reproductive plans, and an eBook with usual care education content on reproductive knowledge, intention and behavior.

Framework: The Theory of Reasoned Action guided the content and Kolb’s Experiential Learning Theory guided the delivery of content.

Methods: We recruited 234 young adults with SCD (n=138) or SCT (n=96)(age 18-35 years, 35% male, 94% African American; 83% never married) and who were randomized to either the CHOICES (n=115) or eBook (n=119) groups. Participants completed a specific sickle cell reproductive measure on knowledge, intention and behavior at baseline, immediately after, and every 6 months for 24 months. A two-level linear curve model with random effect terms accounting for between participant difference was used for the longitudinal analyses.

Results: The CHOICES group had statistically significant more improvement in knowledge overtime (p=.004), but not intention (p=.18) or behavior (p=.69) compared to the eBook group. At baseline, 48.7% (n=114) of participants had partners with normal hemoglobin, and they were not at risk for their children inheriting SCD. Of the 116 (49.6%) at-risk participants, by the last visit, those who were in the CHOICES group chose partners who reduced their risk at a higher rate than the eBook group (p=.04).

Conclusions: Our findings provide insights for planning a national trial of CHOICES focusing on couples at risk for their children to inherit SCD. CHOICES can offer an approach to address U.S. Healthy People 2020 goals related to hemoglobinopathies and for other English speaking countries.
G102

Educational Program "Promotion Of Reproductive Health - Preparation Of Midwives To The Family Practice"

Grazyna Baczek, Ewa Dmoch - Gajzierska

Medical University of Warsaw, Warsaw, Poland

Background and Purpose: Presented program for training in Reproductive Health Promotion is carried out in the last year of study for the Master in midwifery. The aim of the program is to provide reproductive health promotion issues in relation to the practice of midwives, especially family midwife.

Methods: This program was built on the foundation of modern medical training, according to the Bologna System. The syllabus includes the following elements: general purpose of education, effects detailed in knowledge, skills and social competence, subjects taught, teaching methods, teaching aids, forms of education, methods of checking the effects of education, number of hours and ECTS credits, obligatory and complementary literature.

Results: Subject is implemented in two forms of education: lectures and seminars. Lecture topics includes the concept of reproductive health, reproductive health determinants, physiology of fertility, methods of family planning, reproductive health promotion issues in adolescence and childbearing, the creation of prevention programs and infertility issues. In the seminars, students acquire new skills: analysis of legal acts regulating the role of midwife in the promotion of reproductive health, analysis of the relationship between primary prevention and reproductive health determinants, evaluation of the physiological cycle progression and identification of irregularities in the cycle, design a plan of care and build prevention programs in the field of reproductive health.

Conclusions and Implications: In the course of training students acquire new skills and competencies. Form of assessment of the project is to create a group program of reproductive health promotion for a specific audience. Evaluation of the learning process indicates a positive assessment of the subject by students. Students integrate knowledge from different fields, improve educational workshop and acquire communicative competences. As a result, it can be assumed that they are prepared to work in a family environment for the promotion of reproductive health.
Parental Roles In The Development Of Obesity In Children:

Challenges And Opportunities

Cynthia A. Danford², Celeste Schultz¹, Donna Marvicsin¹

¹University of Michigan, Ann Arbor, MI, USA, ²University of Pittsburgh, Pittsburgh, USA

Background: The prevalence of childhood obesity has become a global concern and evolves from the complex interaction of multiple factors. In particular, the influence of socioeconomic status and ethnicity when combined with family dynamics are important yet remain inconsistent in their association with childhood obesity. Parents, as influential family members, play a primary role in the development of their children’s eating and activity behaviors that may contribute to increased weight. This integrative review (1) examines the parental role in the development of childhood obesity and (2) identifies implications for health programs and policies.

Method: Systematic searches using five databases followed by a lateral search were conducted during April and June 2014. Inclusion criteria included empirical research published in the last 5 years addressing the role that parents with children 12 years and younger play in their child being or becoming obese. Nineteen publications were identified.

Results: Six themes related to the association between parental role and childhood obesity emerged from our review. These themes included parenting style, parent influence on feeding, modeling, self-efficacy, concern, and bi-directional interaction of the dyad. Parenting style, modeling, and self-efficacy were not consistently associated with childhood obesity. Parental concern, however, was linked to specific feeding practices. Parental restriction and pressure to eat certain foods were both found to be inversely related to a child’s weight status. Parent’s role in promoting activity was infrequently addressed.

Conclusions: When addressing eating and activity behaviors among children, the role that parents play in feeding their child and their concern for their child’s health is critical. Including mother’s and father’s as potential “agents of change” and considering their cultural norms are two elements necessary for effective health programming and policy development.
A model of groups for families with small children: realistic evaluation

Ari Haaranen1, Anna-Maija Pietilä1,2, Arja Häggman-Laitila1,3

1University of Eastern Finland, Kuopio, Finland, 2Social and Health Services, City of Kuopio, Finland, 3Department of Social Services and Health Care, City of Helsinki, Finland

Background and purpose: Previous studies have shown families with small children to benefit group working. Groups provide peer-support for parents. They participate in groups to get social network and relieve loneliness. The purpose of this study was to evaluate the mechanisms and the outcomes in groups’ effectiveness. Furthermore, the purpose was to produce a descriptive model on groups for families with small children.

Methods: The study was conducted as a realistic evaluation. Sixteen groups from four organizations were participated in the study during 2008 - 2009. The study included two semi-structural questionnaires for parents with small children (n=77 and n=66) and theme interviews with parents (n=32). The quantitative data were analysed using non-parametric tests and qualitative data using qualitative content analysis.

Results: The produced model included contexts and mechanisms in groups, acquired benefits for families with children and outcomes in family health. Contexts described background information on families and the aims and structure of groups. Mechanisms related to parents’ participation in groups, group instructors, group structure and atmosphere. Groups were effective when an affinity between group members and peer-relationship created by group instructors caused parents’ mutual interaction and social relations in the groups. Meetings at regular intervals, stability in participants, and appropriateness of meeting places increased groups’ positive outcomes. Family functionality, satisfaction with parenting and support advanced during involvement in parents groups. Parents’ social networks were advanced and families’ role expectations were clarified during involvement in the groups.

Conclusion: The model can be used in the development of the groups to response different needs and life situations of families. Furthermore, the group instructors will be trained to recognize the mechanisms and the outcomes in groups with model. Further studies are needed in order to examine and test the connections of the model’s components and recognize parents’ profiles in groups.
Partner Presence Buffers Harmful Effects of PPD on Maternal-Infant Interaction

June Horowitz\textsuperscript{1}, Christine Murphy\textsuperscript{2}, Katherine Gregory\textsuperscript{2}, Joanne Wojcik\textsuperscript{3}, Joyce Pulcini\textsuperscript{4}, Lori Solon\textsuperscript{5}

\textsuperscript{1}Thomas Jefferson University, Philadelphia, PA, USA, \textsuperscript{2}Brigham and Women's Hospital, Boston, MA, USA, \textsuperscript{3}Independent Research Analyst, Chestnut Hill, MA, USA, \textsuperscript{4}Commonwealth Research Institute, Boston, MA, USA, \textsuperscript{5}George Washington University, Washington, DC, USA, \textsuperscript{6}Boston College, Chestnut Hill, MA, USA

Purpose and background: Postpartum depression (PPD), affecting 10-15\% of women, interferes with maternal-infant interaction resulting in negative effects on infant development. Partner presence during this critical postpartum period has potential to ameliorate these harmful effects. The purpose of this study was to examine the influence of partner presence on quality of interaction between mothers’ experiencing PPD and their infants at 6-weeks postpartum.

Model/Framework: PPD dysregulates maternal cognitive and affective function and in turn interferes with the mother’s ability to notice and interpret her infant’s cues accurately, contingently, and sensitively. Resultant problematic maternal-infant interaction has been linked to impaired infant neurobiological development. Family frameworks suggest that presence of a supportive partner may reduce harmful effects of PPD.

Methods: In this descriptive correlational design component of a larger intervention study, researchers screened women for PPD at 4 weeks postpartum. Women with elevated scores on the Edinburgh Postnatal Depression Scale (EPDS) who agreed were consented and received a diagnostic interview to confirm PPD. Baseline data were collected at 6 weeks postpartum. Measures included a demographic information tool, the EPDS to measure PPD severity, and Nursing Child Assessment Training (NCAST) to measure maternal-infant interaction via video-recording and blind-coding. Analyses included descriptive statistics, correlation, t-tests, and analysis of variance (ANOVA).

Results: The sample was comprised of 133 postpartum women with confirmed PPD and their infants from the northeast United States. The majority was partnered (75\%) and reported moderate to high partner involvement (90\%). Women who were partnered/married had significantly higher NCAST scores ($M=47$; $p=.001$) than did women without partners present ($M=40$).

Conclusions: At 6 weeks postpartum, partner presence mitigated negative effects of PPD on maternal-infant interaction. In future research, partners and family members have potential as participants in interventions to improve maternal-infant interaction when women experience PPD.
Background and Purpose: Postpartum Depression (PpD) has a prevalence of 10 to 15 % and is a major mental complication after delivery. PpD impacts women, but also their children and partners negatively. PpD changes emotions, communication patterns as well as social interactions and might compromise daily routines. Although childbirth is always a transition in life according to Meleis transition model, less is known on women's with PpD transition and how they master the transition into everyday parenthood. Therefore, we investigated the impact of PpD on everyday life and the women's coping strategies.

Methods: A qualitative study design was used and repeated semi-structured interviews with women and their partners were conducted. From June 2012 to August 2013 women who screened positive for PpD were included in the study. Partners were included subsequently. For analyses, we used Grounded Theory approach. The study was approved by the ethic committee.

Results: A total of 47 interviews with 29 women and 7 partners were conducted. The findings show that everyday life collapsed due to PpD. Activities of daily living could not be pursued successfully, a lack of routine and daily structure amplified fatigue and negative feelings that accelerated the collapse. However, women tried specific strategies. Two patterns could be identified. Either women assigned the control of daily routines externally or integrated new strategies self-directed into daily life.

Conclusions and Implications: Over time women found strategies to cope with the impacts of PpD on their daily lives. The two patterns showed that women either needed support from family and friends or needed encouragement to find new routines with the newborn, themselves and the family members. Nurses can be pivotal to assess and to understand the situation of women with PpD and their families and to support them in finding coping strategies to organize successful daily routines.
Expressive Family Functioning In Families With Adult Members With Depression: Development Of An Intervention Program

Maria do Carmo Gouveia¹,², Maria Adriana Henriques²,³, Eydis Sveinbjarnardottir⁴,⁵

¹University of Madeira - Competence Centre for Health Technologies, Funchal, Portugal, ²University of Lisbon, Lisbon, Portugal, ³Lisbon Nursing School, Lisbon, Portugal, ⁴Landspitali National University Hospital, Reykjavik, Iceland, ⁵University of Iceland., Reykjavik, Iceland

Background and Purpose: Depression is one of the most serious and disabling public health problems. Studies confirm depression’s impact on expressive family functioning, namely communication, affective involvement, problem solving and general family functioning. Mental health nurses have the obligation to establish family centered interventions to meet these family needs. However, there are no intervention programs, conceptually oriented, to guide them along this therapeutic process. The purpose of this study is to develop, implement and evaluate an intervention program based on the conceptual framework of the Calgary Family Assessment and Intervention Models, of the Illness Beliefs Model and of the Family Stress Theory, in order to promote expressive family functioning in families with adult members with depression.

Methods: The study will be developed according to the Medical Research Council (MRC) Framework for the Development and Evaluation of Complex Interventions, using mixed methods, along the phases of development plus feasibility and piloting, provided by the MRC. The study will be applied in a community context to mental health nurses and to families affected by depression. Intervention program includes psychoeducation, problem solving, circular patterns diagram and therapeutic letters. The Pilot Study (cross-sectional, quasi-experimental) will be applied to a sample of families randomized from a previous characterization study (exploratory, cross-sectional). Assessment tools include Focus groups with families and mental health nurses, Ice (Iceland) Expressive Family Functioning Questionnaire (ICE EFFQ), Ice Family Perceived Support Questionnaire (ICE FPSQ), Inventory of Clinical Assessment of Depression (IACLIDE) and Families Demographic characterization questionnaire. Qualitative data will be analyzed using content analysis (Nvivo10). Quantitative data will be processed through statistical analysis (SPSS-18).

Results, Conclusions, Implications: Findings will be applied and evaluated systematically and will determine the acceptability, feasibility and effectiveness of the program and all changes needed to its continuity through the stages of evaluation and implementation, provided by the MRC.
Family Adaptation and Maternal Well-being in Korean Families of Children with Down Syndrome: A Lifespan Perspective

Hyunkyung Choi

Kyungpook National University College of Nursing, Daegu, Republic of Korea

Purpose: This study, which was guided by the Resiliency Model of Family Stress, Adjustment, and Adaptation, aimed to explore family and maternal adaptation and its influencing family factors in Korean families of children with Down syndrome (DS) using a lifespan perspective (i.e. less than 3 years, 4-7 years, 8-13 years, 14-19 years, over 20 years old).

Methods: This study was a part of a larger mixed-methods research regarding adaptation in Korean families of children with DS. A total of 120 mothers of children with DS completed a pack of questionnaires including two open-ended questions.

Results: Korean mothers of children with DS in this study perceived that their families had average family functioning. Maternal well-being (p=.034), family stress (i.e., family strains, p=.002; family life difficulty, p=.018), family appraisal (child’s daily life, p=.007; condition management ability, p=.048), family resources (social support, p=.018) were different according to the developmental stages of children with DS. Family adaptation was best explained by family problem solving communication, condition management ability, and social support (adjusted $R^2=67.4$, $p<.001$). Maternal well-being was best explained by family stains and family hardiness (adjusted $R^2=41.4$, $p<.001$). Many mothers reported that their child with DS him/herself, self-help groups, religion were the most helpful family resources. Their concerns were related to the future of their child with DS, slower growth and development of the child, financial burden, and people's negative attitudes.

Conclusion: Results of this study will expand our limited knowledge and understanding concerning families of children with DS in Korea and can be used to develop effective, targeted interventions to improve family adaptation and maternal well-being considering a lifespan perspective.
G302

Giving Birth: The Meaning Of Childbirth To Tongan Women

Shelly Reed, Cheryl Corbett, Debra Edmunds

Brigham Young University, Provo, Utah, USA

PURPOSE: The purpose of this qualitative descriptive study is to describe the meaning of the childbearing experience for Tongan women.

BACKGROUND: The growing influence of immigrants into the United States creates urgency to provide culturally competent care, important especially for nurses caring for childbearing women. Postpartum women need to deal with the psychosocial and physical adaptations that come with the stresses of labor, birth, and transition to motherhood, and as a result, are in need of expert, sensitive nursing care (Callister, 2005, 2008).

METHOD: Twenty English-speaking Tongan women living in California and Utah, USA, who had given birth to a baby in the past year, were invited to participate in the study. Following informed consent, interviews were conducted and digitally recorded. Interviews were transcribed, with members of the research team analyzing data separately to identify preliminary themes. Analysis continued as a team to finalize themes arising from the narrative data.

RESULTS: Themes identified included honoring motherhood for Tongan women, with respect for this position also given by their extended families. Becoming a mother is considered to be a “blessing” from God. Honoring Tongan cultural practices during childbearing is also important, including following specific physical cares to ensure positive maternal/newborn outcomes; avoiding pregnancy taboos; respect for traditions such as naming as prescribed by Tongan culture; and being a ‘strong’ Tongan mother.

CONCLUSIONS: Understanding the value Tongan women and families place on motherhood can help nurses to give culturally-sensitive nursing care. Tongan beliefs concerning cultural practices to ensure positive outcomes should be respected. Sensitivity to the stoicism is important, especially when considering pain control and patient education. A culturally competent nurse understands the importance of social and cultural influences on patients’ health beliefs and behaviors and generates interventions to assure quality health care to diverse populations of women.
Parental Satisfaction With Family-Provider Interactions Surrounding The Diagnosis Of Down Syndrome In Thailand

Supapak Phetrasuwan¹, Marcia Van Riper², Wannee Deoisres³, Walailak Pumpuang¹

¹Mahidol University, Bangkok, Thailand, ²University of North Carolina at Chapel Hill, North Carolina, USA, ³Burapha University, Chonburi, Thailand

Purpose: To explore parental satisfaction with family-provider interactions surrounding the diagnosis of Down syndrome (DS) in Thailand.

Background: DS, the most common genetic condition associated with intellectual disability, affects people throughout the world. While much has been written regarding how parents are informed of their child’s diagnosis, limited attention has been devoted to the experiences of parents from Thailand. This study is part of a cross-cultural study on family adaptation in families of individuals with DS.

Framework: The guiding framework for the main study is the Resiliency Model of Stress, Adjustment and Adaptation.

Methods: 100 parents of individuals with DS from Thailand completed a survey which included demographic questions, family measures and three open ended questions. This paper will focus on the questions concerning family-provider interactions surrounding the diagnosis of DS.

Results: 90% of the parents were informed of their child’s diagnosis of DS after the child was born. Most parents were satisfied with how they were informed of their child’s diagnosis: 34% were very satisfied, 47% were moderately satisfied, 7% were slightly satisfied, 6% were slightly dissatisfied, 4% were moderately satisfied and 2% were very dissatisfied. Parents appreciated receiving information about DS, the care and development of children with DS and treatment options. They also appreciated receiving emotional support and specifics about what they could do to help their child develop. Primary sources of support were DS centers, health care providers, family and friends, and other parents of children with DS.

Conclusion: Findings from this study suggest that parents from Thailand are more satisfied with how they were informed of their child’s diagnosis of DS than parents from the other countries included in the larger study (88% from Thailand were satisfied, other countries 50% to 72%). Further research is needed to understand why this is the case.
Feasibility and Acceptability of a Family Self-Management Intervention For Parents of a Hospitalized Child

Kathleen Sawin1,2, Jamie Thompson2, Maggie Fredrick2, Marainne Weiss3

1University of Wisconsin-Milwaukee, Milwaukee, Wi, USA, 2Children’s Hospital of Wisconsin, Milwaukee, Wi, USA, 3Marquette University, Milwaukee, Wi, USA

Background: Many hospitalized children and their families are not adequately prepared for discharge. Transition problems include difficulty coping with medical care needs and the demands of care within the home/family context, medication and treatment errors, and increased parental stress and anxiety. Purpose: To pilot test a pediatric nurse-delivered Family Self-Management Discharge Preparation Intervention. The Individual and Family Self-Management Theory and Meleis’ Transitions Theory guided this study. Method: This was a quasi-experimental study which used pre and post-intervention measures collected from parents in intervention and comparison groups on 2 nursing units in a large children’s hospital in the Midwest. Parents in 194 families participated in either the baseline (n=90) or intervention phase (n=104). Data from 152 families with three week outcome data were used to test the model. Frequencies, correlations and regressions were used for analyses. Results: The investigators were able to recruit and retain 152 families through the 3 week post discharge data collection. Multiple lessons were learned that will enhance the study when conducted on a larger scale. Nurses were able to implement the i-Pad based intervention and their evaluations were generally positive. No significant different were found between intervention (n=38) and comparison group (n=39). However, using the total sample parent’s perception of quality of discharge teaching delivered was strongly related to both readiness for discharge and post discharge coping difficulty. In contrast the largest predictor of readmission was the nurses’ assessment of the family’s readiness for discharge. Conclusions: The intervention was both feasible and reliable. It was how the nurses prepared the families for discharge not necessarily the content of what they taught that had the largest influence on post discharge coping.
Breastfeeding: A Resource Against Hunger, Not Good, Not Bad - Normal

Janaina Ferro Pereira¹, Isilia Aparecida Silva²

¹Universidade Federal de Alagoas, Arapiraca, Alagoas, Brazil, ²Universidade de São Paulo, São Paulo, São Paulo, Brazil

The social context of poverty demands effective practices to guarantee food security and quality for children, including breastfeeding. However, breastfeeding indices among low-income populations are not promising, indicating the need to learn how the process of the breastfeeding practice takes place in communities where poverty is experienced. The objectives of this study were to understand the meaning of breastfeeding and how the breastfeeding practice of women who work in the landfill is developed. **Method:** qualitative, with the Symbolic Interactionism used as theoretical framework, the theoretical model Weighing Risks and Benefits; and the DCS strategy for organizing data. Data were collected from the breastfeeding experience of 35 women who live on the collection of recycled material and who have had the experience of breastfeeding at least one of their children. **Results** show that these women present low educational level and income, with high fertility rates. Only 58.3% of the women state they have exclusively breastfed their children and the breastfeeding median was 22.3 months. Qualitative data led to three explanatory themes, as for the experience of breastfeeding: Determined to breastfeed: from knowledge to need; Breastfeeding practice: collective and family care; Frailties in the appreciation of breastfeeding. Breastfeeding is used as a resource against the newborn’s hunger, as women can hardly acquire food from other sources, at the same time, however, breastfeeding is found as a frail practice from the point of view of these women’s choices, with the possibility of being replaced with other food whenever this is possible. **Final considerations:** In addition to the social measures of distribution of benefits to families in need, following up the mothers and infants of these families is also important, so as to guarantee the appreciation and opportunity of breastfeeding, favoring the food security of people who live in situation of extreme poverty.
Background and Purpose: There is currently no clear understanding of how parents define being a good parent when their child is critically ill and hospitalized in the pediatric intensive care unit (PICU). A clear understanding of what being a good parent means from the parent perspective is needed to develop interventions that support parents of critically ill children. Understanding how parents define this concept also has the potential to provide PICU nurses with means to help parents achieve care for their child that is congruent with the parent’s personal definition of being a good parent. The purpose of this analysis was to identify the defining attributes of being a good parent in the context of the PICU setting.

Methods: Based on Rodger’s Evolutionary approach, a concept analysis of “good parent in the PICU setting” was completed. Search criteria included PICU, parent, and good parent; multiple data bases were searched. The analysis focused on identifying common attributes of being a good parent across articles as well as antecedents and consequences of the concept.

Results: Development of the good parent concept as it relates to parents of a critically ill child in the PICU. The concept was found to be a complex reality for parents involving defining attributes such as perception of the PICU environment and the treatment of their child, as well as communication with health care professionals. An example case of the good parent in the PICU setting was generated and is presented.

Conclusions and Implications: Development of the good parent concept related to the PICU can inform future studies, including those aiming to develop interventions to improve parent-nurse collaboration and care for the child that is congruent with the parent’s definition of being a good parent.
Child-Parent Shifting And Shared Decision-Making For Asthma Management

Victoria Garnett¹, Joanna Smith², Prof. Paula Ormandy¹

¹University of Salford, Salford, UK, ²University of Huddersfield, Huddersfield, UK

Background and Purpose: Asthma is the most common long-term illness in children and for the majority of these children asthma continues into adult life. Therefore, developing good decision-making skills at a young age could optimise long-term health outcomes. The purpose of this study was to examine how a child and their parents' share decisions about asthma management. There is a paucity of research that examines how a child and their parent may share decisions with respect to asthma management, particularly from the child’s perspective.

Methods: A qualitative descriptive study with a sample of 17 children and parents that explored who, what, why and when asthma management decisions occur and are shared between children (aged 7-11 years) and their parent. Data was captured using in-depth individual interviews including an arts based activity to build rapport with the child. Framework approach underpinned data analysis.

Results: A dynamic model of the way children and parents transfer, shift and share asthma management decisions was uncovered, with asthma management decisions between children and parents being non-linear where responsibility transfers from child to parent under different conditions. Across contexts and individual child/parent preferences either the child or parent dominates.

Conclusion: Understanding the shifting/sharing process has the potential to assist health professional practice to support child-parent decision-making of asthma management, working with the family as the child develops.
The Field Survey Of The Families Home-Rearing Children With Severe Motor And Intellectual Disabilities In Japan: Focused On Family Member's Individual QOL

Rie WAKIMIZU¹, Naho SATO², Hiroshi FUJIOKA³, Kaori NISHIGAKI⁴, Chieko NUMAGUCHI⁵, Keiko YAMAGUCHI¹

¹University of Tsukuba, Tsukuba, Japan, ²Chiba University, Chiba, Japan, ³Tsukuba International University, Tsuchiura, Japan, ⁴Tokyo Healthcare University, Tokyo, Japan, ⁵Ibaraki Prefectural University of Health Sciences, Ami, Japan

BACKGROUND: In Japan there are approximately 36,650 children with severe motor and intellectual disabilities (SMID), on national average about 70% of those lives local life. Home care has many benefits, but at the same time it puts an enormous burden on families. So there is an urgent need to empower such families.

PURPOSE: For consideration of necessary support on families home-rearing SMID child, this study revealed family member's individual QOL, features, support, care burdens, family function, and family empowerment. And we explored the relationships of above outcomes.

METHODS: Quantitative questionnaire survey.

Sample: 65 Japanese family members over 12 years old in 34 family units with SMID child, live around the national capital region.

Measurements: We made the questionnaire form to reveal family members' demographic data, and used WHOQOL, KINDL, Family Assessment device (FAD), Family Empowerment Scale (FES).

Analyses: Descriptive analysis, analysis of correlation. Multiple regression analysis was performed using the scores of WHOQOL as objective variable and participant characteristics and other possible relevant factors as explanatory variables.

RESULTS: The questionees are mothers (n=34), fathers (n=20) and siblings (n=9), their age ranged from 12-61 years old. Eighty two percent of the primary caregivers had experienced a bad condition physically, mentally or problems in some aspects of life. QOL of family members significantly correlated with their own estimation of family function (standard partial regression coefficient [sb] = 0.638, p < 0.01) and the questionees' age (sb=0.561, p < 0.01) (R²=0.547)

CONCLUSIONS: Higher estimation of family function and the older questionees' age can contribute the higher QOL of family member with SMID child. We medical care provider should consider ways to empower them optimally and build a comprehensive support system for the families with SMID child.
Struggling To Survive For The Sake Of The Unborn Baby

Hafrun Finnbogadottir\textsuperscript{1}, Anna-Karin Dykes\textsuperscript{2}, Christine Wann-Hansson\textsuperscript{3}

\textsuperscript{1}Malmoe University, Malmoe, Sweden, \textsuperscript{2}Lund University, Lund, Sweden, \textsuperscript{3}Malmoe University, Malmoe, Sweden

Background and Purpose: Intimate partner violence during pregnancy is a serious matter which threatens maternal and fetal health outcome. The purpose of this study was to develop a grounded theoretical model of women's experience of intimate partner violence during pregnancy and how they handle their situation.

Methods: Ten in depth interviews with women who had experience of intimate partner violence during pregnancy were analyzed using the Grounded theory methodology.

Results: The core category ‘Struggling to survive for the sake of the unborn baby’ emerged as the main concern for the survivors of intimate partner violence during pregnancy. Also, it illuminates how the survivors handled their difficult situation. The theoretical model demonstrates how the pregnant women feel trapped in the violent relationship and cannot find their way out. Moreover it confirms the destructive togetherness whereby the perpetrator’s behavior jeopardizes the safety of the woman as well as the unborn child. Additionally, the survivor's gradual degradation as a result of the relationship with the perpetrator.

Conclusions and Implications: The theoretical model “Struggling to survive for the sake of the unborn baby” highlights survival as the pregnant women’s main concern and explains their strategies for dealing with the violence during pregnancy. The results may provide a deeper understanding of this complex matter for midwives and other health care providers. In fact violence exposed pregnant women are prone to stay in the relationship during pregnancy in order to protect their unborn baby. Also, signs of anxiety, stress and sleeplessness can be indicators of domestic violence. There is a clear need of identifying violence exposed pregnant women to offer support for example to navigate among possible services and authorities. Also a continuum of professional services in society is essential. Therefore, collaboration between different authorities is crucial and must be smooth and seamless for the violence exposed women.
Care For Families Of Victims Of Violence In Emergency Departments

Josefin Rahmqvist Linnarsson1, Kristofer Årestedt2, Christen Erlingsson1, Eva Benzein1,3

1Department of Health and Caring Sciences, Linnaeus University, Kalmar, Sweden, 2Department of Medical and Health Sciences, Linköping University, Linköping, Sweden, 3Center for Collaborative Palliative Care, Linnaeus University, Kalmar, Sweden

Background and Purpose: Interpersonal violence is a critical health issue worldwide with consequences not only for individuals but also for families. Emergency department nurses have been shown to play a key role in providing care in the aftermath of violence, aka forensic care. Despite this, there is limited knowledge of nurses’ attitudes and tendency to involve and provide care for families affected by violence. The purpose was therefore to describe care for families of victims of violence in emergency departments and to investigate nurses’ attitudes and tendency to involve families in forensic care.

Methods: Based on a cross-sectional multicenter design, self-report questionnaires were used to collect data from a sample of all heads of emergency departments in Sweden (n=66) and a sample of all registered nurses (n=867) in 28 of these departments. Additionally, nurses’ attitudes were measured with the instrument Families’ Importance in Nursing Care – Nurses’ Attitudes (FINC-NA). Data was analyzed with descriptive statistics, multiple linear regression and ordinal regression.

Results: Families to victims of violence are rarely included in policy documents, written routines or in education for emergency department staff; circumstances indicating a lack of preparedness to care for families. However, most nurses (n=90%) reported involving family members in care. Existence of policy documents, being female, and having personal experience of a critically ill family member were associated with positive attitudes towards families and involving patients’ families in care.

Conclusions and Implications: The results show a lack of preparedness to care for these families in emergency departments. The results could be used to inspire improvement of policy, routines and education in family centered care. Efforts to create a positive attitude towards families in the emergency department are important as it is associated with the potential for increased involvement of families’ in care.
Reaching Out to Women who are Victims of Intimate Partner Violence

Erla Kolbrun Svavarsdottir¹², Brynja Orlygsdottir¹

¹University of Iceland, Faculty of Nursing, Reykjavik, Iceland, ²Landsspitali University Hospital, Reykjavik, Iceland

Purpose: Health care professionals such as nurses working at Emergency Departments and at Community Health Care Centers are increasingly finding the need to be up to date in scientific knowledge about the effect of intimate partner abuse on women’s health and health related quality of life. Nurses also want to offer best practice first response when assessing abuse among women, but little is known about effective screening procedure(s).

Aims: To evaluate the effect of abuse on women’s (a) health related quality of life; and (b) to evaluate the effectiveness of screening methods in detecting women abuse within an emergency department at a University Hospital in Iceland (ED, n=156) and in the community at a University Square among female University students (US, n=168). The Women’s Response to Battering model (Campbell & Soeken, 1999) was the conceptual framework for the study.

Methods: Cross sectional research design was used. Data were collected at one time in 2009 over a period of 9 months from 324 women ranging in age from 18-67 years.

Results: For the women who experienced abuse (n=55) a significant difference was found on their physical and mental health when comparing them to the group of women (n=251) who did not experience abuse in their intimate relationships. Further, the women’s mental health, the experience of abuse in current intimate relationship and experiencing post-traumatic-stress-disorder, predicted 54% of the variance in the women’s psychological health. Physical abuse was experienced by 21 of the women (6.9%), 45 (14.8%) reported being victims of emotional abuse and 8 women (2.6%) had been sexually abused in their current intimate relationship. Results regarding the women’s health related quality of life, and disclosure of abuse based on the method used for data collection, will be reported.

Discussion and Conclusions: Implication for clinical practice and future research will be discussed.
Purpose and Background: African American children face particular challenges since researchers report decreased father-child interactions when men father subsequent children in new romantic relationships and one-fourth to one-third of African American men are estimated to father children with two or more mothers, a rate double that of the general population. Fathers who have both residential and non-residential children may interact differently with those children than do fathers whose children are all residential. Our purpose is to describe similarities and differences in interaction behaviours for children whose fathers have both residential and non-residential children and for children whose father has only non-residential children.

Methods: Data are part of a larger grounded theory study examining father involvement for low-income African American men who have children with more than one woman. Ten fathers, averaged 32.2 years of age with an average of 3.2 children (range: 2-8 children). Nine completed at least high school, five at least some college. Eight reported a monthly income no more than $1500. Seven had children with two partners; two with three partners, and one with four partners. None lived with all of their biological children but each had at least monthly contact with his non-residential children. Each father was individually interviewed for approximately six hours over 2-3 visits, usually in his home. Our initial coding list was generated from research team discussions of participant interviews and by reading and re-reading fathers’ interview transcripts. Relevant text in those interviews were further analyzed using the constant comparison qualitative data analysis techniques described by Auerbach and Silverstein (2003).

Results: Preliminary results suggest potential differences among all 3 groups that may potentially influence long term child outcomes and sibling relationships.

Conclusions: Knowledge of these behaviours can identify potential areas to support father involvement for this population and inform interventions to enhance child well-being.

Julia Hauprich, Martin Nagl-Cupal

University of Vienna, Department of Nursing Science, Vienna, Austria

Background: The family has an important role in successful therapy of cochlear-implanted children. A number of previous studies have revealed that parents with a cochlear-implanted child face various problems and challenges in their everyday life. However, very little is known about the family management of the situation during rehabilitation following cochlear-implantation of a child.

Aims: The aim of the study was to explore how families with a cochlear-implanted child manage everyday life in the phase of rehabilitation.

Theoretical Framework: The major components of the Family Management Style Framework guided the interview questions and constitute a frame of the results discussed.

Methods: The study followed a qualitative approach. Semi-structured interviews were conducted with families of cochlear-implanted children in Austria. The family as a whole was the unit of analysis. Data were analysed using open and axial coding procedure outlined by Strauss und Corbin.

Results: Everyday life of families with a cochlear-implanted child is characterized by an ongoing norm-building process. During the phase of rehabilitation, the family understanding of normality and accompanying family routine changes. At first, activities like learning of phonetic language aim to reach the prevailing social understanding of normality. During the course of time therapy-focused actions are adapted as normal everyday life routines that leads to an adjustment of familial ideals. During this normalization there is a change in family composition which is limited to the members sharing the new experience of normality. Family members also engage themselves politically and strive for a new social understanding of normality of cochlear-implanted people comparable ‘it’s just like wearing glasses’. This reflects the desire to extend this new normality into the society.

Conclusion: Findings highlight the situation of families with cochlear-implanted children. This can help nurses and other health care providers to understand their management strategies in daily life.
Fathers Are Family Members Too: How Fathers Influence And Are Influenced by Newborns

Jen-Jiuan Liaw¹, Pao-Ju Chen², Luke Yang³, Yu-Hsiu Cheng⁴

¹National Defense Medical Center, Taipei, Taiwan, ²Hsin Sheng Junior College of Medical Care and Management, Taipei, Taiwan, ³Hsuan Chuang University, HsinChu, Taiwan, ⁴National Defense Medical Center, Taipei, Taiwan

Background: Most studies explored mother’s depression, sleep quality, and mother-infant attachment during postpartum. However, few studies explored the relationship among father’s depression, sleep quality, and father-infant attachment.

Purpose: This study examined father’s depression, sleep quality, and father-infant attachment, and the reciprocal influences between the mother and father’s depression, sleep, and attachment with their infant during the first 12 months.

Methods: The study used exploratory longitudinal design. Questionnaires were delivered to mothers and fathers who both agree to attend this study at the 3rd day, 1st month, 6th month and the 12th month after delivery. There were totally 102 couples who participated in this study, and data were collected at a medical center in Taipei. We used the Edinburgh Postnatal Depression Scale (EPDS) and the Center for Epidemiologic Studies Depression Scale (CES-D) to screen parent depression, and Pittsburgh Sleep Quality Index (PSQI) to assess parents’ sleep quality, and parent-Infant Attachment Scale (PIAS) to assess parental attachment with their infants.

Results: The results showed the rate of depression using CES-D was 17.4% for fathers, and 20.3 the first year postpartum. Father’s depression was positively associated with mothers’ depression during postpartum (B= 0.23, p <0.001 for EPDS; B= 0.15, p =0.03). Both father and mother’s depression was not significantly increased as the postpartum time increased. As father-infant attachment scores increased, father’s depression scores decreased. As father’s sleep quality become poorer, fathers’ depression increased. Parents who had received vitro fertilization depressed more than those who did not.

Clinical Implications: Postpartum depression is also suffered by fathers, who are important members in family with newborns. It is a family affair to have newborn infants. All families affect and are affected by the newborn. Fathers should be incorporated into our postpartum care and mental support. Especially those parents who have infertility need more caring and helps.
ADHD Management in Culturally and Ethnically Diverse Youth:

The Importance of Family

Cynthia Paidipati¹,², Janet Deatrick¹,²

¹University of Pennsylvania, Philadelphia, PA, USA, ²The Children’s Hospital of Philadelphia, Philadelphia, PA, USA

Background and Purpose:

Family caregivers are often the first ones to identify symptoms, seek services, and participate in decision making for children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD). Current research suggests that ADHD-related disparities exist within diverse youth populations, including symptom recognition, diagnostic rates, treatment acceptability, and service use, with little evidence on the importance of families. In response to this gap, the purpose of this study is to explore parent and family processes related to ADHD management in culturally and ethnically diverse youth.

Methods:

Methodology proposed by Whittemore and Knafl (2005) guided the process and strategy for this integrative review. A structured literature search from 3 major electronic databases yielded a final sample of 32 articles (24 quantitative, 6 qualitative, and 2 mixed methods). The rigor of this study was strengthened by using evaluation criteria to assess the quality of articles and by validating the results. A table of evidence was created to summarize and analyze the data with key strengths and limitations highlighted.

Results:

Nine major themes emerged: 1.) Knowledge and caregiver educational level impact parental understanding of ADHD. 2.) Parental beliefs on ADHD etiology differ across families. 3.) Parental perceptions and attitudes about ADHD and treatment shape how families respond. 4.) Parental help-seeking behaviors are influenced by cultural conceptualizations of ADHD. 5.) Parental preferences for ADHD treatment influence decision-making. 6.) Parental strain may be associated with ADHD. 7.) Ethnic minorities may have less awareness of ADHD services. 8.) Service use and maintenance vary across cultural groups. 9.) Greater communication and care coordination is necessary between systems and services.

Conclusions and Implications:

Understanding the unique perspectives of families from diverse ethnic and cultural backgrounds is essential for clinicians, researchers, and policy-makers, who are devoted to developing culturally sensitive, family-based interventions for youth with ADHD.
Judging Quality: Parents’ Perspectives Of The Quality Of Their Child’s Hospital Care

Christine English¹, Charlotte Clarke², Karen Roberts¹

¹Northumbria University, Newcastle Upon Tyne, UK, ²University of Edinburgh, Edinburgh, UK

Background and Purpose: UK health care has adopted various service quality improvements strategies from the business world. However, studies show that the way that adult patients form and express judgements of care is more complex than retail/business customer evaluations and capture of genuine patient opinion is challenging. Evidence from adult patient studies underpins the quality improvement guidance applied to children and adult care. Development of the knowledge base to include parental views of quality care is important for future guidance to be specific to children’s care.

Aims: to examine how parents determine the quality of care provided when their child is hospitalised, factors influencing perceptions of care and whether these judgements change over time.

Methods: Using grounded theory, data were collected through a series of interviews (22) with nine parents following hospital care experiences. Constant comparative analysis was used to analyse the data.

Results: The categories identified were: landing in an alien world; from ‘new parents’ to ‘old hands’; parental judgements and responses. The substantive grounded theory Parenting in an alien world: on guard and on behalf offers new perspectives on the complexities of the psycho-social processes underlying parents’ judgements of the quality of their child’s care.

Conclusions and Implications:

The findings of this study demonstrate that whilst there are some similarities between customers, adult patients and parents there are distinct differences in the way that parents make judgements about the quality of their child’s hospital care. The distinctions are important and should be taken into account when implementing quality service improvements in the future. Despite the challenges of parenting in an ‘alien’ hospital world parents continue to try to protect and advocate for their children: health care services and professionals can support them more effectively in their role by understanding this is at the root of their responses.

Debra Copeland¹, Bonnie Harbaugh²

¹Loyola University New Orleans, New Orleans, LA., USA, ²University of Southern Mississippi, Hattiesburg, MS., USA

Background and Purposes: Mothers with higher maternal competence in early parenthood are more comfortable performing infant skills and interpreting their infants’ cues. Further, high levels of self-efficacy are related to less conflict in mother-child interactions. First-time, low-income mothers’ new role, life stressors, and economic hardships can increase psychological distress resulting in less positive parenting practices. However, some low-income mothers experience successful role adaptation. This mixed methods study compared qualitative interview responses of mothers with the highest and lowest maternal competence scores, and sought to validate aspects of Bandura’s Self-Efficacy Theory. Maternal verbalization cues nurses to maternal psychological state, and sensitizes them to maternal self-perception.

Methods: A secondary analysis was performed from a mixed methods study on maternal competence, self-esteem, and sense of mastery in low-income mothers. Low-income, first-time mothers 1-6 months postpartum (N = 21) completed the Parenting Sense of Competence (PSOC) scale, then were interviewed using a 9-item semi-structured interview guide that elicited reflections about early mothering experiences. Directed content analysis was used to compare interview responses from mothers scoring < 25th and > 75th percentiles on the PSOC and to identify efficacy expectations from Bandura’s Self-Efficacy Theory.

Results: Mothers with the highest (n=5) and lowest (n=3) PSOC scores reported similar concerns with maternal role adaptation. However, mothers who reported lower PSOC scores verbalized more problems in the categories of “postpartum experiences” and “feelings about being a mother.” Bandura’s Self-Efficacy theory was validated in this sample.

Conclusions and Implications: Health care professionals need to develop interventions that support maternal competence and self-efficacy in new mothers as they assume the maternal role.
Parents Transitional Experience When Take Care a Child With Cancer: Patterns Of Response

Carla Cerqueira¹, Filipe Pereira², Maria do Céu Barbieri Figueiredo³

¹Escola Superior de Enfermagem do Porto, Porto, Portugal, ²Escola Superior de Enfermagem do Porto, Porto, Portugal, ³Escola Superior de Enfermagem do Porto, Porto, Portugal

Introduction: Whenever cancer is detected in a child, parents become the main caregivers. This event initiates a transitional experience that may conduce this adults into the redefinition of their own identity as parents and persons themselves. Literature shows that persons living the same kind of transitions, usually presents similar behaviours. We conducted a study to identify patterns of response present in the transition process lived by those parents facing the experience of caring a child with cancer.

Methods: The fieldwork had involved collecting data through semi-structured interviews with 25 parents of children with cancer during the active treatment phase. The participants were recruited from two hospitals with paediatric oncology unit. Data from a verbatim transcription of the interviews has been analysed using the analytical procedures proposed by Strauss and Corbin, with the support of NVivo IX software.

Results: The interview analysis revealed an extensive list of patterns of response organized around four axes: a) Caring for a child with cancer: needs and care; b) Learning to live in the context of care; c) Caring for the family, preparing the family; d) Having a child with cancer: the person who cares.

Conclusions: The study has permitted the identification of a large number of behaviours, attitudes and skills as a result of the particular circumstance of taking care of a child with cancer. The recurrence of the phenomena had enabled us to conclude that this findings can be considered as patterns of response of that transitional experience. These data is going to be analysed by a group of experts with recognized experience in paediatric nursing oncology. This group will consider which patterns of response should evolve as indicators for its sensitivity to the transition process’ assessment and relevance for nursing care.
G704

PETS-D (Parent Education Through Simulation-Diabetes) RCT Results

Susan Sullivan-Bolyai

NYU College of Nursing, New York, New York, USA

B & S: Parents of children newly diagnosed with T1D must quickly learn day-to-day management. Parent education focuses on handouts, discussion and practice with the child (glucose monitoring, insulin injections). No studies have reported using Human Patient Simulators (HPS) to teach parents diabetes management.

Purpose: To test efficacy of using HPS c/t alternative education sessions regarding diabetes knowledge, problem solving, fear, anxiety, and self-efficacy.

Methods: RCT with 2 primary sites. Parents signed consent, completed baseline data, randomly assigned to either experimental or attention-control for 3 teaching sessions. Analysis included descriptive and group comparisons; linear mixed modeling at 2, 6 and 14 weeks. Effect modification of treatment by dichotomized child's age (<6 yo and 6≥ yo), parent education (≤ high school and less and > high school) were also tested. All analyses were intent-to-treat adjusted for baseline outcome level and site.

Results: N=191 mothers and fathers with no difference by treatment assignment or baseline outcomes. Mean number of parent teaching sessions attended were 2.46 for experimental and 2.53 for control group. Treatment differences were modest but in hypothesized direction; no statistical significant effect modification by educational level. There was statistically significant effect modification of HPS by child’s age-larger benefit for parents of children < 6 yo c/t older children-for several outcomes: Hb A1c 8.16% compared to 9.48% in control (p=.0006), lower state anxiety (p=.0094), higher fear of hypoglycemia (p=.03), for parents in HPS group versus attention-control <6 yo.

Conclusions: Many of the outcomes were due to ceiling/floor effects. We also compared 2 ‘interventions’ (using formal teaching vignettes in both groups) vs. usual care. Parents of younger children receiving the intervention may feel more comfortable (lower anxiety) with lower HbA1cs because of their awareness of what to do if the child had a seizure. Future research will include a retrospective case control study of those not included in PETS-D to explore HbA1c outcomes, and observational measures assess higher cognitive learning with HPS.
The Development of Family Nursing in Denmark: Current Status and Future Perspectives

Birte Østergaard¹, Hanne Konradsen², Lis Wagner¹

¹University of Southern Denmark, Odense, Denmark, ²Copenhagen University Hospital, Gentofte, Copenhagen, Denmark

Background and Purpose: Advanced practice in family nursing is still not the norm in Denmark. Nursing research about and within families has mainly been limited to in-hospital paediatric care using descriptive methods with data collected from surveys and interviews involving family members either together or individually. Neither primary health care systems nor hospital systems have a shared and systematic model for family care. The purpose of this presentation is to highlight the development of family nursing in Denmark.

Methods: Firstly, research plans were developed based on a research strategy focusing on chronic illness and the family. Secondly, education and training courses in the practice of Family-Focused Nursing, based on the Calgary Models for family assessment and family intervention were established and finally a Danish Network in family nursing was established.

Results: Several research projects lead by Danish nurses examine the implementation of family nursing knowledge to clinical settings. Integration of family nursing theory has begun in undergraduate and graduate nursing curricula and in May 2013, the Danish Family Nursing Association was officially established.

Conclusions: Family Nursing interventions in Denmark are in the early development and testing stage. A strong foundation for family nursing has been built for future collaborating among nurse researchers, educators, and administrators in the implementation of Family Nursing into Danish Clinical practice.
Strengthening Support for Families Worldwide: Potential Directions for an International Collaboration in Family Nursing Research

Sonja J. Meiers, IFNA Research Committee International Research Collaboration Subcommittee

Winona State University, Rochester, MN, USA

Purpose and Background: Family researchers in the International Research Collaboration Subcommittee, which is a subgroup of the International Family Nursing Association (IFNA) Research Committee, convened to determine mechanisms and directions for future collaborative projects to strengthen support for families. The purpose of this theoretical paper is to report salient themes of research priorities for future collaborative projects.

Methods: A modified policy Delphi technique was used to measure the judgments of international family nurse researchers in assessing research priorities. These researchers were IFNA members who had responded to an IFNA Research Committee survey and indicated they were interested in joining a subgroup that would establish international research collaborations (n=32). Identities of the researchers were known, thus making this process a modified Delphi technique. The meeting convener emailed a set of questions to the subgroup prior to the meeting; these same questions guided the meeting. Attendees (n=14 from 8 countries across 5 continents) were informed that meeting minutes were being recorded for the purpose of dissemination. Minutes were circulated to all attendees for correction (first round). The convener and graduate assistant read the corrected minutes separately and, through consensus, determined the salient themes of the meeting. These salient themes were emailed to the subcommittee for confirmation and ranking of importance (second round).

Results: Importance of all themes with subthemes was confirmed by second round respondents (n = 20) and the ranking of importance of themes was as follows:

1. Defining family nursing
2. Developing family nursing knowledge (e.g. family management)
3. Developing measures for use in family nursing research (e.g. family functioning)
4. Determining international influences on family health and family needs
5. Translation of family nursing knowledge to practice

Conclusions: Potential strategic directions were determined and can guide the subcommittee and IFNA to inform collaborative work from an international perspective.
State Of Science research Of Family Functioning Research In Family Nursing

Suzanne Feetham

Children’s National Health System, Washington DC, USA

Purpose and Background: The IFNA research committee members have expressed interest in advancing the science of family functioning. This presentation describes the state of the science of research of family functioning among IFNA scholars and countries and research reported across family scientists.

Methods Synthesis from a systematic review of the literature of the development, testing and application of measures of family functioning was used to describe characteristics of the instruments, applications and outcomes. Research using measures of family functioning were reviewed for status in meeting the criteria for research of families including definition of family, definition of family functioning, theoretical /conceptual frameworks used, components of family functioning examined in the measure, variables identified as correlates to family functioning. The languages of translation, populations studied, sampling methods, sample size, family members studied (individuals, dyads) and methods of administration such as self-report or observation are described.

Results: Theoretical frameworks used in family nursing include resiliency, family environment and the Calgary Family Nursing model. Sample sizes range from 10 individual family members in qualitative or studies to test translation to hundreds.

Conclusions: Progress has been made in the study of family functioning in family nursing. Studies report use of conceptual frameworks, there is rigor for testing when translating to other language and more studies are using dyadic analysis. Research reports do not tend to provide the definition of family or the definition of family functioning applied in the studies. To continue to advance the science of family functioning research definitions need to be reported, the context of the family functioning instrument reported and comparison across family functioning measures in studies is needed.
Model Of Home-based Peaceful Dying Preparation Of the Elderly And Family: Participatory Action Research

Sirilak Somanusorn¹, Puangtong Inchai², Kingdao Karaket¹, Pornpan Srisopa¹, Rarcharneeporn Subgranon¹

¹Faculty of Nursing, Burapha University, Chonburi, Thailand, ²Faculty of Medicine, Burapha University, Chonburi, Thailand

Purpose and Background: Peaceful dying is normally the goal of end-of-life persons and their families, and providing a peaceful death for each individual patient is an ultimate goal of the end-of-life care. The purpose of this study was to develop a home-based model of peaceful dying preparation of the elderly and family.

Methods: Qualitative data were collected by in-depth interview, focus group, and participant observation. Participants consisted of the groups of 8 elderly people, 10 family members, 8 health volunteers, 1 chief of community, and 3 community nurses. The model was developed in the 4 steps as flowing: interviewing and surveying data related to problems and needs of the dying elderly by the elderly and family members, synthesizing the model from interviewed and surveyed data, implementing the model with an end-of-life elderly who need to die at her home, and evaluating and revising the model of care. Data were analyzed by using content analysis and descriptive statistics.

Results: The findings revealed that the important parts of this model were 1) the elderly needed to die peacefully at home, 2) the family responded to the needs of the elderly, and 3) peaceful dying needed support from others such as relatives, health volunteer, monk, and nurses. The families appreciated the care that helped their loved elderly passed away peacefully. A peaceful death at home was a wonderful moment.

Conclusions: These findings could be used to guide nursing care in order to assist the elderly die peacefully at home. The nursing intervention should focus on responding to the needs of the dying elderly and their family, particularly dying in the love and care of family members.
Improving The Health And Wellbeing Of Family Palliative Caregivers: Development Of A Decision Guide To Support Communication And Planning

Carole A. Robinson, Barbara Pesut, Joan Bottorff, Janelle Zerr

University of British Columbia, Okanagan Campus, School of Nursing, Kelowna, BC, Canada

Much of palliative care rests on family caregivers. They are essential and integral team members. However, we learned through several studies that while most family palliative caregivers willingly take on the role, they do not know what they are agreeing to do and are hampered by lack of preparation, information, and support along the way. We also learned that the health of family palliative caregivers suffers as a result of the caregiving demands and their deep commitment to providing care.

The purpose of this multi-phase, knowledge-to-action study was to develop an innovative decision guide for family palliative caregivers that serves both educational and decision support functions. The aim of the guide is to enhance communication between family palliative caregivers and health professionals and to engage family caregivers in planning for potential changes in care demands.

The mixed-methods approach included: review of evidence to identify family palliative caregiver needs and, since caregiving involves a series of decisions that may change with care demands, adaptation of the internationally recognized patient decision aid development process. Sequential iterations of the guide were reviewed by team members with expertise in palliative research and care with families. The guide was further modified following focus groups with bereaved family palliative caregivers (n=14) who provided feedback regarding clarity, completeness, usefulness and formatting.

This resulted in a guide that was pilot-tested and evaluated for applicability and understandability with current family palliative caregivers (n=8) via cognitive interviewing. Further revisions were made and the guide was implemented in practice in both an urban and rural context with support from palliative nurses and hospice volunteers to determine best implementation guidelines for differing settings.

In conclusion, the tool will be presented; the process of effectively translating evidence into practice will be explained; and, implementation strategies to enable maximal uptake will be reviewed.
Honoring the Voices of Bereaved Caregivers: a Metasummary of Qualitative Research

Lorraine Holtslander¹, Sharon Baxter³, Wendy Duggleby², Dan Cooper⁴, Vicky Duncan¹, Peter Hudson⁵, Shelley Peacock¹, Tina Dadgostari¹

¹University of Saskatchewan, Saskatoon, SK, Canada, ²University of Alberta, Edmonton, AB, Canada, ³Canadian Hospice Palliative Care Association, Ottawa, ON, Canada, ⁴Regina Qu'Appelle Health Region, Regina, SK, Canada, ⁵University of Melbourne, Melbourne, VIC, Australia

Purpose and Background: Family caregivers are relied upon during end of life care, but are often left unsupported in bereavement. A significant gap exists in end of life policy, supports and services for this population. A metasummary of qualitative research was conducted by a team of international researchers, clinicians, and policy-makers. The purpose of this metasummary was to explore the experiences of bereaved family caregivers who had received palliative care and to synthesize the findings.

Methods: Sandelowski and Barroso’s metasummary procedures were followed. A search of data bases was completed using the inclusion criteria of: a) studies on the experiences of bereaved family caregivers (all genders, age 18 and older) providing end of life care, b) studies published in English in any country, c) published and unpublished studies (such as theses), d) qualitative and mixed methods designs, and e) dated between 1990 and 2014.

Results: Of the 2376 titles retrieved, 1284 were screened after doubles removed. 53 studies met the inclusion criteria for the final sample. Many were descriptive and lacked interpretation. Most studies reported the experience of caregivers who were spouses of persons who had died of cancer, 9 were focused on the loss of children and 6 related to the loss of a person with HIV/AIDS. Very few described the experience after caregiving for a person with dementia, heart failure or motor neuron disease. Findings provide insight into an experience of overwhelming grief, recovering from the stress of caregiving, and the vital importance of support as key to finding new meaning and purpose in bereavement.

Conclusions: These results provide the evidence needed to improve practice and policy to support family caregivers in bereavement.
A world shared – a world apart: Being and doing family after a close other has died late in life

Rahel Naef1,2, Richard Ward3, Romy Mahrer-Imhof1, Gunn Grande2

1Institute of Nursing, Zurich University of Applied Sciences, Winterthur, Switzerland, 2School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK, 3School of Applied Social Science, University of Stirling, Stirling, UK

Background: In later life, the death of a family member most often occurs following intense family caring, denotes a dramatic occurrence in families’ collective lives, and involves intense feelings for all. Losing a close other is inherently about changing relationships. However, bereavement has predominantly been investigated as an intrapersonal experience. Little is known about how families live with their loss of an adult member late in life.

Purpose: To disclose patterns of meanings and practices that families engage in when living with the loss of a close other.

Methods: This hermeneutic-phenomenological study included ten bereaved community-dwelling families, represented by widow/ers (mean age 80y), adult children, in-laws and grandchildren (n=30). A combination of in-depth family group (n=21) and solo interviews (n=16) with each family were held six to 23 months after the death. Thematic and narrative analysis involved repeated reading, reflecting, and writing embedded in a spiralling hermeneutic movement.

Results: After a family death late in life, families looked back to weave the death into their family narrative by constructing a story of a good death, comparing-contrasting it with other deaths and family events, and situating it within the multigenerational context of their family. Families lived with their sense of loss by sharing-not sharing interpretations and connecting-disconnecting in daily lives. They connected through remembering, talking, spending time, and enacting presence, but they also disconnected for a variety of reasons. Families moved forward together through either continuing or reconstructing their family lives. While some faced considerable upheaval about how to best do family, others continued as before.

Conclusions: This interpretive study adds an empirical family perspective to the body of bereavement knowledge. Findings suggest that nurses can be helpful for bereaved families by facilitating family meaning-making, strengthening family relations through valuing sharing and not-sharing, and by supporting family transition.
A serious case review in 2012, within Northamptonshire, highlighted the need to improve the “hand over” and develop a more consistent approach to assessment across midwifery and health visiting services, leading to the commissioned of the project reported here by the Children and Young People’s Partnership at Northamptonshire County Council. An Ofsted Safeguarding inspection during the initial phase of the project identified significant failings across the partnership including the links to the wider safeguarding agenda and importantly strategic engagement of stakeholders.

This paper will share with participants the practical challenges of developing a universal family assessment tool for use by all practitioners involved in the care of the child from pregnancy to age 2/2 ½ years of age. These challenges included data sharing concerns, engagement and agreement with stakeholders on the guiding philosophy of partnership with families and embedding the voice of the child in the tool and IT systems. We worked collaboratively with midwives, health visitors and early year’s providers on Steering and Working Groups. Parents were included within the Working Group and through focus groups in Children’s Centres.

This paper will additionally focus on the methods used to develop the tool which was named “My Family Profile” and it is underpinned by the levels of need vulnerability matrix in Northamptonshire Thresholds and Pathways (2013) document. This process included an evaluation research component with focus groups consisting of Health Care Professionals, a pilot phase incorporating two distinct centres, focus groups with parents and finally a clinical audit of the completed tool conducted through cross-checking of pilot sites.
Knowledge Utilization Research in Family Systems Nursing: Lessons Learned From a Pilot-Study.

France Dupuis\textsuperscript{1}, Fabie Duhamel\textsuperscript{1}, Cécile Michaud\textsuperscript{2}, Annie Turcotte\textsuperscript{2}

\textsuperscript{1}University of Montreal, Montreal, Quebec, Canada, \textsuperscript{2}University of Sherbrooke, Longueuil, Quebec, Canada

More and more studies show the usefulness of Family Systems Nursing (FSN) for families' well being, interprofessional collaboration and nurses' level of work satisfaction. However FSN practice remains challenging and deficient in many clinical settings. In spite of the support of knowledge “translation” models to help identify contributing factors to this lack of practice and to guide knowledge implementation projects, there is a need to better understand “how” knowledge translation strategies facilitate the implementation process from an interactional perspective. The qualitative pilot-study to be presented, was based on a participatory research design and aimed to better understand how specific knowledge translation strategies, guided by the Appreciative Inquiry approach, optimized knowledge utilization in Family Systems Nursing practice in hospital settings. This study also permitted the exploration of stakeholders’ perceptions on the feasibility of the research methodological approach. The study took place in two tertiary University Health Centres where 11 nurse managers and 4 staff nurses participated in semi-structured interviews. All interviews were recorded and transcribed. Data was submitted to a thematic analysis that generated results that underlined: (a) the essential role of mentors and of \textit{in situ} coaching to promote knowledge translation; (b) the constraining factor related to the belief that Family Systems Nursing is an “added task” to nurse's practice; (c) the importance for the educator/mentor to simplify or concretize FSN knowledge and skills and show its utilisation in practice; (d) the importance of the flexibility of the study’s design and (e) the permanent lack of resources to allow the research process and its impact on knowledge translation research in this domain. These results contribute to our understanding of this complex process of knowledge utilization in Family Systems Nursing and provide suggestions to help researchers, educators, and clinicians work together to further knowledge translation science.
Improving Family Health Through Community-Based Collaborative Action Research

Norma Krumwiede, Kelly Krumwiede, Stacey Van Gelderen

Minnesota State University, Mankato, Mankato, Minnesota, USA

Purpose and Background: The purpose of this presentation is to describe the development, philosophical underpinnings, and application of the Community-Based Collaborative Action Research (CBCAR) framework as a process to enhance student learning, improve family health and decrease health disparities. According to the United States 2010 Affordable Care Act, all 501(c) hospitals were required to conduct a community health needs assessment. Nursing faculty linked service-learning, community health needs assessment, and CBCAR to engage undergraduate nursing students with community stakeholders and faculty to bring about social change and improved family health.

Model/Framework: Community-based collaborative action research (CBCAR) focuses on relationships between academic and community partners with a long-term commitment to improving the health of communities one family at a time while engaging in research.

Methods: This observational/non-experimental design will demonstrate the effectiveness of the CBCAR framework. An unfolding case study will emphasize and validate the six phases of the CBCAR framework: Partnership, dialogue, pattern recognition, dialogue on meaning of pattern, insight into action, and reflecting on evolving pattern.

Results: The CBCAR process served as a triple benefit: The critical access hospital was able to meet federal requirements through a community health needs assessment; provided a mechanism for improved family health and community engagement, and created meaningful public health education for nursing students.

Conclusions: The CBCAR framework is a new, innovative process that promotes critical dialogue and allows all voices to be heard. CBCAR co-constructs meaning between community members, stakeholders, and researchers through shared knowledge and lived experiences. CBCAR is an effective method for researching the phenomenon of community-based health concerns and holds promise for the development of nursing interventions that target family health and decrease health disparities.
A study of factors determining parenting stress in mothers of children with Atopic Dermatitis

Chikae Yamaguchi¹, Midori Asano²

¹Nagoya City University, School of Nursing, Nagoya/Aichi, Japan, ²Department of Nursing, Graduate School of Medicine, Nagoya University, Nagoya/Aichi, Japan

【Purpose】

This study examined factors that determine parenting stress in mothers raising a child with Atopic Dermatitis (AD) in order to ascertain the relationship between those factors and Characteristics of AD and Family Systems.

【Methods】

This study was designed as a quantitative study involving a questionnaire. The subjects of this study were mothers of children with AD who were between the ages of two and six. The questionnaire consisted of questions about characteristics of AD (the severity of AD and whether or not the child had allergy-related complications), the Dermatitis Family Impact Scale (DFI), the Family Assessment Inventory (FAI), and the Parenting Stress Short Form (PS-SF). The predictive power of a model of parenting stress was examined using multiple regression analysis (Stepwise) with Parenting Stress as a dependent variable and characteristics of AD, Family Impact of a Child with AD, and Family Functioning as independent variables.

【Results】

Results of multiple regression analysis indicated that results on the DFI (β=0.339 p<0.01), Family System Flexibility (β=-0.192, p<0.05), and Family Cohesion (β=-0.328, p<0.01) determined parenting stress (R Square=0.424, Adjusted R Square=0.414). Characteristics of AD did not constitute a factor that determined parenting stress.

【Conclusion】

The control of AD itself with appropriate care is important, but the current results revealed that Family Systems must be encouraged in order to reduce parenting stress for mothers who are raising a child with AD. In other words, it is important support that should sustain good relationships among family members and facilitate changing roles within the family.

Results suggested that such support can reduce parenting stress, regardless of the severity of AD or whether or not the child in question had allergy-related complications.
Supporting Families of Children with Life Limiting or Life Threatening Illnesses: A Delphi Study

Nicole R. Smith¹, Jill M.G. Bally¹, Lorraine Holtslander¹, Marcelline Zimmer², Christopher Mpofu³, Heather Hodgson-Viden⁴

¹University of Saskatchewan, College of Nursing, Saskatoon, Saskatchewan, Canada, ²Ronald McDonald House Saskatchewan, Saskatoon, Saskatchewan, Canada, ³Saskatoon Cancer Center, Saskatoon, Saskatchewan, Canada, ⁴University of Saskatchewan, College of Medicine, Saskatoon, Saskatchewan, Canada

Background: The number of families who have children living with life-limiting (LLIs), or life-threatening illnesses (LTIs) is increasing. The impact of these illnesses on parents is significant as the entire family travels alongside the patient’s unpredictable emotional, physical, and spiritual journey. The potential death of a child challenges parents’ understanding of life, faith, and certainty in the future. Parents report the need for psychosocial support, and studies demonstrate these needs are not consistently met.

Purpose: To understand perspectives of family members, health care professionals (HCPs), and community supports in the development of a theory-based hope intervention.

Methods: Using a Delphi survey, 65 experts who care for children with LLI/LTIs including parents, nurses, physicians, community members, and other HCPs participated in three rounds of questions and controlled feedback via email. The survey focused on four subprocesses that were essential for parental hope from a grounded theory titled “Keeping hope possible” (Bally et al., 2013). Experts suggested strategies or activities for each subprocess. In Round one, responses were analysed using Thorne’s (2008) qualitative method of Interpretive Description to determine major themes. In round two, themes were ranked in order of highest to lowest according to feasibility and effectiveness. The third round revealed a consensus on top suggestions for each subprocesses.

Results: Parents require support in a number of ways. Top suggestions included: Understand your role; be active in child’s care; develop support network; access to accurate, relevant, and understandable information; take care of self; surround self with hope and positivity; and celebrate every milestone. Participants suggested support was required from multiple HCPs and community members in order to be effective.

Conclusions and Implications: Health care professionals and community members must work alongside parents of children with LLI/LTIs using a multifaceted approach to improve psychosocial support for families.
Family-related Stressors and Associated Coping Strategies During Paediatric BMT

Katherine E. Heinze¹, Angie Mae Rodday², Elizabeth Kiernan², Marie T. Nolan¹, Susan K. Parsons²

¹Johns Hopkins University, Baltimore, MD, USA, ²Tufts Medical Center, Boston, MA, USA

Background: Families describe paediatric blood and marrow transplant (BMT) as stressful and chaotic, yet little is known about the association between family-related stress and resulting coping strategies. A better understanding of this association may give clinicians insight into BMT from families’ perspectives, and may inform the development of family-focused interventions.

Methods: Caretaking parents of paediatric BMT recipients aged 2 months to 18 years were recruited from six US centres as part of the Journeys to Recovery Study. At hospitalization, parents completed the Ways of Coping Questionnaire by identifying a stressor, and answering questions about coping styles for that stressor. We broadly categorized stressors as family-related (yes/no) and further classified them by types of family-related stressors. Relative coping scores were calculated indicating the percentage of time parents used a given coping strategy. Relationships among demographic information, coping styles, and types of stressors were examined.

Results: Most parents (n=132/163) completed the questionnaire; of these, 92 identified a stressor. More than 1/3 (n=32) of stressors were family-related. These included: caring for siblings (n=10); family separation during BMT (n=9); conflict with partner/co-parent (n=6); conflict with extended family members (n=4); and work/finances (n=3). Parents with household income <$60K (n=42) were more likely to list a family stressor (p=0.051) than parents with household income ≥$60K (n=47). Parents who listed family stressors were significantly more likely to report using Self-Controlling as coping strategy (16.1% vs. 12.8%; p=0.03) and Accepting Responsibility (7.3% vs. 3.6%; p=0.01) as coping strategies, and were significantly less likely to report using Seeking Social Support as a coping strategy (14.6% vs. 19.8%; p=<0.01).

Conclusion and Implications: Many parents report experiencing family-related stressors at the time of BMT. This finding supports the importance of assessing family-related stress during BMT. Further research is needed to explore whether encouraging adaptive coping, such as seeking social support, abates family-related stress.
The development of international collaborative research across Denmark and Australia: the process of building research capacity.

Elisabeth Coyne¹, Karin Dieperink²,³

¹Griffith University, Brisbane, Australia, ²University of Southern Denmark, Odense, Denmark, ³Odense University Hospital, Odense, Denmark

Background

In the current increasing globalisation and multicultural societies, collaborative nursing research is a key aspect of building an international understanding of family health concerns. As researchers move to develop interventions and maintain best practice it is important to understand the differences and similarities between countries. Collaborative research requires an understanding of the culture of research and participants in each country to develop an appropriate international study. Collaborative research should enhance nursing research in both countries and lead to a greater understanding of the cultural diversity within the country. The current collaborative research across Denmark and Australia was developed over a two year period. A research plan was developed to enable a continuing research process, this included obtaining collaborative grants. Specific concerns related to administrative procedures, communication, time differences and ethical reviews between the countries.

Two studies were completed. The first study explored the oncology nurses' family assessment practices using a qualitative framework. The focus groups in English allowed for easy analysis of data and understanding of the oncology nurses and the family focus in both countries. The second study investigated the patient and family needs, strengths and resources during oncology care using an exploratory descriptive methodology. The four scales needed to be translated and tested, identifying differences in word understanding. Ethics across the two countries was challenging and clear explanation of data collection and storage was required. The project was a success with 230 participants recruited across Denmark and Australia.

Conclusion

Recommendations would be research plan, study information that encompasses both countries research standards and social setting and extra time for administrative and ethical review. A pilot study would reduce translation and demographic problems. Building international research requires patience, trust and openness to embrace differences. The benefits include developing future interventions for our patients which encompass the multicultural society.
A Bibliometric Review Of Family Nursing Research

Petra Brysiewicz¹, Jennifer Chipps²

¹University of KwaZulu-Natal, KwaZulu-Natal, South Africa, ²University of the Western Cape, Cape Province, South Africa

Background: The importance of nurses involving families in the care of their loved ones has gained a great deal of attention over the years, and in nursing research the nurses’ relationships with families has been investigated in various health care contexts and using various methods.

Aim: The aim of this study was to provide an analysis of research publications in the field of family nursing in order to obtain an in-depth evaluation of family nursing research carried out internationally, as well as specifically in Africa. This allowed for the examination of methodological and topic trends that have occurred in family nursing publications in the past 15 years (1999 to 2014).

Methods: Data were extracted by searching through Pubmed, CINAHL and Sabinet (an aggregator of premier Southern African electronic publications – searching SAePublications) for English-language publications. The search included all research for which articles included a major subject heading of “family nursing”.

Results: The Pubmed MeSH term “family nursing” yielded 1079 citations, of which 7 came from Africa and 4 of those from South Africa. When searching CINAHL with family nursing Subject heading 1011 citations were found with Africa yielding 6 citations with South Africa having 1 citation. In SAePublications 13 citations were found for family nursing. A further country analysis, author analysis and the type of research conducted will also be described.
An international qualitative study of the experiences of nurses who work with families in the community

Brian Johnston, Tim Duffy, Austyn Snowden, Paul Martin

University West of Scotland, Scotland, UK

Aims: This paper reports on the international epidemiological drivers for change in primary care focusing on the experience of nurses working with families in the community. This study is theoretically grounded in the work of Shaw et al. (1978), which suggests that core aspects of professional development are influenced by role adequacy, role legitimacy and role support.

Background: Influenced by the challenges of the shifting profile of NCD's and the burden on global health systems and practice, nursing in the community increasingly becomes a key contributor of the healthcare workforce in meeting major global health challenges. Countries need to develop their healthcare workforce in order to achieve targets to improve the health of the population.

Methods: A descriptive qualitative approach was used to interview 22 community nurses and their managers from five European countries. Semi-structured interviews were conducted and transcripts analysed following an inductive content analysis process.

Results: Nurses recognised their role with families as providing practical support and guidance with a focus on health education. Much of their knowledge is gained from professional experience rather than only from professional education. This is further impacted on by regional and national policies and procedures. Ongoing support in practice is provided by a variety of sources, including leadership and support from colleagues. Most countries were not delivering a family health nursing approach. Rather, the model of care was directed towards individual patients.

Conclusions: Participants were achieving role adequacy, legitimacy and support. However, if community nursing roles were developed towards a family health approach then these concepts would need to be reviewed to ensure that the nurses were achieving optimal role function when working with families. In particular, the connection between approaches to health policy, health economies and nursing in the community practice is a necessity in the provision of future healthcare provision.
Externalizing the Unspoken, Internalized Narratives of Illness: An Analysis of Family Systems Nursing Intervention in Childhood Cancer

Christina H. West¹, Janice M. Bell², Roberta L. Woodgate³

¹University of Manitoba, Winnipeg, Manitoba, Canada, ²University of Calgary, Calgary, Alberta, Canada

Background and Purpose: Children with cancer and their families experience physical, emotional, and relational distress. Family members have described the difficulty they experience in talking with one another about illness. Despite calls for evidence-based, psychosocial intervention for children with cancer and their families, research that examines the process of family intervention, is limited. Within this presentation, research findings from a family intervention study, which analyzed research interviews, clinical documentation, and videotaped clinical sessions (52 hours) shared by nurses (3) and family members (16) will be presented.

Methodology: The qualitative research approach was informed by family process methodology and hermeneutic phenomenology. The Illness Beliefs Model (IBM) (Wright & Bell, 2009) guided the Family Systems Nursing practice. The family intervention occurred at the Family Nursing Unit, Faculty of Nursing, University of Calgary.

Research Findings: The research findings described in this presentation are part of a larger doctoral study that focused on the illness suffering of family members in childhood cancer, and family intervention based on the IBM. The key family intervention processes which assisted family members will be discussed. As nurses externalized previously unspoken, internalized narratives of illness, in the presence of other family members, new interpretations of illness suffering were adopted. Integral to the intervention process was the clinician's relational presence, which was marked by the therapeutic act of receiving, holding, and containing family members' accounts of illness suffering. This process allowed family members to hear one another's unique experiences of suffering, often for the first time. Illness suffering was lessened as family members were assisted to share their suffering with one another.

Conclusion: Family Systems Nursing intervention with children and families living with childhood cancer needs to be an essential and critical component of childhood cancer care. The IBM offers one highly applicable framework for this intervention in clinical practice.
H402

Parenting Following Newborn Diagnosis of Cystic Fibrosis or CFTR-related Metabolic Disorder

Audrey Tluczek¹², Hara Levy³, Michael Rock², Roger Brown¹²

¹University of Wisconsin, School of Nursing, Madison, WI, USA, ²University of Wisconsin, School of Medicine and Public Health, Madison, WI, USA, ³Medical College of Wisconsin, Milwaukee, WI, USA

Purpose and Background: Cystic fibrosis (CF) is an autosomal recessive condition associated with progressive pulmonary disease, pancreatic insufficiency, and shortened life span. CFTR-related metabolic disorder (CRMS) is a recently identified form of CF associated with variable clinical manifestations and unknown prognosis. This study examined factors associated with parents' perceptions of child vulnerability and over-protectiveness across three groups: families with children who have CF, those whose children have CRMS, and those with healthy children.

Methods: This cross-sectional descriptive study used telephone surveys to compare three groups of parent self-reports for depression, anxiety, perceptions of child vulnerability, and over-protectiveness of their children ages 1-12 years. The sample included 104 parents classified by their children's newborn screening and diagnostic test results: CF (n=46), CRMS (n=18), and healthy children (H, n=40).

Results: Significant findings (p<0.05) included correlations between sweat chloride level and genotype, sweat chloride level and child health status, genotype and child health status, as well as sweat chloride level and parent expectations of child developing CF symptoms. Findings suggest CRMS is distinctly different from CF. After controlling for parent education and child age, CF and CRMS group parents perceived their children to be more vulnerable than H group parents. Although CF group parents reported higher child vulnerability scores than the CRMS group, this trend was not significant. Regardless of group membership, parental depression was associated with perceptions of child vulnerability; parental anxiety was associated with parental over-protectiveness; depression was associated with anxiety; and there was an inverse relationship between education and depression.

Conclusions: Although CRMS and CF group parents perceived their children to be more vulnerable than the H group; they were no more likely to report over-protective parenting behavior than control group parents. Psychological variables, e.g. anxiety, had a greater effect on parenting behavior associated with over-protectiveness than children's health status.
H403

The Impotency of Family Support in Paediatric Nursing and the Relationship with Health Care Satisfaction

Anna Olafia Sigurdardottir1,2, Erla Kolbrun Svavarsdottir2,1, Ann Garwick3

1Landspitali - The National University Hospital, Reykjavik, Iceland, 2University of Iceland, Faculty of Nursing, School of Health Sciences, Reykjavik, Iceland, 3University of Minnesota, School of Nursing, Minneapolis, USA

Purpose and Background: The purpose of this study was to evaluate perceived family support in Pediatric Nursing, quality of life, coping strategies, family functioning and health care satisfaction, one year following an implementation of the Family Systems Nursing Educational and Training Intervention Program at the Landspitali University Hospital (LUH). The conceptual underpinning of the study was the Calgary Family Assessment and Intervention models.

Methods: Data from this cross-sectional study was collected from 159 mothers and 60 fathers (N=177 families) of children and adolescents who were receiving health care service because of acute or chronic illnesses/disorders or health problems at the Landspitali University Children’s Hospital over a one year time period (from 2011 to 2012).

Results: The main findings indicated that mothers of children who had chronic illnesses perceived significantly higher family support but lower quality of life than the mother of children with acute illnesses or with other health problems. For the mothers, 38.8% of the variance in perceived satisfaction with the health care services was predicted by the mother’s perceived family support and their coping strategies. However for the fathers, 59.9% of the variability of their satisfaction with the health care services was predicted by their perceived family support, health related quality of life and if the child had been hospitalized before.

Conclusion: Knowing which factors predict satisfaction with health care services among parents of children with variety of different chronic illnesses or health issues are important to consider in order to offering effective intervention and evidence based practice to families.
Family Functioning in the Context of an Adult Family Member with Illness: a Concept Analysis

Yingzi Zhang

University of Wisconsin-Madison, School of Nursing, Madison, WI, USA

Purpose and Background: To facilitate family-centered care, it is important to understand the influence of illness on family functioning. Deeper understanding of the general characteristics of family functioning will offer direction for future research. The purpose is to provide a concept analysis of family functioning in the context of an adult family member with illness using Rodger's evolutionary method.

Method: Academic Search Premier, ProQuest Research Library, Family & Society Studies Worldwide, PsychInfo, SocINDEX, PubMed and CINAHL databases were searched using the terms “family functioning” and “patient”. Studies of pediatric patients and non-English articles were excluded.

Results: N = 184 records met the search criteria, of which a random sample of 20% of population (n = 37) were selected. Five attributes of family functioning were identified, including communication, role fulfillment, behavior control, problem solving, and sense of cohesion. Family functioning was used widely in psychiatry and psychology and nursing, in various ethnic groups, and among families with various health conditions. Antecedents of family functioning included demographic characteristics of the individual (patient or family member), medical situation, psychosocial factors, and family-related factors. Consequences included progression of disease (Mental health situation), caregiver burden, self-efficacy, health behavior changes, and quality of life. Family adaptation and family environment were identified as surrogate terms. Family resources, family role, family stress and coping were identified as related terms. Family functioning is defined as how well family members communicate with each other, fulfill family roles, accept family routines and procedures, cope with and adjust to family stress, and relate to each other.

Conclusions: Further identification and evaluation of antecedents and consequences of family functioning, theory development regarding family functioning from a nursing perspective, and corresponding instrument development are areas for future research.
ASSESSMENT OF CLIENT SATISFACTION AND ADHERENCE ON ART SERVICES IN JIMMA UNIVERSITY SPECIALIZED HOSPITAL, SOUTH WEST ETHIOPIA.

Hone Anagaw
Jimma university, Jimma, Ethiopia

Background: Client satisfaction and adherence on ART service were an important task for care providers to increase service utilization and to respond to HIV emergency; however, Other provider-defined criteria is far from ideal if as a result of the service that the patient is unhappy or dissatisfied. There is, then, a sound rationale for making the organization and delivery of health service responsive to consumer opinion.

OBJECTIVE: The aim of this study is to assess client satisfaction and adherence on ART service provision in Jimma University specialized hospital.

METHODS: A cross sectional study involving both quantitative and qualitative data collection methods was conducted from may 1-30/2010. A total of 337 Adult PLWHA on ART for at least 3 months were the study participants. Systematic sampling technique was used to select the study subjects. Data were collected using structure questionnaire, check lists and semi structure interview guide. After clearing and checking for consistency data were coded, entered and univariate and multivariate analysis was carried out using SPSS version 16.0. qualitative data’s were transcribed and narrated under themes.

Result: A total response rate of 100% from 337 sample size was obtained. Among those 203(60.2%) were females. Two hundred thirty one (68.5%) of respondents score ≥ mean which means 68.5% satisfied relationship with their care providers. In this study, in which adherence was measured using self report method, 95.5% of patients were adherent with ≥95% prescribed doses. Marital status, occupation, and waiting time were found to be associated significantly with adherence [OR 136, 95%CI 0.19-997], [OR 9.341, 95%CI 1.189-73.358], [OR 9.88E-24, 95%CI 1.759E-24-5.550E-23] respectively.

Conclusion and recommendation: The result of the study showed that assessment of client satisfaction and adherence in Jimma University specialized hospital is high adherence rate in spite of satisfaction. Overall client satisfaction and patient provider relationship satisfaction rate were low. However measured by self report method, adherence to ARV treatment in this study was seems to be encouraging. Working with other religious leaders, and community leaders to strengthen adherence status are recommended.

Key wards: Client satisfaction, Adherence, PLWHA
Predictors Of Family And Community Reintegration In Veterans With Traumatic Brain Injury: The Key Role Of Depression

Helene Moriarty1,2, Laraine Winter3,6, Keith Robinson3,4, Gala True6,4, Catherine Piersol5, Tracey Vause-Earland5, Delores Blazer Iacovone5, Laura Holbert6, Brian Newhart3, Deborah Fishman2

1Villanova University College of Nursing, Villanova, PA, USA, 2Veterans Affairs Medical Center, Nursing Service, Philadelphia, PA, USA, 3Veterans Affairs Medical Center, Polytrauma Service, Philadelphia, PA, USA, 4Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA, 5Thomas Jefferson University, School of Health Professions, Philadelphia, PA, USA, 6Philadelphia Research and Education Foundation, Veterans Affairs Medical Center, Philadelphia, PA, USA, 7Philadelphia Veterans Affairs Medical Center, Center for Health Equity Research and Promotion, Philadelphia, PA, USA

Background and Purpose: Reintegration into the family and community poses a major problem for military veterans who have suffered a traumatic brain injury (TBI). Predictors of reintegration after TBI have received limited research attention and are poorly understood, particularly in persons with milder TBI. To address this gap in knowledge, an ecological framework was used to select and examine individual and family factors likely to be predictive of family and community reintegration in veterans with primarily mild to moderate TBI.

Methods: Data were collected as part of a larger study evaluating the effectiveness of an in-home intervention for veterans with TBI and their families. Standardized instruments measured reintegration (items from Brief Community Reintegration Scale), depression (CES-D), functional status (SF-36V), Quality of Relationship with Family Member, and sociodemographics. Posttraumatic Stress Disorder (PTSD) was determined through review of the electronic medical record. Baseline pre-intervention data from veterans were used in analyses.

Results: The sample consisted of 83 veterans (69% with mild TBI, 12% with mild to moderate TBI, mean age=40.1, SD=13.2; 92% male, 58% white, 35% black). Five variables that exhibited significant bivariate relationships with reintegration (veteran rating of quality of relationship, physical functioning, bodily pain, PTSD diagnosis, and depressive symptoms) were entered into hierarchical regression analyses. Depression was the sole predictor of reintegration in the final step of the regression, with more depressed veterans exhibiting lower reintegration. In addition, veteran depressive symptoms scores totally mediated relationships between physical functioning and reintegration and between PTSD and reintegration.

Conclusions: Our findings demonstrate the powerful contribution of depressive symptoms to reintegration and advance knowledge of mild to moderate TBI. Efforts to support family and community reintegration of veterans with TBI should carefully assess and target depression, a modifiable factor. Evidence-based interventions are needed to reduce depression in veterans with TBI and thereby improve reintegration.
A systematic review of the literature exploring the role of nurses in genetics in the European Countries.

Maria João Silva1,2, Milena Paneque Herrera1,2, Maria do Céu Barbieri de Figueiredo1,3

1Instituto de Ciências Biomédicas Abel Salazar, Porto, Portugal, 2Centro de Genética Preditiva e Preventiva, Porto, Portugal, 3Escola Superior de Enfermagem do Porto, Porto, Portugal

Purpose and Background: There is increasing evidence that genetics will change the practice of medicine and mainstream healthcare. Due to their frontline position in the health care system and their long-standing history of providing family-centered care, nurses are likely to be among the first health care professionals to whom individuals and families turn with questions about genetic risk and susceptibility and to seek guidance regarding the complexity of genetic test and interpretation. All nurses must understand genomic information and the concurrent skills and attitudes to enable them to incorporate these changes for patient benefit. In fact, genetic and genomic competencies are integral to the practice of all registered nurses, especially given the current focus on personalised medicine which incorporates use of genomic information into diagnosis and management of common diseases. Despite of nursing competences in genetics had been developed in three countries (Italy, UK, US), in some countries of Europe, namely in Portugal, the role and competencies of the genetic nurses remains unclear. The purpose of this study is identify the core competencies for nurses in genetics and genomics.

Methods: We will conduct a systematic review of literature based on Joanna Briggs Institute Guidelines.

Results: This study is in progress. Studies will be described in terms of their characteristics and a quantitative and qualitative data synthesis will be performed.

Conclusions: Through this clarification of role and competencies of genetic nurses we intend to contribute to the effectiveness of the family care in genetics in Portugal.
The Relationship Between Nurses’ Perception on Family Nursing Practice Skills and Their Job Characteristics Three Years Following Implementation of Family Nursing into Clinical Practice

Erla Kolbrun Svavarsdottir1,2, Anna Olafia Sigurdardottir2, Elisabet Konradsdottir2

1Faculty of Nursing, University of Iceland, Reykjavik, Iceland, 2Landspitali University Hospital, Reykjavik, Iceland

Purpose and Background: The purpose of this study was to explore the relationships between nurses’ perception of their family nursing practice skills and their job characteristics (demands, control and support) three years following an implementation of a Family Nursing (FN) hospital training educational program (ETI-program) at a National/University Hospital.

Methods: There were 440 nurses who participated in 2014. Scores for the characteristics of job demands and job control were created to categorize participants into four job types (Karasek, 1990); “high strain” (high demand, low control), “passive” (low demand, low control), “low strain” (low demand, high control), and “active” (high demand, high control).

Results: The nurses who had taken the ETI-program reported significantly higher practice appraisal on the Family Nursing Practice scale, compared to the nurses who had not taken the ETI-program. The nurses who perceived them selves to be “active” also perceived them selves to be significantly better in practicing FN than the nurses who perceived them selves to be “passive” or to be the “low strain” job type. Further, the nurses who had taken the ETI-program and characterized their job to be of “low strain” evaluated their overall job satisfaction to be significantly higher than the nurses who had taken the ETI-program but characterized their job to be “high strain” or passive. The nurses who were practicing FN and took the ETI-program are in addition to evaluating them being in “high control”, perceiving them selves to be significantly more satisfied in their job than the nurses who did not take the ETI-program or the nurses who took the ETI-program but perceived them selves to be in “low control” over their job.

Conclusion: Facilitating nurses’ autonomy and control over their work, through hospital training such as the ETI-program, might in the long run, have an impact on nurse’s satisfaction with their job.
Attitudes Of Spanish Nurses Towards Practicing Family System Nursing: A Qualitative View

Cristina Garcia-Vivar1, Navidad Canga1, Olalla Moriones2, Begoña Flamarique3, Maite Echeverria4, Ana Canga1

1University of Navarra, Pamplona, Spain, 2University of Navarra Clinic, Pamplona, Spain, 3Osasumbidea-Navarra Health System, Pamplona, Spain

BACKGROUND AND PURPOSE. Nurses’ attitudes are an important factor in practicing family system nursing. However, little is documented about nurses’ perceptions related to the problems they found in their nursing practice when involving the family in assessment and care planning. The purpose of this study is to assess the attitudes of nurses towards practicing family system nursing.

METHODS

A cross-sectional questionnaire survey was conducted between February and May 2014 and targeted nurses working with families in primary care, mental health, and gerontology centers in a region of the North of Spain.

The Family Nursing Practice Scale (FNPS) by Simpson & Tarrant (2006) was used. The instrument measured nurses’ perceptions in family nursing practice including attitudes toward working with families, critical appraisal of their family nursing practice and reciprocity in the nurse–family relationship. The FNPS provides quantitative and qualitative evaluation components. However, for this presentation, only qualitative data are offered.

The sample consisted of 61 registered nurses aged from 21-66 years and with different backgrounds. Data were analyzed using qualitative content analysis technique.

RESULTS

The results were grouped into two major categories, according to the qualitative components of the FNPS: (1) problems or drawbacks in nursing practice by involving the family in assessment and care planning; (2) advantages of involving the family in assessment and care planning. Nurses reported that involving families in their practice improved communication and relationship with families, which in turns contributed to greater family caregiving performance. However, they reported both a lack of knowledge and communication skills to provide quality family nursing care.

CONCLUSIONS

There is a need to adequately prepare nurses to work with families, provide staff development and management support in the workplace to promote family nursing practice. These results might be useful to managers to develop staff programs based on family system nursing.
Parental Depression Is A Predictive Factor Influencing Depression And Child-abuse Risk In School-age Children: An Important Connection Nurses Need to Know

Chanokporn Sriprasarn, Chintana Wacharasin, Rawiwan Khamngoen

Faculty of nursing, Burapha University, Bangsaen/Chonburi Province, Thailand

Purpose and Background: Parental depression is a serious worldwide problem. The impact of depression is not only to the parents themselves but also their children. Parental depression can lead to school-age children depression and child-abuse risk. This study aimed to examine the influencing factors of parental depression to depression and child-abuse risk among Thai school-age children.

Method: The sample consisted of 131 school-age children between 9-12 years of age and their parents living in industrial, agricultural, fishing, and tourist areas in Chonburi Province. Research tools were self-report questionnaires including Center for Epidemiological Study Depression Scale (CES-D), Child Depression Inventory (CDI), and Child-abuse Risk. All of the tools were subjected to a reliability test based on the Cronbach’s alpha, which yielded the reliability values of .89, .81 and .81 respectively. Data analysis was conducted by using descriptive statistics and logistic regression.

Results: Parental depression significantly predicted depression in children aged 9-12 years and explained 3.7% of variance (β= 0.877, R²= 0.37, P<.001). Parental depression also significantly predicted abuse risk in the children and explained 31.5% of variance (β= 2.767, R²= .315, p<.001).

Conclusions: Preventing or reducing parental depression would also prevent or reduce depression and abuse-risk among school-age children. Therefore, nurses and health care providers need to be aware of the importance of promoting health and decreasing depression among parents.
Expanding The Family Profile On Eating And Activity Behaviors:
Giving Voice To Preschool Children Using An Event History Calendar

Cynthia Danford

University of Pittsburgh, Pittsburgh, PA, USA

Background: Capturing a comprehensive family profile regarding lifestyle behaviors about eating and activity that includes preschool children is necessary since the family environment is a primary influence on the development of healthy habits. However, there are no known instruments on eating and activity behaviors with preschool children as an active informant. An event history calendar provides an innovative method to gather lifestyle data presented in a visual format. The purpose of this study was to develop a pictorial event history calendar (EHC) for preschool children to give them voice and capture their perspective on eating and activity behaviors including mealtime, playtime, and bedtime. Method: Phase 1 involved the development of a preschool pictorial EHC. Phase 2 involved preschool children completing a pictorial EHC with a research assistant. Parents completed a complimentary EHC and were interviewed on their experience completing the EHC. Parents also evaluated the results from their child’s EHC. All sessions were audiotaped and transcribed. Constant comparative analysis is being used to analyze the dyadic data. Results: A preschool EHC was developed, tested, and refined with a convenience sample of 10 parent-preschool child (3-5 years) dyads. Preliminary analysis revealed that preschool children could reliably recall the previous 24-hours and report typical eating and activity behaviors. Parents validated the content on the pictorial EHC presented by their child. Review of dyadic EHC data showed that parents were able to identify potential lifestyle changes for their family including increasing family activities, modifying bedtime routines, and eating healthier foods. Conclusion: Data collected from preschool children may augment parent-report related to eating and activity patterns in the family. This data will contribute to identification of family goals and development of realistic, tailored family-centered interventions on healthy behaviors.
Emotional Intelligence Of 6-11 Year Old Children: What Are The Family Factors That Nurses Need to Know?

Chintana Wacharasin, Natchanan Chivanon

Faculty of Nursing, Burapha University, Muang, Chon-Buri, Thailand

Background and purpose: Emotional intelligence plays an important role in children to strengthen relationships with others and manage their own stress and emotions. The purpose of this correlational research was to examine the relationship between family factors and children’s emotional intelligence.

Methods: A stratified random sampling was used to recruit 240 parents and their children between 6-11 years old living in industrial, agricultural, fishing, and tourist areas in Chonburi Province, Thailand. The instruments included demographic data forms and questionnaires about family relations, family communication, parenting stress index, and emotional intelligence. The data were analysed using descriptive statistics and Pearson’s product moment correlation.

Results: Emotional intelligence had a significantly positive relationship with parent's education, family relationship ($r = .219$ and $r = .181$ respectively, $p < .01$) and family communication ($r = .138$, $p < .05$), but had significantly negative relationship with parenting stress ($r = -.195$, $p < .01$).

Conclusions: The results indicate that family factors were mildly associated with emotional intelligence. Therefore, nurses should promote emotional intelligence among these populations based on understanding the context of the family, particularly in the areas of parent's education, family relationships family communication, and parental stress.

Debbie Fallon, Clare Fraser, Susan Kirk

University of Manchester, Manchester, UK

Traumatic brain injury (TBI) is a leading cause of death and acquired disability in childhood. The resulting cognitive, emotional and behavioural difficulties can impact on relationships, education and quality of life, sometimes persisting into adulthood. TBI recovery is uncertain, and parents experience grief for the loss of their previous child. Service responses are often inadequate, with families reporting insufficient information regarding long-term implications, inadequate provision of post discharge therapies and emotional support and ineffective school liaison.

This paper reports the findings from a qualitative study that examined parents’ support needs following their child’s TBI, highlighting the potential of ambiguous loss theory to enhance our understanding of how these needs might be addressed. Semi structured, in depth interviews were conducted with 29 parents recruited from one children’s tertiary centre in the UK. Data were analysed using the framework approach and the theoretical lens of ambiguous loss.

Ambiguous loss, predominantly discussed in the context of adult psychological care, refers to an “unfinished” loss that occurs for example in the experiences of families of missing individuals. Such ambiguity complicates grief and prevents closure. We found that ambiguous loss was reflected in parents’ expressed anxiety about their child’s behaviour, loss of friends, and uncertain future. This was further complicated by their inability to determine whether these behaviours were caused by the TBI or “normal” adolescence. Furthermore, precise post injury comparisons were always unattainable since injury occurred prior to the development of the child’s adult personality.

In conclusion, this theory potentially enhances our understanding of parents’ needs through alerting us to the complex nature of loss in these circumstances and creating space to consider how families can be helped to recognise and address this ambiguity.
Family Reintegration After Women’s Military Deployment

Patricia J Kelly, An-Lin Cheng, Johanna Nilsson, LaVerne Berkel

University of Missouri-Kansas City, Kansas City, Missouri, USA

PURPOSE/BACKGROUND: Women currently fill military roles historically reserved for men, in countries as diverse as Canada, Botswana, and Israel. A limitation in much of the research literature on both deployment and reintegration is the lack of distinction between the effects of women and men’s absence on family functioning. This limited gender analysis hinders interventions to minimize the effects of deployment and reintegration on family functioning. Based on our qualitative work and on the Family Resilience Model, we addressed two research questions: 1) What is the effect of deployment on women in the National Guard and on their families? and 2) What factors influence individual and family reintegration experience?

METHODS: Design: Quantitative, internet-based, cross-sectional survey; Sample: Women in four U.S. National Guard; Measures: Individual level variables assessed with the Major Depression Inventory, PTSD Checklist-Civilian Version, DHHS Coping Inventory; family functioning assessed with the Family Hardiness Index, Family APGAR, and Parenting Strain assessment. Analysis: Independent t tests compared individual and family level variables of women who had and had not been deployed. To understand factors influencing reintegration, separate stepwise regression models were run for each independent variable.

RESULTS: Of the 239 female participants, 164 (68.6%) had been deployed; these individuals had significantly higher PTSD scores and significantly lower depression scores. There were no significant differences in family hardiness, family functioning and parenting strain. Coping was a significant predictor of PTSD, depression family functioning, family hardness and parenting strain, that is, women with good coping skills had lower chances of having PTSD and depression, higher chances of having positive family function and family hardness, and less parenting strain.

DISCUSSION: These results suggest that family nurses consider community interventions to strengthen specific coping skills for military women.
H803

The Influence of Family Supportive Group to Family Ability in Taking Care Client with Mental Illness

Taty Hernawaty¹, Budi Anna Keliat², Ria Utami Pandjaitan²

¹Faculty of Nursing, Universitas Padjadjaran, Bandung, West Java, Indonesia, ²Faculty of Nursing, Universitas Indonesia, Depok, West Java, Indonesia

Background and Purpose: Mental illness experienced by 96 people among 12,392 inhabitants in District of Bubulak, West Bogor. At the same time, the knowledge and ability of family are not run well, a serving for psychology health program by Centre of Community Health is not run well. The title of this research is The Influence of Family Supportive Group to Family Ability in Taking Care Client with Mental Illness in District of Bubulak, West Bogor. The research was aimed to get a comprehensive picture about the influence of Family Supportive Group to family ability in taking care client with Mental illness.

Method: Design of the research was using “quasi experimental pre-post test with control group” by using Family Supportive Group intervention. A sample was chosen by using cluster one stage and consist of 74 families with mental illness of client. The group was divided into 2 groups as follows: Family Supportive Group treatment (4 sessions in 4 meeting) and without Family Supportive Group. The family's cognitive ability, affective ability, and psychomotor ability are valued by using questioner and then the results of questioners are analyzed by using t-test, Chi-Square, and Simple Linear Regression method.

Result: The research showed a significant increase in family's cognitive ability, affective ability, and psychomotor ability in taking care client with mental illness. The abilities of the group that treated by Family Supportive Group were increase highly and significantly compare to the group without Family Supportive Group. In Hamada, et al. (2002) that the family support may take in family and client. In Chien, et al. (2006) that mutual support group may exert positive effects on the family's burden.

Conclusion: These results suggest that family supportive group recommended to families who have client with mental illness in community.
The Relevant Factors about Physical Sign, Psychological Stress, Marital Satisfaction of Pregnant Women

Te-Fen Lee, Chiao-Ju Chen

Ching Kuo Institute of Management and Health, Keelung, Taiwan

Purpose and Background

Low marital satisfaction may aggravate physical and psychological discomfort of pregnant women. This study investigates the physical sign, psychological stress, and marital satisfaction of pregnancy, as well as the associated factors.

Method

This quantitative correlational study used structured questionnaire to collect data from a total of 105 subjects one on one.

Results

1. The pregnant women were mainly at the age of 20-34. Most of them graduated from college, and were employed (69.5%). Most of them lived in small families, and the educational background of their spouse was mainly college (49.5%). 33.7% of them were unplanned pregnancies. 61.9% of them did not have exercise habit before pregnancy. 58.2% of them had exercise habit after pregnancy.

2. The mean score of physical sign of pregnant women was 61.94, that show the incidence of physical signs was rare to occasional. The total score was 120 of psychological stress, and the mean score was 31.59, the meanings is pregnant women perceived slight stress. The total score of marital satisfaction was 200, and the mean score was 154.75. In other words, the level of marital satisfaction was between satisfied and extremely satisfied.

3. Physical sign was positively correlated with psychological stress, psychological stress was negatively correlated with marital satisfaction, and there was no statistically significant correlation between physical sign and marital satisfaction.

4. This study also found that, age, family pattern, and number of childbirths affected the status of psychological stress and marital satisfaction of pregnant women.

Conclusions

The study finding can be provided as reference for Obstetrics Division or Mom’s classroom to develop prenatal activities. This study also found that, 42% of the pregnant women did not have exercise habit during pregnancy. This result showed that the exercise habit of pregnant women should be strengthened.

Keywords: Pregnant women, Physical sign, Psychological stress, Marital satisfaction
Family Member Support For Expressing Breast Milk: Experiences Of Mothers Of Preterm Infants

Riikka Ikonen¹, Eija Paavilainen¹,², Marja Kaunonen¹,³

¹University of Tampere, School of Health Sciences, Tampere, Finland, ²Etelä-Pohjanmaa Hospital District, Seinajoki, Finland, ³Pirkanmaa Hospital District, General Administration, Tampere, Finland

Background and Purpose: Despite the importance of breast milk for preterm infants, expressing breast milk is an extremely challenging process for the mothers. Family members’ support for expressing has been described, but its relation to the experiences the mothers encounter has remained unknown. Therefore, the purpose of this study was to describe the support offered to expressing mothers by family members and its relation to expressing experiences.

Methods: Mixed methods study. A convenience sample of mothers of preterm infants (n=130) was collected with the help of a preterm families peer association. The link to an electronic questionnaire with thematic questions was distributed through social media. The data were analyzed using qualitative content analysis, and the constructed categories were quantified using the present/absent method. Relationships between support and maternal experiences were studied using Fisher's exact test.

Results: Fifty-four mothers (42%) received emotional and practical support from their family members, while 11 mothers (9%) described unsupportive conduct. The expressing experiences were as follows: mothers felt they could help the infant through their milk (n=90, 70%), they had a goal and will toward successful lactation and breastfeeding (n=63, 49%), and hope with coping (n=77, 60%). Furthermore, the situation was demanding (n=72, 55%), mothers experienced inability to be a milk producer (n=93, 72%), expressing was emotionally (n=77, 60%) and practically (n=91, 70%) demanding, and they had to cope with negative feelings (n=55, 42%). There was a correlation between the support received and the mothers’ comments about helping their infants with their milk (p=.012), their hope with coping (p=.032), and expressing being emotionally (p=.001) and practically (p=.006) demanding.

Conclusions and Implications: Emotional and practical support from family members is important for maternal experiences with the demanding process of expressing. The role of the family should be acknowledged in both the families’ and the professionals’ education.
H903

Effects of Psychological Distress on Mothers’ Feeding of Their Very Preterm Infants

Jinhee Park¹, Suzanne Thoyre², Hayley Estrem², Britt Pados², George Knafl²

¹Duke University, Durham, NC, USA, ²University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

Background: Mothers of preterm infants in the neonatal intensive care unit (NICU) often experience increased psychological distress, which has negative effects on mother-infant interactions. Feeding is an important activity for developing mother-infant relationships; however, little is known about how mothers of preterm infants develop their feeding skills in the NICU and the influence of maternal psychological distress on this process. This study described changes in maternal psychological distress and examined the effect of maternal distress on mother’s feeding behaviors as the infant is transitioning to full oral feeding in the NICU.

Method: This descriptive exploratory study used data from a study of the effects of a co-regulated feeding intervention for 34 dyads of mothers and very preterm infants (VP, ≤ 30 weeks gestational age) in a level-III NICU. Maternal psychological distress was measured by maternal worry (Child Health Worry Scale), depression (Center for Epidemiology-Depression Scale), and role strain (Parental Stress Scale: NICU-Role Alteration) at three time points: within one week prior to the first oral feeding (T1), and half (T2) and full oral feeding (T3). Feedings were videotaped at T2 and T3, and an observational coding system was used to measure maternal feeding behaviors. Linear mixed modeling examined changes in maternal psychological distress and its impact on mother’s feeding behaviors as the infant transitioned from half to full oral feeding.

Results: Infant and maternal characteristics will be described. In preliminary analyses, after controlling for the intervention effect, depression, worry, and role strain scores decreased over time, but this change was statistically significant only for depression and worry. Effects of maternal psychological distress on mother’s feeding behaviors will be presented.

Conclusion: An improved understanding of the influence of maternal psychological distress on mother’s feeding behaviors would allow for targeted care to support early feeding interaction of mothers and VP infants.

Keywords: Mother, Psychological Stress, Very Preterm
Development of a framework to guide supportive actions for young carers and their families

Martin Nagl-Cupal, Maria Daniel, Julia Hauprich

University of Vienna, Vienna, Austria

Background

During the recent years, a growing body of knowledge on children who care for a chronically ill or disabled family member has emerged in the field of nursing. Caregiving children display various adverse effects of caring, such as a lack of personal free time, isolation, and physical or mental discomfort. Although research has identified a ratio of 3.5% caregiving children in the underage population in Austria, there is still a lack of awareness toward this group and little to no supportive measures are available. This is due to the fact that professional groups and organizations are often unaware of young carers or do not know how to provide them with adequate support.

Aim

The aim of this project was to develop a framework that illustrates helpful actions in order to support young carers and their families.

Methods

A number of different resources were utilized in the process of framework development, including literature research for young carers interventions, site visits of selected young carers projects abroad and national expert groups.

Model/Framework

The developmental process was guided by the first three steps of the Utrecht Model for the development of evidence-based nursing interventions.

Results

A logic model was developed that visualizes the connections between the central components of the framework, presuming factors, resources, interventions, immediate activities, outcomes, and impact. The framework shows activities to improve awareness for young carers in different settings as well as immediate support activities for young carers and their families. These activities include the assessment of support needs, stimulating exchange between like-minded peers, offering adequate information and counseling, as well as disclosing potential resources to improve family strength and relief for children.

Conclusion

The framework can act as an important measure to encourage health- and social care providers to initiate and implement supportive actions in their work with young carers and their families.
Family Management In Pediatric Liver Transplantation

Ana Márcia Mendes-Castillo, Regina Szylit Bousso

University Of São Paulo, São Paulo, Brazil

Background and purpose: The family management has been the focus of research in different contexts, but no studies were found addressing this dimension in pediatric transplantation. Knowing the family response to the conditions imposed by the disease provides support for nursing interventions with families. The aim of this study was to explore the family management in pediatric liver transplantation.

Methods: This is a case study research, which used the Family Management Style Framework as a theoretical framework, and the hybrid thematic analysis methodology. Four families of transplanted children from a public hospital in Bahia, Brazil, were analyzed in depth through the development of the genogram, ecomap, linear story of the disease, interviews and analysis of medical records.

Results: The families define the condition as "threatening", "exhaustive", and have dichotomous feelings about the child's identity, sometimes seen as "precious" and "fragile" and others as "normal" and "like any other child." Such definitions shape the management behaviors, and families assume either a protective or adaptative postures as they interact with the condition. The perceived consequences reflect how the transplant has changed family routine and their interactions, and bring fear of rejection, uncertainty about the future and the children's ability to take care of themselves when they become adults as issues that deserve nursing attention.

Conclusions and implications: Families of transplanted children need help and support to learn how to manage the condition. The use of tehin evaluating family management in pediatric transplantation can aid health professionals in planning tailored interventions to each family.
Actions Empowerment Of “Promotoras” Whose Work With Rural Families In View Of The Participatory Action Research

Denize Munari¹, Ana Rita Machado², Darlene Tavares², Roselma Lucchesê¹, Fernanda Camargo², Helena Iwamoto²

¹Federal University of Goias - College of Nursing, Goiania, Goiás, Brazil, ²Federal University of Triangulo Mineiro - Nursing Graduation Center, Uberaba, Minas Gerais, Brazil

Background and Purpose: Effective health care of families depends on their involvement in identification and accountability for their problems and their integration into the community, strengthening social linkages. Literature evidences has pointed out that it is essential to strengthening promotoras who work with families to a better use of strategies that enhance the families’ protagonism on their own care, favoring actions of health promotion and better use of community area. The objective of this study was to analyze the empowerment development of promotoras who work in rural areas through the group dynamics basis.

Methods: Participatory action research was used, with the authors acting as participant observers. An intervention with the health promotoras in a rural community was conducted in the intention to propose changes in the conduct of a weekly community group, strengthening the formation of them for the use of the therapeutic group resources. Data included observation field notes, interviews and focus groups. Qualitative content analysis was used.

Results: Data analysis generates the main category “Action and practice transformation at community” that develops about changes adopted after the intervention and the impact on the professional routine. Three subcategories illustrate it: 1) “Strengthening linkages” that shows the use of the therapeutic potential of the group to strengthen the bonds between families; 2) “Therapeutic Support” describes the therapeutic effects of the group; and 3) Life’s Project” that points to the impact of changes in the proposal of a new lifestyle in the community.

Conclusions and Implications: The intervention enabled creative resources of promotoras and also community potential, showing that promotoras’ empowerment immediately reflected on the families’ health. The knowledge acquired by the promotoras about the group dynamics strengthened the therapeutic potential of group and social linkages.
Care Demands Of Children With Special Health Needs In A Children's Program For The Prevention Of Asthma: Voice Of Family Caregiver

Neila Santini de Souza¹, Eliane Tatsch Neves², Regina Issuzu Hirooka de Borba³

¹Universidade Federal do Pampa, Uruguaiana, Rio Grande do Sul, Brazil, ²Universidade Federal de Santa Maria, Santa Maria, Rio Grande do Sul, Brazil, ³Universidade Federal de São Paulo, São Paulo, São Paulo, Brazil

Background and Purpose: This is a descriptive research with qualitative approach originated from a study which aimed at the family everyday care of their asthmatic children. The goal was to understand the daily care of these caregiver families on their children with asthma.

Methods: For the data production, it was used the Creative and Sensible Method. The method was developed by the Dynamics of Creativity and Sensitivity named "body knowledge" and "sewing histories" with eight caregiver families with asthmatic children between November 2012 and February 2013. The study was carried out in a Children's Program of Asthma Prevention (PIPA) in southern Brazil. The research was approved by the Research Ethics Committee process nº 07634512.4.0000.5505 / 2012. The datas were analized using the french discourse analysis. The theoretical-philosophical references used were the liberating theory of Paulo Freire, the care of children with special health care needs in an emancipatory perspective and the philosophy of family-centered care.

Results: The results evidenced that the demands for care of children with asthma involves modified usual care, continuous medication care and the family care; to be a caregee family of a asthmatic children involves financial difficulties and also naive conciousness of the family about their extreme situation, feeling overburdened, with the need to feel attended.

Conclusions and Implications: The study gives visibility to children with asthma as children with special health care needs. Points out the need that the caregivers need to be welcomed and cared for. It is recommended the restructuring of health care services to contribute in empowering these caregivers, reflecting on the life quality of children.
Family Nursing: A Teaching Experience at a University in the North of Brazil.

Jacira Carvalho¹, Milene Carvalho², Socorro Lisboa³, Lucia Takase⁴

¹Federal University of Pará, School of Nursing, Belém, Pará, Brazil, ²Federal University of Pará, School of Nursing, Belém, Pará, Brazil, ³Federal University of Pará, School of Nursing, Belém, Pará, Brazil, ⁴Federal University of Pará, School of Nursing, Belém, Pará, Brazil

In northern Brazil, in the middle of the Amazon region, nursing education family has been developed over the activities of the Community Health discipline, when nurse students take care of families in different contexts, such as: home, work and health units. **Objective:** to describe an experience of nursing education family for undergraduate students at UFPA. **Conceptual-theoretical framework:** The education focused on family care shows clearly the meaning of nursing, since it is understood as a profession, whose essence is human care. **Teaching experience:** This experience was developed with fifteen nursing students. The activities lasted for 12 weeks and the students took care of five families. They learned family's initial approach and application of GENOGRAM and ECOMAP targeting the nursing process. Subsequently, it was possible to evaluate the data acquired from the instruments and deduction of nursing diagnoses and interventions with nursing care monitoring provided and necessary rectifications. **Results:** The learning was based on the theoretical study of the nursing family, articulated to the practice of different family histories found in real contexts. The richness of the discussions led students to establish, for each family, different intervention strategies of care. Students met more comprehensively the experiences of amazonian families and implications for the maintenance of a healthy living. **Conclusion:** The experience brought inspiration to persist on family nursing improvement, which is so necessary for nurses’ training and efficient performance in order to promote family healthy living, essential unity and society heartwood.

**Key words:** Family Nursing. Amazonian Family. University student of nursing. Nursing education.

The Nursing Role on The social Network of Children with Special Health Care Needs

Juliana Moraes, Ivone Cabral

Federal University of Rio de janeiro, Rio de Janeiro, Rio de Janeiro, Brazil

Background and Purpose: The care of children with special needs of health is developed by persons and in different social places, therefore is a care inserted as part of the totality of the social network that needs to be revealed. The study aimed to identify the visibility of nursing care and to discuss the ways to articulate it with family care in the social network for children with special health care needs.

Methods: Qualitative art based research that had as an strategy a dynamic called. Talking Map. Participated on it 13 family members of 5 children, being 5 mothers, 4 grandmothers, two siblings and two fathers of children with special health care needs assisted in a pediatric hospital in Rio de Janeiro, Brazil. The research was approved in the Research Ethics Comittee with the protocol number 003/08. Data were analysed through Fairclough's Critical Discourse Analysis.

Results: Pointed that nursing care is visible in the social network of children through caring and educational activities. Nursing care is more articulated with the children and family when they are admitted to the hospital. At home, nursing care is not as visible and it's seeing on home visits by the nursing auxiliar in a Medical Program for Family Health. Because of gaps in the reference and count-reference in the brazilian health system, the mother articulates social and health networking without referring to the health professionals or services.

Conclusions and Implications: The reorganization of the health system with integration and articulation among the attention levels in the State could promote a less stressful social network for family members.
The habitus of playing for the family of children with cancer outpatients and their implications for nursing care was the object investigated. Aim: to analyze the experiences of families of children with cancer in the constitution of habitus playing in family; to scale spaces and the people who interact in play activities with children during outpatient cancer treatment and cancer and to discuss the cancer occurrence in the child’s life, its repercussions about the playing and implications for the nursing care. Method: qualitative research implemented according to sensible and creative method. Twenty two family members of seven children in ambulatory cancer treatment in a hospital participated. Data production occurred on family members’ houses. Results showed that the social and historical roots of family were determinant in the formation of habitus and conceptions about the value of playing for healthy and sick child. The disease was the rite of passage for the change in the playing habit, whether in the family, school and hospital environment. The hospital adds up to different locations game that the family knows, while the effects of the disease and cancer treatments on the child’s body adds new ways to play to the child’s life, changing the type of game, from active to passive. At the same time, points the child’s development as a need that must be met along with treatment, resulting in demands for nursing care maintenance, compensation, appeasement, comfort and stimulation. Conclusion: the nurse needs to involve other professionals and family, keeping the game as a permanent care in the course of disease and treatment, to reduce and damage to the infantile full development.
Background and Purpose: Sickle cell disease is a hereditary disease, which mainly affects African descendants’ people, is considered a public health problem in Brazil. It is estimated 2 million people with this disease in Brazil and that 3,500 children are born per year with sickle cell anemia. Among these, approximately 20% will not reach the age of five years old. Sickle cell anemia has significant consequences for all the family especially in their quality of life. Nursing care assistance can minimize the consequences and to care in the pain crisis occurrence. The objective of this study was to understand the meanings about the interrelationship between the children and adolescent patients and nurses’ team.

Methods: Qualitative research developed in a reference treatment center for sickle cell anemia in Brazil, with children and adolescents in treatment and nurses that cares them and their families. The data were obtained semi-structured interviews and field observations, later analyzed by content analysis. Ethical issues were guaranteed to participants.

Results: The children and adolescents’ speeches analysis emerged the categories “sickness”, “professional care” and “health services”. The nursing team’ speeches analysis emerged the categories “the family”, “professionals from other health services” and “what can be done”. Children and adolescents know what is happening with them and what they can do about the disease and their limitations. They also express that some professionals deeply scored their lives. The professionals understand the vulnerability of the children and adolescent and the importance to care considering this phase of their lives.

Conclusions and Implications: The research evidenced the need to involve children and adolescents in decisions related to their health-disease process as well as to include issues about the care for children and adolescent with sickle cell anemia in the health professionals’ education considering them as protagonists in their health disease process.
Proposal Of A Technology For The Promotion Of Child Development In The Context Of Equity In Health

Danielle Castro¹, Lislaine Fracolli¹, Anna Chiesa¹, Euripedes Miguel², Guilherme Polanczyk²

¹School of Nursing, São Paulo, Brazil, ²Psychiatry Institut, São Paulo, Brazil

Background: To invest in Early Childhood is the best way to reduce inequalities, fight poverty and build a society with sustainable conditions. Intervention programs in early childhood as the North Carolina Abecedarian Project, Head Start and Early Head Start, the MECSH (Miller Early Childhood Sustained Home - Visiting the Nursing Family Partnership, among others, have proven quite effective for increasing the chances of success of children born and living in conditions of social vulnerability. in Brazil, the implementation of such programs is needed because the high rates of child malnutrition, insufficient numbers of child day care and inadequate care within the family. When we put in practice the program "our children windows of opportunity" we found that this program was able to meet the demands of a certain group of families, but pointed to us the existence of problems that require a more specialized intervention. The purpose of this study is to present the theoretical and operational bases of the "young mothers home visiting program" addressed to teenager mothers living in vulnerable conditions. This paper is about the experience of building and implementing a program of home visits aimed at pregnant women / teenage mothers in the context of primary health care in Brazil. The results of the pilot testing of application of this program showed the importance of specialized interventions that can help young women to overcome the difficulties arising from poverty and to better educate their children without get lost their life projects.
Rural families in southern Brazil and the care of potential

Introduction: The boundaries between rural and urban are no longer clearly observed and identified, but the reference to access to service assets, the differences between the contexts is still very large. As well in the city, rural populations living with social problems such as poverty and the lack of public policies on health and infrastructure. Aim: To understand the living of families in a rural community in southern Brazil. Method: This is a qualitative research, which used the participant observation. The fieldwork was conducted in a rural community in southern Brazil, for nine months. For conducting the study with families ethical principles were guaranteed. As theoretical reference was used the theory of Ecological Bronfenbrenner approach, emphasizing the time categories, person/family, process and context to their levels: microsystem, mesosystem and exosystem. Results: The reference of Bronfenbrenner allowed understand the families; see the individual/family in its entirety, dynamics and their interrelations with the different environments, as subjects of their stories and not as simple automated intervention object. The Microsystem level allowed knowing the proximal environment of the individual/family. The mesosystem level included the interrelationships face to face, between two or more environments in which the person actively participates in relationships with family, work and community. The exosystem level highlighted the environment in which families do not participate directly, but that affect their lives. Conclusions: The selected theoretical reference was significant to understand the investigated phenomenon, because it allowed the finding of how different environments are articulated or not with each other and promote or weakens the health of families. By knowing the process of changing rural families, one realizes that rurality becomes an indispensable support shaft to understanding the relationship with your living, falling ill and caring.
The Care of Older Adults by Family Health Nurses From the North of Brazil

Sandra Polaro¹, Angela Alvarez², Lucia Goncalves¹

¹UFPA- Federal University of Para, Belém/Para, Brazil, ²UFSC- Federal University of Santa Catarina, Florianopolis/Santa Catarina, Brazil

Background: The establishment of the Family Health Program (FHP) in Brazil is quite recent, which explains the gaps in its operationalization, in terms of the qualification of the health team who cares for the families, or in the organization of adequate service structures as per the needs and profiles of the families, who come from multivariate contexts. In this sense, family health team members, especially nurses, are demanded to bring creativity and skills to their work routine. Objective: To learn how nurses manage the care of older adults in the FHP, located in a poor neighborhood of a large city in the north of Brazil. Methodology: Exploratory study, using a qualitative approach, whose data were obtained by means of interviews, observation and by consulting the families’ records. Fourteen nurses who worked in the FHP were interviewed with the aim to report the work process they go through to assist the families who resort to this health service. Data were qualitatively analyzed through procedures that are usually adopted in the grounded theory method, namely: coding; identification of components; and identification of categories, subcategories and their dimensions, until the emergence of meaningful themes. Results: The inductive analysis of data resulted in a tentative conceptual frame, whose central theme was named “The nurse in the management of the care of older adults in the FHP”, surrounded by three themes that competed for the attribution of the central theme: “Building gerontological care”, “Managing work-related problems” and “Challenging violence situations”. Conclusion: In adverse circumstances of work, precarious qualification in gerontological nursing, barriers, as well as problems present in the working process at the FHP and related to the experience of domestic, urban and institutional violence situations, the nurses managed the care of older adults and their families in a personal and singular fashion in their work routine.
Knowledge Production on Family Nursing in Brazil: A Bibliometric Study

Jacira Carvalho, Manoel Silva, Sheila Paranhos, Eliana Silva, Ronaldo Baia, Jose Maria Jesus, Lucia Goncalves

UFPA- Federal University of Para, Belém/Pará, Brazil

**Background:** Family nursing emergence is recent, in Brazil, and its flowering occurs from the education and research process developed at the universities. Also, a recent development of the Family Health Program in the country, demanded that nurses act with the families. Due to paucity on knowledge production, in the area, it was performed the bibliometrics in order to identify quantitatively the extension of literature produced by the Brazilian nurses.

**Methodology:** Bibliometric study through publications search in the following databases: MEDLINE, LILACS and BDENF (Nursing Database about publications in Brazilian Nursing Journals) using the keywords: nursing, family and family nursing. There was a search of publications that occurred in the period between 1984 and 2012. It was possible to select 287 papers according to established criteria.

**Results:** Four publications were identified between 1984 and 1993, 99 papers between 1994 and 2003 and 184 of them between 2004 and 2012. Distribution aspect identification by region from the highest to the lowest frequency was the following: Southeast 49%, South 36%, Northeast 11%, Midwest 3% and North with less than 1%. The highest frequency, in Southeast and South regions, is due to the universities’ origin of two precursor nurses on family nursing, in the country. It encouraged students and professionals to “think about the family”, to teach, to research and to assist the family for the specialty development.

**Conclusion:** Publications’ increase, over time, has correspondence with research activities in Masters and PhDs programs that are being developed, in different regions. The North region was out of this process until 2013; however, with the recent development of two master's programs and offering of family nursing's subject, there will surely be future contributions to the specialty.
The Family Trajectory In The Discovery Of The First Psychotic Episode

Bianca Cristina Ciccone Giacon, Kelly Graziani Giacchero Vedana, Isabela Santos Martin, Ana Carolina Guidorizzi Zanetti, Lucilene Cardoso, Lorena Fendrich, Sueli Aparecida Frari Galera

Nursing School of Ribeirão Preto at University of São Paulo, Ribeirão Preto / Sao Paulo, Brazil

Background and Purpose: First psychotic episode during adolescence is an indicative of possible occurrence of schizophrenia. Unfortunately, people that experience the first symptoms of psychosis seldom seek for treatment, what turns the responsibility towards the others family members. The aim of this study was to understand the experience of family members of adolescent that suffered the first psychotic episode.

Methods: It was used the symbolic interactionism and the narrative. It was conducted with families of adolescents who suffered the first psychiatric hospitalization, as a consequence of the first psychotic episode, during the period of January 2011 to June 2012. The participants were recruited from the two services of psychiatric hospitalization and the interviews with the families occurred during period from June 2012 to April 2013.

Results: A total of 11 adolescents and 13 families agreed to participate. The average age of adolescents was 22 years old, mostly male (55%), with a history of substance abuse (72.27%) and family history of mental illness (63.63%). The family members had an average age of 47 years, with the predominance of mothers (63.6%). From their experiences, the behaviour of the family members was justified by the meanings attributed to the illness process of their adolescents, presented in the following categories: “waiting move: trying to justify the behaviour of the adolescents”; “not understanding the psychosis”; and “seeking help”.

Conclusions and Implications: The construction of these meanings reinforces the mediator role of the family, enabling the families can deal with the behaviour change context of their adolescents. However, the caregiver role can delay the seek for specialized help. Early family nursing interventions could help to detection and early treatment onset, resignifying of illness experience and appropriate support to reduce or to have better strategies to cope the suffering and burden identified in this process.
Having An Expansion Of The Social Media Processes Around Death And Mourning

Regina Szylit Bousso¹,², Maiara Rodrigues dos Santos¹,², Michelle Freire Baliza¹,², Heloisa Cristina Figueiredo Frizzo¹,², Régis Siqueira Ramos¹,², Camila Amaral Borghi¹,²

¹University of Sao Paulo, Sao Paulo, Brazil, ²Interdisciplinary Nucleus for Research in Loss and Bereavement, Sao Paulo, Brazil

Background and purpose: It is understood that the virtual world has become a space for spontaneous demand. It is available for mourning manifestation, which is considered fast and superficial and part of one’s private life. According to an estimate, the number of Facebook users who die annually is about 375,000. We started questioning how this changes the way families remember and grieve for the loss of a loved one. This study aimed to explore the usage of the social network Facebook by the family after the death of a loved one, and analyze the behavior of other users as well as the sharing of contents of the deceased’s profile.

Method: This is a qualitative study using Symbolic interactionism and Grounded Theory. We conducted 17 interviews with individuals who reported experiences related to death on Facebook. Participants were recruited via our personal network and resided throughout Brazil. Interviews were open, allowing participants to guide the discussion to those topics that most interested them, but with general focus on feelings about their approach to death, interaction and experiences with death on Facebook. The interviews were done personally or by Skype. Data analysis was conducted following the procedures of the Grounded Theory.

Results: It was possible to identify the core category, named Having an expansion of the social media processes around death and mourning, and categories that include comments to the deceased, feelings and emotions, mourning coping strategies, religious beliefs and tributes.

Conclusions/implications: This study contributes to the exploitation of the professional working with bereaved families, as well as the community, which is also an important source of support to those who have lost loved ones, from the understanding of bereavement and, more specifically, the role of the meanings attributed to the death of a loved one.
'Spending the last days with my child': parents' relationship with nurses during the child's dying process in the hospital

Maiara Rodrigues Santos¹,³, Regina Szylit Bousso¹,³, Maira Deguer Misko²,³, Michelle Freire Baliza¹,³, Lucia Silva²³, Natália Nigro Sá¹,³, Natália Rejane Salim¹,³, Leticia Bosso¹,³

¹University of São Paulo, São Paulo, São Paulo, Brazil, ²Federal University of São Carlos, Sao Carlos, São Paulo, Brazil, ³Interdisciplinary Nucleous of Research in Loss and Bereavement, São Paulo, São Paulo, Brazil, ⁴University Nove de Julho, Botucatu, São Paulo, Brazil

Background and purpose: The relationship established between nurses, parents and children during end-of-life caring is complex and multidimensional. There are still few evidences which explore how these relationships during the child’s last hospitalization influence parental adaptation after the child’s death. For this reason, this study aimed to understand the experience of parents in their relationships with nurses during the dying process of children with cancer in the hospital.

Method: To address this knowledge gap, the philosophical hermeneutic was used to conduct the study. 14 family members were interviewed at least 6 months after the child’s death from cancer in the hospital. For the recruitment, the key informants (professionals from pediatric settings) and a search in pediatric hospital’s obituary helped to identify families, who could indicate a new participant (snowball technique). Each interview was audiotaped and transcribed. For the analysis, units of meaning and clusters were identified, then categories were inductively determined and submitted to an interpretation process.

Results: The results show that embracement, attentive communication, compassionate attitudes, respect of families’ beliefs help to relieve parents’ burden in the midst of an immeasurable suffering that allow them to perceive subtle attitudes in caring and to not tolerate any hostile act. These elements strengthen the relationship, and bereaved parents can maintain these caring moments alive in their memories during their future lives. Nevertheless, the judgment of families’ behaviors, lack of embracement and hope affect the establishment of a secure relationship to help families deal with theirs loss.

Conclusions/implications: The quality of parents’ bond formed with the nurses is a concrete reminder of the child’s last days and the illness trajectory. Nurses must create a context of trust and partnership in a relationship among parents, children and nurses, allowing families to maintain the bond even after the child’s death and also preventing complicated grief.
The Experience of Nursing Students with Families in Suicidal Crisis

Lucía Silva1,2, Regina Szylit Bousso3, Maiara Rodrigues dos Santos1, Michelle Freire Baliza1

1University of Sao Paulo, Sao Paulo, Brazil, 2University Nove de Julho, Sao Paulo, Brazil

Background and Purpose: Suicide is an intentional act of an individual to end his own life. It represents an intense suffering escape, associated with any frustrated need, feelings of hopelessness, ambivalent conflict between survival and death and unbearable stress. This situation causes emotional devastation among relatives and friends, and an impact that can persist for many years. Few evidences explore the perception of nursing students regarding the care of suicide victims’ families. Therefore, the purpose of this study was to understand the experience of nursing students with families in suicidal crisis.

Methods: A qualitative descriptive design was used, with sixteen undergraduation nursing students, purposively selected, in a private university in Sao Paulo. Data collection was carried out through open interviews, audiotaped and transcribed. The analysis was conducted according to content analysis’ procedures.

Results: Three themes were identified. 1) Beliefs that permeate the family approach are formed by categories: having difficulty for accept the death by suicide and believing that families are dysfunctional. 2) Feelings that emerge from the care of family are formed by: feeling afraid of family reaction, students identifying themselves with the bereaved family and feeling insecure for providing specific care. 3) Strategies to approach the family are formed by categories: providing information to the family, seeking support by the multidisciplinary team, encouraging narratives of family history and trying to identify how family deals with loss.

Conclusions and Implications: By knowing the perspective of nursing students, it was possible to identify the beliefs, facilities and difficulties of their interaction with the family during suicidal crisis. It is important to have spaces to deeply discuss suicide and family care in the context of professional training, thus students feel better prepared to provide care for families.
Nurses’ Experiences And Family Relationship During Ethical Decision Making With Dying Patients.

Michelle Freire Baliza, Regina Szylit Bousso, Maiara Rodrigues dos Santos, Maira Deguer Misko, Lucía Silva

University of Sao Paulo, Sao Paulo, Brazil

Background and purpose: The moral suffering can be represented as a consequence of the process of monitoring the patient and the family in situations of end of life. The influence of different cultural and moral values of each professional leads to differences in decision-making and can cause distress. Suffering repeated experiences of moral distress due to applications of futility reflects on family care negatively and increases the nurses’ burnout. The purpose of this study is to explore the experience of nurses during Ethical Decision-making with dying patients and their families.

Method: Interpretative descriptions were used as a reference method. The data were collected by means of semi structured interviews with ten nurses, who have worked for at least one year in ICUs in São Paulo. The nurses were chosen regardless of time of studying, complementary studies and bond institution. Data analysis was conducted using thematic analysis.

Results: It was possible to identify four main themes: Factors that influence decision-making processes in end-of-life situations; Discovering the family-centered care; Advocating the family and the patient in the end situations and Suffering with the family that has a member in end of life situation.

Conclusions/implications: The results have indicated the need for supporting the nurses to do their job and the families to receive care in an ethically healthy climate and also creating space where individual families feel free to express uncomfortable doubts and fears.
Nursing attention for family that experienced chronic condition in childhood

FERNANDA LISE, BIANCA POZZA DOS SANTOS, RAQUEL POTTER GARCIA, VIVIANE MARTEN MILBRATH, EDA SCHWATZ

UFPel, PELOTAS, RS, Brazil

Introduction: Along history, acute problems like infectious diseases and trauma, are the main concern of health care systems. Advances in biomedical science and public health have reduced the impact of numerous infectious diseases; on the other hand, the number of chronic diseases has increased. Aim: The present study aimed to increase the knowledge about nursing approach to family in chronic condition in childhood. Method: This is an integrative literature review with a view to characterizing the production of knowledge. The driving question was “How does Nursing assist the family experiencing chronic condition in childhood?” The following keywords Nursing, Family, Children and Chronic Condition were used in the research in electronic databases. Results: The literature reviewed shows the growing concern of Brazilian nurses to know how families live with children with chronic conditions, changes in routine, concepts and stories of families. In the meantime, few studies have described methods to assist the family in chronic condition during hospitalization. Conclusions: we observed that authors stress the importance of the bond with the family, realize the difficulty faced by the family in the new condition and the need for a support group. It was possible to identify the importance of nurses to families for health promotion.

Key words: Pediatric nursing, Child, Family, Chronic Diseases
Nurses 'Actions In The Family Health Strategy: Focusing The Home Visit Of Families in Mourning Situation

Valeria Batista², Misleide Araujo², Danielle Castro¹², Ana Lucia Aranha²

¹School Of Nursing, São Paulo, Brazil, ²Carapicuíba Village College, Carapicuíba, Brazil

Background: The Family Health Strategy enables accompany the mourning due to the multidisciplinary view on the family in all its dimensions, facilities that promote qualified listening, better understanding of family dynamics and the value of the bond, allowing for a more complete list, welcoming mitigating the damage and the resulting emotions losses. The nurse in the FHS is responsible for all its operation with a focus on promotion, protection, prevention and maintenance of the individual life and the family. The home visit is part of this assignment, because this space builds relationships struggle to improve living conditions, mainly related to the bond because it creates commitment and responsibility ties between professionals and the community. Methodology: This is a systematic review in the Latin American databases and Caribbean Health Sciences (LILACS) and Scientific Electronic Library Online and (SciELO). To survey items were used the key words: Mourning, Death, Family health, Home visiting, Family, Nursing in Portuguese language. Inclusion criteria were: Works written in full, in Portuguese, between July 2000 and July 2013 which contained at least one descriptor in the title and three in the text, directly related to home visiting mourning. The choice of Articles selection period was based on the criterion of recent research that characterize the current phase of analysis of mourning. Results: A total of 7 articles were selected. In general the articles showed that the home visit allows the nurse to build with mourning families a greater protection in this process, allowing a differentiated communication and therapeutic easing the feelings of fear and sadness in this process. Conclusion: The home visit in bereaved families enables individuals better to experience this process due to the special care that nurses can provide through qualified listening.
The Family Management Of Childhood Cancer Survivors

Carolliny Rossi de Faria Ichikawa¹, Maira Deguer Misko², Maiara Rodrigues Santos¹, Regina Szylit Bousso¹

¹São Paulo University, São Paulo SP, Brazil, ²São Carlos University, São Carlos SP, Brazil

Background and purpose: The increasing number of cancer survivors has been altering the concern of health professionals by changing the cancer treatment paradigm and calling for a model of care focused on these survivors and their families. Knowing how the family adjusts and seeks normality after cancer treatment is essential to their quality of life. This study aims to know the family management of childhood cancer survivors.

Methods: This is a qualitative research, using the Family Management Style Framework as the theoretical framework, and thematic analysis as the methodological one. Participants were 5 families of childhood cancer survivors of a support group from an Outpatient Specialty Center.

Results: The families define their child as special and strong because he/she has experienced childhood cancer. Families consider it necessary to set goals on how and when to seek help for the child. Management behaviors were described as the need to remain vigilant to identify a possible resurgence of symptoms. The perceived consequences indicate that the families of childhood cancer survivors experience fear of a relapse and insecurity and uncertainty about the future of the child and family.

Conclusion and implications: Cancer survival requires that the family re-adapt to the child's chronic condition. These children / adolescents and their families need continuous health care, even after the end of treatment. By understanding the different forms of family management, it is possible to identify key elements revealed by family responses of childhood cancer survivors and contribute to interventions that may facilitate the strengthening and better management of the family to this condition.
P119

Decision Making Process Of Parents With Seriously Ill Children At The Hospital

Maira Deguer Misko¹, Regina Szylit Bousso², Maiara Rodrigues Santos², Carolinny Rossi de Faria Ichikawa², Camila Kaory Kawagoe², Yasmin Cardoso Metwaly Mohamed Ali²

¹Federal University of São Carlos, São Carlos, Brazil, ²University of São Paulo, São Paulo, Brazil

Background and purpose: Changes related to the decision making of parents of seriously ill children at the hospital have been reported in the literature, emphasizing the active role of parents and professionals in sharing information. Considering that professionals are unprepared to deal with the dying process and that parental involvement in decisions is important for the care and future of the family, this study aimed to understand the experience of parents of seriously ill children about the decision making process in the hospital.

Method: This is a qualitative study using Symbolic Interactionism and Grounded Theory as theoretical and methodological framework. Data collection was performed in a pediatric hospital, through active observation, hospital records and semi-structured interviews with 10 parents who had their children hospitalized during the data collection period with a life-threatening condition. The interviews were recorded and transcribed. Data was analyzed following the procedures of the Grounded Theory.

Results: After the theoretical saturation has been reached, it was possible to propose a theoretical model to explain the decision making process of parents by the core category: Being good for my son is being good to me, and the following categories: being scary, recognizing that everything is being done for the child, needing information, deciding about the participation in decision-making, having faith and hope, valuing a relationship of trust with health providers.

Conclusions/implications: The results indicate that parents’ experience in decision-making is related to individual preferences and the relationship with the health care team, which allow them to trust some decisions to physicians and to play an active role as child’s advocates. Ensuring family care, from what parents consider good for their child, allows nurses to guarantee the active role of parents in the decision-making process.
Cancer is a disordering growth of cells that invade tissues and organs. Leading cause of death by disease in the age group between five and nineteen in Brazil. One of treatment options is ionizing radiation. Despite the benefits of treatment, this method causes some side effects. The nursing consultation has a fundamental role in family education related to the adverse effects of treatment and management of these by family at their home. Knowledge of the effects in relation radiation and especially how to take care of these symptoms at home, it is essential for decision-making of families and safety. The research aimed to observe the guidelines on the care for adverse events radiotherapy and identify adverse effects of radiotherapy presented by the child that are recognized by the family in residence; identify which were the care provided by the family at home. Exploratory study with quantitative analysis. Held in the radiotherapy service at private hospital in Brazil. The study population was 17 families. Data collection was conducted after approval by the Ethics Committee in Research from medical records of patients and through interviews with families. The main diagnoses were related to CNS neoplasms. The areas of greatest incidence of irradiation, after the head was the chest. The majority of families (88.2%) answered that they observed some kind of side effect in children after radiotherapy session. Regarding the care provided by mothers or guardians, only three cases, families reported that they decided to perform some conduct for relief or improvement of symptoms. Targeted families know how to deal with the side effects of treatment, they felt safer when instructed by the nurse and able to take better care of the child..
Repercussions Of Kidney Transplantation In The Family: The Perspective Of The Kidney Transplant Recipients

Daianne Cibele de Souza Borges, Giselle Dupas, Flavia Abreu

UFSCar - Universidade Federal de São Carlos, São Carlos/São Paulo, Brazil

Background and Purpose: Kidney transplantation is an effective treatment recommended to chronic kidney failure. The discovery of the disease and the waiting for transplant affects hardly all the family. The research aims is to understand the impact of kidney transplantation in family life from the transplant recipient perspective, and understand how he realizes the importance of his family to the success of his transplant.

Methods: Qualitative approach with theoretical and methodological framework Symbolic Interactionism and the Narrative Analysis, respectively. The study consists of 12 participants who underwent kidney transplantation in a period of up to five years, who had primary caregiver a family member, and who demonstrated perfect state of consciousness and communication. Data collection was carried out through semi-structured interviews.

Results: From data analysis emerged three themes compound by categories that describe the perception of the transplant recipient about the impact that the family suffers in the whole process, starting with the unexpected illness and persisting even after the transplant. Among adversity, the family join efforts to encourage the dialytic treatment and to secure that transplant be successful. This family dynamics perceived by the individual encourages him to face the situations imposed on them throughout the experience. He attributes the success of transplantation to the family, and believes that without it, could not survive the experience.

Conclusions and Implications: Despite all the negative impact that the family suffers, it demonstrates be able to rebalance and provide the care and support needed for successful transplantation and coping with difficulties that affect the transplant recipients. The results of this study make it possible to understand the experience, for capacitating the health professionals in the care of these families.
Experience of Rural Families in Support Houses During Oncological Treatment

Nara Girardon-Perlini¹, Isabel Cristina Van der Sand², Margrid Beuter³, Bruna Vanessa Costa da Rosa⁴

¹Federal University of Santa Maria, Santa Maria, Rio Grande do Sul, Brazil, ²Federal University of Santa Maria, Palmeira das Missões, Rio Grande do Sul, Brazil, ³Federal University of Santa Maria, Santa Maria, Rio Grande do Sul, Brazil, ⁴Federal University of Santa Maria, Santa Maria, Rio Grande do Sul, Brazil

Background: On sickening, in Brazil, rural family can check in Support Houses that are generally Non-Governmental Organizations. Interaction process that happens there is an unexplored theme on the Family Nursing literature.

Aim: To comprehend the experience of rural families in Support Houses during oncological treatment of an adult family member.

Methods: Research based on Symbolic Interactionism, with six rural families, hosted in Support Houses for oncological treatment. Data were collected through an open interview and the family genogram. For the analysis, we used the technique of content analysis.

Findings: The movement of rural family to find a place to stay can begin before treatment. Finding a Support House as a place to stay give the family a feeling of hope mixed with anxiety. On interacting with other people, that live a similar situation, the family interprets, give meaning and act, at times establishing links and being solidary, or feeling helpless and isolating themselves. On shared pain and join, they give meaning to the place and experience. The support house can be a space of fortification, security, freedom and support, as well as, pain, anguish and loneliness.

Conclusion: Support House’s interaction context enables families to redefine their own situation and, based on this definition, they perceive that they can be useful to one another, acting of cooperative and collaborative form. On living with pain of others they re-signify their on pain making it a source of strength, trust, hope and solidarity.
“I Don’t Expect to Get Over It; It’s Just Part Of My Life”: Insights From Bereaved Spousal Dementia Carers To Inform Family Nursing

Shelley Peacock¹, Melanie Bayly¹, Kirstian Gibson¹, Lorraine Holtslander¹, Megan O’Connell¹, Genevieve Thompson²

¹University of Saskatchewan, Saskatoon, Saskatchewan, Canada, ²University of Manitoba, Winnipeg, Manitoba, Canada

Purpose and Background: Individuals with dementia require increasing support from family members over the course of their disease. While research is available regarding the experience and challenges of caring during the early to late-stages of dementia, less is known about bereavement for family caregivers. The aim of this study is therefore to understand the experiences of bereaved dementia spousal caregivers, in order to better guide family nurses in their interactions with bereaved caregivers.

Methods: This study utilizes Thorne’s Interpretive Description to explore the experiences of bereaved dementia caregivers. Interpretive description aims to move inquiry beyond description to explore meanings that give rise to implications that can aid in the understanding of family nurses. Study participants were 10 older adults who have been bereaved for greater than 12 months and whose spouse died with dementia. Two, open-ended interviews were conducted with each participant; the first to explore the bereavement experience and the second to explore our interpretations of their experience. Interviews were transcribed verbatim and analysed for themes that reveal the bereavement experience.

Results: Caregivers experienced much of their grief prior to their spouse’s death while they learned of the diagnosis, transferred their spouse to alternate care environments, and witnessed the progression of their partner’s disease during the final months of life. Participants expressed their spouse’s death primarily in terms of relief, both for themselves and for their ill spouse. Framing their spouse’s death as positive appeared to ease grief. Bereavement was also facilitated through connections with others, spirituality, adopting a self-narrative of positivity and strength, and staying involved with activities they enjoyed.

Conclusions and Implications: The findings of this study illustrate a role for family nurses in supporting caregivers with their grief both prior to and after the death of their spouse, and promoting healthy outcomes through their bereavement process.
Examining the Effects of Childhood Cancer on the Parental Subsystem Relationship

Nancy Moules¹ ², Andrew Estefan¹, Graham McCaffrey¹, Dianne Tapp¹, Doug Strother² ¹

¹University of Calgary, Calgary, AB, Canada, ²Alberta Children's Hospital, Calgary, AB, Canada

Purpose and Background: This study investigated the effects of childhood cancer on the parents' relationship. Some past studies report that childhood cancer can have a negative effect on the relationship and others that it can even strengthen it. Though it may not ever be known whether or not the relationship suffers or strengthens, what is little understood is how the cancer experience affects the relationship between the parents and what might health care professionals do to support the relationship.

Methods: 23 unstructured interviews were conducted to a total of 29 participants. Data were analyzed using hermeneutic phenomenology methods of interpretation. The participants included parents of children who were 1) treated and cured and live with little or no side effects; 2) treated but live with long term effects; 3) did not survive.

Results: The state of the relationship prior to cancer had, in many situations, important implications on how the relationship fared during and after the cancer experience. This cannot be the only predictor however, as some challenged relationships thrived and repaired as a result of the experience. The strongest finding in this study is that the relationship can be affected in intense ways, even to the surprise of the couples and they offered advice to other couples facing this experience. The participants also had advice to offer health care professionals about things that are helpful and not helpful to say and do regarding supporting them as a couple.

Conclusions: The relationship between the parents has profound effects on the health and well-being of the child and any support that can be offered in this area is preventative healthcare.
Challenges Facing Immigrant Fathers in Quebec: A Family Affair!

Christine Gervais, Francine de Montigny, Denise Pangop, Normand Brodeur, Assumpta Ndengeyingoma

Centre for Studies and Research on Family Health Intervention, Gatineau, Québec, Canada, University of Québec en Outaouais, St-Jérôme, Québec, Canada, University of Québec en Outaouais, Gatineau, Québec, Canada, Canada Research Chair in Family Psychosocial Health, Gatineau, Québec, Canada, Université Laval, Québec, Canada

Purpose and background: Immigration is a growing global phenomenon. Yet the number of studies on issues confronting immigrant fathers and on services provided to them in countries such as Canada remains low. The aim is to identify convergences between different studies on the issues facing fathers as they become integrated into Quebec society, working from an ecosystemic perspective, to identify approaches for family nursing practice with respect to immigrant families.

Method: We performed a meta-analysis of five studies conducted in Quebec (Canada) since 2008, as published in four reports and four articles.

Results: In total, researchers met with 50 fathers of various backgrounds and five practitioners working with immigrant fathers. The studies were conducted with immigrant fathers settled in two regions of Quebec. Cross-analysis of the content of the studies revealed five major issues surrounding immigrant fathers: 1) the difficulty of fulfilling the critical role of provider in a post-immigration context; 2) the loss of connection to a support network; 3) the redefining of conjugal relationships; 4) the reconfiguration of paternal roles and of relationships between father and children; 5) access to institutional and community services.

Conclusion: Potential avenues for improving family nursing practices with respect to immigrant families are identified. Challenges for family nursing research and education are also discussed.
A multifactorial home visit programme intervention to increases fall knowledge and improves attitudes toward falls among frail elderly in China

Hu MengMeng, Pi HongYing, Nie dan

The PLA General Hospital, Beijing, China

Purpose and Background: Accidental falls remain the leading cause of mortality in elderly, representing to continuing, disabling, costing problems, and increasing hospitalization. Studies have shown many factors contribute the incidence of falls. The lack of knowledge about how to prevent the damage and what to take care in daily activities is one of the major factors. Our study was aimed to identify the consequence of a multifactorial home visit programme to the fall prevention knowledge and attitudes toward falls among frail elderly.

Method: This study was performed from September 2013 to April 2014. A convenience sample was conducted, participants were recruited from a total 328 elderly who sign the family doctor in wanshoulu community of Beijing. The programme consisted of six home visits performed by a community nurse over a period of 6 months. The education was followed by recommendations, referrals, and other actions aimed at increasing the awareness of falls among elderly, including knowledge of home environment risk factors, safe activities, reasonable medication, and fall intervention and so on. Data were gathered by means of a fall knowledge test questionnaire before the intervention and at the 6-month follow-up.

Results: The self-protection awareness increased generally among frail elderly. 93.3% frail elderly master the knowledge of fall risk factors and preventive measures, there are significant difference between the baseline and after 6-month follow-up.

Conclusion: We concluded that our 6-months multifactorial home visit programme consisting of six home visits was an effective strategy for improving knowledge level and attitude toward falls among frail elderly on prevention of falls.
P131

Risk factor of childhood overweight/obesity form grandparents

Leshan Zhou, Jiarong Li

Central South University, Changsha, Hunan, China

Background and Purpose: Childhood obesity is increasing and becoming a key public health issue in both industrialized and developing countries. At present, there is no effective treatment for childhood obesity. The focus of prevention is to identify risk factors for intervention.

Methods: A cross-sectional survey and a two-stage cluster sampling design were used. A logistic regression analysis was used. We randomly selected two primary schools from each of the five districts in Changsha City, Hunan in China. Then, we randomly selected one class from grades 4, 5 and 6 in each selected school. Height and weight measurements were obtained from the annual physical examination records at the school. We defined obesity, overweight, underweight and normal weight using the body mass index (BMI) cut-off values. The selected students and their parents were asked to complete a questionnaire after physical examination. The data included the lifestyle factors (e.g., exercise and sleep) and home environment factors (e.g., whether living together with grandparents and family diet habit). Perceptions of weight status (whether the child was perceived as obese, overweight, underweight or normal weight) by parents, grandparents and children themselves were collected.

Result: The sampled students included 327 obesity/overweight students and 1078 normal BMI students. 20 underweight students were not further analyzed because of small sample. Besides higher birth weight, caesarean, prenatal practice, fast eating, not picking at food, parental obesity and higher family income, living together with grandparents and underestimation for weight status by parents and grandparents were associated with increased risk of overweight/obesity in Chinese school children.

Conclusions: Grandparents’ Misconceptions of weight status may partly result in unhealthy parenting behavior and cause the children to be overweight/obesity. This study suggests the need to consider the factor of grandparents while planning interventions to prevent childhood obesity.
A Paradigm Shift In Nursing Education: From Individual To Family Nursing

Laila Mohrsen Busted, Susanne Mariussen, Eva Odgaard

University College Lillebaelt, Department of Nursing, in Vejle, Vejle, Denmark

Background

Clinical nursing practice is still largely oriented towards individuals. One of the challenges in teaching Family Nursing is to facilitate students to shift from a focus on individual patients to a family focus. It calls for a change in nursing education and a paradigm shift in nursing practice. This requires changes, not only to the curriculum, but also – and in particular – changes in the beliefs and attitudes of both health professionals and students. It points to the need of organizational development in higher education and in clinical practice.

Purpose

The aim is to describe the process of implementing a Family Nursing approach in an undergraduate nursing curriculum.

Methods

This project applies the methods of action research and organizational learning. In this context, action research involves learning and development, and the initiatives are modified in an ongoing process of formative evaluation.

- Curricular changes progressively throughout the nursing programme, introducing theory and assignments in all modules.
- Staff meetings with lecturers, introducing Family Nursing as a concept, discussing beliefs and attitudes related to family nursing; follow-up discussions in smaller teams.
- Written briefing to all clinical placement areas on family nursing and the curricular changes, followed by discussion fora in existing networks of lecturers and clinical educators.

Results

Available 2015-2016.

Perspectives

The creation of a paradigm shift entails a comprehensive process requiring ongoing management and organizational attention.

There is a requirement for the translation and development of idiomatic family nursing concepts. A changed framework of thinking about nursing may lead to new challenges that could require the involvement of clinical practice in the implementation process even more.

Regular formative evaluations must focus on collaboration between students, lecturers and clinical educators, and all key players must be committed to make room for the integration of new developments in the field of Family Nursing.
Family Focused Nursing For Elderly Medical Patients And Their Family: A Randomized Controlled Trial

Penille Wimmer Perboell, Hanne Konradsen, Thomas Almdal, Romy Mahrer-Imhof, Birte Oestergaard

Background and Purpose: In the years to come, an increased number of elderly will result in higher numbers of chronic diseases, and consequently higher numbers of elderly will be admitted and readmitted to hospitals. Disease in one member of the family can negatively affect all members and may contribute to mental disorders and lead to radical changes in the family patterns. Especially among the elderly, this situation can lead to increased physical and mental stress for both the elderly and their next of kin.

This study aims to investigate whether Family Focused Nursing (FFN) as an addition to the usual treatment of elderly medical patients can positively affect the treatment and reduces the risk of depression, promotes family functioning, improves patients’ health-related quality of life, and reduces numbers of readmission.

Methods: A randomized controlled trial design is applied. A total of 212 patients and their families will be allocated into two groups. The intervention group receives usual treatment and FFN conversations guided by the Calgary Family Assessment and Intervention Model: one FFN conversation before discharge and two FFN conversations after discharge. The control group will receive the usual treatment. The effect is measured 7 days and 6 months after the intervention. Reduction of depressive symptoms measured with the Geriatric Depression Scale (GDS-5) is the primary outcome.

Implications: The project can potentially contribute to new and important knowledge about how nurses can support elderly medical patients and their families by involving the family in a more systematic and targeted manner and thereby reduce the risk of depressive symptoms, lower the number of readmissions, improve family functioning, and increase social support and quality of life to benefit the patients and their family.
Waiting for a heart transplant. Patient – and partner perspective.

Charlotte Anker Junker, Lars Thrysoe

Odense University Hospital, Odense Region Southern Denmark, Denmark

Background and purpose: Waiting period for heart transplant consists of several stressful stages, first eligibility for a heart and secondly a period on waiting list for a heart. Prior research provides insight into the stress and the needs experienced by either patients or families; however there has been less emphasis on exploring experience of life during waiting period in both patients and partners. The purpose of this study was to explore and describe patients’ and partners’ experiences of life while waiting for a heart transplant. Furthermore the purpose of the study was to explore patients’ and partners’ needs of support during this period.

Methods: The design was qualitative, using semi-structured interviews with 6 participants – 3 patients and their partners. Participants were interviewed individually. Using content analysis, fully transcribed data were organized into categories and subcategories.


Conclusions and implications: During pre-transplant period family life is challenged. Facing uncertainty, being present with close relations, is the most effective support. However differences in beliefs of life and illness are possible barriers to patient - and partner relationship, which might influence their ability of coping during the waiting period. When extreme feelings and changes in coping are experienced, family focused intervention is indicated. Therapeutic family focused conversations might helpful in this matter.
Family health in emergency department

Jekaterina Steinmiller1, Pirkko Routasalo2, Eija Paavilainen1, Päivi-Astedt Kurki1, Tarja Suominen1

1University of Tampere, Tampere, Finland, 2University if Helsinki, Helsinki, Finland, 3University of Tampere, Etelä-Pohjanmaa Hospital District, Tampere, Finland, 4University of Tampere, Pirkanmaa Hospital District, Science Center, Tampere, Finland, 5University of Tampere, Tampere, Finland

Background: Older people visit Emergency Department (ED) because of health problems, which affects their everyday life. Aftercare for older people discharged from ED is challenging for family members. Family members having great role in taking care of older people after they discharged home. To the best our knowledge, there is lack of scientific evidence in Europe about family health evaluated in ED.

Purpose: To evaluate Family Health in ED from family members persepctive.

Methods: The study sample consisted of family members of older patients discharged from ED. Data has been collected from four Estonian hospitals (February-June 2014), by FAFHES instrument (60 items). Family health consists of health-related items of values (5), well-being (3), ill-being (5), knowledge (5) and activities (3) in family. Cronbach’s alpha coefficients for the family health scale was .66. Descriptive statistics was used for the data analysis. The five dimensions of family health were combined to sum variables.

Results: Older people presented in ED were mostly married woman, aged 65-92. 92% needed continuously help in daily activities from family members. Main reason why older people visited ED were cardiovascular conditions. Family members 111 (24%) aged 19-79, lived separately from older person. They evaluated their health rather good and did not need help in daily activities. They stayed 1-3 hours with older person in ED. Family members expressed their feelings, felt safe and maintained same sence of humour in ED within family. Family members evaluated their relationship within the family rather important. Over 50% knew from whom to seek help if needed, worries caused by health condition of older person affects family. Family members took care of their health in ED.

Conclusions: Family health scale needs further testing to ensure internal consistency of the instrument. Data collection was demanding in a country not so used in nursing research.
FAMILY HOPE. Perspective of hope at the end of life from women suffering from incurable cancer and their relatives

Kristianna Hammer

University of Faroe Islands, Tórshavn, Faroe Islands

This study describes the meaning of hope for women with advanced cancer from both patients and their close relative’s perspective. Hope is considered a coping strategy as well as a factor the enhanced quality of life booth for patient with advanced cancer and their family. (Mok, E 2010).

Background: Helping a patient to find hope in illness and suffering is a cornerstone of humanistic-oriented nursing where dignity, respect, integrity and caring are overarching values (Travelbee 2001, Martinsen 1996). Knowledge of how patients themselves feel hope at the time of palliative treatment appears will enhance the nursing knowledge base and will increase understanding and opportunities for clinical nurses. Alliative care are becoming an increasingly important clinical field, there is a demand for valid research measures focusing not only on patients in palliative care but also on their relatives.

Methods: This study is performed in two palliative care units in two different countries. At a University Hospital in the Faroe Island and at a Danish University Hospital; designed as a qualitative interview study (Kvale, 1994), with a phenomenological approach (Van Manen 1990) and a visual phenomenological approach (Mala G. Betensky 1995). Sixteen women, all diagnosed with incurable cancer and their relatives, will be interviewed after receiving a palliative diagnosis. Data is to be analyzed using a phenomenological and a visual approach.

Results: The results are planned presented in four articles or manuscripts in English prepared for international publication.

The study will have important implications for the nursing profession as it will provide basic understanding of the skills that are important for conscious hope orientated nursing. Furthermore this study expects to provide a basis for the creation of theory of Family hope that can help renew the organization of the hospital, the individual nurse and education.

Keywords: Hope, woman, cancer, palliative care, relatives, hermeneutic – phenomenology, visual- phenomenology and drawings.
Purpose and Background

In acute care situations patients and their family members need counselling and support, for coping themselves. Emergency care inside hospital settings has been studied to some degree, however more research needs to be done concerning out-of-hospital emergency care. Knowledge is needed for developing evidence-based care in situations where care starts acutely, in the presence of patients’ family members, outside the hospital. The aim of this research is to describe counselling and care of family members in acute out-of-hospital situations from the viewpoint of emergency care personnel.

Methods

The data was collected by questionnaires (N=142, 53%) from emergency care staff and analyzed statistically.

Results

Half of the respondents were men and half women, and the mean age was 34 years. About 80% of the respondents introduced themselves to the patient and the family member. A majority (82 %) aimed to give enough information concerning the situation of the patient to both patients themselves and their family members. Almost all (90 %) also ensured that both patients and their family members had understood the home care instructions well. Half of the respondents said that they have sufficient time to support the patients and their family members emotionally. Of the respondents, 11% were uncomfortable with the presence of family members in an acute care situation. Family members were encouraged to participate in the care of the patient at home by 83% of the respondents. Nearly 20% felt that it was difficult to make the decision not to transport the patient when ambulatory transport is not required and care is given immediately.

Conclusions

The results are quite encouraging concerning counseling in out-of-hospital situations, where patients’ family members are also present. However, it would be important to develop and improve the patient’s and family members’ understanding of the emergency care process.
Discharge Education For Older Persons And Their Families In Emergency Department – Nurses’ experiences

Mira Palonen¹, Marja Kaunonen¹,², Päivi Åstedt-Kurki¹,²

¹University of Tampere, School of Health Sciences, Tampere, Finland, ²Pirkanmaa Hospital District, General Administration, Tampere, Finland

Purpose and Background: The purpose of this study was to describe nurses’ experiences of discharge patient education for older persons and their family members in emergency departments. The portion of the older population is increasing in Finland. The growth can be seen as an incremental number of emergency department (ED) visits. Research indicates that especially older patients need more information during ED visits. Patient education can be a tool to ameliorate quality of life and coping at home after discharge and therefore it is important to accumulate more information about the education provided to older patients. Education for family members is equally important, especially with older patients. Family members have reported attendance of ED visits and participating home care after discharge to be the most crucial tasks for them, and there is need for additional education concerning these situations.

Methods: Participants were ED nurses (N=15), interviewed in their workplace. The data of this qualitative study were collected through thematic interviews, conducted from literature, and analyzed with inductive content analysis.

Results: Nurses value the personal interaction with patients and family members. However, there is a collision between nurses’ perception of ideal patient education and their capability to perform it. Two main issues hampering the optimal delivery of discharge education can be described as a dominating organizational culture and a lack of structured guidance.

Conclusion and implication for practice: Environmental issues of EDs are important to take into consideration when developing discharge patient education for older patients and families. Nurses need organizational support in order to deliver optimal discharge education.
The Well-Being In The Family Of An Elderly Person Living At Home
A Phenomenological-Hermeneutical Research

Pirjo Peltomäki, Päivi Åstedt-Kurki

University of Tampere, Tampere, Finland

Purpose and background: The purpose of this phenomenological-hermeneutical study was to describe and understand how the family of an elderly person living at home experiences well-being and to generate a meaning structure describing the phenomenon of well-being in the family. This knowledge helps the health care professionals to understand the well-being from the perspective of the family of an elderly person living at home.

Methods: The target group of this study was elderly people aged 75 and over and their adult children with families. The material was collected from twelve families through narrative interviews. Five of the families were interviewed twice. The material was analyzed by applying the phenomenological-hermeneutical method based on Ricoeur’s philosophy.

Results: According to the results of this study the well-being in the family of an elderly person living at home is manifested in the family’s vitality, in maintaining dignity, in experiencing family unity and in living under pressure. These themes are strongly intertwined and form a multi-layered tapestry. The vitality is based on belief in God, a steady spousal relationship, regular everyday life, having humour and a positive attitude towards life. Maintaining dignity is built on being needed, experiencing safety at home and returning a favour to one’s parents. Experiencing family unity is based on being a grandparent, which promotes well-being, inner cohesion strengthening the family and the family’s own traditions strengthening the family tie. Living under pressure is associated with living in a constant change, living in fear, having stressing feelings of anxiety and worry and uneven distribution of duty of care, filial obligation.

Conclusions: The results of this study can be utilized when developing services for elderly people living at home to support the elderly person’s managing at home and the coping and managing of their child’s family in everyday life.
Information Availability For The Stroke Patients And Their Family Members At An Emergency Department

Pirjo Virtanen¹, Päivi Åstedt-Kurki²

¹1. University of Tampere, City Of Tampere, Finland, ²University of Tampere, City of Tampere, Finland

Purpose and Background

The study describes information availability for stroke patients and their family members at an emergency department (ED) and compares their experiences before and after a training intervention. A theoretical model of information availability was created which could be used to make communication more family-based and to develop effective methods for information sharing.

Methods

The study participants included 362 stroke patients and 157 family members visiting an ED. The research data were gathered with a survey at two time points at two university hospital EDs. The two surveys had different sets of respondents.

Results

The results show that information is better available for patients than family members. There was a connection between the waiting time and the experienced information availability. Receiving interim information and the respondents' own experience of the urgency of treatment affected the experienced length of the waiting time. The respondents expected more written instructions for nursing care which would be discussed and explained.

Conclusions

The theoretical model developed in the study describes central components of information availability from the viewpoints of the patients, family members and patient-family member pairs and examines factors connected to information availability. At the intervention ED, the respondents felt that each component of information availability had been better realized when compared to the control group at the other ED.

Based on the results, both the patient and the family member should be included more in the planning of nursing care. The theoretical model can be utilized in the training of health care staff and developing information availability for stroke patients and their family members at EDs. In the future it is important to pay attention especially to those components of information availability that need to be developed and start developing better practices for them systematically.
Family guidance intervention for cancer patients

Kaija Leino¹, Elina Mattila²

¹Tampere University Hospital, Tampere, Finland, ²Tampere University Hospital, Tampere, Finland

Background: Support from the family has an impact on how a cancer patient copes. A cancer patient’s family needs guidance from the staff, but the guidance is often insufficient. It is especially important to support the children. The guidance provided to the family should be based on the family’s needs.

Purpose: The purpose of the study is to describe how a cancer patient’s family receives guidance from the staff. In addition, the purpose is to describe how the staff guides the cancer patient’s family.

Data and methodology: The data were collected in January 2012 with a survey questionnaire, the respondents being family members of cancer patients (n=44). The cancer patients chose the family member to whom they gave the questionnaire. Data was also collected with a questionnaire from staff (n=111). Based on the questionnaire results, the staff received training, and an operating model was designed for family guidance. One year after the intervention, the questionnaire was given again to both family member (n=30) and staff (n=74).

Results: The family of cancer patients did not receive sufficient guidance. Parents of underage children did not receive guidance from the staff. Over one half of the staff responded that they have no skills to guide the family. After the intervention, family members felt that they had received guidance according to their needs. More attention was also paid to the family members received information on where to seek help to alleviate the children’s situation. The staff had better skills to guide a cancer patient’s family.

Conclusions: The family of a cancer patient need guidance from the staff. The family guidance intervention had positive effects on the family guidance experience. In addition, the intervention improved the skills of the staff in guiding a family during the treatment process.
Visibility of the family during ward rounds

Elina Mattila¹, Kaija Leino², Pekka Collin³, Juhani Sand⁴

¹Tampere University Hospital, Tampere, Finland, ²Tampere University Hospital, Tampere, Finland, ³Tampere University Hospital, Tampere, Finland, ⁴Tampere University Hospital, Tampere, Finland

Background: Ward rounds are a practice that has remained unchanged for a long time. They are still a central and to some extent routine practice in hospital wards. There is scarce information on how patients’ family members are present during the rounds and how issues related to the family are discussed during the rounds.

Purpose: Is to describe how a patient’s close relatives are present during hospital rounds. In addition, the purpose is to describe how often a patient’s family situation, mood and emotions caused by the situation are discussed during hospital rounds and who among the participants of the rounds opens the discussion on these topics.

Data and methodology: The data were collected by observing the hospital round situations of patients (n=365) in university hospital wards. During the rounds, it was observed how many patients’ family situation, mood and emotions caused by the situation were discussed, and who among the participants of the rounds initiated the discussion. It was also noted on the form whether a close relative of the patient was present during the rounds.

Results: A close relative of the patient was present in the round situation with 4% of the patients (n=14). The family situation was discussed with 79 (22% of all patients) patients, mood with 116 (32% of all patients) patients and emotions caused by the situation with 96 (26% of all patients) patients.

Conclusion: Having a patient’s family members present during hospital rounds is not part of the hospital’s care culture. The patient’s family situation, mood and emotions caused by the situation are discussed with fairly few patients. The participation of the close relatives of patients in the rounds should be improved.
Back Surgical Patients’ and their Family Members’ Coping at Discharge from Hospital and at Six Weeks Postoperatively

Päivi Leikkola¹, Eija Paavilainen², Päivi Ästedt-Kurki²,³

¹South Ostrobothnia Hospital District, Seinäjoki, Finland, ²School of Health Sciences, University of Tampere, Tampere, Finland, ³Pirkanmaa Hospital District, General Administration, Tampere, Finland

Purpose and background: Back surgical patients’ hospital treatment periods have become shorter and patients and their family members are keen to learn how they can best cope with illness and recovery at home. The coping of back surgical patients and their family members is affected by their experience of internal resources and levels of social support received. Social support, here called external support, refers to informative, emotional and concrete help from hospital staff to patients and family members as an important part of care during hospitalization. The purpose of the study was to describe adult back surgical patients’ and family members’ experiences of coping resources, external support for coping and associated factors.

Methods: Structured instruments designed to measure patients’ and family members’ coping were used to collect data during 2008-2010. Data were collected at two time points: at discharge from hospital and at six weeks post-operatively. The first data collection stage involved 150 (N) patients and 150 (N) family members, the second one 126 (N) patients and 126 (N) family members. Multivariate statistical methods were used to analyse data.

Results: Patients and family members were found to have individual experiences of coping at both time points. At discharge from hospital, the patient’s motivation to recover and the family’s shared trust in nursing staff were emphasized as positive coping resources. As patients’ recovery progressed, the normalcy of daily life also became an important coping resource. The atmosphere of the patient education situation was found to be an essential form of external support for both patients and family members. Hospital staff’s expressions of being present and attention given to education needs were also important forms of support.

Conclusions: The model that describes the coping of back surgical patients and their family members can be used to develop family nursing in surgical wards.
Parents' Satisfaction with the Care of Their Newborn at a Neonatal Intensive Care Unit

Päivi Pesonen1,2, Katri Vehviläinen-Julkunen1,2, Taina Pitkäaho1

1University of Eastern Finland, Department of Nursing Science, Kuopio, Finland, 2Kuopio University Hospital, Kuopio, Finland

Background: In Finland nearly 60,000 babies are born annually. Eleven percent of them require intensive care in the first days after birth. The purpose of this study was to describe and explain parents' satisfaction with the care at a Neonatal Intensive Care Unit (NICU). The aim was to produce knowledge on parents' satisfaction with the care provided to their newborn regarding information, treatment, parental participation, organization and professional attitude.

Methods: The empirical data were collected by a postal survey during the autumn of 2013. The data consisted of parents (n = 92, 57 mothers and 35 fathers) whose newborns were cared for at a NICU of a university hospital in Finland. The five-factor Empowerment of Parents in The Intensive Care-Neonatology (EMPATHIC-N) tool was used. The data were analyzed by descriptive statistics and differences testing.

Results: Parents were very satisfied with the care of their newborn at the NICU. Most of the EMPATHIC-N items (80%) had a mean value of 8.5 or above on the scale of 0–10. Parents were very satisfied with provision of the possibility for parental participation (mean 8.7, SD 1.07) and least satisfied with information (mean 8.4, SD 1.29). The space and privacy around the bed of newborn, as a single item, got the lowest scoring (mean 5.2, SD 3.2). Fathers with lower education were more satisfied with the care than the fathers with higher education. The younger parents (between 18 to 33 years of age) were more satisfied than the older parents (34 to 45).

Conclusions and Implications: Parents were satisfied with the care of newborns at the NICU. More emphasis should be given to family nursing care models that systematically support the continuity of care, on discharging routines and on answering to families' needs for personal space in the unit.
Marital Satisfaction And The Health-Related Quality Of Life Of Parents Of Children With Heart Defect

Anna Liisa Aho, Anja Rantanen

University of Tampere, School of Health Sciences, Tampere, Finland

Background and Purpose: A heart defect of a child may have pervasive consequences for family life. The purpose of this cross-sectional study is to describe marital satisfaction and health-related quality of life in parents with children with congenital heart defect and to identify factors associated with those.

Methods: The data are collected using the online survey via closed Internet discussion groups and Finnish Association for Heart Children and Adults from parents (N=500). The child’s age or the diagnosis of a heart disease are not limited in this study. Both parents may participate in this study by filling in their own questionnaire.

Marital satisfaction is measured using the ENRICH Marital Satisfaction Scale. The instrument consists of 15 items. Health-related quality of life is measured using the RAND 36-Item Health Survey (RAND 36). The instrument consists of 36 items assessing eight health concepts: physical functioning, role limitations caused by physical health problems, role limitations caused by emotional problems, social functioning, emotional well-being energy, pain, and general health perceptions. Background variables concern children (e.g. age, sex, time of diagnosis, diagnosis), parents (e.g. age, sex, education, employment status, experienced health) and life events in the last six months are measured using the Life Events Questionnaire. The data collection will begin in December 2014. Data analysis is based on statistical methods.

Results: Preliminary results will be presented.

Conclusions and Implications: The knowledge produced in this study can be utilised when developing support interventions to the families with a child with a heart defect.
Adolescents’ Self-Harm – The Parental Perspective

Tiina Maria Salmi, Marja Kaunonen, Anna Liisa Aho

University of Tampere, School of Health Sciences, Tampere, Finland

Background & Purpose: Adolescents’ self-harm is a common but poorly understood phenomenon. International research reveals, that every tenth adolescent suffer from some kind of self-harm. It evokes a lot of negative emotions in parents. In order to manage with the adolescents’ behavior and to help them, parents need information and support. This study will describe the occurrence and reasons for adolescents’ self-harm, and expectations of getting help from the parents’ perspective. The aim is to provide information that can be used to develop encountering and helping self-harming adolescents and their parents.

Methods: A qualitative descriptive study will be executed. The data is collected with essays and interviews from Finnish parents who have a self-harming child. Data will be analyzed using inductive content analysis.

Results: Preliminary analysis indicates that parents of self-harming adolescents don’t get proper help. Health care professionals were unable to face with the phenomenon of self-harm, thus understanding and empathic discussion does not occur. Parents described adolescents’ self-harm as self-injurious speech and self-injurious behavior, such as cutting and risk-taking behavior. Some told their child to have ended in suicide. These parents and their children have not received help, neither before nor after suicide. Parents expressed reasons for adolescents’ self-harm to be e.g. depression, school bullying, emotional and relationship problems. Parents expect help for themselves and they are looking for help actively from various sources. Help is also expected for the child.

Conclusions and Implications: Health care professionals’ knowledge and attitudes towards adolescents’ self-harm needs to improve. The parents of this study were left alone with the self-harming adolescent. They were tired, confused and afraid. Even if the child died, for the purpose or as mishap, parents did not get help. Finished results will be presented at the conference.
Negative Changes Of Family Functioning After The Death Of A Child

Emmi Turunen¹, Marja Kaunonen¹, Anna Liisa Aho¹,²

¹University of Tampere, School of Health Sciences, Tampere, Finland, ²Pirkanmaa Hospital District, Tampere, Finland

Background and Purpose: The death of a child brings a wide range of changes in parental health and well-being, but also for the family functioning and dynamics. The purpose of this study was to describe the negative changes the death of a child brings to family functioning.

Method: The informants were mothers (n=248) and fathers (n=26) who had experienced the death of a child. Request to participate in the study was presented in the websites and members mailing lists of grief organizations and also in closed internet forums where grieving parents were signed on. The data were collected using an electronic questionnaire, which consisted of background variables regarding the informant, the deceased child and the family, and an open-ended question regarding the changes in the family functioning. The data were analysed by qualitative inductive content analysis.

Results: The parents described difficulties in the family’s internal relationships, coping in the everyday life and controlling emotions, as well as decrease in enjoying life and wavering of life’s values, as negative changes in the functioning of the family.

Conclusions and Implications: The death of a child brings various changes to the family functioning, such as weakening the cohesion in the family and decreasing the quality of the family’s life. The study brings new information on the family functioning after the death of a child and these results can help recognize and consider the changes a child’s death brings to the family.
Nurses’ Attitudes Towards Families’ Involvement In Finnish Nursing Care
– A Cross-Sectional Study

Maaret Vuorenmaa¹, Mira Palonen¹, Marja Kaunonen¹², Britt-Inger Saveman³, Päivi Åstedt-Kurki¹²

¹University of Tampere, Tampere, Finland, ²Pirkanmaa Hospital District, General Administration, Tampere, Finland, ³Umeå University, Umeå, Sweden

Purpose and background: Nurses working in various health care sectors encounter with patients’ family members, whose presence can increase patients’ involvement and positive stance with care. Being separated from ones family, can be intimidating and cause anxiety. Family members themselves need support when they are worried about the patient. It is important that nurses interact with families, by listening, discussing and exchanging information. Previous studies lack a clear picture how nurses see families’ involvement and role in hospital care. Information is needed about nurses’ attitudes towards patients’ families being part of care. The purpose of this study is to evaluate nurses’ attitudes towards the family's role in nursing care.

Methods: A questionnaire was sent to all nurses working at one Finnish hospital district (N=2865) by e-mail. The sample consisted of nurses (n=645) working in regional or university hospitals. Nurses worked with adult and children patients, in somatic or psychiatric wards. Nurses’ attitudes towards families' involvement were evaluated with the Families’ Importance in Nursing Care – Nurses’ Attitudes (FINC-NA) - instrument. The data were analysed by descriptive methods and parametric tests.

Results: Nurses considered families more as a resource (Mean=3.7, SD=0.5) and as a conversational partner (Mean=3.4, SD=0.7) than as a burden (Mean=2.3, SD=0.7). Nurses who worked with children or psychiatric patients had the most positive attitudes towards family involvement.

Conclusions: The results can be utilized in development of family nursing practice. They serve as a basis for developing professional education in the hospital. Nursing managers can implement results in order to establish collaborative relationship between nurses and families.
Associations Between Parents' Empowerment And Their Own Childhood Adversities

Maaret Vuorenmaa1,2, Marja-Leena Perälä3, Nina Halme3, Marja Kaunonen1,4, Päivi Åstedt-Kurki1,4

1University of Tampere, Tampere, Finland, 2Finnish Doctoral Programme in Nursing Science, Tampere, Finland, 3National Institute for Health and Welfare, Helsinki, Finland, 4Pirkanmaa Hospital District, General Administration, Tampere, Finland

Purpose and background: Every family can encounter adversities regardless of society structure or family's socioeconomic position. Childhood adversities may have wide-ranging and long-term consequences. Parental empowerment is essential for family capabilities, resources and resilience to adjust when encountering adversities. The purpose of this study was to identify associations between maternal and paternal empowerment and the parents' own childhood adversities.

Methods: This study used a cross-sectional design. The sample consisted of mothers (n=571) and fathers (n=384) of children aged 0-9 years in Finland. Parents were selected using stratified random sampling. Parental empowerment was measured by the Family Empowerment Scale (FES). Childhood adversities included eleven determinants, which is known to be common and likely to affect a growing child. The data were analyzed by descriptive methods and parametric tests.

Results: Most commonly reported childhood adversities were financial problems in the childhood family, serious conflicts within the family and bullying at school. Statistically significant associations between parents' current empowerment and the occurred adversities in the childhood family were found. Adversities were particularly associated with parents' sense about how they were able to manage in current everyday life with their children.

Conclusions: The results can be utilized in all services where professionals encounter families in their everyday lives. Knowledge about the associations between adversities and empowerment can help professionals in identifying families who need special attention and supporting their well-being.
Nursing Case Managers as Facilitator of Family-Centred Care: Perceptions and Experiences of Nursing Case Managers and their Colleagues of the Multi-disciplinary Team regarding this New Role

Jorun Thoma¹²

¹University Medical Centre Freiburg, Freiburg, Germany, ²University Oxford Brookes, Department of Clinical Health Care, Oxford, UK

Background and Purpose

The role's defined assignment of Nursing Case Managers (NCM) at a University Medical Centre in Germany is to take on patient-centred and family-centred responsibility, especially for those patients' care process who have a complex situation requiring discharge into an appropriate supportive setting. A case example might include patients on a maternity ward, where the child's welfare is threatened e.g. by parent's excessive demands, low income, or drug abuse. This role of NCMS is acknowledged as helpful, especially to facilitate the transferral rates to the National Centre of Early Interventions in Germany for families, which increased significantly after implementation of the NCM role. The study's purpose is to understand perceptions and experiences of the NCM in a women's hospital, by exploring their perceptions of role and care issues encountered, as well as the experiences of the members in the multidisciplinary team (MDT) to further NCM practice development.

Methods

A constructivist qualitative approach containing semi-structured interviews was used to evaluate the NCM role for families with complex care needs. A purposive and convenient sampling included all four NCMS of the women's hospital department, and their colleagues of the MDT. Currently the women's department consists of two 36-beds-wards, one is the maternity ward including cases of high-risk pregnancy. A minimum staff sample size was assumed to be 6-8 participants for a representative sample. The conduction of semi-structured narrative audiotaped interviews and verbatim transcription was utilized. Data analysis is guided by an interpretative descriptive method.

Results

Results will focus on NCM and other staff responses to the implementation of the NCM role and its impact on staff and families with complex conditions. Future plans for the role within the University Medical Centre and in Germany based on perceptions of staff response to the NCM role will be shared.
Family Nursing Hospital Training and the Outcome on Job Demands, Control and Support

Anna Olafia Sigurdardottir, Erla Kolbrun Svavarsdottir, Sigrun Juliusdottir

Background: The purpose of this study was to evaluate the impact of a family systems nursing (FSN) hospital training educational program (ETI-program), on nurses’ and midwives’ perception of job demands, control, and/or support. Scores for the characteristics of job demands and job control were created to categorize participants into four job types, based on whether they had taken the ETI-program. These four job types are high strain (high demand/low control), passive (low demand/low control), low strain (low demand/high control), and active (high demand/high control).

Methods: A longitudinal quasi-experimental research design was used. Nurses and midwives working at Women’s and Children’s service (n=479) participated in the study on three time periods from 2009–2011. The nurses participated in the ETI-program, which consist of lectures and clinical training in applying FSN in practice by participating in skills lab training and workshops. The Swedish Demand-Control-Support Questionnaire was used.

Results: Majority of the nurses and midwives were satisfied with their present job. A significant difference was found amongst the high strain job group regarding perceived support from administrators and colleagues among the nurses and midwives who had taken the ETI-program compared to those who had not taken the program.

Conclusion: This result indicates that the health care professionals who characterized their job to be of high demand but with low control evaluated the support from their administrators and colleagues to be significantly higher if they had taken the ETI-program than did the nurses and midwives who did not take the ETI-program.
Development and psychometrically test of the ICE-Beliefs questionnaire

Margret Gisladottir¹, Erla Kolbrun Svavarsdottir²

¹Landspitali National University Hospital in Iceland, Reykjavik, Iceland, ²University of Iceland, Reykjavik, Iceland

Introduction: Core beliefs are the heart of a belief system, and are usually difficult to change but they influence the family and its functioning and coping with illness (Wright & Bell, 2009). The ICE-Beliefs questionnaire was developed and psychometrically tested to measure a benefit of working on beliefs among family members who are dealing with chronic illness within therapeutic settings.

Aims: To development and psychometrically test the ICE-Beliefs questionnaire for Advanced Nurse Practitioner to measure “illness-related beliefs” in research and clinical practice.

Material: The Illness Belief Model (Wright & Bell, 2009) is the conceptual background for The ICE-Beliefs questionnaire (8 items) to measure changes in facilitating or constraining illness-related beliefs pertaining to cause, control, effect, suffering and support.

Methods: The psychometric properties of the ICE-Belief instrument were tested with caregivers (N:139) of adolescents/youth experiencing their daughter/son dealing with disorders or illnesses using Exploratory Factor Analysis (EFA) and Confirmatory Factor Analyses (CFA). Internal consistency reliability of the questionnaire was assessed.

Results: Exploratory Factor Analysis (EFA) reduced the original questionnaire from eight to seven items with a one factor solution (Cronbach’s Alpha = 0.780) and Confirmatory Factor Analysis (CFA) supported the one-factor solution (Cronbach’s Alpha = 0.789).

Discussion: The instrument can be used to measure how illness beliefs change after a Therapeutic Conversation Intervention (TCI) with families, and will be useful in intervention researches on health care centers and psychiatric hospitals.
Family Support in Rehabilitation Psychiatry: Therapeutic Conversation Interventions

Eydis Kristin Sveinbjarnardottir\textsuperscript{1,2}, Margret Manda Jonsdottir\textsuperscript{1}, Erla Kolbrun Svavarsdottir\textsuperscript{2,1}

\textsuperscript{1}Landspitali National University Hospital, Reykjavik, Iceland, \textsuperscript{2}University of Iceland, Reykjavik, Iceland

Background and Purpose: Clinical guidelines for treatment and management of psychiatric illnesses are increasingly recommending active family involvement to strengthen the patient and the family. The purpose of this study is to describe the implementation of a constructive family support in a dual-diagnosis rehabilitation psychiatry. The conceptual framework of the therapeutic conversation intervention (TC-Intervention) was the Calgary Family Assessment and Intervention Models, the Illness Belief Model and literature on effective support focusing on families dealing with psychosis and addiction of family members.

Method: Before and after study on the documentation of family support at a 10 bed rehabilitation psychiatric unit at a University Hospital. The documentation in the years 2011-2012 and 2013-2014 will be compared among 30-40 families both quantitatively and qualitatively on family support measures after the implementation of a constructive family support (TC-Interventions) in the beginning of the year 2013. Descriptive statistics will be used to compare before and after documentation of family support in nursing. Further, the content of the family documentation itself will be assessed and analyzed qualitatively both before and after implementation of supporting the families in a constructive manner.

Results: Quantitative and qualitative results will be presented on the implementation of family support into rehabilitation psychiatry.

Conclusion and Implications: The patient and family members received support from a nurse who promoted, improved, and sustained effective family functioning in a family dealing with dual-diagnosis. The nurse provided family support through therapeutic conversation intervention to improve well-being, family functioning, and health. In families dealing with dual-diagnosis of a family member emotional and cognitive support is essential. A Family Friendly Model in psychiatry has emerged from the theoretical background used in this study and the real experience of implementation of family support services into clinical practice in rehabilitation psychiatry.
Assessment of Family Functioning of a Family with a Borderline Personality Disorder Patient: Need for Family Nursing

Yasuyo Nishimoto, Naohiro Hohashi

Kobe University Graduate School of Health Sciences, Kobe/Hyogo, Japan

Purpose and Background: An individual with borderline personality disorder (BPD) is impulsive and may suffer from unstability in interpersonal relationships, self-image, and emotions. Family nursing is necessary for families with a BPD patient to alleviate the influence of behavior in the BPD patient on other family members. This study aimed to assess the functioning of one such family and to obtain indications of family nursing for families with a BPD patient.

Model/Framework: Concentric Sphere Family Environment Model

Methods: Consent was obtained from the participating family members, and they were interviewed for 120 min. In the interview, the Family Internal Environment Map (FIEM) and Survey of Family Environment (SFE) were used to assess the functioning and situation of the family. In addition, a semi-structured interview on family nursing was performed. This study was approved by the university review board.

Results: The family consisted of five members: a man, about 50 years old, his wife, about 40 years old, and their son, in his late teens, along with the man's 80-year-old father and 70-year-old mother, who was diagnosed with BPD. In the SFE analysis, overall satisfaction score was 2.32. The lowest score among the five topics was for the chronosystem with a score of 1.33. The needs score (NS) for determining the priority of family nursing was calculated. Among the 28 NS entries, excluding inapplicable items, 13 received more than 20 points. Overall NS was 14.33. The highest needs item scored 19.6 points in the family internal environment system.

Conclusions: Need of family nursing for family with a BPD patient was the highest in family internal environment system. Family nurses should therefore focus on adjusting the confused relationships within the family and recognize the emotional suffering of family members. Further, nurses should make efforts to involve family members in problem solving.
To examine the resilience of children of a parent with early-onset dementia.

Yoshiko Ozawa
Yamagata Prefectural University, 260 Yamagata City, Japan

Methods
Thirty-seven adult children of a parent diagnosed with early-onset dementia completed an anonymous self-administered survey. Questions included age, sex, and the parent's age. Responses were analyzed using SPSS. Two groups were compared using a t-test and χ² test. Three groups were compared using ANOVA.

Ethical Considerations
This study was approved by the ethics committee of this university. The purposes, methods, and ethical considerations of this study (e.g. participation was voluntary, no penalty for not participating, and protection of privacy) were explained verbally and in writing, and only those individuals who signed the consent form were surveyed.

Results
1. Attributes: Participants had a mean age of 35.4±8.22 years; 10 participants were men while 27 were women. Twenty-six participants were daughters of a parent with early-onset dementia while 10 were sons of such a parent. Individuals receiving care had a mean age of 66.1±5.4 years, 27 had Alzheimer's disease, 80% required assistance with their ADL, and 70% received care services.
2. Resilience of children: Average values for factors were 50.5±5.7 for social support (12 items), 36.3±5.6 for self-efficacy (10 items), and 17.4±4.4 for socialization (5 items). Men tended to have a high level of social support and self-efficacy. In addition, socialization tended to be more closely associated (p<0.05) with a high income, the younger individual (the child) being in his or her 40s, substantial interaction with the parent, and a prolonged period since the parent’s diagnosis.

Conclusions and Limitations
Children of a parent with early-onset dementia are resilient, as indicated by a high level of self-efficacy and greater social resilience with age. However, this study had a small sample size, precluding generalization of the results, so the sample size must be increased in the future.
The Health-Related Quality of Life and Marital Satisfaction of Prostate Cancer Patients and Spouses: Longitudinal study

Eeva Harju, Anja Rantanen, Päivi Åstedt-Kurki

University of Tampere, Tampere, Finland

The purpose of this study is to assess the health-related quality of life (HRQL) and marital satisfaction of prostate cancer patients and their spouses, and to compare the changes in these at the time of confirmed diagnosis and both six and twelve months post diagnosis. The aim is to describe factors that affect the patients’ and spouses’ HRQL and marital satisfaction during the follow-up period.

The sample of this study consists of prostate cancer patients (N=350) and spouses (N=350) from the urology outpatient clinics of five central hospitals in Finland. The data will consist of questionnaires, collected in three stages, addressed to prostate cancer patients and spouses. Health will be measured with the RAND 36-Item Health Survey (RAND-36), which measures health and functional ability by eight concepts: general health perceptions, physical functioning, emotional well-being, social functioning, energy, bodily pain, role functioning/physical and role functioning/emotional, and also includes a single item that provides an indication of perceived change in health. Marital satisfaction will be measured with the Dyadic Adjustment Scale (DAS), which is comprised of four subscales: dyadic consensus, cohesion, satisfaction and affectional expression. The measure items are assessed using Likert scale. The follow-up period patients and their spouses receive by mail similar questionnaires as they completed in the first stage. The collection of data has begun in October 2013.

The study will provide information that can be used to the counselling and support given for patients and spouses after a prostate cancer diagnosis and further develop the quality of prostate cancer patients’ care.

contact: eeva.j.harju@uta.fi
Association Between Parental Expressed Emotion (EE) And Child Psychosomatic Symptoms.

Yukiko Sato¹, Shoho Sato¹, Eiko Suzuki², Miyuki Saito¹, Megumi Fujita¹, Sanae Yamaguchi¹, Yukie Yamada¹

¹School of Nursing, Yamagata University, Yamagata City, Japan, ²International University of Health and Welfare Graduate School, Tokyo, Japan

Purpose and Background: Expressed emotion (EE) was conceptualized as “parents’ expressed emotion toward the patient” by Brown (1962). Previous studies have reported the relationship between EE and the rate of schizophrenia recurrence. We hypothesized that parents’ EE would affect the psychosomatic symptoms of their children. The purpose of this study was to examine the association between parental EE and the psychosomatic symptoms of their children.

Methods: The sample consisted of 249 children (aged 10–14 years; 122 male and 127 female) and their fathers and mothers, living in Japan. Two questionnaires were designed: one for parents and one for children. Questionnaire items for parents assessed EE (Family Attitude Scale; FAS) and anxiety (State-Trait Anxiety Inventory; STAI). Questionnaire items for children assessed emotional regulation (Sato, 2013) and psychosomatic symptoms (Asakura, 1993). The survey was conducted from October 2013 to November. The total response rate was 73.5%. We constructed a hypothetical model of the relationship between parent factors and child psychosomatic symptoms and tested it using path analysis, with AMOS 21. All subjects were informed of their right to decline to participate in the study. This study was obtained the approval of the institutional review board for the schools involved in the study. All subjects were informed of their right to decline participation in the study.

Results: Path analysis showed that in fathers, anxiety impacted EE, which in turn impacted the child’s emotional regulation and psychosomatic symptoms. In addition, maternal anxiety was found to impact children’s inhibition of emotion, which in turn affected their psychosomatic symptoms. This model had adequate fit and sufficient validity.

Conclusions and Implications: To improve child psychosomatic symptoms, parental anxiety should be addressed in order to reduce parents’ EE.
A study on the utilization of the Japanese version of two booklets that were developed by Dr. Tytti Solantaus in Finland—“How Can I Help My Children? A Guide to Parents who have Mental Problems” and “What’s up with Our Parents? A Handbook for Older Children and Adolescents whose Mother or Father has Mental Health Problems”

Rie Ueno¹, Hirokazu Osada²

¹Tokyo Medical University, Tokyo, Japan, ²Senshu University, Kanagawa, Japan

Purpose and Background

Although health care professionals in Japan have begun to recognize the importance of supporting children whose parents have a mental illness, these professionals do not have sufficient knowledge to provide appropriate support. The purpose of this study is to examine the utilization of the Japanese version of two booklets that were developed by Dr. Solantaus.

Methods

We mailed the two booklets and a brief introduction describing “Effective Family Project” and “Let’s Talk About Children” to 213 facilities that provide support to parents and children in the Kanto region of Japan. This study employed a cross-sectional design and a self-report questionnaire. Simple tabulation and qualitative analyses were performed.

Results

We included 60 facilities in the final analysis. Approximately 80 % of the facilities answered that “the booklet for parents [How Can I Help My Children?] was necessary”. We found a similar result for the booklet for children [What’s up with Our Parents?]. The various reasons that the two booklets were considered to be “necessary” included the following: “rich in content, concrete, there is no similar booklet available”. On the other hand, for each booklet, approximately 10 % of the facilities answered that they intended to utilize the booklet “not at all”.

We analyzed the free description of each booklet. The two booklets were given similar descriptions, such as “clinicians can learn about the parent’s and the child’s experience and think about their needs and support”. We also found suggestions to improve the two booklets, including “font size is small, there are many words, the illustrations are unfamiliar in Japan”. However, other participants reported that “the illustrations, bubbles, binding are good”.

Conclusions

Our findings indicate that health care professionals in Japan have a need for both of the booklets and that both of the booklets are useful in Japan.
Relation Between Parental Efficacy And Child-rearing Behavior In Nurses Who Are Mothers Of Preschool-age Children

Akiko Maruyama\textsuperscript{1}, Eiko Suzuki\textsuperscript{2}, Tomomi Azuma\textsuperscript{3}

\textsuperscript{1}Kyoritsu-Women's University, Tokyo, Japan, \textsuperscript{2}Graduate School, International University of Health and Welfare, Tokyo, Japan, \textsuperscript{3}Kyoto Prefectural University of Medicine, Kyoto, Japan

Purpose and Background: Managing both a job and child-rearing is a great challenge for women, and particularly difficult for nurses because of a heavy burden of duties and a problem of lack of time spending with child. Consequently many nurses who are mothers of preschool-age children may be easy to lose confidence in child-rearing. This study aimed to clarify the relation between parental efficacy and child-rearing behavior in nurses who are mothers of preschool-age children.

Methods: The subjects were nurses who have preschool-age children and work in 24 hospitals with at least 300 beds (excluding psychiatric hospitals) across Japan. The self-rated questionnaires were completed by 554 nurses in October 2012, yielding 528 valid responses. Subjects completed Japanese versions of questionnaires on the child-rearing environment [Home Observation for Measurement of the Environment (HOME), Caldwell & Bradley 1984; J-HOME, Anme 1991, 1996] and on self-efficacy and support for childcare (Anme 1995) to provide indicators of child-rearing behavior and parental efficacy. These were divided into two groups, a “parental efficacy risk group” and a “parental efficacy non-risk group”. A chi-square test was conducted to clarify the relation between parental efficacy and child-rearing behavior.

Results: Based on the results of the chi-square test, items determined to relate to parental efficacy included the following: “reading books” (0.01<p<0.05), “singing songs together” (0.01<p<0.05), “going to friends’ houses with child” (p<0.01), “punishment” (p<0.01), “talking with spouse about child” (p<0.01) and “having consultations” (p<0.01). A parental efficacy risk group had rare child-rearing behavior and was tendency to punish their child.

Conclusions: According to the results, low parental efficacy was a major issue for child-rearing behavior in nurses who have preschool-age children in Japan. This suggests that, in order to support nurses in their management of both jobs and child-rearing, good idea and information for improving parental efficacy are needed.
Providing medical information for children and Adults with developmental disorder and their families

Ayako Furuzawa¹, Midori Asano², Kie Hattri³, Miyoko Nagae⁴

¹Japanese Red Cross Toyota College, toyota, Japan, ²Nagoya University, Nagoya, Japan, ³Caring Life of Women and Children Research Group, Nagoya, Japan, ⁴Japanese Red Cross, Nagoya, Japan

Background and Purpose: Children and adults with developmental disorders often face difficulties during medical examinations due to communication issues between them and the medical staff. Medical care for the disabled in Japan is still far behind the times. This study aims to determine the prevailing scenario of hospital environments and informed consent in local clinics with a primary care facility and general hospitals with an emergency outpatient department, so that user-friendliness for children or adults with developmental disorder can be improved.

Methods: This is a qualitative study, conducted among health care professionals working in local clinics having a primary care facility or general hospitals having an emergency outpatient department. The survey used a semi-structured interview with ethical committee approval.

Results and Discussion: The 8 participants of the study comprised 2 physicians, 4 nurses, 1 clinical psychologist, and 1 laboratory technician (for blood sampling and electroencephalogram). The hospital environment was categorized into the waiting room, consulting room, treatment room, and laboratory. The conditions under which medical information regarding developmental disorders was provided to patients' family and the device used for it by health care professionals were assessed. It was found that medical staff at user-friendly institutions said that they 'weren't doing anything special'. Rather, what was important was to have a universal design that could easily be understood by everyone.

Conclusion: Health care professionals, who are familiar with a specialized approach for developmental disorders, are required in outpatient departments including the waiting, consultation, and examination rooms. Hence, in future, it is important to review outpatient nursing.
Family support for end-of-life care recipients at elderly care nursing facilities

Akemi Kurihara

Juntendo University, Mishima City, School of Health Sciences and nursing, Japan

**Purpose and Background:** People who are in the final stages of life make up 80% of Japan’s medical facility population, so the enhancement of home care and end-of-life care at nursing homes is a major public concern. There are many cases in which the elderly are transported to medical facilities according to the wishes of their families when their physical condition changes, and they spend the rest of their lives there. The purpose of this study is to clarify how family members can make better-informed decisions about nursing home end-of-life care.

**Methods:** One hundred seven family members of residents of special nursing homes for the elderly responded to a 49-item questionnaire on sense of care burden, awareness of the individual's current activity level, the care capabilities of the facilities, and the family members' own views of life, death, and lifestyles. After aggregating the data, we performed a multivariate analysis in order to identify factors influencing families to opt for end-of-life care at facilities for the elderly.

**Results:** Compared to families who had not yet acknowledged/accepted, or who had been undecided about acknowledging/accepting facility end-of-life care, we found a significant difference in family members' ages and perceptions of facilities' care abilities in the families who have acknowledged/accepted end-of-life care. Younger family members were more accepting of end-of-life care, as were family members who highly rated the care abilities of facilities for the elderly.

**Conclusions:** In order for families to make more informed decisions about end-of-life care provided at elderly facilities, we believe that in addition to focusing on their age demographic, it will be necessary to continue improving environmental factors, such as increasing facilities' care capacities.
Relationship between life functioning of individuals with mental disabilities, housework, and roles of family members.

Miyuki Saito¹, Mariko Kato¹, Eiko Suzuki², Tomomi Azuma³, Akiko Maruyama⁴, Yukiko Sato¹

¹Yamagata University, Yamagata, Japan, ²International University of Health and Welfare Graduate School, Tokyo, Japan, ³kyoto Prefectural University of Medicine, Kyoto, Japan, ⁴Kyoritsu Women's University, Tokyo, Japan

Purpose and Background: Individuals with mental disabilities need to function at a certain level for daily life. In order to improve their life functioning, individuals with mental disabilities in Japan use services such as psychiatric day care and employment support facilities to train for various lifestyle-related activities including cleaning and cooking. The aim of this study was to elucidate the reality of life functioning of individuals with mental disabilities according to the roles of their family members.

Methods: Study participants were 807 individuals with schizophrenia registered at psychiatric day care institutions and employment support facilities. A questionnaire survey was sent by mail to participants, and included the Self-Rating Scale for Functioning of Individuals with Mental Disorders (0–126 points) and background questions about lifestyle. The study took place from March to June 2010, and data were statistically analyzed through t-tests and a multiple regression analysis.

Results: Data were analyzed for 643 individuals (79.3%) who had not missed any questionnaire items. The average age was 47.0 ± 13.0 years, 431 participants were male (67.0%), and 212 were female (33.0%). The average life functioning score was 89.5 ± 19.3 points. There was no statistically significant difference in life functioning scores according to sex or presence/absence of cohabitants. Those living with a spouse, son, or father had a higher life functioning score than those living without such individuals. Furthermore, those who performed housework (laundry, cleaning, and cooking) by themselves also had higher life functioning scores than those who did not perform housework. In terms of housework and the roles of their family members, a significant correlation was seen between life functioning scores and cleaning and laundry.

Conclusions: Individuals with mental disabilities who perform housework by themselves have higher life functioning, and having them do housework also improves life functioning.
Construction Of A Support Model For Promoting Autonomy In Children With Chronic Disorders

Ikuko Oikawa¹, Chikaho Nomaguti³, Ryou Hayashi¹

¹Juntendo Univercity, Tokyo, Japan, ²St.Luke’s International Univercity, Tokyo, Japan, ³Univercity of Miyazaki, Miyazaki, Japan

Background: In recent years, investigation on support for children with chronic disorders through transition between life stages is starting to be seen in Japan, including publication of a nursing guideline focusing primarily on supporting young patients through their transition into adulthood. However, support tailored to the various stages of development from infancy onward has yet to be seen. As such, this study was undertaken to construct a support model for children and the parents of children with chronic disorders to achieve autonomy, adjusting for the different stages of growth and development.

Method: A literature review of 12 studies and data from group interviews on 21 medical personnel, elementary school teachers, and kindergarten staff were compiled and analyzed.

Results: Four perspectives were extracted through the analysis: 1) understanding of the disorder, 2) promotion of self-care, 3) nurturing decision-making skills, and 4) socialization of the child and collaboration with the facilities concerned. To these four, a fifth perspective, 5) age-appropriate developmental tasks was added, to create a pilot support model defining the objectives of support, direction and concrete examples of support, and assessment and points of evaluation, for each of five levels of development—birth to early infancy, late infancy, early school-age, late school-age, and adolescence.

Discussion: Facilitating autonomy in children with chronic disorders is believed possible through child and parental “collaboration with the facilities involved,” promoting “understanding of the disorder,” “nurturing self-decision making skills,” and “elevating self-care skills.” The point of importance in providing support is accounting for the characteristics of chronic disorder, facilitating appropriate social participation, and providing ample autonomy support as a joint community effort of all the relevant parties involved.
Experiences and Studies in Maternal Nursing Practicum Affecting Future Design of Nursing Students' Life Course

Yasuko Kishida, Keiko Wada, Chiemi Fujii

Kyoritsu Women's University, Tokyo, Japan

Background and Purpose: This study was conducted to clarify what kinds of experiences and studies included in the maternal nursing clinical practice affected nursing students’ own future plans of family formation and life course. The results may be used as an aid to discussing what the nursing practicum should be and considering the nursing students' work-life balance.

Methods: A questionnaire survey was conducted on 114 female nursing students. The analysis used their responses (five-point scale) about the degree of the effect of the clinical practice on their own future life course, and their free descriptions about the reasons.

Results: The subjects were narrowed down to 94 students of 24 years old or younger without the experiences of marriage and childbirth. As for the question about the effect of maternal nursing practicum on their own life course, 79 students (85%) answered “yes”; and 90% or more wanted to have a baby. From the free descriptions of the students who answered “yes”, 130 codes relating to the experiences and studies contributory to the effect were extracted. The codes were classified into three categories: “affected by mother assigned in the practice”, “affected by experiences obtained from the birth of a baby” and “affected by studies and findings in the clinical practice.”

Conclusions and Implications: The maternal nursing practicum focusing on care of families in the perinatal period largely affected young women’s life courses. The students were found to individually design their own life courses through their experiences with the mother and baby and their studies of expert knowledge, and recognition of their own femininity. The students’ experiences in the maternal nursing clinical practice is considered to make them aware of their future family formation and the work-life balance and lead to maintenance of their own sound reproductive health.
Review of previous studies about early detection and protection of sexually abused children

Kyoko KUBO¹, Chie KAWAHARA¹, Mika SHISHIDO¹, Yukiko SAKAGUCHI², Chieko TAZAKI³, Yasuko KISHIDA⁴

¹Yokohama Soei University, Yokohama, Japan, ²Nihon Institute of Medical Science, Saitama, Japan, ³Japan University of Health Sciences, Saitama, Japan, ⁴Kyoritu Woman’s University, Tokyo, Japan

Objectives: This paper attempts to review the previous studies on sexual abuse published domestically and abroad. This attempt is believed to be the first step to discuss a program for training the specialists responsible for prevention of sexual abuse and early detection and protection of sexually abused children in Japan.

Method: We searched references in the databases of Japan Medical Abstracts Society, CiNii, and Wiley Job Network using as the key words “sexual abuse”, “protection”, “early detection”, “stress”, and “program”.

Results: The previous studies conducted in Japan deal with the relation of sexual abuse to personality disorder, incidence of ophthalmologic infections, sexually transmitted infections and gynecological disorder of the young. Most of them are case studies just describing the phenomena. The importance of prevention of sexual abuse is pointed out, but no description about the specific preventive method is found. In the previous studies conducted abroad, the topics of sexually abused children’s stress and how to treat their stress, the long-term support of sexually abused children, the risk of HIV infection in sexually abused children, and the interview protocol RIFCR are found in the studies of the 1990s.

Conclusions: In the field of child health one of the worldwide topics is child abuse. In Japan there have been many opportunities for the specialists to learn and deepen their knowledge about physical abuse and neglect, which may often threaten the children’s life. Our study clarified that there is little information about the program for supporting sexually abused children although the number of cases of sexual abuse has been rapidly increasing in recent years in Japan. It is urgent to spread useful information about the supporting program for sexually abused children among the specialists.
End-of-life Care Support For Families Provided By Visiting Nurses

Ikuko Suzuki¹, Reiko Suto¹, Makiko Ohwaki²

¹Yamagata Prefectural University of Health Science, Yamagata, Yamagata, Japan, ²The University of Shiga Prefecture, Hikone, Shiga, Japan

Background and aim: End-of-life care support has become an important issue as at-home medical care gains ground. This study has clarified the end-of-life care support for families provided by visiting nurses in Japan in order to examine the role of support visiting nurses to enhance the home medical care system.

Methods: This study searched “Ichushi Web”(a database of Japanese medical literature) for original papers using the keywords “visiting care” , “family support” , and “end-of-life care” . Papers with an abstract were selected, and forms of family support provided via visiting nursing were identified, categorized, and organized based on the information.

Results: Visiting nurses provided mental and psychological support to care recipients and their families, nurses arranged care environment for care recipients, nurses shared information with families so that they could determine how family members who needed care were doing, nurses developed a relationship with families that provided care, nurses encouraged acceding to the wishes of the care recipients and their families, nurses acted as an advocate for care recipients and their families, and nurses provided care. In addition, visiting nurses provided various forms of support to affirm the caregiving experience for families. Nurses encouraged family participation in the caregiving process, nurses recognized and acknowledged the care that families were able to provide, nurses encouraged families to gain more enjoyment from providing care, and nurses encouraged families to see caregiving as a worthwhile activity.

Conclusion: Visiting nurses provide support to affirm the end-of-life care experience. This support allows families to have peace of mind while providing end-of-life care at home and it helps to enhance at-home medical care so that family members who need end-of-life care can be cared for at home.
Changes of Life With Time In Mothers Staying Out Of Fukushima Prefecture Only with Children After Accident of Fukushima Daiichi Nuclear Power Plant

Mika SHISHIDO¹, Kyoko KUBO¹, Yukiko SAKAGUCHI², Chieko TAZAKI³

¹Yokohama soei Univercity, Yokohama, Kanagawa, Japan, ²Nihon Institute of Medical Science, Moroyama, Saitama, Japan, ³Japan University of Health Sciences, Satte, Saitama, Japan

Background and Purpose: A survey was conducted to clarify the changes of life with time in the evacuee mothers who decided to temporarily live only with their children out of Fukushima prefecture after the nuclear power plant accident.

Methods: Interviews with seven evacuee mothers were conducted. The analysis used M-GTA. This study was approved by the ethical committee of the corresponding organization.

Results: Immediately after the accident, the subject mothers agonized over the decision of whether or not to move out of Fukushima because of a serious effect of radiation. They decided to move out only with their children separately from other family members in consideration of their children's health. They moved with minimum living necessities so as to move to any place like nomads. Some mothers felt lonely and the family members separately living were worried about each other, while other mothers were distressed by the fact that their decision of mother and child evacuation was not accepted by their family members. During the prolonged life in the strange place some mothers were able to find pleasure in the communications with other disaster evacuees and various kinds of support, but they were still unable to determine what to do.

Conclusions and implications: Those mothers were very anxious about the effect of radiation on the human body to decide to move out of Fukushima prefecture only with their children. However, to continue to separately live was filled with a great stress. The mothers’ stress was sometimes reduced by the communications with other disaster-evacuees. Someday, they will have to decide where to live. No matter where they will live, it is considered important to provide a long-term support for those families and a system to give opportunities them to easily communicate with the local community.
The Effect of an Education Program for NICU Nurses on the Transition from NICUs to the Homes

Miyuki Nakayama1, Ayako Okada2

1Osaka Prefecture University, Habikino, Osaka, Japan, 2University of Hyogo, Akashi, Hyogo, Japan

Background and Purpose: Many Japanese NICUs encounter serious problems with long-term hospitalization. Our previous study revealed that NICU nurses do not have enough knowledge and skills regarding the transition from NICUs to homes. The purpose of this study was to clarify the effect of an education program on this transition for NICU nurses.

Method: We recruited nurses who had practical nursing experience for families whose infants were transitioning from NICUs to homes. We conducted an education program that included 8 sessions offered over 2 months and 2 follow-up sessions (at 1 month and 4 months after the last session) from February to August 2014. Sessions covered topics like home care and nursing, family system nursing, social resources, discharge support from birth, general child care, breastfeeding, and discharge adjustment. The follow-up sessions comprised reflections on their nursing practice. The data were collected using self-report questionnaires completed by participants before the first session and at the 2 follow-up sessions (3 times). The questionnaires asked about family nursing practice, self-efficacy, utilization of the knowledge and skills imparted in each session, and the effort of transitioning from NICUs to home.

Results: Fifteen nurses completed this program. The average number of years of work experience as an NICU nurse was 7.6. No significant changes in family nursing practice and self-efficacy were observed. However, at the time of the last assessment, nurses used more knowledge and skills in family system nursing (p < .08) and discharge support from birth (p < .05) than they did at the previous assessment. Nine nurses made an effort to create a discharge manual or pamphlet to be used at their hospital.

Conclusion: As a result of this program, nurses made various efforts to facilitate the transition from NICUs to the home. Nurses should continue to receive education imparting knowledge and skills.
Factors related to openness of mother-child communication about a father suffering from neurobehavioral sequelae after stroke or traumatic brain injury

Shiho Takanashi¹, Mariko Sakka¹, Iori Sato¹, Shu Watanabe², Syota Tanaka³, Ayumi Ooshio⁴, Nobuhiro Saito³, Kiyoko Kamibeppu¹

¹Department of Family Nursing, The University of Tokyo, Tokyo, Japan, ²Department of Rehabilitation Medicine, The Jikei University School of Medicine, Tokyo, Japan, ³Department of Neurosurgery, Faculty of Medicine, The University of Tokyo, Tokyo, Japan, ⁴Kitahara International Hospital, Tokyo, Japan

Background and purpose: Open communication between mother and children about a father suffering from neurobehavioral sequelae after stroke or traumatic brain injury is important. It is important to support the mother in communicating with her children about their father. The purpose of this study was to clarify factors related to the openness of mother-child communication regarding paternal illness.

Model: We used the modified Stress-Appraisal Theory for family coping with chronic illness. According to this model, there are personal, social/family, and illness-related factors that influence family communication about illness.

Method: A cross-sectional study using self-reported anonymous questionnaires was conducted between August and November 2014 at two hospitals as well as family support groups in Tokyo. Participants were 26 mothers who had children aged 6-22 years. The questionnaires inquired about information on personal factors (family demographics and mother’s general mental health), social/family factors (function of family support system and social support), illness-related factors (brain injury-related factors and severity of neurobehavioral sequelae), and mother’s perceived level of open communication (OC). Factors related to OC were analyzed using multiple regression analysis.

Results: OC was explained by mother’s general mental health, function of family support system, social support and father’s time spent at home in a week. Severity of neurobehavioral sequelae was not associated with OC.

Conclusion: Personal, social/family and illness-related factors were related to mother-child communication about their father. The results suggest professionals should facilitate function of family support systems and help to relieve the negative effects of the father’s illness on mother’s daily life and mental health.
Family resilience of mothers with children undergoing early infant surgery in the first year following surgery.

Aya Yamauchi1, Miyuki Nakayama2, Fumiko Okamoto2

1Osaka Medical Center and Research Institute for Maternal and Child Health, Osaka, Japan, 2Osaka Prefecture University School of Nursing, Osaka, Japan

Purpose and background:

Families of children undergoing early infant surgery faces many crises. They have to make the family relationships while struggling with their child’s disease. Therefore, family resilience is important for them. The purpose of this study was to describe family resilience in such families in the first year following surgery.

Subjects and methods:

This study has a qualitative research, using semi-structured interviews were conducted with a sample comprising 7 mothers. Inclusion criteria were having a who had undergone surgery for congenital disease, was a singleton, was about one year old, and was an outpatient. Data were collected from August to October 2014. The study was approved by the Research Ethics Committee.

Results:

The mothers’ average age was thirty-one years. All were from a nuclear family. Among children, two each had anorectal malformation, congenital esophageal atresia, and myelomeningocele, and one had congenital diaphragmatic hernia. Eight categories of family resilience were extracted (Code 216, Sub-categories 64): “Parents’ decision to bring up the child,” “Effort to go through the child's disease,” “Family members' expressing consideration for each other,” “Seeking mutual connections in the family,” “Relief and pleasure with the recovery or growth of the child,” “Positive evaluation of family members bring in from the child's disease,” “Gaining mindsets from the child's disease experience,” “Renewed realization of family ties”.

Conclusion:

Mothers recognized that family resilience involves not only coping with the child’s disease but also the good qualities of family members and family ties. It is significant what nurses should regard these phenomenons as family resilience, and support that family oneself can notice it.
The Educational Needs of Public Health Nurses in Family Nursing

Hisae Nakatani, Akiko Kanefuji, Yuko Matsumoto

Hiroshima University, Hiroshima, Japan

Background and Purpose: In Japan, public health nurses (PHNs) have a role to perform prevention practices with appropriate intervention for individuals and their families at high-risk of health problems. The purpose of this study was to identify the educational needs of PHNs in family nursing.

Methods: We conducted a mail survey using anonymous self-administered questionnaires developed for this study to understand the educational needs of public health nurses in family nursing. The subjects were 670 PHNs in one of the 47 prefectures of Japan. We assessed the educational needs by education level and years of public health nursing experience.

Results: Of 349 respondents, 344 without missing data were included for analysis (effective response rate: 51.3%). Regarding age of respondents, there were 20.3% of the respondents in their 20s, 19.8% in their 30s, 28.2% in their 40s, and 31.7% aged 50 years and over. The mean years of public health nursing experience was 18.0 years (range: 1 - 42). Of the respondents, 92.7% answered “yes” when they were asked whether there was any perceived educational need. Their perceived educational needs included family assessment (59.6%), family stress coping theory (47.7%), family life competence model (38.7%), family developmental theory (38.1%), family system theory (29.4%), ecomap (18.6%), and genogram (11.6%). Mean number of 7-item educational needs the respondents required was 2.4 items. There were no significant differences in the respondents’ education level and years of work experience.

Conclusion and Implications: More than 90% of the respondents had perceived educational needs on family intervention, suggesting higher educational needs in family nursing. The results highlight the needs and interest of PHNs in a better understanding of the family nursing theory.
The association between assertiveness and the care burden of caregivers who care for an elderly family member in their home

Mana Kanno, Yukiko Morimoto, Akiyo Sasaki-Otomaru, Ritsuko Aoki, Noriko Hattori, Yuka Kanoya

Yokohama City University, Yokohama/Kanagawa, Japan

Background and Purpose

Anxiety is a factor that is reported to worsen care burden. Several studies suggest that assertiveness improves anxiety. Consequently, higher assertiveness may lower the care burden for caregivers. The aim of this study is to evaluate the association between assertiveness and the care burden of caregivers who care for an elderly family member in their home.

Methods

We conducted a cross-sectional study in 2014. Participants included people who cared for an elderly family member in their home. Twenty-six caregivers who used visiting care at two home-visit care service facilities in an urban city in Japan participated. Participants received questionnaires from care service staff. After caregivers responded, questionnaires were mailed to the researchers or returned to care service staff. Questionnaires included the Japanese version of Rathus Assertiveness Schedule (J-RAS) and the Japanese version of the Zarit Burden Interview (J-ZBI). We evaluated the correlation between J-ZBI scores and J-RAS scores. Statistical significance was defined as p < 0.05.

Results

Scores from 19 caregivers were analyzed. Four of the 19 caregivers were male (21.1 %). Fifteen (78.9%) participants received consultation about caring for their elderly family member. There were three relationships between caregivers and family members: husband or wife (42.1 %), parent (52.6 %), and father-in-law (5.3 %). A significant observed between J-ZBI and J-RAS scores (p = 0.04). There were also significant negative associations between the two scores among participants who cared for their parents (p = 0.03) or received consultation about caring for an elderly family member (p = 0.03).

Conclusion and Implication

There was a significant negative association between assertiveness and care burden for caregivers who care for an elderly family member in their home. Nursing interventions that include assertiveness training may improve caregivers’ care burden.
Feelings of Siblings of Individuals with Down syndrome

Kumiko Takataya, Yoko Yamazaki, Eriko Mizuno, Yuki Kanzaki

University of Yamanashi, Cyuou/Yamanashi, Japan

Purpose & Background: There are several reports the feelings of siblings of individuals with Down syndrome (DS). Most are negative such as being irritated about lack of cognitive skills and difficulty in caregiving. However there are also positive reactions. It is important to gather more information about the feelings of the siblings. Therefore, this study focuses on revealing the feelings of the siblings of individuals with DS.

Methods: The subjects were recruited from the families with DS individuals under the cooperation of the Yamanashi branch of parents’ association of DS. Seven siblings (4 males, 3 females) aged teens to twenties were asked to write down their feelings about their brother/sister with DS. Their responses were analyzed, and the words showing their feelings about their brother/sister were extracted and assigned meanings.

Results: Six out of 7 were positively influenced from their brother/sister: “my brother’s/sister’s tender heart touched me”. Only one teenage boy showed negative feelings: my brother with DS entered my classroom his own way when I was in elementary school, and he didn’t understand anything I said. However, all siblings have experienced these negative feeling: “I know my sister is cognitively handicapped, but my sister’s lack of understanding irritated me” and “my brother is given special treatment by my parent”. They also felt indignation toward people who were prejudice against DS.

Conclusions: In everyday life the siblings were affected by the tender heart of their brothers/sisters even if the brothers/sisters’ behavior irritated them. Siblings feel anger towards society that misunderstands the nature of individuals with DS. The older siblings strengthened the feeling of protecting their younger brother/sister with DS. However, it is important to know their feelings and to support them mentally especially during puberty.
Continuous Care Factors of Family in Long-term Nursing Care for Elderly with Severe Dementia in Japan

Kazuko Tashiro, Takako Negishi
Shukutoku University, Chiba City, Chiba State, Chuo-ku, Nitona-cho 673 nitonamati673, Japan

Background and Purpose: In Japan, one of the most aging society in the world, elderly people with dementia have remarkable increased and nursing care for half of them is dependent on home nursing care by their family. In spite of the great burden of family members to care elderly with dementia for a long period of time, any support system for caretakers has not been established. Objective of the study is to clarify continuous care factors of family members who care elderly people with severe dementia at home.

Methods: Qualitative and descriptive study design: Perform an interview survey for 10 family members of elderly people with severe dementia who utilize day-care system. Grounded Theory Approach was used for analyses.

Results: 38 concepts and 5 categories were generated. Time in unstable sentiment with anxiety including fluctuation of nursing care <Getting support from care service system>. Continuous factors are support nursing care at home nursing care patient <Putting in facilities of need> in perspective.

Conclusions and Implications: Family members were obtaining know-how of nursing care at home while being disturbed with a sense of crisis of life disruption. It has been shown that in severable family ties due to traditional Japanese family system underlie the continuous care factor.
Mother's Grief Work After Loss Of Child With Hereditary Rare Disease And Definition Of Seamless Support

Yukiko Sakaguchi¹, Kyoko Kubo², Mika Shishido², Chieko Tazaki³

¹Nihon Institute of Medical Science, Iruma-gun, Saitama, Japan, ²Yokohama Soei University, Yokohama-City, Kanagawa, Japan, ³Japan University of Health Sciences, Satte-City, Saitama, Japan

Background and Purpose: This study was conducted to clarify the process of mother's grief work after loss of her child with a hereditary rare disease and discuss a seamless support considered to be necessary for the mother.

Methods: Interviews were conducted with six mothers having lost their children with rare diseases.

Results: It was found that mother's grief work after loss of her child with a hereditary rare disease started from the empty-nest syndrome where she had nothing to do after the death of her child. Then, mother's grief work involved the stages of talking about memories of her late child and recognizing her own way of caring her child. Mother's grief work was a process of incorporating her deceased child into herself. As time goes by, the mother often showed a tendency to regard some daily lucky events as gifts from her deceased child, and the will to voluntarily help others. In addition, the factors interrupting the mother's grief work were also found to be others' indifferent attitudes toward her child when the child approached his (or her) end and the absence of chance to discuss the information about death and heredity after the child's death.

Conclusions and Implications: To support mother's grief work, it is considered important to discuss how to care the child entering the final stage and his (or her) family, and provide the opportunities and companies for mothers to discuss the information about death and heredity after child's death.
Family nursing expected in regions prone to catastrophic tsunami disasters-Studying a local case in Japan

Noriko Kawahara¹, Taiki Asano¹, Jun Kawaguchi², Hiroko Anabuki¹, Ryo Hirai¹, Makiko Martinez³, Chie Isomi³, Keisuke Nojima¹, Kenya Matsumoto¹

¹Kyoto Tachibana University, Kyoto, Japan, ²Mie University, Mie, Japan, ³Fukui University, Fukui, Japan

Background and Purpose: Japanese people are bracing themselves for inevitable natural disasters, learning from past calamities. However, a disaster brings families' health problems to light and therefore people need to be always ready for possible contingencies. We gave assessment in an area vulnerable to extensive tsunami disasters and examined what we can do to support residents.

Methods: We conducted regional assessment employing community as partner model after collecting relevant data, conducting a questionnaire survey on disaster prevention capability and making a regional survey. The questionnaire for disaster prevention capability covered what precautionary measures each household takes or what residents have in mind about possible disasters and so on. Our study underwent scrutiny and gained approval from the research ethics committee we belong to. (approval code 10-13)

Results: The region we covered has been facing aging population and depopulation with only elderly population from 65 years up on the rise. There are 331 households. The survey results shown that households with householders aged over 60 accounted for about 74% (N=331), with solitary households around 23% and married couples 38%. The ones only with elderlies held the majority.

The survey indicated many residents would rely on doctors at clinics and families at the time of disaster. In addition, as the results shown households with a family member who needs daily care accounted for 16%. We found replies, “I don’t have time to worry about anybody else, though I have family members who need care”, “I need help from neighbors” or “It’s hard to understand neighbors”. But on the other hand, they cared about their neighborhood when they discussed disaster control at a meeting.

Conclusions and Implications: There was a strong bond among residents. The bond will enable them to boost the power to support each other. they need nursing that promotes interfamilial relationship in an area.
Women's experiences in protecting their children from violent husbands

Akiko Kadoma

Nagoya City University, Nagoya, Aichi, Japan

Purpose and Background: The problem of domestic violence has been drawing more attention in Japan. Women who brought up their children whilst being abused by their husbands and opted for divorce described their life experiences while questioning their own values and reviewing the relationships within their families.

Methods: The participants were 4 women who were scared of their husbands and who, in an effort to protect their children, finally chose divorce. Data were collected through a combination of personal and group interviews, and their experiences were examined.

Results: The 4 women had between 1 and 3 children and were receiving verbal abuse and threats from their husbands rather than suffering physical violence. The common experiences among these 4 women were making efforts to protect their children, checking their husbands' mood, blaming themselves for not being patient, being scared of their husbands' appearance even after the divorce, gaining the power to seek help, and acquiring the power to find hope and small pleasures. For example, one husband was described as “a scary person—it would be impossible to predict when he would get angry or when he would laugh,” and the agonies that continued even after the divorce were like “many troubles after removing a heavy stone.” Some women became aware of their own control and communication issues when dealing with problems that arose such as their adolescent children not attending school or becoming emotionally unstable.

Conclusion: In order for children to be raised within a “humanistic” family environment, it is necessary to develop the ability to communicate and sympathize with others from early childhood. There is a need for medical and health workers to support families in opening up closed communication to the outside.
The Experience of Japanese Elderly Man Caring for His Wife with Dementia

Takako Negishi¹, Tashiro kazuko², Eiko Suzuki³, Shigeko Shibata⁴, Akiko Maruyama⁵

¹Ryotokuji University, Urayasu, Chiba Prefecture, Japan, ²University School of Nursing and Nutrition, chiba,chiba Chiba Prefecture, Japan, ³International University of Welfare and Graduate School, tokyo, Japan, ⁴Ryotokuji University, Urayasu, Chiba Prefecture, Japan, ⁵Kyoritsu Womens University, tokyo, Japan

【Purpose】To clarify the meaning of an elderly man of traditional Japanese gender standard caring for his wife with dementia at home.

【Study Method】A qualitative study by semi-structured interview. Subjects are 8 elderly male between the ages 65 to 79 caring for their wives with dementia at home for over 5 years.

【Result】The caring period was between 5 to 20 years and the degree of care required was bedridden from independence. The elderly male had the will to care at home by “the sense of duty from the bond created by the couple’s long marriage”, “accepted care out of gratitude towards his supportive wife” and “the traditional moral that the husband should protect his wife”. Also, he was determined to be the main carer by “respecting the way of life of the child and not relying on them” as a father. During difficult times by utilizing services and consulting they understood that “not shouldering all by yourself is the road to resolution” and “experienced overcoming difficult times”. Furthermore, they have built their unique care structure by “becoming confident with their way of caring” and “making use of the experience gained at work”. They relaxed by “making non-care time by utilizing services” and “maintained health by resting when tired”. “Wishing to spend a long time with his wife” and “the feeling of being connected with his wife’s smile has been a peace of mind” was of mental support.

【Consideration】The elderly male took pride in protecting his wife and the love towards his wife. To find an off time from care and not shouldering everything yourself is important.
A case study: Change in the family system of a child with improved aggressive action and panic

Shiho Sato1, Yukiko Sato1, Miyuki Saito1, Eiko Suzuki2

1Yamagata University, Yamagata, Japan, 2International University of Health and Welfare Graduate School, Tokyo, Japan

Purpose and Background: Brown (1962) conceptualized expressed emotion (EE) as "parents' expressed emotion toward the patient." Previous studies have reported the relationship between EE and children's problematic behavior. We intervened for a child who displayed aggressive action and her mother, and they have improved. For this case, pre- and post-intervention EE of the child (patient) and the family as well as the family's bond were schematized. Based on the change in the family system, the effect of nursing intervention was discussed.

Case: The patient was female and 9 years old at first examination. She suffered from domestic violence from her father since childhood. Her father committed suicide half a year previously. She was referred to pediatric nurses with learning difficulty and panic. Her mother provided informed consent for her daughter's participation.

Results: The relationship of the family at first intervention was represented by high EE in the patient due to domestic violence by the father prior to his death. The mother had negative emotions toward the patient and exhibited significant anxiety in psychological testing. Due to high EE from both parents and anxiety from the mother, the patient had poor emotional control skills, panicked easily, and was unable to participate in group activities. Therefore, we incorporated 50-minute play therapy for the patient once every two weeks. The mother also received counseling from another nurse. We intervened a total of 58 times for two years and nine months. After the intervention, the mother’s EE and anxiety expression decreased. The bond between the patient and mother changed from weak to moderate. The patient was able to make emotional adjustment well. Aggressive behaviors and panic have decreased, and she was able to participate in group activities at the school.

Conclusions: Nursing intervention for her and her mother have changed in her family system.
The Management Situation Of The Child Abuse High Risk Home Support in The Japanese Local Government

Tomomi Iwashimizu¹, Michie Suzuki¹, Mikako Arakida²

¹Juntendo University, Mishima City, Shizuoka, Japan, ²International University of Health and Welfare, Odawara City, Kanagawa, Japan

Objectiv

I clarify the present conditions of a support policy and the progress management of the infants abuse high risk home in the Japanese maternal and child health.

Methods

The study design is a quantitative descriptive study. A study is 1,896 maternal and child health responsibility public health nurses of Japanese all the cities ward municipalities. The investigation reached with a writing by oneself-style question paper by the mail. It was April, 2014 during the investigation period. I received the approval of the Ethical Review Board of the position University and carried out the study (approval number 13-io-169).

Results

The number of the answers was 519 (27.4% of answer rates), number of the effective answers 496 (25.0% of effective answer rates). The main support activity for the infants abuse high risk home in the local government was a newborn baby all houses visit (473 [95.4%]), the maternity record book grant (435 [87.7%]) by the public health nurse, a child care lesson (407 [82.1%]). Least support activity was pro-supporting groups (76 [15.3%]). Other support activity was progress management of the support to the infants abuse high risk home (280 [56.5%]), collective account book management of the support home (252 [50.8%]). The local government which carried out a maternal and child health progress management meeting regularly was 216 (43.5%). The holding of the example study meeting was 180 (90.9%), and the management in progress of the support of the high-risk home by the meeting was 172 (86.0%).

Conclusion

The enforcement of the maternal and child health progress management meeting was approximately 40%. The system maintenance in each local government is necessary to support infants abuse high risk family appropriately early.
P181

Life Stories of Sibling Donors in Hematopoietic Stem Cell Transplantation:
A Focus on the Actions of the Family System

Yuka Asano1, Kiyoko Yanagihara1, Masumi Yokota1, Mari Saigusa2

1Tokai University, Isehara-shi, Kanagawa, Japan, 2Tokai University Hospital, Isehara-shi, Kanagawa, Japan

I. Background and Purpose

Hematopoietic stem cell transplantation is the only available treatment for refractory hematopoietic diseases. Patients' siblings having compatible human leukocyte antigen (HLA) are the first candidate donors. The purpose of this research was to illustrate the life stories of sibling donors.

II. Research Methods

1. Participants: Adult sibling donors.

2. Research Design: This qualitative study analyzed data from semi-structured interviews conducted by using the life-story method.

3. Ethical Considerations: This study was approved by the ethics committees of related organization.

III. Results

The life stories of four sibling donors were organized. Donor A (30’s, male) provided peripheral blood stem cells to his older sister who had acute myelogenous leukemia; however, she died. Because of the transplantation, donor A and his sister became aware of their hierarchical relationship, which changed the relationship with their parents. Donor B (30’s, female) provided a marrow transplant to her younger brother who had aplastic anemia. Donor B behaved as if “the transplant was no big deal,” not realizing its impact on the family system. Donor C (60’s, female), the youngest of 4 sisters, provided a bone marrow transplant to her oldest sister, who had malignant lymphoma; however, she died. The strength of the emotional bond between the 4 sisters was maintained even after the death. Donor D (40’s, male) provided peripheral blood stem cells to his brother who had acute myelogenous leukemia; however, he died. The awareness of blood ties in turn led to an awareness of the risk of leukemia in Donor D and his children.

IV. Conclusion

The life stories of the sibling donors revealed that the histories of siblings have a significant impact on the decision making of the donor. Sibling hematopoietic stem cell transplantation impacts family relationships that are not confined to the siblings.
Background and purpose. This study clarifies the current status and problems of a domestic violence (DV) victim support organization. Moreover, the current state of support by nursing professionals is reviewed.

Methods. Three focus group interviews were held with eight victim supporters between April and May of 2011.

Results. The first interviews focusing on the DV victims’ narration revealed the following: 1) Proposals for Recognizing DV Victims; 2) Current Status of DV Damage; 3) Review of Support. The second interviews: 1) DV victimization from the experiences faced by the victim; 2) correspondence relation of the treatment provided by the hospital depending on the victim’s situation; importance of providing support to isolated victims; 4) history of DV and opinions in medical settings.

The third interviews: 1) The clue to early detection of DV; 2) The support method in a hospital; 3) Supporter’s opinion about mediation of DV incident; 4) Social support for DV victims and the prevention.

Conclusions. The analysis finds that, majority of DV victims are institutionalized in shelters by the police only when they face life threatening situations, without actively appealing for care themselves. The supporters hope for victims to have a strong will to escape as soon as possible. They also hope that the organizations can make the victims feel less isolated, and provide them with continuous long-term support. Furthermore, it was verified that as DV is repeated, victims are deprived of their power, so they take action only when they are impelled to do so. Indeed DV deprives victims even of the ability to think and act for themselves. Because DV victims are disconnected from social relationships, they become isolated. Therefore, sympathetic support to these victims becomes necessary. Nurses should bear in mind that DV victims have many unidentified problems (characterized as a symptom). Therefore, getting involved in medical examinations and speaking with are important.
Coping Mechanisms for Stress in Overseas Nurses and their Family Relationships

Sayuri Shiono¹, Noriko Kawahara², Kenya Matsumoto²

¹Rakuwakai Kyoto Kosei Nursing School, Kyoto, Japan, ²Kyoto Tachibana University, Kyoto, Japan

Background: Filipino nurses have worked overseas for decades, and many came to the UK. Our research, which sets out clearly how foreign nurses adapt to a new country, is the first to focus on how this adaption process is connected with their family relationships.

Purpose: To outline the processes the nurses used to adapt to new environments. To examine the relationship between the coping mechanisms used by Filipino nurses facing stress adapting to UK life, and their family relationships.

Method: The nine participants were Filipino nurses who trained from 2000 to 2003 in a UK National Health hospital and who still worked in UK in 2013. The material was gathered from semi-structured interviews. The research complied with ethical guidelines, with the steps taken to protect personal information, dignity and freedom of expression explained in writing to the subjects, and their permission obtained.

Results: The participants noted a number of factors that helped in coping with stress, such as pride in being a nurse, support from the UK Filipino community and the contrast between the UK and the Philippines. The main coping factors though were their desire to support their families back home, and their strong connection with their mothers. When raised in the Philippines they had been encouraged to work hard for the benefit of their family, and they had come to want to do this. When they were facing difficult times overseas, they motivated themselves by the need to support their families back home.

Discussion: The factors that led the participants to come to the UK, helped them make a success of their new lives. Driven by strong feelings of gratitude and duty to their families, all the participants drove themselves to successfully adapt to UK life.
Trends in family nursing research in Japan: Analysis using text mining

Yumiko Takubo1, Akemi Kaneko2, Masami Usui3

1Showa University, Yokohama-city, Kanagawa, Japan, 2Faculty of Nursing Tokyo Healthcare University, Meguro-ku, Tokyo, Japan, 3Teikyo Heisei University, Nakano-ku, Tokyo, Japan

Purpose and Background: In Japan, the birthrate is low and the population is aging very rapidly. In response, drastic changes in family structure and functions have taken place. In 1994, the Japanese Association for Research in Family Nursing was established to promote research in family nursing. This study aimed to identify trends in family nursing research in Japan over the past 20 years.

Methods: A search of the Japan Medical Abstracts Society database for Japanese articles containing the keyword “family nursing” published from 1994 to February 2014 was performed. Initially, 3,438 articles were returned. After excluding articles without abstracts and those not focusing on family care, 2,532 abstracts were reviewed using text mining software.

Results: From 1994-2003 and 2004-2013, 318 and 2,254 articles, respectively, were published matching the inclusion criteria. There were approximately 200 articles a year from 1994-2004, but the number decreased to after 2010. The models or theories used in the 133 articles top 5 were the Calgary Family Nursing Model (40), Crisis Theory (40), Watanabe Family Assessment Model (10), Double ABCX Model (9), and Family Health Life Ability Model (5). Common nouns used in articles published from 1994-2003 were: patient, nurse, mother, child, care, problem, child with disease, situation, information, case, and time. Those in articles published from 2004-2013 were: patient, nurse, child, mother, inventory survey, care, semi-structured interview, situation, case, and categories. The majority of the articles were published in journals specializing in the field of pediatric nursing.

Conclusions: Trends in family nursing research in Japan have expanded from case studies to inventory surveys and qualitative studies. The decrease in the number of articles published over the past 20 years accompanied by the limited fields of research indicates the need for an increase in the number and activity of family nursing researchers.
Support in the Process of becoming a Father from the Early Phase of Neonatal Intensive Care Unit Admission

Sumiko OKA, Yuriko AOKI, Makiko TOYOSHIMA, Maho YAMAZAKI, Junko NONAKA, Masako YONEYAMA

1Kanagawa University of Human Services, Yokosuka, Kanagawa, Japan, 2Kanagawa Children’s Medical Center, Yokohama, Kanagawa, Japan

Research objectives

While the birth rate has been decreasing in Japan, the percentage of infants with low birth weight has been increasing. Consequently, in the neonatal intensive care unit (NICU), there is a pressing need to provide early support to parents who are having difficulty bonding with their infants after a birth under critical circumstances. Most previous studies on this topic have taken mothers as the subject; only a few have targeted the experiences of fathers. This study therefore aimed to elucidate the process of becoming a parent experienced by fathers of premature or extremely low-birth-weight infants in order to develop a support system for helping fathers to establish a father-child relationship.

Methods

A qualitative approach was used for the study. Semi-structured interviews were conducted with 6 fathers of premature or extremely low-birth-weight infants who required care in the NICU. Data were analyzed based on the process of life story change described by Yamada (2007).

Results

Due to childbirth occurring under unexpected circumstances and the need to support both recovering mothers and infants, fathers experienced highly stressful situations. Admission to the NICU and small size of the infant were factors obstructing the establishment of a father-child relationship. However, observing that their infant was living and growing every day gave fathers strength and caused the father-child relationships to change positively. To the fathers, their relationship with work was also important.

Conclusion

This study revealed the experiences and needs specific to fathers of infants admitted to the NICU, suggesting that an early support system should be developed that facilitates bonding between such fathers and infants.
Nursing Intervention in Conflict Patterns between Family Systems and Medical Systems - Consultation, Coordination, and Communication -

Kiyoko Yanagihara¹, Ritsuko Sato³, Daisuke Sakurai², Nobukazu Matsumoto⁴

¹TOKAI University, Kanagawa, Japan, ²Ashigarakami Hospital, Kanagawa, Japan, ³Kanagawa Children’s Medical Center, Kanagawa, Japan, ⁴Shiga Medical Center for Adults, Shiga, Japan

Background and Purpose

The shortened hospitalization periods and more-complex medical care in Japan have been accompanied by frequent conflicts between families and medical practitioners. The purpose of this research was to develop supportive conversation skills such as consultation and coordination that nurses can use in their day-to-day duties.

Methods

Research Design: In a qualitative descriptive study, we analyzed sample data by using a pattern-matching method and determined patterns of family support methods.

Analysis Subjects: We analyzed 20 records of interviews conducted by family-clinical nurse specialists (CNS).

Ethical Considerations: Approval was obtained from the research ethics committee of A University.

Results

Four response patterns were found. First, the shock type occurs when the family members are stunned and engage in a standstill situation, feeling at a loss due to the magnitude of the event. In this event, intervention is necessary the acute grief care. Second, the “many excuses, little action” type occurs when family members have many excuses, and no results or conclusions are reached. In this situation, cooperation between the medical practitioners and family members are needed in order for the family to show resilience. Third, the delay type occurs when the family members delay making a decision and decide without seeking advice way. In this situation, other roles need to be shared to the family. Fourth, the “venting anger” type occurs when family members make many demands and are driven by emotions. In this case, listening focused on the troubled emotions of family members should be prioritized, after which a direction of care can be proposed.

Conclusion

A general support framework should be developed to address the family’s needs. Support should be given after identifying the kind of support sought for by the family, either emotional support or instrumental support.
The Sense Of Difficulty That Nurses Feel When Visiting Patients At Home To Provide Discharge Support In Japan

SHIGEKO SHIBATA¹, MIYUKI KAJI¹, ERIKO SUZUKI²

¹RYOTOKUJI UNIVERSITY, Chiba, Japan, ²International University of Welfare and Graduate School, Tokyo, Japan

The number of people who require continuous medical treatments and care at home after being discharged from the hospital has been increasing due to the promotion of home care and the shortened hospitalization period in Japan. Also, as the family structure changes and people’s value diversifies, the support and coordination from the hospital to home care has become increasingly complicated.

This study aimed to clarify the sense of difficulty that nurses feel when visiting patients at home to provide discharge support.

The subject was 169 nurses from A hospital and the survey was conducted using anonymous self-administered questionnaires regarding their feelings of difficulty and the contents of discharge support (unstructured questions), and the results were qualitatively analyzed.

145 people (85.8%) responded to the questionnaire and among those, 125 were the subject of analysis excluding six cases of invalid answers and fourteen cases of first year nurses. From 52 codes for the sense of difficulty while providing discharge support, two categories and eight sub-categories were extracted. “Support for the patient and their families” was divided into four sub-categories; “supporting the patient’s acceptance”, “dealing with the family’s anxiety etc.”, “lack of nursing capabilities” and “financial problems”. “Cooperation and coordination between professionals” was divided into four sub-categories; “coordinating home environment”, “coordinating services”, “medical guidance” and “sharing information with other departments”.

With regards to “Support for the patient and their family”, the results revealed the difficulties that nurses feel when providing discharge support included issues of psychological problems, family relationships and nursing capabilities. In order to deal with various cases within the hospitalization period, it was considered important to try arranging home care services that suit the target family at an early stage and reducing the anxiety of patients and their families by carrying out “cooperation and coordination between professionals”, not only between nurses.
Family structure connections and quality of life of elderly residents on a remote island and in an urban area

Kanae Hamano

422 Tsubukuhonmachi, Kurume, Hukuoka, Japan

Purpose and Background

In an aging society, quality of life (QOL) means aging happily. This study was conducted to clarify the connection between QOL and family structure of elderly residents on a remote island and in an urban city area.

Methods

Surveys were conducted between September 2013 and October 2014. Elderly residents were interviewed by questionnaire. QOL was evaluated on a scale of 1-5 using a partially modified version of the WHO/QOL26 measure. Family structure was divided into three groups and compared.

Results

There were 51 residents living on B Island, and C City had 40 residents.

On B Island, 56.9% of the residents lived with their spouses, 27.4% with their children, and 15.7% lived alone. In C City, 62.5% lived with their spouses, 27.5% with their children, and 10.0% lived alone.

The QOL scores of B Island residents averaged 3.20, while C City averaged 3.74. A significant difference could be seen between the two scores.

Comparing QOL scores with family structure, on B Island, those living with their spouses and those with their children averaged 3.18, while the group living alone scored averaged 3.31. In C City, those living with their spouses showed averaged 3.82, those with their children averaged 3.65, and the group living alone averaged 3.47. A significant difference could be seen between B Island and C City for those living with their spouses and those living with their children.

Conclusions

The average QOL score was sufficiently higher in C City than on B Island, possibly influenced by better transportation and other conveniences.

Comparing QOL scores and family structure, the group of residents living with spouses and those with their children showed higher scores in C City.

This indicates that the presence of family members such as spouses and children improves QOL in an urban setting.
Home Assistance for Aged Patients Couples in Terminal Stage

Keiko Yokojima1, Yoshiko kurokawa1, Yuuko Fujio1, Hiroshi Maeno2, Eiko Ishii3

1Juntendo University, Mishima city/Shizuoka, Japan, 2Shigakkan University, Oubu city/Aichi, Japan, 3Tamagawa University, Machida city/tokyo, Japan

Background and Purpose: In Japan among aged households over 65 years, mostly of them are households of couples only, they account for about 30% of all. In this study, we conducted a survey on home assistance provision for home aged patients couples in terminal stage, and then examined ways.

Methods: (1)Study design: qualitative descriptive study (2)Subjects: home patients couples in terminal stage (3)Study method: First we interviewed about conference matters for aged patients couples at the time of discharge and the changes of health aspects or life aspects after 6 months of discharge. Next we conducted transcription and categorised matters which needed for home nursing care.

Results: At the time of discharge, such as “care techniques better to learn before discharge”, “role as visiting nurse”, “patient state observation/treatment in emergencies” are required. For home nursing care, “local support” is required for maintaining home nursing life.

Though wives of patients hadn't been able to calculate the burden of home nursing care, they, mainly visiting nurses, cooperated with care managers, got supports focused on medical services for saving lives of patients or life assistance services. Wives thought that some factors like those would enable each wife of patient to maintain home nursing life without feeling lonely.

Conclusion and Implications: 1)It needs observation/medical procedure management/cooperation with local doctors by visiting nurse. 2)Sharing information among hospitals and local specialists make it possible to cooperate quickly and appropriate. 3)Medical staff acts supports for care which wives act on their initiative, and it leads improvement of wive’s self-esteem.
Correlation between chronic stress and quality of life (QOL) of muscular dystrophy patients using ventilation

Tomiko Suzuki¹, Naohiro Hohashi²

¹Tokushima Bunri University, Tokushima, Japan, ²Kobe University Graduate School of Health Sciences, Kobe, Japan

Purpose and Background: Muscular dystrophy (MD) is a chronic disease that causes progressive skeletal muscle weakness in the entire body. Many MD patients prefer to be cared for at home, where they can spend their lives maintaining relationships with family members and engage in society. Based on this preference, we postulated that the home environment leads to improvements in QOL and reduction of chronic stress. This research aims to measure the association of health-related QOL and chronic stress of MD patients.

Methods: Health-related QOL was surveyed using SF-36, while the salivary cortisol level upon awakening was used as an endocrine index to assess the status of chronic stress. The SF-36 consists of 36 questions to measure eight health concepts, which are: physical functioning, physical role functioning, bodily pain, general health perceptions, vitality, social role functioning, emotional role functioning, and mental health. Pearson correlation coefficient was calculated to assess the relationships between the maximum increased amount of salivary cortisol concentration and eight sub-scale scores of SF-36. Twenty MD patients (twelve inpatients and eight home-care patients) and 20 individuals making up a control group were investigated.

Results and Conclusions: In terms of Pearson correlation coefficient between all participants' maximum increased amount of salivary cortisol concentration and eight sub-scale scores of SF-36, a statistically significant relationship was only observed in terms of bodily pain. As this can be understood to indicate that physical pain causes chronic stress, it suggests the possibility that chronic stress can be reduced through control of physical pain. Therefore, it can be surmised that muscular dystrophy patients are in a state of chronic stress, regardless of the care environment. Moreover, in order to increase patients' sense of well-being, nursing is still required even for those who are cared for at home.
Difficulties Encountered by the Families of Elderly People with Dementia Admitted to Acute Care Hospitals

Motoko Kita, Reiko Yoshida, Hiroko Toyama

The Jikei University School of Medicine, Chofu, Tokyo, Japan

Background and Purpose: Due to the increasing number of people with dementia in Japan, there is growing awareness of the difficulties encountered by their families at home, in long-term care facilities, and in medical institutions. These problems are clearly distinct from the problems faced by those caring for elderly people without dementia, because dementia is not only associated with memory loss, but also behavioral and psychological symptoms of dementia. Therefore, their families are considered to have various dementia-specific needs in each setting. The purpose of this study was to clarify the difficulties encountered by the families of elderly people with dementia admitted to acute care hospitals through nurses’ narratives.

Methods: Between September 2013 and November 2014, interviews were conducted with 18 nurses at one of two acute care hospitals. Qualitative and descriptive analyses of the data were performed.

Results: The following results were obtained: (1) Difficulties encountered by the families of elderly people with dementia admitted to acute care hospitals differ for patients admitted for planned treatment and those admitted for emergency hospitalization, with more difficulties experienced by those admitted for emergency hospitalization. (2) Many emergency hospitalizations were the result of the family being unaware that the patient’s chronic illness was worsening. (3) Sons and daughters of patients living separately first learned of their parent’s dementia through hospitalization and had difficulty accepting the diagnosis of dementia. (4) Although family support and/or the use of outside services is required in order to be discharged to the home, it is difficult for many families to arrange them due to the burden and/or rejection of services by the elderly person with dementia.

Conclusions and Implications: These findings demonstrate the importance of support for families of elderly people with dementia admitted for emergency hospitalization and suggest specific approaches for family support.
Actual situation of information sharing with family caregivers observed by visiting nurses

Hiroko Toyama, Motoko Kita, Reiko Yoshida

JIKEI UNIVERSITY, Choufu-dhi Tokyo, Japan

1. Background and purpose

It is important to share information on home care patients with families in the practice of home care, although it is not easy. However, information sharing with families is extremely important in order to provide appropriate care at the time of visit. Therefore, we will clarify details of information on home care patients needed by visiting nurses when cooperating with families in the practice of home care, as well as sharing methods, to consider how information should be shared in home care in the future.

2. Method

Subjects included visiting nurses who gave consent to the purpose of study. Data was collected by conducting semi-structured interviews of visiting nurses in regards to information exchanged with families about home care patients. The interview content was extracted for analysis according to the purpose of study and categorized. Approval of the ethical committee of the affiliated organization was obtained for this study.

3. Results

Interviews were conducted on seven visiting nurses. Visiting nurses provided information to live-in families by utilizing telephone or communication notebooks regarding changes in the condition of home care patients as well as procedures requested to the families in the absence of visiting nurses. They also requested live-in families to provide information on the condition of home care patients in the absence of visiting nurses, as well as information from primary physicians.

4. Discussion

Information sharing between nurses and families tended to be information dispatch from nurses, rather than bi-directional. Since understanding of the situation of home care patients in the absence of visiting nurses is extremely important for nurses’ precise assessment at the time of visit as well as to anticipate future changes in the condition, a system of information sharing with families needs to be developed.
Autism Spectrum Disorder as Understood by Affected Families: How do Children and Mothers Talk about Autism Spectrum Disorder?

Mami Yamamoto

Gifu college of Nursing, Hashima, Gifu, Japan

Purpose and Background: Very few studies have examined how autism spectrum disorder (ASD) is perceived by families that live with this disorder. The present study objective was to clarify how families perceive the characteristics of a child’s ASD from researcher conversations with children with ASD and those with the mothers of these children.

Methods: This study is a qualitative descriptive design. Study participants were children who had been diagnosed with ASD, those whose mothers felt that they had ASD, and each child’s mother (total of 5 families). Data were collected from the conversations between the children and researcher, and from the conversations between the mothers and researcher. Researcher conversations with the children focused on the child’s view of him or herself, while those with the mother examined the content of the child’s conversation, specifically with regard to the mother’s experiences and thoughts. Researcher taking part in the conversation assumed “the not knowing position” as part of the narrative approach. All conversations were recorded on an IC recorder, and then transcribed verbatim. Data were analyzed by family, and the analysis focused on how the characteristics of the child (communication difficulties, narrowness of interests, etc.) were expressed verbally as experiences and meanings. This study was approved by the college ethics committee.

Results: Through these conversations, children and mothers revealed their personalities, and conveyed the child’s characteristics not only as challenges, but as fun experiences, something valuable to their family, and part of a rich and fulfilling family relationship. Characteristics such as unique communication or narrowness of interests were spoken of as challenges requiring the mother and child to work together to overcome, bonding between the mother and child and a sense of self-esteem, goodness and strength, family time where interests were deepened, conversation starters between mother and child, fulfilled family relationships with laughter and humor, and satisfaction with their current family relationship, among others.

Conclusions: Family perceptions of their children with ASD do not define them solely by ASD. Rather than understanding a child’s characteristics by the challenge that is ASD, it is important to focus on the family’s view of their everyday life, understanding the family bonds that form through the child’s characteristics, family communication, and family relationships. Through this will come an understanding of how these families view what a family should be, which encompasses much more than an understanding of ASD.
The Review of Family Nursing Training Sessions in Japan

YUMIKO NAKAMURA, NAOKO IIMURA, AKIKO SUGIMOTO

Bunkyo Gakuin University, Tokyo, Japan

Background & purpose: The Japanese Association for Research in Family Nursing (JARFN) was founded in 1994 to develop and enhance family nursing in Japan. The education promotion committee of JARFN has planned and held the family nursing training sessions since 2011, in order to improve the quality of family nursing in Japan and to increase the number of JARFN members. The purpose of this study was to review the family nursing training sessions and to plan their future prospective.

Method: The records of the training sessions were examined and the comments by the session participants were analysed by the members of the education promotion committee of JARFN. This investigation was approved by the board of directors of JARFN.

Results: Ten practical and one educational session were held in various parts of Japan. The programme of the practical sessions consisted of lectures outlining family nursing, theory of family systems' nursing and the practice of Calgary Family Assessment Model & Calgary Family Intervention Model, along with group discussion. The programme of the educational session was a symposium on education in family nursing and group discussion. The number of practical session participants ranged from 10 to 100 per one session, on average between 30 and 40. The educational session had 11 participants. About 80 to 90% of participants were satisfied with the sessions. The participants’ comments on sessions stated that: the contents of sessions’ programmes were basic and easy to understand. The sessions gave the participant the stimulation to make a positive approach to think about families, especially through group discussion. However, another participant said that the need for advanced sessions was keenly felt.

Future prospective: The education promotion committee of JARFN will hold not only basic but also advanced training sessions in various parts of Japan.
Homecare Support For Terminal Cancer Patients By Care Managers With A Welfare Professional License In Japan

Midori Furuse, Yoko Matsunami

Yamagata University, Yamagata, Japan

Purpose and Background: In Japan, the policy of terminal care at home is being advanced as an era of many deaths approaches. Care managers prepare long-term case service plans to provide comprehensive and systematic services suitable for the needs of terminal cancer patients. But care managers with a welfare professional license feel more difficulties than those with a medical one in supporting a terminal cancer patient. This study elucidated how care managers with a welfare professional license provide support for terminal cancer patients living at home.

Methods: The subjects were 7 care managers with a welfare professional license who had 3 or more years experience in supporting terminal cancer patients. Data were collected in semi-structured interviews and analyzed using a modified grounded theory approach.

Results: The care managers prepared a care plan, as “imagining the patient’s life to themselves” and “coordinating the patient’s wish with the family’s.” They effectively executed care management by “becoming a life supporter,” “collaborating long-term care with medical care,” and “clarifying a role.” The support that care managers provided the patient to continue home care included “being with the hearts of terminal cancer patients and their families,” “reducing care load,” and “managing services to live independently.”

Conclusions and Implications: These findings demonstrate that with regard to supporting terminal cancer patients, care managers with a welfare professional license respect the intentions of both the patient and the family, and manage services to live in their own way, keeping in close contact with a medical professional.
Issues regarding support for siblings of sick or disabled children and trends in studies of such support in Japan

Masako YONEYAMA, Junko NONAKA, Sumiko OKA, Maho YAMAZAKI

Kanagawa University of Human Services, yokosuka, Kanagawa, Japan

Aim: In this study, we conducted a literature search in order to clarify the issues regarding support for siblings of sick or disabled children and trends in such support in Japan.

Methods: Using the keywords “sibling”, “children”, “nursing”, and “support”, we searched for articles published between 1983 and August 2014 on the Web Japan Medical Abstracts Society (Ver.5) and CiNii.

Results: We obtained a total of 201 articles. These articles were analyzed according to the target subject, which extracted the following categories: “disorders” (n=60), “physical diseases and treatment” (n=29), “perinatal period” (n=7), “hospitalization status” (n=20), “facility” (n=7), and “others” (n=5).

Discussion: Studies involving “pediatric cancer” and “donors”, which were included in the category of “physical diseases and treatment”, have shown an increasing tendency since 2007, indicating that there has been growing interest in these 2 areas. However, our findings suggest that few of these studies obtained useful results. On this basis, it is necessary to conduct more studies to obtain suggestions to improve the above-mentioned support.
Family nursing training sessions in specialist paediatric hospital in Japan

MARIKO KOIKE, HITOKO YOSHINO, MASAHIRO NAKADA, YUMIKO NAKAMURA

Chiba Children’s Hospital, Chiba City, Japan

Background: Paediatric nurses have been recommended for families of children with illnesses to assist them in adjusting to the illness experience. However, little is known about the benefit of family nursing interventions in clinical practice. The education department has planned and held family nursing training sessions since 2011, in order to improve the quality of family nursing in our Children’s Hospital.

Purpose: This study is aimed at evaluating the benefits of training in family therapeutic conversation, for families of children in our Children’s Hospital in Japan. A secondary data analysis was conducted on intervention data from eleven nurses attending the family nursing training classes.

Method: There were three days of lectures and three case conferences for half a year in family nursing training classes. eleven students (nurses) from surgical and medical departments were interviewed, representing peer learning (student work in groups of three or four members) and supervision from the lecturer.

Results: The findings showed that the lecturer using peer learning created room for students to assume responsibility for their own learning, challenged students’ knowledge by refraining from stepping in, and encouraged critical thinking. And students reported an intensity of learning that had both useful and limiting consequences, as they developed skills in therapeutic conversations with families experiencing illness.

Conclusion: The relationships between nurses and families form the foundation of effective nursing practice. Peer learning seemed to create learning environments that integrate clinical and academic skills. The holistic understanding provided by these findings contributes to a more comprehensive understanding of parental experiences of their child’s illness and highlights the need for health professionals to invite conversations about parents’ illness experience. There was an ongoing search for the best learning and teaching models in clinical education.
Case Study for Japanese Family Nursing Care: Preparing a Course Syllabus

Akemi Tsumura1, Akemi Yamazaki2, Hiroko Mine3, Akemi Soeda4, Kazumi Odatsu4, Chisato Kimura5, Rie Tokutani6, Mitsuko Okumura6, Shigeko Yamamoto6, Yuki Horie6, Hiroko Waguri7

1Shizuoka Cancer Center, Shizuoka, Japan, 2Sophia University, Tokyo, Japan, 3The Tazuke Kohukai Medical Research Institute Kitano Hospital, Osaka, Japan, 4Oita Red Cross Hospital, Oita, Japan, 5Tokyo Metropolitan University, Tokyo, Japan, 6Japanese Red Cross Otsu Hospital, Otsu, Japan, 7Misugi Medical Corporation Sato Hospital, Osaka, Japan

The purpose of this study was to prepare the syllabus of a case-study training course, in which in-hospital specialists and expert nurses teach mid-level staff nurses how to plan and carry out training.

Conceptual Framework: Benner & Wrubel discussed the importance of acquiring two types of knowledge, and filling the gap between them in practice. Accordingly, we incorporated into this course the understanding of family theory as a theoretical framework, and training using practical knowledge such as genograms and ecomaps.

Methods: At four medical facilities in Japan, from 2012 to 2014, in-hospital CNS, CN and managerial-level nurses provided three to four sessions of case study training in six months for five to ten participants (mid-level nurses with clinical experience of five years or more) respectively. After completion of the training in the academic year, the content of the training course was discussed among researchers, further refining the syllabus.

Results: We prepared the learning goals, learning topics, and content for a case study training course in family nursing. This course consisted of a series of three to four sessions over approximately six months, and the length of each session was 60 to 90 minutes. The learning topics included the method of making genograms and ecomaps, assessment using family development theory, system theory and structure-function theory, and the process of family nursing care. The following recommendations for training were formulated: 1) both lectures and hands-on exercises should be incorporated each time; 2) both trainers and participants should conduct lectures and undertake exercises with reference to their own cases; and 3) in-hospital presentations which participants summarize and share their cases should be held.

Conclusions: Three years since its introduction, the training has been established as part of the in-hospital education program at those medical facilities. In the future, it will be necessary to refine the training while verifying it by using an evaluation index.
Nurses’ perceptions of the effects of reminiscence and life review on end-of-life patients and their families

Miyuki Kinoshita¹, Nahoko Saita¹, Noriko Watanabe¹, Hitomi Takemoto², Kyoko Murakami¹
¹Yamaguchi University, Ube, Yamaguchi, Japan, ²St. Mary’s College, Kurume, Fukuoka, Japan

Background and Purpose: Nurses facilitate end-of-life patients’ reminiscence and life review with their loved ones in order for them to share the trajectory of their life and feelings; give meaning and value to their life; and complete any unfinished business as a way of assisting the grieving process. We investigated the kind of questions nurses used to facilitate this life review and the nurses’ perceptions about their effects.

Methods: Participants were 71 palliative care nurses who completed a 14-item questionnaire survey. Data were analyzed using simple descriptive statistics and content analysis.

Results: There were 55 valid responses. Questions most frequently used included: How did you two meet each other?; What would you like to do most at this moment?; What happy memories do you have?; What was your life’s purpose?; Is there anything you have to say to your family?; and What happy memories do you have of your children growing up?

As a result of life review, nurses believed that patients could face their disease together with the family and integrate and come to terms with their life’s experiences. In addition family ties were strengthened; a healthy process of grief work encouraged; and nurses could better understand and relate to patients.

Conclusion and Implications: To facilitate life review, nurses used questions about relationships, marriage, and incomplete tasks. The process enhanced nurse-patient relationships and both patients and families were better able to face the cancer and come to terms with their grief.
A family’s experience of living with a disabled child: From the onset of the disease to the decision to live together

Izumi Takahashi¹, Naoko Iimura²

¹Showa University, Yokohama-City, Kanagawa, Japan, ²Tokyo Metropolitan University, Arakawa-ku, Tokyo, Japan

Purpose: This study investigates how a family with a disabled child in need of medical care at home interacts with each other, and what meaning they found from this experience.

Method: The life story method was employed for data collection and analysis. One family with a disabled child that requires medical care at home participated in the study. Data were obtained through unstructured interviews with both parents. Ethical approval was obtained from the ethics review committee at the university where the researcher studied as a graduate student.

Results: The family had three members: a father (aged in his 40s), a mother (in her 40s) and a male child (teenager). When the child was two years old, he became sick quite suddenly and had to be hospitalized for emergency treatment. Upon discharge, the child was found to have a disability, resulting in feelings of anger and a complete loss of trust in the hospital by the parents. When they came back to live with the disabled child at home, the father expressed feelings of “entering another world” and he considered filing a suit against the hospital. When they went out with their child for the first time, the father was conscious of people watching them. The mother, however, blamed herself and could not accept the situation. When the time of the same length as he had been healthy passed, the mother accepted that they could not go back. The parents did not admit to each other that they felt this way, but they felt relieved to see the child’s big smile when he began attending a day-care center, and they could start to resume a stable life. Consequently, they decided to live together as a family.
A Literature Review Concerning Personal Relationships in Japanese Families

Natsuki Shimada, Junko Honda, Naohiro Hohashi

Kobe University Graduate School of Health Sciences, Kobe, Hyogo, Japan

Background and Purpose: In Japan, people recuperating at home have been increasing, creating the problem of burdens on family members who provide care, thereby making necessary intervention toward the family, including family relationships. In this study, a literature review was conducted in order to produce standards for assessment of human relationships within the family, thereby obtaining suggestions for family intervention.

Methods: The literature search was conducted utilizing ICHUSHI Web (a Japanese database), by entering the respective key words "family" in combination with "impairment," difficulties," "deteriorate" and "poor" in personal relationships. Out of 1,694 original papers, 87 written concerning personal relationships between family members were used in the research.

Results: A condition of good personal relationships within a family is indicated by achieving good balance; maintaining appropriate distances; providing mutual support; etc., creating relationships of mutual assistance and members' ability to communicate their feelings. A condition of poor relationships within a family is indicated by weak; estranged; overly close; taking psychological or physical distance to the point of clinging; mutually dependent, etc., making for relationships that do not provide mutual assistance, are overly dependent, unable to communicate feelings and with excessive feelings. Consequently, it is clear that family relationships can be expressed as having personal relationships in good condition when the providing of care/caring is appropriate. Family relationships can be expressed as having personal relationships in poor condition when the providing of care/caring vanishes or is done to extreme excess.

Conclusions and Implications: The personal relationships within families will undergo assessment in terms of suitability of the best condition, and the disappearance or excesses of the worst condition.
Clarification of Impaired Communication in Families through Content Analysis of Literature in Japan

Saki Ito, Junko Honda, Naohiro Hohashi

Kobe University Graduate School of Health Sciences, Kobe, Hyogo, Japan

Purpose and Background: Numerous studies on communications exist, and it is clear that communications within families and family functioning are strongly related. Consequently, in order to consider intervention when impaired communications occur within families, content analysis of the literature was conducted to clarify their situations.

Methods: Using ICHUSHI Web, a Japanese database, searches were conducted utilizing combinations of such key words as “family,” “impaired communication,” “insufficient communications,” and “failure of communications.” From the literature, families’ situations before and after intervention, communications disabilities, and the type of intervention were extracted. These were organized utilizing the matrix method and then content analysis was performed.

Results: From the searches, 15 papers were obtained. From the condition of families prior to intervention, impaired communication could be divided into the following four categories: 1) no intention to communicate; 2) intention to communicate, but no means of conveying it; 3) intention to communicate but unable to share the contents; and 4) inability to confirm whether or not the person conveying the communication has conveyed it correctly. In the subject families, one, or several of these disorders occurred repeatedly, and following intervention these situations improved.

Conclusions: The contingency with which these impaired communications occur does not become problematic, but through their repeated occurrences are believed to manifest themselves as problems within families. Consequently, the impaired situation of communications in families is one in which the impairments occur repeatedly.
Adoption of Family Assessment Tools for Clinical Applications Based on the Concentric Sphere Family Environment Theory

Satoshi Takatani, Junko Honda, Naohiro Hohashi

Kobe University Graduate School of Health Sciences, Kobe, Hyogo, Japan

Purpose and Background: The Family Environment Assessment Model (FEAM) was developed as the family assessment model based on the Concentric Sphere Family Environment Theory (CSFET). However, cases of its clinical use are still few in number. From various initiatives seeking clinical application of the FEAM, the possibilities for clinical realization were considered.

Methods: The contents of discussions at family interviews/meetings that utilized the FEAM and verbatim transcripts of discussions reflecting on them were produced, and the contents subjected to analysis.

Results: In initiatives up to now, the worth of such family assessment tools as FEAM, which forms part of the Survey of the Family Environment (SFE), had been considered. Issues for clinical application for which categories were extracted included: "adjustments to the organization environment" such as realizing of manpower, obtaining of interview times and places; "training of family intervention specialists" having the necessary family assessment skills, communications skills with the family and knowledge of theory and assessment tools; and the "convenience and usefulness of tools" due to the complexity of tools or unclear outcome from use of the tools. On the other hand, suggestions of its usefulness for family intervention were also obtained through systematic collection of family data, practice of family assessments and others.

Conclusions: It is clear that a variety of viewpoints exist on the issues related to the FEAM's clinical applications. At the same time, as its usefulness has also been suggested, we will continue to adopt FEAM in order to realize Evidence Based Practice (EBP). We suppose that proceeding with family intervention in the clinical settings and translation of the FEAM will contribute to families' well being.
A Literature Review of Support Methods Concerning Family Adversity and Raising Family Resilience

Hirofumi Mizukami, Junko Honda, Naohiro Hohashi

Kobe University, Kobe, Hyogo, Japan

Purpose and Background: With regard to support to the family, rather than the support-giver resolving family problems, the concept of “family resilience,” in which the family resolves problems through its own volition, has been gaining attention in recent years. Family resilience is manifested when the family encounters adversity, becoming the force by which recovery is achieved. The objectives of this study were, through literature review, 1) to clarify what constitutes adversity for the family; and 2) to clarify methods of support that will boost family resilience.

Methods: For the literature search, ICHUSHI Web (a Japanese database) and PubMed were utilized, based on searches with the key words “family,” “resilience,” “family resilience” and “family resiliency.” Papers that touched upon these not in terms of resilience for individual family members, but by treating the family as a single system unit, numbered 13 in the Japanese language and 38 in English. In addition, manual searches found six additional papers, bringing the total number to undergo analysis to 57. The content analysis method was then applied to categorize the papers. Concerning the means of boosting family resilience, a total of four types of support were extracted: individual initiatives; initiatives as a family; support by a nursing professional; and support from outside the family.

Results and Conclusions: Family adversity was categorized into 17 types, including “Presence of a family member requiring recuperation from illness or disability”; “economic problems” and others. Concerning support methods for boosting family resilience, a total of 254 categories were extracted, including “having time for oneself,” “sharing information as a family” and “support to realize dreams or hopes.” Further studies will be needed to clarify what type of families require support to boost family resilience, and to consider the effectiveness of the extracted methods of support.
The family caregiver’s burden in urban and local areas in Japan
—Relationship of family structure and care burden—

Chie Sueda, Chie Kawahara, Takashi Miyashiro

Yokohama Soei University, Kanagawa, Japan

**Purpose:** Alleviation of family caregiver’s burden is important for continued home care of the frail elderly in Japan. However, the caregiver’s burden is affected by social resources and regional customs. The purpose of this study is to clarify family caregiver’s burden are influenced by family structure by comparing and investigating cases in urban and local areas in Japan.

**Method:** A cross-sectional study was carried out. We investigated caregivers who used public Kaigohoken (Long-term care insurance) service in urban and local areas, and conducted a questionnaire-based hearing investigation through the care managers. The questionnaire contained questions about family caregiver characteristics, characteristics of frail elderly, family structure and the Japanese version of the Zarit Burden Interview (J-ZBI). Demographics were compared using the $\chi^2$-test and J-ZBI scores were compared using Mann-Whitney test. Ethical approval was obtained from the Ethical Committee of Hosei University.

**Result:** 208 caregivers in urban area and 279 caregivers in local area responded. The average age of the family caregivers in the urban areas was 64.3 ± 13.5 years and in the local area was 63.6 ± 11.3 years (p=.68). Among the family caregivers, 43% were the children of frail elderly, 35% spouses, 17% spouses of the frail elderly’s child, and most of them (71.5%) were female. The score on the J-ZBI in urban area was higher than local area, and there were significant differences (urban area 9.8 ± 7.9 vs local area 7.8 ± 6.4, p=.025). In urban area, the family caregivers were spouses (46% vs 26%, p=.000), with a family structure of two (33% vs 11%, p=.000), caregivers lived apart from the frail elderly (25% vs 17%, p=.033).

**Conclusions:** Caregiver’s burden was shown to be related to the family structure in Japan. The strategy to lighten the caregiver’s burden should be featured on the caregiving situation at home and the family structure.
Coping Behaviors of Young Children Undergoing Blood Collection While Accompanied by Their Mother

Miki Hirata¹, Chiyuki Ryugo¹, Misa Suzuki¹, Hiromi Kokabu²

¹School of Nursing, Seisen University, Hida-chou Hikone-shi, Japan, ²School of Human Nursing, The University of Shiga, Hassaka-chou Hikone-shi, Japan

Background

Recently, nursing that protects the rights of the child has been garnering attention in the field of pediatric nursing. For blood collection in particular, which children find to be physically painful, the presence of parents is important. However, many facilities do not allow parents to accompany their children during blood collection.

Purpose

The aim of this study was to clarify the coping behaviors of young children during blood collection accompanied (and held) by their mother from the viewpoint of relationship between mothers and children.

Methods

The subjects were six young children who underwent blood collection while being held by their mother. The processes of blood collection were recorded on video from entering to leaving the treatment room. Data were recorded and analyzed on a second time scale.

Results

For coping behaviors, 15 categories for children aged 2 to 3 years and 12 categories for those aged 4 years were identified. Children aged 2 to 3 years demonstrated “security-seeking” behaviors through physical contact by having their mother hold them. Although “persistent nervousness” was observed during the blood collection, the children showed “release of nervousness” promptly after the blood collection. Meanwhile, children aged 4 years demonstrated behaviors such as “mentally preparing in their own way” and “dealing with the situation in their own way.”

Conclusions

Children aged 2 to 3 years were able to receive an outlook on the blood collection from their mother showing specific coping behaviors. Children aged 4 years were able to face the blood collection by gaining a sense of security from their mother. Praise from mothers allowed the children to promptly release their nervousness and to gain a sense of satisfaction.
Qualitative Study on Visiting Nurse's Dilemma Concerning Goal Setting of Home Care Nursing Plan

Rie Hakamada-Taguchi1, Chie Kawahara2, Rubiko Nishi1, Chie Sueda2

1Kyoritsu Women's University, Tokyo, Japan, 2Yokohama Soei University, Kanagawa, Japan

Purpose: Demand for the home care has been increasing in Japan in recent years, and quality of home care nursing has become more important. Home care nursing is provided to improve quality of life of both client and family. However most of visiting nurses are considered to have not gotten specific education of family nursing. Therefore it is suspected that visiting nurses have various difficulties in goal setting in nursing care. The purpose of this study was to elucidate visiting nurse's dilemma concerning goal setting of home care nursing plan.

Method: The subjects were nine expert home-visit nursing care station managers. They were asked by semi-structured interview about difficulties concerning goal setting of care plan. The results were analysed by using the inductive approach. The subjects were explained about the purpose and methods of this study and signed a consent form. Ethical approval was obtained from the Institutional Review Board of Kyoritsu Women’s University.

Results: Six following dilemma concerning goal setting of care plan became clear:


Conclusion: Visiting nurse had dilemma concerning goal setting of care plan in mainly two matters. One is conflict among client and family. Another is conflict between nurse and client and/or family. They felt more difficulty in coping with conflict among client and family. To further improvement of home care nursing development of methodology of family nursing in home care is needed.
Development of a partnership Scale for Family caregiver Caring for Patients with Dementia in Japan

Ayumi Kiriake

Kurume University, Kurume, Fukuoka, Japan

Purpose: The purpose of this study was develop a scale to measure the partnership among family caregivers providing care for patients with dementia, with Japanese family caregivers as subjects, and to test its validity and reliability.

Method:

The initial version of the instrument was created from interviews, with five family caregivers who cared patients with dementia at home. From these data, nurse specialists and researchers created scale consisting of 39 items. Next an exploratory factor analysis and confirmatory factor analysis were conducted by taking 333 family caregivers. The test-retest reliability and Cranach’s were calculated for test the reliability of this scale. This study was approved by the ethical committee.

Results:

1. Nine Dementia care specialists nurses confirmed the validity of the item pool. The results were that all 39 items obtained concordance rate of 78% or more.

1. Basis on the exploratory factor analysis and confirmatory factor analysis from two studies, the following three factors comprised of 11 items was finally extracted <Ability to accept><Proactive Consultation and Information-Seeking><Trust Composition and Role Coordination>. The suitability of the model satisfied the statistical standard (CFI<.95, TLI<.95, SRMR<.08, RMSEA<.05).

2. Cranach’s coefficient for the entire scale ranged 0.742-0.705, confirming that it maintained a certain level of internal consistency. The stability of this scale was confirmed by the test-retest method, and the ICC(1,1) was found to be 0.757 for the entire scale.

3. The criterion related validity of this scale was significantly correlated with Social Support, burden for Care, Affirmative Sense of Care, which were the expected results of the partnerships

Conclusion: The findings above indicate that Scale for Family caregiver Caring for Patients with Dementia in Japan has a standardized reliability and validity and can be used with family caregivers caring for dementia patients in Japan.
Relationships among Feeling of Burden Associated with Child-Rearing by Mothers with 4-6 Year-Old Children, their Self-Efficacy and Social support

Misa Suzuki

Seisen University, Hikone-city Siga-prefecture, Japan

Background: Changes in the child-rearing environment in Japan, including the trend towards nuclear families, have undermined the abilities of families and local communities to perform the function of raising children, and mothers with small children are now facing stressful situations.

Of studies on mothers’ feeling of burden associated with child-rearing, many have dealt with mothers with infants or children in early childhood, but a very few studies researched mothers with children between the ages of four and six, who are attending kindergarten and/or about to enter elementary school.

Objective: This study aims to investigate relationships among the feeling of burden by mothers who have healthy small children between the ages of four and six, their self-efficacy, and social support they receive.

Method: A questionnaire survey was conducted on 127 mothers with healthy children between the ages of four and six who attend nursery school or kindergarten in A Prefecture. The questionnaires were answered anonymously and in hand-written form.

Results: Both the mothers who feel unhealthy and those who perceive the lack of support from their husband experienced a significantly high level of feeling of burden associated with raising children, and have a significantly low self-efficacy and a significantly less perception of social support. A negative correlation was found between the mothers’ feeling of burden associated with child-rearing and their self-efficacy, and between the feeling of burden and the social support.

Conclusion: The feeling of burden experienced by mothers with 4-6 year-old children associated with child-rearing was correlated with the mother’s health and the presence or lack of support from their husband. This study suggests that improvements in the self-efficacy of the mothers as well as psychological support for them are effective in reducing their feeling of burden associated with raising their children.
The requirements of family support at comprehensive community support centers

-To be fulfilled users and families wishes and views-

Chie KAWAHARA¹, Rie TAGUCHI-HAKAMADA², Chie SUEDA¹, Satoko INOUE³

¹Yokohama Soei University, Yokohama, Kanagawa, Japan, ²Kyoritsu Women’s University, Chiyoda-ku, Tokyo, Japan

Background and Purpose: In Japan, it is a rapidly aging society, and it is an important means of community care in public health and welfare policy. Public health nurses at comprehensive community support centers play the important roles in community care and family support. However, it is difficult to understand sufficiently and to be fulfilled users and families’ real wishes and views. The purpose of this study was to clarify the requirements of family support at comprehensive community support centers

Methods: Participants were five public health nurses in the Comprehensive Community Support Centers. In-depth interviews were conducted and the interviewees were asked about their supported users and their families; their history, families, needs, provided care, their case record, their support team, and so on. We analyzed the process of cases, the product of analysis and both. Ethical approval was obtained from the Institutional Review Board of Yokohama Soei University.

Results: The cases were ten users and families.

The results of the analysis showed that the requirements were:

“Polite observation of real wishes of users and families”,

“Careful intervention for users and families”,

“Sharing for information of users and families with the support team”,

“Catching for information of users and families with a small time lag or no time lag during the support team”,”Corresponding to the support predicted by the support team”

Then, the support teams were continuous approach and it should be noted the appropriate clarification of role sharing between them.

Conclusion and Implications: This study was showed five requirements of family support. The team approach of these teams were advantageous because it streamlines the service offered users and families, ensuring continuity of care, it avoids duplication or gaps of services.
Factors In Midwives' Support Of Families

HISAYO USHINOHAMA, MICHIKO MORIYAMA

Asahi University, Mizuho, Gifu, Japan, Hiroshima University, Hiroshima, Japan

Background and purpose

With decreasing birth rates and increasing nuclear family numbers, families are becoming isolated due to weakening ties with local communities. Isolation and a lack of knowledge and experience in childrearing has resulted in family parenting function declines. Families suffer domestic violence and child abuse, and midwives incur greater risks.

Here we focused on family support and analyzed relationships between this support and midwives' backgrounds.

Methods

Subjects were 1,131 midwives working in maternity hospitals in Central Japan who signified consent to this survey. A mail-in questionnaire survey was conducted using an original survey form. Items analysed in this study were midwife experience in years, post-academic qualifications, presence or absence of a model, and 35 family support items. Associations between each attribute and family support item was analysed using the $\chi^2$ test.

This study was approved by Y University Research Ethics Committee.

Results

445 responses were received. 436 were valid (valid response rate 97.9%). Average midwifery experience was 11.1 years. Posts included 308 (70.6%) staff nurses, 36 (8.3%) team leaders, and 65 (18.8%) assistant chief nurses or chief nurses. Academic qualifications were midwife training schools for 230 (53.2%), special midwifery courses for 122 (28.2%), universities for 65 (15.0%), and graduate schools for 14 (3.2%). 244 (58.0%) midwives had models, and 177 (42.0%) did not.

Significant associations were documented between every attribute and support item.

Significant associations were documented between post and 7 support items, between years of midwifery experience and 3 support items, between academic qualifications and 1 support item, and between presence or absence of a model and 8 support items.

Discussion

The findings suggest that after graduation midwives learn support of families while working together with colleagues to provide care. Learning through experience is important to providing family support.
Present Situation and Problems of Collaboration between Childhood Cancer Family Support Group and Professional Specialists

Reiko Inoue
Tokai University, Isehara, Kanagawa, Japan

[Purpose] In Japan, to utilize the opinions of concerned parties in medical treatment, support of groups of concerned parties is becoming established. In 2012, childhood cancer medical treatment bases were established in hospitals, giving rise to the important problem of collaboration between Children Cancer Family Support Groups and professional medical specialists. Here, the processes of cooperation between family support groups and other professionals by professional medical specialists is introduced.

[Background of Establishment of the Family Support Groups] In Japan, establishment of family support groups was initiated during the 1990s. Then, social workers supported these activities, but now, hospitals and other professionals are carrying out adjustments and coordination, particularly shifting toward cooperation with the nursing profession.

[Results] Subjects; 22 people from 5 different professional areas in 4 hospitals where Childhood Cancer Family Support Groups exist. Method; Interviews concerning support contents. Analysis; analysis of contents of word-for-word records. Contents of collaboration in major support activities; (1) provision of venues for activities, (2) support for meetings among concerned parties, (3) participation with a distance that shows respect for the groups, (4) adjustments between the facilities and other types of professionals, (5) activities and administration. The nursing professionals carried out their activities centered on these 5 items.

[Observations] It is thought that the Childhood Cancer Family Support Groups made it possible for the support activities of the nursing professionals most familiar and closest to the patient families to be carried out appropriately providing support in accordance with their requirements. Also, in supporting the Groups, the opinions and comments of the patient families were given attention, making it possible to obtain highly significant time for reflecting their requirements in the nursing activities.
Investigation Regarding Support of Home-Visit Nurses for Mothers of Children having High Medical Dependency and Receiving Homecare: Comparison between Nurses with and without Work Experience in Pediatric Wards

Keiko Agawa, Kazuko Ishigaki, Katue Mihara

1The University of Shimane, Izumo, Shimane-Pref., Japan, 2Ishikawa Prefectural Nursing University, Kahoku, Ishikawa-Pref., Japan, 3The University of Shimane, Izumo, Shimane-Pref., Japan

Background and Purpose: Nursing care at pediatric wards is focused on mental support for mothers, emphasizing on the human relationship formation with other family members. For this reason, we surmised that nurses having experience of working in pediatric wards have practical knowledge to establish good relations with mothers, and this practical knowledge is considered applicable to mothers of children receiving home care. We aimed to clarify the awareness of home-visit nurses regarding mothers’ caring and nurturing behavior toward their children, comparing between nurses with and without experience of working in pediatric wards.

Methods: Semi-structured interviews were conducted with 9 nurses at a home-visit nursing station who provided care to an individual child. Interview data on the 9 nurses’ awareness of the mothers’ child-raising and care habits were analysed by component classification. Then, the data was compared between nurses with and without experience of working in pediatric wards.

Results: The support for mothers’ child-raising and care habits were composed of 5 categories. Irrespective of experience of working in pediatric wards, nurses paid attention to the information regarding assessments of the mother’s child-raising and care habits and a child’s health condition. Nurses with experience of working in pediatric wards noted the human relationship formation with mothers, such as bonds of family members and bonds between fathers and mothers. Nurses without experience of working in pediatric wards noted home environment, ordinary life style, and formation of trust with mothers.

Conclusions and Implications: Nurses having experience in pediatric wards noted importance of human relationships between the patient’s mother, family members, and the father and mother. This is surmised to be due to the nurse’s knowledge obtained through prior clinical pediatric nursing care experience.
Research on the Family Form of Child-rearing Families, Child-rearing Mastery, and Child-rearing Stress in Japan

- Comparison of the Family Form between the Current and the Mother's Childhood

Noriko Kaneko, Kazuko Ishigaki

Ishikawa Prefectural Nursing University, Kahoku, Ishikawa, Japan

Background and Purpose: Japan once had extended families, but now about 80% of the child-rearing generation consists of nuclear families. It is said that the advancement of the nuclear family is magnifying the burden and stress of child-rearing. In contrast, several studies have examined that stress due to child-rearing is smaller in extended families, compared to nuclear families. However, there is a possibility that mothers who were raised in nuclear families would find it stressful to raise children in extended families. The purpose of this study is to study child-rearing mastery and child-rearing stress based on a comparison of the current and mothers' childhood family form.

Methods: The subjects were 503 mothers who received 18-month and 3-year health check-ups, who responded to an anonymous questionnaire survey. The survey items included the mother and child's backgrounds, the child-rearing mastery scale (CMS), the Child-care Stress Short Scale (CSSS), and social support, etc. The subjects were classified into four groups, depending on current and their childhood family form.

Results: For current family form, 451 subjects were in nuclear families, and 52 in extended families, and for the mother's childhood family form, 265 and 238, respectively. Analysis of variance was conducted for the four groups of family form, and the extended (current) – extended (childhood) group had the highest in CMS score. Also, the extended (current) – nuclear (childhood) group had the lowest CMS score (p<0.05). Also, a study was conducted on people who left their children in mothers-in-law's care when necessary (n=123), and similar results were found in a comparison between the four groups (p=0.000). CSSS score tended to decrease the extended – extended group.

Conclusions: The results suggest the possibility that the family form of the household in which the mother was raised influences her child-rearing in adulthood.
Moral Distress and Coping Methods of Home-Care Nurses Caring for Patients and Their Families

Ryuko Ito, Kumiko Kotake, Kaori Haba, Yasufumi Osono, Aiko Waraya

Juntendo University, Urayasu, Chiba, Japan

Purpose: The purpose of this study is to clarify the nature of moral distress experienced by Home-Care Nurses caring for patients and their families, and their methods of coping.

Method: The study was conducted at six home-care nursing stations in Japan. A total of seven nurses participated in the study. Subjects underwent semi-structured interviews. Results were analyzed using qualitative inductive method.

Results: Four of the seven nurses reported experiences of deep moral distress related to caring for patients' families. Using their own ethical judgment as nursing professionals, they expressed desire to “provide support for the desired homecare lifestyle,” “preserve the patient's physical comfort,” “understand the feelings of the caregivers,” and “relieve pain.” However, they stated that as a result of the “caregivers' strong attachment and special beliefs regarding the patient,” “good interpersonal relations were suddenly broken off.” They experienced moral distress, including “regret” and “feelings of guilt,” over concerns that a patient might “be allowed to starve if the intentions of husband and eldest son could not be changed,” “timing for installing a PEG tube might be missed,” and other “conflicts.” They employed various coping strategies in response to the distress, including “focusing on support” of the family caregiver while feeling “apologetic” toward the patient (withdrawal strategy), consulting coworkers (social support strategy), and maintaining contact with the patient and/or family caregivers by following up with them after the patient was admitted to a medical institution or died (strategy of planning direct interaction after terminal care).

Discussion: This study shows that faced with both the duties associated with the nursing profession and opposing family values and behaviors, homecare nurses experience moral distress. We believe that the strategy of planning direct interaction with clients even after termination of services hints at the possibility of a new form of community care.
P225

Family Interview Acquisition Technique for Family-Nursing Certified Nurse Specialists (CNS)

Rie Katumata

Tokai University, Isehara, Kanagawa, Japan

[Background and Purpose] At Tokai University Graduate School, a 2-year Family-Nursing Certified Nurse Specialist (CNS) Training Course exists where family nurses learn the necessary knowledge, techniques, and attitude. This report cites the actual situation in family interview acquisition education.

[Method] Students learn the theories related to the field of family nursing during the 1st semester and family inter-positioning from family-nursing Certified Nurse Specialists during the 2nd semester. In the family inter-positioning training method, a seminar style of three consecutive steps dominates the larger part of the time. Step 1 provides one's own clinical examples and recognizes one's own viewpoint of family through discussions among teams of two students each. In Step 2, examples provided by the family-nursing Certified Nurse Specialists are used to carry out actual family interview training. Through the role-playing method, one student acts as the interviewer and carries out a 5-minute session. In Step 3, interview scenes are videoed, and after extraction of discussion methods by all of the students, interviews are carried out once more.

[Result] In Step 3, the thought patterns of the students are altered through reflection on their training, making it possible for them to notice the influence family-nursing has had on their own sense of values. After the end of the training, they come to understand that they had 1. undergone alterations in their involvement with other people as they carried out the interviews and 2. the importance of grasping the true essence of the family.

[Observations] In the future, in order to further enhance the quality of the family-interview technique, there is a necessity to continue adding to training in such areas as family-treatment methods and counseling techniques.
Research trends and their analysis on nursing involvements in disaster prevention and minimizing disaster damage for elderlies and their families—Japanese documents review

Chie Isomi1, Noriko Kawahara2, Kenya Matsumoto2, Hiroko Anabuki2, Jun Kawaguchi3

1Fukui University, Fukui, Japan, 2Kyoto Tachibana University, Kyoto, Japan, 3Mie University, Mie, Japan

Backgrounds:

Recently, there has been a spate of natural disasters in Japan. At the time of disaster, it’s necessary to give special consideration to elderlies. The document review aimed at studying research trends and challenges about nursing involvements and analysis on disaster prevention and minimizing the damage for families who have elderlies with health problems.

Method:

We obtained documents through the Japanese database Ichushi Ver.5 (Japan medical Abstracts Society, Tokyo, Japan) released from 2005 to 2014. Key words for searching included “elderly*disaster prevention (minimizing the damage)*family”, “elderly*disaster control”. Having few outcomes, we searched again without “family”, but we had only attitude studies.

Results:

Most documents dealt with awareness of disaster prevention among patients or elderlies and their readiness. We found seven documents about nursing involvements, which contained readiness study through distributing medical notebooks and brochures for patients with intractable diseases patients undergoing dialysis and ostomates. The result shown two studies included disaster prevention drills conducted for patients and their families. Each family carried it out after making a plan for the drill.

Conclusion:

In Japan, we have few studies on nursing involvements in disaster prevention and minimizing disaster damage for elderlies and their families. Further research should be conducted. It’s important to train and enlighten them to act based on an individual plan.
Wishes Of Middle-age Schizophrenia Person Who Living With Their Parents Toward Their Families In The Future

Satoko Inoue¹, Chie Kawahara¹, Haruko Shikimori²

¹Yokohama Soei University Faculty of Nursing, Yokohama, Kanagawa, Japan, ²School of Nursing, University of Shizuoka, Shizuoka, Japan

Background and purpose

In Japan, 70% of middle-age schizophrenia person living in community is living-together with parents and they have supported from their parents and siblings. Gradually, their parents and siblings support has been lessening, because their parents were aged, and it is difficult that their siblings keep the schizophrenia person to make a living with their family. The purpose of this study was to clarify the wishes of middle-age schizophrenia person who living with their parents toward their families in the future.

Methods:

Design of this study is qualitative descriptive study. The subjects were ten schizophrenia persons working support institution. Semi-structured-interview was conducted about wishes of their parents and siblings, their old age, community life and so on. The data was analyzed qualitatively and inductively and category was extracted. This study was approved the ethics review committee of University of Shizuoka school of nursing science.

Results:

The subjects were 40’s and 50’s, 6-men and 4-females. The results of the analysis showed that there were three categories for parents and one category for siblings as follows: for parents, [Having to decide to do or not nursing care of parents when they need it in future] [Knowing how to live alone after the parents death] [Avoiding the topic of their future with overprotective parents], for siblings [Hesitating to talk about their future], because they feel spicy to be indebted, and feel constraint to live together siblings.

Conclusions and Implications:

Schizophrenia persons foreseen to become living alone in community. However, they were unable to talk about in the future with their families and it seemed to be distant in their behaviors. It is needed that the programs of talking and discussing about the future are developed between schizophrenia persons and their families without constrain.
Decision-making On Prenatal Testing Among Women Of Advanced Maternal Age in Japan

Kyoko Murakami¹, Saeko Kutsunugi¹, Kazuko ii¹, Miyuki Kinoshita¹, Misae Ito², Kumiko Tsujino³

¹Yamaguchi University, Ube, Yamaguchi, Japan, ²Kawasaki University of Medical Welfare, Kurashiki, Okayama, Japan, ³University of Ryukyus, Urazoe, Okinawa, Japan

Background and Purpose: The number of pregnant women of advanced maternal age (AMA) has been increasing rapidly. Women of AMA might be facing whether to undergo screening or invasive test to detect whether the fetus has an abnormality. This study explored decision making process between women and her husband, in the context of advanced maternal age.

Methods: Semi-structured interviews were conducted with 16 women gave birth at the age of 35 or over and within the last three months to a healthy, term infant. The transcripts data were analysed by content analysis.

Results: Women had recognized their age and possibility of anomaly baby such as Down syndrome, congenital anomaly and disability of the baby by hearing the word “Kourei Ninshin”, it means the term of the woman who give birth at the age of 35 or over, and existence of the child with Down syndrome and/or disability in their acquaintances. On the decision making process, some women often had discussion about testing with husband. However, many women made individual choices and/or withheld information from husband although a few couples had significant difference between women’s and their husbands’ value.

Conclusion and Implications: Nurses need to adequately inform pregnant women about the genetic risk as their age and tests. Also, it is important to support for decision making process of the family.
The effects of family function for antenatal depression and parenting self-efficacy among primiparous Japanese woman

Mitsuko Kanzaki

Kyoto Tachibana University, Kyoto, Japan

Purpose: The perinatal period has long been seen as a stressful situation because of its transitional nature and understood the vulnerabilities of depression. Many study suggested that antenatal depression is an indicator of postnatal depression. Although some study suggested mother's postnatal depression affected by family function, the details were unknown.

The purpose of this study was to determine the effect of family function for antenatal depression, parenting self-efficacy and husband's support satisfaction.

Method: A cross-sectional survey was performed by using self-administered questionnaires to collect data from 5 hospitals with maternity wards in the Kansai region of Western Japan. The questionnaire were consisted with Family Functioning Scale(FFS, Lee, et al.2002,Kanzaki et al,2012,24items), Self-rating Depression Scale(SDS;Zung,1965,Sugawara,1999,13items), Parenting Self-efficacy (Kaneoka,2011),husband's support satisfaction and demographics. The women were asked to complete the questionnaire while waiting for the check-up appointment. A total of 310 primiparous Japanese women participated in the study in second trimester (gestational week 16-24, N=151) and third trimester (gestational week 32 to just before delivery N=159).

Results: The mean age of participants 31.25 in second trimester and 30.74 in third trimesters. No significant differences were observed between those in their second and third trimesters, and all of them and their children were considered to be at low risk. The comparison of variables between high and low group of family function indicated that the lower group of family function showed significant higher scores of SDS ( t=6.07, p=.000) and significant lower scores of PSE ( t=-7.27, p=.000) and husband's support satisfaction( t=-3.93,p=.000).Furthermore, significant differences of variables were determined by comparisons each subscale of family function.

Conclusion: The results of this study suggested that the antenatal depression and parenting self-efficacy of primiparous affected by family function, particularly important functions were Affective bonding, External relationships, Communication, Roles and responsibilities, and Family norms.
Difficulties and developments within cooperation and/or communication subsystems of couples rearing twins during the transition to parenthood

Chisato Kimura, Mami Sonobe

Tokyo Metropolitan University, Tokyo, Japan

Purpose: Couples rearing twins generally experience more challenges than parents with single birth children. Friedman mentioned the adaptations of families to cope with these changes by utilizing feedback systems. The husband and wife subsystem is the more important and higher ranked system. The purpose of this study was to explore the perceptions of couples rearing twins, and the difficulties and developments within their cooperation and/or communication subsystems during the transition to parenthood.

Methods: Four couples rearing twins were recruited by convenience sampling. We visited their homes and conducted consented, dyadic, semi-structured interviews lasting approximately 1 hour. The interviews were recorded, transcribed, coded focusing on interactive data concerning perceptions of difficulties and developments within their cooperation and/or communication subsystems during the transition to parenthood, and analyzed by inductive content analysis. This study was approved by the ethics committees of the authors’ affiliated institutions.

Results: They experienced difficulties including ‘The father being too busy with work to give proper support’, ‘The mother’s irritation/frustration and husband’s perceived lack of empathy’, ‘Being overwhelmed by childcare’, ‘The lack of social interaction with others’ and ‘Missing conversations with the partner’. On the other hand, they developed skills to overcome such difficulties such as using the following strategies: ‘Doing what they can do first’, ‘Doing the same thing at the same time to share time and space with their partner’, ‘Sensing each others’ feelings’, ‘Enjoying the ability to do “normal” things together again’, and ‘Making use of external social support networks and services’.

Conclusions: The research suggests that a set of anticipatory guidelines for couples expecting twins during pregnancy would facilitate the construction of effective cooperation and/or communication systems during the child rearing stage. It will be necessary to accumulate cases of couples rearing twins to improve external validity.
Use of Nursing Diagnosis Labels in Family Health Nursing

Tomoharu Yamaguchi¹, Keiko Yamaguchi², Yoko Sota², Junko Hattori²

¹Aichi Prefectural Colony Central Hospital, Kasugai, Aichi, Japan, ²Aichi Prefectural University School of Nursing and Health, Nagoya, Aichi, Japan

Background and Purpose

Nursing diagnosis labels are standardized terms that facilitate a common understanding among nurses about patient conditions and thereby promote more efficient interventions; however, they remain largely unknown in family health nursing in Japan. The purpose of this study was to examine the accuracy of diagnosis and the appropriateness of their definitions, their key characteristics, and their related risk factors in a simulated case study.

Method

First, a case study involving problems typically encountered in family health nursing, such as "Role Overload in Particular Family Members", "Deficient Role Coordination among Family Members", and "Deficient Communication between Family Members", was developed. Second, the phenomena of the case were analyzed in relation to labels listed and defined by the NANDA-I. The key defining characteristics of possible diagnosis labels were then matched to data from the simulated case.

Results and Discussions

Here we report the results of this investigation. Based on the results, key problem in the case1 "Role Overload In Particular Family Members" was found to be similar, both in definition and in risk factors, to the NANDA-I diagnosis for "Risk for Caregiver Role Strain". However, no diagnosis labels were deemed appropriate for describing problems among the entire family, although "Deficient Role Coordination among Family Members" and "Deficient Communication between Family Members" were considered to be included in the NANDA-I nursing diagnosis label for "Dysfunctional Family Processes".
The intervention trial in discharge planning using the family support guideline in Japan: focusing on the families’ constraining beliefs

Akiko Araki1, Kazuko Ishigaki3, Naho Sato2, Mayuko Tsujimura2, Ryuko Ito4

1Chiba Rehabilitation Center, Chiba, Chiba, Japan, 2Chiba University, Chiba, Chiba, Japan, 3Ishikawa Prefectural Nursing University, Kahoku City, Ishikawa, Japan, 4Juntendo University, Urahasu City, Chiba, Japan

Purpose: Describing the nursing supports on the constraining beliefs and the changes of those beliefs in discharge planning using the family support guideline.

Method: The qualitative study was conducted with ten nurses of three hospitals in Japan who recorded the intervention process on the recording format.

The guideline contents practical process (A) perceiving an existence of constraining belief, (B) extract of the ambiguous phrase, (C) the questions encouraging verbalization, (D) one question question, (E) specific constraining belief, (F) digging the specific belief, (G) verbalization the constraining belief, (H) focusing on constraining belief, (I) moving the constraining beliefs. The descriptions regarding the nurses’ support and families’ beliefs were extracted by the authors according to the guideline process and classified into each stage, and were generalized.

Results: Fifteen cases’ constraining beliefs changed among sixteen cases.

Regarding the family beliefs “Changes in the patients’ physical condition”, nurses’ support; confirming the condition, teaching the changes of condition, giving the recommendations to improve the condition were common.

Regarding the family beliefs “Caregivers’ role”, nurses commonly gave the recommendations how to charge the role, and approved that families could play roles.

In the process of intervention, nurses combined support for the beliefs “Changes in the patients’ physical condition” and support for the beliefs “Caregivers’ role.” Nurses may support for “Changes in the patients' physical condition” firstly, and move to “Caregivers’ role”.

Family beliefs “Caregivers’ role” tend to reveal in the way of support for the beliefs “Illness and disease”/”The relationship among the family members”.

In the case of unaccomplished the changes of beliefs, nurses might not recognized family’s beliefs nor identified.

Conclusion: Nurses are one of the health care professionals so that can help the families’ challenges the beliefs regarding “patients’/families’ health conditions” as a clue.
Expectation For Respite Care From Family Of Children With Severe Motor And Intellectual Disabilities (SMID) At Home

Kaori Nishigaki, Akiko Tomioka, Eri Shinoki

Tokyo Healthcare University, Tokyo, Japan

Purpose and Background

Respite care (RC) for children with severe motor and intellectual disabilities (SMID) at home is an effective strategy to reduce family’s burden of caring responsibility. However, use of RC is not common in Japan. The aim of this study was to investigate the family’s expectation about respite care (RC) for children with severe motor and intellectual disabilities (SMID) and its related factors.

Methods

A cross-sectional survey with self-administered questionnaire was conducted. Participants of this study were 47 primary caregivers and 28 spouses of them. Participants were asked the expectation about RC (8 items), Family Adaptability and Cohesion Evaluation (FACESKG) and Health Related Quality of Life (SF-8 physical component scale; PCS and mental component scale; MCS). We conducted the multiple regression analysis to investigate the factors related to the number of expectation about RC. The study protocol was approved by the Ethics Committee of the Tokyo Healthcare University.

Results

Children with SMID were aged 6 to 18 and their main conditions were cerebral palsy.

More than eighty percent of primary caregivers and spouses expected RC for “Growing length of time to free of one’s own” and “Improvement of Children’s psychological autonomy”. The number of expectations for RC in primary caregivers was related to: presence of family support for the children’s care, presence of siblings of children with SMID, and unnecessity of medical devices. Lower score of PCS of primary caregivers’ and FACESKG (extreme type) were positively affected the spouses’ expectations about RC.

Conclusion

Family members expected RC to free time from caring and improvement of autonomy of children with SMID. Existence of medical devices could be a barrier for the use of RC. Extreme type family and higher physical burden of primary caregivers have higher needs for RC.
Development Of The Infantile Interview Guide For Early Detection Of Neurodevelopmental Disorders

Hirokazu Osada¹, Shuji Yamamoto², Yukie Shoji², Rie Ueno³

¹Senshu University, Tokyo, Japan, ²Shimada Ryoiku Centre, Tokyo, Japan, ³Tokyo Medical University, Tokyo, Japan

For early detection and intervention of children with neurodevelopmental disorders, including autism spectrum disorder, attention deficit hyperactivity disorder and/or specific learning disorder, we developed the semi-structured diagnostic interview for mothers bearing those children. We recruited twenty two mothers of children with neurodevelopmental disorders. They individually told their life history from their child’s birth to the time of child’s diagnosis. We recorded their narrative and transformed them to the verbatim data. We conducted a qualitative analysis using a text mining method on each mother’s narrative; consequently we extracted ten common categories from twenty two mothers’ narrative model. Based on the ten common categories, we developed the infantile interview guide (IIG), that is the ten-questions semi-structured diagnostic interview in early life stage. The IIG might be used in 18-month health checkup in Japan, and should be investigated its usefulness for providing evidence in clinical settings.
Self-care Behaviors For Pain Control Among Patients With Chronic Pain From Rheumatoid Arthritis

Emiko Kuwata¹, Midori Furuse²

¹Sendai Seiyo Gakuin College, Sendai, Miyagi ken, Japan, ²Yamagata University Faculty Of Medicine, Yamagata, Yamagata ken, Japan

Purpose and Background

Rheumatoid arthritis (RA) is an autoimmune disorder with symptoms of chronic pain. The aim of this study was to elucidate the self-care behaviors of those experiencing chronic pain from RA to relieve their pain while visiting the hospital for outpatient treatment.

Methods

The participants were 5 RA outpatients with chronic pain of A hospital in Japan. Semi-structured interviews were conducted and responses were analyzed with a modified grounded theory approach.

Results

Outpatients with RA carried out self-care behaviors “believing that they were the only ones who had understood their pain,” despite “experiencing confusion from the various physical changes resulting from the illness.” They were “aspiring to maintain their current status” by “controlling the pain-exacerbating factors,” “following the doctor’s regimen,” and “devising ways to prevent falls.” Factors that helped sustain self-care behaviors were strong motivation by the patient to “fight their RA” and “fulfill their family role,” as well as “an environment made easy to live in by family members.”

Conclusions

It was cleared that RA hospital outpatients with chronic pain performed self-care behaviors on the basis of experience of illness to continue living at home and family members supported patients’ self-care.
P236

Pain, suffering, and anxiety in people living with cancer and their families receiving outpatient chemotherapy

Nahoko Saita, Miyuki Kinoshita

Yamaguchi University Graduate School of Medicine, Ube, Yamaguchi, Japan

Background and purpose: Chemotherapy is provided to approximately 80% of people with cancer and many of them are treated as outpatients. We aimed to clarify the experiences of these people and their families and whether they were different from those who receive inpatient treatment. Methods: Participants were people with solid tumors (breast, gastro, gynecological and lung cancers) and their families receiving outpatient chemotherapy at cancer hub hospitals in Japan. Recruitment was via introduction from treating doctors. After obtaining consent, we conducted individual semi-structured interviews with families separate from patients and asked “Can you tell me about your concerns and experiences of undergoing chemotherapy?” The interviews were held at participants’ convenience and of 30-60 minute duration and were analyzed using the Krippendorff method. Results: Of the 47 pairs of patients and families approached, 45 patients and 45 family members responded. The results were divided into five categories: concerns about i) treatment; ii) relations with patient/family, iii) cancer, iv) healthcare providers, and v) economic burden and insecurity. Participants described having no choice but to ask support from their family even if they believed that the family was not willing to assist. In contrast, families were unsure what to do to support patients and felt awkward when asked a difficult question by their sick relative.

Families and patients described the suffering caused by the side effects of the treatment but families felt this most acutely. They also worried about the patient’s condition and suffered from the mental exhaustion of needing to be careful with the patient’s diet. Families did not know how to deal with symptoms caused by chemotherapy. Conclusions: The results suggest that nurses need to assist families by providing correct information and strategies for families on how to deal with patients’ symptoms, treatment and most importantly the side-effects caused by chemotherapy.
The Empowerment of Mothers rearing Children with Severe Motor and Intellectual Disabilities: Mothers’ Perception of the Family Empowerment and Role Expectation to the Family Member

Naho Sato¹, Kaori Nishigaki², Rie Wakimizu³, Hiroshi Fujioka⁴, Chieko Numaguchi⁵, Keiko Yamaguchi⁶

¹Chiba University School of Nursing, Chiba, Japan, ²Tokyo Healthcare University, Tokyo, Japan, ³University of Tsukuba, Tsukuba, Japan, ⁴Tsukuba International University, Tsukuba, Japan, ⁵Ibaraki Prefectural University of Health Sciences, Inashiki, Japan

Background and Purpose: According to the national policy to promote the home care, the number of the children with disabilities who is living at home has been increasing in Japan. Therefore, it is crucial to develop the family care model to empower these families. The purpose of this study was to explore the mothers’ perception of the family empowerment and role expectation to the family member of children with severe motor and intellectual disabilities (SMID).

Method: Family Empowerment Scale Japanese version (FES) and semi-structured interviews were conducted to the 34 mothers of SMID child aged 4 to 18 living at home. In the interview, mothers were asked what roles they expected to spouses, siblings of the SMID child, and grandparents as a family member. Besides, they were asked how mothers appraised the role enactment of family member. Content analysis and t-test were conducted to reveal the characteristics of the family empowerment.

Results: 1) The family empowerment was significantly higher than the standard values of the previous studies. 2) Mothers perceived the spouses were trying to secure time to care for the children with SMID. Even if spouses’ support were not helpful, mothers sometimes overlooked it and appreciated spouses’ involvement in childcare. 3) Regardless of the siblings’ age, mothers were supported by them both in the care for the SMID children and in the daily living. Meanwhile, some mothers suffered from the ambivalent expectations to siblings; undertaking a caregiving role of the child of SMID as well as pursuing one’s life as one person. 4) Mothers expected the roles to grandparents by considering both the condition of family demands and the role preference of grandparents.

Conclusion: Assessing the realistic role expectation and promoting mothers’ positive appraisal of the role enactment of family member are the key elements to empower these family.
Relationship Between Context, Routines, Functioning and Health in Family Dyads with Type 2 Diabetes.

Natalia Ramírez-Girón¹, Beatriz García-Solano¹, Marcela Flores-Merlo¹, Ana María Valles Medina², Laura Elena Trujillo Olivera³, Lidia Guadalupe Compean Ortiz⁴

¹Benemérita Universidad Autónoma de Puebla, Puebla, Mexico, ²Universidad Autónoma de Baja California, Tijuana, Mexico, ³Universidad Autónoma de Chiapas, Tuxtla Gutiérrez, Mexico, ⁴Universidad Autónoma de Tamaulipas, Tampico, Mexico

Background and Purpose: Type 2 diabetes (T2D) is the second cause of death in México. The T2D has a social component where the family has a vital role, however, the family participation into the treatment is not viewed by the health system. Not enough qualitative and quantitative studies have answered this. The aim was to correlating the context, routines, functioning and family health, which can predict the effect of these in family dyads with a member who suffers T2D.

Methods: The Family Health Model (Denham 2003) addressing this study, the design was correlational cross, the sample is 57 dyads (n=114), recruited. The Thai Family Health Routines, Family Functioning, Health and Social Support was tasted. Results: Preliminary results with 16 dyads are the follow, females predominated (56.3%), of 51.6 years old (SD=13.8) Pathological family histories was in T2D (71.8%) and HBP (31.2%). Significant relations was found between children and age (r=.65 p=.05), functioning and routines (r=.41 p=.05), family health and routines (r=.47 p=.05), family health and functioning (r=.51 p=.05); and significant inverse correlations between age and education (r= -.39 p=.05), children and education (r= -.51 p=.05). Only a significant effect between routines and family health $F(10,21)= 2.56 p\leq .010$ was found, who predict family health $R^2_{adj}=.19\ F(1,30)=8.55\ p=.006$, and family functioning who predict this $R^2_{adj} = .23\ F(1,30)=10.56\ p=.003$.

Conclusions: Family health is related to routines, functioning in children and older individuals, this fundings contributes to taste theoretical framework. It is important to improve the family involved into the T2D management.
Health Behaviors In Post-menopausal Women In Poland

Anna B. Pilewska-Kozak¹, Celina Lepecka-Klusek¹, Grazyna Stadnicka², Beata Dobrowolska³

¹Chair and Department of Gynaecology and Gynaecological Endocrinology, Faculty of Health Sciences, Medical University, Lublin, Poland, ²Independent Practical Obstetric Skills Unit, Faculty of Health Sciences, Medical University, Lublin, Poland, ³Chair of Development in Nursing, Department of Basic Nursing and Medical Teaching, Faculty of Health Sciences, Medical University, Lublin, Poland

Purpose: Educational activities of nurses and family midwives undertaken to provide care affect health behaviors of women in post-menopausal period. The purpose study was to survey health behaviors presented by post-menopausal women in Poland.

Material and method: The study was conducted in the group of 354 women aged 40-82 years (56 ± 7.8yrs): in 264 women (86.3%) menstruation stopped naturally, 42 women (13.7%) underwent hysterectomy. The study was carried out by a diagnostic survey by means of the questionnaire, whose part was developed by the authors. It also included Health Behaviors Inventory (HBI) and Kupperman Index. The research project was approved by Bioethical Committee.

Results: Most of the women (282; 92.2%) presented moderate severity of climacteric symptoms. Nearly half respondents (150; 43.1%) regularly took cytological tests, and slightly fewer (120; 34.5%) had mammography taken regularly. Breast self-examination was sometimes performed by 186 (60.8%) women. The overall index of health behaviors was 80.1 ± 12.7 points (4.9 ± 1.8 sten), which means that it was average. It is worth noting that preventive behaviors dominated, followed by proper eating habits. Positive mental attitude presented the same mean score as eating habits. Most women ate on a regular basis (261; 85.3%) and did not smoke cigarettes (249; 81.4%). Active leisure activities were reported by more than half of the respondents (183; 59.8%). Other analyzed variables (age, place of living and education) did not significantly differentiate the index of health behaviors (p>0.05).

Conclusions: The study found average overall index of health behaviors determined among Polish women in post-menopausal period with dominant prophylactic behaviors. Most women eat regularly and they do not smoke. Increased values of particular categories of health behaviors do not correlate with age, place of living and women’s education.
The Life Satisfaction and Need for Support Among Women after Hysterectomy

Grazyna Stadnicka¹, Celina Lepecka-Klusek², Anna B. Pilewska-Kozak³

¹Independent Practical Obstetric Skills Unit, Faculty of Nursing and Health Sciences, Medical University of Lublin, Lublin, Poland, ²Chair and Department of Gynaecology and Gynaecological Endocrinology, Medical University of Lublin, Lublin, Poland, ³Chair and Department of Gynaecology and Gynaecological Endocrinology, Medical University of Lublin, Lublin, Poland

Purpose: The aim of the undertaken study was to evaluate the feeling of life satisfaction in women after hysterectomy and its impact on the demand for support.

Material and methods: The study involved 215 women after hysterectomy. The time between the end of the treatment and the day of the study was from 3 to 12 months. The research implemented the questionnaire LISAT-11 and Social Support Test. 10 domains of life satisfaction were evaluated, using the questionnaire LISAT-11. Each factor was evaluated using a 1-10 scale, starting with 1-grade which was treated as very unsatisfactory, through grades 2, 3, 4, 5, 6 up to a very satisfactory grade. Statistical analysis was performed with the use of the Chi-squared and Spearman’s rank correlation coefficient.

Results: The respondents estimated their feeling of life satisfaction in particular domains in a comparative way. The obtained results can be placed in a range from 4 to 5 points. Relationships with a partner and financial situation were assessed as being the worst. Women before 40 years of age declared much higher level of life satisfaction than women after 60 years of age. The level of support given by the nurses to the women after hysterectomy was very high 171 (79.53%). The women who claimed to be in a better quality of life were more satisfied with social support in all its aspects: global, instrumental and evaluative (p< 0.05).

Conclusions: Hysterectomy determines life satisfaction in women on an average level, defined as a “rather satisfactory” in most domains of life. The women after hysterectomy highly appreciated support received from the nursing team. Low-life satisfaction respondents should be given with more support.
How to validate a game to teach Family?- Family Nursing Game

Carla Silvia Fernandes, Maria Manuela Martins, Bárbara Pereira Gomes, Lucia Takase Gonçalves, José Augusto Gomes

1School of Nursing Santa Maria, Porto, Portugal, 2School Of Nursing Porto, Porto, Portugal, 3School Of Federal do Pará, Belém, Brazil, 4Hospital Center CHPVVC, Póvoa De varzim, Portugal

Designed for adult training this study is based on two main pillars, the importance of family in the hospital context and importance of using innovative strategies in nursing education, including games.

This poster aims to: Emphasize the importance of the approach to the family by the nurse in the hospital. Describe the methodological steps in developing a board game for teach family think "Nursing Family Game".

method: This course is intended to describe a field study to create a game about nursing family, guided through the steps presented by Jafffe (2011). The subjects involved were composed of 85 nurses in a hospital with 85 nurses in a hospital. On this study have been requested and opinion to the ethics committee. The data were statistically analyzed using SPSS.

Results and discussion: In pre-design stage of the game a review on strategies for teaching and learning was conducted in search of strategies for applicability in adult education. As well as review of the content on nursing family. The methodology allowed an immediate feedback from some of the participants, of which it stresses motivation, group interaction, reflection, and facilitator of learning. The game was tested in a group of nurses and evaluated. On the evaluation of training strategies through a questionnaire, a score from 0 to 100, it is noteworthy that on average the game got a rating of 81.4.

conclusions: This study was conducted in the context of hospital practice, integrating adult learning in a professional context, may be replicated, tested in nursing education or in other contexts. The implementation of the game in training may increase interest and motivation for learning.
The Family and the Adolescent Self-perception

Maria Manuela Martins, Ilda Fernandes, Luisa Andrade

1Escola Superior de Enfermagem do Porto, Porto, Portugal, 2CINTEESIS, Porto, Portugal

The transitions experienced by adolescents lead them to changes in cognitive, affective and social development. Their critical, creative, innovative and participatory potential, when supported by the family, can drive to positive changes by helping them to face risky situations that arise in adolescence.

Objectives:

To identify the perception that the adolescent has about himself, to identify the profile of the adolescents’ family, to relate the type of family with the perception that the adolescent has of himself.

Methodology:

A quantitative, exploratory and descriptive study of 1178 adolescents between 15 and 19 years that attend high school in the academic year 2013/2014. We constructed a questionnaire composed of four parts: demographic characterization, family APGAR score and the Youth Risk Behavior Survey adapted. In processing and analyzing the data we used descriptive statistics and the chi-square method, a significance level of 0.05 was used.

Results:

The sample consisted mostly of girls (57.1%), with an average age of 17 years, 84.6% whose parents are married and 63.1% live with both parents.

Adolescents defined themselves as joyful (64.3%), friendly (61.3%), happy (51.8%), sociable (40.9%), respectful (37.5%), respectful (37, 7%), nervous (19.7%), anxious (17.6%), quiet (13.3%), with sadness/hopelessness and suicidal thoughts.

53.8% of adolescents think that they live in a moderately dysfunctional family. There is a connection between the type of family and the perception that the adolescent has of himself as it is related to sadness/hopelessness and suicidal thoughts.

Conclusion.

The perception that adolescents have of themselves is influenced by the type of family, so, it is important in health care for adolescents to include assessment and family intervention.
Presymptomatic testing for neurodegenerative disorders: a stakeholder-driven study and a family system approach to address its psychosocial impact

Maria João Silva\textsuperscript{1,2}, Milena Paneque Herrera\textsuperscript{1,2}, Marcia Van Riper\textsuperscript{4}, Maria do Céu Barbieri de Figueiredo\textsuperscript{1,3}

\textsuperscript{1}Instituto de Ciências Biomédicas Abel Salazar, Porto, Portugal, \textsuperscript{2}Centro de Genética Preditiva e Preventiva, Porto, Portugal, \textsuperscript{3}Escola Superior de Enfermagem do Porto, Porto, Portugal, \textsuperscript{4}School of Nursing - University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

**Purpose and Background:** The increasing knowledge about the human genome provided new tools for medical practice, such as DNA-predictive testing that identifies the susceptibility for a hereditary disease in asymptomatic individuals. The psychological impact of presymptomatic testing (PST) has received considerable attention. Studies have been mainly focused on the psychological features and responses of tested individuals especially identified mutation-carriers, and on short-term coping with the PST results. Only recently, some studies addressed the impact of genetic testing on families, showing that PST can also have negative consequences for marital/cohabitant relationships and on the family as a system. In Portugal, little is known about the psychosocial impact of PST for Huntington Disease, Familial Amyloid Neuropathy and Machado-Joseph Disease on family system. We intend to fulfil this gap addressing the psychosocial impact of these conditions on family functioning as a system.

**Methods:** This study is based on the Family Systems Genetic Illness (FSGI) Model and will use a mixed methods approach. Data will be collected from 45 subjects by each time phase of a genetic disorder (15 for each disease) and their families using the Family Adaptability and Cohesion Evaluation Scale (FACES IV) and qualitative interviews using an interview guide based on FSGI Model. **Results:** This study is in progress. Families will be described in terms of their scores on the FACES IV. A qualitative content analysis will be completed with the interview data, which will be used to provide a more complete understanding of the impact of PST on the family system.

**Conclusion:** Results will be discussed in terms of the similarities and differences within and between groups, concerning the typology of the genetic illness and the time phases of the disorders and the challenging aspects of improve the nursing interventions which allow providing a better family-centred care to these families.
Patterns Of Response Of Family Caregivers Of a Child With Cancer: An Integrative Review

Carla Cerqueira1, Filipe Pereira2, Maria do Céu Barbieri Figueiredo1

1Escola Superior de Enfermagem do Porto, Porto, Portugal, 2Escola Superior de Enfermagem do Porto, Porto, Portugal, 3Escola Superior de Enfermagem do Porto, Porto, Portugal

Background: Whenever cancer is detected in a child, parents become the main caregivers. This event initiates a transitional experience that may conduce this adults into a redefinition of their own identity. Individuals living the same kind of transitions usually present similar behaviours. According to Meleis’ theory these are patterns of response present in a transition. The purpose of this study was to identify patterns of response expressed by the family caregiver of a child with cancer present in literature. To develop this analysis, it was adopted the metodological framework proposed by Whittemore e Knaf for integrative reviews.

Methods: The literature search was performed on the major reference databases for health care on nursing issues: CINAHL and Scopus. This survey was conducted in February 2013, including all publications until that date. The search terms were: child; cancer; parental role and nursing.

Results: The selection process resulted in the seriation of twenty documents, with different methodological natures. The results of those studies were analysed according to the Meleis’ Theory of Transitions. The approach has allowed to identify a large number of patterns of response presented by family caregivers of a child with cancer. These patterns were analysed and compared, conducting in its organization in four areas: Taking care of a child with cancer; Becoming a partner in the care of a child; Taking care of the family and Living having a child with cancer.

Conclusions: This integrative review identified response patterns developed by family caregivers when caring for a child with cancer. The knowledge about patterns of response enables nurses to monitor the process and to intervene in the transition course promoting healthy transitions.
Clients' Perception of Care Provided by Family Health Nurses

Cláudia Araújo¹, Maria do Céu Barbieri-Figueiredo²

¹Unidade de Saúde Familiar da Barrinha, Esmoriz, Portugal, ²Escola Superior de Enfermagem do Porto, Porto, Portugal

Background and Purpose: In the current Portuguese legislative framework of Primary Health Care, the idea presented and supported integrates a model of care enhancing accessibility and carried out by the Family Health Units. In these Units, Family Nurse role is highlighted and its activity is developed as part of a multidisciplinary team, acting in a context of proximity of care to a limited number of families integrated in a specific community. This study aims at understanding the perception clients have of care provided by Family Health Nurses.

Methods: A qualitative descriptive design was used with semi-structured interviews, carried out to ten clients who have expressed willingness and interest in collaborating with research. Ethical approval was sought from competent authorities. Inclusion criteria comprised diversity of clients’ needs and age group. The interviews were recorded, transcribed verbatim and data analyzed, using a content analysis technique.

Results: Three dimensions emerged from clients’ data: 1) Organization of health services, which characterizes the way patients look at the current organization of primary health care; 2) Attributes of the Family Nurse, where characteristics of the Family Health Nurse care perceived by patients were described, and 3) Accomplishment of Family Nurse care, which is related to the aspects valued by clients after the care provided by the Family Nurse. Each dimension has categories and subcategories.

Conclusions and Implications: The new organization of health care in Portugal was taken into perspective by the participants as a benefit which contributes to the quality of care. Although Family Nurse interventions, considering the family as a unit were not highlighted, Family Nurse care leads to great satisfaction of clients. Flexibility in working hours and punctuality of care were the most important aspects mentioned. The payment of user fees was mentioned as an adverse aspect to accessibility to nursing care.
Family nursing practice, before and after specific training in the academic nursing graduation

Maria Luísa Santos¹, Maria João Rodrigues²

¹University of Madeira, Funchal, Portugal, ²University of Madeira, Funchal, Portugal

Background and Purpose: The family nursing practice, at the systemic level, focuses on the health and the strengths of the family, assuming a holistic character and requiring knowledge on the complex interactions between a multitude of family factors at all levels of the system. Therefore, the nursing care of the family may be conceptualized as the process of caring for the families health needs who belongs of the intervention of nursing practice. What attitude of the students at family care? The objective of this research was to identify the attitudes and behaviours of 4th year students in the academic nursing graduation, in regard to the practice of family nursing, before and after specific training.

Methods: Quantitative transversal and comparative study, using a sample of 4th year students in the academic nursing graduation. Measures: Family Nursing Practice Scale and Conversations between nurses and families (Guided observation), following Calgary Family Models.

Results: Before the training, high level attitudes towards family care were found in the 4th year students in the academic nursing graduation. In nursing practice, the most positive behaviours of the students were seen in the first step of nursing interview (contact) and the most negative behaviours were seen in the intervention care step.

Conclusions and Implications: We believe that the training was important to modify the students' beliefs about what they think is the will of those who have more power in your workplace in regard to the families care. These data suggest the potential that training can have in expliciting the rules of family nursing systemic approach.
Korean parents’ perceptions regarding attitudes of people toward children with Down syndrome

Hyunkyung Choi, Ji Yeong Jeon

Kyungpook National University College of Nursing, Daegu, Republic of Korea

Purpose and Background: Many families of children with Down syndrome (DS) suffer from unwanted, unfriendly, inconsiderate attention toward their child with DS. People’s negative responses toward families of children with DS hinder from adapting to the life with their child with DS. Thus, this study aimed to explore parental perceptions regarding the way people (i.e., people in general, other children, nurses, and physicians) respond to children with DS in Korea.

Methods: This descriptive, cross-sectional study was a part of a larger study regarding family adaptation in Korean families of children with DS. A total of 171 Korean parents completed the questionnaire asking how often a particular situation occurred and how they felt. The collected data were analysed with descriptive statistics.

Results: The mean age of children with DS was 11.32 years old. For people in general, parents felt good when “people identify my child’s strengths as well as weaknesses” (27.5%; occurred a lot or all the time). For other children, parents felt good when “my child spends time with other children in the neighbourhood” (71.3%; never or rarely occurred). For nurses and physicians, parents felt bad when “nurses (23.4%; occurred a lot or all the time) or physicians (47.3%) talk about my child, rather than to my child.” Moreover, parents felt bad when “nurses (38%; occurred a lot or all the time) or physicians (45%) assume that most of my child’s physical problems are due to DS.” However, parents felt good when “nurses (57.9%; occurred a lot or all the time) or physicians (45%) respond to my child in a warm and caring manner.”

Conclusions: Korean parents of children with DS had both positive and negative experiences with people around them. Health care providers need to adopt warm, considerate, and unprejudiced attitudes toward families of children with DS.
P248

Exploring Family Problems of Older Korean Adult with Osteoarthritis and Application of the Family Problems Net for Family Nursing Diagnoses and Interventions

Yang-Heui Ahn

Yonsei University, Wonju, Gangwon, Republic of Korea

Background & Purpose: A family has its characteristics of interrelatedness and domino effects among family members, therefore for inferring a family nursing diagnosis, the association among family problems has to be considered. In this paper, the association among family problems was labeled as the “Family Problems Net [FPN]”. The purpose of this study was to explore family problems of older Korean adult with osteoarthritis and application of the FPN for family nursing diagnoses and interventions.

Methods: A case study research design was utilized. Three families were selected by purposive sampling among older Korean adults with a doctor-diagnosed osteoarthritis. Two families were elderly couples and one family was an elderly widower living with a married daughter and her husband. A trained nurse using a semi-structured format and home-visit interviewed the families focused on family functioning related to disease self-management of the patients. Data analysis was done from transcriptions and field notes. Directed content analysis based on Family Nursing Assessment Framework was performed.

Results: The results showed 8 themes (problems) and through FPN their relationships (family nursing diagnoses) were identified as: problems of ineffective disease self-management (no exercise) related to insufficient knowledge, low self-efficacy, insufficient social support and no sharing of domestic chores. Not sharing domestic chores was related to ineffective role performance of the partner/family members, ineffective family communication. And ineffective role performance of the partner/family members was related with ineffective family communication and low family attachment. Descriptions and illustrations of each theme and FPN will be presented.

Conclusions: These results are currently being explored as part of the short and medium-term effects of an 8-session community-based self-management program for patients with osteoarthritis. FPN approach was found to be a useful method for mapping family nursing diagnoses so as to be able to decide the intervention.
Community and Family Nursing in Slovenia and Italy: What Nurses Write on Refereed National Journals?

Sabina Licen¹, Anna Rita Marucci², Igor Karnjuš¹, Walter De Caro², Julita Sansoni¹,²

¹University of Primorska, Faculty of Health Sciences, Izola, Slovenia, ²Sapienza University of Rome, Rome, Italy

Background: The definition of family nursing in Slovenia and in Italy is still in the process of being clarified. The family nurse is considered to be a registered nurse who functions within community nursing and who views the family as context to the individual client. Furthermore, the process of community nursing enables systematical, individualized and holistic approach in solving nursing issues relevant to healthy or sick client, and community. In Slovenia the work rate per community nurse is 2500 inhabitants. In Italy nurse is associated with community doctor.

Purpose: The purpose of this research was to analyse what has been published in the two refereed nursing journals, one in Slovenia and one in Italy in the last 20 years.

Methods: Mixed method study (retrospective qualitative and quantitative study) of articles based on community and family nursing published between 1994 and 2013. Articles were coded for the following major criteria: articles in English, Slovenian and Italian language, published between 1994 and 2013, topics of community and family nursing, type of article, methods, bibliography, first and last author, authors home institution as general comments/opinion. Data have been collected through out of grid created for the purpose and filled in by two separate researches for each country.

Results: In total, more than 80 articles published between 1994 and 2013 were retrieved from both the countries. In Italy articles deals mostly on projects and educational presentations on the subjects and with very few articles describing nursing intervention. The majority of the studies in Slovenia used descriptive methods with data collected from surveys and interventions. Moreover, the research shows an increase in the number of publications with an empirical design.

Conclusion: Both countries need to develop appropriate educational programs and participate in policy development.
A Family Education Intervention For Nurses Based On The Calgary Family Nursing Model: Study Protocol

Ana Canga¹, Navidad Canga¹, Olalla Moriones², Begoña Flamarique³, Maite Echeverría³, Cristina Garcia-Vivar¹

¹University of Navarra, Pamplona, Spain, ²University of Navarra Clinic, Pamplona, Spain, ³Osasumbidea-Navarra Health System, Pamplona, Spain

INTRODUCTION: Nurses need to be trained in models with a family systems approach. Therefore, the aim of this research is to design, implement and evaluate an intervention training program based on the Calgary Family Assessment and Intervention Model, aimed at preparing nurse practitioners to work with families caring for a member with chronic illness.

METHODS: A randomized controlled trial will be conducted. Potential participants (registered nurses working in primary healthcare and community settings, mental health, and gerontology in a region of the North of Spain) will be contacted at their work.

RESULTS: The findings will provide a greater knowledge of the effectiveness of the Family Nursing Intervention Program (FNIP) designed in this study.

DISCUSSION: This research will help to support whether family system nursing training helps nurse practitioners to work more efficiently with families caring for a member with chronic illness.

CONCLUSION: If successful, the education intervention could be employed at other health care centers to contribute to the quality of the overall training in the nursing career.
Evaluation of the Swedish Version of the General Functioning Scale

Ami Bylund¹², Eva Benzein¹, Anders Thorell², Kristofer Åhrestedt¹, Carina Persson¹

¹Linnaeus University, Kalmar, Sweden, ²Ersta Hospital, Stockholm, Sweden

Background and purpose: Adapting to a new lifestyle regime after Gastric Bypass surgery may have an impact on family functioning. A review of published studies revealed a shortage of knowledge about family functioning after a family member has undergone Gastric Bypass. To expand knowledge, it is important to use validated instruments. The established self reported General Functioning Scale is based on system theory approach, and not psychometrically tested in a Swedish bariatric setting before. The 12-item summated scale is designed to evaluate perceived overall family functioning. The purpose of this study was to evaluate aspects of reliability and validity of the Swedish version of the General Functioning (S-GF) scale in a bariatric setting.

Method: The S-GF scale was administered on two occasions to 163 persons, who had undergone Gastric Bypass surgery 6–8 weeks previously. Reliability was assessed by internal consistency and temporal stability. Confirmatory Factor analysis hypothesizing a one-factor model assessed construct validity.

Results: Data showed skewed distribution. The S-GF showed good internal consistency (mean inter-item correlation of 0.386, Cronbach’s α = 0.875). Temporal stability was satisfactory (intraclass correlation coefficient 0.833). Preliminary Confirmatory Factor analysis indicated acceptable fit for the data and we detected a problem with the response categories.

Conclusions and Implications: The scale could be a promising tool for assessing family functioning among bariatric patients. The S-GF showed satisfactory reliability, which is consistent with international evidence. Given that, to our knowledge no earlier studies have assessed validity through Confirmatory Factor analysis, this study provides new knowledge. Until we have more evidence regarding one factor model solution in larger and various samples, we recommend use of the existing S-GF. Further evaluations of GF in different international contexts are needed, focusing on various aspects of validity and responsiveness.
Early Detection Of Postpartum Depression: Nurses Tackle The Challenge

Susanne Knüppel Lauener¹,², Wilfried Schnep², Lorenz Imhof¹

¹Zurich University of Applied Sciences, Institute of Nursing, 8400 Winterthur, Switzerland, ²University Witten/Herdecke, Faculty of Health, Institute of Nursing, 58453 Witten, Germany

Background and Purpose: Postpartum Depression (PpD) with prevalence between 10 and 15% is the major mental complication after delivery. PpD impacts women, their children, partners and families negatively. Women tend to hide their symptoms because they feel to have failed to be “a good mother”. Often families and partner misconceive the women depressive mood. Additionally, healthcare professionals often have inadequate knowledge about PpD and miss to screen women for PpD. Therefore, more than 50% of women with PpD remain unrecognized. The aims of the study were to implement a screening process into post-partum nursing visits and to investigate characteristics of women with PpD.

Methods: A descriptive comparative design was used. The screening process was conducted in two steps. If a woman was tested positive with the Patient Health Questionnaire-2, screening was continued with the Edinburgh Postnatal Depression Scale. The analyses comprised of group using t-test or Chi-square between women with and women without symptoms of PpD. The study was approved by the ethics committee.

Results: After nurses’ training between June 2012 and August 2013, women were screened during nursing visits. Among the 635 women a total of 34 women showed symptoms of PpD (5.5%). The probability to detect PpD at a second and subsequent visits was twice as likely as at the first visit (RR=2.24, p=.012). Women who had have a difficult pregnancy and/or delivery had a twofold probability to develop PpD (RR=2.41, p=.040).

Conclusions and Implications: Nurses were able to include the screening into their visit. The probability to detect PpD was higher at subsequent than first visits. It can be assumed that detection of PpD was more successful, if nurses started screening after having developed relationship with the women during the first visit. Therefore nurses should be trained in building relationships and in screening for PpD.
Grief And Coping In The Significant Others Of Homicide Victims

Tanja Virta¹, Marja Kaunonen¹², Anna Liisa Aho¹

¹University Of Tampere, School of Health Sciences, Tampere, Finland, ²Pirkanmaa Hopital Districts, Tampere, Finland

Background and Purpose: On average 106 people die as victims of violence in Finland annually. Approximately 4-6 family members and a varying number of friends and loved ones grieve the loss of each homicide victim. Over half of them do not recover from the homicidal death during 2–10 years but instead suffer from one or several psychological problems. Therefore they need to be acknowledged as the secondary victims of homicide. The purpose of this study is to describe grief and coping in the significant others of homicide victims. The research questions are: What is grief after a homicidal death? and What are the factors promoting and hindering coping after a homicidal death?

Methods: A qualitative descriptive design is used. The data are collected with an online questionnaire that includes open-ended questions regarding grief and coping. In addition, open interviews will be carried out to some of the participants. This study aims to reach adult homicide survivors that had lost a loved one to homicide at least 6 months ago. The data gathering began in November 2014 and will be continuing until winter 2015. Qualitative content analysis will be used.

Results: The data collection is currently underway. The final results of this study will be acquired during spring 2015 and are ready to be presented at the conference.

Conclusions and Implications: Findings of this study will help professionals working with homicide survivors to better understand their grief experience and the factors promoting and hindering their coping after a homicidal death of a loved one.
Ethical dilemmas and forms of assistance in resolving

Silvana Vozila

Private Specialist Clinic Office, Family Medicine, Viskovo, Croatia

Purpose: Ethical dilemmas are present in everyday practice of health-care providers. The purpose of this paper is to assess ethical dilemmas of nurses and physicians working in the primary health care setting, and types of help they perceive as useful for their resolution.

Methods: This is a qualitative and quantitative study. 264 participants were interviewed using an anonymous questionnaire. Nurses: n=167, women 98%, average age=42.1 years. Physicians: n=97, women=79%, average age=44.38 years. For the purpose of this paper, a set of questions was used to identify an ethical dilemma, primary issue presented in the situation, satisfaction with the resolution of the case, and perceived usefulness of help.

Results: Main ethical dilemmas include: justice - nurses 49%, physicians 17%; conflict between parties – nurses 35%, physicians 28%; professionalism- nurses 21%, physicians 37%. Primary issues are: ethical - nurses 39%, physicians 35%; administrative - nurses 30%, physicians 32%; communicational - nurses 26%, physicians 21%. Average satisfaction with the resolution of the case amounts to 5 (5.2). The types of help perceived as useful: obtaining more complete information about the patient – nurses 45%, physicians 54%; access to someone who knows the law, institutional policy, and/or national standards - nurses 34%, physicians 41%. Lack of help: talking through ethical issues with patients – nurses 56%, physicians 57%; access to someone with knowledge, skills and experience in ethics – nurses 54%, physicians 51%.

Conclusions: Ethical dilemmas are present in the everyday primary health care practice of both professions. In this context the ethical motivation and sensitivity of healthcare professionals becomes even more important. This is why the education in nursing ethics becomes of a great importance, offering the opportunity to shift towards the ‘advocacy model’ of nursing. Namely, the final medical decision should be the result of a partner dialogue of all members of the healthcare team.
The critical transition experience of an empty family suffering and mastering the initial diagnosis of lung cancer: A qualitative family study

Chin-Han Su, Li-Chi Chiang

National Defense Medical Center, Taipei, Taiwan

Background:

Lung cancer at advanced stage is the leading cause of death. Regarding cancer-related symptoms and the course of disease, it not only has an impact on patients, but also affects the whole family. It is a challenge to provide family nursing to promote families’ physical, psychological and social well-being.

Methods:

This is a family in empty nest developmental stage that they faced this critical event with limited resources. We cycling questioning interviewed the family as a unit from July 21, 2014 to October 11, 2014, to explore their perceptions and experiences throughout the initial diagnosis stage.

Result:

During the initial diagnosis stage, the whole family experienced the suffering and mastering process. The perception in suffering process include: 1. Family life transition is a non-expected obstacle: “Why is me?”, “Denied and escape”. 2. Families perceived psychophysiological imbalance after diagnosis: “Emotional imbalance”, “Physiological responses”. The experience in mastering process include: 1. Family as a whole positively to face all the challenges: “Be mutual connect together and always accompanied”, “Keep move on with consistent faith”. 2. Family as unabridged with love to protect and support: “Substantial help family members”, “Protecting the disadvantaged family members”.

Conclusions:

Suffering and mastering are the two main themes that families experienced the critical diagnosis of lung cancer. Each family has their weakness and strengths to mobilize the resources during the critical transition stage in the initial diagnosis stage. Health care providers need to enhance the interviewing ability to understand, assessment and caring for each unique family.
The Experience Of Parents With Seizure-free School Age Children And Adolescents Who Discontinue Antiepileptic Drug Treatment

Shan-Shan Yang¹, Tzu-Ying Lee¹, Mei-Fang Liu²

¹School of Nursing, National Taipei University of Nursing and Health Sciences, Taipei, Taiwan, ²Department of Nursing, Taipei Medical University Shuang Ho Hospital, Taipei, Taiwan

Purpose: To explore the experience of parents with seizure-free school-age children who discontinued antiepileptic drug treatment.

Background: Epilepsy is a chronic neurological disease and antiepileptic drugs are the primary mode of treatment. Parents of children with epilepsy will develop a lifestyle that is adapted around medical regimens associated with the condition. It is estimated that 60-70% of people with epilepsy may become seizure-free for at least 2 years and be faced with the decision to withdraw from their antiepileptic drugs. It is unknown how the process of discontinuing antiepileptic drugs affects parents and family life.

Methods: This is the report of a descriptive qualitative study. Thirteen mothers and four fathers of an epileptic child were interviewed. The interviews lasted 60 to 90 minutes, were audiotaped, and later transcribed verbatim. Data were analyzed using content analysis.

Findings: The children’s ages ranged from 9 to 19 years old and the ages of parents ranged from 37 to 54. Five major themes with sub-themes were identified from the parent interviews including: 1) merrily expecting discontinuation of antiepileptic drugs, 2) mixed feelings of worry about sequela and uncertainty of recurrence, 3) reset family rules and expectations for the child, 4) negotiating medication adherence with the child, and 5) dilemma of disclosure about the child’s epilepsy history. Stigma of epilepsy still exists in Taiwanese society. Most parents did not offer detailed information about epilepsy to their child. Parent’s also hesitated to let the school know their child’s illness history.

Conclusions: During the period of antiepileptic drug discontinuation, nurses should assess the concerns of parents and provide them support. The importance of medication adherence and self-care should be emphasized to the child. The decision to disclose the illness to the child and school needs to be discussed with parents.
Taiwanese Mental Health Nurses’ Attitudes Towards The Family Importance In Mental Health Care

Chiu-Yueh Hsiao

Chung Shan Medical University, Taichung, Taiwan

Background and Purpose: It has been recognized that families not only provide care for their relatives with mental illness but also need to be involved as the unit of nursing care. Likewise, traditional nursing practice has primarily emphasized the unique needs of individual patients. Little attention has been paid to family nursing in mental healthcare practice in Asian countries, especially Taiwan. The purpose of this study was to examine the correlates of mental health nurses’ attitudes towards the family importance in Taiwanese mental healthcare practice.

Methods: This was a cross-sectional, descriptive study. A convenience sample of 175 Taiwanese mental health nurses completed structured questionnaires. Data were analyzed using descriptive statistics, Pearson’s product-moment correlation, t-test, and one-way analysis of variance.

Results: Mental health nurses who were experienced, had personal experiences of family members with serious illness in need of care, and worked at outpatient clinics or community psychiatric rehabilitation centers demonstrated positive attitudes towards the importance of family in mental health care.

Conclusions and Implications: Findings may help healthcare professionals identify influencing factors of nurses’ attitudes towards the importance of involving families in mental health care. Special attention needs to focus on the development of family nursing training programs to help nurses deliver the family-oriented approach in working with people suffering from mental illness and their families.
Influencing Factors Of Family Functioning Among Southeast Asian New Immigrant Women in Taiwan

Maio-Ru Jean¹, Chiu-Yueh Hsiao²

¹Chung Shan Medical University, Taichung, Taiwan, ²Chung Shan Medical University, Taichung, Taiwan

Background and Purpose: Along with a globalization, the prevalence of transnational marriage between Taiwan and Southeast Asia has become burgeoning and commoditized. The needs to adjust to an alien culture and to act as a mother may cause female foreign spouses to encounter accumulative demands and therefore experience difficulties in interpersonal relationships with their partners and other family members. Yet, far less is known about family functioning among Southeast Asian new immigrant women. The purpose of this study was to examine the influencing factors of family functioning among Southeast Asian new immigrant women in Taiwan.

Methods: A cross-sectional, descriptive correlation design was used. Data were collected using questionnaires with a convenience sample of 164 Southeast Asian new immigrant women were recruited. Data analysis included t-test, one-way analysis of variance, Pearson product-moment correlation, and a stepwise multiple linear regression.

Results: Husband’s health, education, religion, and health promoting behaviors significantly influenced the degree of family functioning. In particular, health promoting behaviors accounted for the variance in family functioning was statistically significant at 19.1%.

Conclusions and Implications: Information on family functioning and its correlates is of particular importance to develop evidence-based interventions that can improve satisfaction with family functioning for Southeast Asian new immigrant women in Taiwan.
Family-healthcare providers’ partnerships experience for parents of children with Spinal muscular atrophy - the parents’ opinions

Yang Bao-Huan¹², Mu Pei-Fan³⁴

¹Nursing, Chang Gung University Of Science and Technology, Taoyuan, Taiwan, ²Chang Gung Medical Foundation, New Taipei City, Taiwan, ³Institute of Clinical Nursing, National Yang-Ming University, Taipei, Taiwan, ⁴Taiwan Joanna Briggs Collaborating Center, Taipei, Taiwan

Background: Spinal muscular atrophy (SMA) is a genetic disease characterized by progressive muscle weakening and loss. Because respiration muscles are affected by the disease, it can cause premature death. Emergency care progress promotes the length of life for children we serve to prolong health problems causing worsened quality of life. Base on family-centered philosophy, this study wanted to provide the humanistic perspective to healthcare providers through parents’ perspectives.

Purpose: The aim of this study worked to understand the essence of needs of family-healthcare providers’ partnerships experience for parents of children with SMA.

Methods: By using Husserl's phenomenological approach, a total of 10 families having elementary school children with spinal muscular atrophy were interviewed. Verbatim transcriptions of the interviews were analyzed by the Giorgi’s phenomenological approach. After analysis of the interview data of the 10 informants, no new themes had emerged. Lincoln and Guba’s trustworthiness criteria were employed to evaluate methodological rigour.

Results: There are five themes in this study, includes: In the intersubjective context, healthcare professionals perceive and respect the care experience of family; Healthcare institutions should integrate cross-disciplinary resource for ongoing promotion of holistic family care; Medical professionals and families collaboration enables the family return to the social context; Services take place in settings for the natural children and families life; Truth and hope in the treatment, medical and family collaborate to adjust care plan for children.

Conclusion: Healthcare providers should encourage family members to discuss their child's condition related to emotions. Hospital policies need to be considered to provide support, including the promotion of the family resources. The results is hoped as the basis for the researchers further explore the interventions to promote the family-healthcare providers’ partnerships in the future.

Keywords: Spinal muscular atrophy, school-age children, partnerships
Study of Pediatric Trauma Using Trauma Registry Databank of a Medical Center in South Taiwan

Wen-Hui Hsiao¹², Pei-Ling Lee¹², Linag-Chi Kuo¹², Fang-Li Kuo¹², Yu-Shan Huang¹²

¹Kaohsiung Medical University Hospital, Kaohsiung, Taiwan, ²Kaohsiung Medical University, Kaohsiung, Taiwan

Purpose:
According to the research of Food & Drug Administration, in 2013 trauma was ranked No. 2 in terms of accident death rates among children aged 1 to 14 in Taiwan. Pediatric trauma impacts not only on children but also on their family a lot. We used the Trauma Registry Databank of a medical center to investigate the accident site, mechanism, severity and the prognosis of pediatric trauma. Furthermore, we propose preventive measures to decrease trauma accidents, teach children the knowledge and skills to avoid and survive trauma, and to build a safe environment.

Materials and Methods:
We collected data from the trauma registry databank of a medical center in South Taiwan to study patients aged 1 to 14 years old who have sustained trauma and visited emergency department (ED) of the center during May, 2010 and Dec., 2012. Besides demographic data, we analyzed the admission rate, injury severity scores (ISS), the mortality rate and the hospital transfer rate.

Results:
A total of 4,584 patients visited ED during the period. The male patents accounted for 64.94%. The number of patients surged at the both ends of age distribution (1 year old and 14 years old). Most patients visited ED by themselves or accompanied by their family members (84.43%), 11.38% of the patents were sent to the hospital through EMS, and 4.19% were transferred from other hospitals or clinics. About 73.72% of the patients were level 3 in triage, and 13.72% were level 2. In addition, 22.49% of the patients sustained trauma at home while 20.81% on the roads. Most traumas were unintentional injuries (94.92%), and 3.75% of the patients suffered from child abuse. Falls were the most frequent cause of trauma (44.43%), followed by crushing injury (25.37%), and road traffic accidents were ranked the third (16.95%). The admission rate was 7.81%, the average length of hospital stay was 5.7 days, and 6.41% of the patients underwent operations. About 98.04% of the patients had ISS of 1~8, 1.31% had 9~15, and only 0.66% had ISS greater than 16. Overall the mortality rate was 0.04%.

Conclusion:
According to our results, younger children and teenagers were a lot more likely to suffer from trauma; falls and crushing injury were the two major causes of trauma. Strengthening guardians and providing safe environments would prevent injuries effectively.
Family: A Pivotal Person Recognizes Delirium In Cancer Patients

Ying Ying Yu¹², Li-Chi Chiang²
¹KFSYSCC, Taipei, Taiwan, ²MDMC, Taipei, Taiwan

Purpose and Background

Families hold a vital role of caring cancer patients in the illness trajectory, families assume responsibilities and actively partake in the process of decision-makings, providing physical care, offering psychological, emotional or spiritual supports. Delirium is one of most prevalent neuropsychiatric emergency but a reversible life threatening disorder. Caring delirious patient is a stressful experience for both patients and their families. Yet little is known in respect of family caregivers discovery of acutely onset delirium in cancer patients, while the family are already overwhelmed or devastated by agitated, drowsy or delusional symptoms that cancer patients have displayed.

This is a pilot study, the first part of delirium prevention program in cancer care. The primary aim of the study is to explore the incidence of family caregivers identify prodromes of delirious patients at hospital or home setting in Taiwan.

Model

The model of care partner engagement was employed to guide the research question.

Method

A retrospective chart review, ICD 9, and a validated instrument were used to examine the charts of hematology-oncology admissions in a cancer teaching institution. Data was collected based on the diagnosis of delirium.

Results.

100 cancer patients had the diagnosis of delirium. There is 70% family reported patients exhibited “restless, irrelevant speech, insomnia, disoriented, confused, bizarre or aggressive behaviors,” Established diagnoses concurred family earlier findings. Mostly the primary family caregivers were spouse, children, parents, or employed caregivers.

Conclusions

Families or non-professional caregivers are the key person to detect the mental and psychiatric changes that warrant an urgent management. Construct a care partner engagement model including families is essential, and future education for caregiver information intervention for families is crucial.
Effects of the Integral Family Interventions on Physical and Mental Health Among Families with Stroke Patients

OU Yu-Shan¹, Liaw Jen-Jiuan²

¹Zuoying Branch of Kaohsiung Armed Forces General Hospital, Kaohsiung City, Taiwan, ²School of Nursing, National Defense Medical Canter, Taipei City, Taiwan

Background: Stroke is most leading cause of adult disability, and it could affect patient’s daily physiological and mental activities. Long-term treatment of stroke patients, results in family’s overloading and stress, and affects their health.

Objective: This study was to evaluate the effects of the integral family interventions on physical and mental health in stroke patients and their families. The study hypothesis is the groups who received integral family interventions can better improve stroke patients and their families’ physical and mental health than the routine care group.

Methods: This study used pre- and posttest prospective experimental design. Stroke patients and their families were recruited from the neurology ward at a medical center in Taipei, and randomly assigned to the intervention group (50 families) and the control group (50 families). The intervention group received "Integrated family interventions" with four sessions, of the control group received the routine care. All stroke patients and their families tested at the time of admission day, discharge day, and 1month after diagnosed with stroke. The instruments used in this study included National Institute of Health Stroke Scale (NIHSS), Modified Ranking Scale (MRS), Hospital Anxiety and Depression Scale (HADS) and Stroke Impact Scale (SIS) for patients; Chinese Health Questionnaire (CHQ) for families.

Results: As compared with the patients in control group, those in the intervention group significantly decreased the scores of the NIHSS (B= -1.100, p=0.007), MRS (B= -0.52, p ≦0.001), Anxiety (B= -5.08, p ≦0.001), Depression (B= -4.97, p ≦0.001), and increased SIS (B= 9.228, p=0.002). Those families in the intervention group significantly decreased the scores of the Chinese Health Questionnaire (B= -4.011, p ≦0.001).

Conclusion: The integral family interventions improved the stroke patients’ dysfunction, anxiety, depression, and the stroke impact scale, and the health status of the families.
The Effects of a Meaningful Activity Program on Cancer Patients and their Families’ Quality of Life and Family Resilience at the End of Life

Yu-Lun Tasi¹, Jen-Jiuan Liaw²

¹Tri-Service General Hospital, Taipei, Taiwan, ²National Defence Medical Center, Taipei, Taiwan

Background: Death is the last stage of life span. In current society, we often neglect the influences caused by death. Some research indicates that death can affect the quality of life of the patient and his family. It also interferes with the family’s functions. Therefore, it is important to assist the terminal-stage cancer patients to healthily complete their life span, promoting the families’ biopsychosocial and spiritual well-being, enhancing the families’ resilience and family functions in cancer nursing care.

Aim: The study purpose was to investigate the effects of a meaningful activity program on cancer patients and their families’ quality of life and resilience at the end of life.

Methods: This study used prospective repeated-measure quasi-experimental design. There were totally 22 cancer patients and their families at one medical center in Taipei. Based on the participants’ willingness and agreement, we divided them into routine care and intervention groups. The 11 families in the intervention group, who received the two-week meaningful activity program, and another 11 families in the routine care group, who received routine care in the unit. The participants’ quality of life and family’s resilience were measured before (baseline) and after the two-week meaningful activity program.

Results: The results showed that the meaningful activity program exactly improved the cancer patients (p < 0.001) as well as their families’ (p = 0.024) quality of life. In addition, the meaningful activity program also can improve family resilience from the patients’ (p < 0.016) and families’ (p < 0.033) viewpoints.

Conclusion: The meaningful activity program in this study has significant effects on the end-of-life (EOL) cancer patients and their families. The results showed the program is essential for these EOL patients and their families. We suggest that future studies can apply the program into clinical practice. Furthermore, we also suggest adopt long-term follow-ups to evaluate the effects of the meaningful activity interventions on the families’ bereavement.
The nursing experience of promoting a low self-confidence mother with high risk pregnancy to successful transition

Jo Hua LEE, Yi-Ling Yang

Children's hospital of china medical university, Taichung, Taiwan

Objective

The mothers with high risk pregnancy are usually forced to be separated from their newborn babies due to the hospitalization caused by illnesses in both sides, which can jeopardize the establishment of parent-child attachment relationships. The object of the study is to describe the processes of converting the bonding relationships between mothers with congenital heart diseases and their newborn babies. Based on the caring theory, we assist the mothers to develop connection with the babies, show affection for their babies, build up the confidence to take care the babies and simultaneously switch their roles successfully.

Methods

Five postpartum women with congenital heart disease were recruited for the study. In-depth interview was utilized to collect data and analyzed the personal confidence and extent of stress. In an environment free from restriction, the interviewee can talk about the experience of the separation caused by either maternal hospitalization postpartum or the neonatal intensive care and the stress of the establishment of the maternal role as much as possible.

Results

4. This study showed that the high risk pregnancy mothers experienced stronger feelings of attachment towards their newborns than those with normal delivery do.

5. Five themes were identified as the low self-confidence mothers:

   (2) To expect a new life. (2) To worry about the survival. (3) To be anxious about the genetic diseases and complications. (4) To confirm the future development. (5) To be aggressive in participating caring.

6. Using caring theory to help these low self-confidence mothers to successfully transition was described as five processes: (1) to agree with their feelings, offer preparation periods, do not compel them. (2) to provide support and information. (3) to strengthen the connections between family members. (4) to offer opportunities for learning. (5) to build up confidence to feel competence to take care of the baby.

The applications in nursing

The anxiety and uncertainty bring the mothers with high risk pregnancy more difficulties in adaptation. Through the intact integrity caring plans, to reduce the separated period between mothers and babies, provide appropriate resources and build up effective bonding relationships will aid the mothers to alleviate stress and set up the role of being a mother.
Nursing Experience of Assisting Family with Preterm Infants in Breastfeeding

Cheng Yu Hsiu, Liaw Jen Juiu
National Defense Medical Center, Taipei, Taiwan

Background: The incidence of preterm birth in Taiwan accounted for 8-10% of all pregnancies, but they account for 80% of neonatal mortality. Preterm infants are immature in his/her body function, and they need to adjust themselves to adapt to the environments, easily lead to further problems. Families with preterm infants may be uncertain about whether the infant can survive or not. Breastfeeding is the best nutrition sources in preterm infants. Breast milk provides proteins, minerals and vitamins, especially weighing less than 1500 grams of preterm infants. Early breastfeeding is more difficult to maintain maternal milk secretion. It’s important to assist parents with preterm infants in obtaining knowledge and skills of breastfeeding.

Methods: This case report used clinical breastfeeding skills to assist breastfeeding preterm infants at hospital and home. In addition to the care to meet the family’s physiological needs, the author further explored the family’s psychological, social and spiritual needs, and tried to empathy their true feelings, listen to their ideas, and understand their attitudes toward the infants. I took care of a family of the pregnant mothers facing premature birth, from April to May in 2014. Data were collected through direct care, observation, interaction and listening to the family.

Results: The family’s problems were identified as the following: breastfeeding difficulties, anxious parenting roles, altered family functioning process. Continue to track the growing children, no complications occur, weight gain in preterm children, and increasing the amount of consumption of breast milk.

Conclusions: The family took the initiative to share child growth situation and ask some questions. Expectations of continue care by a team of health care, to help the family survive this process preterm children. This article is expected to be used as a reference for nurses offering nursing care of the family with very low birth weight infant.
Developing the Critical Questions for Dialogue and Empowering School-age Children with Asthma Independence

Pei-Wen Ho, Li-Chi Chiang

National Defense Medical Center, Taipei, Taiwan

**Background and purpose:** Asthma is the most common chronic childhood disease may impacts children’s health transition to adult. Lack of appropriate developmental care to promote independence for children in previous interventional study motivated us to design series critical questions in order to establish a partnership with parent children dyad to empower their asthma management.

**Method:** Three transformation stages were found in previous of qualitative study that we interviewed 37 families about their experiences of preparing to transfer the responsibilities on children. A developmental-appropriate care model was designed based on empowerment theory-- through listening, dialogue, reflection and action. We interviewed 17 families in our pilot interventional study of empowering children’s independence. The critical questions for dialogue to provoke, inspire and empower could be establish as the template for future family interviewing in clinical practice.

**Results:** the following critical questions during the three transformation stages could empower children with asthma in school-age independently self-manage asthma.  
a) Stage one--Inner hesitate to take over: “Could you show me the best/worst thing in assessing/preventing/managing asthma condition every day? Which one you consider you could manage your asthma condition by yourself? Which things that you could reminding by yourself, not parents?  
(b)Stage two--Indecision to take responsibilities: Who can command your daily life? Can you start taking the responsibilities of self-management in order to make your parent’s assured? What’s the first thing that you will decide to take over?  
(c) Stage three--Happy vs. Hazard in growing: What’s the best honor/barrier thing while you begin manage your asthma? What’s the goal that you want to achieve in asthma management?

**Conclusion:** Interviewing by the critical questions could be the interventional strategies for stimulate children to reflection. Developmental-appropriate care might to provoke, inspire and empower children to take over their asthma management synchronized with their development and growth.
How Does Family Caregiving Increase Drug Adherence In Tuberculosis Patients:
An Effective Family Nursing Intervention Program

Kit Kulbudee¹, Chintana Wacharasin², Wannee Deoisres²

¹Sawangweerawong Hospital, Ubonrachathani, Thailand, ²Faculty of Nursing, Burapha University, Chon-Buri, Thailand

Background and purpose: Drug adherence is very important to treat tuberculosis. Illness beliefs of patients and their families about treatment and care influence their health practices. Family caregiving is a very significant strategy for potential healing of tuberculosis patients. The purpose of this study was to promote family caregiving and potential healing for tuberculosis patients.

Methods: Three case studies were conducted with families experiencing a family member with tuberculosis. Meetings were conducted in the family home and at Sawangweerawong Hospital, Ubonrachathani province, Thailand. The families and tuberculosis patients received family nursing interventions during four meetings focusing on creating a trusting relationship; discovering realities about family involvement; challenging constraining beliefs and promoting facilitating beliefs about illness and treatments. These families were also commended for their family strengths and confidence and were invited to reflect on the interventions. Content analysis was performed to analyse the data.

Results: The family intervention program increased the level of family caregiving. The constraining beliefs about treatment and care for tuberculosis had been changed. The family and tuberculosis patients were more confident to care for each other. The most important result was the increased adherence of the tuberculosis patients of taking their medication. None of the tuberculosis patients discontinued their medication while in the family intervention program.

Conclusions: Nurses should implement family intervention programs to promote family caregiving, challenge constraining beliefs, strengthen facilitating illness beliefs and family care ability, and promote treatment adherence with tuberculosis patients and their families.
Development Of The Needs of Children Questionnaire

Lisa Whitehead¹, Mandie Foster¹, Linda Shields², Gudren Kristjansdottir³

¹University of Otago, Christchurch, New Zealand, ²University of Otago, Christchurch, New Zealand, ³James Cook University, Townsville, Australia, ⁴University of Iceland, Reykjavik, Iceland

Background: Although family centred care (FCC) and child centered care (CCC) are recommended in the literature as the best philosophy of care provision for families and children, no tool exists that measures the level of importance of needs of hospitalised school aged children. The needs of children questionnaire was developed to measure school aged children’s needs in the hospital setting. This poster presentation will present the qualitative feedback from the children on the development of the questionnaire.

Methods: The questionnaire was developed following a literature review in 2014, review by 33 international, national and local experts and piloting with 18 school aged children in hospital. The 54 item questionnaire has been completed by 59 children to date and thematic analysis completed on the open responses recorded by the researcher in conversation with children during completion of the questionnaire. Results: Thematic analysis of the open ended questions were completed. From 414 findings, two themes; priorities and choices were generated, containing 4 and 5 categories respectively. These data will be presented for the first time in this presentation.

Conclusion: This is the first questionnaire that provides a means to measure the importance children place on different concepts/items in hospital and to date indicates good usability and utility.
Factors Associating with Parenting Among Families With Adolescent Substance Abuse

Waraporn Mungkung, Chintana Wacharasin, Wannee Deoisres

Faculty of Nursing, Burapha University, Muang, Chon-Buri, Thailand

Background and purpose: Parenting is an important factor that has association with substance abuse in adolescents. Understanding the factor related to parenting would help health care providers to enhance parenting ability. The purpose of this correlational research was to examine the relationship between family factors and parenting among adolescents with drug abuse.

Methods: A simple random sampling was used to recruit 124 adolescents with drug abuse in the Banbung Vocational Training Center, Chonburi Province, Thailand. The instruments included demographic data forms and questionnaires about family relations, family functioning, family conflict, and child rearing. The data were analysed using descriptive statistics and Pearson’s product moment correlation.

Results: Parenting had a significantly positive association with family relations (r = .345, p<.01) and family functioning (r = .320, p<.01), but had negative association with family conflict (r = -.336, p<.01). Parenting had a significantly negative association with substance abuse in adolescents (r = -.195, p<.05).

Conclusions: The results indicate that family factors were mildly to moderate associated with parenting. Therefore, nurses should promote parenting among these populations based on understanding the context of the family relationships, family functioning and family conflict.
Factors Influencing Breastfeeding Behaviors of Postpartum Adolescent Mothers in Maharat Nakhonratchasima Hospital

Lakkhana Chainok

Suranaree University of Technology, Nakhon Ratchasima, Thailand

Background and Purpose: Breastfeeding is a major problem in adolescent mothers. There are several factors related to successful in behaviors of breastfeeding such as personal factors, knowledge, attitude and social support. The purpose of the present work was to study the factor predict breastfeeding behaviors of postpartum adolescent mothers.

Methods: The sample of descriptive research was 85 postpartum adolescent mothers in Maharat Nakhonratchasima Hospital. The data was selected by purposive sampling between April to June, 2013. Research instruments consists of 5 parts: demographic data, measure test of knowledge, measure test of attitude, measure test of social support and measure test of breastfeeding behavior of postpartum adolescent mothers. Data were analyzed by using descriptive statistic and stepwise multiple regression analysis.

Results: The results of the present study revealed that social support (B=.464) could explain 30.0 % ($R^2 = 0.350, p< 0.01$) of the variance in breastfeeding behavior of postpartum adolescent mothers.

Conclusions: The results suggest that social support is very importance. The nurses should promote and support in postpartum adolescent mothers by providing assistance and support their families.
Implementing Family-Centered Care For Children With Head Injury In Intensive Care Unit, Bhudda-Sothorn Hospital, Thailand

Chutjean Kinachai¹²

¹Bhudda-Sothorn Hospital, Chachoengsao Province, Thailand, ²Faculty of Nursing, Burapha University, Chon Buri Province, Thailand

Background and Purpose: In Thailand, many children are admitted to intensive care for treatment each year. Many of these admissions are for acute injuries especially head injury. Hospitalization of a child with head injury is extremely stressful for both the injured child and family. The Family-centered care (FCC) has been recognized as one of the important aspect in pediatric care in many hospitals, but implementing in real practice within pediatric intensive care unit is still limited. The purpose of this presentation is to share our practice of FCC in the intensive care unit for children with head injury at Bhudda-Sothorn Hospital, Thailand.

The Model of Practice: Four common components of FCC include respect, collaboration, participation, and information sharing among family members are incorporated in a care model. Before implementation of FCC, intensive care units had restrictive visitation hours and did not allow for sibling visitation or multiple family members. Parents and family members were not encouraged to participate in care. As the shift toward family-centered care, visiting times are relaxing. Parents, siblings, and significant family members are allowed to remain in the room as much as possible. The layouts of the unit was modified to provide quiet and relaxing spaces for families to discuss with nurses. Nurses encouraged parents to express their feelings and concerns. Parents and families are encouraged to participate in care and are included in the decision making process.

Care outcomes: From the implementation of FCC with 3 cases of the head injury children. It was apparent that both the injured children and their parents/family members and the nurses benefited from a FCC model while in the ICU. The parents/family members stress and anger were extremely decreased and the satisfaction of care was rated at high level. Nurses were satisfied in providing care with parents/families.
The Effect of Cancer Prevention and Early Detection Program on Knowledge, Attitudes and Behaviours of Relatives of Patients with Cancer

Ozlem Aydemir, Hasibe Kadioglu

Marmara University, Istanbul, Turkey

Background and Purpose:
The perception of disease sensitivity and severity is higher in relatives of patients with cancer. In this period, the cancer prevention and early detection programs can be more effective. The purpose of this study was to assess the impact of a cancer prevention and early detection program on knowledge, attitudes and behaviours of relatives of patients with cancer.

Methods: This experimental study was conducted with 100 participants (50 controls, 50 experiments) who are first-degree relatives of patients with cancer between August 2013 and February 2014 in an oncology department of Kocaeli-Turkey. Pre and post-test were performed for both group, also programme was performed after Pre–test for experimental group. This program was consist of general cancer information, the hazards of smoking, physical activity, nutrition, weight control, alcohol, protection from sunlight, protection from carcinogens, immunization, early detection tests. Data were collected with a questionnaire that developed by researchers and analysed with McNemar, Marginal Homogeneity, Kolmogorov-Smirnov, chi-square, Wilcoxin and paired t test.

Results: In experimental group, number of people who know cancer risk factors, who know breast self examination, who know screening tests, who want to quit smoking, who take precautions while using mobile phone, who exercise regularly, who reduce dietary fat, who avoid from sunlight, who make a breast self examination, who have a pap smear were significantly higher in post test according to pre-test (p<.01 for all variable). There was no difference in control group.

Conclusions and implications: We recommend the implementation of the cancer prevention and early detection program by family nurses and oncology nurses.
Background and Purpose: Turkey's healthcare system does not include a structured program of home healthcare services. In the last 10 years, some private hospitals, local administrations and state hospitals have been partially providing such services. Families at a higher socioeconomic status meet their needs for homecare nursing services by hiring private nurses. In the complex healthcare system, however, the problems experienced by nurses who provide home healthcare are not known. The aim of this study is to make an assessment of the problems experienced by home healthcare nurses.

Methods: A qualitative descriptive design was used. The study was conducted over the period September 2012-May 2013 with 8 home healthcare nurses working in Istanbul, Turkey. The data was collected using the individual in-depth interview technique. The interviews were held until data saturation. A tape-recorder was used in the collection of data. Qualitative content analysis was employed.

Results: The home healthcare nurses’ data revealed 6 themes: 1) Ethical dilemma; 2) Intervention in patient treatment and care by family members; 3) Families’ expectations of service beyond the scope of nursing; 4) Communication problems between nurse-doctor-patient relative; 5) Verbal orders; 6) Inadequacy of materials

Conclusions and implications: The results of this study have provided some preliminary data on the problems experienced by home healthcare nurses. It is recommended that the problems faced by home healthcare nurses are evaluated in studies that use both qualitative and quantitative research methods and work with wider samples

Key words: home care, ethical dilemma, nursing
In Turkey, nurses working in primary care/family health centers are positioned as family health nurses. The purpose of this article is to reveal the change from past to present of family health nursing practice in Turkey.

In Turkey, health practices during 1961-2003 were built around a social state approach. Health services were mostly publicly financed. Public Health Centers served a population of 5000-10,000 with one practitioner, one public health nurse, two midwives, and support staff. The duties of the nurses were to offer basic mother-child health services to the surrounding population (immunization, family planning, etc.), health education, first aid, and ambulatory services. However, in 2004, the healthcare system underwent changes upon impact of international community and global health reforms. A Healthcare Transformation Program was initiated, resulting in the transition to the Family Physician Model, which is based on a physician and a family health staff serving a population of 3000-4000 at a public health center. The nurse, midwife, healthcare officer and emergency care technicians are recruited on a contractual basis. The roles of family health staff are defined in the regulation as: “Administering medication, wound care, simple laboratory tests, ambulatory and on-site services, child health and family planning services that improve and protect health, assisting family physician in home care services”. However, in the current system, nursing services involve in treatment, routine and technical skills. There is not sufficient time for health promotion and prevention services or home care services.

Consequently, the healthcare transformation program in Turkey lacks a teamwork understanding between various professional groups in offering family health services. Professional titles are disregarded, workload has increased, motivation and job satisfaction has decreased, and service quality has been negatively affected. Regulations that protect personal rights and improve working conditions are needed.

Keywords: Turkey, Family Health Nurse, Primary Care, Healthcare Transformation
Home Environment Conditions and Falling Among the Elderly Population

Nurcan Kolac¹, Saima Erol¹, Ayşe Yıldız²

¹Marmara University, Istanbul, Turkey, ²Biruni University, Istanbul, Turkey

When living spaces fit the physical and functional characteristics of the individual, quality of life improves and risk of falling diminishes. This study aims at examining home environment conditions and falling among the elderly population.

Methodology

The descriptive research was conducted in four Family Health Centers in Istanbul, Turkey. Research population comprised to persons who over the age of 60, volunteers, good mental status, applied to four centers between April-November, 2014 (n=188). Consents from institutions were obtained. Data collection involved interviews using a 53-item questionnaire designed in line with the literature. For data assessment, descriptive statistics (numbers, percentage) and chi-square analysis were used to show the impact of environment on falling.

Findings

Research population of 39.9% was composed to individuals 70-79 years of age group. 64.9% were women, 35.1% men, and 51.6% elementary school graduates. 75.5% used a medicine regularly. The rate of those who fell at least once in the past year was 33%, with 30.6% in the bathroom and toilet, and 27.4% in the garden and surroundings.

Elderly people of 46.3% reported boxes, table, etc. in the corridor, 30.9% night lamp, 18.1% a bedside shelf, 47.9% no telephone, and 8.5% no easy access to clothes/belongings. 17.6% reported no ventilation system in the bathrooms, 10.6% slipping of slippers or shoes, 9.6% tripping over skirt/trousers. A significant difference was observed between all environmental factors and falling (p<0.01).

Result

The living environment conditions of the research population incompatible their physical and functional characteristics. It was concluded that most of the falling is influenced by the unfavorable conditions around the bathroom and toilet.

Keywords: Elderly, home conditions, falling
Tools For Teen Moms: An Intervention To Reduce Infant Obesity

Mildred Horodynski, Kami Silk, Alice Hoffman, Mackenzie Robson

Michigan State University, East Lansing, MI, USA

Purpose and Background: Rapid weight gain during infancy is one of the strongest risk factors for obesity later in childhood. Unhealthy mother-infant feeding practices contribute to rapid and/or excessive infant weight gain. Lower-income, adolescent, first-time mothers are less likely to engage in infant-centered feeding (ICF), characterized by maternal responsiveness, healthy feeding styles, and healthy feeding practices. The purpose of this study is to test a new social media intervention (Tools 4 Teen Moms [T4TM]) and to determine the preliminary efficacy and the feasibility, acceptability, and satisfaction of T4TM. This poster presents data on website usage, as a means of acceptability and satisfaction with the social media intervention.

Methods: A parent-infant interaction model, self-determination theory, and goal setting theory guided the study. A two-group randomized control trial is being implemented with a sample of 100 low-income, first-time adolescent mothers with infants (0 to 6 months of age) to obtain evidence for efficacy, feasibility, acceptability, and satisfaction related to T4TM. Tools for Teen Moms includes cell phone text messages, infant feeding website, and Facebook, and consists of 6 weeks of daily challenges. Data are collected at three time points (baseline, when the infant is 10-12 weeks old, and six months old), using self-report and anthropometric measures. Challenge feasibility data analysis consists of the number and percent of participants who completed all the challenges. Results of the satisfaction survey will be summarized and evaluated. Open-ended questions will be transcribed.

Results: Preliminary results indicate adolescent mothers are participating in the intervention at various levels including completing the challenges and viewing extra resources available on the website.

Conclusions and Implications: This study is in progress. Preliminary evidence supports use of text messaging and daily challenges to engage adolescent mothers in healthy infant feeding practices. Nursing can augment education with skill application via social media.
Family Acceptance Of Alternative Measurements Of Body Composition In Children With Spina Bifida

Michele Polfuss1,2, Pippa Simpson3, Stacy Stolzman4, Victoria Moerchen1, Susan Hovis2, Liyun Zhang3, Kathleen Sawin1,2

1University of Wisconsin - Milwaukee, Milwaukee, WI, USA, 2Children’s Hospital of Wisconsin, Milwaukee, WI, USA, 3Medical College of Wisconsin, Milwaukee, WI, USA, 4Marquette University, Milwaukee, WI, USA

Background: The prevalence of obesity in the spina bifida (SB) population is higher than in the general population, with rates as high as 64% in adolescents. However, the difficulties in obtaining an accurate measurement of height and/or body composition (BC) [measurement of fat mass and fat free mass] in children with SB complicate the accuracy of obesity statistics. Inaccurate BC measurement is a barrier to clinicians successfully working with families on achieving a healthy weight status in their child.

Purpose: To assess the family acceptance and feasibility of obtaining and comparing various methods of height and BC measurements in children with SB.

Methods: A prospective cross-sectional feasibility study of fifteen children (7M/8F) with SB (4-18 years old) were recruited from a Midwest Children’s Hospital. Sample underwent four height measurements (arm span, wall-mounted stadiometer, segmental and recumbent length) and five BC measurements: (Body Mass Index; BodPod®, DEXA; Bioelectrical Impedance Analysis; and skinfold). Data collectors, parents, and study participants evaluated procedures. The four heights, as paired with the BC measurements, were compared to the criterion DEXA measurement. Bland-Altman plots and concordance correlation coefficients were used to evaluate the agreement between the DEXA body fat% and alternate study measures. Descriptive statistics measured the data collector, parent, and study participant’s acceptance and perception of study feasibility.

Results: Procedures were successfully completed in 14 of 15 children. Skinfolds and segmental length had the midlevel ranking of comfort and the remainder of the tests had high acceptability, ease and comfort. While no measures substituted for the DEXA scan, preliminary findings suggest that an algorithm may estimate BC in this high-risk population. Currently, arm span used within BodPod® measurements provided the closest agreement with the DEXA scan.

Conclusion: Study protocol was feasible and provided necessary information, including recommended modifications, for successful implementation of the planned subsequent study.
Developing an IFNA Position Statement on Generalist Competencies for Family Nursing Practice: From Process to Product

Kathryn Hoehn Anderson¹, France Dupuis², Cristina Garcia-Vivar³, Norma Krumwiede⁴, Li-Chi Chiang⁵, Janice M. Bell⁶, Michiko Moriyama⁷, Francine de Montigny⁸, Maria do Céu Barbieri-Figueiredo⁹, Christina Nyirati¹⁰

¹Georgia Southern University, Statesboro, Georgia, USA, ²Université de Montréal, Montréal, Canada, ³University of Navarra, Pamplona, Spain, ⁴Mankato State University, Mankato, Minnesota, USA, ⁵National Defense Medical Center, Taipei, Taiwan, ⁶University of Calgary, Calgary, Canada, ⁷Hiroshima University, Hiroshima, Japan, ⁸Université du Québec, Outaouais, Canada, ⁹Escola Superior de Enfermagem do Porto, Porto, Portugal, ¹⁰Heritage University, Toppenish, Washington, USA

Background/Purpose: Family nursing theory and practice has evolved over the past four decades, is taught in many nursing programs, and continues to grow in value worldwide. The purpose of the International Family Nursing Association Standing Committee on Family Nursing Practice (IFNAPC) is to identify best practice knowledge and family nursing models used internationally and further family nursing practice across the world. It is important to develop a common language and to establish core competencies for professional identity; very few position statements about family nursing competencies exist. The purpose of this poster is to describe the development of the IFNA Position Statement on Generalist Competencies for Family Nursing Practice. Methods: Ten family nursing scholars from 6 countries (Canada, Japan, Portugal, Spain, Taiwan, USA) constituted the membership IFNAPC. Monthly online meetings were held in 2013-2014 with the primary goal of developing generalist competencies for family nursing practice. An iterative process unfolded that involved reflection on and discussion about family nursing science, existing practice models, theory, and terminology as well as debate about the identification of core competencies and sub-components. Individual contributions by each member of the IFNAPC were offered and themes were developed and refined during the online discussion. Two members synthesized all of the information and prepared a final draft that was approved by the committee. The IFNA Education Committee was invited to review the final draft before presentation to the IFNA Board of Directors for approval. Feedback from IFNA members was invited. Results and Conclusion: The IFNA Position Statement on Generalist Competencies for Family Nursing Practice is based on five core competencies and related sub-competencies. It provides a foundational framework to guide international generalist nursing practice when caring for families. In addition, this position statement can be used to guide curriculum development in undergraduate nursing education, program evaluation, and research.
The Relationship Between Behavioral Issues of Children with Down Syndrome (DS) and Family Adaptation

Anna Lee, Marcia Van Riper

The University of North Carolina School of Nursing, Chapel Hill, NC, USA

Background & Purpose: Families of children with DS who exhibit negative behaviors tend to experience more problems with adaptation than families of children with DS who behave in a positive manner. Currently, there is a need for a comprehensive review of existing research on the relationship between behavior of a child with DS and family adaptation. This study was to conduct a systematic review of existing research examining the relationship between behaviors of children with DS and family adaptation. Methods: A search was performed for studies published between January 2004 and January 2014 using electronic databases (PubMed and CINAHL) with key words (Behavior, Down syndrome, and family). Inclusion criteria were a focus on behaviors of children with DS under 13 year olds and adaptation of their families. Results: 19 studies of the 210 studies met the inclusion criteria. 13 studies dealt with negative behaviors while 6 studies addressed positive behaviors. Adaptation can be divided into three levels: individual, dyad, and family. Main themes discussed in the individual level studies (N=13) were the strong correlation between children's problem behaviors and maternal stress, mediators, the unique pattern and trajectory of behavior and maternal adaptation. In the dyad level, three different studies looked at the interactions between child and father, child and mother, and child and sibling. The studies of family level adaptation revealed similar adaptation features as observed in the individual level. Limitations were noted including over dependence on mothers’ responses and scarcity of family level adaptation study. Conclusion: The main finding is that behaviors of children with DS and family adaptation affect each other. Also, unique patterns of behavior and adaptation should be noted, which necessitates the development of sensitive family interventions targeting this population. Future studies are warranted to compensate for methodological challenges pointed out in this review.
P281

The Current State of Family Measures: An Update

Kathleen J Sawin\textsuperscript{1,2}

\textsuperscript{1}University of Wisconsin-Milwaukee, Milwaukee, Wi, USA, \textsuperscript{2}Children's Hospital of Wisconsin, Milwaukee, Wi, USA

Background: In order to investigate contemporary family issues, interdisciplinary family investigators need valid and reliability family measures that capture important family variables.

Purpose: The purpose of this poster is to synthesize the validity and reliability data on specific "well established," "moderately well-established" and "emerging" family measures of interest to nurse investigators.

Method: A synthesis of the literature was patterned on the previous summary (Measures of Family Functioning for Research and Practice, Sawin and Harrigan, 1994). A synthesis of the literature from the last 15 years was conducted and summary tables were created for the Family McMaster Family Assessment Device; Feetham Family Functioning Scale; Family Environment Scale; Family APGAR; Family Dynamics Measure; Family Hardiness Index; Family Adaptability (Flexibility) and Cohesion Scales (FACES IV); Family Management Measure; and the Global Family Quality of life Scale.

Results: Summary tables were created for each of the measures. These tables included details on the psychometrics, the major findings, strengths and limitations of the measures and ways to access the measure.

Conclusion: Several well-established measures have remained in heavy use and validity and reliability of others was limited. Measures of Family Quality of Life are emerging and need further investigation.
Investigation of Sleep Pattern of Middle School Students

Aysel TOPAN¹, Duygu GÖZEN²

¹Bülent Ecevit University, Health School, Dept. of Nursing, Zonguldak, Turkey, ²Istanbul University, Florence Nightingale Nursing Faculty, Dept. of Nursing, Istanbul, Turkey

Background and Purpose: Sleep is not only a time out of the daily lifetime, but also is a period when the body refreshes itself, and is a physiological requirement of healthy and longtime life. Sleep pattern has an essential place among the interventions of health promotion for the school-age children. The research has been held for the purpose of assessing the sleep behavior of students in middle school.

Methods: The universe of research (N=5287) is the students in 35 public schools during 2011-2012 education year in Zonguldak city center, Turkey. The number of sample group has been defined as minimum 358, by the formula used when the universe is known whereas the frequency is not known. Two schools which are most heterogenic were selected by the method of cluster sampling for the estimation of number of sample group. The forms i) Personel Information and Sleep Pattern Form and ii) Sleep Pattern Scale were used for data collection.

Results: Of all the 388 students in sampling group, 52.1% is male, %47.9 is female, 86.1% has no sleep problem, 35.6% reads book 30 minutes before sleeping, 35.3% watches tv, 47.4% sleeps at 10 pm on the working days, 34% sleeps at 11 pm on the weekends. The average of scale score was estimated as 120.42±11.05 (70-140).

Statistically significant difference among the average scale scores with respect to the gender, age and activities before sleeping (p<0.05).

Conclusion and Implications: The research show us that the students are not aware of importance and necessity of sleep pattern. Since the pediatric nurses has an important effect thanks to their role on education and advisory of health promotion, it is recommended that they must plan and apply the novel education programs which promotes the sleep pattern.
Assessment of Family Health Promotion for Family Having a Child with DMD & SMA

Jih-Yuan Chen¹, Ming-Hong Yen², Hong-Sen Chen², Yea-Ying Liu², Shu-Hui Hu², Meng-Chi Liu², Yin-Hui Lin²

¹Kaohsiung Medical University, Kaohsiung, Taiwan, ROC, Taiwan, ²Kaohsiung Medical University Hospital, Kaohsiung, Taiwan, ROC, Taiwan

Background and Purpose: The purposes of the study were to: 1). investigate the differences between different diseases types and among the patients themselves, the fathers, the mothers, and the siblings in family health needs, health potential capacities, family health life patterns, and family health status. 2). analyze the predictive factors influence family health needs, health potential capacities, family health life patterns, and family health status.

Methods: This is a cross sectional correlation research. Participants (113, mean age: 42.68 years) completed self-report questionnaires, which was conducted in Taiwan muscular dystrophy association in families with DMD (42/55) and SMA (44/58). Measurements (tools) included assessment of health needs (health risk, nutrition needs), health promotion life pattern, family health potential capacities (family hardiness, family support), and family health status (family assessment device- general function, and duke health). All measurement are reliable with higher internal consistent.

Results: The results of the study presented that there were no differences among family members and between different disease types at family health needs, health potential capacities, family health life patterns, and family health. Family structure was the predictive factor of family hardiness. The predictive factors of family support were power propose, geographic distribution, and gender. The predictive factors of family life pattern were education and power proposes. The predictive factors of Duke Health profile were TV watching time and education. The predictive factors of general family function were power proposes, family monthly income, family hardiness, and family support. The indirectly influence on general family function from monthly income and power to propose to family hardiness and family support that get the good fit model.

Conclusions and Implications: Note power proposes and monthly income when arrange education in muscular dystrophy family group that family members can directly provide suggestion/ideas to support or get resource to promote family life pattern.
The perception process of family member for ventilator-dependent patients

hsiao-hui hung

Chi Mei Medical Center, Liouying, Tainan, Taiwan

Purpose

The purpose of this study is to understand the suffering of the families of loved suffering face - face the ventilator-dependent duration of perception process.

Patients and methods

A phenomenological research design was adopted, and purposive sampling was used to recruit eight family members. Data were collected using a semi-structured retrospective interview and analyzed.

Results

The results showed that when faced with a patient from the end tracheal tube insert to the family members of the ventilator-dependent process, the family members is bearing physical & emotional labor, including (1) face of loved family suffering the torment: cognitive to severity of disease, labor and toil with mind and body, and to bear the role responsibility (2) provoking choice conflict: trust authority, to conflict for subsistence medical choices.

Conclusion

Through this research, you can understand the mental processes of family members who face the ventilator-dependent patient is placed after the end tracheal tube and unable to extubation, By the families members experiences to understand the family matter happened at the time, Including family members feelings in the face the patient's Physiological Changes of, and with family interactive experiences discuss course of the disease, and can provide timely advice and respite support to assist the family members of effective adaptation and acceptance of disease progression, and hope the results of this study can be used as background knowledge and research in the future related research foundation.

Keywords: ventilator dependent, life-sustaining medical treatment, choice, phenomenology
A family has health tasks which need to be understood and undertaken in line with health care function. One of health problems that a family often experiences is injury. The use of herbal ingredients such as banana tree sap is one of the phenomena of wound care in Banyuwangi Regency. This research purposes to obtain the value and the meaning of family health task implementation in wound care by using complementary therapies at Gitik public health center area of Banyuwangi Regency. The research used qualitative method, with descriptive phenomenological study design. The sampling technique used exponential discriminative snowball with the number of participants as many as 7 people. The study is identifying 12 themes: disease concept, causes, consequences, knowledge, materials, preparation, implementation, evaluation, attitude or life vision, preventive actions, healthcare facilities and other facilities. The research results indicated that families are able to carry out the family health tasks in wound care by using complementary therapies. This research are expected to be the bases for developing wound care techniques by use of materials from complementary therapy.

**Keywords**: family health tasks, wound care, complementary therapies.
PETS-D (Parent Education Through Simulation-Diabetes): Parents’ Perspectives Learning Diabetes Management with HPS

Susan Sullivan-Bolyai

NYU College of Nursing, New York, New York, USA

Background & Purpose: Parents who have a child newly diagnosed with type 1 diabetes must quickly learn daily diabetes management. Human patient simulation (HPS) has been used to teach nursing students for almost two decades. No reports could be found that reported using this technology to teach parents. A randomized controlled trial was conducted using HPS to enhance the teaching of survival skills to parents with children newly diagnosed with Type 1 Diabetes. Post intervention interviews were conducted. Therefore the purpose of this abstract is to present qualitative findings of the parents’ perspective of the use of HPS as part of parent education.

Methods: A qualitative descriptive design was used with open-ended in-depth interviews of mothers and fathers (N=49) post intervention. Qualitative directed content analysis was used.

Results: The majority of parents were positive about the opportunity to learn with the manikin vs. their child as a ‘guinea pig’. Although a few parents said the HPS was ‘hokey’ and several said initially ‘creepy’ they reported the visual and hands-on learning opportunity was very beneficial. It was realistic, especially seeing a seizure and how to treat it. Parents reported although seeing a seizure increased their fear they would have panicked more if they had not had that learning experience. There were several reports of mechanical problems and having a difficult time actually seeing the tremors on the HPS. Several parents reported it helped build their diabetes management confidence. Recommendations included teaching others with the HPS (grandparents, siblings, babysitters and school nurses).

Conclusions and Implications: Overall, parents provided a balanced perspective of the enhancement of diabetes education with HPS. Parents’ recommendations on timing and use of the HPS will be incorporated into future research studies.
Developing Nursing Knowledge Using the Delphi Method

Nicole R. Smith, Lorraine Holtslander, Jill M.G. Bally

University of Saskatchewan, College of Nursing, Saskatoon, Saskatchewan, Canada

Background: When developing an intervention to enhance family care, nurse researchers consider the needs of the families they wish to serve. Trying to determine interventional priorities for families can be overwhelming and time-consuming. Researchers may use the Delphi method by accessing judgment of a group of experts from the targeted population to establish priorities that are feasible and effective (Grove, Burns, & Gray, 2013). The Delphi can be easily adapted to the type of research being conducted and by using email, it allows researchers to conduct high quality research in a short amount of time (Waltz, Strickland, & Lenz, 2010).

Purpose: To describe the Delphi Method as an appropriate research tool for developing nursing knowledge related to family care.

Methods: Using the example of a recently completed Delphi, the process and methodology of the Delphi method will be described. A three round Delphi study was conducted to determine priorities for developing an appropriate psychosocial intervention for parental caregivers. Strengths and weaknesses of the method will be explored along with the value of delineating priorities within a chosen research area.

Results: In the example presented, over 60 participants from across the globe participated in the research study with the only cost being time to organize and analyze the results for each round. Numerous suggestions were made by experts and as a group, needs were prioritized according to achievability and usefulness. Participants reported enjoying the process and found the flexibility encouraged their participation in more than one round. Results gained from the study were validated by the participants and provided significant insight into the target population’s needs.

Conclusions and Implications: Nurse researchers can use the Delphi Method to provide a strong research-based foundation for their exploratory and interventional research that will be applicable to, and feasible for family nursing care.
Spirituality, Religiosity, And Family Hardiness In Parents Raising A Child With A Disability

Brittni Carr¹, Susanne Roper², Barbara Mandleco², Donna Freeborn², Tina Dyches²

¹Cox Medical Center South, Springfield, Missouri, USA, ²Brigham Young University, Provo, Utah, USA

Background and Purpose: Spirituality and public and private religiosity may provide support for families raising children with disabilities (CWD) and family hardiness is linked to coping and satisfaction with family functioning in these families. However, there is little information on how these variables are linked and if they differ according to parent gender and disability type. Therefore the purpose of this study was to determine if spirituality, public and private religiosity, and family hardiness are related and differ according to parent gender and disability type in parents CWD.

Methods: 223 parents raising children with autism (n=63), Down syndrome (DS) (n=43), other disabilities (OD) including orthopedic impairment, intellectual disabilities, emotional or physical disabilities (n=51), multiple disabilities (MD) including both physical and intellectual disabilities (n=32) or typically developing children (TDC) (n = 34) independently completed the 6 item spirituality scale, a 13 item public and private religiosity scale, and the 20 item Family Hardiness Index. Analysis included descriptive statistics, ANOVA, correlations, and regressions.

Results: Mothers’ spirituality and public and private religiosity were higher than fathers’; differences were also noted according to disability type. Parents’ spirituality and public and private religiosity were positively correlated with family hardiness. In multiple regressions after controlling for family income, parent education, total number of children in the family, the age of the CWD, and parent caregiver burden (to indicate the level of stress the parent experienced), mothers’ and fathers’ spirituality and public and private religiosity predicted family hardiness.

Conclusions and Implications: Since differences occurred in spirituality and religiosity according to parent gender and disability and these same variables predicted family hardiness after adding control variables, it is important to provide assistance related to spirituality and religiosity according to parent gender and disability type and offer information to these parents about seeking comfort and strength from religious and spiritual sources in order to strengthen family hardiness.
Utilization and Impact of Spousal Presence in Management of Parturient Pain in Tertiary Hospitals in Nigeria

Abigail Emelonye¹, Professor Katri Vehviläinen-Julkunen¹,², Taina Pitkäaho³
¹University of Eastern Finland, Kuopio, Finland, ²kuopio University Hospital, Kuopio, Finland

Purpose and Background

Non-pharmacological pain management interventions such as massage and breathing exercises have been adopted for parturient pain relief especially in developing countries such as Nigeria, where pharmacological interventions are rarely utilized. While parturient presence is a recognized non-pharmacological pain relief intervention in most developed countries, it is unclear the extent to which it has been utilized, and its impact on parturient pain management in a resource-challenged country like Nigeria. As a fresh contribution to knowledge, this study will examine the utilization, as well as the impact of spousal presence in parturient pain management in Nigeria.

Method

A descriptive quantitative study was conducted in the maternity units of four tertiary hospitals in the Federal Capital Territory Abuja, Nigeria from June to July 2014. Data was collected from three groups of participants selected through convenience sampling using structured questionnaires. The first questionnaire is Abuja Instrument for Midwives (AIM) n= 100 midwives. The second is Abuja Instrument for Parturient Pain (AIPP) n=150 parturient and finally Abuja Instrument for Parturient Spouses (AIPS) n=150 parturient spouses. The data will be analysed statistically using SPSS 19 software.

Results

Work is in progress, the results will be made available by the end of February 2015.

Conclusion and Implications

The study will provide country specific insight on the utilization of spousal presence and its positive impact in the management of parturient pain. Based on the findings of this study, spousal presence is expected to be introduced as a non-pharmacological pain management intervention in Nigeria and other developing countries promoting family centred nursing care practices.
Improving Expertise Nurse Related Patient AND Family Education

André Fringer, Claudia Baldegger, Nina Kolbe, Andrea Brenner

FHS St.Gallen; University of Applied Science, St.Gallen, Switzerland

Background and Purpose

Against the backdrop of social change and diminishing resources in the health care system, it is important to create synergies in the areas of research, teaching, further education and services. To meet these demands, the University of Applied Sciences has founded expert teams. Intra- and interdisciplinary networking allows a resource-saving way of developing and deepening expertise. The expert team “Patient and Family Education” primarily focuses on the interface between formal and informal care. The intention is to present an extended concept of patient and family education.

Methods

Based on an integrative review, the terms „person-centeredness“, „patient-centeredness“, „patient education“ and „family education / family-centeredness“ were analysed and critically assessed. Recommendations for interdisciplinary work were derived.

Results

The results indicate that the mentioned terms are not clearly defined in the literature and are used inconsistently. The following theses could be derived from the theoretical discourse:

A situation-specific patient or family focus is necessary to provide effective health care. There are situations in which the family is in the centre of the nursing situation. In other situations the patient is primarily involved and the family only secondarily. Despite conceptual plurality, the patient’s personal values, his experience and the personal meaning of his illness are at the centre of nursing practice.

With regard to the economic conditions, the shortage of supply and the changing spectre of diseases, patient and relative education are a central part of the modern, future-oriented health care system.

Conclusions

For further work in multiprofessional expert teams it is recommended to use the term „patient and relative education“ as subsuming a wide range of various approaches. It is still necessary to ensure consistent definitions for research in the context of patient and relative education in the sense of concept analysis.
Experience of Sleep of Pregnant Women

Ching-Yu Cheng¹, Yu-Hua Chou², Shwu-Ru Liou¹

¹Chang Gung University of Science and Technology, Putz, Chiayi, Taiwan, ²National Taiwan University, Taipei, Taiwan

High percentage of pregnant women, especially women in late pregnancy, experience greater disturbed sleep such as more awakenings, longer awakening time, and lower sleep efficiency. While poorer sleep was found to relate to longer labor duration and cesarean delivery, scarce research focused on prenatal sleep quality. This qualitative study aimed to explore sleep experience of pregnant women. Thirty women who were pregnant over 20 weeks and experienced poor sleep quality were interviewed. Their mean age and gestational age were 32.80 and 27.72 respectively. Most informants were employed, primiparous, and married. Data were analyzed using thematic content analysis. Two nursing faculties bracketed the informants’ own words to meaning units in words, phrases, or sentences. Constant comparative procedure was used until an achievement of consistence. Three themes were emerged: problematic sleep, exploring factors, and coping with the problems. Major sleep problems mentioned including inadequate sleep and sleep interruption. Mothers mentioned "unable to fall asleep after waking up unexpectedly," “felt not having enough sleep even though slept for a long time," and "had light sleep." Although understand that pregnancy may interfere sleep, women explored factors influencing their sleep. Factors were categorized into person and work. Body changes, worry about fetal health and development, and taking care of other children caused sleep problems. Some mentioned husband as the reason. For employed women, busy work schedule disturbed sleep. To cope with sleep problems, women developed strategies such as "adjusted pace of life," re-arranged schedule, "not go to bed until tired and sleepy," "decrease fluid intake before sleep," "avoid positions that take efforts," "use supportive devices to support the growing abdomen." and used sleep aids. The results of the study help healthcare professionals to plan strategies to improve prenatal sleep, which enhance not only pregnant women’s quality of life but also fetal and family health.
Stress, depression, and anxiety influence not only pregnant women's health but also their fetus and family’s. Patterns of these negative emotions during pregnancy and postpartum need to be investigated. This longitudinal study aimed to explore patterns of and relationships between stress, depressive symptoms, and anxiety from pregnancy to postpartum. One-hundred-fifty-seven Chinese pregnant women (mean age of 31.46) were recruited. Most participants were employed, married, and primiparas. The 10-item Perceived Stress Scale, State-Trait Anxiety Inventory, and Center for Epidemiologic Studies Depression were used. Data were collected when women were pregnant around 24 weeks (T1), 32 weeks (T2), in labor (T3), and 1 month postpartum (T4). Descriptive statistics, ANOVA, correlation, generalized estimating equation were applied to analyze data. Participants did not experience high level of stress and depressive symptoms; however, had medium high level of anxiety. At T1, T2, T3, and T4, 25.5%, 28.8%, 32.3%, and 33.7% of participants had high potential of being depressed respectively. Those who had lower educational level or were living with in-laws had higher level of stress and depressive symptoms. Participants who were unemployed, living with in-laws and unhappy about the pregnancy, and had lower educational level had higher level of anxiety. Level of stress increased at T2 and T3 but decreased after childbirth. Levels of depressive symptoms increased in later pregnancy and postpartum. State anxiety increased at T3 but trait anxiety remained stable. Stress, depressive symptoms, state anxiety, and trait anxiety at all data collection time periods were inter-correlated with large effect sizes. Managements of negative emotions need to be implemented start from early pregnancy and be evaluated until postpartum, especially for women with lower educational level, living with in-laws, or unhappy about pregnancy. Special attention need to be on depression that influences health largely and anxiety that remains high level throughout pregnancy and postpartum.
Purpose and Background Women's health-promoting behavior and health literacy are especially important because they influence not only woman's personal health, but also the health of her family members in her role as the wives, mothers, and caregivers. Thus, the main purpose of this presentation is to understand the related factors of health literacy and health-promoting behavior among three ethnic groups of women in Taiwan.

Methods The research design was a pre-experimental method with pre and posttest. Only pretest data were analyzed. Convenience and snowball sampling methods were used to recruit females' participants. Four instruments were used including the Demographic Inventory, Adults' Health-Promoting Behavior scale, Taiwan Females Health Literacy questionnaire, Self-learning scale, and Self-efficacy scales. These quantitative data were analyzed with descriptive statistics, Pearson and Spearman correlation.

Results A total of 229 female participants participated in the study. Mean age of the participants was 38.69. Most of the participants were married, employed, had a family income between 30,000 and 50,000 NTD, and thought the most helpful health information resources were TV/radios. Participants perceived themselves high level of self-learning ability, median level of self-efficacy and health promotion behaviors, and median high level of health literacy. Women who were married and unemployed reported statistically higher scores on health promotion behaviors compared to the counterparts. Vietnamese women in health-promoting behaviors and self-learning scored significantly higher than the Taiwanese and Aboriginal women. However, Vietnamese women self-efficacy scores were lower than the Taiwanese and Aboriginal women. All participants' variables were inter-correlated ($\alpha=.24-.52$).

Conclusions The information from this data can further our understanding on factors related to health literacy and health promotion behavior in diverse ethnic women. This knowledge can be used in family nursing relevant programs to assist specific-ethnic women to increase their health literacy and health promotion behavior.

(NSC 102-2511-S-255 -001, CMRPF190062, NMRPF3A0131, NMRPF3B0081, NMRPF3C0141).
Effect Of Characteristics, Functionality And Routines In Family Health With Type 2 Diabetes

Beatriz García-Solano1, Esther C. Gallegos-Cabriales2, Maricarmen Moreno-Tochihuitl1, Arelia Morales-Nieto1, Elizabeth Domínguez-González1, Mauro García-Solano3

1Benemérita Universidad Autónoma de Puebla, Facultad de Enfermería, Puebla, Pue, Mexico, 2Universidad Autónoma de Nuevo León, Monterrey, NL, Mexico, 3Benemérita Universidad Autónoma de Puebla, Facultad de Estomatología, Puebla, Pue, Mexico

Background and Purpose: Type 2 diabetes (T2D) is the second leading cause of death in Mexico, whom attribute the 28.71% of the total deaths. The characteristics, functionality and routines, are involved in sustaining the care of those living with diabetes. People need their families to successfully manage the treatment because the disease care is complex and goes beyond glycemic control. The aim was to determine the effect of the characteristics, functionality and routines on family health in T2D.

Methods: The Family Health Model Denham (2003), was selected as a theoretical basis, we hypothesize that family health reflects a process of social construction whose inputs come from the context, structure and family function.

The design was descriptive, explanatory, cross-sectional, 222 subjects comprised the convenience sample. Three instruments and a questionnaire were applied.

Results: The average age of participants was 43 years (SD=6.2) and 11.5 years (SD=3.1) of education; 58.1% (n=129) were women. In family health perception (M=75.42, SD=6.72), functionality (76.08, SD=9.32) and routines (M=69.14, SD=3.13), were the higher average values. Pearson correlations (r) found the functionality is strongly related routines (r=.625, p<.001) and family health (r=.776, p<.001). Also, best routines involve better family health (r=.454, p<.001) in T2D. An univariate general linear model was fitted, this was significant (F(1,152)=88.02, p<.001), explaining 63.7% of the variance in family health (R² adj=.637) for the functionality.

Conclusions: The findings provide insight into family health and how this is affected by the features, functionality and routines, also based empirically the need to incorporate family interventions for the management of T2D into the clinical practice.
Purpose and background: The aim of the study was to understand the health experiences of low-income fathers and the factors influencing the health experience and to develop nursing care in order to provide support for them. Previous findings have shown that men die younger and more often of cardiac events, stroke, cancer and diabetes and that they often engage in unhealthier behaviors and also seek care later than women. Analyses of men’s health behaviors and health beliefs have shown that men interpret and express their health experiences differently, through male socialization, and also act differently in health-related issues than women. The purpose of this study was to describe the everyday experiences of health and well-being among Finnish low-income fathers with children under 16.

Methods: The approach was phenomenological and method was based on hermeneutical and descriptive phenomenology. The informants in this study were seven low-income Finnish fathers with children under 16 years old. Data was analysed by inductive analysis method based on descriptive and hermeneutic phenomenology.

Results: Well-being of the fathers appeared as personal, realistic and bound to everyday life: income sufficient for meeting basic needs, everyday health, the pleasure and privilege of life and the meaningfulness of the relationships in family and in community. Fathers used individual methods for maintaining the experience of well-being and they experienced the support from official sources as positive or negative.

Conclusions: The findings of this study suggest that well-being of low-income fathers living under threat of marginalization will be supported by care providers taking into account individual, social and economic factors, and that this support will have to be gender-sensitive, realistic and based on their everyday life.
Perinatal Areas of Vulnerability, Needs and Benefits for Families of a Nonprofit Home-Visiting Program.

Francine deMontigny1,4, Genevieve Roch2, Marie-Hélène Deshaies2, Louise Hamelin-Brabant2, Ginette Mbourou Azizah2, Roxanne Borgès Da Silva2, Yvan Comeau2,5

1Université du Québec en Outaouais, Gatineau, Quebec, Canada, 2Université Laval, Québec, Quebec, Canada, 3Université de Montréal, Montréal, Québec, Canada, 4Center of Research and Study in Family Intervention, Gatineau, Quebec, Canada, 5Chaire de recherche Marcelle Mallet sur la culture philanthropique, Québec, Quebec, Canada

Perinatal resource centres (PRC) in Quebec are nonprofit organizations that provide a home-visiting postnatal support program called “relevailles,” which consists in offering family assistance through listening, encouraging, providing information, and helping with day-to-day organization. **Objective.** To describe conditions of vulnerability that apply to families calling upon relevailles services, the needs that drive them to use such services, and the impact the services have on families, to help strengthen perinatal support services. **Framework.** Our theoretical analytical framework is adapted from the vulnerability nursing conceptual model applied to perinatal practices by Lessick et al. (1992) and from the work of Rogers (1997). **Methods.** One of the three parts of this collaborative study, which relies on the application of mixed methods, is a qualitative descriptive examination of the effects of relevailles services on user families. Three group interviews and 17 semi-structured interviews were conducted with parents served by relevailles (N = 28) at three PRCs. Content analysis was performed using QDA Miner. **Results.** Describing the effects of the relevailles program on user families led to three main observations; 1) families express biological, psychological, and social areas of vulnerability, but not cognitive areas of vulnerability. 2) the needs driving users to call on relevailles services mainly fall under the component categories of restorative (sleep), instrumental (assistance with chores/baby), and self-management (time for oneself). 3) the effects of relevailles services are more widespread than the expressed areas of vulnerability or the needs driving recourse to relevailles. **Conclusions.** The results reveal the specific effects of the relevailles program on families, while identifying conditions of vulnerability that nurses are called upon to address.