



Identifying Factors Related to Family Management During the Coping Process of Families with Childhood Chronic Conditions: A Multi-Site Study

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This study was designed to determine the key predictors for each aspect of family management of families with children who have chronic conditions in China. The participants included 399 caregivers whose children have chronic illnesses. We used the following instruments: Child Behavior Checklist; Feetham Family Functioning Survey; and Family Management Measures. The final modes of the hierarchical regression explained 29–48% of the variance in aspects of family management. More family support should be provided for those with low family income, children with renal and genetic disorders and rheumatic diseases and those living in rural areas. Child and family functioning affects family management.

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THE NATIONAL LONGITUDINAL cohort studies of children spanning 1988 to 2006 showed that the prevalence of children's chronic conditions is globally increasing (Halfon & Newacheck, 2010). Pediatric chronic conditions have two levels of consequences: those experienced by the child or individual family members (school absence, activity limitation, psychosocial and behavioral problems) and those experienced by the family system (disruption of usual routine, alteration of roles and relationships) and other outcomes related to the family's interactions with the child's health care providers (Sullivan-Bolyai, Rosenberg, & Bayard, 2006). Families often play an important role in the care of childhood chronic conditions. Although there are a large number of studies already in place to study the patterns of family responses to pediatric chronic conditions, a well-

established framework of family management style (FMS) has been designed to enable nurses to understand family responses (Knafl, Deatrick, & Havill, 2012). Research based on the Family Management Style Framework (FMSF) has documented that family management (FM) is the key concept to describe how family members work together to manage a child's chronic condition and incorporate condition management into their everyday family life (Bousso, Misko, Mendes-Castillo, & Rossato, 2012; Conlon, Strassle, Vinh, & Trout, 2008; Olson & Esdaile, 2000; Rempel, Blythe, Rogers, & Ravindran, 2012; Wollenhaupt, Rodgers, & Sawin, 2012). However, few studies have used FMSF to understand the responses of Chinese families to the care of a child who has a chronic condition and its impact on everyday life. Collectivistic values are more prevalent in Chinese families compared with Western families (Triandis, 2001), and these values may help the family to cope with a chronic illness (Koinis-Mitchell et al., 2012). Rothe (2004) suggested

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that including ethnic groups in family studies is important because the different groups may differ in family size, cultural conventions and attitudes toward medical care. Understanding that there are ethnic differences in caregivers' methods for caring for family members may lead nurses to develop tailored culturally appropriate interventions to help these families.

Conceptual Framework

We adopted Knafl et al.'s FMSF (2012) as the conceptual framework for this study. The conceptual framework states that FMS is composed of three major components and their underlying eight dimensions highlighting the areas and issues that families and nurses need to consider (Deatrick et al., 2006; Knafl et al., 2012). The eight dimensions of FMSF provided the conceptual underpinnings for the development of the Family Management Measure (FaMM). The FaMM is considered to measure the six different aspects of family management: child's daily life, condition management ability, condition management effort, family life difficulty, parental mutuality and view of condition impact (Knafl et al., 2009). According to the Framework, the family's social network, healthcare and educational professionals, systems and resources contribute to the ease or difficulty of family management (Knafl et al., 2012). FMS influences the individual and family functioning, and vice versa (Figure 1). Based on the six scales and the use of cluster analysis, we used FaMM to identify six Chinese family management styles of childhood chronic conditions (Zhang, Wei, Zhang, & Shen, 2014). The different types of

FMS can be understood as the six components working synergistically and interactively to organize managing behaviors, perceive things and undergo the experience. However, from the perspective of FMSF and the results of our previous analysis, it is possible that some families may rely on some domains more than others due to different contextual influences, and a change in one component of FMS leads to changes in other components and even the overall pattern of FMS. Therefore, in addition to demonstrating a specific FMS of families with childhood chronic conditions, it is necessary to show that the individual domains matter uniquely in the context of diverse Chinese families. If we want to identify the effective dimension for interventions, research on childhood chronic conditions also needs to move beyond the identification of overall patterns of family care and emphasize more specific "units" of FM. Using the "individual lens" to take a close look at each family situation can help nurses strategically select and target available resources to intervene in the specific domain of FM appropriate for the caregiver. Nurses can guide the families with vulnerabilities in the right direction at critical stages in their desire to maintain normal child care.

Literature Review

Family Variables

Although most research to date have focused on describing the patterns of family response, several family-specific variables have been identified as influencing factors on FM, such as financial resources (Cimete, 2002; Grineski, 2008),

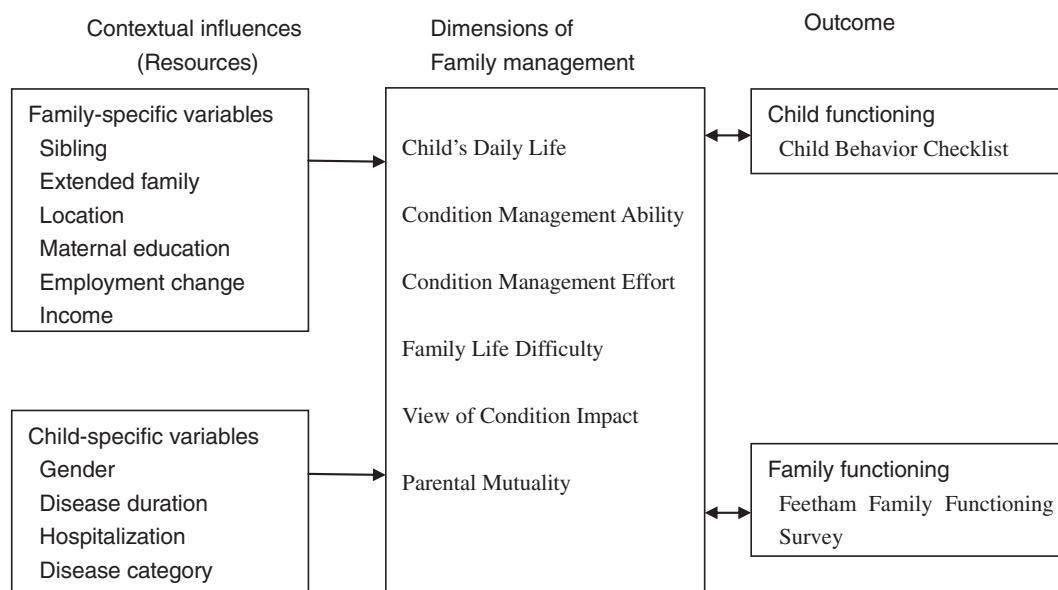


Figure 1 The Revised Family Management Style model for families of children with chronic conditions based on the Family Management Style Framework.

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