

A Psychological Study of Subjectivity about the Grandparent-Headed Family of Nurses

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ABSTRACT

Background/Objectives: The aim of this study was to identify the subjectivity of the grandparent-headed family perceived by nurses, describe the characteristics of each type, and identify the classification of the grandparent-headed family.

Methods/Statistical Analysis: This study applied Q-methodology to describe the characteristics by type and to classify the grandparent-headed family. Twenty nurses currently working in hospitals who agreed to respond were requested to classify 38 statements about the grandparent-headed family. Collected data was analyzed by principal component factor analysis by PC QUANL Program.

Findings: As a result of this study, nurses' perception of the grandparent-headed family was divided into three factors. The results showed three factors and explained 35.14% of the total variable. The first factor was 18.06%, the second factor was 10.17%, and the third factor was 6.91%. Since the first factor had an explanatory power of 18.06%, it can be considered as the factor that most explains the grandparent-headed family. The types of subjectivity for the Grandparent-headed family are 'a type of positive perception of the Grandparent-headed family', 'a type of perception of the need for political support for the Grandparent-headed family', and 'a type of concern about realistic pros and cons'.

Improvements/Applications: This study supplied basic materials for understanding and educating clinical nurses about the emerging grandparent-headed family. It also suggested the need to develop strategies to improve awareness of the grandparent-headed family.

Keywords: Grandparent-headed family, Subjectivity, Q methodology, Nurses, Education

1. INTRODUCTION

In Korea, there is no formal concept that separates grandparent-headed families. Instead, the family is generally referred to as grandparent-grandchild households, grandparent-headed families, grandparent-headed households, grandmother-grandfather households, grandparents and grandchildren's generations, and boys and girls living with grandparents[1].

Researchers' conception of the grandparent-headed family has a common opinion in that it is a family composed of grandparents and grandchildren. However, there are some differences between researchers. For example, in domestic studies, grandparent-headed family is defined as a family in which grandparents live with the child for more than 6 months without the child's parents actually living with the child due to the dissolution of the family, and the grandparents are primarily responsible for the child's basic food, clothing, and general life, and grandparents live together without parents, and grandparents and grandchildren under the age of 18 or under high school age live together without parents[2].

Considering the definition of the grandparent-headed family, in this study, based on domestic research, the grandparent-headed family refers to a family in which the adolescent does not actually live with his parents, such as family dissolution, etc., and the grandparents live with a child under the age of 18, and the adolescent is primarily responsible for food, clothing, housing, and general life[3].

The grandparent-headed family has both the difficulty of being an elderly family and the difficulty of raising grandchildren. The role of parenting grandchildren in their daily Life makes them feel pressured to raise a child again after raising their own children a long time ago, and this makes the grandmothers feel stressed about parenting. In the past, grandparents living in modern times had the position and role of raising their grandchildren as the most ideal surrogate mothers with traditional authority. On the other hand, due to the death,

divorce, separation, and runaway of the grandmother's child, the role change that replaces the structurally vacant child's parents and the resulting new family form is naturally exposed. Unlike grandmothers who temporarily parent grandchildren due to the double-income life of their adult children, grandmothers who take on the role of parents for a long time due to accidents, illnesses, separations, divorces, runaways, etc. of adult children can also get joy from their grandchildren if they rebuild a family with their grandchildren who are left alone, but as the psychological burden of parenting increases, they will have various negative emotions such as resentment, guilt, frustration, fatigue, loneliness, and trapped feelings[4].

The emergence and increase of new family forms called grandparent-headed families suggests that the psychosocial understanding of nurses who encounter them as care recipients in healthcare institutions and communities is essential. Nurses not only make up the largest part of the field of health care, but they are also the key personnel who have the most contact with the subjects. Therefore, they must provide safe and high-quality nursing to subjects within a limited time within a rapidly changing healthcare environment[5]. The subjectivity of perception when treating subjects in the field of nursing greatly affects the nursing they carry out. Therefore, it is important to understand the perceptions of nurses and prospective nurses.

There have been just few studies of grandparent-headed families in nursing students. Therefore, the Q methodology is a methodology that allows understanding of the characteristics of each type according to the structure of human subjectivity and starts from the perspective of the agent, not the assumptions of the researcher[6].

Thus, this study identifies the subjectivity structure of the grandparent-headed family from the perspective of nursing students and provides the basic materials necessary to develop differentiated educational programs according to the characteristics of the grandparent-headed family perception as a prospective nurse before going into the nursing field.

The aim of this study is to apply Q-methodology to identify the types of subjective perceptions of the grandparent-headed family of nursing students and the characteristics of each type. The study also aims to provide information on nursing students' perceptions of the grandparent-headed family and provide basic data for presenting strategies for teaching nursing students. The purpose of the specific study is as follows.

- 1) It is to typify the subjective perception of the grandparent-headed family of nursing students.
- 2) It purposes to analyze and describe the characteristics of each type of nursing students' perception of the grandparent-headed family.

2. RESEARCH METHOD

2.1. Design of the study

In this study, the Q methodology was applied to check the subjectivity of nurses' perceptions of the grandparent-headed family.

2.2. Selection of the Q population and Q sample

In this study, more than 200 Q populations were constructed through prior research related to the grandparent-headed family, newspaper articles and Internet press releases, and in-depth interviews with family members of three grandchildren to extract comprehensive statements related to the grandparent-headed family. This researcher deleted or integrated the statements in consideration of overlapping meanings and representativeness while reading the Q population collected for Q sample selection repeatedly several times. When determining the scale of the Q sample, it may vary depending on the characteristics of each study, but on the premise that 20 to 100 samples or 40 to 60 samples are universal, repeated confirmations were made to find clear meanings of the extracted sentences, and personal expressions were excluded[7]. Content corresponding to the same topic was extracted into the most representative sentences. After that, in order to confirm the category and validity derived along with the subject of the study, 3 members of the grandparent-headed family and 2 professors of the Department of Nursing with sufficient understanding of the Q methodology were asked to review the contents and their opinions on the appropriateness, and inconsistencies were readjusted through consensus. Then, 38 items with the highest discriminatory power and validity among the constructed statements were selected and a preliminary survey was conducted targeting one nurse. At this time, after correcting difficult words or

vocabulary, 38 Q samples were finally selected[table1].

Table 1: Q Statements

No	Statement
1	Grandparent-headed families rely entirely on government or public institutions for their livelihoods because all members of the family are unable to engage in economic activities.
2	In most grandparent-head families, the grandmother has a responsibility for the growth of her grandchildren.
3	Multicultural families are more likely to be grandparents-headed families.
4	As adult children are structurally absent from the household, grandparents live with their grandchildren and assume the primary responsibility of parenting.
5	There are few official support policies or programs for grandparent-headed families.
6	They are indifferent to the psychological and emotional difficulties that are the inner needs of members of the Grandparent-headed family.
7	Grandparent-headed families spend their old age failing to work on their tasks, resulting in a deterioration in their quality of life.
8	Grandparents are worried and anxious that their grandchildren will become juvenile delinquents.
9	Grandparents experience psychological rewards such as rewarding and happiness through caring for their grandchildren.
10	Grandparent-headed family grandchildren have increased self-reliance.
11	Most grandchildren in grandparent-headed families adapt to reality with positive thinking and positive coping.
12	If the grandmother is over 65 years old, she is very worried about the grandchildren left behind after her death.
13	Rural grandparents find it difficult to meet the physical, emotional, and social needs of their grandchildren.
14	It is difficult for grandparents to provide a positive adult role model for growing children and young teenagers.
15	Children from grandparent-headed families are more likely to have low levels of academic achievement.
16	Children in grandparent-headed families feel secure from the care of their grandparents.
17	Children in grandparent-headed families learn to live right from the teachings of their grandparents.
18	Children in grandparent-headed families are subject to the attention and control of the adults around them and avoid negative behaviors.
19	In the case of local children's centers and social welfare centers, they are the largest economic and cultural aid for the grandparent-headed family.
20	Children in grandparent-headed family have hope of being able to live with their parents.
21	Children of the Grandparent-headed family want to be the ones who can better understand and help others through their experiences and adversity.
22	Children from grandparent-headed families will grow up properly when they are properly provided with affection and discipline.
23	In Korea, a grandparent-headed family arises when parents' divorce.
24	Social support eases the burden of grandparents' parenting.
25	Grandparents identify and live with their grandchildren as themselves.
26	Grandparents feel the vitality of their lives by taking care of their grandchildren.
27	Grandparents feel limited in caring for their grandchildren and feel pain, anxiety, and frustration.
28	Grandparents have the most difficulty caring for their grandchildren when they reach puberty.
29	Most grandparents adapt to their environment and are proactive about it.
30	Children in grandparent-headed families are in poor health.
31	The anxiety that children may be abandoned by their grandparents is always present in the child's mind.
32	Children of grandparent-headed families experience the burden of parenting their grandparents and show the phenomenon as adult-children, such as supporting their grandparents or doing housework.

33	Teenagers in grandparent-headed families lack motivation to learn because no one cares about their studies.
34	Children in grandparent-headed families have difficulty taking initiative in forming relationships.
35	Children in grandparent-headed families feel inferior to children from ordinary families.
36	Most grandparent-headed families are experiencing financial difficulties, so they need legal support.
37	In order to address the difficulties of parenting, local government-funded institutes should provide assistance in practical parenting.
38	Grandparents have difficulty communicating due to the generation gap with their grandchildren.

2.3. Selection method of p-sample

Q-methodology is a qualitative research study that emphasizes individual inertia by focusing on differences in meaning or importance within individuals, not on differences between individuals. It is based on the small sample doctrine, which states that as the P sample becomes large, a number of people are biased toward a factor, and its characteristics are not clearly revealed [8]. For the P sample of this study, nurses currently working in clinical practice were given a sufficient explanation of the purpose of the study. A total of 20 people who agreed to participate in this study were then selected. For Subject's collection, the study posted a statement about participation in the study in the online nurse community and then surveyed nurses who voluntarily agreed to participate in the study by convenience sampling.

2.4. Q Classification

The process of Q classification is a process in which subjects selected for P sample take statements from Q samples and classify them by a forced normal distribution method, so that each individual creates a voluntary definition of a grandparent-headed family[9]. For Q classification, the subjects of the study were made to distribute 38 Q samples in the Q sample distribution table according to the principles of the Q methodology. The time it took for each study subject to complete the Q-classification was usually about 15-20 minutes. The distribution of the Q sample classified the statements selected by the study subjects as Q samples from strong positive to strong negative according to their importance according to their opinion. Statements about the Grandparent-headed family (Q1) were classified on a 10-point scale. Follow-up interviews were then conducted with the subject regarding the statements classified at the two extremes.

2.5. Data Collection Period and Analysis Method

The period of data collection was from July 2022 to September 2022, and the collected data was analyzed using the QUANL PC Program. As for the analysis of the Q factor, the Principal Component Factor Analysis (varimax) method was applied. Each type of classification was selected based on an Eigen value of 1.0 or higher and selected in consideration of the results calculated by entering various factors and the total explanatory variation. The collected data scored the converted scores assigned to each with 1 ~ 10 points centered on the cards forcibly distributed in the Q sample distribution table. The assigned converted scores were coded in numerical order of Q sampling and treated by the main factor analysis by the PC QUANL Program. After comparing three factors and four factors, three types were selected that were judged to be conceptually meaningful and had great discriminating power. This study compared the factor value and standard scores among 38 statements, focusing on items that showed strong positives and strong negatives for each type. At this time, the demographic and sociological data of the three type P samples and the characteristics of the respondents for each factor were reflected to interpret the attributes of each type.

2.6. Ethical consideration of the subjects of the study

This study submitted a research plan to the H Institutional Review Board for ethical consideration prior to the start of the study, and the results of the review were approved.(HS22-06-03) After explaining the purpose of the study to the selected subjects, anonymity and confidentiality were promised. In addition, it was explained in advance that the subject does not have to respond if he/she is reluctant to disclose personal information. In addition, they provided their contact information so that they can be contacted if they do not wish to participate in the study at any time after completing the questionnaire.

The study explained to participants that voluntary consent from all subjects in the study could be discontinued at any time during the study. This study respects the rights of subjects and guarantees the privacy and

confidentiality of their personal information. All information gathered in this study is anonymized, coded, and Q aligned throughout the data analysis to ensure confidentiality. It also explained that all data and materials collected for the study would be safely disposed of.

3. RESULTS AND DISCUSSION

3.1. Subjectivity about the Grandparent-headed family and characteristics of each type

3.1.1. Formation of Q type

To analyze the subjectivity of the nurses about the grandparent-headed family by type, first, the characteristics of each type were described based on the statements belonging to each type. The Q response of P Sample (participants in the study) was divided into upper and lower questions, and two factors were extracted. In Q methodology, the higher the factor weight of the person belonging to each type, the more typical or ideal the person representing that type.

To analyze the characteristics of each type of grandparent-headed family, the questions of the classified statements were interpreted by giving meaning to statements with a standard score (z-score) of ± 1.00 or higher. In this study, 11 people with a factor weight of 1.0 or higher belonged to the first type, 6 people in the second type, and 3 people in the third type.

The PC QUANL program was used to analyze subjectivity about the grandparent-headed family. The results showed three factors and explained 35.14% of the total variable. The first factor was 18.06%, the second factor was 10.17%, and the third factor was 6.91%. Since the first factor had an explanatory power of 18.06%, it can be considered as the factor that most explains the grandparent-headed family [Table 2]. Of the 20 subjects surveyed, 11 were identified as belonging to factor 1, 6 for factor 2, and 3 for factor 3. The people in each factor refer to a group that has similar responses to the grandparent-headed family.

Table 2: Eigen Value, Variance, and Cumulative Percentage

	Type I	Type II	Type III
Eigen Value	3.2511	1.8304	1.2434
Variance(%)	.1806	.1017	.0691
Cumulative	.1806	.2823	.3514

Participants in this study included 20 nurses currently working in clinical practice. The general characteristics of the subjects in the study are as shown in Table 3. There was a total of 20 study participants, with a mean age of 26.40 ± 2.80 years, 15.0% male and 85.0% female. Among them, 75.0% were not religious, 25.0% were religious, and 3.20 ± 1.47 were clinical experience [Table 3].

Table 3: General Characteristics

Type	No	Age	Gender	Religion	Clinical Career Period (Year)	FWS*
Type 1	2	23	F	No	2	1.6074
	4	23	M	No	2	.5628
	5	29	F	Christian	5	.0756
	8	23	F	No	2	.1676
	9	28	F	No	4	.5196
	12	27	F	No	4	.1578
	13	25	F	No	2	.5670
	14	31	F	Buddhism	7	.8395
	15	30	F	Catholic	3	.4125

	16	25	F	No	2	.5558
	17	27	F	No	4	.6996
Type 2	1	27	M	No	1	1.3240
	3	23	F	No	2	.4920
	6	24	F	No	2	.2492
	7	23	F	No	2	.5077
	10	29	F	No	5	.1626
	19	29	F	Buddhism	4	.8938
	Type 3	11	26	F	No	3
18		31	M	No	4	1.5433
20		25	F	Christian	4	.4006

The correlation coefficients between the three factors are shown in [Table 4]. This shows the degree of similarity among the three types. The correlation coefficient between type 1 and type 2 is -0.134 . type 1 and type 3 is 0.141 , and -0.121 in type 2 and type 3. Type 1 and type 3 had a relatively high correlation with other types. However, since the correlation between factors in the Q method differs from the factor analysis method in quantitative studies, and focuses on finding factors without presupposing full independence between factors, factor extraction based on high correlation and low correlation is indisputable.

Table 4: Correlations Between Factor Scores

Hospitals	Type I	Type II	Type III
Type I	1.000	-.134	.141
Type II	-	1.000	-.121
Type III	-	-	1.000

3.1.2. Analysis by Type

The type of subjectivity for the grandparent-headed family calculated by the method of such type analysis is presented as follows.

- The type of positive perception of the Grandparent-headed family: The first type of subjects consisted of a total of 11 people. The statements in which the first type of subject showed strong affirmation are as follows: 'If Grandmother's age is 65 or older, she is very concerned about the grandchildren left behind after her death ($Z=2.34$)', 'Grandparents experience a sense of psychological rewards such as rewarding and well-being through caring for their grandchildren. ($Z=1.88$)', 'Children in the grandparent-headed family must be properly provided with affection and discipline so that they can grow up properly. ($Z=1.62$)'[Table 5]. The subject with the highest factor weight in type 1 was number 2 (1.6074), and the most agreed statements were number 12 and 9. The statements in which the subjects of the first type showed strong negativity are as follows: 'There is a lack of indifference to the psychological and emotional difficulties that are the inner needs of members of the grandparent-headed family. ($Z=-1.87$)', 'Most grandparents are adaptive and proactive in their environment. ($Z=-1.85$)', The quality of life of grandparents in 'Grandparent-headed families deteriorates because they are unable to work towards their achievements in their old age. ($Z=-1.33$)'[Table 5]. In the first type, the subject with the lowest factor weight was number 5 (0.0756), and the statements that showed the most negation were statements 6 and 29.

The first type of characteristic is that the grandparent-headed family is a type of newly emerged family that has advantages due to the high age of the grandparents, and the love and responsibility for the grandchildren, except for health concerns. They agreed that grandparents of grandparent-headed families can get the psychological reward or satisfaction while caring for their grandchildren, which is the vitality of their lives. In addition,

children of grandparent-headed families received appropriate affection and discipline from their grandparents, and they grow up properly as members of society. They also disagreed that the lives of members of grandparent-headed families would deteriorate and that the health of the children in those families would be worse than that of children in ordinary families. Therefore, the first type was named 'the type of positive perception of the Grandparent-headed family'.

- Type of recognition of the need for political support for grandparent-headed families: The subjects of the second type consisted of a total of six people. The statements in which the second type of subject showed strong affirmation are as follows: 'Most grandparent-headed families are struggling with financial difficulties and they need legal support. (Z=1.99)', 'Grandparents have difficulty communicating due to the generation gap with their grandchildren. (Z=1.77)', 'Institutions that will provide support from local governments to solve the difficulties of parenting should provide assistance with practical parenting. (Z=1.67)'[Table 5]. In the second type, the subject with the highest factor weight was No. 1 (1.3240), and the most agreed statements were No. 36 and No. 38. Statements in which subjects of the second type showed strong negation as follows. 'Grandparents are worried and anxious that their grandchildren will become delinquents. (Z=-2.21)', Children in the 'grandparent-headed family' feel secure from the care of their grandparents. (Z=-1.52)', 'Most grandchildren in grandparent-headed families adapt to reality with positive thinking and active coping. (Z = -1.40)'[Table 5]. In type 2, the subjects with the lowest factor weight were 10 (0.1626), and the most negative statements were 8 and 16.

The second type of characteristic is that in the case of grandparent-headed families, there is a large generation gap between grandparents and grandchildren, and the difficulties caused by the lack of economic activities of grandparents are considered to require legal and institutional support. They agreed that there would be a need for an organization that would provide direct support throughout the parenting period for grandchildren. She also agreed that grandparents and grandchildren needed emotional support. However, there was no agreement that there was no political support or program for grandparent-headed families, that grandchildren would be particularly challenged by growing up in grandparent-headed families, or that they would receive higher attention and care. Therefore, the second type was named 'the type of recognition of the need for political support for the grandparent-headed family'.

- Type of concern for practical pros and cons: The subjects in the second type consisted of a total of three people. Statements in which subjects showed strong affirmation in Type 3 are as follows: 'Children from grandparent-headed families are more likely to have low levels of academic achievement. (Z=1.91)', 'Grandparents are worried and anxious that their grandchildren will become delinquents. (Z=1.63)', 'Grandparents feel the vitality of life by caring for their grandchildren. (Z=1.58)'[Table 5]. The subject with the highest factor weight in the third type was 18 (1.5433). And the most agreed statements were No. 15 and 8. Statements in which the third type subject showed strong negativity are as follows: 'In Korea, a grandparent-headed family is created due to parental divorce (Z=-2.11)', 'The grandparent-headed family is completely dependent on government or public support for its livelihood because all members of the family are unable to engage in economic activities. (Z=-1.68)', 'Multicultural families are more likely to be grandparent-headed families. (Z=-1.48)'[Table 5]. The lowest factor weighted subject in the third type was 11 (0.1746), and the most negative statements were 23 and 1.

The third type of characteristic takes into account all the realistic pros and cons that arise as grandparents parent grandchildren. Grandparents have concerns about the possibility of children being raised poorly or poorly academically and believe that these concerns cannot be met. On the other hand, grandparents said that caring for their grandchildren has the advantage of bringing vitality to their lives. They didn't agree that the formation of a grandparent-headed family in the modern era is caused by parental divorce, etc., and that multicultural families are more likely to become grandparent-headed families. They think that in modern society, there are many families that are temporary or in which grandparents and parents are parenting together for various reasons. Therefore, the third type was named 'the type of concern about the practical pros and cons'.

Table 5: Typical questions on the Grandparent-headed family and Z-score (N=20)

Representative items of type				
Factor	No	Representative items	Mean(SD)	Z-score

Factor1 (N=11)	12	If the grandmother is over 65 years old, she is very worried about the grandchildren left behind after her death.	8.09(2.256)	2.34
	9	Grandparents experience psychological rewards such as rewarding and happiness through caring for their grandchildren.	7.82(1.401)	1.88
	22	Children from grandparent-headed families will grow up properly when they are properly provided with affection and discipline.	6.91(2.587)	1.62
	26	Grandparents feel the vitality of their lives by taking care of their grandchildren.	6.64(2.335)	1.15
	13	Rural grandparents find it difficult to meet the physical, emotional, and social needs of their grandchildren.	6.55(1.916)	1.13
	6	They are indifferent to the psychological and emotional difficulties that are the inner needs of members of the Grandparent-headed family.	4.09(2.587)	-1.87
	29	Most grandparents adapt to their environment and are proactive about it.	4.00(2.236)	-1.85
	7	Grandparent-headed families spend their old age failing to work on their tasks, resulting in a deterioration in their quality of life.	3.73(1.794)	-1.33
	30	Children in grandparent-headed families are in poor health.	4.36(2.420)	-1.20
	27	Grandparents feel limited in caring for their grandchildren and feel pain, anxiety, and frustration.	4.55(1.128)	-1.12
Factor2 (N=6)	36	Most grandparent-headed families are experiencing financial difficulties, so they need legal support.	7.33(1.751)	1.99
	38	Grandparents have difficulty communicating due to the generation gap with their grandchildren.	7.33(1.751)	1.77
	37	In order to address the difficulties of parenting, local government-funded institutes should provide assistance in practical parenting.	7.17(2.041)	1.67
	34	Children in grandparent-headed families have difficulty taking initiative in forming relationships.	6.17(1.472)	1.23
	35	Children in grandparent-headed families feel inferior to children from ordinary families.	6.17(1.941)	1.14
	8	Grandparents are worried and anxious that their grandchildren will become juvenile delinquents.	3.33(2.422)	-2.21
	16	Children in grandparent-headed families feel secure from the care of their grandparents.	4.50(1.761)	-1.52
	11	Most grandchildren in grandparent-headed families adapt to reality with positive thinking and positive coping.	4.67(2.733)	-1.40
	5	There are few official support policies or programs for grandparent-headed families.	3.83(2.041)	-1.33
	3	Multicultural families are more likely to be grandparents-headed families.	5.17(2.944)	-1.28
Factor3 (N=3)	15	Children from grandparent-headed families are more likely to have low levels of academic achievement.	6.67(2.887)	1.91
	8	Grandparents are worried and anxious that their grandchildren will become juvenile delinquents.	7.33(2.082)	1.63
	26	Grandparents feel the vitality of their lives by taking care of their grandchildren.	6.33(3.055)	1.58

13	Rural grandparents find it difficult to meet the physical, emotional, and social needs of their grandchildren.	7.00(1.732)	1.53
38	Grandparents have difficulty communicating due to the generation gap with their grandchildren.	8.33(0.577)	1.25
23	Grandparents have difficulty communicating due to the generation gap with their grandchildren.	3.33(3.215)	-2.11
1	Grandparent-headed families rely entirely on government or public institutions for their livelihoods because all members of the family are unable to engage in economic activities.	2.33(0.577)	-1.68
3	Multicultural families are more likely to be grandparents-headed families.	3.67(2.082)	-1.48
2	In most grandparent-head families, the grandmother has a responsibility for the growth of her grandchildren.	4.00(2.646)	-1.43
35	Children in grandparent-headed families feel inferior to children from ordinary families.	4.00(3.606)	-1.30

The family is the basic unit of social construction centered on the couple who live with their children and parents. This traditional concept of the family has undergone various forms of change with rapid industrialization in modern times. Atypical family structures such as childless families, single-person families, single-parent families, multicultural families, single-mother families, and homosexual families have emerged, and the phenomenon of family disintegration due to divorce or runaways has intensified[10]. The dissolution of the family forms a grandparent-headed family in which the grandparents and their grandchildren live while entrusting the nurturing of their grandchildren to the grandparents.

Women's educational level is improving, women's desire for self-realization, and women's participation in economic activities for self-reliance and stabilization of life through securing economic resources are increasing compared to the past. It appears that double-income families have difficulties in doing work and household chores such as parenting at the same time. If adult children are employed and unable to take care of their children, grandparents will emerge as important human resources for raising children while they are at work. This showed that there was a change in the values that parents were perceived as the primary responsible for raising their children[11]. The emergence of this grandparent-headed family also makes a difference in the subjectivity of perception of this.

As a result of this study, the types of subjectivity about the grandparent-headed family perceived by nursing students were identified as follows: The first type, 'type of positive perception of the grandparent-headed family', The second type, 'a type of political support for the Grandparent-headed family', The third type, 'type of concern about realistic pros and cons'. This study intends to discuss the characteristics of each type.

The first type that emerged in this study was the 'type of positive perception of the grandparent-headed family'. Grandparents in grandparent-headed families said parenting their grandchildren can help them feel psychologically positive in retirement, and grandchildren can receive emotional support during the parenting process under the care of their grandparents. It is thought that the hosting of parenting for the next generation is based on the form of a modified family or kinship, so that children in grandparent-headed families can improve their sense of security in care, positive thinking, and the ability to actively cope with reality.

Grandparents' care for grandchildren provides an opportunity to affirm the value and identity of the elderly's self-existence[12], and has been shown to have a positive effect on subjective perceptions of health, as well as higher life satisfaction and lower levels of depression[13]. In addition, the experience of caring for grandchildren can be an alternative to the problem of role loss, one of the four pains of old age, which can play a positive role in making them feel the need and value of their own existence.

The act of grandparents caring for their grandchildren is itself considered a factor in reducing the negative

effects of family breakup. It is conceivable that grandchildren can be more emotionally and psychologically stable by using the care of their grandparents as a motivation to transition to a more harmonious family environment. The grandparent-headed family is a new family form in a changing society with many positive advantages. Therefore, it is important not to look at it from a different perspective from ordinary families.

The second type was 'the type of recognition of the need for political support for the grandparent-headed family'. An increasing number of elderly people caring for grandchildren has recently led to an increased interest in grandparents' care for grandchildren. Accordingly, due to the care of grandchildren, depression, stress, and life satisfaction, there will be difficulties in psychological adjustment in old age. Therefore, with the changing form of the family, it became necessary to have policies and support in place to help them with their difficulties.

Parenting of grandparents for their grandchildren causes the grandparents to feel the burden and stress of having to participate in parenting again in their old age when the parenting of their own children has already ended long ago[14]. Grandparents in the grandparent-headed family have physical and economic hardiness about their role as caregivers. They also experience generational differences in perceptions and conflicts and anxieties about their roles between them and their grandchildren[15].

To alleviate the difficulties of parenting grandchildren, grandchild care projects and training courses are being run for grandparents in some areas. Overseas, paid leave and parental leave systems are in place or have been improved to support grandparents raising their grandchildren. And related charities and advisory committees are actively active[16].

International meta-analysis studies reported that interventions for grandparents parenting grandchildren were effective in reducing grandparents' well-being, social support, parenting skills and behavioral problems in children [17, 18], reducing psychological stress, and improving physical and mental health[19]. By reflecting the results from these studies, we hope that various intervention studies will be developed and expanded in Korea in the future.

The third type was 'a type of concern about the practical pros and cons'. They identified the practical pros and cons of parenting grandchildren and were concerned and worried about the disadvantages of them. In particular, it was said that it would be important to consider the difficulties and emotional state of grandparents and grandchildren as family members.

Grandparents in a grandparent-headed family have a lot of parenting stress, including the degree of relationship with their grandchildren, their temperament, externalized problematic behaviors, and their grandchildren's academic grades. Not only about this, grandparents are found to be increasing the burden of their health and old age, as well as the financial burden[20]. As such, grandparents in grandparent-headed families are forced to take on the role of parents they have put aside for a while, and their physical and mental difficulties are bound to be a crisis in their lives. This compares to be a grandparent in a normal family, which means a shift from being a parent to being a supporter for children and grandchildren. In addition, the emotion that forms the basis of a grandmother's life in a grandparent-headed family is sadness, which can lead to pain due to the limitations of care or frustration with life[21]. Grandparents in grandparent-headed families who lack social support, such as not getting enough help from their children or relatives, suffer from deteriorating health and economic poverty due to the characteristics of old age[21]. In the health of the elderly, there is a close link between chronic illness and self-care[22]. However, the elderly, who are grandparents of grandparent-headed families, due to the nature of old age, often give up caring for themselves with the intention of sacrificing themselves to save their grandchildren, despite having chronic diseases, which leads to poor health[21].

It is urgent to find ways to intervene clinically for grandparents who are under the tension, burden, and anxiety of such situations. Temporary psychological stability is not a problem-solving method, so it will be necessary to take into account the environmental characteristics of grandparents in the grandparent-headed family, identify the content and level of stress they perceive, and make an effort to apply appropriate coping mechanisms for stress. The need for mental health education in multidisciplinary teams is proposed for the transformation of mental processes that are accustomed to using the defense mechanisms of suppression rather than trying to solve them, as well as the characteristics of older people who want to internalize or internally attribute the problems of the situation from the outside to themselves.

This study explored the subjective perceptions of the grandparent-headed family of nurses and divided them into three types. The characteristics of each type were divided into 'type of positive perception of the grandparent-headed family', which considers the advantages of the grandparent-headed family as the center, 'type of perception of the need for political support for the grandparent-headed family', which considers that the number of grandparent-headed family is increasing in number and will need support at the national level, and 'type of concern about realistic pros and cons', which seeks to realistically grasp each pros and cons as a member of the grandparent-headed family.

Care is about protection, care, education, and further development with affection. And caring for children refers to specific attitudes and behaviors toward them, teaching them, and caring for them[23]. Grandparents can be seen as the biggest providers of unofficial care. It is common for grandparents to raise grandchildren surrogate in cases of double income or in the event of divorce, separation, or runaway[24].

This study will help shift the perception of the grandparent-headed family in our society if we think about the role of nurses as female educators. In addition, this study is expected to be used as a basic material for the development of differentiated educational programs by presenting subjective structures and tangible characteristics of nurses' perceptions of the grandparent-headed family.

However, this study was studied through convenience sampling and did not select participants by considering factors influencing perception of grandparent-headed families. There were limitations in generalizing the findings. Therefore, further validation of the type is needed by constructing Q samples with diverse backgrounds through follow-up studies.

4. CONCLUSION

This study attempted to apply the Q methodology to provide the basic materials necessary to suggest changes in the perception of the type of family and the direction of nurses' approach through subjective data that explored and analyzed the subjective perception of the grandparent-headed family of nurses. The results of this study were divided into three factors. The types of nurses' perceptions of the grandparent-headed family were 'a type of positive perception of the grandparent-headed family', 'a type of perception of the need for political support for the grandparent-headed family', and 'a type of concern about realistic pros and cons'.

This study typified the subjectivity of nurses' grandparent-headed families and provided basic data for improving attitudes and perceptions towards those families in the future. Through this study, it is expected that an educational program will be developed that considers the characteristics of each type because it analyzed the types of perception and confirmed the characteristics of the grandparent-headed family of nursing students. We also propose further studies of typology analysis by selecting samples that take into account various factors, and qualitative studies to identify various factors affecting the care of subjects in grandparent-headed families.

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