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Title: STRESS AND COPING OF FAMILIES AND CHILDREN WITH BOWEL INCONTINENCE

Aims of study:

The Japanese parents of the children with bowel incontinence tend to feel the fact of the incontinence shame, and hide it¹⁾²⁾. Consequently, their stress and coping are still unclear.

The purpose of this study is to construct and develop a theory-based concept model that would enable prediction of the family stress and coping with children's bowel incontinence during the acquisitional process of social continence in Japan. The model is based on Lazarus's theory of stress, appraisal, and coping³⁾.

Method:

Four Japanese families of children with imperforate anus who had visited in pediatric surgery clinic were interviewed. Children's ages ranged from 4 to 9 years (mean=5.8). The children had undergone curative surgery. Case-intensive, semistructured interviews were audiotaped, transcribed, and coded into 2 categories; stress and coping. We analysed the data and constructed the concept model using Lazarus's theoretical framework of stress, appraisal, and coping.

Result:

The concept model was constructed.

The model included 3 stages. In the first stage, the family stress is associated with the birth of the baby with anomaly and child-care, and the family copes emotionally with the child-care. The parents of the children with bowel incontinence perceive their children as socially competent except for bowel incontinence. In the second stage, the family stress is associated with the social discrimination and prejudice for bowel incontinence, and the family tries to make social adjustment with kindergarten or elementary school. In the third stage, the family stress is associated with the difficulties of bowel management. The family coping introduces management method on an individual basis, and facilitates child's self-care. There is correlation between these stress and coping, during the acquisitional process of social continence. We thought that the family attains "adaptation" through these stress and coping process. We defined "adaptation" of the family and the child with bowel incontinence, as the acquisition of the ability to grow, develop and adapt to the social environment.

Conclusion:

We clarified the stress and coping of the family and children with bowel incontinence, and constructed the concept model which showed the acquisitional process of social continence. The findings suggested the necessity of medical, nursery and social support for the family and children with bowel incontinence.

References:

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Stress , Appraisal , and Coping . Springer Publishing Company 1984