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—Original Article—

THE RELATIONSHIPS OF INFORMATION-SEEKING BEHAVIOR AND SOCIAL SUPPORT TO EMOTIONAL OUTCOMES AMONG JAPANESE MOTHERS WITH CHILDREN WHO HAVE MINOR ILLNESSES

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Abstract

The purpose of the study was to empirically examine the relationships of information-seeking behavior and social support to emotional outcomes among Japanese mothers. Lazars' (1984) theory of stress and coping provided the theoretical framework.

The hypotheses were: there is an inverse relationship between asking questions and negative emotional outcomes; there is a positive relationship between *Enryo* and negative emotional outcomes; there is an inverse relationship between *Omakase* based on trust and negative emotional outcomes; there is a positive relationship between *Omakase* based on resignation and negative emotional outcomes; and there is an inverse relationship between perceived social support and negative emotional outcomes.

The sample consisted of 181 mothers (return rate 94.7%) who met the following delimitations: the mother had an only child with a minor illness for which she had consulted a doctor within the last three months, the child was under four years old and was free of other health problems, and the mother was a member of a nuclear family. The mothers were selected from the population who received medical examinations at five public health centers in Tokyo, Japan.

Information-seeking behavior was measured by four subscales of the Krantz Health Opinion Survey (KHOS) which was modified for the present study: asking for information from the medical staff; *Enryo* as a desire to ask questions but not asking freely because of modesty, hesitancy, or having psychological distance; *Omakase* based on trust is entrusting the medical staff with information and decision making; and *Omakase* based on resignation is to resign oneself to the medical staff. Perceived social support was measured by the Personal Resource Questionnaire 85 (PRQ 85) Part 2. Emotinal outcomes were measured by the Positive and Negative Affect Schedule (PANAS).

The hypotheses were tested by means of the Pearson product moment correlation coefficient at the .05 level of statistical significance. The Statistical Package for the Social Sciences (SPSS-X) was used for computations and analyses.

All hypotheses were supported. The findings contribute to an understanding of the nature

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of information-seeking, social sopport, and emotional response among mothers in a Japanese society that has experienced social change within the context of valued traditions.

Key words

information-seeking behavior
social support
emotional outcomes
Japanese mothers
Lazarus' theory of stress and coping

I. THE PROBLEM

Introduction

Successful parental psychological adjustment to an illness of a child is influenced by the parents' coping with the illness events. The coping of Japanese parents, as it is influenced by both Japanese culture and various aspects of social support within that culture, has been investigated.

Lazarus and Folkman (1984) claim that various methods of coping influence positive and negative emotional outcomes. Seeking information and social support, as a means of coping among Japanese mothers, has not been studied for emotional outcomes. Lazarus' theory of stress and coping (Lazarus & Folkman, 1984) implies that, when Japanese mothers have concerns for a child with an illness, their information-seeking behavior and perceived social support with influence their emotional response.

The Problem

What are the relationships of information-seeking behavior and perceived social support to emotional outcomes among Japanese mothers who have children with minor illnesses?

Definitions

Emotional Outcomes are positive and negative feelings associated with a mother's evaluation of herself and her experience following a visit to a doctor (Lazarus & Folkman, 1984). Emotional outcomes were measured by the Positive and Negative Affect Schedule (PANAS) (Watson, Clark, & Tellegen, 1988).

Information-Seeking is a method of coping that consists of trying to obtain knowledge as a basis for decision-making or action (Lazarus & Folkman, 1984; Lazarus & Launier, 1978). There are four types of Japanese information-seeking behavior investigated in this study: asking questions; *Enryo* as a desire to ask questions but not asking freely because of modesty, hesitancy, or having psychological distance; *Omakase* based on trust is entrusting the medical staff with information and decision making; and *Omakase* based on resignation is to resign oneself to the medical staff (Doi, 1981; Munakata, 1986a). This information-seeking behavior was measured by the modified Information subscale (I-Scale) of Krantz Health Opinion Survey (KHOS) (Krantz, Baum, &

Wideman, 1980).

Minor Illnesses are upper respiratory tract infection, fever, sore throat, or other mild infections which are the most frequent causes for children's medical visits in Japan (Sasahara, Kawamura, & Kudo, 1986).

Social Support is the perception of interactions occurring in social relationships. There are three types of support: informational, emotional, and tangible support (Lazarus & Folkman, 1984). Social support was measured by the Personal Resource Questionnaire (PRQ85) Part 2 (Brandt & Weinert, 1985).

Delimitations

The sample included only those Japanese mothers with the following characteristics.

1. They could speak and read Japanese.
2. They lived in nuclear families.
3. Each mother had only one child under four years old.
4. They had visited the doctor within the last three months prior to data collection for a consultation about their child's illness.
5. Their children had no chronic medical diagnosis, psychiatric illness, or physical disability.

Theoretical Rationale

The theoretical framework for the present study is derived from Lazarus' theory of stress and coping (Lazacus & Folkman, 1984). Coping is defined as constantly changing cognitive and behavioral effort to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person. Information-Seeking is a mode of coping that consists of obtaining knowledge that offers a basis for action (Lazarus & Folkman, 1984; Lazarus & Launier, 1978).

The prime importance of the appraisal and coping processes is that they affect adaptational outcomes; the effect of appraisal and coping on positive and negative emotions in a specific stressful encounter is the key question (Lazarus & Folkman, 1984). Positive and negative emotions are the subjective experience of how people feel about themselves and their world. Effective coping does not mean that positive feelings will occur, only that negative feelings will be managed. As a resource, social support can play a role in helping individuals cope more effectively (Lazarus a Folkman, 1984).

Many Japanese mothers who have young children are concerned about their children's illnesses (Terada, Kawano, & Takikawa, 1988). Japanese are usually reluctant to ask questions of health care providers. The reluctance may be attributed in part to certain aspects of Japanese culture. Physicians in Japan are highly respected and *Enryo* leads parents to feel that asking too many questions is impolite. If Japanese mothers cannot freely ask questions, their feelings pertaining to themselves and evaluation of the experience will be affected negatively (Munakata, 1987).

Some patients do not ask questions and leave the decision-making to the medical staff (*Omakase*). There are two types of *Omakase*: one is based on trust and the other on resignation (Okaya, 1988). The former *Omakase* has been shown to have and inverse relationship with negative feelings, and the latter, a positive relationship with negative feelings (Okaya, 1988).

A number of researcher (Terada et al., 1988) suggest that when mothers are concerned about their children's illnesses, social support helps them to cope with those concerns. As Japanese nuclear

families have increased to 61% (Kouseitoukeikyoukai, 1987), mothers have few people with whom to consult about their children's illnesses. Although there is no apparent research on the relationship between social support and mothers' emotional outcomes in Japan, American research indicates that, when mothers are faced with high stress, social support is related to mothers' adaptational outcomes (Brandt, 1984; Parry, 1986).

When Japanese mothers ask few guestions of medical staff, or when their social support system is not adequate, they may experience negative feelings related to the care of their children.

Hypotheses

1. There will be an inverse relationship between asking questions and negative emotional outcomes.
2. There will be a positive relationship between *Enryo* and negative emotional outcomes.
3. There will be an inverse relationship between *Omakase* based on trust and negative emotional outcomes.
4. There will be a positive relationship between *Omakase* based on resignation and negative emotional outcomes.
5. There will be an inverse relationship between perceived social support and negative emotional outcomes.

Need for the Study

As Japanese nuclear families have increased in the past decade, their needs and problems, and specifically the needs of mothers who have children with minor illnesses, have become the focus of research (Suzuki et al., 1987).

The study was designed using the Lazarus' theory of stress and coping (Lazarus & Folkman, 1984) which provides a comprehensive approach to the problem. Although the concept of coping has been accepted in Japan (Kono, Tada, Umamoto, Takahara, & Nagano, 1987, Nojima, Nakano, & Ashikaga, 1987), Lazarus' theory is new and has been used in only a few Japanese studies (Chikazawa, 1988; Okaya, 1988). The focus on the relationship between the person and the environment provides and appropriate framework for the study of parental coping with concerns related to the care of an ill child in the environment of the Japanese culture (Kato, 1986; Motoaki, 1986).

As mothers from nuclear families lack the advice, help, and emotional support from grandparents who formerly lived with the family, they depend on the advice of medical staff (Ota, 1981). However, the mothers are usually reluctant to ask questions. This reluctance can probably be attributed to some aspects of Japanese culture: *Enryo* and *Omakase*. Nurses are in a position to actively encourage mothers to ask and seek answers for their concerns. Probably the most important implication of the concept of information-seeking is that it provides a client-centered perspective and increases a client's awareness of available options (Lenz, 1984).

Although the concerns of Japanese mothers have been examined, no studies that use a theoretical framework or findings on the relationships among information-seeking behavior, perceived social support, and emotional outcomes have been located. The identification of factors that affect the psychological status of Japanese mothers who have young children with minor illnesses should provide knowledge with which nursing practice may be developed.

II. METHOD

Design of the Study

A descriptive, correlational design was used to examine.

The Sample

The volunteer participants consisted of 181 mothers who had young children with minor illnesses. The return rate was 94.7%. The mothers had an only child who was under four years of age. The child had a common cold or another minor illness in the previous three months, for which a doctor had been previous three months, for which a doctor had been visited at least once.

Data Collection Procedures

The mothers with children were selected from the population who received medical examinations at five Public Health Centers in Tokyo, Japan. Five Public Health Centers were approached using personal contacts. The directors were sent a letter of introduction about the study. At a follow-up meeting, information about the study was given to the appropriate administrators and their permission was obtained.

The purpose of the study was explained to the mothers individually, and they were told that the forms took about 30 minutes to complete. The voluntary nature of the study, the confidentiality of information, and their freedom to withdraw from participation at any time were stressed. Individuals who were qualified and agreed to participate in the study were requested to sign a consent from.

The participants were given a packet containing a cover letter, the modified KHOS, the PANAS, the PRQ85 Part 2, a demographic information sheet, and a large postage-paid envelope for the return of the questionnaires to the investigator.

Instruments

Krantz Health Opinion Survey (KHOS)

The KHOS (Krantz, et al., 1980) has two subscales: the Information Subscale (I-Scale) that contains 7 items measuring the desire to ask questions and wanting to be informed about medical decisions; and the Behavior Involvement Subscale (B-Scale) containing 9 items that measure attitudes toward self-treatment and active behavioral involvement of patients with their care. In this study, the I-Scale was used for testing the hypotheses. The validity and reliability were tested.

The I-Scale of KHOS was revised to measure more specifically mothers' information-seeking behavior while consulting with a doctor about their children's minor illnesses. It has 5 subscales based on Japanese behavior (Doi, 1981) : Asking, asking with *Enryo* or not asking becanse of *Enryo, Omakase* based on trust, *Omakase* based on resignation, and Explanation. Each of the subscales has four items based on the construct definitions. The validity and reliability were tested. The modified KHOS consists of 20 items with a 3-point Likert scale ranging from "disagree" to "agree."

Personal Social Support Questionnaire (PRQ85)

The PRQ85 (Brandt & Weinert, 1985) has two parts: Part one addresses a person's network structure; Part two measures the respondent's perceived level of social support. Part two, which has been used in this study, is based upon Weiss' (1974) definitions of social support. The validity and reliability were tested. The 25 items of Part two use a 7-point Likert scale ranging from "strongly disagree" to "strongly agree."

The Positive and Negative Affect Schedule (PANAS)

Watson et al. (1988) developed two 10-item mood scales that comprise the PANAS. Positive Affect (PA) reflects the extent to which a person feels enthusiastic, active, and alert; Negative Affect (NA) is a general dimension of subjective distress and unpleasurable engagement. The validity and reliability were tested. The PANAS consists of 20 items with a 5-poiint Likert scale ranging from "not at all" to "extremely."

Translation of the Instruments to Japanese

The trauslation of the questionnaires was done by an expert translator. Another translator turned the items back to English to assure accuracy. Each questionnaire and other informational items were given to four Japanese researchers who hold either a Ph.D or M.S. degree in nursing and five Japanese mothers who know the Japanese culture well and are bilingual. They compared English and Japanese revisions, and they validated the translation and the contents as to whether they were adequate for Japanese mothers who have young children with minor illnesses.

Data Analysis

All hypotheses were tested by the Pearson product-moment correlation coefficient at the .05 level of statistical significance. The Statistical Package for the Social Sciences (SPSS-X) was used for computations and analyses.

Reliability estimates were obtained for the psychometric measures. A factor analysis was conducted as a means of examining the substructure of the modified KHOS.

Ancillary analyses were conducted with selected demographic characteristics to determine their relation to negative emotional outcomes. Multiple regression analysis was used to test the unique effects of independent variables on negative emotional outcomes.

III. ANALYSIS OF DATA

Descriptive Statistics

The descriptive statistics for the sample are presented in Table 1. The majority of the

Table 1

Descriptive Statistics for the Sample

(N=181)

Variable	Category	N	%
Sex of Child	Male	98	54.1
	Female	83	45.9
Child's Age (months)	Under 12 months	24	13.3
	12-23 months	98	54.1
	24-38 months	59	32.6
Age of Mother	20-24	7	3.9
	25-34	148	82.2
	Above 35	25	13.9
Diagnosis (Check as many as apply)	Common Cold	168	92.8
	Fever	34	18.8
	Mild Infection	28	15.5

sample in this study were mothers approximately 25 to 34 years of age. Most children had a common cold. The children's age ranged from six to thirty-eight months ($\underline{M}$=20.6) and they were divided approximately equally between male and female.

Hypotheses

All hypotheses were supported.

Instruments

The alpha reliabilities of the modified KHOS, PRQ85, and PANAS ranged from .75 to .89, and were acceptably high. From the factor analysis of the modified KHOS, four factors were retained. Each factor represented each subscale. These four factors explained 56.6% of the total variance in these date.

Ancillary Analyses

Site differences

The data were collected from five different areas which ranged from downtown to uptown in Tokyo, referred to here as areas A, B, C, D, and E. Site differences were evaluated to test any systematic relations as a function of where data were collected. There were 97 participants in area A which comprised more than one-half of all study participants. The Pearson product moment correlations among the independent variables and the dependent variable for area A were calculated to compare these results with total sample results. Each result in area A showed results consistent with those obtained for the total sample as noted by its inclusion in a 95% confidence interval for the correlation coefficient using the Fisher's Z' Transformation. There were no differences as a function of where the data were collected.

Demographic Differences

To assess any relation between negative emotional outcomes and demographic variables on the Demographic Information Sheet, exploratory analyses using the Pearson product moment correlation coefficient were performed.

The child's age was inversely related to negative emotional outcomes, indicating that having younger children was associated with more negative emotional outcomes for mothers.

Concern about a child's illsess was positively correlated with negative emotional outcomes for mothers. As the concern with a child's illness increased, the mother's emotional response tended to be more negative.

The appraisal of the child's illness was positively associated with negative emotional outcomes. This implies that mothers who thought the child's illness was serious were more likely to experience negative emotional outcomes.

Consulting with someone about the child's illness had a positive correlation with negative emotional outcomes. The result indicates that mothers who consulted with someone about the child's illness before they visited the doctor were more likely to have negative emotional outcomes.

The total number of visits was inversely related to negative emotional outcomes. The fewer visits a mother made to the doctor, the more negative were her emotional outcomes.

Multiple Regression

Multiple regression analysis was used to test the unique effects of information-seeking behavior and social support on negative emotional outcomes. The scores for Asking, *Enryo, Omakase* based on trust, *Omakase* based on resignation, and Support were entered simultaneously as main effects, with the score of negative emotional outcomes as the dependent variable. The resulting multiple R was .48, indicating that 23.5% of the variance in the negative emotional outcomes was explained jointly by all of the independent variables.

IV. DISCUSSION

Asking and Enryo to negative emotional outcomes

The first two hypotheses examined the relation of Asking and *Enryo* to negative emotional outcomes among Japanese mothers. The results indicated that mothers who could not make their concerns known to doctors and nurses had more negative emtional outcomes. This is consistent with prior research by Felton and Revenson (1984) and Lazarus' theory. The present findings represent a novel contribution to the literature as no research was found that focused on the relation of Asking and *Enryo* to negative emotional outcomes among Japanese.

As most of the mothers (64.6%) had concerns about their children's illnesses, they were motivated to seek information. When mothers have such needs to ask questions, feeling of *Enryo* increased the likelihood of negative emotional outcomes. In Japanese culture, people dislike *Enryo,* but expect it in others (Doi, 1981). Japanese attach importance to interdependence or reciprocal relations based on *Amae.* Even though mothers may have a need to ask questions, they may be hesitant to do so, because they are likely to believe that it can affect their relationship with the doctor by being perceived as burdensome or overly assertive (Doi, 1981 : Nakane, 1967). This exemplifies the difficulty of self-assertion in the Japanese culture.

In the Japanese culture, the manner and content of communication between individuals is determined largely by very specific characteristics of the individuals (Shon & Ja, 1982). Included among these characteristics are age, sex, education, occupation, and social status. These specific characteristics influence aspects of interpersonal behavior including who will bow lowest, who will initiate conversations, and who will speak more softly or loudly (Shon & Ja, 1982). Because harmonious interpersonal relationships are so highly valued in Japanese culture, direct confrontation is avoided whenever possible. Much of the Japanese communication style aims at being indirect and talking around a point. There is a reliance on the sensitivity of the other person to pick up the point in a conversation (Shon & Ja, 1982).

In the present study sample, the existence of the social role for Japanese mothers may have added an additional stressor that had an impact on emotional outcomes. Japanese mothers may have felt more negative when their children became ill because child care is perceived as their foremost responsibility. Japanese mothers, in general, feel more responsible for their care tban fathers (Kawai, 1980 ; Minami, 1983 ; Nakane, 1975).

Although the present findings provided support for the study's theoretical framework, many aspects of communication between a mother and the medical staff in Japanese society have not yet

been delineated fully. The present study breaks ground in this direction and suggests directions for further research.

Omakase and negative emotional outcomes

The next two hypotheses examined the relation among two kinds of *Omakase* and negative emotional outcomes. The results indicated that mothers who trusted the medical staff had less negative emotional outcomes, but those who resigned themselves to the staff's decisions had more negative emotional outcomes. The results of the present research support prior research by Okaya (1988). Lazarus' theory also provides an interpretational framework for these findings. This result is the first quantitative demonstration of the relation between *Omakase* and negative emotional outcomes among Japanese mothers.

The results from the present study as well as those of Okaya (1988) suggest that *Omakase* based on trust and resignation contribute to emotional outcomes which are different. Although there is some literature about *Omakase* (Munakata, 1986a; Munakata, 1987), there is little discussion of the difference between *Omakase* based on trust and *Omakase* based on resignation.

Many Japanese doctors would be taken aback if their patients did not leave everything up to them (Munakata, 1986b). In the implicit social relationship, the doctor is the authority, but the patient and patient's family become followers (Munakata, 1986b). The Japanese literature suggests that if a mother could use *Omakase* based on trust, accompanied by an adequate and understandable explanation from the medical staff, negative emotional outcomes of the mother would be reduced (Kawata, 1986; Munakata, 1986b; Takaku, Morioka, & Kawano, 1989). Uemura (1988) suggested that nurses may be the ideal persons to assess what kinds of information a mother needs. From a theoretical perspective, perhaps nurses could become approachable informational sources without the perceived negative social consequences of an interaction with a physician, because for some mothers doctors represent too much authority.

Social Support and negative emotional outcomes

The last hypothesis indicated that mothers who had perceived supportive relationships had less negative emotional outcomes. The results of the present research are supported by prior research (Brandt, 1984; Pacry, 1986) and Lazarus' theory (Lazarus & Folkman, 1984). This result result represents the first quantification of this relationship among Japanese mothers.

A growing body of research evidence suggests that, when mothers are concerned about their children's illnesses, social support helps them to cope with those concerns (Terada et al., 1988). If there are no life threatening events, social relationships may not have as strong an impact (Brandt, 1984; House, 1981). From this perspective, social support should be effective only in the presence of a major stressor, *i.e.*, the stress-buffering model for the moderating effects of sccial support.

As House (1981) mentioned, social support may be produced by only one or two significant others and the most effective support may depend on the particular stress being expcrienced. As the mothers' major concerns over their children's illnesses were care for the child, diagnosis, length of illness, and potential after effects, possibly the agents who can give the most effective support will be the medical staff rather than the husband.

Fifty-three percent of the mothers had consulted with their husbands before they went to a hospital and 70% of the mothers stated it was helpful. The husbands might not solve the medical

concerns of the mothers, but they might reduce psychological concerns stemming from the child's illness.

To reduce mothers' negative emotional outcomes, the medical staff perhaps should encourage mothers to use less *Enryo* and *Omakase* based on resignation. When mothers visit doctors, the modical staff needs to provide an environment in which mothers can ask questions freely according to their needs and with feelings of trust and cooperation with professionals in managing the care of their children.

V. CONCLUSIONS, AND RECOMMENDATIONS

Conclusions

The results of the study suggest the following:

1. There is an inverse relationship between asking questions and negative emotional outcomes among Japanese mothers.
2. There is a positive relationship between *Enryo* and negative emotional outcomes among Japanese mothers.
3. There is an inverse relationship between *Omakase* based on trust and negative emotional outcomes among Japanese mothers.
4. There is a positive relationship between *Omakase* based on resignation and negative emotional outcomes among Japanese mothers.
5. There is an inverse relationship between perceived social support and negative emotional outcomes among Japanese mothers.
6. The reliabilities of the subscales for the modified KHOS, the PRQ85 Part 2, and the PANAS were found to be adequate.

The ancillary findings suggested that, in this population,

7. The concerns about the child's illness, consultation with someone, and appraisal of the child's illness were all positively related to negative emotional outcomes.
8. The child's age and total number of visits were inversely associated with negative emotional outcomes.

Recommendations for Future Research

The findings of this investigation have provided some basic information about the relation of information-seeking behavior and perceived social support to negative emotional outcomes. The following recommendations for future study are presented.

Replication of the study, with the following modifications, might contribute to the clarification of the relation of information-seeking behavior and perceived social support to negative emotional outcomes among Japanese mothers. It is suggested that the same behavior be studied among Japanese mothers who live in rural areas where mothers may have more traditional values and expectations about their contact with the medical systems, and who have multiple children or live in extended families. The findings from the study support the literature which indicates that these mothers might have different behavior as compared to mothers who have an only child and live in nuclear families.

It is also recommended that a replication of this study be done utilizing mothers of other countries and cultures for understanding the cultural similarities and differences among these groups. As this study was a retrospective design, a future study might consider both prospective and retrospective approaches.

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—和文要旨—

子どもが病気になった時の母親のインフォメーション・シーキング行動とソーシャル・サポートが母親の心配に及ぼす影響の分析

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本研究では，子どもが病気になった時の母親のインフォメーション・シーキング行動とソーシャル・サポートが，母親の心配にどのように関係しているかを分析することを目的とした。本研究の概念枠組みは，Lazarus のストレスとコーピングの理論である。

仮説は，下記の5つである。

1. 受診時に医療スタッフに自由に質問が出来る母親は，受診後の心配が少ない。
2. 受診時に医療スタッフに遠慮し，自由に質問が出来ない母親は，受診後の心配が多い。
3. 受診時に医療スタッフを信頼してお任せできる母親は，受診後の心配が少ない。
4. 受診時にあきらめて医療スタッフにお任せする母親は，受診後の心配が多い。
5. ソーシャル・サポートがあると思っている母親は，受診後の心配が少ない。

対象は，核家族の母親で，過去3か月以内に子どもが風邪をひいたり熱をだした為に，病院に行ったことがある3才以下の子どもをもち，子どもが1人しかいない母親181人（回収率94.7%）である。東京都内の5つの保健所で健診などの機会を利用して，該当する母親に対象となっていただくことを依頼した。

インフォメーション・シーキング行動は修正した KHOS 質問紙（Krantz Health Opinion Survey），ソーシャル・サポートは PRQ 質問紙（Personal Resource Questionnaire 85 Part2），母親の心配は，PANAS 質問紙（Positive and Negative Affect Schedule）で，調査した。仮説は相関関係（片側検定，有意水準5%）によって分析した。分析には SPSS-X（Statistical Package for the Social Seiences）を使用した。仮説はすべて検証され，質問紙の信頼性と妥当性も確認された。

キーワーズ

インフォメーション・シーキング行動　　ソーシャル・サポート
心配　　日本人の母親　　Lazarus のストレスとコーピングの理論