

Concept development of family resilience: a study of Korean families with a chronically ill child

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Aims. To clarify and delineate the concept of family resilience in the context of the chronic illness of a child. This study also investigated the concept of family resilience in relation to family functioning in order to compare and contrast family resilience and family functioning.

Design and method. Three phases of the hybrid model of concept development were applied: theoretical, fieldwork and final analytical. In the theoretical phase, a working definition of family resilience was developed by a literature review. The fieldwork phase comprised in-depth interviews with 11 parents with a chronically ill child, in the paediatric oncology unit of a university hospital in South Korea. The qualitative data obtained from the interviews were analysed to find attributes of family resilience. The final analytical phase compared and interpreted the findings from the theoretical and fieldwork phases in order to clarify and refine the concept of resilience.

Results. The definition of family resilience was of an enduring force that leads a family to change its functioning dynamics in order to solve problems encountered. Twenty-one conceptual attributes of family resilience emerging from this study were differentiated into four dimensions: (i) intrinsic family characteristics, (ii) family member orientation related to family characteristics, (iii) responsiveness to stress and (iv) external orientation.

Conclusions. Family resilience is an enduring force that leads a family to change its dynamics of functioning in order to solve problems associated with stresses encountered. This conceptualization led to the development of a model of family coping that incorporates both family resilience and family functioning, as the property and as the process of change, respectively.

Relevance to clinical practice. In order to build a family that functions better under stress, it is necessary for nurses to focus more attention on family resilience, especially in terms of the development of intervention strategies to strengthen family resilience.

Key words: chronic illness, concept analysis, family resilience

Introduction

Illness in a family member can be burdensome and cause enormous stress on the family as a whole. It often forces changes to the family system in such aspects as role relationships among family members, family lifestyle and family-value priorities (Lee *et al.*, 2002). A family under a stress such as an illness or economic hardship can experience cognitive, emotional, social or instrumental imbalances that disturb family functioning. Families must be able to tap into and mobilize resources in order to adapt and respond to such situations. McCubbin & Patterson (1981) introduced the concept of resilience, defining it as an adaptation process used by families to cope with a stressful situation. Some other authors (Cowan *et al.*, 1996; Walsh, 1998) define resilience as an adaptive capacity or strength, postulating it as an adaptive capacity for balance in a family when confronting crises, and as a potential power of the family that activates flexibility, problem solving and resource mobilization within the family. Studies on the responses of families to chronic stress also allude to the concept of resilience as a critical aspect in coping and adaptation, and generally do not differentiate it from the concept of family functioning. In our earlier study (Lee *et al.*, 2002) on concept analysis of family functioning, we defined family functioning as a dynamic process of changing and restructuring the family when confronted with stressful situations such as chronic illness.

Family resilience and family functioning concepts project similar notions in terms of the family's adaptation and dynamic processes when confronted with stress. This study began its investigation by considering the following question: do the concepts of family functioning and family resilience refer to the same phenomenon? A clear conceptualization of the phenomena inherent in family resilience is critical in nursing, as nursing outcomes and the nursing intervention process are affected by the level and type of family resilience.

A better understanding of family resilience would clarify how nurses could help families and individuals to maintain balance and functioning when the family is confronted with crises such as chronic illness. Conceptualization of resilience will enable the development of an instrument measuring resilience by delineating dimensions and attributes; it can also foster future quantitative research into resilience.

Methods

Design of the study

The hybrid model of concept development (HMCD; Schwartz-Barcott & Kim, 2000) was applied in this study. The HMCD is oriented to developing concepts through an approach that integrates theoretical and empirical investigations, and it comprises three phases: theoretical, empirical (fieldwork) and analytical. The initial theoretical phase involves formulating a working definition and identifying an existing knowledge base about the concept. The fieldwork phase involves qualitative investigations: participant observations and in-depth interviews. The final analytical phase includes interfacing the initial theoretical analysis with insights gained from the empirical fieldwork phase. It is in this phase that the final definition of the concept is produced through clarification and refinement. In this model of concept development, both inductive and deductive/analytic methods were integrated in the form of 'retroduction' to refine the concept. The fieldwork phase of this study applied only in-depth interviews because participant observation of the phenomena of family resilience is almost impossible unless a researcher lives with a family for an extended period.

Participants

The fieldwork phase involved 11 parents with a child who had a diagnosis of cancer with uncertain medical outcome.

They constituted a purposive sample of people experiencing the phenomena of family resilience. Table 1 shows the characteristics of the study participants. The participants were recruited at a university hospital from March to April 2001. With the assistance of the head nurse of the paediatric oncology unit, parents of a child who had been diagnosed with cancer within the previous year were selected and approached. The Institutional Ethics Review Board of the College of Nursing, Seoul National University, approved the study. The purpose and content of the study were explained to all participants, and their written consent was obtained. The research team collected and analysed data until saturation, i.e. until no new information was forthcoming from additional participants. We considered that this had occurred once data from the eleventh participant had been collected.

Process of the study

Theoretical phase

The theoretical phase of this study involved an in-depth review of the literature on family resilience in the context of various kinds of stressors or life events. Theoretical and empirical research literature from authors in Western countries and South Korea for the last two decades were selected. The terms used in searches of Medline, CINAHL and PsycINFO were 'resilience' and 'family resilience'. Articles that provided conceptual definitions and meanings were selected for inclusion in the analysis. Some additional articles were drawn from the reference lists of the articles. A working definition of family resilience was developed and the attributes of family resilience were delineated from the review.

Fieldwork phase

The purpose of the fieldwork was to conceptualize resilience from people's experiences, and hence we applied phenomenological philosophy in this qualitative study process. A brief interview guide was developed based on the literature review and this was used to guide the in-depth interviews with the mother, father or both parents of the affected child. The interview assessed actions, coping, adaptation and resources utilized by the families with a child having chronic illness. The interviews were conducted while the children were hospitalized in an acute-care hospital for treatment or follow-up. The interviews were performed by three of us who have experience in qualitative research and interviews. Each interview was tape-recorded with the permission of the participants and the data were transcribed verbatim. Each line of the transcribed data was subjected to qualitative analysis. The thematic analytic technique (Lofland & Lofland, 1984; Mariano, 1995) was utilized in the analysis of qualitative data. After the data were sorted into categories and fields, patterns and themes were identified. The data were repeatedly analysed until the study team reached consensus regarding their meaning. When questions arose during the process of qualitative analysis of the data, the participants were interviewed again for clarification; in most cases, each participant was interviewed two or three times. As the final outcome of fieldwork, dimensions and attributes of family resilience were identified.

The final analytical phase

The final analytical phase involved using the knowledge gained in the theoretical and fieldwork phases to clarify the concept of family resilience. Integrating the results from the two previous phases, from which a final definition of family

Table 1 Characteristics of the fieldwork study participants

ID number	Age of the ill child	Sex	Diagnosis	Time since initial diagnosis	Mother's age/education (years)	Father's age/education (years)
1	7 years	Male	ALL	16 months	37/16	39/16
2	14 years	Female	ALL	1 year	40/16	42/16
3	17 years	Female	AML	3 years	45/12	44/12
4	20 months	Male	AML	17 months	29/12	31/15
5	7 years	Female	ALL	4 years	40/17+	40/17+
6	27 months	Male	CML	10 months	33/16	35/16
7	5 years	Male	Rhabdomyosarcoma of bladder	10 months	27/12	27/12
8	7 years	Female	AML, ALL	1 year	36/16	31/16
9	5 years	Male	Retinocytoma	1 year	29/12	38/16
10	7 years	Male	Osteosarcoma	4 years	37/9	39/12
11	11 years	Female	ALL	2 years	35/12	43/12

ALL, acute lymphoblastic leukemia; AML, acute myeloblastic leukemia; CML, chronic myeloblastic leukemia.

resilience was delineated, identified conceptual properties of family resilience. In addition, the conceptual characteristics of family resilience and family functioning were examined together, where the latter were obtained during a previous study performed by our research team (Lee *et al.*, 2002).

Results

The theoretical phase

The in-depth literature review was performed as described in Methods section. The term resilience is defined as 'not to be damaged easily by hit, compression, stretching force, etc., or ability of recovering easily and quickly from unpleasant damaging events' (Collins Cobuild Dictionary, 1995), and as 'quality or property of quickly recovering the original shape or condition after being pulled, pressed, crushed, etc.' (Hornby *et al.*, 1998). Both of these definitions include the recovery from or elastic response to a stressful cause. Attributes of resilience (both common and distinct attributes suggested by authors), antecedent factors for resilience and outcomes of family resilience obtained from a wide-ranging review of related literature are summarized in Table 2. It was evident that the concept of family resilience can be viewed in terms of individual family members (Cowan *et al.*, 1996; Hetherington & Belchman, 1996; Kim, 1998; Woodgate, 1999a,b) or the family as a unit (Antonovsky, 1979, 1987; McCubbin & McCubbin, 1988; Patterson, 1995; Walsh, 1996). Flexibility, (stress) resistance, positive outlook, coping (problem solving), sense of control (balancing), adaptation (adaptability), social integration and resourcefulness were common attributes in both individual and family resilience. The key attributes of individual resilience as distinct from family resilience were maturity, empowerment, creativity and sense of belonging, whereas the characteristic attributes of family resilience were cohesion, commitment, communication, family strength, connectedness, meaningfulness, spirituality and bouncing back. Because the authors' interest was the family as a unit, the attributes of family resilience were chosen and considered in this study.

The *antecedent factors* of resilience in general and family resilience in particular may be categorized into two types. The first category refers to a group of external factors that come to bear upon a family, such as risk, the hassles of daily living and stressors and strains that have accumulated over a long period. Cowan *et al.* (1996) suggested risk as a factor that precedes undesirable outcomes in a person or a group, whereas Patterson (1995) considered that the process of resilience begins when strain is placed upon a family. The second category of antecedent factors refers to a family's

inherent characteristics, such as vulnerability of family members (Woodgate, 1999a) and the buffering potential of a family (Hetherington & Belchman, 1996), which may need to be considered as modifying factors rather than as antecedents.

The *outcomes of family resilience* are most commonly identified as family well-being and family adaptation, and adjustment. Antonovsky (1987) suggested that stress buffering was an outcome of family resilience, which can be considered as a direct outcome of the stress-resistance function of resilience.

The theoretical phase of this study revealed that family resilience plays a positive role, and is defined as a resource having the characteristic of power that is mobilized for positive adaptation. Family resilience appears to reside in relationships among family members, characterized by cohesion as the quality of relationships, and the sharing of values and meanings among family members, rather than in the characteristics of each family member. The theoretical work led to the formulation of the working definition of family resilience. Resilience is a character (property or driving force) that causes changes in family functioning according to a family's own belief or value system, when a family faces an internal or external stressor.

The fieldwork phase

As indicated in the Methods section, analysis of in-depth interviews with the parents of a chronically ill child resulted in the identification of a model positive case of family resilience. This case was used to compare and contrast the data from other families in order to arrive at the definition of family resilience, and for delineation of the key attributes of the concept.

The model case

The family of a sick male child consisted of the father, mother, a daughter and the sick child. When the child was first diagnosed with leukaemia, the doctor assessed the chances of 5-year-survival as lower than 30%. The family initially fell into despair, but soon they decided to do the best for their son (making meaning of adversity, i.e. bouncing back), believing that the utmost efforts of family would cure him in the end (positive outlook).

The sick child's parents were practising Christians, and they came increasingly to rely on their religion after the diagnosis (transcendence and spirituality). They had confidence in each other and communicated well. Whenever they made a decision, they always had a long and straightforward discussion about it (openness in expression). Previously the

Table 2 Attributes, antecedents and outcomes of resilience in other studies

Author(s)	Perspective of family	Attributes	Antecedent variables	Outcome variables
Cowan <i>et al.</i> (1996)	Individual	Coping behaviour Stress resistance	Risk Vulnerability Buffer	Coping Competence Problem free
Hetherington & Belchman (1996)	Individual	Adaptability Sense of control Empowerment	Risk Vulnerability Buffer	Well functioning
Woodgate (1999a,b)	Individual	Stress resistance Invulnerability Resourcefulness Maturity Dynamic process	Perception of stress Protective factor Vulnerability factor	Adaptability Self-esteem Positive attitude Stress management
Kim (1998)	Individual	Psychological Reality and positive outlook Responsibility Self-confidence Hope Flexibility Creativity Social Sense of belonging Social support Active social relationship	Adversity	Process Decrease in adverse chain reaction Decrease in negative emotion Active social relation Active desire in life
McCubbin & McCubbin (1988)	As a unit	Family resistance resource Family type and established pattern of functioning Appraisal of illness stressor and its severity Problem solving and coping Bouncing back	Stressor Family vulnerability	Well adjusted Maladjusted Crisis
Silliman (1994)	As a unit	Commitment Communication Cohesion Adaptability Spirituality Connectedness Time together Efficacy Family strength	Not suggested	Not clarified
Patterson (1995)	As a unit	<i>Family resources and behaviours</i> Family functioning pattern Balancing the illness with other family needs Maintaining clear family boundaries Maintaining family flexibility Maintaining commitment to the family as a unit Capability Developing communication competence Attributing positive meaning to the situation Adopting active coping efforts Maintaining social integration Developing collaborative relationships with health-care professionals	Stressors Strains Daily hassles	Family adjustment and adaptation

Table 2 Continued

Author(s)	Perspective of family	Attributes	Antecedent variables	Outcome variables
Walsh (1996)	As a unit	Organizational pattern Flexibility Connectedness Social and economic resources Communication clarity Collaborative open emotional expression Belief system in making meaning of adversity Positive outlook	Family stressor	Collapse Adaptation
Antonovsky (1987)	As a unit	Confidence Manageability Acceptance and positive appraisal Comprehensibility Meaningfulness	Stressful situation	Family well-being Stress Buffer

sick child's father had rarely helped his wife with household chores, but this changed after the child became sick. When the child was in hospital, the husband took care of him at the weekend so his wife could rest at home. The daughter moved to her grandmother, as her parents did not have time to care for her. She adapted to these new circumstances well (flexibility). When the patient's condition was good enough for him to go out, the family usually went on a picnic in order to spend time together (connectedness). The parents had insufficient funds to care for the child, so their brothers and sisters gave them some money. The husband's coworkers raised a fund to finance the child's bone marrow transplantation (social and economic resources). None of the family members were fully satisfied with their lifestyle, but they thought that they all should be strongly united (cohesion) and tolerate the discomforts to overcome the adversities (sense of control). They had pride in themselves for coping well with this difficult challenge to their family situation (family self-esteem). They adapted well to their new roles (adaptation) and hoped that the existing situation would not deteriorate.

We examined the data repeatedly for themes and patterns until reaching a consensus on key attributes of family resilience in these study participants. A set of 21 attributes was identified as expressing the characteristics of family resilience in the families included in the study. Those families possessing many of these attributes thrived in spite of their stressful situations. These attributes were categorized into four dimensions:

1 Intrinsic family characteristics: (a) coherence, (b) faith, (c) positive outlook, (d) mature thinking, and (e) family self-esteem;

- 2 Family member orientation: (a) flexibility in reorganizing the family, (b) attachment among family members, (c) open communication and emotional expression among family members, (d) mutual understanding and (e) maintaining a balance in the demands of family members;
- 3 Responsiveness to stress: (a) adaptability, (b) desire to maintain normal states, (c) patience for attainment of goals, (d) ability to control stress, (e) readiness to accept critical situations and (f) responsibility for causing trouble;
- 4 External orientation: (a) economic resources, (b) proactiveness towards information, (c) maintaining cooperative relations with health-care professionals, (d) ability to maintain good social relations and (e) family member leadership.

The structure of these attributes is shown in Table 3.

The final analytical phase

The final analytical phase concentrated on analysing and comparing the data obtained from both the theoretical and fieldwork phases in order to arrive at a final definition of the concept of family resilience. In addition, the conceptual properties of family resilience emerging from the empirical data were examined vis-à-vis the concept of family functioning advanced by Lee *et al.* (2002).

The integrative analysis of the results from the theoretical and fieldwork phases revealed that some attributes of family resilience appeared in both, whereas some were in only one set of data (either the literature or the fieldwork), as identical and distinct attributes, respectively (Table 3). Many of the attributes identified as the qualities for resilience in the

Table 3 Comparison of identified attributes of family resilience in the literature and in our fieldwork

Identical or distinct	Dimensions	Attributes	
		From the literature review	From our fieldwork
Identical	Intrinsic family characteristics	Cohesion/coherence	Cohesion
		Maturity, confidence, comprehensibility, maintaining integrity	Mature thinking
		Positive outlook	Positive outlook
		Transcendence/spirituality	Faith
Identical	Family member orientation	Connectedness	Attachment among family members
		Commitment	Flexibility in reorganizing the family
		Communication	Open communication and emotional expression among family members
		Flexibility	Mutual understanding
		Openness in emotional expression	Maintaining a balance in the demands of family members
		Balancing family needs	
Identical	Responsiveness to stress	Adaptability	Adaptability
		Sense of control, manageability	Desire to maintain normal states
		Meaningfulness, appraisal of illness, meaning of adversity	Patience for attainment of goals
Identical	Externally directed	Resourcefulness and resource mobility	Economic resources
		Collaborative relationship with health-care professionals	Maintaining cooperative relations with health-care professionals
Distinct	Intrinsic family characteristics		Family self-esteem
		Responsiveness to stress	Ability to control stress
	Externally directed		Readiness to accept critical situations
			Responsibility for causing trouble
Distinct	Not classified		Maintain good social relations
			Family member leadership
			Proactiveness towards information
		Bouncing back	
		Family strength	

literature were also found in the fieldwork. There were other attributes – such as bouncing back and family strength – delineated from the theoretical work that were too abstract to be classified into any of the dimensions; these attributes were similar in meaning to resilience itself. The structure of family resilience in terms of dimensions and attributes is shown in Fig. 1. Finally, the concept of family resilience was examined in relation to family functioning. In a study involving families with a chronically ill mother (Lee *et al.*, 2002), we delineated the concept of family functioning into dimensions of affective, structural, control, cognitive and external relationships. We found that family adjustment in response to stress impacts on all aspects of family functioning, but it was most closely associated with the problem-solving function within the cognitive construct. We concluded that resilience is an enabling force for family functioning, especially in the context of family adjustment to stress. For example, the attributes of intrinsic family characteristics within family resilience appear to be highly relevant to the affective and structural dimensions of

family functioning, while the attributes of responsiveness to stress and externally directed capacity within the family resilience construct seem to be more relevant to the cognitive, control and external-relationship dimensions of family functioning. Family functioning is maintained in the presence of stress through the mobilization of resources that are inherent in family resilience. Therefore, it appears clear that although family resilience and family functioning are different phenomena, they are closely related within the context of family responses to stress. This is depicted in Fig. 2, which shows schematically that dynamic changes in family functioning are supported by family resilience, through which a family can maintain balance in times of crisis.

Discussion

Our theoretical work indicated that family resilience is characterized by the abilities of bouncing back and rebounding mobilized in the process of coping, when individual family

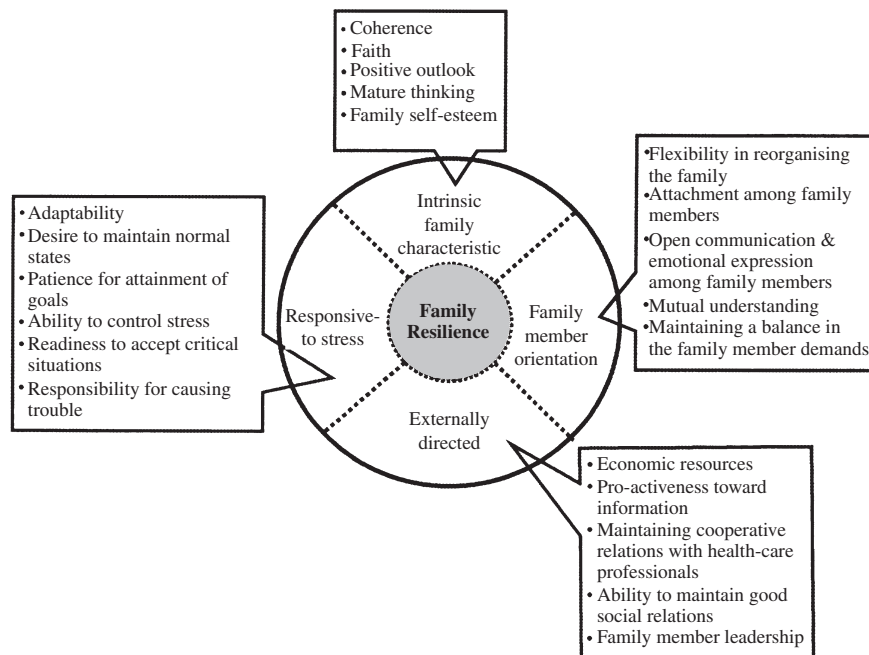


Figure 1 Structure of the attributes of family resilience.

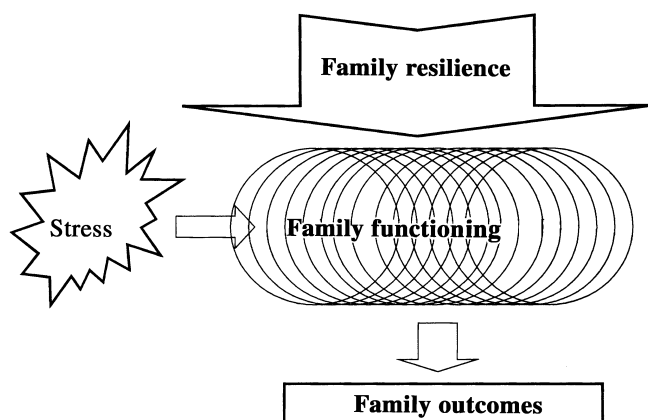


Figure 2 A model of family coping with stress.

members are faced with stress. Family resilience is a resource for conquering difficulties, which often manifests in individuals as tranquility, hope and a positive outlook. In a similar way, family resilience is depicted both in the literature, and from the results of this study as a positive force that is mobilized to respond to family stress as a unit, characterized by such aspects as coherence, positive outlook and family self-esteem. In addition, family resilience is characterized by abilities that exist within a family unit that arise only out of relationships among its members, such as mutual understanding, attachment and flexibility among family members. Therefore, family resilience encompasses attributes and qualities that are enriched and broadened because of the family's collective orientation.

The attributes delineated from the theoretical phase were validated in the fieldwork phase. The attributes of resilience identified in the fieldwork phase were similar to those identified in the literature on Western studies. The attributes that only evolved from the fieldwork (i.e. not identified in the literature) are contained in dimensions of the responsiveness to stress and the externally directed orientation (except for the 'family self-esteem' attribute in the dimension of intrinsic family characteristics). This is an important point, as family resilience was examined in this study in the context of a family with a chronically ill child, in which the families were going through various stages of adaptation and coping in response to a specific type of stress – i.e. a chronic serious illness. It appears that attachment and cohesion among family members are important features of family resilience, the family's ability to respond to stress and to maintain external relations. In our previous family functioning study (Lee *et al.*, 2002), the external-relation dimension was found to be unique compared with Western studies. In South Korea, even when families live as nuclear families the extended-family network is considered very important not only for interactions but also sharing resources. This cultural difference may be reflected in our fieldwork on resilience, by the mobilization of external resources.

Several researchers have advanced the concept of resilience as a process rather than as a property. Hawley & DeHaan (1996) considered family resilience as an active process rather than a static condition, by generalizing it as a track that is adapted to and followed according to the passage of time. Haase (1997) also defined resilience as a process of confirming

and developing resources and power that control stress in order to achieve positive results, self-esteem, satisfaction and self-respect. In a similar way, Woodgate (1999a) explained resilience as an active process that develops internal resources for coping with stress. Although McCubbin & McCubbin (1988) defined resilience as a property of a family that helps the family to face changes and adapt to a critical situation, they included this concept in their family resilience model by depicting it within the process of change. They viewed the outcomes of this process as tranquility and harmony in a family, resulting from the process of transformation in which resilience becomes incorporated as the power and propulsive force. Hence, in their model it is not clear whether resilience is the force that is necessary for the process of transformation or the process of transformation itself. This confusion is evident also in the definition offered by Walsh (1996). In both of these studies the concept of family resilience appears problematic and circular as a process concept.

In contrast to the conceptualization of family resilience as a process concept, some authors have defined it as a property concept. Patterson (1995) regarded resilience as one property of family functioning – as an ability to maintain a balance between change and stability within the family. Furthermore, the family strength identified as the core characteristic of resilience has been considered as the capacity for how a family weathers a crisis. For example, family strength has been viewed as an important resource that controls balance within a family (Stinnett *et al.*, 1979; McCubbin & Patterson, 1981), and is often considered to comprise two dimensions: internal and external. Internal family strength refers to the psychological tranquility of family members, mutual understanding among family members, respect, communication, cohesion and adaptability; while external family strength refers to social support that mobilizes social resources. Silliman (1994) defined resilience as the strength of a family against a challenge to its livelihood. Patterson (1995) explained that when a family can develop strength and adapting abilities, family members could bounce back from faced stresses, and defined family resilience as a family's ability to mobilize strength actively when faced with stress that threatens livelihood. The results of the present study are consistent with the perspective that family resilience is an enduring ability or capacity that is exhibited as family strength when responding to stresses and problem solving. If we accept that family resilience is a capacity, we need to find ways to measure levels of family resilience, as nurses need to apply different nursing interventions when the levels of resilience differ.

The results of this study could lead to the development of an instrument for measuring family resilience, using the 21

attributes within the four dimensions developed as items of a questionnaire. The dimensions of family resilience suggested in this study should be further validated with a future construct-validity study. A potential limitation of the present study is that the fieldwork was limited to families with a chronically ill child, because family resilience can be observed in families subjected to other types of stress. This limitation could be mitigated by further concept-development studies on other types of family stress. Understanding the concepts of family resilience and functioning offers great potential for advancing our knowledge about how families cope with stress.

Conclusion

A definition of family resilience has been derived by integrating the results of a comprehensive review of the literature on resilience and empirical data from applying the HMCD. Family resilience is an enduring force that leads a family to change its dynamics of functioning in order to solve problems associated with stresses encountered. It comprises 21 attributes that can be divided into four dimensions: (i) intrinsic family characteristics, (ii) family member orientation, (iii) responsiveness to stress and (iv) external orientation. Family resilience is the strength that supports family functioning as changes and adaptations are required in the family in response to both internal and external forces. Such strength or capacity is essential to normal family functioning where rebalancing or problem solving must occur. This conceptualization is critical to investigations of how families cope in stressful situations, and can lead to the development of a model of family coping that incorporates both the concepts of family resilience as the property and family functioning as the process of change.

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Contributions

Supervision: IL, EL; study design: IL, YSP, HSK, EL; data analysis: IL, YSP, MS, YHP; manuscript preparation: IL, MS and literature review: YSP, MS.

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