MEASURING FAMILY FUNCTIONING IN OLDER FAMILIES USING THE FEETHAM FAMILY FUNCTIONING SURVEY

by

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Little work has been done addressing the measurement of family functioning in older families. The Feetham Family Functioning Survey (FFFS) is used to enable the clinician to review systematically the family members' perception of the many relationships that contribute to or that are affected by family functioning (Feetham & Humenick, 1982). This tool has been widely used with younger families. This project focused on the measurement of family functioning in later adulthood. Specifically, it evaluated the use of the FFFS with older persons.

Phase One of this project was designed to develop the conceptual framework for the analysis of family functioning in older families and to draft the revisions of the FFFS for use with that age group. A description of the procedures and results used in Phase One are included in Chapter One. Phase Two involved the psychometric testing of the revised instrument and is the focus of this Master's Research Project.

Review of the Literature

The study of methodological issues related to the measurement of family constructs is of interest to nurses (Barnard, 1984; Feetham & Humenick, 1982; Gillis, 1983; Roberts & Feetham, 1982; Speer & Sachs, 1985; Whall, 1984). The literature addressing the family comes from multiple disciplines, using a variety of approaches. This review of the literature will be limited to works pertinent to the development of the FFFS and its use with older persons.

Works addressing family functioning in older families and instrument construction for use with older persons will be reviewed. Finally, the conceptualization and development of the FFFS will be discussed.

Family Functioning In Older Families

Most studies pertaining to the assessment of family functioning have involved families in the earlier, child-rearing stage of the family lifecycle. This literature will not be reviewed. Instead, this section of the literature review is limited to the gerontological literature that addresses transitions or changes related to aging that may have an impact on family functioning in later adulthood. From an ecological perspective of family analysis, this approach to the literature was beneficial to the study of family functioning in older families since a family's response to change in maintaining the family system is conceptually related to family functioning. First, two theoretical works will be reviewed, followed by a summary of the research related to family functioning in late adulthood.

Duvall (1971) describes the developmental tasks of the older family as locating an appropriate living situation for the later years, adjusting to a decreased income, establishing comfortable household routines, nurturing each other as husband and wife, facing loss of a spouse, caring for older relatives, continuing relationships with children and grandchildren, maintaining interests in people outside the family and finding meaning in life.

Nye and Berardo (1973) offer a sociological perspective of the study of the family. The concept of family function is described as an activity performed for an institution or for a class of individuals. Socialization of children is an example of a family function, with the activity benefiting the family as well as the society as a whole. The authors refer to the aged couple as the retirement family. This phase of the family lifecycle is viewed as one that results in needs for major marital adjustments. A successful adjustment to the retirement role is dependent on both members of the dyad making changes and accommodating changes in the other's behavior and self conceptions.

Elderly persons express greater marital satisfaction than any other age group (Kalish, 1982). Kalish goes on to say that although elderly couples may have received support from each other over the years, they may find that changes due to illness, increased dependence or inadequate available support cause difficulties in their marital relationship.

The impact of aging on human sexuality is also a factor that has an effect on the elderly couple's relationship (Rienzo, 1985). Rienzo describes the physiological implications of aging that result in positive and/or negative effects on the sexual experience. Sexual interest and sexual ability do not inevitably disappear in the elderly. The couple's sexuality in their later years may increase in importance because it offers an opportunity to express not only

emotional love and affection, but also esteem and loyalty at a time when there are losses in other areas of life.

Kelley (1981) offered a review of the literature pertaining to marriage relationships and aging, and suggested looking at the issues in this area using interdependence concepts. Various patterns of experiences of aged couples were described including: retirement, age-related tendencies in forming friendships, changes in health, age-related dispositional needs brought to the marriage, changes in physical attractiveness and changes in time sense affecting a spouse's perception of self-validation. Kelley suggests that these age-related issues would affect the older couple's interdependence relationship. The author's analysis suggests that there will often be problems for the older couples that derive from the above changes as the couple's involvement in extramarital activities and relationships decreases. Kelley's discussion emphasizes the paucity of empirical evidence supporting the above analysis, but his ideas offer provocative areas for further study.

In summary, developmental, sociological, psychological, and physiological changes with aging have an impact on older families. Although there is a lack of empirical evidence describing the implications of these changes, it is apparent that they may have an effect on family functioning in later adulthood.

Instrument Construction For Use With Older Persons

A search of the literature offers little pertaining to instrument construction for use with older persons, or, specifically, families in later adulthood. A description of a study that did address the topic follows.

Gibson and Aikenhead (1983) addressed the methodological issues confronting survey researchers who are interested in older populations. They found that the elderly respondents were reluctant to answer questions relating to income or voting behavior, although no significant problems occurred with other potentially emotional topics. A variety of question formats were used with success in this study. It was found that if a multiple choice format was used, the answering options should be explained clearly. Two unexpected problems encountered during the study included high levels of interviewer fatigue and the difficulty of isolating the respondent from the family, or spouse during the actual interview. Advantages of interviewing the elderly were described, including high levels of respondent cooperation and interest, and fewer time pressures experienced by them.

Feetham Family Functioning Survey

The Feetham Family Functioning Survey (FFFS) is an instrument developed by Feetham to measure family functioning (Roberts & Feetham, 1982). It was originally developed to measure family functioning in families with children born with myelodysplasia.

Roberts and Feetham (1982) describe the FFFS as a tool that measures the three primary areas of family functions as relationships: the relationships between the family and the community; the relationships between the family and its subsystems, which include responsibilities and the division of labor; and the relationships between the family and each individual. The items were developed using descriptions of family functions in textbooks of family study (Duvall, 1971; Eshleman, 1974; Rogers, 1973) and from clinical observations of families affected by the birth of infants with myelodysplasia (Roberts & Feetham, 1982).

The review of the literature supports consideration of the FFFS as an instrument that may be used for the measurement of family functioning in older families. Phase One of this study describes the development of the conceptual framework for this study and the construction of the FFFS modified for use with older families (MFFFS).

Phase One: Construction

The purpose of this phase of the study was to obtain qualitative data for the expansion of the conceptual framework described by Roberts and Feetham (1982) to address the measurement of family functioning in older families. The modification of the FFFS was based upon data obtained from open-ended interviews with older couples, information from literature pertaining to the normal

physiological changes of aging, and the review of the literature relating to older families that was presented earlier.

Methods

Interviews With Older Couples

The purpose of this series of interviews was to obtain qualitative data to determine elderly couple's perceptions of issues pertaining to family function of couples in their age group. The responses of the families were used to evaluate the questions and wording of the FFFS as they pertain to the use of the instrument with older families. This discussion will involve the development of the interview schedule, the interview process, and an evaluation of results.

The Interview Schedule. A focused interview schedule was developed to obtain information from older couples regarding their perception of family function in families their age (see Appendix A). Input from five nurses with expertise in the areas of family nursing or gerontology was obtained regarding construction and revision of the interview guide. A final draft was read to two persons over 60 years of age to determine question clarity and to help in the development of probes.

The Interview Process. An informed consent form was developed and submitted with a copy of the interview guide and the Protection of Human Subjects Initial Review Questionnaire to The Oregon Health Sciences University Office of Research for review. It had been

determined that the proposed interview provided a very low probability of risk to the subjects, and was exempt from full review by the Committee on Human Research. The coordinator of a local senior center was contacted for names of couples over the age of 60 who were functioning at a high level. Eleven names of couples were provided, and 2 of the 11 couples did not consent to be interviewed. Couples were interviewed until the data categories were saturated. Seven couples were interviewed.

The subjects were white married couples ages 60 to 82. They were all involved with the Senior Center as a volunteer or as a participant in activities. Information obtained during the interview process indicated a range in socio-economic status ranging from retired working class to retired professional. All couples felt they were able to manage on their present incomes.

The couples were contacted by telephone, and given a brief introduction and explanation of the purpose of the interview and probable time frame of the interview process. The couples were assured of confidentiality. The couples were interviewed in their own homes. Prior to the interview itself, all couples signed the informed consent form.

The interview questions for Phase One were open-ended; the couples being encouraged to freely express thoughts they had regarding the topic being discussed. If question clarification was requested, predetermined probes were used, or, the question was repeated. Minimal difficulty occurred using this process. Six of

the seven couples verbalized that they enjoyed the interview process. One couple was somewhat reserved, but agreed to be interviewed again if this was desired.

Results. Responses to the questions were categorized into areas of similar emphasis or meaning. Issues contributing to a high level of function related to the couple's interaction with each other were described as the presence of love and affection. Couples felt that genuine caring for each other, with mutual trust and support were important for a couple to function well. A strong emotional bond was apparent in the responses, as well as a willingness to be open to meeting the needs of their spouse.

An intact communication process is a second category of responses that the couples felt must be in place in order that the family function well. The responses indicated that there are different styles of expressing feelings and communicating, but the important point is that there is a mutual willingness to understand the other, and that feelings are expressed.

A third identifiable category was adaptation through effective problem-solving. The couples felt that their ability to problem solve was impacted by learning from experience, and an ability to adjust to a change in role expectations. The availability of support persons, as well as an openness to accept support from persons outside the family as needed, were identified as necessary for a high level to family functioning.

Friendship and social contacts were seen as factors that contribute to the ability of an older family to function well, including a "sincere liking of other people" with an ability to relate socially to others. "Good citizenship", "activities with helping other people", and the "younger old being a resource to the old old or frail" were seen as positive role aquisitions for the older family members.

Entertainment and leisure activities were identified as important for the older family. There were couples that described leisure pursuits as an important shared activity. Conversely, others described the importance of involvement in leisure activities independent of the spouse. Enjoyment, pleasure, and a positive attitude toward life were perceived as important for an older family to function well.

Level of health was seen as having an effect on family functioning. The need to adjust to the changes in roles resulting from illness was seen as a factor influencing family functioning.

Adequate finances were mentioned as a necessary factor to be in place in order that a family be able to function well. Couples expressed fear about the financial consequences of deteriorating health, and that financial worry has a negative impact on family functioning.

Religion was mentioned by several of the couples as impacting on the ability to functon. It was apparent from the number of times that religion had been mentioned and the varying degrees of emphasis, that the significance of religion among families differed.

Analysis

Constant comparative analysis of the interview responses revealed eight different components of family functioning identified by the older couples in this small convenience sample. The components of family functioning that were related conceptually to the aspects of family functioning as measured by the FFFS were used in assessing the appropriateness of the FFFS for use with older families.

The components of family functioning identified from the elderly couples' responses were compared to the items of the FFFS and Table 1 summarizes the findings. These associations serve only to determine the appropriateness of including the items on the instrument modified for use with families in later adulthood.

In summary, finances and religion were viewed by the elderly couples as having an impact on family functioning, but these areas are not measured by the instrument. It is apparent from the interview results that the components of family functioning described by the couples do involve their relationship between each other and their relationship with their environment as described in the conceptual framework for the development the FFFS (Roberts & Feetham, 1982). Religion was described by certain families as being an important influence on a family's ability to function. Therefore, addressing this area in the modified tool may strengthen the validity of its use with an older sample. The measurement of family finances was not considered in tool modification since finances may not relate to the three areas of relationships as described in Feetham's

Table 1

Components of Family Functioning and Related Items

Component	Item of FFFS[a]
1. A satisfying relationship with one's partner involving affection and trust	3, 4, 7, 16, 23, 26 & 27
2. Effective communication with one's partner	4
3. Flexibiliity and effective problem-solving	8, 9, 10, 12, 15, 16, 18, 19, 20, 24 & 25
4. Friendship and social contacts	1, 2, 5, 8, 13, 21 & 22
5. Involvement in productive activities, such as classes or work	24 & 25
6. Entertainment and leisure activities	6
7. Health	17
8. A positive relationship with one's children	12 & 13

[a]Note. See Appendix B for the FFFS items.

conceptualization of family functioning. Also, family financial status can be measured in other ways.

Results of Phase One: Tool Modification

This discussion involving the modification of the FFFS for use with older families and its administration is based on the qualitative interviews with older couples, the literature pertaining to the the family in later adulthood, and the literature addressing the normal changes with aging. Changes in the tool based on the interview process were as follows (see Appendix C for the revised instrument):

> Question 8 and 10 - omitted "care of children" since child care is not conceptually the same issue for older families as for younger families.
>
> Question 15 - changed the wording to the amount of time your child(ren) miss work or school, since with children in the later stage of the life cycle, work would be the most frequent activity, with a similar level of commitment as school.
>
> Question 19, 20, 24, and 25 - the amount of time you miss work (including housework and volunteer work), with volunteer work being added since this was an activity present in the lives of the older interviewees.
>
> Question 27 - "sexual" changed to "intimate" due to the avoidance of the word "sexual" in the interview process, the changes in sexuality with aging, and the perception of the term by older people.

The final question change resulting from the interview process was the addition of a question - "the amount of time you spend in religious or spiritual activities." This question addressed the area of religious activity as a possible important aspect of an elderly family's relationship with the environment. Family finances were addressed as a sample characteristic.

The final revisions of the instrument and considerations with its administration are based on the review of the physiological changes in vision and hearing that come with age (Yurick, 1984). Clear, dark, enlarged print was used on the questionnaire to accommodate changes with vision. Diffuse indirect lighting was used when possible in the area of questionnaire administration to avoid problems with glare. The interviewer should determine that glasses and hearing aids were worn if needed.

When interviewing a hearing impaired respondent, it may help to speak slowly, and lower one's tone of voice. The interviewer should determine if the respondent needs a hearing aid, and if it is being used. Also, increased volume may help, but some elderly persons may be sensitive to louder volumes. Decreased background noise may also be helpful.

The procedure for administering the questionnaire was changed from the procedure used with younger families. Due to possible problems with comprehending multiple choice answers (Gibson & Aikenhead, 1983), the interviewer will verify answers with the respondent to insure that the response options are clearly understood.

Review by Experts

The first draft of the modified instrument was submitted to seven experts for review. They were chosen for their expertise in the fields of gerontology, family nursing, and/or instrument construction. The experts were asked to provide their judgements

regarding how well the items covered the dimensions of the construct, how adequately the items covered the content for the defined construct, and whether the items measured a construct outside the domain of interest. This review by experts provided the basis for establishing the content and face validity of the modified instrument.

Changes in the original draft were done after the reviews by experts were analyzed (see Appendix C). In questions 19 and 20, the word "miss" was changed to "are absent from". A question pertaining to the amount of time the respondent misses work may have been interpreted by the older person as regret resulting from loss of the employment role with retirement. This change decreased the likelihood for misinterpretation of the question by older persons. A tryout of the instrument with two persons over 60 years of age was done to determine any final problems with format or administration prior to preparing the final draft for testing. No need for revisions was indicated.

The section that follows includes a description of the conceptual framework for this project. The definition of terms and a statement of the hypothesis will conclude Chapter One.

Conceptual Framework

The conceptualization of the measurement of family functioning in older families used in this study is a synthesis of the structural-functional (Duvall, 1971; McIntyre, 1966) and the ecological

approaches (Andrews, Bubolz, & Paolucci, 1980; Paolucci, Hall, & Axinn, 1977) to family analysis described by Feetham (Roberts & Feetham, 1982) for the development of the original instrument. This synthesis includes the analysis of the qualitative interview data from older families, and the review of the literature pertaining to families in later adulthood.

The family ecosystem is comprised of the family members, their perceived external environments and the human transactions carried out through the family organization. Each element of the family ecosystem is interrelated, made up of independent, although interdependent parts. The basic elements of the family ecosystem are, 1) family members, 2) environments (natural and human-built), and 3) the family organization which functions to transform energy in the form of information into decisions and actions.

Family functions are those need-directed activities that involve the family member's relationship with each other, and the family and the environment. The family functions measured by the Feetham Family Functioning Survey, modified for use by older families include: 1) performance of household tasks; 2) maintenance of a positive sexual and marital relationship; 3) interacting with family and friends; 4) involvement with the community; 5) resolving difficulties related to work, or social contacts; 6) involvement in leisure activities; 7) the appropriate use of outside support; and 8) involvement in religious or spiritual activities. The family's

involvement in the family functions is measured by the proxy variables of the family's decision-making process. Family functioning is the outcome of the family's performance in decision-making related to need-directed behaviors.

A high level of family functioning is determined by a low discrepancy between what is and what should be regarding the outcome of the need-directed behaviors. The level of family functioning results in energy in the form of information, or feedback, to the family system. This feedback acts as input and the cycle begins again. This conceptualization is illustrated in the conceptual model (see Figure 1).

Definition of Terms

The term "family" may be defined in a variety of ways (Eshelman, 1978). For the purpose of this paper, family is defined as a bonded marriage, or an unmarried heterosexual couple who live together and are involved in an interacting and interdependent relationship as husband and wife.

Family functions are those need-directed behaviors of families that are necessary for the survival and enhancement of its members. Family functions involve relationships between the family members, and between the family and the environment. Feetham and Humenick (1982) describe family functions as household tasks, childcare, sexual and marital relations, interactions with family and friends (including children), community involvement, and sources of emotional support. For this project, family functioning will be viewed as the

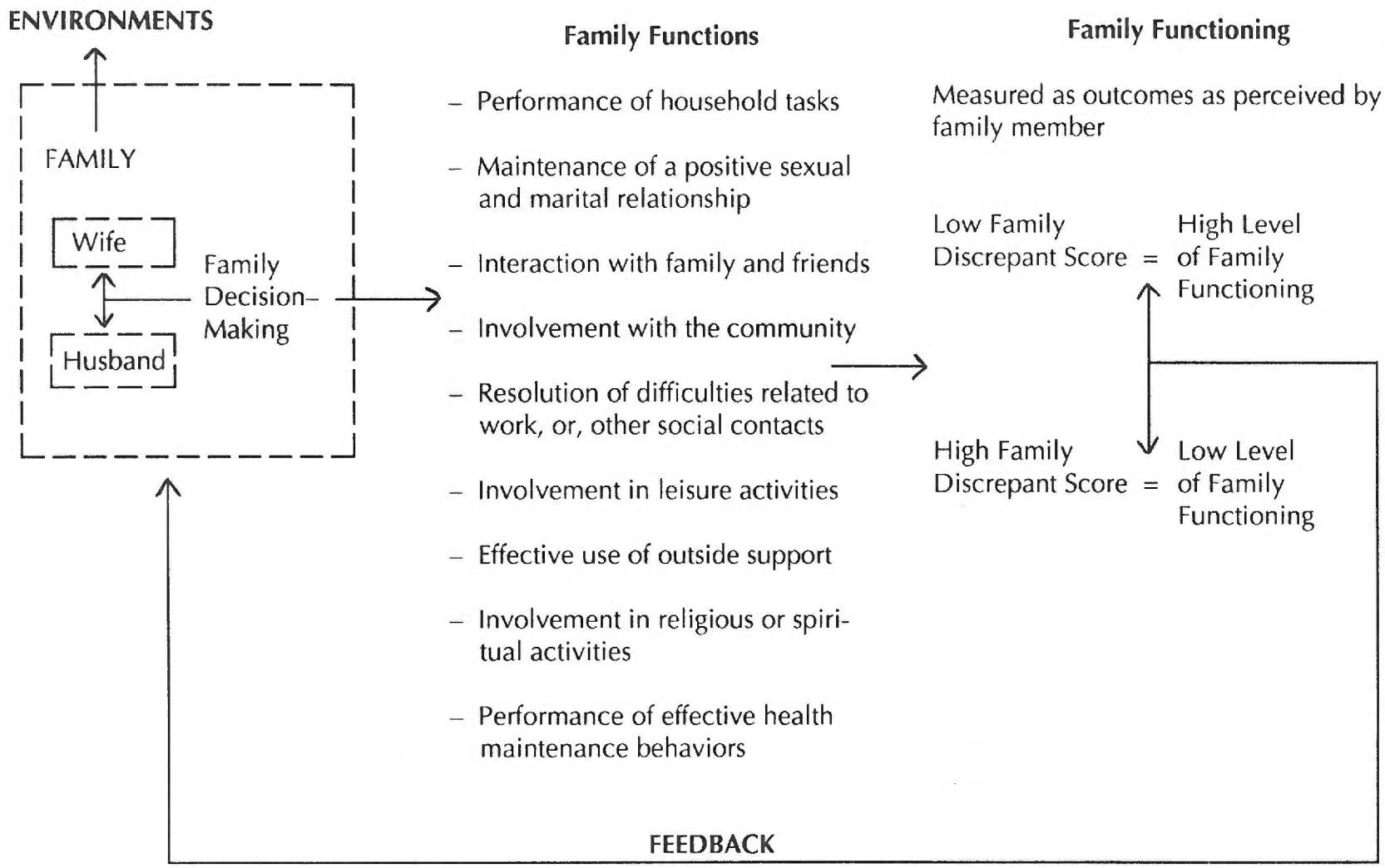

Figure 1. Conceptual model for the measurement of family functioning in older families using the FFFS modified for use with older families.

outcome of the pattern of a family's need-directed behaviors, or functions.

Hypothesis

It is hypothesized that families identified as functioning at a high level will have lower total family functioning discrepant scores on the modified FFFS (MFFFS) than those families identified as functioning at a low level.

CHAPTER TWO

Phase Two: Psychometric Testing of the FFFS Modified For Use With Older families

Methods

Design

The purpose of Phase Two of this methodological study involved the psychometric testing of the modified instrument. A convenience sample composed of high and low functioning older families in caregiving situations were sent the modified Feetham Family Functioning Survey (MFFFS) for use by older persons. A follow-up telephone call was made during which the investigator obtained responses to the items in the survey. The analysis of data involved inter-item correlations and internal consistency reliability. Evidence of content and construct validity was also explored.

Sample

The convenience sample chosen for this phase of the study consisted of elderly wives caring for their husbands. The criteria for referral included that the caregiver and her husband be 65 years of age or older, English speaking, and able to read at the eighth grade level, or, understand the MFFFS if read to them. The families could not be in crisis at the time of the referral.

Forty-seven subjects were referred by two home health agencies in a large metropolitan area in the Pacific Northwest. An additional agency that was approached to participate in the study had no

families that met the subject criteria. During the two month data collection period, the two home health agencies each produced approximately half of the subjects (n=21 and 26) with a refusal rate of 33% (n=7) and 35% (n=9). Reasons for refusal to participate included "lack of time" (n=3), "too stressful" (n=2), caregiver "illness" (n=2), and that the study "didn't apply" to them (n=3). No reason was given by five persons and in one case the husband was hospitalized.

Due to time constraints, data collection was ended after 31 subjects consented to be interviewed. Of the 31 subjects, 22 (71%) were assessed by home health agency nursing or social worker staff as functioning at a high level, and 9 (29%) were identified as functioning at a low level. The procedure used to identify high and low functioning families is presented later (see page 29). The subjects were sent a copy of the FFFS modified for use with older persons (MFFFS) to review. Responses to the items and answers pertaining to subject characteristics were obtained in a telephone interview.

The age of the 31 subjects ranged from 60 to 85 years (M=71.45, sd=7.39). They were caring for spouses age 60 to 89 years (M=74.87, sd=8.16). The primary diagnoses of the respondents' husbands obtained through home health agency chart review indicated a variety of medical problems, with half the subjects experiencing a genito-urinary problem (n=5), cardio-vascular diagnoses (n=6), or a cerebral vascular accident (n=4).

All subjects had at least an eighth grade education. Half of the subjects (n=15) attended or completed high school and 45.16% (n=14) had pursued an education beyond high school. The average annual income of these subjects ranged from under $3,000 per year to over $45,000. Seventy-four percent (n=21) received under $25,000. Only 6.45% (n=2) reported they couldn't make ends meet, while 67.75% (n=21) said they had "just enough" to "a little extra." Thirty-two percent (n=10) of the respondents rated their health as poor to fair, and 30.03% (n=21) reported their health as good to excellent. Additional subject characteristics are provided in Table 2. The families were a part of the home health agency caseloads from 4 to 614 days.

Instruments

This section includes discussions of the scoring of the original FFFS, followed by earlier works involving the psychometric testing of the FFFS and its use with younger families. Finally, the development and scoring of the revised MFFFS (RMFFFS) used in the final analysis will be presented.

Scoring of Original FFFS.

The FFFS modified for use by older families was used to measure family functioning (see Appendix C). The original FFFS uses 23 questions for the assessment of the following areas of family functioning: household tasks, child care, sexual and marital relations, interaction with family and friends (as well as with children), community involvement, and sources of emotional support (Feetham & Humenick, 1982). The items on the

Table 2

Subject Characteristics (n=31)

Characteristic	n	%
Husband diagnosis		
Diabetes	3	10
Pulmonary	3	10
Genitourinary	5	16
Cerebral Vascular Accident	4	13
Musculoskeletal	2	6
Gastrointestinal	1	3
Cancer	1	3
Cardiovascular	6	19
Quadriplegia	3	10
Other	3	10
Subject Education		
Completed 8th grade	2	6
Attended High School	6	19
Completed High School	9	29
Post High School Vocational	6	19
Attended College	5	16
Completed College	3	10

table continued

Table 2 (continued)

Subject Characteristics (n=31)

Characteristic	n	%
Family Annual Income		
Under $3,000	1	3
$10,000-14,999	11	35
$15,000-24,999	11	35
$25,000-34,999	1	3
$35,000-44,999	1	3
$45,000 and over	2	6
Don't know	1	3
Refused	3	10
Subject Perceived Income		
Can't make ends meet	2	6
Just enough, no more	8	26
A little extra	13	42
Always money left over	8	26
Subject's Perceived Health		
Poor	3	10
Fair	7	23
Good	12	39
Excellent	9	29

instrument are constructed in the Porter format, which allows for the measurement of the existing degree of fulfillment of needs and the discrepancy between achieved and expected levels, as well as the importance of each stem to the respondent. The Porter format (Porter, 1962) consists of a stem that provides a referent for three questions. The respondent is asked to rate each question on a seven-point scale (see Appendix B).

The scoring for the FFFS provides for three direct measures and one indirect measure. Each item consists of three scales: (a) How much is there now, (b) How much should there be, and (c) How important is this to me? The measure of each scale is the sum of the scores across items.

The scoring procedure involves subtracting the subject's response on (a) "How much is there" from the subject's response on (b) "How much should there be". The discrepancy between the amount of reported activity and the amount desired by the respondent is a measure of the degree of dissatisfaction. The Porter format allows for an indirect measure (a-b) from two direct measures, (a) and (b). The advantages are that it helps prevent socially desirable responses, and also controls for ethnic and cultural diversity because the valuing of the item is done by the respondent (Feetham & Humenick; Porter, 1962).

The discrepant score (a-b) is calculated for each of the family function items. All negative discrepant scores (a-b) are converted to a positive, or, absolute score to reduce the range of possible

scores and to facilitate computer analysis. This results in a possible range of item discrepant scores from zero to six.

A total family discrepant score may then be calculated by obtaining the sum of the item discrepant scores resulting in a possible range from 0 to 156. As a result, the lower scores are indicative of a greater degree of satisfaction with functioning.

The responses to the importance question (c) may be used to look at values, and to help identify priorities for nursing intervention when there is a high discrepant score coupled with a high importance score (Roberts & Feetham, 1982). The FFFS has not been studied using an older family sample.

Psychometric Testing of the Original FFFS. The descriptions of the FFFS as well as the modified version are provided in Chapter One. The psychometric testing of the FFFS has been reported in the literature (Feetham & Humenick, 1982; Roberts & Feetham, 1982).

The FFFS was tested in both cross-sectional and longitudinal studies involving families with normal infants and families who had infants and children born with myelodysplasia. In a study involving 103 mothers of children with myelodysplasia, the Cronbach alpha reliability coefficient for the family discrepant score was .81. The measures of internal consistency using alpha coefficients for each scale were as follows: How much is there? (a)=.66, How much should there be? (b)=.75, How important is this to you? (c)=.84, and the discrepant score (a-b)=.81. Reliability was also tested using a

test-retest procedure two weeks later with an alpha reliability coefficient of .85.

Content validity was supported in the following ways. The items of family functioning were developed after a review of the family functioning literature, research on families with chronically ill children, and clinical observations of families of children with myelodysplasia. A check of content validity was done by having the items of family functioning reviewed by experts in the care of children with chronic health problems or experts in family theory. The instrument was pretested on parents of children with myelodysplasia, followed by discussions with the developer to determine the need for clarification of wording or format. Appropriate changes were made on the instrument after pretesting.

Concurrent validity of the FFFS was tested by administering the FFFS and the Family Functioning Index (FFI) (Pless & Satterwhite, 1973) at the same time to 103 respondents. The FFI was developed to assess the functioning of families of chronically ill children in order to identify children at risk. This self-administered instrument consists of 15 questions involving role function, marital relations, and communication patterns. Content validity studies were completed on the FFI using two samples. Significant correlations were obtained between family functioning scores and professional and non-professional counselors' assessment of family functioning ($p<.01$). The significantly lower score on the FFI for families known to have functioning problems compared to a random sample of families

($p<.001$) provided evidence of construct validity (Pless & Satterwhite, 1973). Reliability of the FFI was supported by a correlation of .72 between the scores of husbands and wives obtained independently. A correlation of .83 for the entire instrument was obtained for test-retest reliability over a five year period, but significant correlations were not obtained in all items of the scale (Roberts & Feetham, 1982). With the sample of 103 mothers, the reliability coefficient alpha of the FFI was .67 for 103 subjects, and two weeks later the coefficient of stability was .93 for 22 subjects.

The correlation coefficient of $r=-.54$ ($p<.001$) between the FFFS and the FFI provided evidence of concurrent validity. Since the FFI is limited to the measurement of the relationships between the family and individuals, and the FFFS is conceptualized to measure relationships in three areas of emphasis, a difference in the magnitude of the correlations was expected by the developer.

Data on 103 mothers was factor analyzed to test for construct validity of the FFFS. Varimax rotation was used to analyze the data from the mothers of children with myelodysplasia. The results of the factor analysis supported the conceptualization of the instrument as three areas of relationships identified by McIntyre (1966): 1) the relationships between the family and broader social units; 2) the relationships between the family and subsystems; and 3) the relationships between the family and the individual.

Procedures

Agency Access. The investigator contacted the directors of two medicare-certified home health agencies for participation in this study. Approval was obtained and materials were submitted to the hospital nursing and/or institutional research committees for approval. This study was found exempt from review by The Oregon Health Sciences University Committee on Human Research.

After approval was secured through the designated research committees, the agency directors of nursing arranged a meeting with agency staff and the investigator for identification of appropriate families. Only families identified by nurses or medical social workers were used for the study. A script was used by the investigator to insure that subjects met the study criteria, as well as to insure that accurate information was provided to agency staff regarding the study and the protection of the rights of the subjects (see Appendx D).

Sample Access. The staff was given a form for recording the names of elderly families that met the sample criteria. The staff members were asked to assess the families' level of functioning by using a four point scale: highest, high, low, or lowest (see Appendix E). The investigator remained blind to the staff's assessment of the families' level of functioning to avoid any effect this knowledge could have on the investigator's collection of data from the subjects. The level of functioning forms were collected

separately by agency administrative staff and delivered to the investigator in an envelope for use after completion of the data collection.

Two approaches were devised to be compatible with the needs of the agencies' staff. In one agency, family names were generated using a computer search, and for the other agency names were obtained through chart review. The list was presented to staff by the director of nursing, nursing supervisor, or the investigator for the identification of subjects that met the study criteria. A description of the subject criteria was provided in writing to accompany the form used to indicate assessed level of family functioning.

Upon receiving the names of subjects, the investigator returned to the agency to retrieve the subjects' addresses, telephone numbers, the patients' (husbands') date of admission to the agency, and the patients' diagnoses by chart review. That information was recorded on the subject referral sheet (see Appendix F). A subject code number was assigned at that time. The above information was transferred to a separate data collection sheet using only a subject code number prior to data analysis to maintain confidentiality.

All information pertaining to the identity of the subjects was treated as confidential. Materials used for recording data were labeled with a subject code number and no identifying information was included in the data files. The subjects were insured of

confidentiality and that they could choose not to participate in the study. The subjects were also informed of the risks they could have incurred by participating in the study. The risks were that the interview questions may have caused the subject concern, embarrassment, or remind her of negative experiences. The subjects could have also experienced inconvenience due to the busy nature of the caregiving role. The identified risks were not of a serious nature.

During the study, all materials were kept in a locked file. After completion of the study, all identifying information was destroyed.

The subjects were sent a copy of the modified FFFS for use with older families (MFFFS) (see Appendix C), a cover letter from the investigator (see Appendix G), and a letter of support for this study from the referring agency (see Appendix H).

Approximately one week later, a telephone call was made to the potential subject to determine her willingness to participate, and to answer any questions (see Appendix I). If the subject consented to participate, the investigator proceeded to obtain the responses to the MFFFS and the demographic questions (see Appendix J).

Two subjects returned completed questionnaires in the mail. One subject was contacted by telephone for demographic information and to review responses to the questionnaire. The other subject requested not to be contacted by telephone. She was sent a separate

questionnaire for subject characteristics. Her responses to the MFFFS were evaluated and found not to deviate from responses of subjects interviewed by telephone. This is consistent with Feetham's findings (Roberts & Feetham, 1982). The findings and analysis of Phase Two of this study follows in Chapter Three.

CHAPTER THREE

Findings

This chapter will focus on the analysis of the Revised Modified Feetham Family Functioning Survey (RMFFFS). A discussion pertaining to the development of the RMFFFS will be presented, followed by its use with an older sample. This section will conclude with the results of validity and reliability testing using a small convenience sample.

Development and Scoring of the Revised Modified FFFS for Use With Older Persons (RMFFFS)

This section will describe the rationale for revision of the MFFFS (see Appendix C). The procedure for scoring the final revised instrument (RMFFFS) will also be discussed.

It was found that with over one-third of the sample, there were missing data involving items 12, 13, 15, 20 and 25 (see Appendix C). These items were problematic for the respondents as supported by qualitative data. Items 12, 13 and 15 are questions pertaining to the respondents' children. Comments from resondents involving those items included: "That's their problem, not mine", "Not at that age", "Doesn't apply", or "They're not here".

Items 20 and 25 refer to the husbands' work. Because the husband was being cared for by the respondent, it follows that the spouses may be unable to accomplish work. The interpretation of the word "work" by the older sample suggests gainful employment, adding to the problems with

those items. Qualitative data supporting this analysis include: "He's retired", that the item "Doesn't apply", or, "He's not able".

Based on the above information, items 12, 13, 15, 20, and 25 were deleted from the scale for development of the Revised Modified Feetham Family Functioning Survey (RMFFFS). The RMFFFS was used in the final analysis. The scoring procedure used with the RMFFFS follows.

The computer program CRUNCH (CRUNCH Software Corporation, 1987) was used for instrument scoring and statistical computations. The item discrepant score (a-b) was calculated for those items of the 21-item scale that subjects answered. The discrepant score was then converted to an absolute score (negative scores recoded to positive) with a possible range of zero to six. In the case that there were missing items, then the mean item discrepant score of all answered items was used for the discrepant score of missing items. With this procedure, the substituted score was used for one item with one subject, two items with two subjects, and four items with one subject. Using the RMFFFS resulted in no missing data for a majority of the subjects ($\underline{n}$=27). The higher the score, the greater the discrepancy between "what is" and "what should be" indicating that the respondent was experiencing dissatisfaction with family functioning. The family discrepant score was then obtained by calculating the mean of the item discrepant scores M(a-b) resulting in a possible range of zero to six. The mean, standard deviation, range and $\underline{n}$ for each item of the RMFFFS and for the mean family discrepant scores are provided in Table 3.

Table 3

Discrepancy Scores for Individual Items and Overall Score Using the RMFFFS

Item	Entire Sample				Low Functioning			High Functioning			
	$\bar{x}$	sd	range	n	$\bar{x}$	sd	n	$\bar{x}$	sd	n	t-test
1. Talk with friends	0.57	1.01	0-4	30	0.67	1.00	9	0.63	1.11	22	0.10
2. Talk with relatives	1.10	1.60	0-5	30	1.56	1.74	9	0.93	1.51	22	1.01
3. Time with spouse	1.00	1.24	0-4	31	1.11	1.27	9	0.95	1.25	22	0.31
4. Talk concerns with spouse	1.37	1.81	0-6	30	1.33	1.50	9	1.38	1.96	21	-0.06
5. Time with neighbors	0.84	0.97	0-3	31	1.00	1.22	9	0.77	0.87	22	0.59
6. Time with leisure	2.12	1.26	0-5	31	2.44	0.53	9	2.00	1.45	22	1.25[a]
7. Help from spouse	1.23	1.96	0-6	30	2.22	2.39	9	0.81	1.63	21	1.89
8. Help from relatives	1.19	1.72	0-6	31	2.89	1.96	9	0.50	1.01	22	4.49**
9. Time with health professionals	0.80	1.56	0-6	30	0.89	1.36	9	0.76	1.63	22	0.22
10. Help from friends	0.64	0.98	0-3	31	1.11	1.17	9	0.45	0.86	22	1.74
16. Disagreements with spouse	0.73	1.46	0-5	30	1.00	1.41	9	0.61	1.50	21	0.65
17. Time you are ill	0.90	1.35	0-5	30	0.44	0.73	9	1.17	1.52	22	-1.79[a]

table continued

Item	Entire Sample				Low Functioning			High Functioning			
	$\bar{x}$	sd	range	n	$\bar{x}$	sd	n	$\bar{x}$	sd	n	t-test
18. Time doing housework	1.58	1.50	0-6	31	1.89	1.05	9	1.45	1.65	22	0.73
19. Time absent from work	0.97	1.52	0-6	30	1.00	1.12	9	0.95	1.69	21	0.08
21. Emotional support friends	0.45	0.81	0-3	31	0.33	1.00	9	0.50	0.74	22	-0.51
22. Emotional support relatives	1.27	1.80	0-6	30	2.67	2.29	9	0.66	1.13	22	2.50*[a]
23. Emotional support spouse	1.48	1.78	0-6	29	1.36	1.43	9	1.57	1.91	21	-0.29
24. Your work disrupted	1.23	1.31	0-4	31	1.67	1.58	9	1.04	1.17	22	1.21
26. Satisfaction with marriage	1.16	2.05	0-6	31	2.11	2.67	9	0.77	1.66	22	1.40[a]
27. Satisfaction with intimate relations	0.74	1.49	0-5	28	0.81	1.74	9	0.75	1.41	20	0.09
28. Time in religious activities	0.90	1.14	0-5	31	1.11	0.93	9	0.82	1.22	22	0.65
MEAN FAMILY DISCREPANT SCORE	1.07	0.75	.05-3.33	31	1.41	0.58	9	0.93	0.78	22	1.67

*$p \leq .05$

**$p \leq .001$

[a]separate variances used

Validity

Face validity had been supported through the review of the first draft of the modified FFFS by experts in the fields of gerontology, family nursing, or instrument construction. This review had been described in Phase One of this study.

Content validity was addressed in the following ways in Phase One of this study. Content validity was tested by completing a tryout of the final draft of the modified FFFS with two persons over 60 years of age followed by revisions of wording or format as indicated. The review of the literature supports the use of the items used in the instrument. The congruence between the results of the qualitative interviews and the items of the instrument also supports content validity.

The mean of the discrepant scores (a-b) for all 21 items of the RMFFFS is referred to as the family discrepant score. A lower family discrepant score is indicative of a higher level of family functioning. This information was used to test the hypothesis: that families identified as functioning at a high level will have lower total family functioning discrepant scores on the RMFFFS than those families identified as functioning at a low level. The following discussion will involve how the reliability and validity of the revised modified instrument was explored in Phase Two.

Construct validity was examined by doing a t-test comparing the family discrepant scores between families identified as functioning at a high level as compared to families identified by staff as functioning at a

low level. Although the results were not significant (see Table 3), they were in the direction predicted.

T-tests were also computed on the individual 21 items. The direction of the means were as predicted with 17 of the 21 items with significant findings for item 8 (the amount of help from relatives) and item 22 (emotional support from relatives) (see Table 3).

Reliability

Cronbach's alpha coefficient was calculated for the original modified FFFS as well as for the Revised Modified FFFS (eliminating items 12, 13, 15, 20 and 25) (see Table 4). Although the alphas are reported for a, b, and c, the variable of interest is the absolute value of (a-b) because that value is used for calculation of the family discrepant score. The Cronbach's alpha coefficient for the family discrepant score of the MFFFS (n=8) was .78 with an interitem correlation of -.57 to .93. Cronbach alpha for the family discrepant score for the RMFFFS (n=25) was .86 with an interitem correlation of -.31 to .70.

Item 28, "time spent in religious or spiritual activities," was added to the scale after Phase One. Deleting this item from the scale did not alter the alpha of the family discrepant score (.86).

Discussion

The results of Phase Two of this study must be considered in light of the limitations imposed by the sample. The size of the

Table 4

Coefficient Alphas of the FFFS Modified for Use with Older Families

Scale	Modified FFFS (MFFFS) alpha	interitem correlation	n	Revised Modified FFFS[a] (RMFFFS) alpha	interitem correlation	n
a	.61	-.88 to 93	9	.49	-.60 to .72	28
b	.39	-.87 to .95	8	.59	-.57 to .63	25
c	.65	-.86 to .97	9	.83	-.45 to .84	26
Family Discrepant Score						
M(a-b)	.78	-.57 to .93	8	.86	-.31 to .70	25

[a]Eliminated items 12, 13, 15, 20 & 25

convenience sample was limited due to time constraints, difficulty in accessing subjects, as well as a high refusal rate. The high refusal rate is understandable considering the demanding nature of the caregiver role. The fact that the subjects were accessed through medicare-certified home health agencies imposes variables that may impact family functioning; such as openness of the family system, financial resources, and access to services. Although the sample size is small, time constraints must be considered in planning sample size due to the difficulty in accessing subjects through the time-limited home health industry staff vis ã vis the busy nature of the caregiver role.

The MFFFS was efficient in that retrieval of responses took from 20 to 55 minutes via telephone interview. Responses received by mail resulted in unanswered questions, particularly with the items referring to children and work. Retrieval of responses by return mail is not recommended with an older sample due to the need to insure understanding of the response set, and to provide cues. Respondents needed to be reminded that questions were to be answered for the current time frame. Also, the respondents needed cuing to insure the response reflected their thoughts regarding the item, or, their perception of the situation, and not their husbands' or others'.

Family functioning is a construct of interest to nurses, but may be conceptualized differently at the various stages of the family

life cycle. This was apparent from the review of the literature as well as the review of the Modified Feetham Family Functioning Survey (MFFFS) by experts in Phase One. Feetham suggests the instrument may also be conceptualized as an instrument to measure social support (personal communication, September 16, 1987) (see Appendix K). This does not preclude the use of the instrument as a measure of the construct of interest. Indeed, there are multiple factors that could impact family functioning, such as social support, financial status, health status, coping abilities, and others. The development of an efficient instrument for clinical use may indeed measure an aspect of family functioning, or, a proxy variable. The instrument or instruments used would be chosen in the context of the sample, or, research question of interest.

The content validity of the MFFFS was supported by the review of the literature as well as the qualitative interviews in Phase One. Construct validity was not supported by the t-test comparing the family discrepant scores of families identified by staff as functioning at a high level compared to families identified by staff as functioning at a low level. Although not significant, the means were in the direction predicted. The lack of significance may be related to the small sample size, as well as the sensitivity of the staff members' assessment of family functioning as defined for this study. Also, the investigator's description of the construct to staff may not have been consistent with "family functioning" as measured by the RMFFFS.

The measurement of a family construct based on the perceptions of a family member, versus input from the entire family, may also have a negative impact on instrument validity. Due to time constraints of staff, the investigator was not always available to clarify staff questions at the time assessments of family functioning were made. A copy of the subject criteria and the definition of family functioning was provided to home health agency staff to help alleviate that problem. The relatively small number of low functioning families (n=9) may also impact the validity of the instrument in this study.

Reliability of the RMFFFS is supported with a Cronbach alpha coefficient of .86 in the family discrepant score. The alpha increased from .78 to .86 with the deletion of items 12, 13, 15, 20, and 25 from the MFFFS. This supports the use of the RMFFFS with this sample. The addition of item 28 (time spent in religious or spiritual activities) did not alter the alpha of .86, supporting its inclusion in the scale.

In conclusion, the evaluation of family functioning in later adulthood is an important area where little work has been done. The results of this study are preliminary due to lack of previous research in this area. The measurement of family functioning would be valuable for the nursing assessment of families in clinical practice and for the planning of appropriate interventions for families in need. The FFFS is a measurement tool with supported reliability and validity that may form a basis for the evaluation of other types of families other than those for which it had been

tested. This study supports the use of the Revised Modified Feetham Family Functioning Survey for use in further research with older families.

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APPENDIX A

Focused Interview Guide

FOCUSED INTERVIEW GUIDE FOR THE EXPLORATION OF THE CONCEPT OF FAMILY FUNCTIONING WITH OLDER COUPLES

1. "The staff at the senior center have suggested that you are a family who functions at a very high level. I'm interested in what qualities that you think make for a highly functioning family."

   Clarification of the word "function":

   A. "What do you consider to be the strengths of your family?"

   B. "When your family runs into a problem, what things do you do as a family to deal with it?"

2. "Could you name some things for me that you feel are very important in order for a family to function well?"

3. "What things do you feel are not as important regarding contributing to your family's high level of function?"

4. "Do you feel that if one of you would become ill, that this would affect your ability to function well?"

5. "What advise would you give to families who want to improve their function?"

6. "Do you feel that with a family your age, that your relationship with your children has an impact on your family function?" "In what ways?"

7. "How would a family tell if they were nolonger functioning well?"

8. "Do you have any other ideas or comments regarding the function of families your age?"

APPENDIX B

Feetham Family Functioning Survey (FFFS)

FEETHAM FAMILY FUNCTIONING SURVEY

Feetham Family Functioning Survey
Suzanne L. Feetham, Ph.D., R.N.
Children's Hospital National Medical Center
Washington, D.C.
Rev. 3/1/03

26. The amount of satisfaction with your marriage.

(21) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(22) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(23) c. How important is this to you?
Little Much
1 2 3 4 5 6 7

27. The amount of satisfaction with the sexual relations with your spouse.

(24) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(25) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(26) c. How important is this to you?
Little Much
1 2 3 4 5 6 7

3. The amount of time you spend alone with your spouse.

(21) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(22) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(23) c. How important is this to you?
Little Much
1 2 3 4 5 6 7

4. The amount of discussion of your concerns and problems with your spouse.

(24) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(25) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(26) c. How important is this to you?
Little Much
1 2 3 4 5 6 7

5. The amount of time you spend with neighbors.

(27) a. How much is there now?
Little Much
1 2 3 4 5 6 7

(28) b. How much should there be?
Little Much
1 2 3 4 5 6 7

(29) c. How important is this to you?
Little Much

20. The amount of time your spouse misses work (including housework).

(68) a. How much is there now?

Little Much
1 2 3 4 5 6 7

(69) b. How much should there be:

Little Much
1 2 3 4 5 6 7

(70) c. How important is this to you?

Little Much
1 2 3 4 5 6 7

21. The amount of emotional support from friends.

(71) a. How much is there now?

Little Much
1 2 3 4 5 6 7

(72) b. How much should there be?

Little Much
1 2 3 4 5 6 7

(73) c. How important is this to you?

Little Much
1 2 3 4 5 6 7

22. The amount of emotional support from relatives.

(74) a. How much is there now?

Little Much
1 2 3 4 5 6 7

(75) b. How much should there be?

Little Much
1 2 3 4 5 6 7

(76) c. How important is this to you?

Little Much
1 2 3 4 5 6 7

9. The amount of time with health professionals (doctors, nurses, social workers, etc.).

(39) a. How much is there now?

Little Much
1 2 3 4 5 6 7

(40) b. How much should there be?

Little Much
1 2 3 4 5 6 7

(41) c. How important is this to you?

Little Much
1 2 3 4 5 6 7

10. The amount of help from your friends with family tasks such as care of children, house repairs, household chores, etc.

(42) a. How much is there now?

Little Much
1 2 3 4 5 6 7

(43) b. How much should there be?

Little Much
1 2 3 4 5 6 7

(44) c. How important is this to you?

Little Much
1 2 3 4 5 6 7

11. If you don't have a child, check here ____ (45) and omit questions 12, 13, 14, and 15.

12. The number of problems with your child(ren).

(46) a. How much is there now?

Little Much
1 2 3 4 5 6 7

(47) b. How much should there be?

Little Much
1 2 3 4 5 6 7

(48) c. How important is this to you?

Little Much

APPENDIX C

Modified Feetham Family Functioning Survey (MFFFS)

FEETHAM FAMILY FUNCTIONING SURVEY

MODIFIED FOR USE WITH OLDER FAMILIES

Feetham Family Functioning Survey
Suzanne L. Feetham, Phd, RN
Children's Hospital National Medical Center
Washington, DC

Modified for use with older families by:
Georgene C. Siemsen RN, C, BSN
Oregon Health Sciences University
7/20/87

For each of the following statements, there are three questions: How much is there now? How much should there be? How important is this to you? Please answer all three questions by circling the number which represents how you feel now about the family function in each statement. The term spouse refers to your husband or wife or the person who acts as your husband or wife.

Please answer all items.

---

1. The amount of discussion with your friends regarding your concerns and problems.

   a. How much is there now?

Little						Much
1	2	3	4	5	6	7

   b. How much should there be?

Little						Much
1	2	3	4	5	6	7

   c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

2. The amount of discussion with your relatives regarding your concerns and problems (do not include your spouse).

   a. How much is there now?

Little						Much
1	2	3	4	5	6	7

   b. How much should there be?

Little						Much
1	2	3	4	5	6	7

   c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

3. The amount of time you spend with your spouse.

   a. How much is there now?

Little						Much
1	2	3	4	5	6	7

   b. How much should there be?

Little						Much
1	2	3	4	5	6	7

   c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

4. The amount of discussion of your concerns and problems with your spouse.

   a. How much is there now?

Little						Much
1	2	3	4	5	6	7

   b. How much should there be?

Little						Much
1	2	3	4	5	6	7

   c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

5. The amount of time you spend with neighbors.

   a. How much is there now?

Little						Much
1	2	3	4	5	6	7

   b. How much should there be?

Little						Much
1	2	3	4	5	6	7

   c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

6. The amount of time you spend in leisure/ recreational activities.

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

7. The amount of help from your spouse with family tasks such as house repairs, household chores, etc.

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

8. The amount of help from relatives with family tasks such as house repairs, household chores, etc. (do not include spouse).

   a. How much is there now?

Little						Much
1	2	3	4	5	6	7

   b. How much should there be?

Little						Much
1	2	3	4	5	6	7

   c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

9. The amount of time with health professionals (doctors, nurses, social workers, etc.).

   a. How much is there now?

Little						Much
1	2	3	4	5	6	7

   b. How much should there be?

Little						Much
1	2	3	4	5	6	7

   c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

10. The amount of help from your friends with family tasks such as house repairs, household chores, etc.

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

11. If you don't have a child, check here_____ and omit questions 12, 13, 14, and 15.

12. The number of problems with your child(ren).

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

13. The amount of time you spend with your children.

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

14. If you do not have a child who is in school or working, check here _____ and omit Question 15.

15. The amount of time your child(ren) miss school or work.

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

16. The number of disagreements with your spouse.

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

17. The amount of time you are ill.

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

18. The amount of time you spend doing housework (cooking, cleaning, washing, yardwork, etc.)

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

19. The amount of time you are absent from work (including housework and volunteer work).

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

20. The amount of time your spouse is absent from work (including housework and volunteer work).

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

21. The amount of emotional support from friends.

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

22. The amount of emotional support from relatives.

a. How much is there now?

Little Much
1 2 3 4 5 6 7

b. How much should there be?

Little Much
1 2 3 4 5 6 7

c. How important is this to you?

Little Much
1 2 3 4 5 6 7

23. The amount of emotional support from your spouse.

a. How much is there now?

Little Much
1 2 3 4 5 6 7

b. How much should there be?

Little Much
1 2 3 4 5 6 7

c. How important is this to you?

Little Much
1 2 3 4 5 6 7

24. The amount of time your work routine is disrupted (including housework and volunteer work).

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

25. The amount of time your spouse's work routine is disrupted (including housework and volunteer work).

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

26. The amount of satisfaction with <u>your</u> marriage.

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

27. The amount of satisfaction with the intimate relations with your <u>spouse</u>.

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

28. The amount of time you spend in religious or spiritual activities.

a. How much is there now?

Little						Much
1	2	3	4	5	6	7

b. How much should there be?

Little						Much
1	2	3	4	5	6	7

c. How important is this to you?

Little						Much
1	2	3	4	5	6	7

29. What is most difficult for you now?

_____

_____

_____

30. What is most helpful for you now?

_____

_____

_____

APPENDIX D

Script for Home Health Agency Staff

NARRATIVE FOR THE STAFF MEETINGS FOR OBTAINING NAMES OF SUBJECTS

- (If introduction is not done by supervisor) For those of you who do not know me, I am Georgene Siemsen, a graduate nursing student from The Oregon Health Sciences University School of Nursing. As part of the requirements for the Masters degree, I am interested in studying the assessment of family functioning in elderly caregiving families. I will be sending a questionnaire to 40 home health agency clients' wives who are caring for their husbands. The questionnaire takes about 20 to 25 minutes to complete. I would appreciate taking the next 15 minutes or so of your time to obtain the names of families that meet the criteria for the study.

- Be assured that all information will remain confidential, that involvement in the study by the caregivers is voluntary, and that the decision to participate or not will not affect their relationship with the agency or The Oregon Health Sciences University. Only consenting persons will be interviewed.

- I will send caregiving wives an introductory letter. Four to five days later I will make a follow-up telephone call to determine their willingness to participate I will arrange a final telephone call time with them at their convenience and send them a copy of the questionnaire. The questionnaire should take them no more than 35 to 45 minutes to complete. Younger families have completed a similar questionnaire in 10 to 15 minutes.

PASS OUT THE SHEETS FOR THE STAFF TO RECORD NAMES (see Appendix E)

- These sheets are for recording the names of the caregiving wives who will receive the questionnaire for the study, her husband's name, your name, team, and discipline. It is not necessary to include your name if this is uncomfortable for you. It would be helpful to me to have your name if there were duplicate patient names, if I had difficulty reading something, or if I had any questions.

- You will note the sheets are scored. I need to remain blind to your assessment of a family's level of functioning, so this information must be torn from the sheet by my advisor prior to my seeing the names. Please make sure the family number and your "level of functioning" assessment number correspond. I will explain the "level of function" to you a little alter.

- By an elderly family, I mean couples age 65 or older, and they are married or consider their relationship to be a marriage, who live together and are involved in an interacting relationship as husband and wife. For example, I would not include a couple if the husband is comatose, because they are unable to interact.

- These are the characteristics of the person I am interviewing:
    1. Caregiving wives age 65 or older.
    2. Able to read English at the eighth grade level, or understand it if read to them. I will be available to them to clarify

questions over the telephone, so this can be compensated for to a certain extent.

3. The families have a telephone.
4. The families will not be in crisis.

- I would like you to record the women's names and their carereceiver husband's names on the form I handed out.

- By family functioning, I mean a family's ability to be involved effectively with each other, as well as with relatives, friends, and community in order to meet their needs.

- I would like you to think about all the families that you have seen in the past month.

- Think about how these families have been functioning. Consider their level of functioning as one of four categories: Highest, High, Low, and Lowest. For example, if a family is functioning very well, circle "Highest" for that family on the form. These are just general categories. Just think of all these families relative to each other, in terms of these four general categories.

- After completing the form, please put them in this envelope and I will pick them up after team meeting.

- Please feel free to make any comments at the bottom of the page.

- Do you have any questions about the study?

- Thank you very much for your help.

APPENDIX E

Level of Function Form

DATE: _____
M/D/Yr.

STAFF NAME: _____

DISCIPLINE: _____

No. Patient's Name	Wife Caregiver	No. Level of Family Functioning
		Highest High Low Lowest
		Highest High Low Lowest
		Highest High Low Lowest
		Highest High Low Lowest
		Highest High Low Lowest
		Highest High Low Lowest
		Highest High Low Lowest
		Highest High Low Lowest
		Highest High Low Lowest
		Highest High Low Lowest
		Highest High Low Lowest
		Highest High Low Lowest

COMMENTS:

APPENDIX F

Subject Referral Sheet

Subject No._____

REFERRAL INFORMATION

Patient's Name (Subject's husband):_____

Patient's Address:_____Tel. No.:_____

Subject's Name (Patient's wife):_____

Subject's address if different from above:_____

Subject's telephone if different from above:_____

Agency:_____ Admission date:_____

Date of referral for study:_____

Procedure referral received:_____

Record of initial telephone contact: Date:_____.

Consent to be interviewed: Date:_____.

Instrument and cover letters sent:_____.

Date Final Telephone Call:_____. Completed:_____.

Date and Content of subsequent telephone calls (if needed):_____

_____

_____

_____

_____

_____

Other comments:_____

_____

_____

_____

_____

_____

_____

APPENDIX G

Investigator Cover Letters

THE OREGON
HEALTH SCIENCES UNIVERSITY
3181 S.W. Sam Jackson Park Road, EJSN, Portland, Oregon 97201 (503) 279-8382

School of Nursing
Department of Family Nursing

Dear Home Health Family:

My name is Georgene Siemsen. I am a registered nurse and graduate student at The Oregon Health Sciences University (OHSU) in the School of Nursing in Portland. The Home Health agency had given me your name.

I am doing a study to learn more about families in caregiving situations. The information learned from the study may not benefit you directly, but may help others in the future. I hope to learn more about how a health professional can tell how families are doing, and how we can better provide needed services.

Participation in this study is voluntary. Your decision to participate will not affect your relationship with or the Oregon Health Sciences University.

I am asking caregiving wives to answer the questions on the enclosed questionnaire. If you participate in this study, I will telephone you in about one week to obtain your answers to the questionnaire, and to ask you a few questions about your family. The telephone interview will be arranged at a time that is convenient for you. The interview should take only 20 minutes to complete. You complete the questionnaire ahead of time, or wait until my telephone call and we will go over the questionnaire together.

You can withdraw from the study at any time prior to or during the interview. Your comments will be treated with utmost confidentiality. Results of the study will be presented in group form so that you will remain anonymous.

I will call you within one week to answer any questions you may have and ask if you are willing to participate in this study. In the meantime, if you have questions prior to my call, you may leave a message on my telephone answering machine at 245-4501 and I will return your call as soon as I can. You may also call Dr. Jane Kirschling, my acting advisor for this project, at 279-8382.

Thank you for your consideration to participate.

Sincerely,

Georgene C. Siemsen, R.N.C., B.S.N.

THE OREGON
HEALTH SCIENCES UNIVERSITY
3181 S.W. Sam Jackson Park Road, EJSN, Portland, Oregon 97201 (503) 279-8382

School of Nursing
Department of Family Nursing

June 1988

Dear Home Health Family:

My name is Georgene Siemsen. I am a registered nurse and graduate student at The Oregon Health Sciences University in the School of Nursing in Portland. Home Health has given me your name.

I am doing a study to learn more about families in caregiving situations. The information learned from the study may not benefit you directly, but may help others in the future. I hope to learn more about how a health professional can tell how families are doing, and how we can better provide needed services.

Participation in this study is voluntary. Your decision to participate will not affect your relationship with Home Health or The Oregon Health Sciences University.

I am asking caregiving wives to answer the questions on the enclosed questionnaire. If you participate in this study, I will telephone you in about one week to obtain your answers to the questionnaire, and to ask you a few questions about your family. The telephone interview will be arranged at a time that is convenient for you. The interview should take only twenty minutes to complete. You may complete the questionnaire ahead of time, or wait until my telephone call and we will go over the questionnaire together.

You can withdraw from the study at any time prior to or during the interview. Your comments will be treated with utmost confidentiality. Results of the study will be presented in group form so that you will remain anonymous.

I will call you within one week to answer any questions you may have and ask if you are willing to participate in this study. In the meantime, if you have questions prior to my call, you may leave a message on my telephone answering machine at 245-4501 and I will return your call as soon as I can. You may also call Dr. Jane Kirschling, my acting advisor for this project, at 279-8382.

Thank you for your consideration to participate.

Sincerely,

Georgene C. Siemsen, R.N.C., B.S.N.

APPENDIX H

Agency Cover Letters

May 20, 1988

Dear Home Health Family:

The Home Health Agency has been asked to participate with The Oregon Health Sciences University School of Nursing in a research study which will explore the effects on a family in which a wife is caring for her husband. In order for our participation to be successful and meaningful, we must ask you to consider participation because you are indeed the expert in this area.

The choice to participate in this study is solely yours and can be stopped at any point you choose. The information will be strictly confidential. If you have any questions or concerns, please do not hesitate to call me at .

Sincerely,

Director

Dear Family:

had been asked to participate with The Oregon Health Sciences University School of Nursing in a research study which will explore the effects on a family in which a wife is caring for her husband. In order for our participation to be successful and meaningful, we must ask you to consider participation because you are indeed the expert in this area.

The choice to participate in this study is solely yours and can be stopped at any point you choose. The information will be strictly confidential.

I would like to take this opportunity to thank you in advance for considering participation in this study and for allowing the opportunity to have provided you service. If you have any questions or concerns, please do not hesitate in calling me at .

Sincerely,

Director

APPENDIX I

Script for Telephone Call to Subject

NARRATIVE FOR THE FINAL TELEPHONE CALL TO SUBJECTS

Have the sheets ready for recording:

1. Responses to the modified FFFS.
2. Subject characteristics

- Hello. I am Georgene Siemsen, nursing graduate student from The Oregon Health Sciences University School of Nursing. May I speak with Mrs. _____?

- Hello, Mrs. _____. I am Georgene Siemsen, Nursing graduate student from the Oregon Health Sciences University School of Nursing. I had received your name from the Home Health Agency. Have you received a letter from me with a questionnaire?

- Do you have any questions about the study?

- Do you consent to participate in the study?

- (if yes) The questionnaire takes about 20 to 25 minutes to complete. What would be a convenient date and time to complete the interview in privacy?

- (if now) Proceed with the FFFS.

- Proceed with subject characteristics.

- (if a different time would be more convenient- record date and time on the subject referral form, Appendix K). Thank you very much, I will talk to you then.

- (if no, the subject does not consent to participate) Thank you for your consideration. Good-bye.

APPENDIX J

Subject Characteristics Form

Subject ID_____

SUBJECT CHARACTERISTICS

-Procedure for receiving responses: A. Telephone call.
B. Sent a questionnaire for demographics.
C. Other _____.

1. What is your birth date? __ __ / __ __ / __ __
mo. day yr.

2. I just want to check that I understand correctly your relationship to Mr. (CARERECEIVER). He is your husband, is that right? Yes / No

3. What is the highest grade in school that you completed?

Never attended school----------0
Attended grade school----------1
Completed 8th grade----------2
Attended high school----------3
Completed high school----------4
Post high school vocational training----------5
Attended college----------6
Completed college----------7

4. Compared to other persons your age, would you say your health is: (READ CHOICES)

Excellent----------4
Good----------3
Fair----------2
Poor----------1

5. How does your health now compare to your health one year ago? Is your health now: (READ CHOICES)

Much better----------5
A little better----------4
About the same----------3
A little worse----------2
Much worse----------1

6. Finally, I would like to ask you two more questions about your family. Which of the following 4 statements describes your ability to get along on your income?

I can't make ends meet----------1
I have just enough, no more----------2
I have enough, with a little extra----------3
I always have money left over----------4

ID_____

SUBJECT CHARACTERISTICS Page 2

7. I will name a list of annual income categories. Please identify which annual income category comes closest to the total amount of your household income. This includes the income of each person in the household, including social security, pensions, rent from property, dividends, interest, earned income, help from relatives, and any other income.

Under $3,000 per year----------1
$3,000 to $5,999----------2
$6,000 to $9,999----------3
$10,000 to $14,999----------4
$15,000 to $24,999----------5
$25,000 to $34,999----------6
$35,000 to $44,999----------7
$45,000 and over----------8
Don't know----------88
Refused to answer----------99

---

8. Date of Referral __ __ / __ __ / __ __
mo. day yr.

9. Referring Agency: 1 =
2 =
3 =
4 =

10. Procedure referral received: 1 = staff meeting
2 = chart review
3 = supervisor
Other_____

11. Time in program (days): _____
(Referral date - admit date)

12. Husband's age: _____
Yrs.

13. Referring discipline: 1 = Nurse
2 = MSW
88 = Not indicated

14. Staff's assessment of family functioning: 4 = highest
3 = high
2 = low
1 = lowest

APPENDIX K

Feetham Communication

children's hospital
national medical center 111 MICHIGAN AVENUE, N.W., WASHINGTON, D.C. 20010 ● (202) 745-5000

DEPARTMENT OF CHILD HEALTH AND DEVELOPMENT, GEORGE WASHINGTON UNIVERSITY
CHILD HEALTH CENTER ● RESEARCH FOUNDATION OF CHILDREN'S HOSPITAL

September 15, 1986

Dr. Georgene C. Siemsen
7006 SW 4th Avenue
Portland, OR 97219

Dear Dr. Siemsen:

Thank you for your interest in the Feetham Family Functioning Survey. I have enclosed a copy of the revised instrument. Research for further testing of the instrument continues. At the present time, I recommend it's use as a research versus clinical instrument. I believe further testing will confirm the clinical validity of the instrument.

We are working on another publication that will include the results of testing the instrument with larger samples of families of healthy children, families with infants at risk for apnea and families of children on new health care procedures. The instrument has been used in longitudinal studies and is shown to measure change in family functioning over time. The difference between the mothers and fathers scores also show change over time. Recently, the instrument has been interpreted as a measure of social support in additon to its original conceptualization of examining three areas of relationships of family functioning.

The family discrepancy score is calculated by summing the difference between the A (how much there) and B (how much should there be) score. The difference between the A and B score is converted to an absolute score to reduce the range of scores that occurs using both negative and positive scores. For clinical purposes and some research questions you may want to leave the negative scores. If the parent perceives they have too much or too little of something this may be a significant factor. As indicated, the importance score can also be used clinically, i.e., if the parent indicates a high discrepant score (A-B) on selected items and a high importance score, this to me, suggests a point for further assessment and intervention. If you have questions regarding the instrument, please contact me. The numbers in parenthesis by each item are the column numbers for computer analysis.

Should you decide to use the instrument, please note that it is copyrighted. I want to know that you are using the instrument and expect a summary of the results. It is through this sharing that the instrument can be improved. Also, please inform me if you intend to alter the instrument, as I wish to keep a record of the change and the reliability and validity testing of the changed instrument. Please report the use of the instrument on the enclosed form. Thank you.

A check for $5.00 would be appreciated, to help cover expenses to process your request.

The FFFS has been used with samples of families with persons with a variety of chronic and acute conditions and healthy families. Attached is a sample of a revised format that you may find more satisfactory.

Attached is a reference list related to family assessment. References of particular interest to you are

1. Humenick book which includes a chapter on the Feetham Family Functioning Survey.

2. Roberts and Feetham (1982) is on the Feetham Family Functioning Survey.

3. Smilkstein, (1984) includes a copy of the Family Apgar.

4. The Wright and Leaky book is an excellent reference and includes the family interview, genograms, and ecomas.

Please let me know if I can be of further assistance.

S[redacted]

Suzanne L. Feetham, Ph.D., F.A.A.N.
Director of Nursing for
Education and Research

Enclosure
Instrument and/or Reprint

SLF:crb:vlb(DLL Directory)
RNSWITCHC
09/15/86

ABSTRACT

Title: MEASURING FAMILY FUNCTIONING IN OLDER FAMILIES USING THE FEETHAM FAMILY FUNCTIONING SURVEY

Author: Georgene C. Siemsen, R.N.C., B.S.N.

Approved: [redacted]
Patricia Archbold, R.N., D.N.Sc., F.A.A.N.
Professor, Thesis Advisor

There is a need for an efficient, reliable and valid means for assessing aged family functioning. Little work has been done regarding the measurement of this concept with this age group.

The Feetham Family Functioning Survey (FFFS) is an instrument which has been used with younger families with good evidence of reliability and validity. The purpose of this two phase study was to explore the concept of aged family functioning in qualitative interviews with older families, and to evaluate the use of the FFFS with an older sample. Phase One was designed to develop the conceptual framework for the analysis of family functioning in older families and to draft the revisions of the FFFS for use with this age group.

A focused interview guide was developed to explore elderly couples' perceptions of family functioning in their age group. The

questions and probes were based on information from past clinical experience, input from five nurse experts in family nursing and/or gerontology, and a pilot test with two elderly persons.

Names of elderly married couples identified as functioning at a high level by staff were obtained from a local senior center. The couples were age 60-82, white, retired, and able to manage on their incomes. Couples were interviewed until the categories saturated. A total of eight couples were interviewed. The couples were interviewed in their homes.

The interviews were tape recorded and notes were taken. Constant comparative analysis was done using the data from the transcribed tapes and notes. The couples identified the following factors in describing a highly functioning older family: 1) affection, love and trust; 2) intact communication; 3) effective problem-solving, including flexibility and an openness to outside resources; 4) friendships and social contacts; 5) involvement in productive activities; 6) adequate financial resources; 7) involvement in leisure activities; and 8) religion as a source of support or comfort. A synthesis of this analysis and the review of the literature was used for the development of the conceptual framework and the revision of the instrument.

The format was modified by using enlarged print and fewer questions per page. Changes in administration technique were identified to reflect the needs of the older sample. An item was

added to measure religious or spiritual activity. Finally, the instruments were reviewed by experts in family nursing, methodology, and/or gerontology. The final modifications were made based on their input.

Phase Two of this study involved the psychometric testing of the modified instrument (MFFFS). A convenience sample of 47 families over 65 years of age were accessed through two home health agencies in a large metropolitan area in the Pacific Northwest. The families' level of functioning was assessed by the agency nursing or social work staff. The caregiving wives were sent the MFFFS with cover letters. A follow-up telephone call was made to obtain the responses to the questionnaire and demographic questions.

The generalizability of the findings of Phase Two of this study is limited due to the small size of the convenience sample. Also, the fact that the subjects were obtained through home health agencies imposes other variables as well. Difficulty accessing subjects must be anticipated due to the busy nature of the caregiver role and time constraints of home health agency staff.

The MFFFS was efficient to use, although subjects benefited from cuing to insure they understood the response set. A revised modified Feetham Family Functioning Survey (RMFFFS) was developed by eliminating items that were problematic for the respondants. The RMFFFS was used in the final analysis.

Content validity was supported by the review of the literature and the qualitative work in Phase One. Construct validity was not

supported by the t-test comparing family discrepant scores of families identified by staff as functioning at a high level compared to families identified by staff as functionng at a low level. Although not significant, the means were in the predicted direction.

Reliability of the RMFFFS was supported with a Chronbach alpha of .86 for the family discrepant score. The addition of the item addressing religious or spiritual activity did not change the alpha, supporting its use in the scale.

The evaluation of family functioning in later adulthood is an important area where little work has been done. This study supports the use of the RMFFFS for use in further research with older families.