

# Family Outcomes: Conceptual And Methodological Issues

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## Abstract

With the complexity of the health-care system and the increasing attention to cost effectiveness and efficacy of care, it is imperative that we can define nursing care and outcomes for one of our major constituencies—families. However, in order to accomplish this, we must build on limited empirical knowledge and research expertise in outcomes research, research on families, and research on practitioner/family interventions. An even more critical problem is that while there is very little work in each of these areas individually, there is virtually no research that combines practitioner/family interventions and family outcomes.

This paper describes what is known, identifies the conceptual and methodological gaps, and describes what can be done to use the limited knowledge we have concerning research of families, family outcomes, and practitioner/family interventions. Operational definitions for family outcomes and family interventions are proposed, and the conceptual and methodological challenges of the definitions reviewed. To frame the issues, some premises of research of families such as the family realm perspective and the criteria for research of families are presented.

Interventions with family members and families are complex and multifactorial. This complexity, coupled with the complexity of health-care delivery, makes it imperative that the interventions to be studied are very focused

and linked conceptually and in time to the outcomes measures. The work of Feetham (1984; 1991), Gilliss (1991) and Doherty (1986) can be used to develop models that address the complexity of the family realm perspective and to study practitioner/family interventions. When examining outcomes in research of families, the investigator must be able to show the relationship between the nursing action or intervention and the outcome. Longitudinal research that observes the process of the intervention and the family outcome should increase our knowledge and research expertise in this complex arena.

To continue to develop this important area of research, it is critical that we continue to build from the existing research in outcomes, families, and the practitioner/family intervention. At the same time it is important to recognize that much of the previous research of families did not derive from the family realm perspective and may have used deficit rather than resource models. In spite of these limitations, the clinical and research literature provides usable findings and directions. Important conceptual and methodological considerations in research of the practitioner/family interventions and family outcomes are: To expand the context of the interventions tested to schools, health-care systems, and social systems; to examine the relationships between the biological and behavioral responses of family members and families to health and illness; and to address the effects

of the advances in biomedical technology on family functions and structure (Edward, 1991). These recommendations for future research reinforce the need for interdisciplinary teams that include clinicians, family scientists, and biological scientists.

Some of the major conceptual and methodological approaches to developing practitioner interventions for research of family outcomes are the need to:

- Build on the clinical and research literature of family responses to health and illness
- Determine indicators of family outcomes
- Identify interventions from clinical practice using qualitative and triangulation research
- Begin with the more developed area of family related research to define nursing interventions and outcomes
- Use meta analysis to contribute to operational definitions of family outcomes and family interventions
- Use practice models such as those of Doherty and Gilliss in defining measurable interventions
- Determine measures of the efficacy and effectiveness of the intervention
- Determine measures of short-term and long-term outcomes
- Conduct the research within the family realm perspectives
- Use comparative samples and longitudinal methodologies

There is ground work across the three research areas of family, practitioner interface and outcomes. It is expected that future research will identify the predictors of family outcomes and interventions to guide nursing practice and improve family outcomes in health and ill-

ness. If practitioners could reliably identify high- and low-risk families, resources could be directed to reinforcing the strengths of the low-risk families and providing additional resources for the high-risk families.

### **Statement of the Problem**

With the complexity of the health-care system and the increasing attention to cost effectiveness and efficacy of care it is imperative that we can define our nursing practice and outcomes for one of our major constituencies—families. However, in order to accomplish this, we must build on limited empirical knowledge and research expertise in outcomes research, research of families, and research on practitioner/family interventions. An even more critical problem is that while there is very little work in each of these areas individually, there is virtually no research that combines practitioner/family interventions and family outcomes. The purpose of this paper is to describe what is known, identify the conceptual and methodological issues and describe what can be done to use the limited knowledge we have concerning research of families, family outcomes, and practitioner/family interventions. To frame these issues some premises of research of families are presented and directions for future research are proposed.

### **Premises: Research of Families**

The work of Burr and colleagues(1988) suggest that a reason for the lack of movement in family theory and research is that the family has been viewed and studied as other social institutions such as governments and educational and health-care systems. These theorists delineate several differences that distinguish families from other institutions and propose that these differences serve as a family realm perspective. The perspective presented

by these theorists clarifies the uniqueness of family and highlights some of the conceptual and methodological issues in the research of families.

- Families are different because they have:
- Generational relationships and familial memories
- Unique sets of rules, standards, ethics, priorities and processes
- Different nature of aspirations, feelings, temporal orientations, achievements, and interacting.
- Are affected by cultural patterns

These perspectives of research of families are also clarified by Feetham (1984; 1991) who proposed criteria for research of families. These criteria have been revised to clarify criteria common to all research of families and to make a clear distinction between family research and family-related research (Feetham, 1991). The criteria common to family and family-related research are as follows:

- There is a conceptual/theoretical framework for the research consistent with family theory
- There is a conceptualization of the family
- The definition of family, and the design, instrumentation, analysis, and interpretation are consistent with the conceptualization
- The research adds to the knowledge of family functioning and family structure
- In a practice discipline, the research is relevant to practice.

The specific criterion for family research is that the conceptualization, measurement, analysis, and interpretation is of the family as a unit/or system resulting in knowledge of the family system. In family-related re-

search the research examines the responses of individual family members and/or examines constructs related to families or family members. While family or family-related research are of equal importance, the interpretation of this differentiation is affected by the investigators conceptualization of the family as the context of care or of the family as the client. Research building from the conceptualization of the family as the context can meet the criteria for either family or family related research.

The terms “family member(s)” and “families” will both be used throughout this paper to continue to reinforce the distinction between family and family-related research,

It is important to note that while excellent research is being conducted that adds to our knowledge of roles and functions occurring in families, such as parenting relationships and/or marital relationships, many of these studies are not conducted using a family framework and therefore, are not family or family-related research. The critical criterion is that the research adds to our knowledge of family functioning and structure.

### ***Practitioner/Family Interventions***

#### **Conceptualization of family interventions**

A critical dimension in outcome research is the definition and measurement of the intervention affecting the outcome. Interventions with family members and families are complex and multifactorial. This complexity coupled with the complexity of health-care delivery makes it imperative that the interventions to be studied must be very focused and linked conceptually and in time to the outcomes measured. The work of Feetham (1984; 1991), Gilliss (1990), Doherty and colleagues (Doherty and Baird, 1986; Doherty & Campbell, 1988), Leahy and Wright (1984), and Knafel (1991) can be used

to develop models that address the complexity of the family realm perspective and to study practitioner/family interventions. When examining outcomes in research of families, the investigator must be able to show the relationship between the nursing action or intervention and the outcomes. Both qualitative research and longitudinal research that documents the process of the intervention and the family outcome should increase our knowledge and research expertise in this complex arena (Deatrick & Knafl, 1988).

**Definition: Practitioner/family intervention**

The family/practitioner intervention can be defined as **the direct activities by the practitioner to affect family function and/or structure through work with individual family members and/or the family system. The intervention can result in a short-term or a long-term effect.**

Intervention research conducted with the expectation of measuring family outcomes may be facilitated by the use of frameworks that provide some direction for identifying measurable ranges/scopes of practice. Doherty (1985; Doherty and Baird, 1986; Doherty & McCubbin, 1985) has described five levels of interventions with families or family members. These levels of interventions are:

1. Having minimal emphasis on family
2. Providing ongoing health information and advice in a family context
3. Addressing feelings and providing support within the family context
4. Conducting systematic family assessment and planned family focused interventions and
5. Conducting family therapy

A related three level nursing model is proposed by Leahy and Wright (1987) These models can provide direction for operationalizing the intervention to assure a direct link between the intervention and an outcome measure, such as family interaction patterns. For example, an intervention may be directed to families of adolescents newly diagnosed with diabetes. The intervention may assist the adolescents to assume responsibility for their injections while assisting other family members with interaction patterns to adjust their roles to encouraging rather than controlling the adolescent. Application of the models can also address the critical issue of the timing of the practitioner/family intervention to ensure that the family outcome measured is affected by the intervention.

The level of professional development of the practitioner can be an intervening variable in the design and implementation of family interventions. While the five levels of Doherty and colleagues (1986) describe the types of interventions they also indicate a level of skill or expertise required for the practitioner to conduct the intervention. This issue of developmental level or expertise must be addressed in the conceptualization, design and conduct of intervention studies. The Doherty framework can be useful to define clearly the type of intervention and may give direction to who (what level of practitioner) should be trained to conduct the intervention for the research.

The measurement of the practitioner intervention with the family is also influenced by the conceptualization of the practitioner in relation to the family member(s) and/or the family system. The practitioner can be conceptualized as a mediator between the family and the larger environment such as the health-care system, a context for the family (in this case an intervening variable), and/or the etiology or factor affecting the family outcomes (Feetham, 1984; 1991).

Another contribution to the delineation of nursing interventions related to families is the work by Craft and Willadsen (In press). In their survey of 130 nurse experts nine categories or labels of interventions, their definitions, and their critical and supporting activities were identified. In this study the distinction is made between interventions directed toward the family as a unit, interventions directed toward the family as context, and interventions directed toward both the family as a unit and the family as the context. Both clinical and empirical validation of this work is required.

### **Approaches to methodological considerations**

As stated, determining measurable, well-defined interventions is extremely difficult (Feetham, Lunney, Weiss, 1991; Webster-Stratton, 1991). To reduce some of the ambiguity of the intervention, investigators can build from the clinical and research literature. Possible interventions for research of families have been implied or specifically recommended in the clinical literature, review articles of research of health and illness, and reports of research of family member and family responses to health and illness (Doherty & Campbell, 1988; Feetham, 1984; Kazak & Nachman, 1991; Patterson, 1990; Skipper & Leonard, 1968; Woods, Yates, & Primono, 1989).

For example, from the clinical literature, Leske (1991) recommends several family interventions to be tested in critical care ICUs. These include the effectiveness of multidisciplinary team conferences for families; culturally sensitive family interventions of information exchange; the systematic study of selected mechanisms used by nurses to “support” families while the family member is in the ICU; and contracted or planned visitation for families with a family member in the ICU.

Another approach to bridging the knowledge gap across family outcome and family intervention research is for investigators to start with our strongest knowledge base and most developed research expertise. The state of the science, conceptually and methodologically, is more advanced in family related-research. Therefore, a logical step may be to begin with family-related research when examining interventions, family outcomes, and the practitioner/family interface.

### ***Family Outcomes***

The critical questions for nursing practice are: What are family outcomes? Can they be defined and can they be measured? To answer these questions, some of the reasons why we have limited knowledge on family outcomes are reviewed and directions for research are discussed.

### **Conceptualization of family outcomes**

The definition of family outcomes affects both the conceptualization and measurement in research of families. Research in nursing and other disciplines has not yet resulted in a clear or consistent definition of family outcomes. Although a large body of literature reports the responses of families and family members to health and illness, these responses have not been examined within the context of family or family member outcomes. For conceptual consistency with theory development and research of families, **the definition of family outcomes could be “the changes or stabilization in family functioning as an endpoint of nursing practice, or the abilities/functions of the family (at the family system or family member level) as an endpoint of nursing practice.**

The inclusion of stabilization within this definition could be challenged by persons from a family systems perspective as the family system is perceived as being in

constant realignment and change. An understanding of how families change has lagged behind our knowledge of individual development and change. In family outcomes research, while the measure of change is important, we also have to determine conceptually when no measurable change, “stabilization”, in family functioning may be a positive outcome. This is in contrast to our usual interpretation of no apparent change as a negative outcome. Once conceptual definition(s) of family outcomes are determined, there is the need to define operationally the indicators or measures of family functions that are outcomes for research and practice.

Kazak and Nachman (1991) reminds us that, in contrast to psychology where models for normal development and behavior exist, there are few standards of family normalcy and therefore few indicators of positive family outcomes. The definition or determination of family outcomes has some similarity to the issues in the measurement of health. Hunt and his colleagues state that health, like attitudes or motivation, cannot be measured directly, and that there are several steps in the process of measurement including the use of a number of health indicators. In research of families, there is also the need for indirect measures of family outcomes and for several indicators of effective family functioning (Hunt, Lord, Thom, 1986).

Our study designs have contributed to this lack of knowledge of indicators of family development and change (outcomes). First, the majority of studies have been cross-sectional. Second, there have been few comparative studies. A third reason is that our research has tended to use deficit models rather than to examine the strengths and resources of the family and family members. This focus has resulted in few indicators of positive family outcomes. It is this author’s perception that with the evolution of research by nurse investigators in family, there have been more models measuring strengths and

resources of families and family members. For example, McCubbin has proposed a health resources model as a reframing of research using the double ABCX cumulative stress model of adjustment and adaptation (McCubbin & Huang, 1989) With this paradigm shift from deficit models, it is expected that indicators and predictors for successful family outcomes will be identified.

The conceptualization and design of our research needs to address the expected duration of the family outcomes. For some acute-care situations, a short-term outcome may be desired, such as the family’s ability to negotiate visiting with the family member in the ICU. In other clinical situations, the goal may be an ongoing or long-term change in family functioning or in the family structure.

Advances in health care and technology are changing the course of health and illness and as a result are influencing research in family outcomes and family interventions. Illnesses and their treatments change, both within the course of illness and over time. Diseases once considered terminal are now designated as chronic. The pattern of responses of both the practitioner and the family may change as a result both of the longevity of the condition as well as of the changing prognosis of the family member. For example, a longitudinal study of children with cancer and their families revealed that, during the first year, the family responds to the diagnosis and initial treatment; after two years the child is most probably in remission; and by six years the child will likely be a long-term survivor (Camaroff & Maquire, 1981). While this improvement in the course of the disease is positive, there are implications for both defining family outcomes and determining the duration of the outcomes for the conduct of intervention research of families.

## **Methodological approaches to measuring family outcomes**

To advance the research of families related to family interventions and family outcomes, it is important that we build on the previous work of family and family-related research.

As the research issues related to family outcomes are analyzed, two questions emerge from the large number of studies of the responses of individual family members and the family to health and illness. The first question is: Can the reports of family responses to health and illness in family members and families be interpreted as family outcomes? The second is: How do these family responses apply to practitioner/family interventions?

While researchers can build from this work, it is important to recognize that three criteria for research of families are not met in most of this research. Therefore, there are limitations in the application of the previous findings to research of family outcomes. First, most of this work did not use a family conceptual/theoretical framework. Second, the outcomes measured, in most instances, were outcomes of individuals **and** were not family related. Third, there was little if any attempt to link the outcomes to a specific nursing intervention. Gilliss (1991) identifies the work by Thorne and Robinson (Robinson & Thorne, 1984; Thorne & Robinson, 1988a; 1988b; 1989) as one of the best examples of family phenomena delineation and the examination of the processes used by families in establishing relationships with health professionals. This program of research contributes to our understanding of family outcomes in response to the professional interface. The data provide some directions for determining possible interventions that could support families as they establish communication with health professionals. While this previous research of family responses has limitations, such as small, nonrepresenta-

tive samples, meta analysis of this previous work may provide sufficient information to confirm the patterns of responses. From this analysis, clear indicators of family outcomes can be determined.

Over the last 10 years, reliable and valid measures of family functioning have been developed and can be interpreted as indicators of family outcomes (Roberts & Feetham, 1982; McCubbin, McCubbin, Patterson et.al, 1983; Thomas & Barnard, 1986; Forman & Hagen, 1983). However, what is still lacking is that investigators do not match the instrument to the conceptualization of the study, source, level of data and level of analysis (Feetham, 1991; Ranson, Fisher, Phillips, Kokes, & Weiss, 1990; Moriority, 1990; Uphold & Strickland, 1989). It should also be noted that the norms for family instruments tend to be based on ethnically and sociodemographically limited samples. Kazak(1989) reported that in a study of college students, families with young children, grandmothers and therapists, perceptions of family normalcy often did not correspond to norms and varied developmentally and ethnically (Kazak, McCannell, Adkins, Himmelberg & Grace, 1989).

## **Future directions**

It is important that we continue to build from the existing research in outcomes, families, and the practitioner/family intervention. At the same time it is important to recognize that much of the previous research of families did not derive from the family realm perspective and may have used deficit rather than resource models. In spite of these limitations the clinical and research literature provides important findings and directions.

That family members scores differ by gender is a consistent finding in most quantitative measures of family-related variables collected from more than one family member (Kazak, Snitzer & Jamas 1988). Traditionally this difference has been labeled measurement error.

Family scientists are now indicating that this is a simplistic interpretation of differences (Brooks, 1991; Schumm, Barner, Bollman, Jurich, Milliken 1985). Methods have been developed to differentiate measurement error from the variance of individual family members and the shared variance of the family (Fisher, Terry & Ransom, 1990; Larson & Olson, 1990; Ransom, Fisher, Phillips, Kokes, & Weiss, 1990; Schumm, Barnes, Bollman, Jurich, Milliken, 1985). In the future, family scientists need to work collaboratively with scholars in gender theory to develop conceptual frameworks and to design and conduct studies that account for rather than negate the gender differences of family members (Feetham, 1991).

The context of the intervention is another important conceptual and methodological consideration. Not only is there little research on the family system, but also there is even more limited examination of the family within other systems. Prospective studies are needed to examine the family member(s) or family within the context of the school system, health-care system, community and/or social systems. These studies require both interdisciplinary and interinstitutional research.

Another future direction is the identification of predictors of family outcomes. This is particularly critical in light of our diminishing personnel and economic resources for the care of families. If practitioners could reliably identify high- and low-risk families, resources could be directed to reinforcing the strengths of the low-risk families and the provision of additional resources for the high-risk families.

Another area where research by nurses can make specific contributions to research of families and practitioner/family interventions is in examining the biobehavioral interface among the responses of family members and families to health and illness. This area is not well developed in the family sciences. For this and

other research of families there is a need for interdisciplinary teams that include clinicians, family scientists, and biological scientists.

Advances in biomedical technology are having a significant effect on families as technology-dependent family members are cared for in the home, and the availability of new technologies challenge the structure and functions of families (Edwards, 1991). In the case of families with technology-dependent family members, prospective, longitudinal research is needed from implementation of the technology through discharge and long-term care to determine the predictors of family outcomes and appropriate interventions for family members and families.

### **Summary**

In summary, some of the major conceptual and methodological approaches to developing practitioner interventions for research of family outcomes are the need to:

- Develop and conduct the research within the family realm perspective
- Build on the clinical and research literature of family responses to health and illness
- Use existing practice models such as those of Doherty and Gilliss in defining measurable interventions
- Begin with the more developed family-related research to theoretically define nursing interventions
- Use meta analysis to contribute to the operational definitions of family outcomes and family interventions
- Identify interventions from clinical practice using qualitative and triangulation research

- Determine measures of the efficacy and effectiveness of the intervention
- Determine indicators of family outcomes
- Determine measures of short-term and long-term outcomes
- Use comparative samples and longitudinal methodologies
- Conduct culturally sensitive, multisite studies

While there are conceptual and methodological issues unique to research of families there are many issues common to outcomes research as evident throughout this volume. It is expected that future research will identify predictors of outcomes, and interventions to guide nursing practice and improve family outcomes in health and illness.

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