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Instrumental support in family crises

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INSTRUMENTAL SUPPORT IN FAMILY CRISES

by

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STATEMENT BY AUTHOR

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ABSTRACT

This qualitative study explores instrumental aid as social support in family crises. Focus group interviews were conducted with six groups of women to explore their thoughts and feelings about giving and receiving instrumental aid. Women gave many examples of instrumental aid, stating it was important, but only helpful if it met a recognized need. Mutual definition of need appears to be negotiated informally within group or family memberships, as well as more formally using society's manners and customs. Individual and community resources were mentioned frequently. Affirmation of one's perceptions of an event also contributes to definition of a need. Social support is an interactive process; several women gave examples of a "state of shock" following a death and other circumstances that left a person unable to acknowledge aid.

CHAPTER 1

INTRODUCTION

Social support is the raison d'etre of civilization. It permeates the structure and function of community life. Petroglyphs depict how early hunters banded together to accomplish their work. The Old Testament contains many descriptions of how individuals in a family or a community supported one another both in normal daily life and in crises. Social support seems to be a basic process in human life.

The focus of this study is social support as it occurs in the context of family and individual crises. Social support as defined by Kahn (1979) consists of interpersonal transactions that include expression of positive feelings of one person toward another, endorsement of another person's behaviors or ideas, or the giving of symbolic or material aid to another. A crisis is "an emotionally significant event or radical change of status in a person's life" (Webster's, 1988, p. 307). A crisis is one type of situation which may require effective social support for a positive solution. Aguilera (1982), for example, proposes that adequate situational support, realistic perception of the event, and adequate coping mechanisms are three

essential factors in restoring balance in reaction to a stressful event.

In health care research, social support is often examined in the context of the crisis of illness. The growth of research interest in social support has historical grounding in Cassel's view about the potential for disease prevention through social support. Cassel, an epidemiologist, posits that an effective, low cost strategy to protect people from negative health outcomes is to identify families at risk for illness by virtue of inadequate social support, and to prevent disease by somehow strengthening their social supports (Cassel, 1976). As evidence of this idea, Nuckolls, Cassel, and Kaplan (1972), in a study of 170 army wives, found that women who experience a high degree of life change with little social support were much more likely to subsequently develop complications in their pregnancies than women who had a high degree of life change but perceived more social support. Similarly a larger study of a random sample of 6,928 adults (Berkman & Syme, 1979) found that over a nine-year period those people with fewer social and community ties were more likely to die than those with more ties. These studies suggest that social support may somehow prevent or ameliorate the effects of health crises.

A great deal of social support research has focused on what Thoits (1982, p. 147) calls "socioemotional aid e.g. affection, sympathy and understanding, acceptance, and esteem from significant others" rather than on the actual provision of more tangible material aid, referred to in this study as instrumental aid. Two reasons likely explain this focus. First, an early interest in social support was taken by researchers in the community mental health field (e.g., Caplan, 1974; Cobb, 1976) who understandably emphasized the psychological aspects of support. Second, this focus might be attributable to the masculine value system in social science research. As Hubbard, Henifin and Fried point out, scientific research, like other human endeavors, "reflects the outlook and interests of its producers," and these science-producers are "mostly economically and socially privileged, university-educated Caucasians (sic), and predominantly male" (1982, p. 2). When women and members of less affluent or non-Anglo cultural groups gain access to higher education and then research funding, they may be coerced into accepting others' values and aims; those who control educational policy set standards, determine what constitutes excellence, and decree which content is valuable (Melamed & Devine, 1988). Providing most kinds of instrumental aid has traditionally been women's work.

Women have provided physical care for the young, the sick, and the elderly, and have performed the cooking, cleaning, and other functions basic to maintaining both their own families and other's families in times of need. Modern housewives who perform these tasks have been accorded lowest status. A male dominated culture expediently minimizes the importance of their work, and insists that anyone could perform these tasks as well or better with very little training; thus this work is unworthy of adequate monetary compensation or research.

Such an attitude, that anyone could perform and understand these tasks, could lead to use of erroneous assumptions in place of research-supported facts about instrumental aid in social support research. Not only goals, but research methodologies and instruments are products of an investigator's interests and outlook. Fried, in a discussion of the prejudice inherent in language, describes two commonly ignored problems in scientific study: "To what extent are the properties we perceive in what we study more accurately attributed to the properties of our own perception?" (1982, p.49). Questionnaires and other tools constructed entirely from a scientist's own perceptions of instrumental aid may yield grossly inaccurate information about instrumental aid in a population. Belenky, Clinchy, Goldberger, and Tarule

(1986) have worked towards a description of women's learning processes by listening, attempting to free their research from masculine biased theory, methodology, and criteria for what constitutes "truth." They find that "much . . . came to us as fresh knowledge . . . we realized that this knowledge was not new but had been, for us, underground, unarticulated, intuited or ignored" (pp. 19-20). Important clues to the process of social support, and how it positively affects health, may be hidden in the under-investigated field of instrumental aid.

Significance

Two ways to gauge the significance of instrumental aid to the American community are its emergence as a political issue and its monetary cost. As women have moved from the home into the job market in increasing numbers, general recognition of the value and importance of basic family maintenance tasks has slowly followed. Childcare is one such instrumental task for which women are usually held most responsible. It is estimated that in 1987, 56.7 percent of mothers with children less than 6 years old and 72 percent of mothers with children ages 6 to 17 years in the U.S. were employed (U.S. Bureau of the Census, 1987, p. 61). While the problem of inadequate child care has been allowed to grow to a point of national crisis, it has finally gained political

recognition as an issue (albeit a "women's issue). Hopefully this recognition will prove to be the first step in a fruitful change process.

Monetary value may be the clearest indication of worth in a capitalist state. Unfortunately the exact amount of money spent for instrumental aid may be incalculable. There are, however, some figures available which can be used to indirectly estimate the magnitude of resources spent on instrumental aid. These include dollars contributed to social welfare and human services (much of which involves instrumental aid), volunteer hours contributed (again, a proportion of this involves instrumental aid), and reports of numbers of individuals receiving aid. The figures do not reflect less formal aid offered by one family member, friend, or neighbor to another.

In 1955 8.6 percent of the gross national product (GNP) of the U.S. was spent on social welfare expenditures under public programs. By 1985 social welfare expenditures increased to an estimated 18.5 percent of the GNP, or $729,117,000,000 (Information Please,1988, p.72). Also in 1985, non-profit foundations awarded grants totaling $418,000,000 to direct service agencies and corporations donated $494,100,000 to health and human services (U.S. Bureau of the Census, 1987, p. 360). In

1988 the United Way, dedicated to supporting community services, raised $2,780,000,000 (United Way of America, 1989). Also in 1988 the American Cancer Society budgeted $44,756,000 for patient services, that are programs to provide information, home care supplies, transportation, counseling and rehabilitation services to patients and their families (American Cancer Society, 1989, pp. 17-18).

Without attaching dollar values, a 1985 survey found that 48 percent of adults in the U.S. had done volunteer work in the previous year (U.S. Bureau of the Census, 1987, p. 359). This statistic does not detail what was accomplished with the volunteer work, but if even a small portion involved instrumental aid this would represent a large amount of donated labor. The 1984 Catholic Charities report states "over 5 million persons were assisted through a variety of services including counseling, homemaker services, emergency financial and material assistance and shelter," but again no dollar figure is available.

Additionally, non-profit hospitals are recognizing for-profit opportunities in home assistance (at a potential monetary cost for the recipients of such assistance). A 1985 survey in Hospital reports "Home care is the fastest-growing hospital non-inpatient service today . . . . The trend there seems to be to start with

basic home care, and then move into complementary services, such as housekeeping, phone referrals, and private-duty nursing services" (p. 56). This recognition of profit-potential in instrumental aid (housekeeping and presumable personal care assistance in "basic home care") by a major industry is an affirmation of the value of instrumental aid.

Nurses often find themselves in a position to give instrumental aid, and to coordinate supportive roles for families facing a health crisis. Through the nursing process, data are collected, needs assessed, and supportive strategies planned and initiated. Nurses provide direct care for immediate physical needs and affirm a patient in his or her family and community roles by recognizing him or her as a person. Nurses listen to families, help them define their needs, and provide information about and access to agencies and persons who will help them find temporary housing, financial assistance, and other aid or information. Nurses provide information about wellness, disease, treatment, and physical care. Nurses also work towards changing public policy to more successfully support families. For nurses, accurate perceptions of the process of social support are essential for effective caring. To gain these perceptions, further exploratory research is needed to

serve as the basis for grounding interventions in patients' and families' realities.

Statement of Purpose

The purpose of this study is to explore instrumental aid, a component of social support, in the context of family crisis. As it has been perceived to be primarily "women's work," women will be assumed to be the experts and groups of women will be interviewed to answer two general research questions.

1. From the perspectives of women, how is social support defined?
2. From women's perspectives, is instrumental aid supportive at the time of a family crisis?

Summary

Social support is a basic process in human life. Adequate soical support within a crisis context may lower risk of disease. Research has emphasized emotional support, rather than instrumental aid, as the most important component of social support. This study will explore, in a qualitative fashion, women's perceptions of instrumental aid, as a primary form of social support within the context of family crisis.

CHAPTER 2

REVIEW OF LITERATURE

"Old wine in a new bottle" is how House (1985) describes the concept of social support. This process of people helping others is as old as civilization, and is crossculturally omnipresent. In the past 20 years many social scientists have attempted to describe, define, measure and manipulate social support, with mixed results. In that time, a consensual definition or description of social support has not been reached. Researchers disagree on whether or not instrumental aid is a part of the social support process. Even so, much of the research reported in the literature focuses on instrumentation and manipulation - of a still nebulously conceived process. This literature review focuses on instrumental aid, in both theoretical and operational definitions of social support, and as it is part of controversies associated with studies of social support. Research, the importance of social support to crisis resolution, and changes in the social support networks of women are also discussed. A conceptual orientation is presented.

Definitions

Definitions of social support derived by various researchers have many similarities, but also important differences from one another. Caplan (1974) describes social support as a helping process. By his definition, significant others help the individual to mobilize his or her own psychological resources to master emotional burdens; they share his or her tasks and supply required money, material, tools and skills; and give advice to improve the individual's handling of a situation.

Cobb (1976) defines social support as information that leads an individual to believe that s/he is cared for and loved (emotional support), esteemed and valued (esteem support), and/or belongs to a network of communication and mutual obligation. He repeatedly states that goods and services (instrumental aid components) are not social support, although information about their availability is.

Kaplan, Cassell, and Gore (1977) define social support in systems theory terminology, as input provided by an individual or group that moves the recipient of such input towards goals s/he desires. Thoits (1982) defines social support as gratification of social needs through interaction with others. Social needs include needs for affection, esteem or approval, belonging, identity, and security. She states that the needs can be met with

either "socioemotional aid (e.g., affection, sympathy and understanding, acceptance, and esteem from significant others) or the provision of instrumental aid (e.g., advice, information, help with family or work responsibilities, and financial aid)" (Thoits, 1982, p. 147).

Kahn (1979) defines social support as interpersonal transactions that include expression of positive feelings of one person toward another, endorsement of another person's behaviors of ideas, or the giving of symbolic or material aid to another. More succinctly put, the types of social support identified by Kahn are affect, affirmation, and aid. He adds that he hesitates to include aid because of its all-inclusive nature, and feels that aid must be more narrowly defined by further research.

The above theoretical definitions are a diverse group. Social support is defined as a helping process (Caplan, 1974), information (Cobb, 1976), input (Kaplan et al., 1977), needs gratification (Thoits, 1982), and interpersonal transactions (Kahn, 1979). "Input" is too general a definition for comment. The others have in common a component of positive emotional feeling. Cobb denies that actual material help is social support. The others include instrumental aid as part of social support, Kahn with the interesting suggestion that the material aid may actually be symbolic in nature. Esteem or endorsement

is another commonality, although Caplan does not mention this explicitly.

Operationalized definitions form another class of definitions of social support. Some measurement instruments are based on the identified theoretical definitions. Hughes (1984), for example, has designed an instrument to measure support for breastfeeding mothers based on both the definitions of Cobb (1976) and House (1981). She measures emotional, instrumental, and informational help as indicators of social support. The Norbeck Social Support Questionnaire (Norbeck, Lindsey, & Carrieri, 1981) is based on Kahn's (1979) definitions plus definitions from network theory. It uses measurements of affect, affirmation, and aid in addition to size, stability and availabiltiy of an individual's network of significant others to index social support.

Other operational definitions of social support arise from measurement of discrete variables rather than from operationalization of some larger construct. That is, investigation shows some readily measureable social variable such as a particular marital status or number of significant others is associated with a positive health outcome. It is therefore assumed that since the discrete variable is associated with the outcome that social support should also be associated with the positive health outcome.

Consequently discrete variables such as marital status or number of significant others are sometimes used as indicators of social support. Use of such variables may be easy and convenient. However it may lead just as easily and conveniently to mistakes, as when in the past, skin color and gender were used as indicators of intelligence and other abilities.

Other social support research defines support with more algebraically complex measurements, using diagrams to map an individual and his/her contacts to illustrate his/her social network. Wellman (1981) defines a social network as nodes (people) connected by ties (relations of emotional support). A diagram of one's social network is then supposed to represent a blueprint of an individual and his/her community. Use of this operational definition in research involves measuring the structure of networks (reachability, kinship, density, and size) as will as properties more related to function (directedness, reciprocity, intensity, and frequency of contact), and how these network characteristics correlate with adequacy of social support.

Wilcox (1981) found size and density of the network to be indicators of adjustment after divorce. Hirsch (1981) found that low density, multidimensional networks are most helpful in coping with widowhood and returning to

school. Cronenwett (1985) found that overlap with the spouse's network and a large proportion of relatives in the network were associated with positive postpartum outcomes for men. While network theory facilitates moderately complex mathematical analysis by computer, it perhaps oversimplifies the universe of all human individuals and their myriad of different relationships when it reduces people to one dimensional dots and (with obvious phallic symbolism) all relationships to little pointed arrows.

Controversies

Controversies associated with the study of social support include which view of an instance of social support is more valid, supportive versus nonsupportive elements, the mechanism by which social support works, and the importance of instrumental aid. Powers (1988) criticizes the overemphasis of quantifiable elements of the support network, suggesting that individuals' perceptions of the nature and degree of supportiveness are also important. The controversy here lies in who knows best, that is, which is the most important or "real," which is the perceived and which is the actual view of social support: a subjective appraisal by an individual of his or her own network, or a more "objective"

evaluation by an outside researcher or clinician who counts and otherwise measures items on a diagram.

A second controversy is whether or not relationships must always be supportive and reciprocal to be considered part of an individual's support network. Kahn (1979) expresses interest in exploring the non-reciprocal nature of social support which often occurs with the very young and very old. Tilden and Gaylen (1987) state that social support must always be reciprocal, and refer to the owing of support to another as "the darker side of social support" (p. 9). In a society based on capitalist values, cost is an important variable in many decisions. A perception of incurred cost and "owing" might create a barrier, explaining some individuals' reluctance to ask for or accept help. On the other hand, "cost" might increase the perceived value of social support and its degree of desirability for some. Other "dark sides" could be that "disability may increase in the presence of overprotective treatment by significant others" (Arseneault, 1986, p. 204). Also, as DiMatteo and Hays (1981, pp. 140-141), in the context of medical care, point out, "if the treatment prescribed for the patient goes against the values, beliefs, and usual patterns of conduct of the family, they may subvert the treatment regimen or cause it to be ignored." As evidence of this, Norbeck and

Anderson (1989) found support from friends and drug use positively related for some women in late pregnancy.

A further controversy in the mechanisms by which social support works is whether it causes an indirect or direct effect. Some researchers (Dean & Lin, 1977) believe social support has a buffering function, and moderates the impact of stressful life events, thereby indirectly affecting health. This indirect effect could be due to increased host resistance or decreased vulnerability to disease, or to some other factor. Others (Baillie, Norbeck, & Barnes, 1988) believe it exhibits a direct effect, that is, social support itself is necessary to good health.

Research

Research has emphasized affective/emotional/ psychological support rather than instrumental aid, also referred to as tangible or material aid. Schaefer, Coyne, and Lazarus (1981) found tangible aid to have a significant inverse correlation with depression and negative morale. Lenz, Parks, Jenkins, and Jarrett (1986) found the amount of instrumental support to be positively correlated with the incidence of postpartum illness, however they failed to distinguish which came first, the illness or the supportive acts. Woods, Yates, and Primono (1989) propose

that instrumental aid is the most efficacious type of support for some problems, such as weakness caused by disease, whereas emotional support might be more important in defending a threat to self-concept. Rationally derived lists of tasks have been used to assess instrumental aid, and may provide useful points to explore in the present study. Green (1986) explored changes in responsibility within families of women diagnosed with breast cancer, and offeres a particularly broad list of tasks. Her list of 18 household/family activities includes shopping, meal preparation, housework, household repairs, child care, vehicle maintenance and repair, financial input and financial management.

Importance

In health care research, social support has often been examined in light of a crisis of illness. In general terms, a crisis is "an emotionally significant event or radical change of status in a person's life" (Webster's, 1988, p. 307). Social support may be called upon to resolve a crisis or to prevent a crisis from increasing in severity. Hendricks (1985), writing about crisis intervention and the criminal justice system, describes comfort, assistance, understanding and support that was once offered by family members as now often replaced by services of the state.

Aguilera and Messick (1982), also describing crisis intervention, recognize 3 "balancing factors" which can prevent a stressful event from developing into a more serious crisis: realistic perception of the event, adequate situational support, and adequate coping mechanisms. These 3 factors are similar to elements of social support as defined above. Affirmation of one's thoughts and feelings contribute to a realistic perception of an event, instrumental aid from an appropriate network contributes to adequate situational support, and an understanding of how to claim and use aid may be part of adequate coping mechanisms.

Hoff (1984, p. 46) defines a crisis as "an acute emotional upset affecting one's ability to cope emotionally, cognitively, or behaviorally, and to solve problems by usual devices." She typifies crises as situational, transitional state (developmental), or arising from cultural values and the social structure. In this study, social support is examined in light of a family crisis, a more holistic approach than viewing social support in response to a medically defined disease entity.

A feminist view states that women's access and claim to support may change with adoption of modern Western values; Duley and Sinclair (1986) discuss how women's

lives have been changed by "modernization." With urbanization and frequent relocations made to favor a husband's earning potential, women have been separated from their traditional kinship networks. Distance may prevent access to traditional sources of child care and other help, and also may prevent women from offering services such as care for elders. Women's value and therefore their claim to aid may also be decreased by changes imposed by modern Western culture. Women's participation in production of goods may decrease when traditional products are replaced by cheaper manufactured versions. They may be unable to work in modern industry because of health hazards and shift demands incompatible with bearing and raising children. Sanctions for a lower birthrate decrease women's value as childbearers, and deprive them of that traditional source of worth and security. If women do enter the paid workforce, they take on a new role. Woods (1987) finds that the hours women work at home are relatively unaffected by employment; however as Killien and Brown (1987, p. 171) propose, "the resources available through working, marriage, and parenthood . . . may offset the demands of multiple roles."

Conceptual Orientation

This study explores instrumental aid, a component of social support, in the context of family crisis. The conceptual orientation used is pictured in Figure 1.

Family crisis is defined as an emotionally significant event challenging a family's ability to cope and to solve problems by usual devices. Instrumental aid is defined as interpersonal assistance in meeting needs of material goods, specific knowledge, or task accomplishment. This includes both direct assistance and information about how to obtain assistance elsewhere. Women's recognition of family need refers to acknowledgement by women of a discrepancy between what a family has and what it requires. Aid sought means a need for goods, knowledge, or assistance with tasks that is communicated to others. Aid proffered refers to goods, knowledge, or services offered to meet a recognized need. Instrumental aid accepted is defined as instrumental aid willingly received.

Woods, Yates, and Primono (1989) present findings stating that women have more extensive and varied networks than do men, women report providing and receiving more support than men, and other gender differences in perceived social support exist. Rossi (1977) argues that the difference between men and women in social roles is partially rooted in biological factors. Whether or not

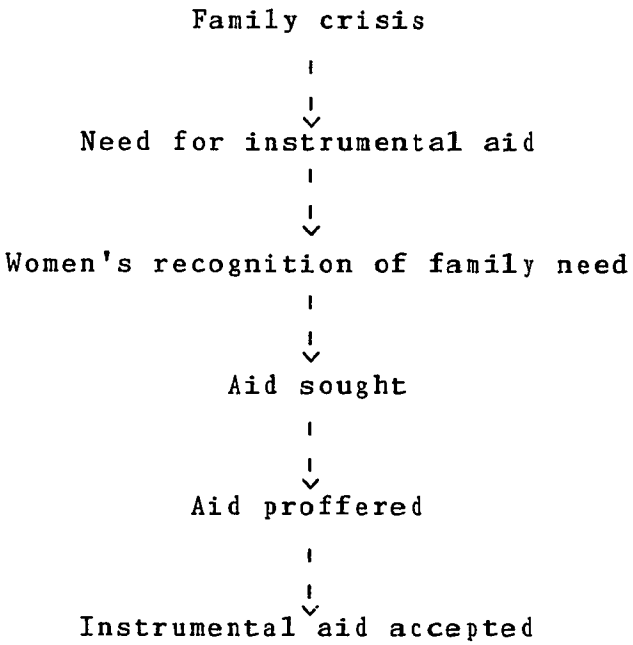

Figure 1. Conceptual orientation

this is true, age and sex are seen as important dividing lines by our society. In this study, the assumption is made that women possess more experience and expert knowledge of instrumental aid in family crises than do men. Women participating in the study were encouraged to use their own definitions of what constituted a family crisis, because it was their own perception of what was a crisis and the response to it that was considered to be most valid.

Summary

The literature demonstrates controversies about definitions, measurements, and mechanisms of action of social support and instrumental aid. Social support may be important to resolution of a family crisis. Women's access and claim to instrumental aid has changed. It is important to explore social support in the current perspectives of women who seek and offer it for families.

CHAPTER 3

METHODOLOGY

Social support has been studied and described in many different ways. The approach taken here is a simple one, and the focus is on the most concrete social support, instrumental aid.

Type of Study

In this study instrumental aid elements of social support are described using a qualitative approach. As defined by Leininger (1985, p. 5), "the qualitative type of research refers to the methods and techniques of observing, documenting, analyzing and interpreting attributes, patterns, characteristics, and meanings of specific, contextual or gestaltic features of phenomena under study." Most social support research reported in the literature has been conducted using quantitative techniques. Unfortunately, because there is no precise, well agreed upon definition, social support has become an imprecise, controversial variable. The problem is compounded when components of the uncertainly defined concept are operationalized, without a foundation in inductive investigation. Rationally derived

representations of instrumental or emotional aid, based on an individual researcher's personal experience or observation rather than on methodical qualitative research, push the variable "social support" a second step away from reality. Some researchers attempt to improve their predicament by offering rigorous sounding definitions of social support. While this is a logical step within the framework of good quantitative method, it creates two problems. First, these carefully worded independent definitions may be inaccurate, and lead the most meticulously conducted quantitative research to statistically significant but meaningless results. Second, use of multiple definitions of social support weaken the psychometric advantages of quantitative methods. It is difficult to develop reliable tools without repeated studies using the same definitions and conditions, and impossible to test the tools without opportunity for replication.

Because the concept social support and its socioemotional and tangible components are not yet thoroughly described or well defined, it can be argued that quantitative investigation in this area may be premature. Munhall and Oiler (1986, p. 48) posit "congruence between philosophical framework and research approaches is understood to be a necessary condition for

scholarly achievement in nursing." Towards a better description of social support and instrumental aid, this study explored the concept through the experts - women in the community - using semi-structured focus group interviews. This informal, qualitative approach permitted "the subjects (to) guide you into their world, the world that you, the researcher, need to enter and examine" (Chenitz, 1986, pp. 81-82).

Data Collection Technique

The focus group interview is a method of collecting qualitative data suitable for exploratory, clinical, or phenomenological studies. "Focus" refers to the topic of inquiry. "Group," defined by Goldman (1962) in a discussion of the focus group interview (which he calls a group depth interview), is "a number of interacting individuals having a community of interests" (p. 61). "Interview" in this context is a group discussion lasting usually 1 to 2 hours, led by a moderator who directs questions to the group only as necessary to keep them expressing ideas about the research focus. In this study, focus group interviews were used to explore women's ideas and feelings about instrumental social support helpful to their families at a time of crisis.

An outgrowth of group theory, rooted in Freudian-type group psychotherapy, the focus group interview has the advantages of group dynamics while retaining the in-depth exploratory features of an individual interview. A major advantage is that group members often reveal more in a relaxed atmosphere where they are not pressured to answer every question, than in a one to one interview. Once group members hear how others share their concerns, sensitive topics might be discussed openly (also, group members may introduce sensitive or conflict provoking topics that could be too alienating if broached directly by the interviewer). At the same time, group pressure may encourage individuals to provide truthful answers. Group members also may stimulate each other and the moderator to discover previously unexplored concepts or ideas.

Discussions of disadvantages of focus group interviews (Bellenger, Bernhardt, & Goldstucker, 1976; Biel, 1978; Yoell, 1974) center on its misuse. Because groups are selected to be fairly homogeneous rather than representative of some larger population, results cannot be (but sometimes are) directly generalized to the larger population. In the interests of lower costs, too few groups may be used to thoroughly explore a topic, and appropriate analysis (including transcriptions of tapes) may be deleted. Because each group yields <u>one</u> data set,

interviews involving 3 groups of 5 respondents each would contain only 2 degrees of freedom (not 14), further limiting the use of statistics. Focus group interviewing is a fecund exploratory technique, useful for searching a particular area in depth. However to draw conclusions involving a larger population, the results of the initial exploratory study must be incorporated into a properly designed and utilized survey or other tool and used appropriately in follow-up research. Its use without this critical follow-up step has earned focus group interviewing an undeserved reputation as "quick and dirty."

Although much used since World War II in marketing research (Greenburg, Goldstucker, and Bellenger, 1977, showed it to be used by 81% of consumer goods companies), the focus group interview has been used little by health care researchers. Uses of focus group interviews in health education reviewed by Basch (1987) include: developing and pretesting public health messages about hypertension, cancer prevention, nutrition in developing countries, contraception in Mexico, and family planning in Indonesia; developing programs for teenagers about smoking, traffic safety, and contraception; and developing and marketing hospital services. Uses of focus group interviews in marketing which might have parallel uses in health care include: testing new product ideas, gaining a better knowledge of

brand images, reducing the distance between the customer who produces research information and the client who uses it, questionnaire construction, hypothesis generation, post survey analysis, "fleshing out" other research, and exploring opinions, attitudes, and attributes (Axelrod, 1975; Bellenger et al., 1976; Fern, 1982; Goldman & McDonald, 1987; Wells, 1974).

The size of a focus group is usually 6 to 12, although more or fewer respondents may be used. Yoell (1974) states that 5 members are best, and that often too large a group is used. Too few members may diminish the opportunity for group processes to occur, and the discussion may yield too narrow a range of responses to be efficient. Too many participants can diminish an individual's chance to speak out, leading to frustration, fragmentation of the group, distractions, and again decreased opportunity for group process. An impartial moderator, preferably skilled in working with groups, guides the group with an outline of potential questions. This outline may be kept in full view of the group to reinforce the sense that there is a focus and a purpose to the discussion. It is important, however, to be flexible and follow up on serendipitous findings. "Sometimes the best moderator is the one who knows when it's time to shut up and listen" (Zemke & Kramlinger, 1982, p. 88).

The physical setting of the focus group interview should be chosen to put respondents at ease, and for the same reason group members should be fairly homogeneous. Interviews are usually tape recorded and transcribed for analysis; significant points may also be written down during the interview. Chenitz (1986) suggests: "Note taking is congruent with the research role. Visibly taking notes can reassure informants that the researcher is gathering data and reveal the kind of data the researcher is interested in" (p. 84).

Data Collection Procedure

This study focuses on instrumental support in family crisis. Six focus group interviews were conducted. Purposive samples of women were recruited from a community church, nursing staff at a community hospital, and aquaintanceships. Women were perceived as experts on instrumental aid for families, therefore criteria for selection were that subjects must be females with families. For informed consent and ease of communication it was additionally required that all subjects be able to fluently read, speak and understand English. Subjects' ages ranged from early 20s to 70s; all subjects were white. Group size ranged from 3 to 7. Solicitation of participants by posted sign-up sheets met with little

success; personal contact was the most successful. At the church involved in three of the interview groups, initial contact was made with the minister who supplied names of six women who might be willing to participate. Participants in the first group encouraged their friends to join in later interviews. In all groups, members had prior aquaintanceship with each other. In each group, a comfortable setting was chosen for the interview by a group member. Duration of interviews ranged from 25 minutes to 73 minutes.

At the beginning of each group interview, participants read copies of a consent form (Appendix A). Besides informing subjects of their rights, this statement gave initial guidance to the discussion, presenting the topic of instrumental aid in a family crisis. The moderator in all six group discussions was the investigator. An interview guide provided some initial questions to stimulate discussion, and was referred to as needed. Additional verbal prompts were also used as seemed appropriate to guide discussions and to further group development. The interview guide and examples of other prompts used are presented in Appendix B. As the conversations progressed, group members often prompted and encouraged each other. Interviews were audiotaped, then transcribed verbatim. Transcripts were carefully and

repeatedly analyzed for themes giving information about instrumental aid and how it is obtained.

Data Analysis

Transcriptions of interviews were subjected to content analysis. Berelson (1952, p. 18) defines content analysis as: "a research technique for the objective, systematic and quantitative description of the manifest content of communication." In the field of communication research, counting bits of data to reach a quantitative result is often an important aim. In this study however, quantification would be misleading. Because the groups were assembled without any attempt to make them representative of a larger population, any number, however accurately it indicated frequency or strength of response within the group, would still be meaningless when compared with that larger population. The goal here was to extract all information that was verbally expressed relevant to the domain of instrumental support from the respondents, and then, through content analysis, to distill these verbal expressions into a number of concepts amenable to future survey formation or other consideration. The purpose of data analysis is to condense raw data into a more succinct form, as the first step in assigning meaning

to the data set. Therefore the function of content analysis here was grouping, not counting.

A broader definition of content analysis that was used in this study was offered by Krippendorff (1980, p. 21): "Content analysis is a research technique for making replicable and valid inferences from data to their context." The design of this study purports to describe the phenomenon of instrumental social support within the context of family crisis as viewed by groups of women. Group interviews were audio-recorded. Transcriptions of the tapes constituted the universe of content to be analyzed.

Transcriptions were cut into small segments. Each segment represented a theme. Kerlinger (1986, p. 480) states: "A theme is often a sentence, a proposition about something . . . it is an important and useful unit because it is ordinarily realistic and close to the original content." Rather than defining themes by points of grammatical construction as is often done when content analysis is performed on literary works, themes were identified in this study as the smallest meaningful propositions contained in the universe of content, as judged by the researcher. Themes were grouped into categories by "obvious fit;" that is, clustered on the basis of similarities and differences. Saturation of the

categories (when new data adds neither new items to existing categories nor new categories) signaled the end of data collection. Finally, the categories were labeled.

Trustworthiness

As suggested by Guba (1981) four aspects of trustworthiness were judged in this study: credibility, transferability, dependability, and confirmability. These roughly correspond (in that order) to internal validity, external validity, reliability, and objectivity as defined for quantitative investigations.

Credibility refers to the degree to which results are plausible, in light of the many factors which may confuse interpretation of data in the study. In quantitative inquiries, internal validity is assured by defining some variables and randomizing the rest; all factors are thus assumed to have been exposed and confusion avoided. In this qualitative study, the existence of many factors associated with instrumental aid is acknowledged. Peer debriefing with the thesis advisor and most importantly member checks during and after data collection were used to promote credibility.

Transferability, like external validity, means that results will also hold true with other groups outside the study. Stern (1985) argues that when a grounded theory

investigation, a type of qualitative inquiry, results in a true process, that process may be timeless and transferable to other contexts. Others believe that social phenomena are context-bound by their nature, and that a thorough description of that context is necessary to determine how the results might apply in another situation. In this study, contexts in which aid is given and received were thoroughly explored through prompts and follow-up questions. All information was documented in transcriptions of the taped interviews.

Dependability corresponds to reliability in the scientific paradigm. Reliability implies a replicability which is clearly not possible in a semi-structured group interview. In this study, dependability relied upon correct and logical use of the data collection and analysis procedures.

Confirmability, like objectivity, is the end for which investigator bias is minimized or eliminated. In a larger study, use of several methods to investigate a single concept could help eliminate bias. In this study, recognized bias has been exposed in the discussion of results.

Summary

A qualitative study was designed, using focus group interview as the method of data collection. While this technique is common in marketing studies, it has also been used infrequently in health research. Six groups of women each focused on questions such as, what help has your family needed in a crisis, where did you turn for help, and how do you feel about helping. Statements about instrumental aid were explored most thoroughly. Transcriptions of interviews were subjected to content analysis. Trustworthiness was judged by four criteria: credibility, transferability, dependability, and confirmability.

CHAPTER 4

RESULTS

This chapter will present the results of analysis of interviews with groups of women which focused on their perspectives of instrumental support in times of crisis. Table 1 summarizes some characteristics of the six group interviews. Groups A, B, and D were composed of members of a church located in a geographically isolated small town. Interviews were held in the church library after Sunday services. Group C was made up of nurses from one floor of a community hospital; the interview was conducted in a room adjacent to the nurses' station. Groups E and F were composed of women related by friendship or family ties; each interview took place in a group member's kitchen.

Interview transcripts were analyzed for statements describing instrumental aid and how or where it is obtained. Three hundred and ninety-nine such statements (data bits) were found within the interview transcriptions (data set). These clustered into 7 major categories. Five categories (Aid, Belonging, Customs, Community, and Individual) described the provision of instrumental aid.

Table 1. Summary of characteristics of 6 group interviews

	Characteristics			
Group	Length (min.)	N of women	women's ages	N of themes
A	73	7	30s-70s	105
B	60	3	50s-60s	65
C	25	5	20s-30s	46
D	34	4	30s-60s	65
E	58	3	30s	68
F	70	3	30s	50

One other category (Affirmation) consisted of responses concerning validation of perceptions. The final category (Turn away) contained responses describing instances in which social support was deemed inappropriate. All categories except Turn away were supported by statements from each of the 6 interviews, as shown in Appendix C.

Aid

The largest category was labeled Aid, which was defined as provision of needed materials, services, or specific information. Aid consisted of 93 instances of instrumental aid. Aid was offered in response to a wide variety of crises: illness, birth, death, natural disaster, chronic disability, and others. Nineteen responses described provision of food; this was mentioned in all 6 groups (occurrence of category by group is tabulated in Appendix C). Other types of aid included child or elder care, housekeeping, shelter, transportation, and financial help. Some instances of help were unique to a particular crisis, for example bailing out a flooded house, and chipping old tile off a floor. These types of aid were not divided into subcategories because they are potentially infinite; the number of types of aid is limited only by the number of different needs. Information about where to get aid (such as government loans) and the service

of providing health care information ("When I thought I was in labor, I didn't know. We called N., and N. came over, sat with me all day long and just said, wait a little bit longer, wait a little longer") also fell into this category of aid. Aid was described as practical help. It ranged from simple acts ("they called the ambulance") to more complex processes ("His wife was sick for a long time. The ladies organized to deliver meals for him").

Belonging

The second largest category, labeled Belonging, contained 69 data bits. Belonging is defined as statements concerning membership in a family, church, town or other group; it was divided into two subcategories. Membership, the largest subcategory, was defined as statements of importance of group membership, such as "My friends were my - everything," and "We depend on the church a lot." Another subcategory of Belonging was labeled Pass the Word, defined as expressions of implicit communication dependent on group membership. These statements, such as "You need help but I don't think you ask. People just have to give you support" and "It's almost . . . you have to give it without them asking, be aware of what's going on, and how to help whether it's support them or do whatever you can" indicated that

somehow membership in a group may permit informal communication of one's needs and information about available help, leading to instrumental aid.

Characteristics of group identity contributing to a feeling of belonging were not thoroughly investigated in this study, however some did emerge. Groups A, B, and D were recruited from a church on a small island, and longtime residents perceived some group identity from living in a geographically isolated small town: "I think personally that this church is small enough, and the town's small enough so that people know one another, and know about one another." (This perception is not always shared by newcomers to the same small town). Sometimes belonging may engender some expectations and responsibilities, as expressed in "I felt bad because I wasn't here to help with the move in (of a complete stranger, who was however a fellow military wife)," or, "I count on my friends more than I ever count on my family." Table 2 contains further examples of Belonging.

Customs

A third category containing 48 data bits is labeled Customs, defined as formal rules for behavior. It was divided into 4 subcategories: Good manners, Bad manners, Taboos, and Shield them.

Table 2. Responses characteristic of belonging

Subcategory	Example
Membership	"They had this very nice thing that was migrating back and forth with a group of friends from this town in Arizona."
Pass the word	"It's a small town and generally people know (of a need)." (Do you have to ask for support?) "No, you just get it from your friends."

Good manners, defined as rules governing what should be done, are customs like sending cards ("I use cards all the time"), "taking over a casserole or whatever," and other etiquette that promotes contacting and assisting someone in a particular situation. They may also delineate situations in which it is permitted to accept instrumental aid, and who is to offer it.

Bad manners, rules governing what should not be done, discourage such contact: "You don't want to bring it up, particularly if you're not a member of the family." Bad manners may also circumscribe the role of the help-receiver. In one example, a woman is censured for creatively seeking and accepting help from a non-traditional source: "She's quite a manipulator; anybody who comes to her apartment gets to do something for her. The milkman I think opens the milk and pours some glasses while we're not there, and she gives him a bag of trash and he takes that out."

Whereas Good manners and Bad manners may govern how, when, and by whom help is offered and accepted, Taboos, defined as prohibited subjects, demarcate matters for which help may traditionally not be sought. Interestingly, help may be desired and gratefully accepted if offered even though it is forbidden to ask. Death of an infant, divorce, and spouse abuse were some taboo subjects

brought up by participants in the interviews. As one woman related, "Mom would call her in-laws . . . and say, this man is beating me, and they would just hang up on her. Nobody would help her."

A fourth subcategory, Shield them, defined as statements about withholding information from significant others, contains examples of efforts to keep particular individuals ignorant of certain problems. While protection is often the stated intent of the custom of shielding someone from a distressing situation, the lack of knowledge it causes also prevents support-seeking behavior or other preparation for an anticipated crisis, and thus interferes with offers of instrumental aid. If successful, shielding may conserve aid for when it is most necessary, when the crisis actually occurs. Shielding may be a mechanism by which the person in need of help selects who may offer the help. Further examples of Customs are presented in Table 3.

Community

Attributes of both the community and the individual affect what help is needed, offered, and accepted in a crisis. Fifty-five data bits contributed to the category of Community, defined as statements about community attributes. This was divided into four subcategories:

Table 3. Responses characteristic of customs

Subcategory	Example
Good manners	"I'd bring over a casserole if I had to go face some crisis."
Bad manners	"I don't talk about unpleasant things unless I have to . . ."
Taboos	"no one would talk with me about it (death of a newborn)." It was real taboo."
Shield them	"trying to protect the children"

Resources, Distance is killing, Expectations, and Pass it on. Thirty of these statements formed a subcategory labeled Resources, defined as available supplies and sources of aid. Examples of these describe "Meals on Wheels," "federal housing;" people in certain roles like "the minister," "a rabbi," or "a case worker;" and readily available commodities such as lightweight plastic food containers that permit independence of people disabled by arthritis.

Four groups brough up the idea that "Distance is killing." Statements to this effect composed a subcategory of that name, defined as expressions of distance as a barrier to aid. In American culture, it is expected that families may be divided by the breadth of the country and even across the world by educational or employment requirements. Distance between family members may thus be a characteristic of the American community.

Other culturally imposed expectations were grouped in a subcategory labeled Expectations, defined as role requirements. The expectations discussed involved roles of family members. Objection to the relegation of caring for elders more often to daughters than to sons was accompanied by table-pounding.

A final subcategory was labeled Pass it on, defined as sensitization to an issue and type of aid. It was composed

of statements about help offered because of one's own experience with a particular problems. For example, "So I made sure that every day I offered before she asked. I don't know if that was important to her or not, but I know it was important to me." Further examples of Community are presented in Table 4.

Individual

Sixty-four statements composed a category labeled Individual, defined as statements about individual attributes. They were concerned primarily with defining need, seeking help, and accepting help. Thirty-two items were grouped in a subcategory labeled Loners, defined as statements reflecting a desire to rely on oneself. Some of these describe an unwillingness to give up control: " . . . if I've had a bad day, I still have to feed everyone, clean up the kitchen and clean up the bedrooms and lay out the school clothes." Another example was, "Some people are focused inwardly - private people."

Another subcategory, Past experience, was defined as contributions of an individual's history. Past experiences shape an individual's expectations and develop his/her skills. An example was, "What I think happens is, you gain strength from each crisis or tragedy. You got through one then you can get through another."

Table 4. Responses characteristic of community

Subcategory	Example
Resources	"They brought in amphibious vehicles, the army."
Distance is killing	"I have felt guilty about my parents . . . we've always been in a different time zone from where they are."
Expectations	"Emotionally, like if it was an emotional crisis, I probably wouldn't go to (husband). I'd go to (husband) first for like, mechanical crises."
Pass it on	"You know how much it meant to you, so you would do it to someone else because you know it is meaningful."

A third subcategory, Reach out, was defined as ability to seek help. One woman described how her father changed after he retired: " . . . by being very social, which was not the way he'd been when he was younger. He was a loner, and a forester. And he had adapted." Several women identified people who were good at reaching out as both good helpers and recipients of much help: " . . . she knows where to turn for help. She's out there contantly, looking for help." "But if there's trouble, she helps; she goes all the way down to the Cape." "So she asks for help, but she gives it too." The characteristics that described someone good at reaching out: "outgoing," "involved," "warm" or "a bitch" were different from those used to characterize a loner: "shy," "retiring," "private," or "afraid." This study did not explore whether these characteristics were immutable, or amenable to change one way or another.

Self esteem, defined as expressions denoting feelings of self worth, is another subcategory. Self esteem might affect both an individual's perception of her family's need and the community's perception of that same need, as well as the individual's ability to ask for or accept aid. "You don't know if you're good enough" said one woman.

A final subcategory labeled Other, defined as statements about individual characteristics that did not

cluster into any other subcategory, contained 4 statements that indicated wealth, education, appeal, and verbal ability help one face a family crisis. Further examples of Individual are presented in Table 5.

Affirmation

The remaining categories do not directly define instrumental aid in a family cirsis, but they do contribute to an understanding of it. One category contains statements about Affirmation, defined as expressions of validation. It is composed of 3 subcategories: Just being there, Advice/listening, and Religion.

Thirteen statements emphasized the importance of Just being there, the label of a subcategory defined as physical proof of prescence. An example: "I think you begin to let people know you care even in there isn't anything in particular you can do. Just like visiting or calling them on the phone or sending them a card, letting them know you care." These actions provide an individual with visible (audible) proof that they have possible access to instrumental aid.

Similar to this are 17 statements about active listening, labeled Advice/listening, defined as verbal validation. These statements described how conversation

Table 5. Responses characteristic of individual

Subcategory	Example
Loners	"Well, there was just so much that P. would accept. You have to deal with the personalities that you've got."
Past experience	"And I accepted that, because of the way I looked on myself as a woman at that time. I wouldn't tolerate that (now)."
Reach out	"It's the people that seem to know that they can get help . . . reach out."
Self esteem	"You get a little bit terrified if you're good enough."
Other	"We've turned to her because she is making such a tremendous effort." "She's so bright and cheerful!"

with a concerned other could help an individual sort out or validate her assumptions. As one woman said, it's "not that you're looking for someone to help you or not even that you think they have any answers but it's giving yourself a chance to think about it sensibly." Affirmation can in this way help an individual decide what is needed and what isn't, what is truly a crisis, and what are likely sources of help.

Statements about Religion, defined as belief in God, made up the third subcategory here. Faith and prayer seemed to present another source of validation and affirmation. One woman felt pulled in opposite directions by responsibilities to her parents and to her husband and children. She said: "Sometimes I still say to him, it looks like I'm needed more to take care of my parents. But that's not right. So somehow I have thought about grace. I cannot or should not feel that I am in charge of everything, and I just have to let some of this fall away." Further examples of Affirmation are presented in Table 6.

Turn away

Finally a category labeled Turn away, defined as statements describing absence of social support, contains descriptions of occasions when instrumental aid was not offered, accepted, or deemed appropriate. Fifteen of

Table 6. Responses characteristic of affirmation

Subcategory	Example
Just being there	"But we have a big family, six children, and we just kind of come together and support each other."
Advice/listening	"When you do talk to someone about it, it's not as much of a crisis. You're able to get it out instead of keeping it inside where it can just snowball and get worse."
Religion	"Faith is most comforting during a crisis."

these statements described a "state of shock" in reaction to a crisis involving death. "You couldn't really think about it, and if I did it was like talking about someone else that wasn't real," commented one woman about her experience in a devastating crisis. "She's just had to close herself, in order to survive. She can't face reality," said another participant about a woman close to her. Apparently some crises are so overwhelming, at least initially, that some denial of reality is employed. As a consequence, individuals withdraw rather than define their needs and accept help to meet them.

Finally, eight statements described a perceived turning away by a potential source of help because he or she doesn't "get it." The subcategory Don't get it is defined as statements of a denial of need by a potential helper. A problem seen by one person may be denied by another. "I tend to be anticipating this crisis and I have to keep jarring him to it. He sees what he wants to see there" said one woman. Further examples of Turn away are presented in Table 7.

Summary

Six focus group interviews were conducted yielding 399 themes or statements about aid. These themes were sorted into seven categories: Aid, Belonging, Customs,

Table 7. Responses characteristic of turn away.

Subcategory	Example
State of shock	"I turned to myself, and I didn't think. You don't think, you just go on."
Don't get it	"Sometimes I'll flip out and he'll say, 'PMS - I hate it!' I hate that: it's not PMS!"

Community, Individual, Affirmation, and Turn away. These seven categories encompassed 20 subcategories. This chapter contains definitions of categories and subcategories with examples of each. Occurrence of categories and subcategories by interview group is presented in Appendix C.

CHAPTER 5

DISCUSSION

This chapter discusses results of the investigation of instrumental aid in family crises for six groups of women. Answers to research questions will be suggested. As the conceptual orientation of the study (p. 29) provided a structural guide for prompts used to explore these research questions, the answers will support the orientation as well. Trustworthiness of the investigation will be addressed. Implications for nursing will be suggested and recommendations for future research made.

Research Questions

Research questions initially presented in this study were: From the perspective of women, how is social support defined? From these women's perspectives, is instrumental aid supportive?

A definition of social support cannot be simple. Parameters include when it is offered, by whom, how, and what is accepted. In this study, the "when" was defined as in response to a family crisis. This was a broad definition, as women were encouraged to use their own definitions of family crisis, and a wide variety of

situations were reported. Crises included acute incidents that were both minor and more grave, such as "the cat had a stroke," assault, birth, and death, and more chronic states such as mental illness and physical disability. When questioned about where they found help and how others became aware of the need, women in all six groups discussed the importance of belonging to a church, network of friends, extended family or other group. Membership in a group gives one access to aid as the need for it becomes known. Membership links one to a network of informal communication which can work in addition to a community's more formal communication governed by customs. Some women made statements such as "I don't think you ask, people just have to give you support." Others described asking for help in a more straightforward manner. Help was accepted from government agencies as well as from friends. How help is offered and accepted is influenced by community and individual customs. What is offered also depends on resources, expectations, past experience, and other characteristics of the community and the individual or family accepting the help. Communication, either informal or formal, is important because a mutual recognition of need must occur before aid to fill that need is negotiated. Instrumental aid is only supportive when it meets a need.

When social support was defined by these women, affirmation appeared to be related to instrumental aid. Affirmation is described in the literature as being a type of social support separate from instrumental aid. Here it is viewed as a complementary process, confirming or shaping perceptions of a family's needs and the resources available. Religion may contribute to this process, providing a code of beliefs and values against which one's expectations and obligations may be evaluated and needs put into perspective. Prayer, as described by women in this study, may fulfill the same need as does talking openly to another person, airing one's concerns. In addition, religion may provide direct affirmation with assertions that an individual is esteemed and loved, and has a place in a community.

The women interviewed, then, described social support as aid or affirmation accepted by an individual, family, or community, offered by friends, family, professionals, community organizations, or government agency. The need for support may be informally recognized and met by members of a family's network or support may be negotiated by more formal requests using a community's customs.

In answer to the second research question, "Is instrumental aid supportive?" women gave 93 examples of instrumental aid they found to be supportive in crises.

All six groups contributed examples of such help they had given or received; Cobb's (1976) hypothesis that only information about aid is supportive is apparently untrue for these women.

The aid offered was of an interestingly wide variety. A family in which the mother was stricken with a brain tumor received help with daily meals, transportation to medical appointments in the city, and the family received financial support. A woman disabled by arthritis received creative help with activities of daily living. Poised on the brink of the crisis of admission to a nursing home, help with shopping and cooking and a variety of products such as Velcro closure shoes and lightweight food containers helped to maintain her independence. A woman experiencing childbirth for the first time relied on a group of friends for advice about labor, help with housework and cooking, and help meeting social needs. As one woman said, the aid offered could be "everything, everything imaginable."

The diversity mentioned in these interviews, despite a relative homogeneity in the sample of participants, indicates that very disparate sorts of aid may be appropriate for diverse situations. A tool designed to measure instrumental aid in one particular situation, such as the Hughes Breastfeeding Support Scale (Hughes, 1984)

may give reliable results within the sample for which it was designed. However, a vaguely worded tool intended to measure a wide range of instrumental aid in a large population may miss its target and therefore appear invalid and unreliable.

In some crisis situations social support does not work. Four of the six groups in this study presented examples of shock and a feeling of unreality in immediate response to a crisis involving a death, which made a person withdraw and become unable to acknowledge or accept support. Social support does seem to be an interactive process in that there is participation on both the part of the helper and the receiver. Sometimes social support does not occur because those in need of aid withdraw. Some women may be less likely than others to accept support because they highly value self reliance. Received social support was not perceived to be a burden by most of the women interviewed. While several women discussed the importance of making one's thanks and gratitude for support known, it was pointed out that help must not be given with the intent of recovering the same amount back again. Another group discussed how soem people generate guilt by giving to create a debt. Aid given in this way is probably not social support, but rather blackmail.

Trustworthiness

Reliability and validity of this qualitative study are judged by three of the four indicators of trustworthiness: credibility, transferability, and dependability. The fourth indicator, confirmability, was too difficult to judge except by noting that verbatim transcriptions of taped interviews were a great help in that it was not necessary to rely on the investigator's memory of what was said by subjects.

Credibility, like internal validity, depends on thorough exposure of all variables which may influence the study focus. Because of the complexity of human relationships, it is doubtful that all variables having an impact upon instrumental aid were brought to light here. Member checks have resulted in members repeating and reinforcing what they felt were their most important ideas stated in the interviews. Further interviews with other family members, men or younger women, might reveal more factors influencing social support in family crises, as might interviews with members of different cultural groups.

Transferability, like external validity, means that results will hold true with other groups outside the study. The occurrence of themes fitting six of the seven major categories in each of the six interviews conducted is encouraging, since the subjects were of a wide age range

and came from both urban and rural settings. While the major categories like Aid reoccurred in many groups, the actual acts of aid were quite different and context-bound. Further investigation with different groups would be necessary to more thoroughly determine transferability by discovering how well the categories explain others' situations.

Dependability relies on correct and logical use of the data collection and analysis procedures. It is hoped that dependability was adequate here, although a more experienced moderator and researcher might enhance group process and inspire data analysis with greater skill. Of great importance to dependability in this student-run study was the advice of the thesis committee chairperson, an experienced researcher. Exclusive fit of data bits into one category or another was not always obvious. Although individual and community attributes were separated, reality is not so precise and resultant categories were not entirely discrete. An individual is a product of his/her community just as the community is created by individuals. A casserole (offered and gratefully consumed) may be both nutritionally satisfying instrumental aid and a symbol of validation that a crisis has occurred and is recognized as such by friends. The custom of its delivery may also provide an occasion for communication, and further

expression and affirmation of feelings. The rigid, masculine convention that demands exclusive fit of data into one category or another, in a binary form amenable to computerized "thought," is unrealistic and therefore inappropriate for much research concerning human behavior.

Nursing Implications

Although results of this study are applicable with any certainty only to a small sample of women, results do suggest topics to be addressed in nursing assessment and intervention when social support may be involved. The nurse may find information about an individual's past experiences with crises, perceptions of self-reliance and ability to reach out significant to an individual assessment. In community assessment, the resources available, family role expectations, history (indicating what help individuals or groups will be sensitive to "passing on") and geography (distance) may be pertinent facts. Knowledge of group membership and customs within a community are important to communication between the client, nurse and others, and should be taken into account when planning interventions as well. Appropriate instrumental aid may be quite unique; often nurses can share health care knowledge which is valuable. Overwhelmed or highly self-reliant individuals may be

unable to readily accept social support. Most importantly, nurses must listen to their clients and examine their own values, in order to negotiate a common recognition of need. Assistance offered for a need not mutually recognized will not be well received. A forceful offer of inappropriate aid, as could be mistakenly given by a nurse exercising her/his legitimate authority as a health care expert, is not a truly helping or caring act.

Recommendations for Future Research and Summary

Analysis of transcripts of six focus group interviews yielded five categories describing instrumental aid, a category of responses describing the process of affirmation, and a category of statements about unsuccessful attempts to gain social support. Trustworthiness of the study was limited by the inexperience of the investigator and the small size and single race of the sample, however results were accurate within this sample of women.

The focus group interview is a qualitative method that merits more use in nursing research. Transcriptions of tapes of group interviews is time consuming; however, it allows for adequate consideration of everything said. Some participants viewed the discussion groups as useful interventions in themselves, rather than as an intrusion to

collect data. The groups provided a forum for airing problems and gaining support from fellow group members.

Further exploratory investigations such as this one, using different samples, could yield a more solid base from which to design tools to assess social support and interventions to enhance it when appropriate. Focus on a more narrow definition of "crisis" might elucidate factors important for specific intervention in a specific situation. However it may be most productive for "crisis" to be defined in terms meaningful to the people directly affected (interpersonal dynamics) rather than focus on definitions convenient to physicians (medical diagnoses) or to the insurance industry (diagnostic related groups). Nurse researchers, no less than bedside practitioners, must abandon a "handmaiden" role and take responsibility for setting person, family and community centered research priorities rather than accept old paternalistic definitions of research questions labeled by medical illness.

Community resources and policies, group membership and communication channels are possible areas for nursing intervention. Nursing research has frequently ignored the importance of local, national and international community politics to the delivery of health care. Which customs, manners, taboos and membership rules are dictated by members of a ruling elite and do they unjustly benefit one

group more than others? As nurses strive for traditional power through funded research, they must examine the funding institution's aims and interests and not allow these to obscure true health research needs nor subvert results. We must ask, how does our allegiance to the status quo affect our vision of health care needs, allocation of community resources, and sense of priorities? Categories describing community and individual characteristics and customs, which emerged from this exploration of instrumental aid given and accepted by women in family crises, merit further research and exposure in the light of prevailing politics.

For the women studied, social support includes instrumental aid and affirmation. Instrumental aid is supportive; however, helping acts must meet a need recognized mutually by helper and recipient.

APPENDIX A

DISCLAIMER STATEMENT

You are being asked to voluntarily participate in a study entitled "Instrumental support in family crises." The purpose of the study is to explore thoughts and feelings about what kinds of help and support, particularly tangible support, are important to a family experiencing a crisis. By entering into the group discussion, you will be giving your consent to participate in the study. You will be in a group with 4 to 8 people similar to yourself, and will be asked some or all of the following questions:

Tell me about the types of crises your family has faced.

Tell me about the help you have needed during crises.

Where did your family turn for help?

What type of help did you receive?

Tell me about how the usual household routines were maintained during the last crisis or illness.

What have you done to help another family in a difficult situation?

How did you feel about this?

You may choose not to answer some or all of the questions if you so desire. Your questions will be

answered and you may withdraw from the study at any time. The discussions will be audiotaped; these tapes will be destroyed as soon as they are transcribed. You will be assigned a fictitious name in the transcription to protect your anonymity. The discussion will last about 1½ hours. You will not be financially reimbursed for your participation in the study. There are no known risks. I will be the only person to listen to tapes of the discussion. Transcriptions will be shared only with my three faculty advisors. I may return to group members with my results and ask for comments. You may choose whether or not you would like to be contacted or offer a reply.

APPENDIX B

INTERVIEW GUIDE AND EXAMPLES OF OTHER PROMPTS USED

Interview guide:

1. Tell me about the types of crises your family has faced.
2. Tell me about the help you have needed during crises.
3. Where did your family turn for help?
4. What type of help did you receive?
5. Tell me about how the usual household routines were maintained during the last crisis or illness.
6. What have you done to help another family in a difficult situation?
7. How did you feel about this?

Other prompts used by moderator:

1. What do you think about crises?
2. I want to find out how families deal with a crisis, and _____ already started telling us . . . .
3. What about _____?
4. So what happens when _____?
5. And you said _____? (reiteration)
6. Does that happen to anyone else here?
7. Did anyone offer you help with that?

Prompts offered by group members:

1. That was a real crisis. Now who would you turn to down there?
2. You mean, some people respond and other people don't?
3. _____ didn't get her word in.
4. Well, that makes sense.

APPENDIX C

OCCURRENCE OF CATEGORY BY GROUP

Table C1. Occurrence of category by group

Category	Group					
	A	B	C	D	E	F
Aid	+	+	+	+	+	+
Belonging	+	+	+	+	+	+
Membership	+	+	+	+	+	+
Pass the word	+	+	+	+	+	+
Customs	+	+	+	+	+	+
Good manners	+	+	+	+	+	+
Bad manners	+	+	0	+	+	0
Taboos	+	+	+	0	+	0
Shield them	0	+	+	+	0	0
Community	+	+	+	+	+	+
Resources	+	+	+	+	+	+
Distance is killing	+	+	+	0	0	+
Expectations	0	+	+	+	0	+
Pass it on	+	+	0	+	+	+
Individual	+	+	+	+	+	+

(continued on next page)

Table C1. Continued

Category	Group A	B	C	D	E	F
Loners	+	+	0	+	+	+
Past experience	+	+	+	+	0	+
Reach out	+	+	+	0	0	0
Self esteem	+	+	+	0	+	0
Other	+	0	0	+	+	0
Affirmation	+	+	+	+	+	+
Just being there	+	+	+	+	+	+
Advice/listening	+	+	+	+	0	+
Religion	+	+	+	+	0	0
Turn away	+	+	+	0	0	+
State of shock	+	+	+	0	0	+
Don't get it	0	+	+	0	0	+

Note. + = theme(s) belonging to this (sub)category did occur.

0 = such a theme was not present.

APPENDIX D

HUMAN SUBJECTS APPROVAL

THE UNIVERSITY OF ARIZONA
TUCSON, ARIZONA 85721

COLLEGE OF NURSING

MEMORANDUM

TO: Ms. Susan Casteel

FROM: Suzanne Van Ort, Ph.D., R.N.
Associate Dean for Academic Affairs

DATE: August 30, 1988

RE: Human Subjects Review: "Instrumental Aid in Family Crises"

Your project has been reviewed and approved as exempt from University review by the College of Nursing Ethical Review Subcommittee of the Research Committee and the Director of Research. A consent form with subject signature is not required for projects exempt from full University review. Please use only a disclaimer format for subjects to read before giving their oral consent to the research. The Human Subjects Project Approval Form is filed in the office of the Director of Research if you need access to it.

We wish you a valuable and stimulating experience with your research.

SVO/ms

Salem Hospital

Memo

For your information,
Debbie Sigman

Date: November 15, 1988

To: Head Nurses

From: Nursing Research Comm.

Subject: Nursing Research Study

Susan Casteel, RN, a member of the Salem Hospital perdium pool, has submitted her Master's Thesis Proposal "Instrumental Support in Family Crisis" to the Nursing Research Committee for permission to conduct her study involving Salem Hospital RN's/GN's. The Research Committee has approved Susan's request. The purpose of her study is to "explore women's ideas and feelings about instrumental social support helpful to their families at a time of crisis." Susan is particularly interested in ethnic groups of women and would like to invite our Irish and Phillipine nurses to participate in her focused group interviews. Susan will be contacting each Head Nurse individually to discuss the best way to recruit appropriate participants from your staf. Would you please faclitate this process.

Thank you and feel free to call D. Sigman(chairperson) with any questions or concerns.

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