Department of Family Studies and Gerontology
Theses (2002–2017)
Mount Saint Vincent University

2017

Bornemann, S. (2017) We are family: LGBT inclusion in family resource centres across Nova Scotia (supervised by A. Humble)

Lesbian, gay, bisexual, and transgender (LGBT) families are increasingly benefiting from legal recognition and social visibility in Canada. However, historic discrimination of and lingering negative societal attitudes towards the LGBT community have led to LGBT families who are typically reluctant to access services. Family resource centres (FRCs) provide family life education (FLE) and services to families in Nova Scotia, and they need to ensure that their services are inclusive of this population. This research explores if and how these centres are attempting to include LGBT families in their FLE programming. This study was guided by the critical paradigm and used both quantitative and qualitative methodologies. First, employees from 15 of the 38 FRCs in Nova Scotia participated in an online questionnaire that explored the current state of inclusion of LGBT families in FRCs through an exploration of existing LGBT resources, organizational policies, and organizational culture. Then, semi-structured interviews were conducted with six FRC employees to explore the roles of FRCs in creating and maintaining LGBT inclusion. Feminist, queer, and conflict theories shaped the research design, data collection, and analysis. Online questionnaires illuminated that some inclusion efforts were actively underway in many centres with respect to resources, policy, and collaboration with LGBT organizations. Five themes were identified in the semi-structured interviews: (a) challenges faced by LGBT families, (b) challenges faced by FRCs in fostering inclusion for LGBT families, (c), whether or not special programming for LGBT families is needed in FRCs, (d) specific support needed for LGBT families to feel welcome in FRCs, and (e) the need for LGBT education within FRCs. These findings have implications for FLE practice within FRCs in fostering LGBT inclusive programming and services.

Delaney, K. (2017) Relationships matter: How family and staff can enhance quality of life of residents in long-term care facilities (supervised by J. Keefe)

Meaningful relationships in long-term care (LTC) are considered to be an important part of the LTC experience. Utilizing a person-centred care (PCC) framework, this research explores meaningful relationships among three dyads in LTC: residents and residents, residents and staff members, and staff members and family members, including analysis of those residents with dementia. To gain insight into the contributors and barriers to developing meaningful relationships, I conducted a secondary data analysis of resident interviews, as well as staff and family focus group data from the Care and Construction study using a grounded theory approach. The 2012 Care and Construction project examined the impact of different models of care on resident quality of life (QOL) in nursing homes (Nova Scotia Centre on Aging, 2015a). Three themes – communication, staffing and activities emerged from the analysis. Opportunities for

consistent communication between residents, staff, and family that provide a mutual feeling of "family" was revealed as a contributor to the development of meaningful relationships. Staffing within the LTC facility was identified as a barrier, such that being short-staffed and staff rotation, prohibits the ability to spend quality time together and opportunities to become "friends", rather than remain in a patient /caretaker relationship. Opportunities to participate in activities that encourage socialization was evident as contributing to meaningful relationships among and between residents, staff, and family. Learnings from the findings produced implications for policy, practice, and education to improve the QOL of LTC residents. The LTC sector would benefit from a more comprehensive understanding of the way positive relationships improve QOL for residents. Educational workshops that encourage positive communication through the guidance of policies will be beneficial. In addition, having sufficient staffing ratio is critical, therefore a staffing ratio policy is fundamental to make change. Similarly, education on the importance of PCC may increase opportunities for broader understanding and enable positive ways forward. It is crucial that individuals understand the positive benefits to PCC. Finally, building designs that include common spaces for communication and activities to take place, as well as adequate options for activities would strengthen the opportunities to develop relationships in LTC, which is important for relationship development.

MacEachern, L. (2017) Diffusions of innovations in the long-term care sector: The role of motivation (supervised by J. Keefe)

As Canada continues to experience an advancing need for long-term care (LTC) services and an increasing complexity of residents, dissemination of best practices and innovations that improve the quality of care within the LTC sector is paramount. The presence or absence of decision-maker motivation greatly influences the implementation of innovative practices. Research investigating the motivational characteristics of opinion leaders (OL) within the Canadian LTC sector would lead to an increased ability to tailor implementation strategies and achieve care quality improvements within this sector. My research focused on characteristics of motivation, capability, and opportunity from the perspective of OLs identified within the social network analysis study titled, Advice Seeking Networks in Long Term Care (Dearing et al., 2017). The aim of this study was to determine how the presence or absence of opinion leader motivation, with consideration for associated factors of capability and opportunity, impacts the diffusion and/or implementation of advice within the Canadian long-term care sector. To determine this impact, the following questions were addressed: What are the drivers of capability, opportunity, and motivation for opinion leaders within the interpersonal adviceseeking networks of this sector? What are the potential outcomes of having motivated opinion leaders within the long-term care sector with respect to the diffusion and implementation of innovations? Data for this secondary analysis research were collected through semi-structured qualitative telephone interviews with 13 OLs and 13 advice-seekers of OLs. The theoretical frameworks used to guide this research were diffusion of innovation theory and the COM-B (capability, opportunity, motivation, and behavior) framework. While previous research identified motivation as one of the characteristics of an OL in the long-term care sector, it was unclear from where this motivation was derived. Findings suggest that OLs in this sector are motivated by a combination of factors, including: obligations of the position, value of education, 'systemness', relationships, supportiveness, passion, and caring nature. While these themes were identified from interviews with OLs, statements from advice-seekers supported these findings from an alternative

perspective. Motivational factors were presented on a sliding motivational scale ranging from professional motivators to prosocial motivators. Obligation of the position was the dominant motivator for OLs in this sector, however a desire to improve care quality was found to be intertwined within many themes across the scale. Prosocial motivation was represented most clearly in the factors of supportiveness, passion, and caring nature. This research confirmed that OLs in the long-term care sector are motivated individuals, and that they are using this motivation as a driver to create change and improve care practices. Specific outcomes associated with this motivational presence includes the diffusion and implementation of innovations, an increased sense of community within the network, and increased readiness for the future of the long-term care sector. This research has important implications for policy and practice due to the nature of resource availability in the long-term care sector and the challenges for implementation of innovations that arise from this issue. OLs play a key role in ensuring resources are used efficiently and effectively, as they are invested in seeking out and sharing information pertaining to innovations that are evidence-based and will improve care quality.

McAfee, E. (2017) Out of the loop: Social network isolation in long-term care in Nova Scotia (supervised by J. Keefe)

The purpose of this study is to better understand the nature, characteristics and reasoning as to why some directors of care in nursing homes are isolated from the social network of their peers. Using data from the Translating Research in Elder Care (TREC) project "Advice Seeking Networks in Long-Term Care", this study sought to explore the descriptive characteristics of Directors of Care (DOC) who are social network isolates in Nova Scotia and what factors contribute to their isolation within the network. Furthermore, it addressed the question: what are the implications of social network isolation at an individual level, facility/organization level, and for the network as a whole? The research is embedded in the diffusion of innovation theoretical framework that explains how and why new innovations and interventions are spread throughout a network. In this case of social network isolates, one might assume that with limited connectivity to the network, opportunities for spreading new innovations and best practices will be limited. The project utilized findings from the quantitative survey of the TREC project for the selection of social network isolates (n=10), identified by visually observing the network maps and using low centrality scores. Semi-structured interviews were conducted with the social network isolates (n=6). Interviews addressed demographic factors that may lead to network isolation and the implications of a limited social network. Overall, few commonalities exist among the characteristics of social network isolates. The nursing homes where isolates are employed vary in size and ownership model; however, nine of the ten isolates are in rural locations. Participants are unaware of their isolation and did not perceive any difficulty when accessing information regarding best practices and innovations in long-term care. They reported that rurality or proximity to other network actors is not influential on their advice seeking behaviours or access to information. However, it has been determined that the innovations they implement within their facilities are not considered to be particularly novel in the sector. This finding confirms their lack of access and opportunities to learn about new innovations in longterm care, reinforcing that social network isolates are laggards when adopting innovations. These DOCs feel largely disconnected from the Department of Health and Wellness, who are responsible for licensing and funding long-term care. Participants state that recent budget cuts and a lack of funding have negatively impacted the quality of care they are able to provide.

Paterson, S. (2017) End-of-life preparation and technology: A comparison of gay men and lesbians (supervised by A. Humble)

End-of-life literature reflects the social determinants, resources, and services that can influence how one experiences EOL and the ways in which to prepare. However, what is currently missing from the available literature is how sexual orientation can influence the ways in which individuals think about or prepare for EOL. If experiences of lesbians and gay men (LG) are mentioned within the literature it is often as a comparison to their heterosexual counterparts, and the experiences of older LG individuals are even less documented. This portrays the LG population as a homogenous group and overlooks the potential for diversity within this minority population. This qualitative study aims to bridge that gap by exploring the similarities and differences between older lesbians and gay men in the way they think about and prepare for EOL, as well as the role that online technology plays in these preparations. A secondary data analysis of a subset of the "Fostering EOL Conversations, Community, and Care among LGBT Older Adults" research project was conducted, guided by minority stress theory and intersectionality. A content analysis of lesbian and gay men's focus group interviews from British Columbia, Alberta, Ontario, and Nova Scotia was performed, assisted by the use of MAXQDA software for data management. Three main themes emerged from the analysis: (a) ways in which the men and women prepared for EOL, (b) concerns they had about aspects of EOL preparation, and (c) the role that online technology played in keeping LG older adults connected. More similarities than differences were found between the men and women. The areas where variation occurred were the configuration of social networks, openness to new relationships in later life, motivations for putting EOL documentation in place, and confidence in online technology abilities. These differences highlight the importance of looking deeper into the intersections of the older LG population. The diversity recognized within this population also leads to a number of policy and practice implications, including a reconfiguration of policies that uphold the prioritization of blood and marriage ties over LG networks in legal and health care environments, long term care reform to redefine what is considered appropriate residential placement for older LG adults, and working towards a national approach to EOL documentation terminology.

Wynia, K. (2017) Exploring family resiliency within CAF veteran families during Military-to-Civilian Transition (MCT) (supervised by D. Norris)

The Military to Civilian Transition (MCT) is defined as the peri-release time period that begins a few months before the official release from service and that ends up to two years after. Although the majority of Canadian Armed Forces (CAF) Veterans experience a smooth MCT trajectory, MCT can be associated with emotional, financial, relational, and physical stresses. Family resiliency describes the outcomes that arise when a family exercises their capacity to respond productively to stresses as a collective relational network. Military family research underscores the notion that families can play a salient role in supporting Veterans though MCT and are likewise affected by the challenges and opportunities inherent to this transitional period. Using data from a qualitative study undertaken by Norris, Cramm, and Schwartz (2017), this thesis explored the question, "How do family members of CAF Veterans in Atlantic Canada with a mental health problem cultivate family resiliency during MCT?" The constructivist grounded

theory coding techniques outlined by Charmaz (2014) were leveraged to analyze seven in-depth interviews involving family members of CAF Veterans. This thesis employed a multidimensional and integrative approach to exploring the cultivation of family resiliency in an effort to capture this phenomenon holistically. This approach conceptualizes family resiliency as an outcome influenced by characteristics pertinent to the family, intra-familial processes, and the family-context interactions at each level of social analysis in the ecological systems model put forward by Bronfenbrenner (1977). The analysis revealed that MCT can potentially pose stresses that provide opportunities for CAF Veteran families to cultivate family resiliency. Their ability to cultivate family resiliency was strengthened by institutional, community, and family supports. Results could be leveraged to inform policies, practices, and services for CAF Veterans and their families during MCT.

Hogenbirk, V. (2017) Using an ecological framework to analyze the relationship between family support, IPV, and positive outcomes for women (supervised by D. Norris)

Intimate partner violence (IPV) is a pervasive problem impacting the physical and mental health and well-being of women affected. Support from family members can be instrumental in facilitating access to formal and informal assistance and in ongoing recovery. This research is grounded in the assumption that family support, in particular, mediates the relationship between IPV and negative outcomes for women. Key research examining this assumption was profiled through a scoping review implemented through methodology developed by Aksey and O'Malley (2005) and Levac, Colquhoun and O'Brien (2010) and analyzed through application of the ecological framework (Bronfenbrenner, 1978). Current policies promoting the inclusion of of family members in the recovery process were also analyzed. Findings were organized into three categories: strong, emerging, and developing evidence. The ecological model is integrated within the discussion of the findings. Recommendations for future research investigating the relationship between IPV, women, and family support are provided.

2016

Green, M. (2016) The experience of living in long-term care for LGBT individuals: Perspectives from residents and stakeholders (supervised by A. Humble)

Because older lesbian, gay, bisexual, and transgender (LGBT) individuals face challenges due to ageism, homophobia/transphobia, and/or heterosexism, hiding their sexual identity may be a common coping mechanism to avoid discrimination. Due to these multiple forms of marginalization, sexual minority individuals are more likely to live alone than heterosexual individuals. They are also at greater risk of entering long-term care (LTC) facilities where they may feel they have no other choice but to hide their sexual identities, but little is known about their experiences. This study used qualitative, descriptive methodology and was guided by the ecological perspective, minority stress theory, and intersectionality theory. In-depth, semi-structured interviews were completed with two LGBT residents, two LGBT activists, and two LTC workers. Interviews focused on their subjective, personal understanding of their experiences and the experiences of LGBT individuals in LTC. Three themes emerged in the analysis. First, LTC residents were hesitant to reveal their sexual identity due to potential

discrimination from residents and staff members in their facilities. Residents had heard of stories about other residents being maltreated on the basis of their sexual orientation, and their health-related vulnerability enhanced their fears. This feeling was validated by the stakeholders, who had also heard similar negative stories. Second, fear of discrimination was buffered by positive relationships with others within and outside of the LTC facility. Support networks were important in LTC and LGBT Individuals providing a positive environment for the residents, and this feeling was echoed by the stakeholder participants. Access to supportive services was important, and the participants worried about the availability of such services for those residing in smaller cities or rural areas. Third, the environments with which LGBT participants interacted played a big part in their overall experience in LTC. Having to move from their home into an institution meant they had to give up control over the timing of day-to-day activities and who cared for them. The political climate of the LTC facility also factored into their experiences, where living smaller, rural areas (for example) made it more difficult to access supportive services. Finally, participants also felt positively about the idea of having an LGBT-friendly LTC facility available, though one had reservations about it, feeling it was unnecessarily contributing to segregation and not dealing with the root of the problem.

2014

Berwick, S. (2014) Not all positive: A feminist phenomenological analysis of women's experiences of Botox treatment and other injectable facial fillers (supervised by A. Humble)

Non-cosmetic procedures to the face (e.g., Botox and other injectable fillers) have been widely popularized in the media for how they reduce facial signs of aging, yet significantly misunderstood with respect to their impact on women, particularly those who have negative experiences. To fill this research gap, seven women who had negative or mixed emotions about having had Botox or other facial injectables were interviewed. The women were from Canada and the United States, and ranged in ages from 38 to 62 years old. Data was analyzed using feminist moral theory and a hermeneutic phenomenological method, focusing on corporeal modes of being, as well as temporal and relational modes. Four women had serious physical and psychological side effects (e.g., heightened sensitivity to noise, anxiety, problems sleeping, and depression) (The Fractured Body), and others had impacts ranging from minor and unwanted physical skin changes to fear of potential, future side effects (e.g., fear of potential addiction) (The Reflective Body). Participants acknowledged influences of sexism and ageism and recognized the impact of patriarchal and capitalistic ideologies (The Commodified Body). Questionable ethical practices were evident in the medical profession, plastic surgery industry, and pharmaceutical industry (The Abandoned Body). Results also explore their transformations in terms of their relationships to their bodies and themselves (e.g., guilt over having had the procedure done yet a more positive outlook on aging), to others, to society (e.g., trust in the medical profession), and to the future (The Transformed Body). Although most people seem to not have negative side effects, there needs to be more room for these women's voices, as well as a responsive and supportive medical industrial complex, rather than one that silences them.

Chamberlain, S. (2014) Silent partner in care: Impact of physical environment on quality of life for residents with cognitive impairment in long-term care (supervised by J. Keefe)

The increase in older adults in the Maritime provinces signifies the need to focus on the suitability of current continuing care services, and plan for the expected increase in prevalence of Alzheimer's and related dementias. Nursing homes have an increasing need to offer spaces that are consistent with the changing health needs of older adults with cognitive impairments, and support family and community engagement in the home. Family members of residents with cognitive impairments provide a unique opportunity to examine the perspective of family, who are often an under examined partner in the care team. This study examines family member survey and case study data collected by the Care and Construction project. Using the Person-Environment Fit Model, the aim of the project is to explore the impact of facility features and design elements on quality of life for residents with cognitive impairment from the family perspective. The research seeks to better understand how residents and family members use the available space and if the environment supports their interactions in the home. Analysis of the survey data revealed a relationship between the homelikeness, square footage, and size of neighborhood on resident quality of life. Family members have positive perceptions of the nursing home environment when there is an opportunity to personalize private space, and there are communal areas that support social engagement and individual resident activity needs. The analysis suggests that facility features and design elements can positively impact family member perceptions of cognitively impaired resident quality of life.

Larkin, T. (2014) Why bi? Bisexual individuals' coming out experiences (supervised by A. Humble)

This research focuses on the coming out experiences of eight women (ages 19 to 43) who identify under the umbrella of bisexual. With an ever growing acronym to encompass different sexual orientations, there is more need than ever to focus on those who fall outside the heterosexual/homosexual binary. Eight women were interviewed and topics of discussion included coming out experiences, social support, discrimination, and community involvement. Critical theory guided the research process, with the intention of exploring bisexual people's experiences as their own group, examining how their sexual identities affected their everyday life experience. The main findings that became evident through the conversations were: the importance of sexual fluidity to a bisexual orientation specifically, experiences with discrimination (mostly from family, and other queer people) and social support (mostly from heterosexual friends), as well as bisexual erasure and heteronormativity as a dominant ideology. Heterosexual privilege may be one of the biggest points of contention between gay/lesbian people and bisexual individuals, because heterosexuality (the most valued of all sexual orientations in Western society) is still a part of the bisexual person's attractions. Also, many stereotypes and dominant beliefs around bisexuality make people question its legitimacy when someone comes out as such. Loved ones may even have their own frustration when they did not "see it [the bisexual orientation] coming" or if the bisexual person in their life has not passed what they have created as a "gay threshold". Coming out is a continual and selective process, and although it has been associated with distress in previous research, it also has many positive benefits such as challenging heteronormative expectations, allowing someone to live and love authentically, and accept themselves for who they are.

Nadeau, S. (2014) An exploration of how individual characteristics and facility features influence long-term care residents' personal relationships (supervised by J. Keefe)

Personal relationships are intrinsically connected to resident quality of life (QOL). In 2012, analysis of the Care and Construction project's InterRAI QOL resident survey indicated the personal relationships domain was the lowest scoring. Applying a mixed methods ecological perspective, this research investigates how individual and/or environmental factors influence the domain of residents" personal relationships through a secondary data analysis of surveys of 319 long-term care residents from 23 facilities in Nova Scotia. Multi-level modeling was deemed inappropriate since environmental level variables between facilities (facility type, rural/urban) only accounted for 3% of variance in residents" relationships. As such, hierarchical regression analyses were used to determine the contributions of within-facility factors on residents" personal relationships. Statistically significant QOL domains within facilities included comfort, autonomy, food, activities, staff bonding and staff responsiveness. Individual risk factors for low personal relationships were widowhood and being over 85. Qualitative analyses of open-ended questions illustrated the lived-experience of residents and how care provision and facility features helped or hindered the maintenance and development of personal relationships. Results suggest that improved social engagement within facilities is needed; newer facility designs are not sufficient to foster the social engagement of residents. Holistic care should address both physical and social needs. As governments and the LTC sector strive to achieve the best fit between cost containment and improving QOL for residents, this research sheds light on the social experience of residents.

O'Hare, M. (2014) Analyzing provincial supports for family/friend caregivers: A comparison of the Manitoba Primary Caregiver Tax Credit and the Nova Scotia Caregiver Benefit (supervised by J. Keefe)

As Canada's population continues to age, provincial/territorial governments will increasingly rely on the work and support of family/friend caregivers. Family/friend caregivers often experience financial, emotional physical and social stresses that can be directly related to their role as an unpaid caregiver. The accumulated work of family/friend caregivers can amount to billions of dollars each year, and yet they often receive no financial assistance in return. Manitoba and Nova Scotia are two provinces who have implemented policies meant to recognize the important roles of family/friend caregivers. Through conducting an in-depth policy analysis, key informant interviews with policy experts/creators and caregiver advocates, and a secondary data analysis of the Manitoba Primary Caregiver Tax Credit and the Nova Scotia Caregiver Benefit, it was found that these supports are positive social and economic components of each provincial budget. More people access the Primary Caregiver Tax Credit in the Winnipeg Regional Health Authority (which contains the province's largest city) than in the other RHAs combined. In comparison, more people access the Nova Scotia Caregiver Benefit in the combined District Health Authorities of Nova Scotia, than in the DHA that includes the province's largest city of Halifax. These supports were implemented as a means of recognizing and supporting family/friend caregivers during the duration of their caregiving roles. There is evidence, that such supports can prolong a caregiving relationship by helping the older adult remain in the home. In Nova Scotia specifically, it was found that relationships that receive the caregiver benefit are far less likely to end with the care recipient entering long-term care. This in

turn, has the potential to save the provincial government thousands of dollars each year. Future research should consider the individual experiences and perception of caregivers receiving the benefits in each province. This research provides beginning evidence from administrative data about the role policy may play in supporting caregivers. Other provinces might benefit from assessing the utility of these policies in their jurisdictions.

Zederayko, A. (2014) Processes of change: Interviews with men who have perpetrated intimate partner violence (supervised by D. Norris)

Intimate partner violence (IPV) is a complex problem affecting relationships in Canada. Current methods of addressing this problem are insufficient to ensure the safety of victims, and past therapeutic techniques have resulted in marginalization and stigma counterproductive to supporting non-violence. Low levels of accessibility and social support are problems facing male-as-primary-client intervention programs. This study solicited experiences from men who have perpetrated IPV and who have chosen to become non-violent. Participants were recruited from two men's programs in Nova Scotia, and interviewed for their experiences of stopping the perpetration of violence and creating respectful relationships with their partners and families. In these interviews, men described supports and hindrances to change. They provided narratives of their experiences that included processes of helpseeking, disclosure, navigating stigma and shame, and taking responsibility for their actions. They discussed the creation of their new identities as men who choose not to abuse, and they recounted their experiences with friends, family, and intervention programs.The discussion of these experiences examines links between elements of the men's experiences and existing literature, such as the impact that low intervention accessibility may have on the trajectory of violence. It also explores the benefits that these men derived from achieving clarity concerning their preferences, values, and definitions of abuse. Methodological and interpretive tensions in the research are discussed, and feedback for intervention programs is offered. Possible limitations to this research are reviewed, and gaps in knowledge are presented for further study. This research broadens academic and social understanding of how men who perpetrate IPV can best be helped, and may change how these interventions are conducted, increasing their effectiveness, accessibility, and impact.

2013

Boudreau, M. (2013) Mapping the social relations of violence and homelessness in the everyday lives of women: An institutional ethnography (supervised by D. Norris)

Intimate partner violence against women is still a common occurrence and it leads to women being vulnerable to experiencing homelessness. This study mapped the social relations organizing women's everyday experiences with homelessness after leaving an abusive relationship. Institutional ethnography directed this research. Data collection consisted of three components. The first component was five face-to-face unstructured, interactive interviews with women who left an abusive relationship and experienced homelessness. The second component was 13 face-to-face semi-structured interviews with service providers from organizations the women indicated they utilized. This component explicated how the service providers organized the women's everyday experiences with securing housing. The third and final component was a textual analysis of the policies and programs from the organizations identified by the women.

Results identified the ruling relations that coordinated the women's homelessness. The interviews indicated that money was the main organizing factor in coordinating their homelessness. The other coordinating factor was limited amounts of affordable, adequate housing. Findings suggest many organizations are coordinating the homelessness experienced by women leaving abusive relationships. Lines of fault were discovered between the women's everyday experiences and the organizations and service providers in place to address homelessness. These lines of faults are maintained through ruling relations which prevent women from participating in the development of policies and programs they will be utilizing. The consequences of homelessness have serious implications for both women and society. Changes that are implemented must focus on long-term change and be inclusive of the individuals experiencing homelessness. Recommendations from this study are directed at government, service providers, and society in general. The results will inform policy and program changes within government and non-government organizations that support women leaving abusive relationships.

Cameron, C. (2013) A critical discourse analysis of gendered language in on-line parenting education (supervised by D. Norris)

Parenting education resources offer concrete skills, information, and support to increase individuals' competence as parents (Krafchick, Zimmerman, Haddock, & Banning, 2005). Increasingly parents are beginning to supplement and even replace print resources with online material. The internet offers convenience, anonymity to users, and an alternative method for family life educators to deliver information (Daneback & Plantin, 2009; Duncan & Steimle, 2004). Given this centrality in parenting education practice, it is important to consider what information is being presented to parents online. More specifically, how are ideologies concerning gender and the family reflected in the language of parenting education websites? This study examined at how gender is embodied in online parenting education through doing a critical discourse analysis of selected websites. Implications for the practice of critical FLE were developed through analysis. The analysis of four parenting education websites found that two of the websites analyzed (Pampers and Ask. Dr. Sears) presented gender-neutral information and two of the websites (Parents Connect and Families Online Magazine) presented gender-specific information to parents. Findings indicated that gender messages were directly mostly at mothers, whereas there was a lack of information directed at fathers. Overall the website evaluations indicated that all four parenting websites presented gender-specific messages in one or more of the following areas: website images, videos, titles, website authors, and marketing. Analyzing how gender is presented in parenting education is important because gender is a critical variable in the socialization of children and in the organization of family relationships. In turn, through informing parents on the process and outcomes of gender socialization parents are equipped with the knowledge that allows them to be aware when raising their children, critically analyze gender expectations, and help them in making informed choices concerning how to deal with these expectations.

McCarney, G. (2013) Exploring and explaining patterns of mutual assistance among unlicensed care providers in a Nova Scotian nursing home (supervised by F. Eghan)

In nursing homes, a high level of organization facilitates quality care. The continuing care assistants and personal care workers, who provide frontline care in nursing homes, self-organize through patterns of mutual assistance –i.e. regular helping practices. The purpose of this thesis is to explore what these practices are and explore the conditions that enable them. Using semi-structured interviews and a ground theory approach to analysis, this thesis discovered and explpred several helping practices as described by five front0line caregivers working in a Nova Scotian nursing home unit with a positive reputation for helping. It was found that these practices complimented a formal nursing home policy of always lifting or transferring certain residents with two people; having help made it easier for caregivers to integrate the lifts and transfers into work practices despite the challenge of a busy environment. The helping practices also contrasted to the official policy because they were essentially informal modes of organizing. These findings point towards further research on the topic, and they also suggest the ways in which informal help can be cultivated to the benefit of the nursing home residents, employees, and nursing homes collectivities.

2012

Brown, T. (2012) Assessing the physical environment in adult day programs (supervised by J. Keefe)

This research assesses physical environments in adult day programs in Nova Scotia in terms of their appropriateness for persons with dementia. Researchers have found that when physical environments are well designed, they can significantly compensate for decreased cognitive ability and can impact the behaviour and well being of people with dementia. The Personal Environment Fit Model (Lawton & Nahemow, 1973) is used in this study as it recognizes that behaviour and affect are outcomes of a person's level of competence interacting with an environment's level of press. This study reports the reliability and validity tests of an adult day program physical environment assessment tool (ADPPEAT) designed by the author. Additionally, an assessment of the extent to which adult day program environments in Nova Scotia implement the key physical environment design principles follows. All adult day programs (N=27) were included in the cross-sectional design of this study. A sub-sample of four centres were re-assessed for reliability purposes. Descriptive information is presented on characteristics of the programs: type and number of clientele, hours and days of operation, services offered, funding sources and information on support networks. The results of this research indicated significant relationships between different categories of adult day programs and their implementation of the physical environment design principles. Adult day programs that were supported with District Health Authority (DHA) and/or Department of Health and Wellness (DHW) funding were found to have significantly more design features that provide safety and security, opportunity for meaningful activities, opportunity to function independently and space for the staff, than adult day programs that were not supported with DHA/ DHW funding. Adult day programs that were open for a full day and operating 2+ days a week were found to have significantly more design features that provide safety and security and opportunity for meaningful activities, good 'visual access' and functional independence within the program for persons with dementia than adult day programs operating 1 day a week; 40.7% of adult day programs operate 1 day a week. The relative importance of the design in creating a dementia friendly physical environment in community-based services is demonstrated in the findings of

the research. Nevertheless, it is acknowledged that people with dementia do not experience themselves and their physical and social environments as separate. Each element, the personal, physical and social, comprise an integral piece to understanding the experience of the person with dementia. Future research would benefit from incorporating an assessment of the supportive environment (programming, staff-client-family- relationships) in adult day programs to capture a more holistic approach.

Boswell, J. (2012) An exploration of the relationship between retirement reasons and retirement congruency (supervised by A. Humble)

Research has typically regarded retirement as forced or chosen, but the retirement decision is not necessarily a dichotomous one. Researchers have identified a third choice, part forced/part wanted category (Schellenberg & Silver, 2004; Szinovacz & Davey, 2005). A study carried out by Schellenberg and Silver (2004) examined how retirement experiences corresponded with retirement preferences, which they referred to as retirement congruency (RC). Three RC categories are possible: (a) low (no choice), (b) moderate (restricted choice), and (c) high (choice), however to date, limited research has been carried out on moderate congruence retirees (retired voluntarily, but would have continued working if conditions had been different). Using a modified version of Szinovacz and Davey's (2005) perceptions of forced retirement model, the relationship between retirement reasons and an individual's assessment of their retirement congruency was explored. Secondary data analysis of the 2007 General Social Survey was conducted on a sample of 1166 individuals who retired between the ages of 50 and 78 years. The percentages of individuals in the retirement congruency categories were: High: 30% (n =347); Moderate: 53% (n = 615); and Low: 17% (n = 204). Multinomial logistic regression examined the factors that predicted RC membership. Eight variables (age at initial retirement, health, mandatory retirement, job loss, adequate income, early retirement plan, wanted to pursue leisure activities, and wanted to stop work) were significant in the low/high RC comparison (no choice versus choice). Nine variables (life satisfaction, age at initial retirement, job loss, discrimination, adequate income, early retirement plan, worked at an early age, wanted to pursue leisure activities, and wanted to stop work) were significant in the low/moderate RC comparison (no choice versus restricted choice),of which three were unique to this comparison (life satisfaction, discrimination, and having worked at an early age). Six of the same variables (age at initial retirement, job loss, adequate income, early retirement plan, pursue leisure activities, and wanted to stop work) were significant in the low/high and low/moderate RC comparisons. Five variables (health issues, mandatory retirement policies, CPP/tax rules, work was stressful/physical, and wanted to change career/work part-time) were significant when comparing moderate RC (restricted choice) with high RC (choice), of which three were unique to this comparison (CPP/tax rules, work was stressful/physical, and wanted to change career/work part-time). Overall, the results indicate that various factors lead to differing types of retirement congruency and that moderate RC is theoretically different from low and high RC. Furthermore, the results affirm that retirement decision making should be viewed along a continuum rather than as a dichotomous concept (forced versus chosen), as some retirement reasons are unique to moderate RC (part forced/part wanted) and have not been reported on in previous research. This study provides insight into what characteristics and conditions impact older workers' decision to retire, which will assist employers, unions, educators, policymakers and government officials in the development of strategies and policies that will benefit many individuals.

Drake, J. (2012) I chose to leave work? Examining retirement decisions and outcomes among single rural women caregivers (supervised by A. Humble)

Retirement has become a topic of greater interest to both the general public and academic researchers. The increasing numbers of seniors is viewed by some as a crisis to society and as a result issues around retirement have become more of a priority. In Nova Scotia, nearly 14% of the population are seniors and this number is expected to rise to 35% by 2026 (Neal, 2004). Current statistics on retirement show that the median age of retirement has declined from 62.0 years to 60.8 years between 1996 and 2001 (Pold, 2003). These numbers show that individuals are spending more years relying on their retirement income. Another topic that has gained great importance is that of caregiving and the impact this has one individuals providing care. Many individuals spend their retirement years caring for older family members or friends, and may, in fact, retire to give such care. Yet, despite the research that has been done on retirement and caregiving there has been limited research on single women who have retired early and relocated to rural areas to caregive.

Life course and socialist feminist theoretical frameworks were used in this qualitative study to examine the retirement decisions/processes among single rural women caregivers and the implications of choosing to retire early to provide care. Six women who were 45 years and older, had retired earlier than planned in the previous five years to care for a family member or friend, and had relocated to rural Nova Scotia to do so were interviewed about their experiences. A semi-structured interview guide asked questions regarding their employment and caregiving experiences and the decision to retire.
The following five emerged from the data: (a) work intersecting with caregiving demands and trying to care from a distance; (b) constrained choice involved in making the decision to retire; (c) family members are often given a way out; (d) the impact of retiring early to caregive was felt in several ways; (e) recommendations for future caregivers.

Caregivers are saving the healthcare system millions of dollars every year, yet there are limited resources available to caregivers. They face many issues in caring for an older family member or friend and for employed caregivers the task of combining work and caregiving can exacerbate the issues. This research identifies issues for employed caregivers, positive and negative outcomes of caregiving, and suggestions to benefit other female caregivers, specifically those that have to relocate to rural areas to caregive. Additionally, the research identifies policy implications such as extending the Canada Pension Plan drop out provision to family caregivers.

Lowe, A. (2012) Exploring the lived experiences of intimate partner violence in Bermuda (supervised by D. Norris)

Intimate partner violence (IPV) in Bermuda has received minimal recognition as a social problem in Bermuda. Limited academic research has been conducted. With increasing rates of IPV occurring in Bermuda, this illuminated the need for further exploration. Familialism is a strongly subscribed cultural belief that reinforces the silence in Bermudian society. Therefore a single case study was conducted. This case study is about a black Bermudian woman who experienced IPV during her relationship with the father of her children. Her narrative provides

insight into a social problem that is obscured by cultural beliefs. She illustrated various elements of Bermudian culture that are intertwined and contribute to the perpetuation of IPV. She was motivated by her commitment and dedication to her family to challenge cultural beliefs and access social support. A combination of both informal and formal social support enabled her to navigate through her IPV experience. It is the hope that this case study will serve as the foundation for future research on IPV in Bermuda in order to attain a better understanding of the social issue, to create awareness about IPV and to develop comprehensive social policies.

Terakita, C. (2012) Single divorced fathers: Ecological risk and protective factors (supervised by D. Norris)

This qualitative study was employed to gain a comprehensive understanding of the personal experiences of single fathers in Halifax Regional Municipality (HRM) as well as the personal perspectives of service providers who are part of services/programs targeted towards fathers. Narrative inquiry was used to understand the diverse and unique stories of five single father participants. General qualitative methods were used to understand the service needs and current availability of support for single father families in HRM. Approaching single fatherhood from an ecological resilience framework allowed for a holistic view of how single fatherhood was experienced by these individuals. Risk and protective factors existed at different, but related, levels that influenced how the fathers perceived their experiences and the support they received. Identified risk and protective factors ranged from: experiences with custody processes, gender of the children, positive feelings as a father, supports for fathers, navigating the legal system, perceived biases, and social stigmas. These results created a starting point for future, in-depth research into single father families that could be used to better support these important parents. Future directions for research with single fathers is explicated, such as examining the way services are advertised, administered, and perceived by single father participants. Furthermore, recommendations for service providers such as gender-neutral language of parenting programs and more diverse education are explained, as well as suggestions for future change to family law and court processes that allow a smoother transition for fathers in the legal system.

2011

Herder, J. (2011) Recycled motherhood: The lived experiences of grandmothers parenting their grandchildren (supervised by F. Eghan)

Grandmothers, as primary caregivers for their grandchildren, are increasing in direct response to problems encountered by their adult children. It is the societal problems of drug/alcohol addictions, incarceration, neglect or abuse of children that are directly impacting the stability and safety of children and enlisting aging women as second time parents. For some grandmothers it begins with no preparation time. There is a crisis situation and then the choice becomes – do I become a second time parent and raise my grandchildren or will my grandchildren be raised in foster care? This study is about the lives of seven aging women living in different parts of Nova Scotia. Each grandmother took the challenge of becoming primary caregiver for their grandchild/grandchildren. Their narratives are different but all provide great insight into their purposeful role that does not have any other contextual name then grandmother. What evolves through their own discussion is how they developed their own self-efficacy in raising children at

risk; yet at the same time they outline the gaps and lack of resources that are required to assist them. It is the hope that this study will encourage more research on this population of grandmothers in this "off-time" role as second time parents. More research will enable policies to be made to assist in developing the resources required for these women and their grandchildren.

Nesto, S. (2011) An ecological examination of housing situations and preferences of Atlantic Canadian senior aboriginals, individuals with disabilities, and persons of ethnic minority status (supervised by L. Weeks)

There are a growing number of seniors in the general population, and a portion of those older adults are considered vulnerable. This research specifically examines housing issues of Atlantic Canadian Aboriginal Elders, seniors with a disability and older individuals of ethnic minority status whose needs differ from that of the Canadian senior population. Secondary data provided a sample of 1,702 seniors randomly selected from the Atlantic Canadian population who completed a survey and 123 focus group participants considered to be vulnerable. Using a mixed methods approach, an ecological perspective was applied to the data to determine the characteristics, situations, and preferences of vulnerable older adults in Atlantic Canada, and the linkages between housing choices and environment. Qualitative results of the study indicated that many vulnerable seniors felt disrespected by society, and were fearful with regards to the future. Current homes were inappropriate and many vulnerable seniors desired an affordable, spacious, accessible, and energy-efficient home, in an attractive environment, and close to services. Support of family, friends and neighbours, and having adequate finances were found key to allowing seniors to age in place. Furthermore, the availability of services can positively or negatively affect the ability of vulnerable senior to remain independent and age in place. Quantitative data showed that the majority of vulnerable seniors investigated have an affordability problem since they require repairs to their home, and spend 30% or more of their income on housing costs. It was further discovered that a significant portion of Aboriginal Elders and persons with a disability spend 40% or more on housing costs. Seniors' Housing iii While some findings were consistent with that of previous research, two unique findings for these susceptible groups were forced relocation and the effect of events in the exosystem such as: government regulated policies, programs, grants and fixed incomes; community organizations and services; advocacy for seniors; and safety in the community. Research findings and subsequent recommendations can be used to develop appropriate, suitable and affordable housing in future years.

Ogilvie, R. (2011) The future housing preferences and expectations of older adults with unmet housing needs (supervised by D. Shiner)

The housing needs of Canadians are changing and issues such as the supply and nature of appropriate housing are especially relevant in Atlantic Canada where we boast the highest proportion of older adults in Canada. In Canada, we identify households in housing need using the Canada Mortgage and Housing Corporation's criteria of core housing need; affordability, adequacy and suitability. These criteria do not take into account the health-related gaps that can exist between a dwelling and its occupants, such as safety and accessibility. These issues could be of particular concern within the context of an aging population. Through a secondary analysis

of the Atlantic Seniors Housing Research Alliances' Seniors' Housing and Support Services Survey, this research examined the future housing preferences and expectations of 1614 older adults in Atlantic Canada, assessing their level of housing need and the congruence of their future housing decisions. Variables were selected for this study to be as comparable as possible to the current CMHC core housing need criteria. Results showed that both safety and accessibility issues were related to being in self-reported housing need, supporting the addition of health-related criteria to the CMHC core housing need definition. In addition it was found that suitability, as defined by CMHC, was not a significant concern for any of the three housing need groups. Results support the recommendation to expand the definition of suitability to include dwellings that are too large for their occupants. It was found that older adults in housing need do indeed differ from those with met or limited housing needs on a number of socio-demographic characteristics, most notably health and financial status. The future housing expectations of those with met or limited housing need do differ from those experiencing housing need, with those in need more likely to anticipate modifications to or moves from their current dwelling. Interestingly, those in housing need do not differ greatly in their future housing preferences from those with met or limited housing need, with persons at all levels of housing need most likely to express a preference for a single family dwelling in the future. Housing decision congruence, a complex construct, seems to be most strongly related to the current dwelling type of the older adult. Self-reporting housing need, and thus awareness of a housing need, appears to have a positive impact on future housing decision congruence. In the short-term, to address the housing needs of an aging population, it will be necessary to emphasize the importance of funding to and promotion of home modification programs. Awareness and availability of such programs, which serve to close the gap between the dwelling and the individual, may help to maintain older adults in their own homes for longer periods of time. In the long-term, it is necessary to advocate for building regulations that include universal design standards to ensure that new housing is built to be accessible for occupants of all ages. These recommendations will help to keep older adults in their own home as they age, and could offset future demand on the long term care system.

2009

Dill, D. (2009) Recruitment of home support workers in Nova Scotia (supervised by J. Keefe)

With recent significant changes in population dynamics, the need for successful recruitment of sufficient numbers of healthcare workers has been pushed to the forefront. In Nova Scotia and across the country home care is developing as an affordable, appropriate alternative to high institutional costs and traditional hospital-centered care. Consequently a significant increase in the supply of certified Continuing Care Assistants (CCA) prepared to work in home care is essential. The research goal was to identify key factors influencing recruitment of CCAs to careers in home care in Nova Scotia. Employing the lenses of Bronfenbrenner's Human Ecological System and Herzberg's motivational-hygiene theory, and informed by a literature review, a web-based survey focusing on job characteristics applicable to continuing healthcare roles was developed, incorporating five job values: (a) intrinsic, (b) extrinsic, (c) communication, (d) psychological attachment, and (e) work-life balance. The survey was circulated to recent CCA graduates in Nova Scotia. Respondents' profiles closely mirrored the total CCA population: Of the 192 female and 11 male CCA respondents, 80 worked in home care and ranged in age

from 20 to 65 plus, with good representation from all age groups and geographical areas of the province. Results indicated that significant relationships existed between the CCAs' fields of work and each of the five job values. All CCAs consistently scored intrinsic job value as being the most prevalent of the five job values in the workplace for both fields. However, psychological attachment and extrinsic job values were demonstrated to have a higher degree of significance for home care CCAs compared to non-home care CCAs. Although job security, one of the extrinsic variables, was ranked as fifth most prevalent out of 19 job values, overall the extrinsic job value scored fourth of five positions. Flexibility/work-life balance was the lowest rated of all the job values, identifying that work-life balance occurs less often than other values in the CCAs workplace, and is thus an area deserving attention for improvement, regardless of field of employment. Overall, all home care CCAs consistently scored all characteristics of the job values higher than CCAs not working in home care, the exception being the lowest rated variable, which scored equally low in both fields indicating a lack of occurrence in the workplace for all CCAs. Of particular note was the finding that a significantly greater percentage of home care CCAs (55%) were very satisfied with their job compared to non-home care CCAs (29%). The findings suggest that recruitment strategies for CCAs in home care should emphasize intrinsic rewards and the high level of job satisfaction achievable in this career. Job security is also a value to be highlighted, especially in the present negative economic climate. The findings also suggest that employers must modify their employment practices to build in more flexibility and work-life balance for current and future CCA employees in both fields.

Herrell, T. (2009) Giving voice to non-residential fathers: Examining post-divorce paternal involvement using a phenomenological approach (supervised by D. Norris)

Reorganizing and re-identification of parental roles in divorced families are particularly challenging. Non-residential fathers, in most cases, assume second priority to the custodial household, which can result in discontinuous father involvement post-divorce, In particular, non-residential fathers' parallel the decrease in time spent with their children to a decrease in paternal influence. Unfortunately, research still does not understand how non-residential fathers experience and ascribe meaning to their involvement, which is relevant given the range of factors that impact the level of post-divorce involvement. A phenomenological approach, seeking experiences and meanings, was used to explore first voice accounts of post-divorce paternal involvement. Semi-structured interviews were conducted with six self-identified non-residential separated/divorced fathers where both their and their child(ren) resided in Prince Edward Island. Fathers described a process of displacement that occurred through maternal and legal gatekeeping, compounded by gender beliefs around men's ability to parent. These findings generated a deeper understanding of the complexities, yet saliency and significance, of fathers in the reformation of post-divorce father-child relationships.

2008

Mewhort, R. (2008) Spirituality in women religious elders (supervised by D. Norris)

Research that addresses the implications of a religious/spiritual worldview is now relevant in clinical, academic, and policy domains. The field of gerontology is putting greater emphasis on the challenge of understanding the "inner life" of the aging individual. Person-centered care and

strength based clinical perspectives are dependent on research processes that examine the content of highly subjective religious experience. Institutional changes in health care, social services, and pastoral care require research initiatives that challenge stereotypical views of aging. This study explored the complex phenomena of spirituality from the perspective of elder women religious. The interpretive paradigm and an ethnographic method guided research questions that centered on the lived experiences of Christian spirituality during the aging passage. I asked nine volunteer elder women religious to reflect upon the changes in their spiritual perspective as they encountered the adaptive requirements of aging. Dedicated women religious explored questions relating to the challenges and possibilities of aging with emphasis on the spiritual dimension. Jungian psychology and feminist theology provided theoretical frameworks from which to analyze the research data. Depth psychology encouraged exploration of intuition and metaphorical self-expression. Feminist theology provided for a feminine sense of the sacred. Analysis included comparison of definitions, concepts, and theory presented within the academic literature and the subjective descriptions of the spiritual journey as understood by the participants in this specific denominational context. Priorities for spiritual development included a continued emphasis on prayer, community, and service. The later years invited the respondents to a deeper appreciation of contemplative prayer. The life-span relational orientation to God and others persisted into the very late stages of elderhood. The respondents welcomed new social roles that accommodated changes in physical status. Their vitality included a positive attitude toward world, self, and others that transcended hardship and limitations. Transcendence included acceptance of difficulties as part of authentic human experience. Hopefulness and joy expressed the capacity to live in the present moment with acceptance of future uncertainties. Celebration, compassion and social justice characterized a transformative vision.

Petite, K. (2008) Tinker, tailor! Soldier, sailor! Mother? Making sense of the competing institutions of motherhood and the military (supervised by D. Norris)

In 2002, the Canadian Forces opened up the last of the restricted trades to women by allowing them to serve on submarines. No longer are there limitations on the number of women in the Forces or on the trades in which they are employed. Though women now make up 15% of the regular force, there is very little research on their experience; and in Canada, there is no research on women who combine motherhood and a military career. Frequent and often lengthy absences from home and family are a reality of life for Canadian Forces members. The institutions of motherhood and the military have both been described as greedy because they are so demanding of commitment, loyalty, time, and energy. Women traditionally shoulder more of the burden of caregiving, even when working outside the home. Women, balancing a career in the military with motherhood, can be expected to experience tension around the competing roles. Added to this is the traditional male-oriented culture of the military that contributes to an environment that continues to struggle with the integration of women. The questions that guided the primary focus for this research were: How do women balance the responsibilities of the role of mother with a career in the Canadian military particularly when experiencing work-related family separation? What are the everyday practices performed by women to balance these roles? What ideologies, particularly military and mothering, are embedded in their everyday practices? Ideologies that are socially constructed external to individuals' everyday life are a form of social relations that serve to recreate and support existing power structures or ruling relations. Institutional ethnography was used both as a theoretical framework and methodology, to guide the mapping

of the social relations evident in the everyday lives of women who were both military members and mothers particularly at times of deployment away from their family. Through interviews with eight military women who were mothers of at least one child under the age of 12 and had experienced a work-related separation from family of at least 30-consecutive days in the previous two years, this research uncovered and explained the ways in which the everyday lives of women are coordinated and organized by socially constructed ideologies. As well, the interviews informed an analysis of Canadian military policy for textual documentation of ruling relations. The requirement of military personnel to put duty ahead of personal considerations and reinforced by everyday practices within the institution, often served to render the women's children invisible. Furthermore, to accomplish this invisibility demands the everyday work of support that encompasses the extended family, paid and unpaid childcare, and often the children themselves. Through the lens of institutional ethnography, this work can be seen to sustain the work of the military institution. This exposure of systemic practices evident in institutions such as the military and motherhood identified implications for policy changes that will benefit recruitment and retention strategies for the Canadian Forces and may further contribute to transformative education that is sensitive to women in other nontraditional careers.

Ross, P. (2008) Older women's knowledge and attitudes regarding sexuality, intimacy, and HIV/AIDS (supervised by A. Humble)

Sex is a natural, physiological, fundamental part of being human and is an experience that does not have to end as one ages. Yet, due to ageism and sexism, older women have not been socialized to believe this. Instead, through social scripting, women are often unassertive, not sexually aggressive, and dependent upon men with regard to sexual and intimate activities. Due to these constructs, women may partake in risky behaviours that could lead to STIs and diseases such as HIV/AIDS, something not fully recognized within the aging population. However, statistics indicate that HIV/AIDS is affecting both the aging population and women. A postmodern feminist perspective was used in this exploratory quantitative study. Women who were 50 years old and older from various Red Hatter groups throughout Nova Scotia and women from the Halifax Sexual Health Centre were questioned on their knowledge, attitudes, and behaviours about sexuality, intimacy, and HIV/AIDS. The questionnaire was created using questions from the "Aging Sexual Knowledge and Attitude Scale," "Senior Adult Sexuality Scale," "National Health Interview Survey," and the "Brief Index of Sexual Functioning for Women." One hundred and eighty-six questionnaires were used for the final analysis. Results showed that women's behaviours indicated they were somewhat sexually active and had moderately liberal attitudes about sexuality and sexual activity in older adults. Their knowledge about sexual health and aging was moderately high; however, their scores were lower regarding knowledge about HIV/AIDS. Furthermore, a regression analysis indicated that one's general sexual knowledge, sexual attitudes, sexual behaviour, as well as having some university of college education and working in healthcare were significant predictors of their knowledge about HIV/AIDS.

2007

Brushett, C. (2007) Let's talk about sex: A glimpse into Nova Scotia youth's perceptions of high school sexuality education (supervised by A. Humble)

Teen sexuality is a topic of great importance because youth are becoming sexually active at ages that belie their teen years and are experiencing pregnancy and sexually transmitted infections (STIs) at high rates. Not only does this warrant attention, but it also necessitate research and education. Sexuality education is essential for providing sexual health to all Canadians, especially Canadian youth. Yet, even though all provinces and territories offer youth-based sexual health education, the comprehensiveness, effectiveness, and quality of the programs vary significantly. Further, the Canadian Guidelines for Sexual Health Education are not being adhered to in all Nova Scotia's high schools. The main objective of this research was to investigate the perceptions of a select group of Nova Scotian youth with regard to sexuality education. Bearing in mind aspects of critical theory, particularly Comstock's (1982) method for critical research and Smith's (1995) notion of the line of fault, face-to-face interviews were conducted with ten Nova Scotian youth (eight females, two males) to determine their perceptions of the effectiveness of sexuality education in the Nova Scotia school system. All interviews were tape-recorded and later transcribed. Interviews were analyzed using grounded theory techniques (Bernard, 2000), relying primarily on open and axial coding. Results indicated that participants were not satisfied with the sexuality education that they received in high school. Four themes were apparent. Interviewees felts that the sexuality information that they received in high school was limited in its coverage. Although most participants realized that teachers have little control over sexuality education curriculum, they felt that their sexuality education facilitators were unqualified and uncomfortable. All youth interviewed expressed a desire to have additional and improved sexuality education resources in Nova Scotia's high schools. In addition, it was clear from the interviews that a holistic view of sexual health is not being promoted in Nova Scotia high schools. Several recommendations for sexuality education practice are provided.

Engel, L. (2007) Factors predicting support utilization by older adults (supervised by J. Keefe)

The Canadian population is aging and as it ages, there are concomitant increases in the numbers of older women with high incidences of disability when compared to men. Of particular interest for this study are the higher incidences of older women with Alzheimer's disease or a related dementia (Lindsay et al., 2002; National Advisory Council on Aging, 2004). This is because women have a unique interaction with systems and with the individuals who provide care for them. This uniqueness of interaction influences their roles and affects their ability to utilize services. To study this population the Andersen-Newman model of Health Service Utilization was developed in the 1960s in an attempt to study the health service utilization patterns of minority groups, like older women. It encompasses three factors: predisposing, enabling, and need. Based on the literature surrounding gender, dementia, and their inclusion within Andersen Newman model, two questions were explored. One, are there gender differences in the utilization of formal support services, across different age categories and level of cognitive impairment, while controlling for level of need? Second, what characteristics predict the utilization of formal supports only, informal supports only, both informal and formal supports? Samples for the study were derived from the 2002 General Social Survey (16) on Social Support and Aging. Multivariate analyses were used to answer both research questions. Initially, question one results yielded no significant differences between women and men, across different age categories, or levels of impairment. Further analysis results indicated significant differences with level of

impairment only, and there were no significant differences across gender or age. The fact that there were no significant gender differences in question one is counterintuitive because a higher reliance on formal supports should be seen by women due to levels of disability, poverty, and willingness to access care. Regarding level of impairment the fact that those with the lowest level of problems with memory and/or cognition received the most help leads to two possible conclusions. One hand, formal care services are being provided preventively at the first sign of impairment. On the other hand, those women with the greatest need may be not receiving the help they need. To answer the second research question, three separate stepwise logistic regressions were performed comparing individuals who receive formal support services to those who receive none, informal to none, and both to none. The models containing formal and both significantly predicted of the use of service supports (Above 75%). Predisposing, enabling, and need factors had significant predictor variables, although need accounted for the greatest amount of variance. Results raised concerns about reduced likelihood of formal services among persons with higher levels of dementia, and the need for greater attention in policy and practice to recognize and formally support persons with dementia. While gender did not significantly impact whether individuals utilized support services, the models do provide a framework for assessment providing information on who is using the system currently and who should be using the system but has not.

McEvenue, S. (2007) Palliative care in long-term care: A multi-methods approach to assessing quality (supervised by J. Keefe)

Long-term care facilities provide care for chronic illness, usually until death yet little research is directed at the provision of palliative are in these settings. With the population in Canada aging an increasing number of people will require long-term care services including hospice palliative care. There is a need for empirical knowledge that will contribute to policy development, implementation, and evaluation in this increasingly important area of health care service delivery. The main objective of this research was to define high quality hospice palliative care service delivery through the exploration of approaches taken to provide palliative care at Veterans Affairs Canada (VAC) facilities across Canada. This study was guided by the Canadian Hospice Palliative Care Association's (CHPCA) (2002) A Model to Guide Hospice Palliative Care. Five facilities across Canada were selected for their high quality of palliative care programming as defined by representatives from VAC. Data collection included written policies submitted by participating facilities, interviews with two key informants from each facility, and field observations of three front-line care workers at one facility. Analysis involved coding of data using QSR NUD*IST software. A normative policy analysis of the coded data was conducted using the CHPCA model as a policy framework. Results indicated that the components of the studied policies at each facility were similar and were, for the most part, in keeping with the domains of care included in the CHPCA model. Each of the programs were well resourced. Approaches to program implementation were individualized based on facility needs. Barriers to care included pain assessment of residents with dementia, interpersonal conflict, and human resource deficiencies during expected deaths and health crises. A lack of recognition of the emotional toll paid by front-line workers was also determined to be a barrier to quality care. Enhancers included a wide range of service availability, knowledgeable front-line care workers, and a high capacity for maintaining continuity of care through effective communication, interpersonal relations, and team approach to care. Findings suggest that the

principles of palliative care were evident in the programs provided by participating facilities and their experiences may enable other facilities to introduce palliative care. The hospice palliative care services available at the participating facilities provided a quality of life for residents that effectively demonstrated a need for improved funding and services in this area of care at long-term care facilities across Canada. Although participating facilities were well funded, further resources needed to be directed towards providing emotional support and bereavement care for both families and care providers.

Saunders, B. (2007) Making the link: The relationship between practices and outcomes in family resource programming (supervised by D. Norris)

Family resource centres contribute to a strong social infrastructure by recognizing the possible long-term negative impact of familial stress on the family unit, particularly those which involve young children, and attempting to reduce these stresses through the provision of familial support. Family support centres view parenting as a developmental process in which parents' skills, knowledge and insights develop in concert with their children's development. Family resource centres are guided by a number of principles that reflect the philosophy, goals, objectives, and desired outcomes of family support practice. Despite the anecdotal evidence supporting the effectiveness of family resource programs, there is very little known about how or why they can be effective. Without an investigation of how programs function, we are significantly limited in our understanding of how to improve them. Using Malcolmson's (2002) conceptual framework for family support practice and Bronfenbrenner's Ecological theory, this research addresses this issue through an exploration of how the principles of family resource centres are translated into practice, how these translations vary across centres, and how this variance impacts on participant outcomes. Principles were utilized differently at various stages of program development and program design. Although all principles were deemed equally valuable to practice, three themes reflect the most frequently cited principles: community-centered approach, participants' voices, and partnerships. Factors most likely to affect outcomes are quality of staff, the atmosphere of a centre, and trust between participants and practitioners, while ideological barriers remain a constant barrier to positive participant outcomes. Family resource centres would benefit from a public relations strategy that would educate and inform the public of the work that takes place within the centres. Family resource centres are not solely open to low-income, single parent families; parental education would be beneficial to families from a broad range of backgrounds. A Provincial family resource association may be able to take on this PR task and raise the visibility of FRCs, as well implant standards as act as an information centre. The role of such an association may be especially useful in ensuring that FRCs have a voice and advocate their perspective instrumental role in initiatives such as the new NS Department of Community Services Family and Youth Services Division, whose development stemmed from a recommendation of the recently released Nunn Inquiry. The Inquiry, much like family resource centres, advocates for focus on two key areas: early intervention and prevention. A collaborative effort between family resource centres and the DCS could be key to ensuring that more families are able to take advantage of programming that focuses on early intervention and prevention.

2005

Brennan, C. (2005) Sibling relationships and lifelong disabilities (supervised by D. Norris)

Due to improvements in health care and living conditions, adults with intellectual disabilities are outliving their parents. They are relying to a greater extent on their non0disabled adult siblings for advocacy and support in later midlife and senior years. The sibling relationship in families with a family member with an intellectual disability was explored from the adult non-disabled siblings' perspective.

The primary research question asks: What are the key areas of consideration in the experiences of siblings with a brother/sister with an intellectual disability in determining their role in support planning? Four sub-questions are explored. (1) What roles do adult siblings play in their lives of their brother/sister with an intellectual disability? (2) What are the expectations, of self, others and parents of adult siblings with respect to their brother/sister with an intellectual disability and are these implicit or explicit? (3) In what ways do expectations of adult siblings impact the roles they assume in the lives of their brothers/sisters with intellectual disabilities? (4) What is the relationship between roles, expectations and involvement in support planning? Eight non-disabled adult siblings were interviewed using a semi-structured interview guide.

This research reveals that future planning for adults with intellectual disabilities is complex and emotionally laden. A high level of commitment to assuming primary support roles in the lives of their brothers/sisters as they age is evident, despite a significant lack of non-disabled sibling involvement in future planning. Participants reveal a willingness to assume the role of primary support. This does not translate, however into assuming a surrogate parenting role. Generational influences and competing demands impact the way these new roles emerge. In addition, gender is identified as a key determinant in further defining this new role. Regardless of gender of the sibling with the disability, sisters primarily assume these new roles.

In order to support meaningful future planning for family members with intellectual disabilities, flexibility, availability and access should become cornerstone of policy development and changes in practice. It is in this context that the determinants of this study find their relevance.

Hawkins, G. (2005) Patterns and predictors of home care utilization: Analyzing changes over a 5-year period (1996-2001) (supervised by J. Keefe)

Research on home care is relevant and important to the health of Canadians. Home care provides services that allow individuals to remain within their own homes for as long as possible by maintaining their physical, mental, social, and emotional well-being, preventing the deterioration of health and the need of institutionalization and substituting acute care services provided within hospitals. Given the relative value and priority being placed on home care programs to meet cost-effective demands, it is important to understand home care usage.

The goal of this research project was to analyze trends in the utilization and composition of government-supported home care services in Eastern Canada in 1996 and in 2001 using behavioral model developed by Andersen (1968). Secondary data from the 1996/97 National Population Health Survey and the 2000/01 Canadian Community Health Survey were analyzed to address four main research questions: (a) What are the socio-demographic and health characteristics of home care users in 1996 nad in 2001, and has that profile changed over time;

(b) Has the proportion of users for each type of service received (including nursing, other health care, personal care, homemaking, and respite) changed between 1996 and 2001; (c) Has the pattern of usage (e.g., the number of different types of services an individual received) changed between 1996 and 2001; and (d) What are the predictors of home care utilization in 1996 and in 2001 and have they changed over time?

Results revealed that over time home care user characteristics associated with nursing service use (i.e., younger age, higher income, recently hospitalized) have become more dominant. These changes correspond to a substantial increase in the proportion of home care users receiving nursing services and a simultaneous decline in the proportion receiving homemaking services over the same time period. These findings which support Andersen's model, suggest that essential components to predict home care service usage in Eastern Canada should include need factors (needing assistance with activities of daily living and instrumental activities of daily living and instrumental activities of daily living and hospitalization), which were the greatest predictors of home care use, followed by predisposing (age), and enabling factors (income).

These results can be explained by the current political context in which the need to provide cost-effective services has resulted in the prioritization of short-term acture care services, often at the expense of long-term chronic care services. As this trend continues, in combination with population aging and the limited availability of caregivers, the demand for home care services could be exponential. Decision makers within government must act to ensure that the care needs of all clients, acute or chronic, are met and that the initial foundation on which home care programs were built be maintained and strengthened.

2004

Colepaugh, J. (2004) Lessons to be learned: A gender-based policy analysis of international direct compensation policies for informal caregivers (supervised by J. Keefe)

National policies addressing the needs of informal caregivers in Canada are scarce and meager and there are lessons to be learned from other countries. This research analyzes direct financial compensation policies for informal caregivers of the elderly in Australia, Germany, and the United Kingdom and assesses their transferability to the Canadian context. Using a gender-based lens, four criteria of adequacy, equity, suitability, and sustainability are applied to the analysis.

Care for the disabled is continuously being devolved into the community. This results in increased expectations of assistance from informal caregivers. With the expected increase in the elderly population, it is imperative that governments throughout the world devise policies to support this caregiving work. Policies currently available to informal caregivers tend to be symbolic in nature. Direct compensation policies provide payments that are effectively too low to assist informal caregivers in maintaining a minimum standard of living. The policies, however, to recognize and acknowledge the informal caregiver's rights, in particular their right to receive income.

Germany's Home Care/Domiciliary Care payment has the potential to provide more caregivers with the greatest financial support, as this benefit is not means-tested and provides compensation

that is scared to the level of care. Australia, however, provides the most extensive policy framework to support informal caregivers. Australia's framework not only provide direct compensation available to all eligible caregivers regardless of income, but also offers counseling, education, and respite for caregivers.

The policies appear to be fair and impartial with respect to the sex of the caregiver; however, payments are generally too low to sustain the caregiver in their role without negatively affecting their well-being. The low value does little to enhance the evolution of gender equity with regards to family caring and nurturing as the locus of care is consistently identified as primarily a private, familial responsibility, rather than a public, social responsibility. Governments appear to assume a supplementary role to the family in the three countires. Nevertheless, informal caregivers experience increased recognition and support from national governments in all three countries. What remains a challenge is that this support is minimal and frequently fails to encompass all informal caregivers.

Given the nature and history of income and social security provisions in Canada, it is unlikely that the Canadian federal government will provide universal financial support to informal caregivers. One barrier to the development of a national strategy for caregivers in Canada is the provincial/territorial jurisdiction of continuing care. The federal government would require the cooperation from provinces/territories to create a national approach to continuing care, which could potentially encompass support for informal caregivers. Although the Canadian government has recently taken the first major step to provide some support to employed caregivers through the Compassionate Care Benefit, introduced January 2004, Canada has much to gain from examining other countries' approaches in supporting informal caregivers of the elderly.

Manning, M. (2004) The mechanics of policy change: Home care histories in three provinces, 1985 – 2000 (supervised by J. Keefe)

This study grew out of concerns resulting from demographic estimates for the next forty years, specifically the increase in the numbers of frail elderly and corresponding decrease in the numbers of available family caregivers. Most provincial and territorial publicly-funded home care programs began their life courses with a primary objective of assisting the frail elderly with personal care and homemaking tasks, but between 1980 and 2000, the objective shifted towards medicalization and corresponding reduction of support services for seniors.

With escalating medical costs, this trend is likely to continue. If so, the gap between (seniors' and caregivers') needs and (public home care) service availability will expand to the extent that society's marginalized seniors will be unprotected, social aspects of health and family caregiving will remain devalued, and collective responsibility will be at risk. Policy paths have to shift direction if publicly-funded home care programs are to address the nation's future frail elderly and their carers.

To contribute to strategic planning for demographic eventualities, the study looks in hindsight at the processes and mechanics of policy making in three provinces from 1985-2000. Using a comparative analysis and a neo-institutional framework, the study illuminates that the character of the life course of a home care policy is defined by its first policy step, and usually proceeds

along a path of evolution of incremental shifts that are precipitated by the facts internal to the program or the program's health department. On rare occasion, the shift is more than incremental, the policy path is abandoned, and a new direction forged. This occurs in time periods defined by influences beyond the boundaries of the home care system, and only when certain factors interact. Those factors are (a) the commitment of cadre of influential and competent government actors, (b) to a larger agenda of change, (c) of which home care programming is one aspect, and (d) while ensuring that the policy changes satisfy groups who are influential in health care policy design. In Canada, they have been government (provincial and Federal), physician groups, and hospital administrators.

Using the analytic framework for explanation, provincial home care programs are forecasted to continue as path dependent, *unless* there is concerted resolve by influential provincial policcical actors for innovative change. Policies are likely to evolve towards proportionally greater service increases for shorter-term medical services, proportionally less to chronic care support services, and for the latter set of services, lower priority for the frail elderly than others with greater complexity of need. Shifts are likely to be incremental, and influenced by forces that are internal to the program.

The prospects of a national home care strategy are considered. Using the framework for explanation, it is forecasted that the 2003 Health Accord's proposed "basket of services" will not be implemented. Components of an alternative that is in the interests of seniors and caregivers are suggested. As well, there are forecasted changes in this country to (a) the principles upon which social policy is created, (b) the tools of policy-making, and (c) government's relationships of accommodation to physician groups. Together, the consequences of their changes may be advantageous to seniors and caregivers.

To quest to understand more acutely the making of public policy is almost obligatory to advocates of the frail elderly- given our national history of creating policy without a longer term vision, ignoring the needs of seniors and their carers, devaluing the role of domestic labour by women, and continuing to privilege medical above social health. The findings of this study must be adjudicated by policy makers and scholars for their currency, and if the processes and mechanics of today are replicas of the past, the findings are significant, relevant and timely, To those who advocate for the elderly and their families, they offer an additional dimension to strategic action.

2003

Elliott, S. (2003) Factors influencing the recruitment and retention of continuing care assistants in Nova Scotia (supervised by J. Keefe)

One outcome of an aging population will be an increasing reliance on care providers in continuing care, particularly the "assisting" occupations. To date little attention has been given to the human resource issues affecting these care providers. The goal of this study was to develop an understanding of continuing care assistant (CCA) attrition rates in relation to industry recruitment and retention in Nova Scotia. This study investigated (1) the reasons why individuals left their positions, and (2) the factors that were reported as important when considering

recruitment and retention strategies. A systematic review of the literature revealed recruitment and retention is affected by many factors. These factors include, but are not limited to, scope of practice, standardized training, low wages, and quality of work life issues. Using the ecological and feminist perspective, this study fills a gap in current research by focusing on the growing continuing care sector and the often over-looked occupation of CCAs. It seeks to move away from research around issues that predominantly focus on nurses and physicians, which tends to overshadow factors affecting direct care provider recruitment and retention.

With the use of a survey and secondary data analysis including employment insurance, workers' compensation and baseline data from a study focused on human resource issues in continuing care, findings suggest that attrition of direct care providers, positions typically held by women, are varied depending on the needs of the individual. The reason individuals leave positions is affected by environmental factors such as maternity leave, new jobs, relocation out of province, or injury. Results indicated that efforts around recruitment and retention need to focus on improving the quality of work life for employees. Strategies should not be based on the assumption that wages are the number one issue in continuing care, although they were deemed an essential core component to consider.

This study has the ability to shape continuing care human resource policy for direct care workers in Nova Scotia by presenting a foundational understanding of attrition rates and the needs of workers in the field when considering recruitment and retention. The findings also provide information on attrition at the broader systems level with a deeper understanding of EI and workers' compensation claims. In addition, strategies related to recruitment and retention issues emerge as determined by individuals who experienced first hand working in continuing care.

To date, responses to health human resource issues have been provided to employers through improvised strategies on the part of decision makers particularly when related to wages and income. This is due to the fact that the perceived sole key issue for workers is wages; thus, other issues have been overlooked and under examined when attempting to develop effective strategies. The findings from this study provide a contextual look at the needs and desires of direct care workers in the field, enabling a broader scope of initiatives to be included in the development of successful recruitment and retention strategies.

Examination of workers' priorities for recruitment and retention illustrates the need for efforts within the sector to reorganize current workplaces into quality places of work. The outcome of this revamping at the facility or organizational level would be two-fold by improving satisfaction among workers in the field, and providing the groundwork to promote the continuing care sector as a viable and attractive career practice setting. Implementation of programs that support and build healthy work environments, as well as promote quality of work life would be an effective strategy in improving job satisfaction.

Hemeon, K. (2003) The experience of anticipatory grief and loss in spousal caregivers of persons with Alzheimer Disease (supervised by J. Keefe)

As the incidence of Alzheimer Disease increase with the aging of the Canadian population, so will the number of spouses called upon to provide care. Although there is research on caregivers

of persons with Alzheimer Disease, literature on the unique aspects of the experience of anticipatory grief and loss in spousal caregivers of persons with Alzheimer Disease is limited. A systematic review of the literature revealed that many studies use quantitative methodologies and are not able to glean an in-depth understanding of the spousal caregiving experience. Through the integration of the caregiving literature and the grief literature, this study has placed a renewed emphasis on anticipatory grief and loss in spouses caring for someone with Alzheimer Disease.

Semi-structured, in-depth interviewed with eight community-based spousal caregivers of persons with Alzheimer Disease revealed feelings of anticipatory grief and loss specific to their caregiving experience such as loss of a shared history, loss of intimacy, loss of communication and an uncertain future. Emotions expressed throughout the caregiving experience such as anger, frustration, and hopelessness are also manifestations of anticipatory grief and loss in this study. Expressions of changing perceptions of self and identity are present in the spousal caregivers in this study, particularly as losses of independence and shared family history resulted in shifting definitions of the role of spouse. Changing perceptions of the spousal dyad are the main source of expressions of loss of self in the spousal caregivers in this study. Further, the changing nature of established spousal roles and relationships couples with the stresses involved in caring for someone with Alzheimer Disease complicate these feelings of anticipatory grief. Traditional gender role expectations regarding caregiving serve to confound grief and loss in the spousal caregiving experience.

There are number of unanticipated results. The presence of pharmacological treatments in the care receivers may postpone expressions of anticipatory grief in the spouses in this study and delay future planning. Future research, both quantitative and qualitative, that explores this relationship is needed. Housing concerns were also found, including the possibility of relocation. Health concerns centered on both the health of the spousal caregiver and the care receiver and the spouses noted the interplay of their own health concerns with the progression of the disease in their lived one. The spousal caregivers in this study also noted a number of aspects of future planning, including the possibility of in-home support and long-term care.

Implications for policy include the expansion of the term individual to include the consideration of the spousal dyad, especially in long term care policies. Consideration of the spousal dyad also has implications for practice, as this will lead to a greater sensitivity when interacting with spousal caregivers of persons with Alzheimer Disease and allow practitioners to develop a deeper understanding of the effect of anticipatory grief and loss on intra-psychic issues affecting spouses in the Alzheimer caregiving role.

2002

Burton, E. (2002) Growing up, growing older: A curriculum resource implementation evaluation (supervised by F. Eghan)

An implementation evaluation was conducted to determine the status and viability of a new age-based educational curriculum resource that educates grades 3,6, and 9 health students on ageing and intergenerational relations. The sample consisted of 120 elementary and junior high school health teachers. Questionnaires were distributed through email and mail. Evaluation methods are

based on Miller & Seller's (1985) Context-Input-Process-Product evaluation model and Leithwood's (1982) Innovations Profile implementation model. Significant gender and age differences among teacher perceptions on ageism were detected. Results suggest a new implementation strategy for re-implementation and recommendations on how to maintain the curriculum resource.

Koizel, D. (2001) The effects of structural changes on age cohorts of female caregivers' levels of filial obligation (supervised by J. Keefe for the Masters of Human Ecology)

Using an ecological and feminist perspective, this study examines the level of filial obligation among selected age cohorts of daughters who are either providing care to an elderly mother or who have the potential to provide elder care in the future. Central to this analysis is the assumption that structural changes and the demands for equality within the workplace and home are altering women's feelings of responsibility towards caring for elderly parents. Data for this study are obtained from a sample of the CARNET Work and Family Survey of employed Canadians, 1991-93. Two sub-samples of women are used, potential caregivers (N= 2546) and caregivers (N= 649).

The first Research Question examines the level of filial obligation among cohorts of potential caregivers. Analyses reveal higher levels of filial obligation among selected age cohort of potential caregivers under the age of 30. Ethnicity and the greater likelihood of younger women to be single and without children are found to significantly affect their levels of obligation. Consistent with feminist principles, these findings indicate that women with fewer family responsibilities, regardless of their full-time employment, are continuing to idealistically identify themselves in terms of traditional family roles.

For the second Research Question analyses of the effects of filial obligation on the provision of care among the sub-sample of caregivers reveal no significant relationship between age and filial obligation. These levels of filial obligation are consistently high regardless of age or the amount of care provided. Results indicating that younger women provide lower amounts of care to their aging mother than middle and older aged women suggest that the provision of care depends more on the caring situation than on the caregivers' feelings towards caring.

To answer Research Question Three a series of regression models were developed within sub-samples of age groups of caregivers to examine the effects of work, family and personal characteristics on the relationship between filial obligation and the amount of care. Analyses reveal that living arrangements, family effects, and effects on personal activities are the most significant predictors of the number of hours caring and the amount of ADLs and IADLs provided by daughters. The proposed models consistently explain more variance among the older women compared to younger cohorts. This key finding suggests that the predictor variables traditionally used to measure the relationship of possible contributors affecting the provision of care are more appropriate for older cohorts of female caregivers than for younger generations. Prior to this study research has failed to investigate differences in the helping behaviors of younger women. The findings in this research demonstrate the importance that age makes on caregiving behavior. Further research which will examine are giving behavior among upcoming

generations of female caregivers is vital for a society experiencing an increase in the number of elderly persons and a decrease in the number of offspring to care for them.