

DISABLING FARM INJURIES:

WIVES' EXPERIENCES

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By

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ABSTRACT

A disabling farm injury affects both the farmer and the farmer's spouse. In Canada, injuries rank third as a leading cause of death and second as a leading cause of medical spending. There have been studies of agriculture-related injury and death, including research on the prevalence, incidence, and causes of farm injuries. There is a lack of empirical data on the impact of agricultural injuries on farm families. This qualitative study explored the lived experiences of wives of Saskatchewan farmers who experienced a disabling farm injury and returned to farming. Potential study participants were contacted and invited to participate in the study with the assistance of the extension division of the Institute of Agriculture, Rural, and Environmental Health (I·ARE·H) and the Farmers with Disabilities Program of the Saskatchewan Abilities Council of Saskatoon. Between October 2002 and October 2004 seven Saskatchewan farm women volunteered to participate and were interviewed. Participants who contacted the researcher to indicate their interest in the study were sent cameras and information inviting them to take photographs depicting their lives since the occurrence of the disabling farm injury. They were contacted later to set up the interviews. The grounded theory method of constant comparison was used for the thematic analysis of the interviews. Seven common themes emerged from the analysis: "My world just crashed," "Superwoman," "Something's got to give," "Survival tactics," "Definitely impacted them," "Support," and "Advice for others." The experiences of the seven Saskatchewan farm women have been heard. Their successes and the hardships they experienced with the injury event and the farmer's return to farming have been recorded. Implications for health practice, the development of an Internet based support program, education of

health care providers on the needs of people who have experienced a disabling farm injury, and future research are considered.

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TABLE OF CONTENTS

PERMISSION TO USE	i
ABSTRACT	ii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	v
CHAPTER ONE - Introduction	1
1.1 The Research Problem	1
1.2 Intent of the Study	2
1.3 Research Questions	3
CHAPTER TWO - Literature Review	5
2.1 Definition of Terms	5
2.2 The Nature of Farming	6
2.3 Farm Injury Fatality	7
2.4 Farm Injury Morbidity	8
2.5 Rehabilitation after Farm Injury	9
2.6 Experiences of Spouses of Injured Farmers	10
2.7 Photography in Research	12
2.8 Social Support	14
CHAPTER THREE - Methodology	19
3.1 Design	19
3.2 Setting	20
3.3 Participants	20
3.4 Instrument	22

3.4.1	The Researcher	24
3.5	Data Collection and Analysis	25
3.6	Trustworthiness in Qualitative Research	27
3.6.1	Credibility	28
3.6.1.1	Bracketing/Reflexivity	28
3.6.1.2	Triangulation	29
3.6.1.3	Confirmability (Member Checking)	29
3.6.2	Transferability	30
3.6.3	Dependability	31
3.7	Ethical Considerations	32
3.8	Budget	33
CHAPTER FOUR - Findings		34
4.1	“My World Just Crashed”	34
4.1.1	The Injury Event	34
4.1.2	Hospitalization	42
4.1.3	Home from the Hospital	48
4.2	“Super Woman”	52
4.3	“Something’s Got to Give”	55
4.4	“Survival Tactics”	61
4.5	“Definitely Impacted Them” [Affected the Children]	71
4.5.1	The Injury Event	71
4.5.2	In the Hospital	74

4.5.3	Care of the Children	80
4.5.4	What’s Happening Now	83
4.6	“Support”	86
4.6.1	Informal Support	86
4.6.2	Formal Support	89
4.7	“Advice for Others”	90
4.8	How Things Are Now	94
4.9	Summary of the Seven Themes	99
CHAPTER FIVE – Discussion		101
5.1	Discussion of the Common Themes	101
5.1.1	“My World Just Crashed”	102
5.1.2	“Super Woman”	104
5.1.3	“Survival Tactics”	105
5.1.4	“Support”	107
5.1.5	“Definitely Impacted Them”	
	[Affected the Children]	109
5.2	Losses	109
5.3	Photography	110
5.4	Strengths and Limitations of the Study	112
5.5	Transferability	113
5.6	Implications for Health Practice	114
5.7	Future Research Questions	117
REFERENCES		120

APPENDIX A: Table 1. A Summary of Photography Articles	129
APPENDIX B: Letter of Invitation to Participant	133
APPENDIX C: Reply Card	135
APPENDIX D: Instructions for Camera Use and Picture Type	136
APPENDIX E: Consent Form	138
APPENDIX F: Guide for Reflection and Inquiry	141
APPENDIX G: Participant Data/Transcript Release Form	143
APPENDIX H: Letter from Farm Stress Line	144
APPENDIX I: Budget	145

CHAPTER ONE

Introduction

1.1 The Research Problem

A disabling farm injury affects both the farmer and the farmer's spouse (Reed & Claunch, 1998). In Canada, injuries have ranked third behind heart disease and cancer as a leading cause of death (Hartling, Pickett, Dorland, & Brison, 1997). In regards to work-related injuries, farming is one of the most dangerous occupations in Canada (Hartling, Pickett, & Brison, 1998). In Saskatchewan between 1991 and 1995 there were 80 fatal farm injury events (Pickett, Hartling, Brison, & Guernsey, 1999). Between June 1989 and June 1992 there were 519 self-reported farm injuries that required hospitalization or medical treatment, of which 49.2% were related to operation or maintenance of farm machinery (Pahwa, Zasada, McDuffie, McNeil, & Dosman, 1995). Farm injuries can result in significant costs to the health care system. In Canada, it has been reported that injuries exceed the costs for a cancer diagnosis and are the third most costly diagnostic group following cardiovascular and musculoskeletal diseases (Locker, Dorland, Hartling, & Pickett, 2003). In their study of the economic burden of agricultural machinery injuries in Ontario from 1985-1996, Locker et al. (2003) found the estimated the total cost at \$288 100 000 and the cost of a permanently disabling injury at \$142 553. While there have been several studies of agriculture-related injury and death (including research on

the prevalence, incidence, and causes of farm injuries), there is a lack of empirical information on the long-term experiences and unique needs of injured farmers and their spouses. Reed and Claunch (1998) studied farmers' experiences with rehabilitation and their return to farming, and identified the farmer's spouse as the main source of support for the injured farmer. Two previous studies examined the spouse's experience following a disabling farm injury. Reed and Claunch (2002) explored the coping patterns of spouses following their husbands' permanently disabling farm injuries. The study examined spouses' experiences after the disabled farmers returned to work. Herrin, Hoodless, Joyce, Simpson, and Turnbull (1995) explored the experiences of wives of Australian farmers who had sustained a farm injury during the 10-year period prior to the study. The study by Herrin et al. (1995) focused on the wives' lived experiences following the farm injury, which they defined as "an accident or injury that occurs on the farm and requires medical attention resulting in disruption of normal work patterns and activities of daily living" (p. 150). Not all of the injuries resulted in a permanent disability for the farmer. Neither of the previous studies were conducted in the province of Saskatchewan, Canada, where unique aspects of agricultural practice and the health care system may contribute to different experiences for spouses of farmers who are disabled compared to the experiences of spouses of farmers who are disabled in Kentucky or Australia.

1.2 Intent of the Study

The primary purpose of this qualitative study was to explore the perceptions and experiences of wives of Saskatchewan farmers who have experienced a permanently disabling farm injury. The study used personal interviews depicting the wives' personal views of changes in their lives following the injury event. In addition this qualitative

study sought to identify currently unmet health needs or service gaps for this population as this information would help in the development and implementation of programs to assist farm families to adapt and to continue to farm after a permanently disabling farm injury. An aim of this research was to help inform health policy aimed at addressing the concerns and needs of farmers with a permanently disabling injury and their families. Most importantly, the interviews provided people living with a permanently disabling farm injury an opportunity to voice their feelings and thoughts on the subject so that their experiences could be heard, providing others with information that may help them deal with similar situations and the knowledge that while farm injuries happen, life can go on.

1.3 Research Questions

This research explored the experiences of spouses of farmers who have continued to farm following a disabling farm injury. The spouses were interviewed to explore the primary research question:

What has your life been like since the disabling injury?

Other questions that were addressed included:

What has your experience been since the injury?

Tell me about your experience. Let's start with the injury.

- What has your life been like since the injury?
- Where did you get your support?
- What services were available to assist you?
- What other services would have helped you adjust?
- What other things would have helped you go through the experience?
- Prior to the injury, what was your role in the operation of the farm?

- How has your role in the operation of the farm changed since the injury?
- What things did you do to assist your spouse during the time of his/her injury?
- How has the injury affected the lives of family members?
- How could a nurse have helped you during your experience since the injury?

CHAPTER TWO

Literature Review

2.1 Definition of terms

There are several definitions of farm injury in the literature. Herrin et al. (1995) defined farm injury as “an accident or injury that occurs on the farm and requires medical attention resulting in disruption of normal work patterns and activities of daily living” (p. 150). Lewis, Sprince, Burmeister, Whitten, Torner, and Zwerling (1998) defined farm injury as “an injury for which you a) received either medical attention or treatment other than first aid for minor injuries or from a doctor or medical assistant or b) had to cut down on your usual activities for more than a day or c) lost consciousness” (p. 511). Browning, Trusczyńska, Reed, and McKnight (1998) used a simple definition: “injuries occurring while doing farm work or farm chores” (p. 343). Reed and Claunch (1998) used the following inclusion criteria for their study on permanently disabling injuries: upper limb loss above the wrist, and return to farming post-amputation with at least one cycle of agricultural production completed before entry to the study. Reed and Claunch wanted the farmer to have had at least one agricultural cycle of farming with the disability so as to have an understanding of the impact the limb loss had on the operation of the farm. For the purpose of the present study a permanently disabling farm injury was defined, modifying Browning, Trusczyńska, Reed, and McKnight’s (1998) definition, as

“an injury sustained on the farm property while performing an agricultural task and resulted in at least four hours of lost time from usual activities” (p. 343) that results in activity limitations and participation restrictions (WHO, 2001).

Spouse was defined, for the purpose of this study, using Herrin et al. (1995) as one who is married to or in a like relationship and resides with the farmer on the same property.

2.2 The Nature of Farming

Farming is more than an occupation. For many, farming is a way of life (Herrin et al., 1995; Reed & Claunch, 1998). The farm is home, workplace, and recreational area (Herrin et al.). Farming appears to have a culture of its own in which family (Krach, 1990; Reed & Claunch) and community are ranked highly (Reed & Claunch; Young, Murphy, & Strasser, 2000) with young families living near the couples' parents (Krach). Studies show the farm wife plays an active role in the running of the farm (Reed, Westneat, Browning, & Skarke, 2000). Farm women are known to work off the farm to assist with the financial needs of the farm operation as well as carrying out the tasks of running the household (house keeping, childcare, care of the garden and animals for family food consumption). They also assist with field work especially during peak periods; seeding, haying, and harvest (Galleger & Delworth, 1983; Reed, Westneat, Browning, & Skarke, 2000).

Based on Statistics Canada's Agricultural Census data, in 2001 in Saskatchewan there were 50 610 farms of which 33 695 were classified as sole proprietorships or privately owned, and another 4 490 were registered as family corporations (Statistics Canada, 2001). Studies show that farmers who grew up on a farm may feel that farming

is 'in their blood' and that they are predestined to farm as their forefathers had (Reed & Claunch, 1998). Farmers commonly feel an attachment or bond with the land (Young & Murphy, 1998). All of these factors help to understand farmers' desire to continue farming even after a disabling injury (Reed & Claunch, 1998; Young & Murphy, 1998).

Farming is broad in its scope and requires a diverse knowledge and skill base. Farming requires fine motor and gross motor skills, as well as mobility and physical power (Young & Murphy, 1998). Farming is a solitary occupation (Pickett et al., 1999). Farmers tend to work alone and often in remote areas. Farmers work with a large variety of machinery as each farm task requires a different implement, (e.g., swather, combine, sprayer, grain auger). Farmers must have a working knowledge of all the machinery they work with. Farmers work against time and the weather to accomplish tasks such as seeding, harvest, and baling; and they tend to work long hours during seeding and harvest in order to utilize good weather (Young & Murphy, 1998).

2.3 Farm Injury Fatality

Farming is among the most dangerous of occupations in Canada with regards to work-related injury (Pickett et al., 1999). The Canadian Agricultural Surveillance Program (CAISP) was established in 1996 in order for agricultural-related injuries and deaths in Canada to be recorded in an appropriate manner so the data could be utilized to study the phenomena. In Canada, between 1991-1996, tractors accounted for 47.5% of reported agricultural deaths while other non-tractor machinery accounted for 24.3% of agricultural deaths (Pickett et al.). The numbers remained similar when reported between 1990-2000 by CAISP (2003) where tractors accounted for 45% of agricultural deaths and other non-tractor machinery accounted for 29% of agricultural deaths. Of those deaths

where the relationship of the victim to the owner-operator of the farm was reported, 60.2% of the victims were owner-operators and 15.0% were children of owner-operators (Picket et al.). These numbers remained fairly stable when compared with the 1990-2000 numbers of 53% owner-operator and 14% children of owner-operator. Tractor rollover was the most common cause of death for the owner-operators while blind run-over was the most common cause of death for children of owner-operators (Picket et al., CAISP).

Between 1990 and 2000, the majority of the victims of fatal agricultural accidents in Canada were men over the age of 40 (CAISP, 2003; Hartling et al., 1998; Picket et al., 1999). Tractor rollovers were the most common cause of death, leaving women with young families and farming operation. Agricultural mortality rates have been observed to peak during the period from July to September (CAISP; Picket et al.), which corresponds with the busy season of farming. With the farm being both home and work place, the farm family is also at risk of injury. Between 1990 and 2000 in Canada, 68 children under 14 years of age died as a result of being run over or falling from a machine and then being run over, which are the two leading causes of fatalities (CAISP).

2.4 Farm Injury Morbidity

For non-fatal injuries, the most common cause of injury is machinery entanglements, which are associated with upper and lower limb trauma (CAISP, 2003; Hartling, Pickett, & Brison, 1997; Hartling et al., 1998). Entanglements are the leading cause of disabling injuries and are associated with power take-off mechanisms, grain augers, balers, and combines (Locker, Dorland, Hartling, & Pickett, 2003; Hartling, Pickett, Dorland, & Brison, 1997). These are machines where there are belts, pulleys, or other moving parts that might not be adequately guarded and can catch or pull clothing or

limbs into the turning mechanisms. Other causes of non-fatal injuries include being pinned or struck by a machine, falls, runovers, and animal-related or chemical-related injuries. Many of the injuries mentioned require hospital admission and all require medical attention.

Hartling, Pickett, Dorland, and Brison (1997) studied the hospital costs associated with agricultural machinery injuries in Ontario for a 9-year period ending on December 31, 1993. Ambulance and inpatient costs of 1 741 machinery injured patients were used. The costs ranged from \$768 to \$62 643 with the length of hospital stay ranging from 1 to 91 days. These costs did not include costs associated with injuries such as rehabilitation costs, lost wages, changes to equipment and living quarters to accommodate disabilities, and costs that injured individuals would incur.

2.5 Rehabilitation after Farm Injury

Reed and Claunch (1998) looked at farmers' experiences with the rehabilitation process and return to farming. The researchers found that the rehabilitation programs, which focused on the activities of daily living of an urban dweller, did not cover the unique needs of farm life. Reed and Claunch (1998) found that farmers would like the rehabilitation to cover activities that farmers do outdoors on a regular basis, farm chores such as carrying five gallon pails, opening gates, and getting into a tractor. The farmers studied felt that the rehabilitation program they participated in had not addressed their needs as farmers. The rehabilitation programs dealt with activities of daily urban living, not the 'chores' that most farmers cope with on a daily basis. Reed and Claunch's study focused on the farmer and did not examine the wives' experiences. The farmers reported that their wives were the ones who sought information from doctors and other health care

providers, often without guidance. The injured farmers identified family and community as key components of their recovery process, and identified a need for their families “to be included in the occupational aspect of rehabilitation” (Reed & Claunch, 1998, p. 136.). The finding of the 1998 study that “the impact of injury was as serious, if not more serious for their (the injured farmer) spouses than for themselves” (p. 2) led Reed and Claunch (2002) to further investigate the role of the spouse in coping with the farmer’s permanently disabling farm injury.

Previous research has identified the types of farm injuries that occur, the types of machinery involved, the time of year when farm injuries are most likely to occur, the average length of hospital stay, and the costs to the health care system. There has been some research on the rehabilitation of disabled farmers following discharge from hospital. Empirical information is sparse on the experiences of wives of injured farmers. Previous research appears to stop at the healthcare doors.

2.6 Experiences of Spouses of Injured Farmers

Prior to starting this study, using the key words “agriculture,” “injury,” and “rehabilitation,” a review of all articles published in English and indexed in the databases Agricola (1981-2002), CINAHL (1981-2002), Health STAR (1981-2002), Medline® Advanced (1981-2002), and PsycINFO (1981-2002) yielded two articles that examined the post-injury experience of injured farmers who had returned to farming. After locating the articles, the reference lists were checked for further articles. Abstracts of papers presented at the 1999 meeting of the Rural Health Research Consortium were searched for abstracts pertaining to studies of spouses’ coping with farm injuries. One abstract was located; the author was contacted via e-mail for research articles pertaining to the topic;

and two articles were obtained in this manner. A doctoral student who had presented material on Australian farmers with spinal cord injuries was contacted via e-mail requesting articles that pertain to spousal coping with disabling farm injuries. No further reports of studies of spouses of injured farmers were obtained. A total of five articles relating to the experiences of spouses of injured farmers were found.

All five articles regarding the experiences of spouses of injured farmers were reports of qualitative studies. Three of the previous studies examined injured farmers' experiences (Reed & Claunch, 1998; Young & Murphy, 2004; Young, Murphy, & Strasser, 2000) and concluded that the farm injury affected the whole family. A common theme in the studies was that the wife played an integral role in the rehabilitation of injured male farmers. Wives supported and assisted their husbands with the return to farming. The other two studies explored the wives' experiences when their husbands were injured in a farming accident (Herrin et al., 1995; Reed & Claunch, 2002). Only one previous study (Reed & Claunch, 2002) examined spouses' experiences following a permanently disabling farm injury. Reed and Claunch (2002) examined the coping patterns of farm wives whose husbands had experienced a farm injury that resulted in a limb amputation and identified four major themes of coping: survival, sheltering, sacrifice, and stabilization. The Australian study (Herrin et al., 1995) explored wives' experiences when their husbands sustained farm injuries requiring hospitalization, however, the types of injuries varied and not all were permanently disabling. Some of the farmers included in the study were discharged from hospital and were able to continue to farm as they had prior to the injury. Both of the previous studies that examined farmers' wives' experiences following a farm injury were limited in their scope. Reed and Claunch

(2002) examined only wives of farmers who had sustained an amputation. Herrin et al. (1995) looked at all injuries requiring hospitalization, including injuries that left the farmer with a permanent disability.

Upon completion of the analysis for the present study, an updated literature search using the key words “agriculture,” “injury,” and “rehabilitation,” and review of all articles published in English and indexed in the databases Agricola (1981-2005), CINAHL (1981-2005), Health STAR (1981-2005), Medline® Advanced (1981-2005), and PsycINFO (1981-2005). None of the research reports identified were related to the research question.

2.7 Photography in Research

Prior to starting this study, the data bases of CINAHL 1982-2002, ERIC 1966-2001, Healthstar 1990-2002, Medline® 1966-2002, and PsycINFO 1966-2002 were searched using “hermeneutic photography,” “esthetic inquiry,” “photographic research,” “photography in research,” “image research,” “picture research,” “visual media research,” and “image based research” as search key words. After locating the articles, the reference lists were checked for further articles. A manual search of the journal *Qualitative Health Research* (1990-2001) yielded one additional article, while a manual search of the journal *Nursing Science Quarterly*, (1980-2001) yielded no additional articles. The literature search resulted in a total of eight articles that reported on seven studies in which the researchers had used photography. The use of photography varied with each research project. (See Appendix A, Table 1).

There are published reports that describe the usefulness of photography in nursing research (Hagedorn, 1994; Highley & Ferentz, 1989; Magilvy et al. 1992). The literature

includes few published studies where photographs were used in the methodology (Kuse, 1999; Magilvy et al. 1992) or as data (Hagedorn, 1996; Hagedorn, 1994; Highley, 1960; Mwanga et al., 1998). Photographs can provide “visual accuracy” the way a tape recorder provides accuracy of the spoken word (Collier & Collier, 1986; Hagedorn, 1994).

Researchers often use tape recorders to record personal interviews. Recall is not always accurate. When the eyes and ears are overloaded with visual or auditory data, the bombarding of stimuli causes the brain to edit out details that are deemed unimportant (Collier & Collier, 1986; Highley & Ferentz, 1989). A photograph is a recording of visual data, which captures details that the human brain may ignore. The camera lens has only the preference of the photographer (Collier & Collier, 1986). The unchanging picture produced can be studied at length at the leisure of the researcher or study participant (Collier, 1967). A picture is a visual observation under control. The image captured by a photograph is a visual observation that is held intact for the life of the photograph. None of the published studies discussed difficulties having participants take photographs when using photography as a research method.

The use of photographs in research has both strengths and limitations.

Photographs can be used to break through barriers to enhance communication (Collier & Collier, 1986). Photography can “invite open expression while maintaining concrete and explicit reference points” (Hagedorn, 1990, p. 229), sharpen memories (Hagedorn), help prevent wandering away from the research focus, and structure conversation without inhibiting the participant (Collier & Collier, 1986).

The source of the photograph has an impact on the research. Selection of the photographs by the researcher may introduce researcher preference, which may be

reinforced by the participants. Asking the study participant to take photographs and explain the content of the photograph can empower study participants as they explain the significance of the photograph and the personal meaning of the image. When the researcher has taken pictures of the study group or phenomenon being studied, persons depicted in the photographs can aid in the description of what is happening in the photograph.

The empirical literature includes articles that support and describe the use of photography in research. The use of photography has the capability of enhancing the insight of nurses into the lived experiences of people. This knowledge can be gleaned from people who have lived the experience and, with the assistance of photographs, can recall the information. Hence, because the present study was focused on the lived experiences of spouses of farmers who had sustained a disabling farm injury and returned to farming, it was expected that photographs taken by the spouses could be used to assist the spouses with their recollection of experiences since the injury.

2.8 Social Support

Upon completion of the present study, a literature review was conducted on social support, which was a major theme that emerged in the analysis. Using the key words “social support,” “rural,” and “coping” a review of all articles published in English and indexed in the Medline® (1966-2005) database was conducted and articles were found. Additional articles were obtained using the reference lists of selected articles.

Social support has been examined by social scientists starting as early as 1922 when Simmel looked at social networks and the interactions of people within their networks. Through the years researchers have tried to capture the essence of what is

meant by social support. Weis (1974) and Cobb (1976) described social support as belonging to a group where the person feels an emotional, intimate attachment to others. The group provides a reassurance of worth, being esteemed, and valued as part of the group. The people within the group provide each other with informational, emotional, and material help. House and Kahn (1985) described four potential forms of social support: emotional, informational, instrumental, and appraisal support. Emotional support is when people are there to help when you are emotionally distraught. Informational support is providing information such as with self-help groups. Instrumental support is hands-on help such as doing field work for the injured farmer. Appraisal support is having someone listen to what is being experienced and helping explore, make sense, and deal with the experience.

Researchers have studied social support for rural people living with HIV/AIDS (Heckman, Somlai, Kalichman, Franzoi, & Kelly, 1998), cancer (Angell, Kreshka, McCoy, Donnelly, Turner-Cobb, Gaddy, Kraemer, & Koopman, 2003; Eakin, & Strycker, 2001; Guidry, Aday, Zhang, & Winn, 1997), and chronic illness (Cudney, Winters, Weinert, & Anderson, 2005; Hill, Schillo, & Weinert, 2004; Hill, & Weinert, 2004; Sullivan, Weinert, & Cudney, 2003; Weinert, 2000; Weinert, Cudney, & Winters, 2005); and regarding health promotion lifestyles (Adams, Bowden, Humphrey, & Adams, 2000). Heckman et al. (1998) found that people living with HIV/AIDS in a rural area received limited social support from friends and family, with a high percentage of participants feeling lonely and isolated. The researchers found a great need for support groups to provide informational and instrumental support for this population. Access to support was hindered by the distance individuals with HIV/Aids had to travel to a support

group. If a support group was located in their community, people were reluctant to attend for fear that others in the community would find out their HIV status.

In research on rural people with cancer, researchers looked at informational, emotional, and appraisal support for the participants. Guidry et al. (1997) looked at formal and informal support networks. In their study, only 130 of the 565 participants belonged to a cancer support group that provided informational and emotional support. Of those participants who belonged to a cancer support group, 90% reported being provided with useful information regarding their illness. In total, 74% of the participants reported that they were not given information by their health care provider about support groups. Eakin and Strycker (2001) had similar findings when they looked at barriers to cancer support. Eakin and Stryckers found that health care providers referred 70% of their patients to HMO Cancer Support Services and they predicted that 40% of these patients used the services. Eight percent of the study participants reported use of the HMO Cancer Counseling Center and 2% used of internet-based cancer support groups. The participants reported that they had received adequate support, but stated they did not use cancer support group services because they lacked awareness of the support services available and had not received a referral by their health care provider. In 2003, Angell et al. studied the workbook journal as a psychosocial intervention for rural women with breast cancer. The workbook journal included disease- and treatment- related education (informational support), personal stories and experiences of other rural women living with breast cancer (emotional support), references for support resources (informational support), and journaling space for critical reflection (appraisal support). The researchers found that the workbook journal was an important resource for women nearing the end of

treatment because this is a time where there are fewer resources and other support has decreased.

Weinert (2000) reviewed the daily/weekly newspapers of Montana cities and rural areas and found that Alcoholic Anonymous (AA) was the only informational support group available in rural Montana. After reviewing the research literature on social support, Letvak (2002) concluded that because formal mental health services may be lacking in rural areas there is a need for strong social support.

In their study of social support and health promotion lifestyles of rural women Adams, Bowden, Humphrey, and McAdams (2000) concluded that social support systems need to be assessed in the initial health history. Levak (2002) came to the same conclusion in a review of literature on social support in rural areas. Levak's findings concurred with Kane and Ennis' (1996) conclusion that not enough has been done to develop formal community support in rural health care systems.

In 1997, the "Women to Women" project was launched in Montana to meet the challenge of providing social support and health information to rural women with chronic health concerns (Weinert, 2000; Weinert, Cudney, & Winters, 2005). In Phase I of the project, middle aged rural Montana women with a diagnosis of cancer, diabetes, rheumatoid disease, or multiple sclerosis were recruited. All participants received a binder with information on the study and articles related to women with chronic conditions. The 120 respondents were divided into four groups of 30 women and each group was subdivided in into two groups with fifteen women in each subgroup. For each group, one subgroup was assigned to a computer intervention while the other subgroup participated only in the telephone interviews and surveys. The computer group received

the binder and telephone surveys along with the computer intervention, which involved a research staff member visiting them in their home to provide computer training on the use of the “First Class” system, “multi-platform client/server communications system” (Weinert, 2000, p. 130). The “First Class” system was customized specifically for the project and only the research participants had access to the system which was comprised of four areas: Conversation, Health Chat, Mailbox, and Resource Rak. Weinert’s (2000) study of the “Woman to Woman” project took place over a 10 month period. Telephone interviews were conducted at baseline and at 2 ½ month intervals. Hill, Schillo, and Weinert (2004) found that the qualitative data from Phase I of the study pointed towards the importance of social support being accessible via internet support groups for people in rural as well as urban areas. In addition, they concluded that there is a continued need for health information and support long after the initial diagnosis and a method to provide this support to rural and isolated people is greatly needed. The “Women to Women” interventions offered social support and assisted the women to access and evaluate health information from the internet. The intervention allowed for giving and receiving support 24 hours a day, 7 days a week without the time and travel constraints of traditional support groups. The developers of the “Women to Women” project found that “cyberspace is a new frontier where isolated rural women can find strategies in illness management that will help them adapt more successfully to living with their chronic illness” (Weinert, Cudney, & Winters, 2005, p. 14).

CHAPTER THREE

Methodology

3.1 Design

An exploratory phenomenological qualitative research design, methods of grounded theory analysis (Glaser & Strauss, 1967; Glaser, 1992), and semi-structured interviews were used for this study, which was aimed at exploring and describing the experiences of spouses of Saskatchewan farmers who have continued to farm following a permanently disabling farm injury. The intent of the study was not to test pre-set hypotheses, but to analyze qualitative data systematically in order to identify common themes in the data and to generate questions for future research. A phenomenological approach was the best approach for this study, the focus of which was to understand the study participants' experiences from their perspective (Cresswell, 1998). Because experience cannot be measured, the analysis was interpretive, arrived at through the data without use of mathematical or statistical procedures (Strauss & Corbin, 1998) and without manipulation by the researcher (Lincoln & Guba, 1985). It was hoped that photographs would have been used to allow the study participants to capture what they felt depicted their lives since the occurrence of their spouse's permanently disabling injury. Photographs were taken by 1 of 7 participants and were used to guide her interview, allowing the participant to focus on what was most meaningful to her. The

semi-structured interviews were used to enable the researcher to understand the participants' experiences from their own perspective.

3.2 Setting

The setting for the study was rural Saskatchewan. The study participants were living on farms or in towns in the rural municipalities surrounding the Saskatoon area, with Saskatoon being the main location of the injured farmer's hospitalization following the disabling farm injury. To make it feasible for the researcher to conduct interviews within a reasonable time, a limit of 4 hours one way driving distance from Saskatoon was used as a guideline for inclusion of the study participants.

3.3 Participants

A convenience sample of wives was recruited from the target population of husbands and wives of farmers who had experienced a disabling farm injury by (1) the Farmers with Disabilities Program of the Saskatchewan Abilities Council or (2) the Rural Health Extension Program of the Institute of Agricultural Rural and Environmental Health (I · ARE · H). Initial contact with all potential study participants was made by the Farmers with Disabilities Program or the Rural Health Extension Program (I · ARE · H). Therefore, the sampling frame was unknown to the researcher. Sampling was not restricted to women although ultimately it was women who volunteered for the study.

Seven women were interviewed for the study between October 2002 and October 2004. The sample included a broad range of characteristics and experiences of 7 wives of Saskatchewan farmers who have experienced a permanently disabling farm injury. The participants' husbands had experienced a variety of farm injuries including electrocution, entanglements, and being thrown from a vehicle. The sample included variation in the

types of farming operations (grain, cattle and mixed farming), duration of time since the injury event (4 to 27 years), the women's educational levels (grade twelve diploma to undergraduate degree), the number (0-4 children) and ages of children (1 to 15 years) at the time of the injury event and whether or not the wife was present at the scene of the injury event. At the time of the interview, all of the study participants were married and farmed with their husbands in Saskatchewan. The time period since the injury event ranged from 4 to 27 years. The women's ages ranged from 40 to 54 years. All had children whose ages ranged from 8 to 27 years. In addition to farming the women's occupations included health care worker, post office worker, school teacher, and student.

The variation in the sample enabled negative case analysis (Glaser & Strauss, 1967; Lincoln & Guba, 1985; Strauss & Corbin, 1998). With negative case analysis, the researcher searches for individual cases whose experiences are not reflected in the data. When such an individual or a 'negative case' is found, the emerging theme is revised to include that person's experience. Negative case analysis allows for constant refinement of the theme until it accounts for the experiences of all known cases, without exception, and there are no further negative cases. The negative case analysis was limited by the sample size of the seven women who participated in the study. The inclusion criteria for the study participants were:

- men and woman who were 18 years of age or older;
- the self-identified spouse (married or common law) of a farmer who had sustained a farm injury and who upon discharge from the hospital was physically changed from the injury, but continued to farm;

- the spouse of a farmer who was at least one year post-injury, so that the participant would have experienced at least one full cycle of farming since the injury and understood the impact of the disability on the farming operation; and was
- able to converse and read in the English language.

Sampling continued until all potential study participants were interviewed. I had hoped that theoretical saturation of the data would be achieved, that is there would be redundancy or repetition of the data and subsequent interviews would yield no new data (Glaser & Strauss, 1967). It was expected that theoretical saturation would be achieved with approximately 10-12 interviews. Seven women participated in the study; therefore theoretical saturation of the data could not be confirmed as new categories arose in the seventh interview.

3.4 Instrument

There were three instruments in this study: the researcher, the camera, and the ethnographic interview. As in all qualitative research, the researcher is an instrument (Angen, 2000). As the researcher, I brought to the study all of my background knowledge and personal preferences. The second instrument was the camera. The participants were asked to take photographs that depicted what farm life was like for them since the disabling farm injury. The camera faithfully records a specialized subject and all other associated elements within focus and the scope of its lens (Collier & Collier, 1986). "Like the tape recorder [the camera] documents mechanically but does not by its mechanics necessarily limit the sensitivity of the human observer; it is a tool both of extreme selectivity and no selectivity at all" (p. 9). The camera was to record what the participant

saw as the meaning of farm life after the disabling farm injury and everything around it. It was expected that the photographs would assist the study participant to reflect on the experience and view other things in the photographs that brought back memories to assist the participant in describing the experience. Only one participant brought photographs to the interview. The interview was guided for the study participant through her reflections on the meaning captured in her photographs. The other six participants were asked why they did not take photographs. Two said they did not know why they didn't take photographs and four gave various reasons including not knowing what kind of photographs to take, being too lazy to take photographs and not wanting others to see "what we do . . . it is surprising what you will allow yourself to be talked into doing for the sake of hurrying up . . . time's a wasting."

The third instrument was the semi-structured interview (Creswell, 1988), which was used to explore the participants' perceptions since the occurrence of the disabling farm injury. With a phenomenological approach the researcher wants to understand the phenomenon from the participant's point of view, which "includes entering the field of perception of participants; seeing how they experience, live, and display the phenomenon; looking for the meaning of the participant's experience" (Cresswell, p.315). Open-ended questions were used as interview prompts when needed (see Appendix E for Interview Guide). The interviews were conducted at locations chosen by the participants. The duration of the interviews ranged from 1 ½ -2 ½ hours. All interviews were audio-taped.

3.4.1 The Researcher

I am a nurse with 19 years of nursing experience, the majority of which has been in the operating room. I am a wife of 15 years with three children ages 14, 12, and 10 years. For the past 5 years I have been in school working on my Master of Nursing degree. Since January of 2002 I have been teaching in the Nursing Education Program of Saskatchewan. In the fall of 2000, I undertook a project with the I·ARE·H (formerly known as the Centre for Agricultural Medicine) in which I interviewed farmers who had sustained farm machinery injuries. It was during these interviews that I became aware of the possibility of unmet needs for support of the spouses of the injured farmers. The interviews were audio-taped and a photography student took pictures of the farmer in various settings on the farm. Around the same time, an article on the use of photography in research piqued my interest in the use of photography as a mode of assisting in data collection. I brought with me my preferences, based on the literature review that was done in preparation of the research proposal. These preferences included: the beliefs that: (1) the farmer's injury has an impact on the spouse, (2) there is little to no organized support for spouses of farmers who have sustained a permanently disabling farm injury, (3) the spouse should be included in the rehabilitation program for the injured farmer, and (4) the spouse plays a vital role in the farmer's ability to continue farming.

I have never resided on a farm, but spent every summer of my childhood on various Saskatchewan farms belonging to relatives. Being an urban dweller with some experience of rural life, I had some preformed perspectives concerning rural lifestyles.

3.5 Data Collection and Analysis

Potential study participants were contacted through the Rural Health Extension Program (I · ARE · H) or the Farmers with Disabilities Program (Saskatchewan Abilities Council) with a letter of invitation that outlined the study, the time commitment, ethical considerations, study participants' ability to withdraw from the study at any time, and the use of the findings (Appendix B). Potential participants were invited to indicate their willingness to be contacted for the study by signing and returning a reply card (Appendix C) postage pre-paid. I telephoned each person who returned a reply card to arrange for the mailing of the camera. Cameras were then mailed out to respondents along with a letter of instructions (Appendix D) outlining the operation of the camera, film processing, and nature of photographs to be taken. The participants were asked to take pictures that depict what farm life was like for them since their husband's disabling farm injury. The study participants were asked to telephone the researcher (call collect) when the photographs were developed to schedule the interview at the study participant's convenience. At that time, I inquired as to the photofinishing costs in order to reimburse the study participant this amount at the time of interview. When I hadn't heard from the participants in 4-6 weeks I contacted them to inquire regarding interview times. Prior to conducting the interview, I explained the purpose of the research, the interview, and the use of the photographs, and answered any questions the potential participant had. The participant was then asked to sign the consent form for the study (Appendix E) and a copy of the consent form was given to the participant. Only one participant took photographs. The semi-structured interview was conducted in order to gain an understanding of the participant's experiences from her point of view. The semi-

structured interview was the tool with which I learned about the study participant's experience. An open-ended statement was used to encourage the participant to explore what was most meaningful for her, using prompts, where needed, and closed questions when clarification was required. For the six participants who did not have photographs to guide their reflections on their experiences, probing questions were used to elicit descriptions of what farm life was like for them following their husband's disabling farm injury. The interview (see Appendix F for Interview Guide) was audio-taped and transcribed verbatim into a typed transcript. The typed interview transcript was sent back to the participant for verification and alteration as needed. The participant was asked to sign two copies of a Release of Data/Transcripts Form (Appendix G), one of which remained with the participant. Of the seven women four returned the transcripts without changes, two made grammatical changes, and one woman deleted portions of her transcript.

Data collection and analysis occurred simultaneously. As each transcript was received, and prior to conducting the next interview, the transcript was coded and analyzed using methods of grounded theory analysis (Glaser, 1992; Glaser & Strauss, 1967; Strauss & Corbin, 1998), including constant comparative analysis to identify common themes in the data. Upon receipt of the transcript I immersed myself in reading the transcript. The reading of the transcript allowed for proofing of the transcript against the audio-taped interview (Sandelowski, 1995) and allowed me to become acquainted with the content of the interview, which is the first step in analysis. Reading provided the opportunity to understand the main ideas, which moved the research towards the development of concepts and categories (Glaser, 1992; Glaser & Strauss, 1967;

Sandelowski, 1995). Each sentence of the transcript was read using the following question: “What category or property of a category does this incident indicate?” (Glaser, 1992, p.39). As the transcripts were read and reread I looked for themes, asking, “What does this section talk about?” and gave that concept a name. The constant comparative method of analysis was used. Each interview transcript was read with the previous transcript’s themes being compared to themes emerging from the subsequent interview transcript. For example, the third interview transcript was read and analyzed by comparing it to the first and second transcripts to identify how the themes fit together, and how they differed. Each line or section of the transcript was coded. This process of constant comparison of data continued with each subsequent interview transcript until all of the transcripts were coded. It was intended that data collection would continue until theoretical saturation had been achieved (i.e., where no new ideas or categories emerged). Because only seven women participated, theoretical saturation of the data cannot be confirmed. The categories and themes that emerged in the analysis were written up into a narrative that tells the story of these women’s lived experiences since the disabling farm injury. It was hoped that when the narrative was read by the study participants, they would see that it accurately described their experiences. The findings were taken to two study participants to see if the findings captured their experiences as a check on the trustworthiness of the analysis (Lincoln & Guba, 1985; Sandelowski, 1993).

3.6 Trustworthiness in Qualitative Research

Trustworthiness refers to the credibility of the researcher and the research findings, that is, the extent to which the study results accurately depict the phenomenon of the study (Lincoln & Guba, 1985; Sandelowski, 1993).

3.6.1 Credibility

‘Credibility’ refers to the reader’s confidence that the research findings accurately answer the research questions under investigation (Lincoln & Guba, 1985). Credibility is achieved when non-study participants are able to recognize the experience they have read about and the study participants recognize the experiences the researcher described as their own experiences. To enhance credibility of the findings, the researcher carried out the inquiry using techniques such as bracketing, triangulation, and member checking (Angen, 2000). To enhance trustworthiness and credibility the researcher must clearly describe the methods used (e.g. photography) and rationale. The researcher’s perspective must be clearly identified.

3.6.1.1 Bracketing/Reflexivity.

‘Bracketing’ or ‘reflexivity’ refers to the process by which the researcher clarifies his or her personal preferences (Angen, 2000). In qualitative research, the researcher is an instrument in the study and an important influence on the data (Sandelowski, 1993). In bracketing, the researcher describes his or her a priori beliefs and relevant background, which enhances the credibility of the study. The researcher’s beliefs and relevant background are described in section 3.4.1. The researcher identified how her personal values and beliefs may influence the data collection and resulting data. From the work done with the I-ARE-H the researcher came with a perspective that support systems were not in place for spouses of injured farmers. This belief may also have created a sensitivity in the researcher that enabled the participants to share more freely their experiences.

3.6.1.2 Triangulation.

'Triangulation' is the use of multiple methods, researchers, or data collection techniques toward the purpose of the study (Angen, 2000; Erlandson, Harris, Skipper & Allen, 1993). To enhance the trustworthiness of the narrative, participants with different backgrounds and experiences should be included and sought out for the study. Inclusion of maximum variation in the sample enhances the transferability of the findings (Cresswell, 1998). When a category is established based on data from one participant's transcript, to enhance credibility, it should be checked against the other participants' experiences, as well as the researcher's field notes (Erlandson, Harris, Skipper & Allen, 1993). Field notes were recorded on the same tape following each interview. The field notes included a description of the woman, the interview location, and my feeling regarding the interview. The field notes were used to support the data obtained in the interview. The experience of each new participant was compared with the experiences of the previously interviewed participant(s). Seven women were interviewed. All seven of the women were wives, yet each injury experience was different. Each participant had been married for a different length of time. Each was doing different types of farming. Each was at different stages of family (no children, pregnant at the time of injury, young children, teenagers). Each had different access to healthcare, different communities, and different provinces for the hospitalization.

3.6.1.3 Confirmability (Member checking).

Confirmability (Member checking) is used to enhance the trustworthiness of the data. With confirmability, the researcher takes the findings of the first-level analysis back to the study participants for feedback and validation (Angen, 2000; Glaser & Strauss,

1967; Lincoln & Guba, 1985). Confirmability is an important step when studying the lived experiences of individuals as it ensures that the data reflect the participants' lived experiences rather than the researcher's lived experience or personal bias. In the present study, confirmability was enhanced by taking the findings back to two study participants and having them validate the experiences as their own. The findings were read verbatim, minus the direct quotes, over the phone theme by theme. As each theme was reviewed each woman was asked what she thought of the theme. After the first theme was read the first study participant said she could not believe that there were things she had experienced, but not shared, that were talked about by other participants. After all the themes were read, the first study participant stated that I had caught the essence of her experience. The second study participant said she felt I had described concisely her experience. Both women sounded moved by what they heard. This validation by the study participants adds to the credibility of the research. Taking the findings to all participants was not feasible due to time constraints.

3.6.2 Transferability

Transferability is when the narrative generated from the data accurately describes what has gone on for the participants and can be transferred to describe the experiences of another similar population. To be able to transfer the narrative to another population the new population must be comparable to the population that the narrative describes (Glaser & Strauss, 1967; Lincoln & Guba, 1985). The communities would have to be comparable to the communities in which the study participants lived and have similar types of farming operations. The transferability would be limited and could not include men or people who are living in the city and farming.

3.6.3 Dependability

With dependability the researcher demonstrates the accuracy of the description of the study participants' experiences. An audit trail is the path of documentation the researcher leaves to enable another researcher to visually check the process the researcher followed in analyzing the data (Lincoln & Guba, 1985). The audit trail includes the raw data (interview transcripts), the researcher's field notes, the researcher's journal that identifies the process leading up to the descriptive narrative, all of which an auditor would use to follow the thinking process the researcher followed in writing the analysis. The auditor takes on the task that the general readership may be unable to perform due to lack of time or expertise. The audit trail is a way to demonstrate dependability. After each interview I taped my thoughts and feelings and had them transcribed verbatim with the interview transcript. Each transcript was coded and recoded with each coding saved. After I coded each transcript it was reviewed with my supervisor. As categories emerged from the codes this was saved and brought to my supervisor to be discussed. Once the categories were identified I started the writing process. Each draft was saved and as changes were made a new draft was saved so an audit trail was created.

Data collection and analysis began with the first interview. All seven interested potential participants were interviewed for the study. As the study progressed it was hoped that data analysis would approach theoretical saturation and I would seek out and interview individuals whose experiences "stretch the diversity of the data as far as possible, just to make sure that saturation is based on the widest possible range of data . . ." (Glaser & Strauss, 1967, p. 61). Because there were seven participants and new

categories had emerged in the final interview, theoretical saturation was not testable in this study.

3.7 Ethical Considerations

I telephoned all seven women who returned a reply card to arrange for the mailing of the camera. The study participants were asked to telephone me (call collect) to schedule the interview. When I hadn't heard from the participants in 4-6 weeks I contacted them to inquire regarding interview times. Prior to conducting the interview I explained the purpose of the interview and the purpose of using the photographs and answered any questions the potential participant had. The participants were then asked to sign the consent form for the study (Appendix E) and a copy of the form was given to the participant. The participants were interviewed at a time and location of their choosing. Only one participant took photographs. The typed interview transcript was sent back to the participant for verification and alteration as needed. The participants were then asked to sign a Release of Data/Transcripts Form (Appendix G), a copy of which remained with the participant. All participants signed the release forms.

The research proposal for the study was reviewed and approved by the University of Saskatchewan Advisory Committee on Ethics in Behavioral Science Research. Participation in the study was voluntary with no coercion or repercussions for refusal to participate. Participants were free to withdraw at any point. All of the interviews were conducted by myself. Some information disclosed during the interview was of a personal or sensitive nature (e.g., anxiety associated with recalling the post injury experience). I was sensitive and responsive to the participants' needs and preferences allowing them to ventilate their feelings on an issue, if they wished, or to terminate the interview at any

time. None of the participants indicated that they wished to terminate the interview and all signed the Release of Data/Transcripts form, permitting the researcher to include their information in the study. If I had learned that a participant was experiencing major symptoms of emotional distress (e.g., anxiety, depression) I would have encouraged the participant to consult his or her Primary Care Physician or the Farm Stress Line for follow up. I informed the Farm Stress Line about the study. The Manager of the Farm Stress Line indicated that the Farm Stress Line was prepared to receive and facilitate referrals of study participants, as required (see Appendix H). Although aware of the study, the Farm Stress Line did not have any knowledge of the participants in the study. Should the participant have chosen to seek counseling or supportive or medical services for issues that came to light during the interview, her participation in the study would no longer have been required. I am not aware of whether or not any of the participants contacted the Farm Stress Line or accessed counseling services during the study period.

Confidentiality was ensured during the study. Code names were assigned to all the study participants and family members mentioned in the interviews to protect their anonymity. Only I know the identity of participants. Throughout the study, audiotapes, transcriptions, and other research documents were kept locked in a cabinet, unless being analyzed by the researcher. Participants were informed that upon conclusion of the study the study results and associated material will be safe-guarded by Dr. Karen M. Semchuk, at the University of Saskatchewan for a minimum of 5 years.

3.8 Budget

The estimated cost of this project was \$1 999.00 (Appendix I). These costs were born by myself.

CHAPTER FOUR

Findings

Seven common themes that emerged in the analysis are described in this chapter. The seven themes are: “My world just crashed,” “Superwoman,” “Something’s got to give,” “Survival tactics,” “Definitely impacted them [Affected the children],” “Support,” and “Advice for others.” The themes are presented in chronological order, starting with the injury event and ending with the interview. The findings include a description of the women’s lives at the time of the interview.

4.1 “My World Just Crashed”

The theme “My world just crashed” reflects the injury event and the experiences that went along with it. The experiences include the injury event, hospitalization, coming home from the hospital, and how things are now.

4.1.1 The Injury Event

Each of the seven participants gave a vivid description of the farm injury event. There is no doubt the event was engraved like a photograph in their memories. All remembered the date of the injury and each had a unique memory of the surrounding events. Each participant had a different way of expressing herself, a unique way of describing what had happened. This section presents each participant’s reflection on the injury event.

April recalled having her lunch time walk on an unusually hot fall day when a neighbor drove up in his truck and insisted she get in the truck because there had been an accident.

I was about half way through my walk and I saw [Pete] . . . I saw his truck coming towards me and I knew right away that something had happened, because he wouldn't be coming to get me. . . he says, "You have to come." . . . And he said that [Al's] been in an accident. And I said, "Well, what happened?" And he really couldn't talk. And all I kept saying, "Well, how bad is it?" And he just kept shaking his head and I said, "Well, is he dead?" You know, is, "What's wrong? Tell me!" And he says, "No. He's not dead. The ambulance is just coming now." He had been moving a grain augur. We had just recently moved a bin to a temporary location in the yard and he hadn't lowered the augur to move it and the augur hit the overhead power line . . . When I got out there they were already loading him into the ambulance. He had hit the power line with the augur. He had been carrying it like this, under his left arm, holding it against his left side, so that's where the electricity entered. It exited through the top of his head and through his feet. And when I saw him, they, they had him on the stretcher already. And the thing I remember the most is he had enormous water blisters, three, four, five inches in diameter on his head where the electricity had exited. . . . I don't think in their lifetime many, many people, unless they specialize in burns, would see that kind of injury . . . I'd say probably 65% to 70% of his body was burned . . . So that's, that's what happened, is a power line, and it was. I guess accidents are stupid and that was certainly stupid.

When I asked Betty, another participant, about the injury event she stated matter of factly:

[Bob] was cleaning grain . . . he put his hand in to get a sample and it got caught in the gears.

After this statement Betty stopped talking. I asked her, again, to tell me what had happened. She then told me she had kept a journal and she would read what had happened.

It happened on November the 27th. . . . Would you like me to read from my journal? . . . I wrote down, at about 3:30 p.m., [Bert] came running to the house and he was yelling. I went out in my boots and barn jacket and [Bob] was already walking to the house. He said he'd lost his arm. I put him in the van. And he was sitting in the van. And I went into the house and I tried to phone somebody to come with me, but I couldn't . . . I wrapped his arm in a tea-towel and I drove him to [town]. At 5:30, Dr. A amputated his right arm. He cleaned his left arm because he had to use his left arm to pull the right arm out of the gears, so he had severe injuries in his left arm as well. And both were left open . . . I don't know what I was doing in the house . . . I have no recollection of what I was doing . . . When it happened, I could not believe that my van was not full of blood, because he lost his hand, and you know, it was sort of hanging on, and I just sort of wrapped it up in a T-towel. I'll never know why I didn't scream and faint, but I guess maybe I did . . . I had to drive to town and he was lucid all the time . . . and he kept saying, you know, "Don't speed. Don't speed." . . . I had the hazard lights going all the way to town. Then I just wasn't worried about the police stopping me at that time.

Carol recalled where they were before the farm injury event as well as events leading up to it. She gave a graphic description of driving out to the field to pick up Cal from baling so he could start combining with his father-in-law. Her two little girls were in the truck with her when she came upon Cal. The tractor was stopped, but still running. When she saw Cal's running shoe on the other side of the baler, she knew something was wrong.

It was in 1990. We had just gotten back from . . . the Western Canadian Softball championships . . . It was right at the end of August and we were supposed to be harvesting. . . We were a little bit behind when we got back. But, on September 4, we had started combining. They'd been going pretty hard because it was nice weather and so they combined quite late at night. They were going 'til two, three, four, you know, kind of all-night thing, and that night [Cal] had a belt that went out on his combine. It was at two o'clock in the morning. So he just shut it down.

. . . At six o'clock he went out right away to see if he could bale before they started up combining again. They usually start up about 10, 11, when the dew went off. So he hadn't had very much sleep and nothing to eat . . . He told me that I should come out at about 11 or so, 11 or 12, to pick him up and bring him back and he'd start combining . . . At that time I had a six year-old and a four-year-old and our other daughter was a year-and-a-half and I was pregnant, eight months pregnant with our fourth baby. It was our son's first day at Grade One. I'll never forget his very first day of Grade One. . . My Dad, for some reason, was very frustrated that morning. He's not usually like that. He's a pretty laid back, calm type of person, but he just, just, said that he had these really bad feelings. And just things just were not right. And he came up to the house and asked where [Cal] was and I said "Well he'd gone out baling." And he was just all worked up. And that's not normally like him. And he said, "You go out there and you tell him to come in." . . . [Ben] had gotten on the bus and I put the girls in the half-ton and I drove out to the field where he was. And when I pulled up to the baler, the baler and the truck were stopped and the bale chamber was wide open. And I sort of pulled up beside it and as I was getting out of the truck I seen his hat laying on the ground and didn't think too much of it, because I mean, lots of times he knocked his hat off crawling under something or he just took it off because he had to go under something and check things out. But as I got out of the truck and I glanced back, there was a running shoe laying behind the bale chamber. It had gone right through. And you know how people say there's this image frozen in their mind? And that is the one thing I'll never forget is seeing that running shoe laying. And you know it had obviously gone through the baler and had come out the end. And it was at that split instant that I knew. Like my world just crashed. And I, I just knew he was gone. Like I just had this, this horrible, horrible feeling. And I ran to the front of the baler and he was laying part way into the baler. Laying on the teeth. And his eyes were closed. And his face was pitch black from all the soot that had burnt off the clutch. And I was just screaming his name. . . And he opened his eyes. I thought he was gone and he opened his eyes. And he was really calm. Really. And he just, he said my name and he said, "Go back to the yard and get some help." And you know, "Get a crowbar. Get what we need to get me out of here." And I must have just stood there. And he had to tell me again,

“Calm down. Get in the truck, go back to the yard. Get your Dad.” And, I left him there with that tractor still running. I didn’t even have the sense to shut the tractor off. And I’ll never forgive myself for that as long as I live. . . That I panicked. I absolutely panicked.

For Donna the injury event happened in 1975, 28 years prior to the interview. Her husband Dean was 25 years old and she was 23. The round baler Dean had purchased was new to Saskatchewan. The dealer had come out to the farm because Dean was having trouble with the baler, which wouldn’t tie the bales properly and the belts were slipping off. Dean decided to go out, again, after supper and try to get some baling done. Donna started to worry when it got really late and Dean had not come home. In a pitch dark July night she went out to the field to find him.

I knew where I had dropped him off, because he had not brought the baler into the yard and I had to drive him out there and drop him off and he was not too awfully far from that place. But it was pitch black and it had happened before dark, so he did not have any lights on. So I had a hard time finding him, and when I found him I couldn’t believe it that I could hear him yelling. . . I ran to him and he hollered to turn it off, because the thing is still running. I didn’t know how to turn it off. I didn’t have a clue. . . He couldn’t tell me. He was too injured. So I just grabbed onto something and hoped to God it wasn’t going to pull him headfirst into the whole thing.

Anyway, from that point, I am just hysterical and he is way beyond able to think clearly and I had to get presence of mind to know I have to get help. So I go to the neighbors, and they were people that lived not . . . close to the field. . . I drive in the yard. They had a vicious dog and I yell to them. The wife comes to the door and she is yelling at her husband, who is done for the day and is in his pajama’s or whatever. And the son, who is just getting ready to go out to party, comes running out and gets in the car with me and off we go with the thought that the mom is phoning the RCMP and the ambulance and the dad will follow behind. They tried to do lots of stuff, like how are we going to get him out of here. Well, nobody knew. It

was a new piece of equipment that nobody had familiarity with.

The ambulance personnel, police, firefighters, and many curious neighbors ended up in the field that night. The doctor came out as well. In the end, Dean's arms were amputated so he could be removed from the baler.

When asked about her husband's injury, Erin stated very concisely what had happened:

He was taking a load of sunflowers to [town] in our semi and for some unknown reason, we don't know why, he slipped on ice or what, but he ended up in the ditch. Then he went through the windshield of the truck and hit the highway, and he was taken from there, was taken to [small hospital] in [small town] and they stabilized him and took him then into the hospital in [city] and did surgery. He had a subdural hematoma. He was in [hospital] for a total of four-and-a-half months.

Erin had to be prompted to include details. She was at home finishing supper when she got the call that Eric had been taken to hospital in another province. She called the hospital and was told to wait for a phone call before coming to the hospital. The original call that Eric was going to the hospital came at about 7:00 p.m. After sitting and drinking coffee for most of the evening Erin called the hospital to inquire about her husband's transfer. There had been some confusion. The hospital staff did not realize she was from Saskatchewan and had been dialing the wrong area code. In the middle of the night she was on her way out of province to see Eric, who she was told had a three percent chance of survival.

I guess we'd finished supper. And my oldest son had gone to spend some time to study with some friends and, and the other two were there when I got the phone call that he'd been taken to [city]. I phoned for my son to come home because he had the car, and so he came. I didn't want to

upset him so I talked to the family that he was with and actually they brought him home. The kids had tests the next day so they studied for a little bit at home as we waited. . . Then, I talked to a nurse in emerg. I said, "I'll come in right away," and they said, "No, don't. [Erin], stay until you get a phone call." So I was waiting and waiting and waiting and waiting and there was no phone call. And I guess they didn't realize it was a Saskatchewan number . . . I think the first phone call came around 7, or 7:30, somewhere around there anyways. So we sat around and drank coffee and I worried. And then finally I, I started to call and to see what was happening. They gave me the emerg at the hospital, and they put me up to surgery and I talked with Dr. H, the neurosurgeon. And he said, "He's very sick. He's got a three percent chance of survival. Come. Come right now and hurry."

Faye's husband Frank caught his arm in the round baler. He was able to cut himself free with the exacto knife he had in his pants pocket, but only after his arm had been mangled in the baler. He then got on the tractor and drove into the farm yard. Faye was in the kitchen when Frank drove into the yard.

I'm not a person that panics . . . we've always instilled in our kids, "You panic you die. You panic you die." . . . In any situation, if you panic, there's repercussions, terrible repercussions. . . When he came in with the tractor, I literally dropped to the ground and took a deep breath and got up. And said, "Okay, now, this is what I've got to do." . . . I came in the house and I packed a bag for him. I packed his shaver. I packed, forgot underwear for myself [laughter]. And the first thing I thought of was, "I need his health card. I need his wallet." So, his health card. You know, you know. Etc. Etc. I had a bag packed. Out the door. You know, had him in the back. And all the way to town there was nobody with me or him and I kept thinking, "He's going to go into shock and then what am I going to do?" . . . so I kept yelling at him . . . "[Frank] are you with me?" And he'd say, "Shut up and leave me alone." . . . Your adrenaline gets going, but then it stops, you know, after a point. I don't know when mine stopped.

When I asked Grace to tell me about her husband's injury, she replied concisely:

On August 5, '86, he was caught in a baler, lost both arms and had a severe facial injury. He had lost one arm at the, pulled out at the shoulder, and one just above the elbow. And so he went, got out of there after his arms came off and he walked a mile-and-a-half to my mom and dad's and then they came down and told me that he'd been hurt. I was six months pregnant at the time with our son, and the girls were three and five, or whatever, something like that. So, and then from there we were three months in [the hospital].

I had to prompt Grace to tell me what she was doing when her Dad walked into their farm yard. She was mowing the lawn in the yard when her father came up the lane. Grace said she knew right then that something was wrong and Grant was involved. She said, "It's Grant. Is he dead?" When her father said, "No he's not dead," she knew everything would be okay.

[I was] Mowing the grass. . . I was standing right there on the north side of the house and I can see him, yet, walking up there, and as soon as he walked up there to tell me, soon as I looked up, I thought he was going to tell me he was dead, because I could just tell by the look on his face that it was bad. And I said, "It's [Grant]. Is he dead?" And he said, "No." he said, "But he's lost both arms in the baler." And that, so, from there it was okay.

Grace was not prepared for the extent of Grant's injuries. He had been pulled into the round baler and was unable to escape until both of his arms were burned off. She knew his arms were gone, but did not expect part of his face to be gone as well.

[my parents] live just two miles west of us, here. And so we went back there and then waited for the ambulance to come. . . He was sitting in the recliner, there, mom and dad's, and I'll never forget that. And I took one look at him and I thought, "Oh my God. Not his face too!" Because that's always such a big deal, I guess, when somebody has such a facial disfigurement. And so I was just expecting his arms, but when they, when I looked at him and like half of his face is missing, like it was pretty, pretty bad.

All seven farmers were taken to hospital and their families' lives were changed, forever.

4.1.2 Hospitalization

This section illustrates the participants' need to be near their injured husband after the injury event and their reflections on the hospitalization experience.

In a matter of a few hours April's life had changed, forever. She went from her routine lunch time walk to being at her husband's bedside in the intensive care unit.

April's husband Al was in the hospital for about six months until he was discharged to his parents' home, where he took physiotherapy before returning to the farm.

I flew to [City] and they already had [Al] in ICU at [hospital]. And they were actually already preparing to take him into surgery and do faciotomy . . . It was like [claps] bang! You're there and it's real and, you know, you just go from there. And I think I was maybe in shock. I don't know. Like it's just, you know, it just happened so fast that. You know, I was out walking and by what time would that have been? By supper time I was in the ICU in [City] with my husband, so. And then it just went from there. He was in ICU on a ventilator for a month. I remember he got out Halloween. That's about a month. Halloween day he was moved to the Burn Unit. I remember that. And you remember things, you know, like what was on TV because you sit there. There's nothing to do [chuckles]. You're gowned. You're gloved. You're masked, everything. And the world series was on and the Yank or I mean the Blue Jays won that year. . . I think about March, beginning of April or so, because it was [daughter's] first Communion and I had to go to Calgary and get [Mom] and bring [Al] back for that. Ya, so. And then he spent a few months in [town] receiving therapy.

Betty drove Bob to the hospital, leaving the farm at 3:30 p.m. Bob's arm was amputated at 5:30 p.m. When she left the hospital she stayed with her nephew who lived close by.

At 5:30, Dr. A amputated his right arm. He cleaned his left arm because he had to use his left arm to pull the right arm out of the gears, so he had severe injuries in his left arm as well. And both were left open. And then I spent the evening, I spent the night at my nephew's house with [Bert], after I left the hospital.

Carol's husband Cal had injuries severe enough that the doctors thought they would have to amputate one of his legs. Carol did not think Cal would handle that well and it was not a sure thing. It was only a probability, so she kept it to herself and would not let the medical team say anything to Cal.

I never told him when he was in that state that they were thinking about amputation. I wanted that kept from him.

As Cal spent time in the hospital, he was not happy. The doctors were worried about depression. Cal did not like hospitals and wanted to be at home with his family. When Carol was able to take him home for a weekend pass Cal refused to return to the hospital and Carol became his caregiver.

They were very worried about his mental state because he was. He's not a patient person and he's not a city boy and he wanted to be home and he wanted, he missed his kids. And so one weekend they said that I could take him home for the weekend if I could handle everything. And I said, "You bet. I want him home as bad as he wants to come home." So he was in a wheelchair at the time. He couldn't walk or anything. And when we left the hospital and I got him from the wheelchair into the car and got the wheelchair in the trunk (and I wanted to do this by myself), I didn't want anybody with us. And he said, "I'm not coming back." And I said, "Well [Cal], they expect you to stay in the " "I'm not coming back. Don't you even think for a second you're bringing me back here." And we went home and it was very, very hard.

When Carol brought Cal back for a check-up one of the nurses at the hospital confronted Cal about not being in the hospital. He explained that he needed to be at home and not in a hospital bed.

He said, "I'm not coming back." . . . "I'll come back for the doctor or whatever, but," he said, "I'm not coming back here to sit in this bed."

Carol, now, had to care for Cal, do the outside work on the farm, and she was eight months pregnant. When she went into labor she packed up Cal and drove them into the city. Cal wheeled himself into the hospital while laboring Carol brought in the bags. Carol had their fourth child and was discharged from the hospital as soon as she was able. She said she wanted to be at home with her family around her because she felt if she could see them all everything would be okay.

Donna did not go to the hospital in the ambulance with Dean. She went to the hospital with her in-laws and a neighbor. In the small town hospital, Dean was stabilized and then sent to the city. Donna and her in-laws were given medication to help calm them and then they went on to the city where Dean had been taken.

They took him to [small town hospital] to stabilize and, at this point, [Dean's] mom and dad and I are in a neighbor's car. . . They took us all to [small town hospital]. Each of us were given something. . . some kind of pills and [Dean] was stabilized, . . . and I am wondering if this is something that gets lost too. Everybody that touches this person that has been so seriously injured, is probably a friend, went to school with him, is a relative, you know.

Once in the city, Donna waited to find out where Dean was and what was happening to him. Dean had emergency surgery to cauterize bleeders and clean the wound as best they could. Donna stated that she did not have a good experience with the emergency end of things. She was left in a waiting room in emergency and told someone would come to

talk with her when the surgery was done. Dean's aunt, a Registered Nurse, was with Donna that first night. After sitting for hours Dean's aunt asked how he was doing and they learned that the surgery was over and he was recovering nicely. Once Dean got to a ward things start to settle down.

He gets to [City] and I am sitting in Emergency. And [Dean] had an aunt that worked in [City]. She came to the hospital. It is 1:30, 2:00 a.m. . . . I finally get somebody to say what is going on and we are sitting there and nobody is talking to us. Finally, one comes and said "Yes, your husband has been taken up to surgery. He is in surgery now and the doctor will come out and speak with you when he is done. So you can go wait in the surgical waiting area." . . . that was say 2:00 to 2:30 . . . around, 5:30. [Dean's] aunt says, "My God, what are they doing." . . . We are still waiting at 5:30, and she goes to ask the nurse . . . when is he going to be out of surgery. "Oh, he has been out of surgery since about 3:15." . . . Then we get into the hospital routine and the actual people on the ward were good, the actual caregivers, except that they are focused on their patient, of course.

Erin sat and drank coffee, waiting for a call from the hospital where Eric had been taken. When the call did not come, she called. She was put through to surgery and the physician who would do Eric's surgery. The surgeon told her to come right away. He said Eric had a three percent chance of survival. She called her aunt and uncle to drive her to the city.

"He's very sick. He's got a three percent chance of survival. Come. Come right now and hurry." So I packed up and, and I phoned [Eric's] aunt and uncle to see if they would drive us. . . . I phoned the hospital and he had survived the surgery. They thought that he had damaged his aorta, but the blood that they found was from a fracture of the sternum. . . . He was stable when I got to see him in the morning about 6 o'clock. So, he was out of surgery, unconscious in SICU [surgical intensive care unit].

While Eric was in the hospital, Erin stayed with her mom in the city so she could be with him. Their boys came to visit on weekends. Eric's parents came to the city as well. Erin's mom had a small apartment, so they visited in shifts. Erin was with Eric during the day. The boys came up for short visits. Eric's parents were given the night visits. The boys went back to the farm with their grandparents while Erin stayed in the city to be with Eric. She remembered how cold it was that January.

I did the hospital visits in the daytime, from, from 8 'til 8, for the time that they would allow me to be in with him because they don't allow you in very much. He was in surgical intensive care for two weeks because he was on a respirator. So, the boys would come, somebody would bring the boys up and they would spend some time with him . . . Everybody sort of saw him at different times and what not. And I stayed there. And then the boys, with grandpa and grandma, came home and stayed on the farm for a week, I guess, in January . . . And, oh, it was cold! It's just like this January it was minus 36 and minus 37, unbelievably cold.

Faye remained with Frank while he spent a week in the small town hospital. She drove back and forth to the farm, but spent most of her time with Frank. She stated that she believes a lot of healing is "mental and emotional" and he needed her to be with him. Faye felt torn because she knew her children needed her as well; so, she drove back and forth between town and the farm.

So he was a week there and then I was running back every day. I'd come home to be at night with the kids, turn around and go back to [town]. Because I, I was with him all the time. I refused to leave him. . . To me, basically, healing, any part of healing, is just as much mental and emotional as it is physical. So, that's why I wouldn't leave him either. Then you're torn. You don't know where to go because you have, you have your kids to take care of, plus you have, you feel you should be there. Sure, you know, you might say, "Well he's the adult," but ya, he's the adult, but look at what he's been through.

Faye spoke of Frank's time in the hospital and of being there with him. While Faye stayed with Frank, their girls were on the farm with their grandparents. Faye and Frank spent six weeks in the hospital. Faye said that when the doctors wanted Frank released she was not ready to take him home. He had just had a muscle transplant from his back to his arm and she did not feel comfortable taking him home when she would have to drive him in for daily examinations and dressings. She telephoned a doctor she knew in the small town near the farm and had Frank discharged to that hospital.

They wanted to send him home and I refused to let him come home because I wasn't, I wasn't prepared to take care of that massive of an injury and be running into town every day to get dressings changed. Plus on top of that, he hadn't had any type of therapy yet, really. So I phoned a doctor that I know really well, had known for years in [town], and I explained to him what had happened. . . He said, "I'll make the arrangements." And he says, "There'll be room for him here."

Following Grant's injury, Grace was driven by her cousin to the hospital in town. Grant went by ambulance to the hospital, where they assessed him and flew him to the city. Grace's cousin then drove her to the hospital in the city where Grant had been taken.

My cousin's husband took me to [town] and then we waited there 'til they got him assessed and then they flew him from [town] to [city], and then we drove down . . . they took him into surgery, I think, about two or three in the morning, . . . then they called us back by about, I don't know, seven or something in the morning to tell us that everything had went okay.

During the first few days Grace stayed in a hotel with her relatives. Later, she was able to get a room in the old Nurse's residence attached to the hospital.

I got a room at the nurses' residence. . . I just stayed right there and then walked back and forth to the ward, go over in the morning, whatever time of the day and wander back

and forth and help him out and feed him and stuff, and sit there and just visit or whatever.

Grace spent the majority of her time in the hospital with Grant going home only for overnight stays.

I hardly came home. I only came home just, I don't know, maybe every other kind of weekend or something because the girls stayed with my mom and dad. So then I came home and checked with them once in a while . . . I wasn't home very much at all,

4.1.3 Home from the Hospital

This section captures the experiences of the women when their injured husbands first came home from the hospital.

April said that after Al was discharged from the hospital and finished with rehabilitation, she was happy to have him home, but a part of her felt some resentment as well. While her children were growing up, becoming old enough to do things on their own, and gaining independence, her husband was dependent on her.

By then the girls would be 11 and 8 because their birthdays, [one] is April, [one] is July. So I was just getting to the part of my life where my kids could, you know, dress themselves and bathe themselves and cut their own meat and that sort of thing, and now the tables were turned and I'm doing it for my husband. And that's not the way it's supposed to be, right?

Betty brought Bob home three weeks after his injury. He came home without any prosthetics. He came home with one arm and worked around the farm. He fixed the radiator on the chore tractor prior to having his prosthesis.

December the 10th he came home. So he was discharged on December the 10th. The occupational therapist was very specific, you know, like she helped him, for example, hold a fork in his prosthesis, so he could cut his meat, and practical things like that. But other than that he, I mean,

like all this time, when he got home he didn't have a prosthesis. He just had one arm. And I remember, before he got his prosthesis, he was working on the radiator of our tractor, our chore tractor, and he took the radiator out and fixed it.

Carol took Cal home before the doctors wanted him discharged. Cal got a weekend pass and then refused to return to the hospital. Cal stayed in the house while Carol did the farm work. He took care of their newborn son, changing diapers and sleeping with his son on his chest. Carol stated she feels the weight of the baby on Cal's legs helped him heal and get strength in his legs.

And when we went home I went back to doing more around the farm and leaning less on neighbors and that. And [Cal] would stay in the house . . . I would feed [baby], our youngest, and then give him to [Cal], and [Cal] would have him for the rest of the day. . . His legs, his thighs got strong enough and he could lay. Actually I think it helped. He would lay [baby] down on his thighs and he could change his diaper and, you know, the pressure maybe. [he] was only like a seven pound baby, so seven pounds, but then as [Cal] got better and the weight you know.

Donna thought Dean was going to be in inpatient rehabilitation before he went home, but that was not the case. Dean was put in outpatient rehabilitation and it was left to Donna to figure out how to get him there. She had taken a leave from her job, as had Dean's brother, and now things were not as expected.

Then he went to [rehabilitation center] and first of all was told he was going to be an in-patient in [rehabilitation center] Rehab. So we made our plans accordingly. I took leave from my job. . . his brother took a year off work, and we were all prepared for [Dean] to be in [rehabilitation center], for us to continue living our lives as we could. But that wasn't the case. He didn't get admitted as in-patient and we did not find that out until the day we showed up there with his suitcase and stuff. "No, no, he is going to be an outpatient." An outpatient! And we live 65 miles away.

And so how did they think he was going to do that? So obviously it fell to me.

Erin said she panicked when it was time to bring Eric home. They were supposed to come home earlier for a trial weekend, but that never happened. She wanted a home visit by an occupational therapist to see what changes needed to be done to accommodate Eric and his wheelchair when he came home. When she called the health department they wanted her to do the assessment because she was an occupational therapist. She wanted someone else to come in and do it.

When we got back, and they knew [Eric] was coming home, I panicked because he was supposed to come home in March to do a weekend, and I thought, “How the devil are we going to get him into the house?” So I was phoning around, trying to find out all kinds of different things. Everything that we did was a struggle. The [province to province] border was, was worse than the Berlin Wall, was really awful. I phoned and I said . . . “I need an OT [occupational therapist] to come out and have a look at the house and assess it and help.” . . . they said, “Well, can’t you do it?” I said, “Well, no because it’s, you know, it’s my own home.” And they said, “Well there’s a community therapist in [town].” . . . I said, “No, I, it’s got to be an OT, that’s it.” Well, they didn’t have anybody. When I’d go in on the weekends and talk to the guys and CPAs, I can’t even think of all their names, but [Mike] was one, and he came out before [Eric] came home and we have four stairs and he ‘bummed’ his way up the stairs and pulled his wheelchair up I just stood there with my mouth open and wanting to help him. It was the beginning of the lesson, sort of. In the way of, “Once they’re home you don’t help.” . . . I just wanted someone to, that didn’t have an emotional attachment, to have a look at this and say what would work and what wouldn’t.

Frank came home six weeks after his injury. He required daily physiotherapy and dressing changes. They drove to town periodically for physiotherapy and Faye was shown what had to be done with Frank’s arm to maintain and increase his mobility. Faye

did Frank's physiotherapy. The physiotherapist stopped in once a week to check on the progress. Faye said she had to persevere with Frank's frustration and encourage him to have the physiotherapy even when he thought it wasn't doing anything.

Because he went in, beginning of August and came out the middle of September, so it was just a little over six weeks that he was in. And then a year-and-a-half later he went through reconstructive surgery, and then he was in for a couple of weeks.

. . . he learned that, you know, every time he was sitting down he was always moving his fingers, . . . he'd get frustrated, like, "Why am I doing this? This is stupid. Nothing's happening." And you'd have to say, "Look, you've got to do this," you know, like, "Envision, close your eyes and envision that you can feel. You can feel these things moving," . . . He'd get so just frustrated with it that, you know, "Well you know I can't feel it." . . . So, like a lot of times you just gulp down your tears and say, "Well, this is what has to be done. Come on, you can do this. I know you can do it. If you're stubborn enough you can get through this."

Grace's husband Grant was discharged from hospital on Halloween. Grace was nine months pregnant and past her due date. She said she refused to be induced in the city because she felt it was easier to look after the baby right where he was until she got her husband home. The baby came in early November.

I said it's much easier to look after right now in this position than he is lugging him around with everything else that goes with it, so I said, "I'll just wait 'til I go home." And so that's what I did. Hallowe'en, ya, we came home. We had some visitors that night after we got home, there, trick-or-treaters, trick-or-treaters, ya, and have pictures of them.

Grace did not talk about how they dealt with being at home. She talked about Grant going back to the city in January to have the dead bone removed from his head and coming home with staples, which she kept clean for him.

In January . . . they had taken the skull bone out and they had rotated his scalp. . . to the side of his head, there, to cover the, over the hole. And they had put in a, they had taken rib out and put in there, and then they had put the scalp flap over and stuff. And so then he had to go back in January and have it all rotated back around behind, again, and put back in place [chuckles]. There wasn't much dressing then. It was just, he just had staples. . . just had to put a little Polysporin or Bactroban or something on them.

She didn't talk about having to do all of Grant's personal care because he couldn't do it with two prosthetic arms. She told me that there are still things she doesn't talk about.

I'm not one to, I can share some stuff but not everything. So it would have probably been better to have the diary and then I could have just wrote whatever. Ya. I'm still like that [chuckles].

In summary, as illustrated above, all seven women went through many changes as they found out about their husband's injury; stayed with him in the hospital; and dealt with family issues, farming, bringing their husband home, and learning to live with what life had to offer. All seven women have come through and persevered.

4.2 "*Super Woman*"

All seven participants talked about feeling "torn" about where they should be at any point in time. They felt it was up to them to do everything including keeping the farm going, looking after the injured farmer, and caring for the rest of the family. Two participants described their role as that of a "super woman." They explained that they had to be with the injured farmer at the hospital so he had someone with him and to ensure he was cared for properly. They felt only they could do this. In addition, they felt they had to look after their children and home the way they did prior to the injury, as well as look after the farm and keep it going because the farmer couldn't. At times this meant they had to be the physiotherapist, as well, because the physiotherapy had to be done and the

therapist was not in the area. They had to help the injured farmer deal with his disabling injury and return to farming.

As the women looked back, they reflected on some of the challenges. Faye described feeling torn between being with her husband and being with her children.

Healing . . . is just as much mental and emotional as it is physical. So that's why I wouldn't leave him either. Then you're torn. You don't know where to go, because you have, you have your kids to take care of, plus you have, you feel you should be there.

Carol talked about being with her husband night and day while he was in the hospital. She needed to be with him as no one else could do what she felt she must. She described her role as "super woman."

I thought and I did, played the role of super woman. I was there day and night . . . I trusted no one with him. I wanted to make sure that he was well taken care of. . . . I always wanted to make sure I stayed with him. I just didn't trust anything. I just didn't seem to need sleep. It was like day and night I could go.

Donna echoed the same sentiments concerning her need to be with her husband.

I lived in a state of exhaustion, you know. It is wearing emotionally and it is just plain physically tiring to sit in the hospital for a day, and I would have to. I don't think I really had to, but nobody ever said, "You go home dear. We will look after [Dean]." Nobody ever said that. . . . You know it was the most grinding, boring routine, and it was every single day. I would get there at 7:30 in the morning and go home 10:30 at night. . . . I just slept when I could and tried to, and how do you maintain your optimistic, pleasant demeanor?

Carol had a baby shortly after her husband left the hospital. She wanted to leave the hospital with her baby as soon as possible. She stated that she needed to be at home to care for her family and she had to have everyone at home.

After [Cal] left, because [baby] was born at about one in the morning, and I said to his sister, "Take him home. Take care of him and I'll be out of here as fast as I can." . . . I got out of there fast. I took my baby and went home . . . I thought, "Maybe, okay I'll take the baby, but I'm worried about [Cal] and I want to make sure he's okay. So if I can have my family at home I can look after everything." And that's basically what I did is, you know, if I had everybody within eyesight in my house I was okay.

April described eloquently what she had to do after the injury event.

No matter what happens in your life, life goes on. And we're farmers. . . I had cattle to bring home from pasture. I had a full-time job. I had kids who were 10 and 7, involved in school things, and I wanted their lives to remain as normal as could possibly be expected at the time. So, I stayed with him. See, that happened October 2. I think the first time I went home for a day was the Thanksgiving weekend . . . I think I stayed home two, maybe three nights . . . It really wasn't practical to bring the girls up there, so I was relying on friends and neighbors and everybody else to take care of them . . . I had to get Power of Attorney because there were certain things like crop insurance and that sort of thing that only his name was on the contract that I had to deal with . . . I filed that with Crop Insurance and the Wheat Pool and, like, the Credit Union. I had to get an extension on our Line of Credit because I wasn't selling any wheat or cattle or anything, marketing anything at the time . . . I got an extension on the Line of Credit. I got an advance from the Wheat Pool . . . Bills still have to be paid and it was harvest time and that's the time when you're buying parts and they're billing you . . . Talking on the phone endlessly, . . . because people were genuinely concerned. You know, a small community, the things that are the best about a small community is that there is genuine concern . . . Everyday things become a pleasure after that, you know? It's just, ya. When I look back now I don't know how I did it. I have no idea how I did it. Amazes me, now, actually. I'm amazed that I got through it, you know? I'm not trying to make myself sound like a super woman or anything, but it was a lot. It was a lot to happen.

In summary, when the women looked back on the things they had experienced while their husband was hospitalized and during the return to farming, they were amazed at what they had lived through. April described it best when she said, “It was a lot to happen.”

4.3 *“Something’s Got to Give”*

Five of the seven women in the study talked about accessing counseling of some type. Three women had sought counseling for themselves. April described it best when she talked about living three lives: for her husband and children, her work, and the farm, but not for herself.

You’re living two lives, basically, you’re actually living more than that. You’re living three lives. I never did live my own life because you’re living your life through your kids and your husband.

The women talked about doing everything that needed to be done for the farmer. They felt they needed to be at the hospital after he was injured so he was cared for. Things had to be done to keep the farm going: paying bills, getting the crop on or off, feeding cattle. They kept going and going. They wanted to take care of everything in their lives. Carol talked about being able to live off adrenaline for only so long then, “something’s got to give.”

I could take care of everything, but it cost me a year later.
Ya, you can live off adrenaline . . . for so long and then . . .
something’s got to give.

Five of the seven women said they had experienced a “breakdown,” that is a time when they felt everything became too much for them and they couldn’t deal with everything that was going on. For example, Carol experienced her “breakdown” a year after the injury event. She said she had not accepted the help people had offered. She felt

she needed to do it all herself. When the year had gone by and she finally asked for help it was given, but not like it was in the beginning. People had gone on with their own lives.

I had a lot of support from friends and family, but I didn't take everything I was offered. And then a year went by and then of course it's still, if I called, "Oh ya, sure, I can give you a hand, or anything like that," but it wasn't like it was at the beginning. And it can't be, because people have to go back to their own lives.

Carol talked about how well her children and Cal were doing by this time and here she was "crashing." She was totally exhausted and couldn't do anymore.

But it was right about then that I just had a nervous breakdown, isn't the right word for it, but it was like I completely lost it . . . I was depressed and exhausted and you name it and it finally came to a rolling stop. I had nothing left and I found, I found it hard because [Cal] was at the best he could be and he was doing so well and the kids were doing so well and everybody seemed to be happy. And here I am, just totally crashing.

Carol sought out a counselor to help her talk about what was happening to her and help her get her life back to some normalcy.

Similarly, April said she sought help from a "mental health specialist" (a psychiatrist) because she got to the point where she could not deal with everything on her own.

I went to see a mental health specialist in [town] . . . You just get to the point where you can't cope any more.

She said whenever she felt the need she would go back to the mental health specialist.

Just when I felt overwhelmed I would go and kind of vent.

April said she needed the anonymity of a counselor. People were helpful when the injury event occurred and helpful towards Al because they could see what happened to him.

However, April felt people did not understand what she had gone through. They did not realize what she needed or even what she had gone through when her husband was injured and when he returned home to farm affected by the injury. She said, “They don’t see my side of things.”

Erin said she recognized the difficulty she experienced during the time Eric was in the hospital. A social worker approached her to see how things were going, but she did not like the approach. She felt she was in control of the situation and did not want help. She said she needed to appear in control and able to handle what was happening to her husband and her family. She said she let her guard down only when in the bathroom where she would lie in the bathtub and cry with the water running so no one could hear.

I wasn’t approachable. The only way I could get through was to be very much in control. And I cried in the bathtub every night but, but during the day I was very much in control and I knew doctors’ names and phone numbers and did what had to be done and did all the, dotted all the i’s and crossed all the t’s. So, on the outside things were, were under control.

Later on when Erin realized she needed some help, she called the Farm Stress Line and asked where she could go. They recommended finding a self help group. Because of her location Erin felt that was not feasible. Her work in the mental health field made it difficult for her to seek mental health care in her community. Eventually, Erin contacted a mental health nurse in a nearby community. The mental health nurse listened as Erin told her story. Erin felt this helped her a lot. Thus, Erin felt support was not offered to her. She had to seek support herself.

I don’t think we ever had any sort of formal, sit around the table, tell your story ‘til about two years ago. I did some talking actually myself with, with the mental health nurse that works out of [town].

Donna said she did not have any counseling to help her through her experience. Donna and her husband Dean became very involved in founding a support program for farmers with disabilities. She became part of a peer counseling program where she counseled other wives of farmers who had experienced a disabling farm injury. She said she found it comforting to know she was not alone in her experience.

We got developing a peer counseling system, but I was a counselor. You know, I didn't get a chance to be counseled! By this time we had been through it, so we would go to talk to people. Some things were easy about it at first, but as we got into the visits a little more. These women were not expecting me to solve their problems, but they did really appreciate, I think, that I had the same problem and this is how I coped, or didn't cope, or this is what we did, and this is what we gave up trying to do. And I don't think they followed all of our advice. I think it was just very comforting to know that they were not all on their own. And that was the way I always felt.

Faye talked about not having any kind of emotional support. She said she got home with her husband Frank and felt totally overwhelmed with having everything to do and nowhere to turn for professional emotional support. She said she tried to talk with friends and relatives, but they would tell her she was lucky her husband was alive and had his arm.

Just getting home it was, to me it was just so overwhelming. Now, where do you start? There's . . . no support, emotional support out there that. When you think like, okay, you think with cancer, when you were a person that has cancer there were support groups for the mates and for, you know, or for other illnesses there's. You know, like okay, for alcoholics there's Al-Anon. For those who, you know, are suffering with a family. But for this, there's nothing. And nobody really understands unless they've been through something like that. And you try and talk to somebody, and they say, "Oh well, you know, like, I mean, he's got his arm and he's home and everything's fine." No,

not everything's fine. Not everything's fine. You're dealing with your kids. You're dealing with a man that's bitter because of what's happened and he can't do what he could before, and he's weak, and you still have the burden of the farm. You're not. When you're on the farm it's not like, okay, well now you're on compensation so you don't have to worry about the bills. Come January the bank wanted to foreclose. That came as an extra stress. By the time that came along I thought I was going to lose it. Because, you know, like, we finally got the crop off and then everything we thought, okay, now we, you know, and I mean all during harvest his physical therapy doesn't stop. You're out here in the country. You think he's going to be running for physical therapy? Guess who did the therapy? Me. A lot of times we'd come in from harvest. It's two o'clock in the morning, he's sleeping, and I'm doing the therapy on his hand. And then your day starts again at 7.

Faye stated that she needed help, Frank needed counseling, and the whole family needed counseling.

The whole family should have received counseling, but there's nothing there. And you don't know where to turn.

Faye felt that someone needed to tell them about what they could expect to experience, the feelings they would encounter, and the grieving process. No one told them. They went through it all without assistance.

And I think that's the whole, whole thing. It's like both of us had to deal with this by ourselves. I don't think that's fair. I really don't. And you're, and nobody's ever prepared for an accident to happen, but I mean, we weren't even told that there would have to be a grieving process and that's what you have to go through. It's just like a death. You have to go through a grieving process. You're not even prepared for that. And why do you, why, like why are you feeling like this? "I shouldn't be feeling this way, like this, I've got him, he didn't die. Right?" But you do. You go through a grieving process. You have to go through that whole process and like [Frank] had to go through and, I mean, you go through that along with him. He went through that, that hope that it would come, get back to

normal, and life would get back to normal and be exactly the same before the accident.

Faye said she got to the point where she felt like she was drowning. Everything got to be so overwhelming, which she described as like being in a whirlpool and not being able to keep her head above water.

Again, your life, your life still is in a turmoil. It just seems like you, you're in a. I don't know how to explain it. I can't think of the word, like in a whirlpool of water and it's going around and around and you can't get through the top. You can't get to the top and you feeling like you're drowning and you just. Like, I couldn't sleep. You know, the kids are crying and they're upset. You're dealing with them and you're saying, you know, "Don't." there're like, "Why isn't my dad the same? Why?" And you're having to deal with all this.

Even at this point Faye did not receive counseling. Instead she talked with a friend who was willing to listen. Faye talked about eventually hitting a wall after trying to be in control of everything that was going on. She said that when she hit the wall she realized she had to handle everything that was going on, do it all by herself.

You have to hit that wall, and it's, it's like you have to come to a realization of what life is going to be like, and that I have to handle this. And everything, even with the kids, everything has to come to that point.

Grace said she found the past year was the worst for her. Her husband's farm injury occurred 17 years ago. Her children are grown and moving out. She said now she has to deal with her past because she has not really dealt with things and this year it sort of caught up with her.

I think, for myself, last year probably was one of the, my worst year. I think last year was my worst year that I, I maybe never dealt with stuff and I was feeling quite, I don't know, I guess resentful, like that, you know. How can you do this to us, or to me, or whatever.

Looking back on their experiences, all of the women talked about a point in time where they realized they needed outside help. All seven women said they now see they needed, but were not offered, professional support at the time their husband was injured and during the recovery phase. Three women who sought counseling did not seek help at the time of injury. They sought help later when things got so bad they realized they needed help. Two women said they realize now that they knew they needed help, but did not know where to go. One said she ended up helping others deal with similar situations while not having dealt with her own.

4.4 “*Survival Tactics*”

Each woman had to deal with the injury event, subsequent changes in her husband, as well as the changes in her life. As a result of the injury to the farmer, many things changed and the women used different strategies to deal with these changes. One of the participants referred to these strategies as “survival tactics.” April talked about sleep deprivation as a result of having to do so many things because her husband, the farmer, was hospitalized and then busy with rehabilitation. She talked about living three lives, not one of which was her own. She was busy living through her children, her husband, and the farm. Looking back on how she managed, she wondered how she got through it all.

Sleep deprivation [chuckles], a lot of sleep deprivation . . .
Like I said, looking back, you wonder how you do these
things, but you do.

Donna said she relied on her own strengths and took everything “a minute at a time.”

I really had to rely on my own strengths . . . I just literally took a minute at a time and dealt with it and got through it. Because, you know, the boys were upset, his parents were upset, and [Dean's] parents were crying and crying and crying, and I didn't want the boys to see that because I didn't want to give up hope.

Faye talked about taking things "a minute at a time," as well.

Like I did one day at a time and one hour at a time," and, sometimes it just took a minute at a time. Like I got to walk away from this for a while to be able to come back and look at it with a different perspective I was never one that internalized. We've always been, we, we still are a family that's very, that's why our house is so noisy. Everybody's got to express themselves, right, and I learned to keep a lot of things to myself. It went against my nature. There's a lot of things that go against your nature that you learn to do because who was I going to burden my burdens with, the kids? Make their problems worse? I'm an adult. I'm supposed to be taking care of them, not the opposite way around. They don't need my problems. I've got to take on their problems.

Grace spoke of taking things "minute to minute," then "hour to hour," then "day to day," not thinking of the future, just getting by.

It was just minute to minute, basically, at the time, hour to hour kind of thing. And as the days went on it was day to day and week to week and just progressed along. And so, maybe, that's how we did get, get through it so good. We were, like you definitely didn't have any long-term plans at the time. You just had to deal with the day-to-day stuff . . . I can remember looking out the very next day and thinking the sun will never shine again. That's just exactly what it felt like.

The idea of having to deal with the injury and the subsequent changes did not end when the injured farmer left the hospital. For example, Cal wanted to be at home to recover, not in the hospital. When he went home for a weekend pass he convinced his

wife Carol that he needed to stay at home. She had no medical training, but knew he needed to be at home, so home is where he stayed.

But he needed to be home. He definitely needed to be home. So we just muddled our way through, day by day. He just kept getting better day by day.

Carol was not equipped to care for Cal the way the hospital staff would, but because she understood his need to be at home, she did the best she could and got through. She cared for him and did the farming he was unable to do. She understood his desire to be at home because she also had the need for her family to be with her.

So if I can have my family at home I can look after everything. And that's basically what I did is, you know, if I had everybody within eyesight in my house I was okay.

Others described the routines they started in order to deal with the farming, the housework, and keeping the children on track with their school work. When asked how she managed with things at home while her husband was recovering, Erin referred to the routines she had developed for herself and her children as "survival tactics."

Well, we worked very much in the system. The boys and I had a system we worked on. Did so much work on the farm and then we came in and we had supper at a certain time and they did homework. And we were very rigid. We were very scheduled, you know, in what we did. I guess that was another survival tactic.

She said she tried to keep things as normal as possible for their children.

So they would get their homework done and so they wouldn't, you know, so you didn't move all to just one thing. You still tried to do as much as you could sort of, normally, but it was very, it was quite interesting. So at 7 o'clock, "Okay, well that's it, we're done." It was, when I think about it now, kind of funny.

At the time of the interviews many of the women were still dealing with changes that had occurred in their lives as a result of the injury. Carol talked about her need to monitor where her husband Cal was at all times.

I had this big fear of everything in that, so the next, the next fall when he had baled and that, and so it was a year and some after the accident. And he was taking the tractor out with the bale wagon. And he was picking up bales from the field and putting them on the wagon and then he would come back and unload them. And I sat in the house and I was timing him. I was watching down the road and I was timing him and every 30 minutes it was back and forth.

She also talked about how she insisted they get radios. The spring after the injury they installed radios in the tractors with the radio home base in the home kitchen. She said that if she knew what was going on she felt her husband would be safe farming. Along with learning to deal with her experience came that fear that something else could happen.

[Cal's] accident was in September, and the next spring he didn't do very much. That fall was the big bale incident, so it was the next spring, and I said, "I don't care what it costs." I said, "We need, I need to know where you are. I need to know that you're okay."
"Ya, for your peace of mind and everything."
So we went ahead and so it would have been in the spring of 1992, the radios and everything. And then, of course, you know, we half-farm with my Dad, so then Dad said, "Ya, I'll do everything, too." So they went ahead and did everything, too, and now they say we don't know what we did without the radios, because it's just fantastic. He can tell me what he's doing and what's going on, and if he's having a problem or something, you know, even if it's not me. If I'm not home, he can talk to Dad or Mom. Or it's usually him and Dad in the field and they can radio back and forth and just say what's going on.

Carol said that even with the radios, she worries when Cal does not come home when he said he would. She worries that while he's out working in the field he could have another injury. She confided that she has planned her husband's funeral because she

feels next time he won't survive the injury. She said she has everything planned out so she knows what she will do. It's her way of being able to deal with the event should it happen.

I'll be very candid. It's things like, okay, so it's not if something happens to [Cal], it's when. I'll have the funeral here, and this. Like it, you do things like that in your mind and you think, "Oh that's awful, because if something does happen then maybe you planned it, you caused it." But you do that. You start to think, "Okay, I would do this and I would do that," and "This is what I have to deal with and this is what I have to take care of." And that's really bizarre . . . And then all of a sudden something happens and you're faced with the possibility of losing your partner. And life is short and it is a reality, and all of a sudden it stays in your mind and it sets there, and it's like, "Okay, it's not 'if' it's 'when,'" and you sort of start to think things through.

Along this line, Faye disclosed how, even now, she wakes up at night and reaches out to check that Frank is there. She said she was so close to losing him that she needs the reassurance that he is still there.

[Frank] wasn't 40 when this accident happened. That's how close I was to losing him. Do you realize that for years after, I used to wake up at night and put my arm out to make sure that he's there, and that he's breathing? Because it was that close? How many people could get themselves out of a situation like that? That was hard. That was really hard.

These women's fear of something happening was not limited to the farmer. Their monitoring also included their children. For example, Carol explained the importance of knowing where her oldest son is and when he has arrived home.

He's going to be 19 and he's out on his own, and I have to sort of let it go or set it in my mind that, that, you know what? He can look after himself. He's, he's an adult. And I hope I taught him well, and he should know better, and, you know. So, driving, going to parties and stuff, I'll hear him when he comes home. I'll set my alarm. I don't have to

stay up. I can let things go. They're responsible, even [Ben]. And now it is twelve-and-a-half years later and I still have that fear in me. But it's more realistic and it's more like, "Just let me know where you're going. Let me know what you're doing. You know, I'm okay with it." It's every once in a while when he's late you get that little flicker.

Some of the women said they continued to worry about their children, now grown. Carol would not let her oldest child cut the lawn until he was 16 years of age. She talked about staying up until she knew her children were safe at home after being out for the evening. Carol recognized her need to learn to let go.

But I am teaching myself to let everything go and not be in such a turmoil over everything.

Faye talked about needing help after her husband came home from the hospital and she had to deal with everything that was going on. Even a year later, she was still dealing with changes that occurred because of the injury and changes in the injured farmer. She said this is the time when help is needed for the spouse.

It's afterwards, when everything comes home and everything hurts, and you have to deal with everything after. That's when you need everything you can possibly grab on to. Because when you're going through that, there are days you literally feel like you need just a straw to grasp onto, just to stay, stay above.

Faye explained that because of her experience she felt it was important to be there to support a friend who had lost her husband. She called her friend every day for a year because she had experienced for herself the need for someone when you are "forgotten."

I had, had a friend that had lost, lost her husband. I phoned her every day for a year, because it was after that you need that, that support. When everybody else forgets about you, you need that to go on.

Thus, Faye's knowledge of what she went through led her to understand what others might need in a similar situation.

Another survival tactic for the women was the use of a diary. A diary of some sort was kept by four of the seven women in the study. The diary was a tool for its writer and in some cases for the writer's injured spouse. Grace, who did not keep a diary, said she wished she had kept a diary because she knows she has forgotten some of the events. Faye stated, "I didn't have time. I didn't have time to sleep." When asked about keeping a diary, Donna replied that she had no time or energy to keep a diary.

No, for the most part, I lived in a state of exhaustion, you know. It is wearing emotionally and it is just plain physically tiring to sit in the hospital for a day . . . I would sit there so he could eat his breakfast and we could watch TV, so he could turn the pages of a book, so he could have his lunch. You know it was the most grinding, boring routine and it was every single day. I would get there at 7:30 in the morning and go home 10:30 at night . . . So, no there was no journal, no anything. I just slept when I could and tried to, and how do you maintain your optimistic, pleasant demeanor? You know, it was so stressful and so sad and so frightening.

For those women who had kept a diary, it was a source of self support, which helped them deal with and remember details they might forget. The women had different reasons for keeping the diary. Some women kept the diary to help keep track of people's names as well as what was happening to their husband while in hospital. They wanted to remember things such as surgeries, the dates of surgeries, names of doctors and nurses, as well as how the farmer was doing, in general.

For about the first month, I guess, I did. Ya. It's the only way I could remember what happened. Days would run together. You'd talk to a doctor and you weren't sure what day it was and so, ya, I started to write things down. Probably I kept it for about a month to six weeks so I'd

imagine 'til he got onto going into Rehab and then, and then I kind of let it go after that. By then, I guess, I was at home and trying to keep things going, you know, going at home, trying to get some, some normal, normal sense of life there. (Erin)

I was forgetting things I needed to remember. Somebody might ask who we saw when or what or whatever. And I was sort of the family spokesman when [Dean] was in Intensive Care if somebody wanted to go in one at a time and then you're so very limited as to how often, you know . . . my sister, I think, sort of suggested that I keep a diary. So, it was just a little, it wasn't a diary of mostly, of my thoughts. It was mostly a factual diary, but I guess when I read back through it there were some things in there that, you know, like, "Hurray! Today, he opened his eyes," (Donna)

The diary also was a tool to help the women deal with what they were going through.

April wrote about what she was feeling as well as about things that were going on in her life at the time.

I've always written. I enjoy writing. And I did it for me. And I did it partly to keep track of things . . . so many details . . . I didn't want to lose track of any of these things because when people would phone me and they'd say, well, you know, "What's this? What's this?" Or a doctor before would speak to me and say, "Well has he had this done? And that?" So I kind of kept track of things or tried to . . . So I did a lot of that, keeping track of surgeries, keeping track of people . . . I kept it up until, until he was moved to the Burn Unit and then, not that things got normal, but I was back home more then and I didn't keep it up. (April)

Two women used the diary to provide their injured husbands with information about the time period they could not recall.

I wrote things down specifically because I knew, I know him so well, and he wasn't remembering things because of the morphine. There were things the doctors were saying that they would tell me and I said, "Well, you can't tell him that." Like, "You can't tell him that he's going to lose his

leg, like, because first of all you don't know for sure. Do you?" (Carol)

"No, we don't." (Physician)

"Then don't tell him." (Carol)

Carol kept the diary so that her husband would have a record of what had happened to him while he was in the hospital, a record he could look back on to see what had happened that he could not remember.

"So I knew that, that later on [Cal] was, he would be saying, "Well, what did this doctor say?" Or "When did this happen?" Or "What did they say about this?" Or "What did I do?" And I knew I wouldn't be able to remember it all. So I started writing things down and it helped him. He would reread it. And I often found him, I kept everything . . . I kept everything in a box for him . . . He'd wake up and he would be almost crying and, and he'd get up and . . . he would go find this box. And he would sit down and he would open the cards and he would read the journal. And he would go through it, and it calmed him down. It was, it helped him. So, I'm glad I did."

Erin read her diary to her husband when he got home from the hospital because he was unaware of what had gone on with him and his family. The diary enabled him to learn what his family had gone through while he was hospitalized.

I'm not sure when I read it to him . . . he has no recollection and I said, "But I'm going to read this to you because I want you to get a feeling of what we went through. I want you to get a feeling of what we saw and how we saw it in terms of how it affected us and you lying there with more tubes than I've ever seen in my life and everything was so scary." And, and so I read it to him and actually he had a little, a few cries here and there, but it was mostly, because most of it was sort of factual stuff, but as I say there was, you know, there was other stuff in it too . . . It's in my bottom drawer. I look at it every so often, I guess, once a year or so when I clean my drawers. I have a read through it.

Although Faye had not kept a diary, her teenage daughter did. Faye said that her husband found the diary after her daughter had left home. He read through the diary and cried when he saw what the family had gone through while he was in the hospital and later when he was at home recovering from his injuries.

He didn't realize that until about six years after, all the emotional agony that we were going through . . . It wasn't until she started telling him, "You know, Dad, I'm still having nightmares." And then he went downstairs one day and he was cleaning out the basement . . . [Tara] wrote everything down like as a diary. And she wrote down how she was feeling and what was happening and stuff like that. And he sat and he cried and he cried and he says, "I didn't realize." I said, "Ya," I said, "I know you didn't realize. But," I said, "this is what every one of the kids were going through. This is what I was going through."

When asked, some of the women stated they have read their diary. Erin recalled reading it to her husband and then looking through it every year when she cleaned out her drawers. She explained that going back and reading the diary helped her to see the good things that happened as well as the injury event and subsequent hospitalization.

There were things I wrote that I had forgotten, that I didn't remember writing. It was obviously my handwriting, but there were things that I had forgotten. And it's like, "Oh ya. I remember that day now." And every little piece came back and, and little things, you know, like a nurse just saying something really kind . . . just little things like that. And it sort of, helped. It, now that you could see the scenario was good and everything was better. You could go back and instead of getting the bad things out of it you could see the good things.

April said she couldn't read the diary until about six years after the injury event.

I didn't read it until, I believe it was about six years after [Al's injury]. I couldn't. I couldn't bring myself to open it up. I just couldn't. And now when I read it there are some things I can laugh at, some, lots of parts that I cry at.

Thus, the diary took different forms and served different purposes. In all cases, the diary was used as a tool to help the spouse, the injured farmer, or a child cope with the farm injury and the events that followed.

Looking back on their experiences, the women could not believe they had managed with everything and gotten through it all. April said she must have gotten through it because she was younger. Grace, Faye, and Donna summed it up very well when they said they took everything “a minute at a time.” Grace did not realize she was being strong until a friend mentioned to her that she was talking about things she would be doing in the future. The participants talked about relying on their own strengths and being strong so everyone would not give up hope and the injured farmer would be okay. With the use of the different survival tactics the women persevered.

4.5 “*Definitely Impacted Them*” [*Affected the Children*]

Six of the seven participants had children at the time of the injury event and the seventh had her first child a year later. Each woman reflected on how the farm injury and subsequent events had affected the children from the time of the injury event up to the time of the interview.

4.5.1 *The Injury Event*

April’s two girls were in school when their father was electrocuted while moving a grain auger. The girls found out that their dad was injured when the ambulance went through town on the way to the hospital.

And the girls were in school at [town]. [May] at the time was in Grade 5, so she would have been 11, 10, 11. I can’t remember. And [Lori] was in Grade 2. They’re three years apart. Ya. And word travels very, very fast in a little town, you know. As soon as the ambulance goes through, within five minutes everybody knows what’s what, right?

Betty's five year old son was with his father who was cleaning grain when his father got his hand caught in the auger and partially amputated his hand. The son was the one who ran in the house to get his mother to help his injured father.

At about 3:30 p.m., [Bert]. came running to the house and he was yelling. I went out in my boots and barn jacket, and [Bob] was already walking to the house. He said he'd lost his arm.

In Carol's case, two of her children (ages four years and eighteen months) were with her in truck when Carol found her husband caught in the baler. Carol's father-in-law had asked her to get her husband from baling so they could combine. Carol drove the truck through the field to where her husband had been baling. The baler and tractor were stopped, but still running. She thought nothing when she saw her husband's cap on the ground, but when she saw his running shoe, which she could tell had gone through the baler, she knew something was wrong. After talking to her entangled husband she drove back to the yard for help. Carol recalled that after they got back to the main yard in record time, over the field, the children asked to go for another ride.

And I came flying back in the yard. And we had, we didn't have to go on a road at all to get out to the field, so the girls weren't even seat-belted in, and I, because I had just sort of tootled out to the field. But when I came flying back in that yard, I hit the driveway coming in and so the truck actually just went "bang," like that, and the girls sort of flew up. And our oldest daughter still remembers that, thinking "How much fun this is!" Like, you know, like, "Whee!! This great time!" [laughter] And because they didn't realize, like they just did not, they didn't know what was happening.

Carol's third child (age 6 years) was at his first day of school when his dad was rushed to the hospital after being removed from the round baler. No one told the child what had

happened. At the school all the adults around her son were talking about the injury, but not directly with him.

When they found out at school, they took him aside and just told him that something had happened. His Dad had had a little accident. They wanted him to understand, but they didn't go into any details. So, basically, they told him very little at school. They, they didn't want him to panic, but they wanted him to know. And then my Mom had gone and brought him home after. And the kids stayed at my Mom and Dad's then and [Ben] continued to go to school. But he was sort of left like, he was sort of left in the dark. They told him only so much. And Mom would pack him off to school and the bus would come and get him and, "Oh, Dad's in the hospital, but he's okay." You know . . . The kids up to see him on the weekend, on Saturday, and that. So, he knew, like he knew more than what we told him because, obviously, the neighbor kids heard their parents and their parents were part of helping us, and so he kind of knew how serious it was. He found it very hard.

Donna did not have children at the time of her husband's injury; however, within a year after the injury she and Dean had their first child; then she had two people who were dependent on her.

And then I got pregnant. That was unplanned. The Lord works in mysterious ways and I had a baby. And now I have two individuals that are totally dependant on me for everything.

Erin had three boys (ages 16 years, 13 years, and 10 years) at the time her husband was injured. Her husband was driving a load of sunflowers to the elevator when the semi-trailer he was driving slipped on ice and went into the ditch. He was thrown out the front window onto the highway. He was taken to a hospital where they then called Erin at home to tell her what had happened. Erin's oldest son was out studying with a friend. The two younger boys were at home when the call came.

And my oldest son had gone to spend some time to study with some friends and, and the other two, were there when I got the phone call that he'd been taken to [City]. Well, I phoned for my son to come home because he had the car, and so he came. I didn't want to upset him so I talked to the family that he was with and, actually, they brought him home. The kids had tests the next day so they studied for a little bit at home as we waited.

Faye's family included four children at the time of the injury, two teenagers (ages 16 years and 13 years) and two preschoolers (ages 3 years and 5 years). All four children were in the house when Faye's injured husband drove the tractor and baler into the yard. He had caught his arm in the round baler and it was hours before he was able to cut the belts and free himself. His arm was badly chewed up from being entangled in the baler and his back was injured from the continual lashing by the partially cut belts. The teens knew what had happened as their mother rushed out with a towel to help their father and drive him to the hospital.

We've got teenagers who knew exactly what had happened and what was happening, but I mean when we rushed [Frank] out of here that day. Because of the way things happened he came into the yard being injured and I rushed him to the hospital, and we were gone to [city]. They weren't sure if they were going to see him again. Well, you know, just that, that upset doesn't go away.

4.5.2 In the Hospital

The children's experiences with their father being in the hospital varied. April's girls (ages 10 years and 7 years) did not visit regularly with their father while he was in the hospital. April stayed with him most of the time, going back to the farm when she could, while the girls stayed at home with friends and neighbors.

And of course it really wasn't practical to bring the girls up there, so I was relying on friends and neighbors and everybody else to take care of them.

Betty's son Bert (age 6 years) had a difficult time when it came to seeing his father in the hospital. He was with his father when the injury occurred. While Betty drove to the hospital, Bert traveled in the back of the van with his dad, who had only a tea towel on his partially amputated hand. Betty said that Bert did not want to go into the hospital to see his dad.

Finally [Bert] asked to come up to see his father, because [Bert] was there, like we took him. He was out with his Dad and he's the one that ran to the house to tell me. And from the 27th to the 29th he wouldn't even go up to see him, you know. Like he was so traumatized, because he had to, you know, he was. And I couldn't leave him at home, so we had to take him in the van with us, and he wouldn't go back up to see his Dad.

When he asked to go up, and I talked to him before that and I told him, "Daddy's fine," and everything else. But when he finally accepted this, you know, then he'd go and that was the best thing for him, anyway. To actually sit on this, you know, [Bob's] side, and right on the bed. And he had his arm in bandages, but I mean he was there. He was the same. He was, you know.

Carol said that all of her children (ages 6 years, 4 years, and 18 months) visited their dad in the hospital, but neither the children nor their dad felt comfortable visiting in the hospital. The hospital was just not the place for them.

I took them to the hospital, but it wasn't the same, it wasn't. You know, they were leery of all the stuff going on and then, you know, they want to jump on the bed like they do normally and they couldn't. And they know. Kids know. They were very guarded around him in the hospital and, I think, that upset him very much too, because he's very close to his kids.

Erin said that her boys (ages 16 years, 13 years, and 10 years) did not see their father right away when he was in the hospital because she thought the intensive care

atmosphere was too “depressing” for them. Erin stayed in the city while the boys stayed on the farm with their grandparents, coming in on weekends to visit their dad.

He was in surgical intensive care for two weeks because he was on a respirator. So, the boys would come, somebody would bring the boys up, and they would spend some time with him. I really didn’t want them up, hovering around that place, all day, because it’s, it’s really depressing.

Faye said she did not take her girls (ages 15 years, 13 years, 5 years, and 3 years) to see their father until he had been in the hospital for over a week. She said she did not want the children to see him when he was so battered up.

He was in the hospital for six weeks. So, for the first few weeks, the first week I didn’t even, they didn’t even come into the hospital because he was so battered up, and I didn’t want them to see him that way.

Grace’s girls were 3 years and 5 years old at the time of the injury. Both girls were brought by their grandparents to the hospital to visit their dad during the first weekend he was in the hospital. Grace said that her younger daughter was curious about what had happened to her dad.

[Gabby’s] the one that was in there. Can I touch his brain?
And she was on the, she got right up on the bed and she was checking him out.

Grace’s older daughter wanted nothing to do with her dad when he was in the hospital. She ran away from the bed.

But [Gert] actually, I think she just took off under the curtain, she wasn’t about to stick around.

Having been present when the injury occurred was not the only reason children were hesitant to see their father following the injury event. April’s two daughter’s (ages 10 years and 7 years) were in school when their father was injured. They saw him for the

first time as he was recovering from his injuries. April said that the younger daughter was unsure of what she could or should do with her dad when she saw him because this was not how her dad was supposed to be.

The first time, especially the younger, my younger daughter [Lori] saw her Dad, she was kind of afraid, because his appearance was altered drastically, of course. And she was, you know, ambivalent. She wasn't sure she could, you know, touch him, or sit on his knee,

The effects of the farm injury event on the children were not limited to the time period while the farmer was hospitalized. April described effects the injury continues to have on the children as they are becoming teens. She explained that they still have to do things for their dad they would not have to do if the injury had not occurred. For example, their father cannot fix a sandwich for himself, so they do it for him.

Ya, it's definitely impacted them. They end up having to do a lot more things for their Dad. And as I said, you know, sometimes when they're trying to study or whatever and he'd want a sandwich or something, and he'd want it now. And they'd have to stop what they're doing.

Faye said that her two younger daughters (ages 3 years and 5 years) showed effects five years after the injury event had occurred. The younger child could not be left alone in a room or she would start screaming. Her older daughter had trouble in school where she would lose her sight for no apparent reason.

I know with the girls it was a terrible shock for them. And [Dot], like I said, was small, but what ended up happening is she was. There were long-lasting results from that because we couldn't leave her alone in a room, let alone the house for five minutes and there was panic attacks. With [Trish], for years it wasn't up until I think she was basically in grade five that things seemed to straighten out. She was having a problem with sight. She one minute could see the board in school, the next time she couldn't, you know. She'd be reading and then her vision would blurr out and

basically they said that it's, it's. The doctors and the optometrist, it's the same thing. It's from a terrible shock to the body.

Faye's two older daughters (ages 13 years and 15 years) were affected as well. Faye explained how one daughter became her father's hands. Before he was injured he had taken the grain truck motor apart and it was in pieces when he came home from the hospital. He took his daughter out to the garage and talked her through putting the engine back together.

We had his big truck, our big grain truck was in pieces on the shop floor. He told her how to put it together and the two of them put it together. He couldn't do the, the work. She did the work, and that truck is still running, 10 years later.

Faye's older daughters pitched in to help out on the farm as well. They helped look after the cattle. The year of the injury, the 15 year old daughter castrated the bull calves.

When he came home, like suddenly, we had all this cattle to take care of, okay. We . . . we had 50 bulls that were born. Fifty bull calves. We used what we call the bloodless castrating. They were done in the fall. Our 15 . . . our 15 year old did all the castrating.

In the fall, Faye's two older daughters took turns staying home from school to help their mom with harvesting. Both girls kept their marks in the 80's while taking on extra responsibilities at home.

So that they wouldn't miss, both of them missed every day, they would alternate during harvest, for quite a few years after, basically, right until they left home. This day, one would go, the other one will stay home, combine.

The girls would stay up late working on homework because they had been busy earlier doing farm chores to help their mother. They not only did farm chores, they also helped out with their two younger sisters (ages 3 years and 5 years).

I would come up here at one o'clock in the morning and [Dana] was still doing homework. And those girls, both of them, graduated with honors. So through everything they kept up their marks. How they did, sometimes, how they did as well as they did? I don't know. I don't know. But you know, we'd be out working, we'd be out working with the cows. At that time we had 70 head of cows. It was them that helped us to get, to keep going. Plus, on top of it, you know, they'd come home from school and I'd say, "Okay, I've got to be gone." They have their own things to do, plus they had to take care of their two, their two little siblings.

Grace said that her younger daughter, who was three at the time of her father's injury, blamed herself for her father's injury. Her daughter's belief did not surface until she was in kindergarten, two years following the injury event. Grace said she was concerned because the little girl cried whenever someone spoke to her. Grace contacted the school and a child psychologist was contacted.

[Gabby], she was the one that blamed herself for the accident. When she was, started school and after, so, she was six, or whatever, five or something. And she went to school. When she got, so it didn't matter how we talked to her, she would just cry, and so finally I said to the woman that was principal at the time, I said, "You know, I'm plain mixed up with her. I've no idea what's going on with her but," I said, "it doesn't matter how we talk to her, she just cries." So they called in the school psychologist and she talked to her, and she was blaming herself for her dad's accident, at three years old.

While the participants talked about adverse effects of the farm injury event on their children, some noted that there were good things that came about because of the injury, as well. For example, Carol spoke about how her husband Cal would stop work to attend his children's games or school events. As a result of the farm injury, he came to realize how important family is to him.

[Cal]’ll drop everything to go to the kids’ ball games or the kids’ whatever or you know. The work is secondary to his family.

Ya, and before it was like, “Well I can’t go. I’m on the tractor” or “I’m working, on the tractor. I’ve got to do this I’ve got to do that.” Now it’s more, “Ah, you know what? I don’t really care. We’ll do it tomorrow. I’m going to go to this.”

4.5.3 Care of the Children

The women in this study explained about the importance of their children having someone to talk to about their father’s farm injury. For example, April said she let her girls know that they could talk to someone about how they felt and what they were going through. She told the girls she would help them find someone to talk to if they couldn’t talk to her. She knew it was important for them to talk about it and did her best to assist them.

I made it very clear to them, at different stages in their life, that they were certainly free to speak to someone, either on their own, or they could, I gave them resource people that they could contact in the area. Or I said, “Even if you need to talk to a friend or someone, you know, just go ahead.” I think sometimes [Al’s] frustration with not being able to do things, and he’d vent his anger on them.

Betty spoke of a counselor at school who spoke with her son to help him deal with what had happened to his dad and him.

I don’t, what you call it, not a psychologist, not their psychologist, and I can’t think of his name, either, but yes. He spoke to [Bert] about it and talked to him about it. . . . But they did, they did help him with school and all the children in his class made a card, and they sent it up for him, so that was very nice.

Carol explained that her six year old son was at his first day of school when his dad was injured. The teachers let her son know that his dad was hurt, but did not go into details.

When they found out at school, they took him aside and just told him that something had happened. His Dad had had a little accident. They wanted him to understand, but they didn't go into any details. So, basically, they told him very little at school. They, they didn't want him to panic, but they wanted him to know.

Carol said that while her husband was in the hospital, her son's teachers were very supportive and kept an eye on him. If her son seemed to be having a bad day, they would ask if he needed to talk or work on something else for a while.

The kids at school were very supportive and the teachers were very supportive, always making sure they kept an eye on him. They thought if he was having a bad day or if someone had said something and it bothered him, they made sure that they could, they could sort of tell and so they'd take him aside and you know, "Do you want to talk?" or "You don't have to do your math right now. You can do it after. We'll go and do this," and you know. They would get him interested in something else. So, they were very good that way, making sure that they kept an eye on, on how he was doing.

Erin said her youngest son received a lot of support from his grade three teacher. His teacher took it upon herself to check on him almost daily to see how he was doing.

[Kyle], the youngest, had a tremendous support in one of the teachers, his grade three teacher who was especially fond of him and they had a bond and she followed him through. She'd track him down each day to see how he was doing and followed him through.

Erin's other two boys (ages 16 years and 13 years) didn't receive anything formal in the way of support. Erin said she encouraged them to be involved in their father's

rehabilitation and visiting in the hospital. She said she felt they adjusted to the changes in their father very well.

I don't think the boys ever had anything formal. Just they were part of, part of [Eric]'s rehab, which I really pushed. They were never forced to, but if they wanted to come in on weekends (and they always did), and, and if there was any school holidays, then we would go in and we'd spend time. So, we'd follow [Eric] around and do his rehab and stuff, and the boys were very comfortable in the hospital and had an access, I guess, to CPA [Canadian Paraplegic Association] and whoever, but there wasn't anything ever formal. They, they adjusted very well actually in terms of, you know, accepting that.

Faye identified a grade three teacher who helped one of her younger daughters as she was dealing with the effects of the injury on her life. Faye explained that this teacher understood that children need some down time to keep up with things, in general.

[Dot] was having a hard time with school in the sense of being so tired because of getting up early in the morning, getting on the bus early, you know, etc., and for the first year going to school. I think a lot of it was still emotional, too. By Friday she was so exhausted that she was sick. So, I'd end up, most times, every two weeks I'd have to keep her home on a Friday because she was sick. Comes grade three (he's a grade three teacher), he said, "You know," he said. I phoned one day and I says, "Where's [Dot]?" He says, "She's sleeping." I mean, wow.

He said, "Oh ya," he says, "I find with these little kids, I send them to the library. We have a pit, a reading pit." he says. "I send them to the library," he says. "It comes afternoon, and" he says, "they're just so tired," he says. "I send them to the pit for a half-an-hour," he says. "I know she's going to catch up." He says "Send her a blanket and a pillow and let them lie down," he says. "That way," he says, "they're, wake up, they're refreshed and they're ready to go," he says. "Sometimes they're just dealing with a bit too much.

The women pointed out that as time went on people forgot what had happened in the children's lives and what they continued to live with at home. For example, when her

daughter had some trouble at school, Faye went in to talk to the teacher to let her know what her daughter was going through. The teacher commented, “I thought she’d be over that [a] long time ago,” which was not what Faye wanted to hear.

With [Tara], they were . . . understanding that first, first year. . . a few years after and she was having problems and the teacher was giving her trouble. And I finally went in and I said, “Look, this is what’s happening to her.” And she [the teacher] says, “Oh, I thought she’d be over that long time ago.”

4.5.4 What’s Happening Now

During the interview, the women explained that their children remain affected by the injury event. At the time of the interview, April’s daughters were teenagers (ages 19 years and 16 years) and still having to deal with doing things for their dad, when he asks. Betty’s son (age 8 years) appeared to be doing well with everything. Betty said nothing has shown up so far. Carol said her children (ages 19 years, 17 years, 15 years, and 13 years) have to deal with their mother’s fear of injuries. She explained that usually farm children have a lot of work (farm chores) to do as they grow up. She said she is always worried about injuries. As a result, she did not allow her oldest son to mow the lawn until he was in high school.

As farm kids, growing up, farm kids become part of the farm and they do great loads of work and stuff. And I was like, “Okay, he’s not riding on the combine or the tractor with you. I don’t want him doing this. I don’t want him doing that. No, I’ll go do it.” And I would go do more because I didn’t want them near the machinery. I just had that absolute fear and he wasn’t. Oh goodness, it wasn’t until he was into high school that I let him cut grass.

She said she worried about passing her fears on to the children.

[Ben] was the oldest at the time of the accident and my biggest fear was right there. So, they’re very good. They’re

very cautious. They know what happened and they heard enough about what has happened to realize that. And they're always like, "Dad, be careful." You know, like, "Dad, do this." Like, you know, "Maybe you shouldn't do that, Dad." So they're very aware of what has happened and that. But we did, I did have [Ben] coming to the counselor to talk about it, too. He remembered the most. He was having a difficult time later on with it. But like I said, I don't know if it was the accident or if it was my paranoia that sort of didn't help him, because he's seen me, you know, crying at times, and I don't know, I guess you can only do the best that you can do when you're a parent and take it as you can. I didn't want to hide anything from them. Like, did I overload them on information too? Like, did I pass on my fear to them? When they're kids they should be happy-go-lucky and, you know, not worry about things.

Carol said she still worries about her children driving or getting injured when they are away from home.

Faye spoke about her daughters asking her why their dad was yelling at them all the time and how she explained that he wasn't angry at them. He was frustrated with what was going on with him.

For a long time the girls would say, "Mom, why is dad yelling at us? He's yelling at us all the time." I said, "It's not you he's yelling at. It's because he's bitter with himself. He feels that his body is a prison."

Erin said that her youngest son has taken over the family farm, but doesn't farm the way his dad did. The differences show up in the way the farm is currently running, which Erin described as like a company without a Chief Executive Officer (CEO). Things are falling apart as the son is trying to farm.

The boys, you know, had to become more involved and, and now, in the last five years or so, it seems like there isn't a driving force to the farm. There isn't someone, [Eric] doesn't have the get-up-and-go to, to be that driving force anymore. So, you know, we don't get up in the morning

when we should and we don't take care of things the way we should do and, so things are kind of, you know, falling apart. It's like, the director's gone, CEO, I don't know. And our youngest son is farming with us now and so the lot falls on his shoulders. We're really having problems right now and it's really not a pleasant place to be, our house.

Grace said that her 17 year old son is having a tough time. She feels that her son resents the fact that he doesn't have a father who can do "father" things like playing "catch."

He was having so much trouble. And that and then, like I said, on the other hand, I think it was just, just the combination of his age because he's, be 18 here this, in November. And so, I don't know if it's a combination of his age and combination of all the situation and, I think, I think it's a, between him and [Grant] there. There was quite a bit of resentment that [Grant] would want him to do stuff and then of course he's just at the teenage age there where he's resisting and stuff. So it was, was a real battle. And, but, I think for [Gary] it was hard because, I mean, most boys have their dad to go out and play catch or do guy things with and stuff, and he didn't have that opportunity and stuff. So, I think in some ways, like that I think it's been hard on him, but then he's not one to say, either, he's not going to tell nothing. So, and he's always been like that, too, so keeps everything down.

Faye said that at the ages of 13 years and 15 years, her older daughters felt they had to take over the parenting role while Faye was in the hospital with their father. This role reversal carried over to the time of the interview, when Faye said one daughter (age 25 years) feels she has to be the mom for her two younger sisters (ages 15 years and 17 years). She said the oldest daughter Dot continues to feel she needs to know where everyone is. While her oldest daughter now has a family of her own, she still will wake up from a nightmare and have to call and check to see that everyone at the farm is safe.

They took on the responsibility of figuring they had their younger sisters to take care of, which was very hard on

them. [Tara] for years, she never said anything, but she figured that she was a mom for years and years afterwards. It was very hard. [Dana] had nightmares . . . She's got her own family now. She still often wakes up in the middle of the night and she's got to make sure that everything's fine. She says she sometimes feels that she's got to phone home, here, to check, to make sure everybody's. But, I mean, this kid was 17, 18 years old and she'd wake up in the middle of the night with a start and have to go in everybody's room and make sure they're fine.

Thus, the women in this study concurred that the farm injury event has had both short-term and long-term effects on their children. They noted that as each child has his or her own unique personality, each child has had his or her own unique experience with the injury event. These women noted that these children needed support in order to cope with the traumatic event and sequelae.

4.6 "Support"

Support, whether formal or informal, was a big part of the experience for these women and their families. The support came from many different sources. This section describes the emotional, instrumental, informational, appraisal, formal, and informal support the women received during the time period between the injury event and the interview.

4.6.1 *Informal support*

These families received different types of informal support. For example the injured farmer and the spouse received emotional support at the hospital when people came to visit.

When [Al] was in [the city] he had more visitors after he was in the Burn Unit than people who lived in [the city] had. You know, people would bring the kids and they'd check into a hotel, there with the pool, and they'd leave the kids and they'd go visit [Al] and then they go back to the

hotel and they'd go visit [Al]. They'd make a weekend out of it. (April)

Some people who were not able to personally visit at the hospital used their personal networks and asked people they knew to visit the injured farmer and provide emotional support for the spouse. One participant who belonged to the Anglican Church described how their Anglican friends asked Anglican Church members in the city to visit the injured farmer and the spouse. Another participant explained that a neighbor woman who was unable to visit asked her friend in the city to visit with the participant. The neighbor's friend became the participant's major source of emotional support and, to this day, they have a special friendship and keep in touch. The women said that while visiting some people talked with them about the injury and how the farmer was doing while others talked about other things to help take their mind off what was going on. Other people, who were not comfortable visiting at the hospital, provided instrumental support, such as looking after the children while the spouse stayed with the injured farmer at the hospital.

And of course it really wasn't practical to bring the girls up there. So I was relying on friends and neighbors and everybody else to take care of them, which they were very good. (April)

Neighbors helped with the farm work so the spouse could focus on the injured farmer and being there for him.

You know, you talk about Saskatchewan people and that, and neighbors did, they just stopped all of their combining, dropped everything. Our fields were done in two days. Massive com, like loads of combines came, and trucks, and food, and they took care of everything. My three kids were, were taken care of, the farm, the cattle, everything. I, I didn't even have to go home and worry. Everything was well looked after. (Carol)

Because of the instrumental support provided by the community, friends, and neighbors, the women in this study were able to maintain the farming operation while their husband was in the hospital and keep the farm.

While most of the women described their neighbors as supportive, one spoke of not receiving support from her neighbors. She said that their family had to rely on themselves because the community did not offer help with the farming. She said she had to combine the fields and look after her husband as he recovered at home. It snowed that year in September and stayed, so their crops were under snow. The snow also made bringing the bales in from the field extremely difficult.

And we're not that tight of community that everybody was saying, "Well, here we are to offer all this help." That never happened, here. His accident happened in August. We got that snow beginning of September. We came home the middle of September. We had harvest. Then we had an early snow. And I'll still never forget we had two quarters left . . . I was going through the night . . . it ended up that I plugged the header twice . . . I came home. I could barely drive myself home. I came into the bathroom door and just dropped . . . It started to snow and we had 60 acres left of that wheat, and we had 160 acres left of oats. And he said, "Just don't worry about it." But, then, we had all this snow. We had bales to haul for the cows. We had to plow to every bale . . . to be able to pick up those bales and bring them home. (Faye)

The majority of the women spoke positively about the support they received from their family members. For example, Carol acknowledged the instrumental support she received from her dad as he took control at the time of the injury event.

My Dad, when he seen that truck flying then he knew. He knew right away. And he just took complete control and said to my Mom, "Phone the ambulance and phone some neighbors." And he just said, "Where is he?" And so I told him and he immediately took the truck and went to the

shop and he pulled a whole acetylene outfit onto the back of the truck by himself.

Donna spoke about her parents being there for her to talk to and provide the emotional support she needed to get through the injury event.

I guess my parents were the best. You know, they were really very good and I would talk to my parents a lot. Being young, selfish, and stupid and not realizing they were suffering too because of what my husband was going through. So I would unburden to my mom and dad a lot.

4.6.2 Formal Support

When they had reached a point where they were unable to cope with everything that was going on, three of the women in the study sought formal appraisal support for themselves. Some sought out professional help on their own accord. Others listened to friends who encouraged them to seek appraisal support. For example, Carol's friend encouraged her to seek help.

A very good friend of mine . . . she was the one that said, "You have to talk to someone. You need some help." . . . "You can talk to me but I know the whole situation and I'm going to totally sympathize with you in every aspect." But she said, "Maybe you need to talk to somebody who has no connection to this at all and doesn't realize, and then they can maybe give you some kind of feedback from a different point of view."

One woman sought out formal informational support by calling the Farm Stress Line. She said the answers they gave her were helpful, but not for her situation. She worked within the health care system and did not feel she could go to the local mental health workers (psychologist, social worker) for help. In addition, there were no support groups available to her in her small community. The nearest big center was hours away, time she could not

spare from her jobs in town and on the farm; therefore, finding or attending a support group was not feasible.

I phoned the Farm Stress line and talked to them a couple of times, but there was no understanding. Their solution was, well you know, "You should see somebody." Well, who? And it's very difficult . . . I worked with the Mental Health social workers and worked with the Mental Health nurses, and I worked with the psychologist. It was just a little bit more awkward for us. But they said, "Get a support group." Like you just don't hop in a car and drive to [town] once a week. There's, so many things and that was beginning of the crunch on the farm money-wise as well. I did sort of try to see what I could find, but there really wasn't anything. (Erin)

In summary, the types of support the women received varied from the instrumental aid emergency workers provided on the scene of the injury to community support where the community got together and helped the family take the crop off the field, took care of the children while the participant went to the hospital with the farmer, or held fundraising events to raise money to support the injured farmer's family. The women received support from many different people including friends, relatives, and hospital staff. Children received support both formally and informally from school counselors and teachers.

4.7 "Advice for Others"

A subject that came up during the interviews was the advice the women would give to someone going through a similar situation. The message that emerged in almost every interview was the participant's advice to take help when it's offered. Each of the seven women had a slight variation on what the help would entail, but the thought was consistent. April stated that people should not try to do everything alone.

If I had any advice to give anybody else going through this it would be to seek help and not try and do it all yourself because you can't.

Similarly, Erin wanted other spouses of injured farmers to know that they should take help when it is offered.

To tell people to utilize anything that's offered to them, any resources, and to go with those and, and not to, not to worry about paying back or, whatever, you know. There'll be lots of opportunities in life to, to help other people that, maybe, not those same people, but you can help somebody else along the way.

Betty had advice for organizations that provide support for the injured farmer. She said that someone should inform the farmer about what can be done to help a disabled farmer keep farming.

A similar accident would happen to another farmer. It would be certainly very helpful for them to make sure that somebody who was farming could go to them and say, you know, "This is, there are these adaptations," because it was such a help for [Bob].

Carol suggested that someone should tell the spouse that it is natural to feel you have to do everything, as long as they also warn the spouse about the long term effects of doing everything alone. Carol explained that the spouse needs to know that accepting help is okay because if you try to do everything you are going to wear yourself out and end up not being able to care for anyone. She pointed out that if you don't accept some help you will end up crashing like she did.

They would need someone to tell them it's okay. Like, "you can take all of this on and, but this is what's going to happen later on if you don't start letting other people look after him. If you think that you're the only one that can look after him and your family and be there and do all this, you're wrong. It's okay to feel that way and you're going to feel that way because it's your husband, your family, your

life. But you have to let whoever come in and stay with him for a night, or do this or, you know, take your kids out and, like, because if you don't you're going to end up in the same situation. Don't be scared to have someone hold your hand."

The women agreed that the person who discusses with the spouse what can be expected to happen after a farm injury needs to be someone who is caring and a good listener, as

Carol put it:

You almost have to look deep into the person and say, "Okay, but, can you really stand there and tell me that you're okay?" . . . Someone who can read people very well, that has that knack or that talent . . . When he's in bed and, you know, the pain medication's kicked in and he's sleeping. The kids are in bed, the baby goes down. What are you doing? What goes through your mind? What do you feel at that moment? And that pretty well I think will tell you what that person, the situation they're in, if they're, "Oh, tired, and I'm just going to go to bed," or do they sit there and think. Do the wheels start to turn and that, and then you know you're in trouble then. You need somebody or something right then.

Similar to Carol's view, Grace felt a need for someone to ask her how she is feeling, being clear that the inquirer really wants to know.

We don't ask anybody how they're really truly feeling. We just kind of, "Oh, that's nice. You're having a nice day. That's good." You know? But, ya, I think that's the thing. That people get too wrapped up in, in just general terms without really asking a specific, direct question to the feelings.

Donna felt that people need to recognize that the homemaking and caregiving side of things are as important as the rehabilitation for the injured farmer. The total environment of the farm needs to be kept healthy, which might require help in the home for the spouse because she or he will have to keep the home and farm going while also helping the injured farmer recover.

I would like to see where the homemaking aspect was given as much stress as the rehab aspect. As providing an environment that is healthy and productive and as stress-free as possible for that injured person, but it implies that the caregiver is not stressed and is in a healthy environment, as well.

I just feel that is a shame and that society does not recognize care-giving. They say, "caregiving," and realize how important that is to have, but they do not seem to address the issues of how the caregiver needs to be a healthy person.

Donna explained that part of recognizing the health of the caregiver is letting him or her know that feeling upset with the injured farmer is going to happen and it's okay to feel that way. It's normal and it will happen.

I think that somebody needed to tell me, "You can be grouchy. You have a right."

Erin felt that spouses of injured farmers need to take time for themselves to look after themselves or they won't be able to help anyone else.

Take time for yourself to make sure that you have some time set aside that's just your time, that you can do whatever.

Faye, as well, advised people to accept help. In addition, she recommended some type of support group that could help the spouse at the hospital deal with the shock of the injury event. Members of the support group could follow the family to let them know what they might expect to experience as they returned home and to farming. Faye stated that she wants to see recognition in the health care system that the injured farmer requires not only physical healing, but emotional healing as well.

There should be a support group at least so that like, at the hospital, you're still going for through, you know, shock of the accident. But, I think, there should be, when that person gets home, somebody saying that there is this kind of support and make them, help them realize, and the person

that has gone through it, to realize that they've not only got the physical part of healing, but the emotional part of healing, and to prepare them, both people, both mates, for what's going to happen, and for there to be a support group to, to keep them going, because how can you keep going? Like, some people will make it through and some people won't. (Put it plain and simple.) We have money for all sorts of other things in Canada, here, things that are unnecessary, where people can do for themselves, but don't. And this isn't like it's, it's something that is, you know, like, okay with us. It's not something that you're going to be dealing with that one family for, you know, for the rest of their life. But for at least for the first five years there should be something there, so that they can, they can go on. Because how many, how many kids are going to be terribly scarred?

When asked what she would tell someone else in her situation, Grace said:

Take it one day at a time . . . because you really can't take it any other way.

In summary, the women want others experiencing a similar situation to know that they need to accept help and not do everything by themselves. They would like someone to be there to tell those people what they can expect. They would like to see support for the entire family at the hospital and when the farmer returns to the farm and farming. Support for physical and mental healing is needed by the farmer and the farmer's family.

4.8 How Things Are Now

This section describes how life was experienced by the women at the time of the interview.

April stated that things have settled into a routine, now. She has to do the basic things for Al, the things most people take for granted like getting dressed, having a shower, and cutting up food to eat. These are things that April still does for Al on a daily basis.

I still have to dress him and I still have to shower him, and I still have to get food ready for him. He can't, he can pour milk from a jug into a glass and do really, really basic things. He can't do a thing like make a sandwich. It's, you know, very, he's very high maintenance now. You could say that doesn't sound right. He's not a vehicle, but that's the way it is.

As for work, Al is actively farming with the help of a hired hand. He can drive the tractor and do the farming, but leaves the "basics" (e.g., bathing, dressing, cutting up food) for April to do.

He went back to actively farming. We have a full-time hired man, and he does, he does more than I think probably a lot of people with injuries that extensive would have tried to do. . . So like I said, to his credit, he does, he does well in what he does, but it still leaves the basics, you know? It's still the basics, and I take care of the basics. It's my job, right?

Betty said that when Bob has to do things she sometimes acts as his other hand because his hook just won't do what needs to be done.

So if we do things like take apart our auger, you know, oftentimes when he's, when we're tightening things up I'm holding the bolt and he's tightening it up. So I'm often acting as his other hand.

Carol spoke of how Cal is back to 95 percent of what he was prior to the injury. He does all the farm work he did before his injury. After the first year, he regained almost full use of everything. He even went back to playing ball after the doctors told them he may not be able to walk.

And by next spring he was 95% back. He could do everything. He went back to playing ball. He was always a little fearful of just getting hit in the knees. . . It sort of weaned itself away from that fear and that. He still is very cautious and that, but the fear is gone and that. So, he's back, both legs are about 95% of the 100% potential they had before the accident.

Donna spoke about Dean's rehabilitation and how the therapists worked on Dean's ability to do the everyday things. Donna said she was fine with doing Dean's personal care as long as he was able to go outside and do what he needed to do with farming.

They were spending a lot of time helping with his ADL's [activities of daily living] and that is important, but once he had the bathroom thing sort of under control. It has been, for the last 30 years, a much easier thing for us to just me dress him, shave him, comb his hair, help him get ready for the day, but he needs to work and focus on the other things he wants to do. So this actual basic care, he never really has gotten a handle on it. He can do it for a weekend. You know, he goes away without me, but he could not live by himself without some kind of care, somebody coming in routinely to help him.

Donna said that Dean can drive both the truck and tractor. He just moves the steering wheel so he can handle everything.

He is just fine behind the wheel. There is no problem with his driving at all. He made his prosthesis work very well for him in that regard.

Donna said, however, that she has to help Dean get ready and dressed for his day before she leaves for work.

The changes were, though, that the man went from being able to actually get up out of bed, have breakfast, get dressed, get ready, and get his clothes on and get out of the door. None of that could happen without me anymore. And that was a big change. So, first thing in the morning, I get up out of bed and I make him his breakfast; and I make his lunch; and I am dressing him, shaving him, brushing his teeth, combing his hair, and I am putting on his outdoor clothes; and he is forced to wear them for the day, or we have rigged up things that he can get in and out of okay. And then once he was out the door, then I have to get ready for the day.

Donna also stated that if Dean needed help outside and it was not something she is generally used to doing, he would have to watch her struggle.

The big change was we became very dependent on each other. I had to do things I was not knowledgeable about, not physically capable of doing. He had to learn to watch me struggle to do something he would have found so easy before his accident.

Erin didn't talk about how the changes resulting from Eric's injury affected their farming. They had always been grain farmers and still are grain farmers. Erin did talk about the social changes that occurred, because it is not easy for her to take Eric out.

We can't go and visit friends very easily, because they have steps in their house and it's really awkward and, and [Eric] is almost six-foot-one, he weighs over 200 lbs . . . and I'm not strong enough to get him up more than a couple of stairs . . . Going visiting and that sort of stuff is really hard from being really social people. It's really affected things where, you know, we've gone to do things and we can't because it's not accessible and you don't do as many spur-of-the-moment type of things as you did before. Well make sure you have an extra leg bag and this and that and, you know, the whole paraphernalia and stuff that goes along with that.

Faye talked about having to let Frank learn to do things for himself. She said he has a very independent personality and the injury made him start to be dependant. She said she would step back. When he asked her for help, she would take her time going out to help. She would give him enough time so that he would generally have the chore figured out and done by the time she got there. This was a hard thing to do, but for Frank's sake she did it. She said there were things she felt someone could have told them to make things easier, such as using clothing with snaps so he can dress himself.

That was a hard thing for me, I knew that in myself. Nobody told me. He would ask me for help and I'd figure, you know, I think he can do this himself. And I'd say to

him, "I'll be there in a few minutes. Just give me a few minutes. I've got to finish this up." And I would take longer. By the time I get out there, he'd be yelling and screaming at me and saying, you know, he says, "Look. I did it all by myself already, you know, and now you come?" And I would walk away, and I would smile . . . He wouldn't see it. Like he figured that they'd become, and I've seen it happen with him, which I was shocked at with him because he was such a self-reliant person, but now I've seen it happen with a couple of others. They, they become so reliant on a person, their mate. See, and that's why I'm saying it's hard on the mate, because they become so reliant. It's like a little kid, that they can't do anything without you. Well guess what? You have to not feel sorry, and that's hard to do as a woman, especially. And cut yourself off and say they can do this by themselves. They can. And my mom was not one that could see that happening and she, she even got, would get mad at me and she'd say, "Don't you love him any more? Can't you see he's struggling?" I'd say, "Mom, leave him alone. He can do this. It's not that I don't love him, but he has to do this by himself." And little by little it got to the point where he could do it on his own. But that doesn't happen overnight. That took years, you know, years of, of figuring out that, you know, like it's easier for him to dress himself with snaps. Why didn't somebody come along and tell us this?

Faye and Grace talked about the loss and changes that occurred because of the injury. Grace talked about not being able to hold hands with Grant. Faye spoke of her first reaction to Frank's injury being that he would no longer be able to hold her in his two arms.

The first thing I thought of, "He can't hold me with his two arms" . . . I guess that to me is . . . important, something as simple as . . . having his two arms around me to hold me. And for the longest time that really bothered me.

The women spoke of some of the changes that they have noticed in their husbands following the injury and return to farming as well as the losses caused by the changes.

4.9 Summary of the Seven Themes

In summary, seven main themes emerged in the data analysis. The first theme “My world just crashed” describes what the women remembered of the injury event, their husband’s subsequent hospitalization, and his return to farming. The theme also included their experiences in dealing with the farm when the farmer was hospitalized, feeling torn between being with their children and being with the injured farmer, and the changes that occurred in their lives when the farmer returned home.

In the “Superwoman” theme is where the women spoke about how they felt they had to do everything including being with the injured farmer in the hospital, taking care of family, and keeping the farm going. Looking back on all they had done they were amazed at what they had accomplished, but did not think they could go through the experience again.

The “Something’s got to give” theme reflects the experience of the women coming to a point where they realized they needed some outside help. They felt they had to do and be everything for the injured farmer and could only go so far on adrenaline before “something’s got to give.” Three of the seven women realized they could not continue to do everything alone and sought professional help. Their experiences are described in relation to this theme along with the experiences of the four women who did not receive professional help.

“Survival tactics” describes the experiences of the women and how they dealt with the changes in their lives. The women’s “survival tactics” included going without sleep, living three different lives, taking it a minute at a time, keeping life as normal as possible for their children, and for some, keeping a diary. They did what they felt they

had to do in order to keep going and, as one woman disclosed, deal with the fear that another injury could happen and this one could result in death.

The theme “Definitely impacted them [Affected the children]” describes the children’s experiences with the farm injury and subsequent events, as seen by their mothers. Even the three children who were not born at the time of the injury were affected by the farm injury event. The effects on the children were seen soon after the event, as was the case with the girl who put a grain truck motor back together with instructions from her father, and others who were expected to help with the farm work. One child blamed herself for the injury event. The women talked about how important it was for the children to have someone to talk to about their unique experiences and receive needed support.

The “Support” theme describes with the different sources and types of social support provided to and accessed by these families. All of the women in the study commented on the importance and perceived availability of social support from family, friends, community, and formal social support professionals.

The “Advice for others” theme describes the advice the women would pass on to other people who might be in a similar situation. The women felt the advice would make the experience easier for these people than it was for them.

CHAPTER FIVE

Discussion

The intent of this study was to explore the perceptions and experiences of spouses of Saskatchewan farmers who had experienced a permanently disabling farm injury and returned to farming. Exploration of the literature prior to the study revealed minimal information in the literature pertaining to spousal experiences following a disabling farm injury. The study was undertaken to expand the literature in this area, inform health policy and practice in the area of rural health, as well as to develop hypotheses and new research questions for the area of study. The experiences of seven Saskatchewan farm women have been heard. Their successes and the hardships they experienced with the injury event and the farmer's return to farming have been recorded, as much as they felt comfortable disclosing this information to the researcher. In this chapter, the common themes arising from analysis of the women's accounts of their experiences are discussed in relation to the literature. In addition, the strengths and limitations of the study are identified; transferability of the findings are discussed; and implications for health practice, education, and future research are considered.

5.1 Discussion of the Common Themes

Seven main themes were identified in the present study. The common themes are "My world just crashed," "Superwoman," "Survival Tactics," "Support," "Something's

got to give,” “Definitely impacted them [Affected the children],” and “Advice for others.” The common themes will be explored followed by a discussion of the photography method, strengths and limitations of the study, the transferability of the findings, implications for health practice and emerging research questions.

5.1.1 *“My World Just Crashed”*

A common theme that emerged in the analysis was “My world just crashed,” where the participants talked about the injury event. The women started with the facts of the event then, when prompted, elaborated with a vivid description of the injury event. They talked about dealing with the injury and the impact of the injury on their lives as the farmer returned to farming. A consistent finding was that the spouses tended to want to do everything alone, accepting minimal help from family and friends. Their reluctance to seek help led them to take on caring for the injured farmer, caring for the family, and all that went along with running the farm. They went to great expense to do as much by themselves as they could. As time went by the women “crashed” from doing so much. They realized that looking after their health and doing things for their own enjoyment is as important as looking after their injured farmer husband and the family. They realized they couldn’t look after everyone else until they looked after themselves.

The common themes that emerged in the present study are similar to Reed and Claunch’s (2002) four themes of spousal coping following a farmer’s injury. In their study Reed interviewed 12 spouses of farmers who had experienced a permanently disabling farm injury. Reed’s four themes were survival, sheltering, sacrifice, and stabilization. The first theme is survival, which deals with doing whatever it takes to keep the farmer alive and getting him away from the injury scene and to the hospital for

care. The second theme is sheltering, where the spouses develop a protective behavior towards the injured farmer, feeling they have to do everything because no one else can do what they can. They tend to suppress their own feelings at this time. The theme of sacrifice includes the spouse's perception that only one person's needs can be met and these are the injured farmer's needs. The final theme is stabilization, which is when the spouse realizes she must look after herself, as well. Reaching stabilization does not mean everything is fine, only that the spouses recognize they have needs that must be met as well as those of the injured farmer, and coping with the injury continues.

Comparing the common themes that emerged in the present study with Reed's (2002) themes, one sees that the theme "My world just crashed" and the participant's reactions to the injury event are similar to Reed's theme of survival. Data illustrating these themes include Betty grabbing a towel to wrap her husband's amputated arm and driving him to the nearest hospital and Faye dropping to the ground when she saw her husband driving the tractor up to the house after the baler injury, taking a deep breath and getting up to drive him to the nearest hospital. Faye's reaction also showed how she suppressed her feeling of fear. She had to remain focused on Frank and keep him conscious as they drove to town. Erin demonstrated suppression of feelings when she described crying only in the tub with the door closed and the water running, so no one would hear her. She felt she had to be calm and in charge when dealing with her husband being in the hospital. Sheltering was evident when Carol spoke of her injured husband only needing to know the facts. When the doctors talked of the possibility of amputating her husband's leg, Carol said he would not be told until the leg had to be amputated.

Another important consideration related to the theme of “my world just crashed” is the observation that while six of the seven participants experienced, first hand, the life threatening farm injury event, none of the women in this study or their children received post traumatic stress debriefing. Post traumatic stress disorder (PTSD) has been defined by the American Psychiatric Association (1985) as

An anxiety disorder diagnosed following the experience of a traumatic event that involves actual or perceived serious harm or potential death to self or others. Symptoms of PTSD include one or all of the following: (a) intrusive recollection of the trauma event, which can take the form of nightmares, hallucinations, or distress when another experience causes a similar response or recollection of the trauma event; (b) avoidance of the trauma event, so the person avoids any and all things people, places, talking about the event, that would stimulate any memories of the traumatic event; and (c) symptoms of increased arousal (e.g., inability to sleep, hypervigilance, increased startle response, unusual outbursts of anger, or changes in level of concentration).

The women in the study described many of the symptoms of PTSD when describing their own behavior as well as the behavior of some of their children. For example, Carol showed signs of hypervigilance with her children when she made her oldest son wait until he was in high school to mow the lawn. Faye showed hypervigilance when she reached out each night to touch her husband for reassurance that he is still there. Carol described symptoms of intrusive recollection when she described her worries about where her husband is and talked about how she plans his funeral when he is late, because next time he may not survive.

5.1.2 “*Super Woman*”

When going through the interview process for the study the women described what they had done following the injury event. When they looked back they could not

believe all they had done. At the time they felt they had to do everything and so they did. Two of the participants described themselves as a “superwoman.” The theme of “Superwoman” in the present study concurs with Reed’s (2002) theme of sacrifice. The women in this study felt they had to do everything and the farmer needed to come first. For example, Carol talked about needing to take her newborn baby home so she could have everyone at home and in sight so everything would be okay. Carol talked about not needing sleep. She said she would be with her husband day and night. April spoke of being amazed by everything she had done and described the behavior as belonging to a superwoman.

5.1.3 “*Survival Tactics*”

The women in the present study talked about “survival tactics,” that is strategies to deal with what was going on in their lives. The theme “survival tactics” parallels Reed’s sacrifice theme. For example, Donna, Faye, and Grace spoke of “taking things one at a time” and “dealing with things minute to minute” in order to be able to get through everything. In addition, when Carol took her husband home for a weekend pass and he decided he wasn’t going back to the hospital, she did everything possible to keep him at home. The women’s talk about “support” also tied in with Reed’s (2002) theme of sacrifice. For example, support was offered to the farmer while in the hospital, such as when members of the Farmers with Disabilities association visited. The support was offered for the injured farmer and not for the spouse. Reed’s theme of sacrifice talks of only one person’s needs being met, those being the needs of the injured farmer. Participants related how the community members helped out with farming, cattle, and child care, as well as visited the farmer in the hospital. The support, however, was not

always directed toward the spouse. Carol noted how the offered help changed as time went on. At the time of the injury event everyone offered assistance because the farmer was hospitalized. When the farmer had been home for a while the offers of help were fewer in number. April talked about people not seeing her side of things. They saw her husband's survival as a miracle and did not seem to understand what April was going through and that she needed appraisal support, that is help in assessing and evaluating what she had gone through so that she could process and deal with it.

Another survival tactic was the keeping of a diary. Four of the seven participants kept a diary. They said the diary helped them keep track of events that went on during the hospital stay; surgeries; and names of physicians, nurses, and visitors. They kept track of things they felt their husband would want to know when he had recovered. Some kept track of other things that were going on around them as well such as world events their husband would be interested in, such as who won the world series in baseball. The diary helped them keep track of what was going on and let them make sense of things. One participant who didn't keep a diary at the time of the injury event has since had experience in journal writing and stated she wishes she had kept a diary at the time. She said she realizes events took place that she has forgotten about and she wishes she would have recorded them. Previous research suggests that journaling about traumatic events may have health benefits (Greenburg & Stone, 1992). Greenberg and Stone (1992) conducted a study where participants wrote about traumatic events. The participants in the study stated they felt the diary was a form of self support and helped them remember details they might otherwise have forgotten. In another study, it was found that keeping a journal helped parents deal with stresses of having and caring for a premature baby

(Macnab, Beckett, Cohen, Park, & Shekter, 1998). Others have found that journaling is helpful in dealing with stress (Macnab et al., 1998) and improves health (Pennebaker, Kiecolt-Glaser & Glaser, 1988; Smyth, Stone, Hurewitz, & Kaell, 1999). In their study using the Workbook-Journal Angel et al. (2003) found that journaling was most helpful to the women near the end of their cancer treatment as this was a time when other supports were starting to diminish. The study did not examine whether participants who kept a diary had fewer symptoms of stress than participants who did not keep a diary. Participants in this study used journaling immediately following the injury event and stopped when their husband began to recover. Angel et al.'s (2003) findings suggest that journaling might have been helpful after the hospitalization period when the women's access to support decreased.

5.1.4 *"Support"*

The women spoke of the various types of support they experienced. They received informal emotional and instrumental support from family, friends, and community. In the present study the husband was the injured party and could not be his wife's main source of emotional support because he was her main concern. The women in this study, therefore, had to go elsewhere for emotional support. They were not offered formal (emotional, informational, instrumental, or appraisal) support in the hospital and relied on themselves to do everything for themselves and their partner. Adams, Bowden, Humphrey, and McAdams (2000) and Letvak (2002) recommended that social support systems be assessed during the initial health history and that social support interventions be included in the overall health promotion plan for anyone requiring social support. Letvak (2002) agreed with Kane and Ennis (1996) that not enough has been done to

develop formal community support for the rural care systems. The lack of formal support in rural communities was evident in the present study as well. When the women started to “crash” they looked for appraisal support, that is help for themselves in dealing with what happened to them. April sought out a counselor as did Carol. One woman looked for a support group to give her the types of social support (emotional, informational, and appraisal) she needed. She called the Farm Stress Line and was told about a support group in a nearby center; however, she could not afford the time away from work, family, and farm to drive and attend. This observation parallels the results of the studies by Hill, Shillo and Weinert (2004) and Fitzgerald, Pearson, and McCutcheon (2001) where it was found that rural women had to travel great distances to attend support groups and that this represented a barrier for attending the group sessions. Weinert (2000) found that Alcoholics Anonymous was one of the few support groups available in rural communities.

In the present study, the themes of “support,” “something’s got to give,” and “help for others,” capture Reed’s (2002) fourth theme of stabilization where the spouse reaches a point where she can be independent and do things for herself. She recognizes that her needs matter and have to be met. Related to the theme of “support,” April and Carol stated that they sought professional help to talk about the experience and assist them to deal with it. These women realized they needed to take care of themselves in order to be able to care for the rest of the family. Related to the theme of “something’s got to give,” Carol talked about how everyone else in her family was doing great (her husband was the best he could be) while she was “crashing.” This was when she realized she needed help and she sought help. Related to the theme of “Advice for others,” Erin

and April said that people in a similar situation as theirs would need to accept help when it is offered. The theme of “Advice for others” includes information about the women’s offers of help to others and their willingness to accept help, which fits with Reed’s stabilization theme.

5.1.5 “Definitely Impacted Them” [Affected the Children]

The theme “definitely impacted them” [affected the children] refers to the children’s experiences as seen by their mothers. Data from which this theme emerged suggest that some of the participants’ children did experience post traumatic stress disorder. For example, Faye’s daughter displayed signs of intrusive recollection when she lost her sight at school. The physician and optometrist who examined Faye’s daughter both attributed the loss of sight to the trauma of seeing her father immediately following the injury event. Another example is Grace’s six year old daughter who would cry for no reason. The school psychologist found that the child blamed herself for her dad’s traumatic injury. Signs of post traumatic stress disorder can occur even years following the traumatic event. An example of this can be seen in Faye’s older daughter who, 10 years after the event, still experienced nightmares and woke up at night to call home to check on her parents and siblings. The observations in this study that the injury event “Definitely impacted them” [Affected the children] is consistent with the findings of Reed and Claunch’s (1998) study of farmers with upper and lower limb amputation, where the farmers said the injury affected their entire family including the children.

5.2 Losses

One observation in the present study that did not appear in the literature on the spouse’s farm injury experience is the spouse’s feeling of having lost something. April

spoke of her daughters being old enough to cut their own meat, doing things to care for themselves, and now she has to do these things for her husband and “it’s not fair.” Faye and Grace spoke of their husbands not being able to hold them in their two arms again. These are losses of roles and development cycles that these women will have to accept, yet there was no one for them to talk to so they could grieve over these losses and go on. Loss is a reality of any injury because there is always some type of loss. April spoke of how people saw her husband as a miracle and how lucky she was, but they did not see her side of things. Her losses went unseen. Her husband was alive; however, he is different now than he was the day before the injury. While there is literature on how people have dealt with the loss of their own body parts (Maguire & Parkes, 1998), the literature review yielded no previous studies of the individual’s response to the spouse’s loss of a body part. Hewson (1997) looked at the grieving that goes along with loss of ability. She did an overview of grief models in regards to death and dying and then evaluated the grief models and their use in the experience of loss of ability for both the person who had experienced the loss and family members. She then looked at an alternate framework for loss of ability. This framework gave descriptive responses to loss of ability that could be used by healthcare providers to help people going through a loss of ability. The tools are in the literature, but not necessarily being utilized in the field. For example, the women in the study were not told that the feelings they were having are normal and expected.

5.3 Photography

The study design included the use of photography as a tool to elicit verbal data and enhance the interview process. The women in the study were sent disposable cameras and invited to take photographs depicting what farm life has been like for them since the

disabling farm injury and their husband returned to farming. Of the seven women, only one took photographs. She described each photograph and what it meant to her. She explained how the image in the photograph had meaning for her and how the farm injury event had changed her life. Wright (1999) described three ways of reading a photograph: (1) looking through the photograph to the information that lies inside, (2) looking at the photograph for the way the content is presented, and (3) looking behind to the context in which the photograph was produced. The participant who brought photographs to her interview used the technique of reading through the photograph to the meaning that the image held for her.

When asked why they had not taken photographs, two of the women said they had no reason. The other four had various answers. They said they did not know what I wanted them to photograph. Carol, an amateur photographer, said: "I wasn't sure what kind of pictures to take." I had observed in Carol's house photographs of Carol's family, which she had taken herself. Donna said she did not want anyone to see what she and her husband do when she helps out because it is not always safe. Erin claimed she was "too lazy" to take pictures, but described what she would have photographed. After doing these interviews, I suspect these women were not ready to have a permanent record of certain things in their lives which would remind them of the injury and how it has affected their lives.

The photography portion of the study did not work out as I had anticipated. I expected each participant to take various photographs depicting changes that had occurred in their lives since the farm injury event. When I visited homes of farmers who had sustained disabling farm injuries I saw a multitude of photographic opportunities,

from the scars on a toilet caused by repetitive lifting with a farmer's hook to the rubber bands on doorknobs to enable the farmer with the prosthetic limb easy access. Based on their comments, it appears that the participants who did not take photographs were not ready for the "permanent record" that a photograph provides (Collier & Collier, 1967). I wonder, if I had met with the participants to build a relationship prior to giving the cameras, would I have gotten more participation with regards to the photographs? This is a question for further research on the use of photography in studies of farm injuries.

Photography was used in this study to help a participant remember details and as a guide for the interview. The interview with April started with her showing me the photographs and explaining what each held and why she took each particular photograph. The photographs allowed April and I to get acquainted and start the interview process without the use of an interview guide. Since only one participant took photographs, the usefulness of this method cannot be analyzed for this study.

5.4 Strengths and Limitations of the Study

The present study was conducted using a convenience sample of a select group of participants. The sample included maximum variation in factors (e.g. , participant's age at the time of injury, number and ages of children at the time of injury, mechanism of farm injury, off-farm employment, being first on the scene) that may have influenced the women's experiences following the disabling farm injury. This was a strength of the study, which enhances the transferability of the findings (Cresswell, 1998; Patton 2002).The participants were all known to either the Farmers with Disabilities Program of the Saskatchewan Abilities Council or the Extension Division of the Institute for Agricultural, Rural, and Environmental Health. All participants were currently married to

the injured farmer. The study explored the experiences of the women, whose husbands had sustained a disabling farm injury and returned to farming, giving light to their experiences with the hope that others would learn from them. The sample did not include former spouses who were no longer married to the injured farmer or husbands of women who had sustained a disabling farm injury. The study did not include injured farmers who were not known to the Farmers with Disabilities Program or the Institute for Agricultural, Rural, and Environmental Health. Farmers who were not married at the time of injury were not included. This select group of farm families was able to maintain the farm operation post injury, which is not always the case with farm injuries.

5.5 Transferability

To examine to what extent the common themes that emerged from this study are transferable to other settings in Canada a similar study in a different province could be done. While the experiences of the women in this study might not be transferable some of the common themes appear to be shared by spouses of injured farmers in other settings. For example, comparing the results of the present study with Reed's (2002) study on spousal coping revealed similarities between the themes (survival, sheltering, sacrifice and stabilization) that emerged in Reed's study and common themes ("My world just crashed," "Superwoman," "Survival tactics," "Support," "Something's got to give") in the present study. Examples of similarities include being focused on keeping the injured farmer alive just after the injury occurred as well as the feelings of having to do everything for the injured farmer and protecting the injured farmer while he was recovering. The present qualitative study explored the experiences of women who participated in an attempt "to understand the meaning or nature of experience of persons"

(Strauss & Corbin, 1998, p. 11). The findings of this study shed light on the experiences of seven Saskatchewan farm women whose husband's had sustained a disabling farm injury and returned to farming. To understand experiences of Canadian farm women in a similar situation, future research would need to include participants from all provinces.

5.6 Implications for Health Practice

While some of the findings of this study have limited transferability, because of the characteristics of the sample, other findings are transferable and have implications for rural health practice. The participants suggested that the health care system did not address their needs for support. The findings of this study suggest the need for a support program for farm families dealing with a disabling farm injury. There is a need for support for the injured farmer, the farmer's spouse, and the children. Local health care providers and Health Authorities should be informed regarding the need for post traumatic stress debriefing for the injured farmer and family members where there has been a disabling farm injury and the need to put in place a communication system for post traumatic stress debriefing. The results of the current study and of previous studies of social support in rural settings (Kane and Ennis, 1996; Letvak, 2002) suggest there is a need for social support programs that are accessible to rural populations. In addition, there is a need to educate rural health care providers about the reluctance of community members to seek mental health care within their community. Heckman, Somlai, Kalichman, Franzoi, and Kelly (1998) found that if a support group was located in their community, individuals with HIV/Aids were reluctant to attend for fear that others in the community would find out their HIV status. There is a need to remind rural health care providers to provide support when there has been a disabling farm injury, including

support aimed at enhancement of mental health in an environment that is conducive to family support. It is apparent that the stigma of seeking counseling and support is a critical factor for families experiencing a farm injury.

All seven participants had contact with the Farmers with Disabilities program, a support program provided through the Saskatchewan Abilities Council. The Farmers with Disabilities program provides support and information for farmers with a disability who want to continue to farm and their families. The program publishes a newsletter and a variety of resource materials, which are available on request (The Saskatchewan Abilities Council, 2005).

The Women to Women project (Cudney & Weinert, 2000; Hill, Schillo, & Weinert, 2004; Wade, & Weinert, 2004; Weinert, 2000) illustrates a unique way to reach rural women who are dealing with chronic illnesses. The “Women to Women” project could serve as a blueprint for social support interventions for rural populations. With the diverse changes happening in the health systems, the “Women to Women” approach offers a unique opportunity for nurses to provide services to underserved populations without leaving the city as well as providing social support programs that are accessible to the rural population. Internet-based social support groups are a venue for nurses to provide social support to people who need it. One challenge in using the internet is the lack of access to high speed internet in some rural areas.

Journaling can be a source of support for people in stressful situations. In 2003, Angell et al. examined the Workbook-Journal as a psychosocial intervention for rural women with breast cancer. The Workbook-Journal included disease- and treatment-related education (informational support), personal stories and experiences of other rural

women living with breast cancer (emotional support), references for support resources (informational support), and journaling space for critical reflection (appraisal support). The researchers found that the Workbook-Journal was an important resource for women nearing the end of treatment because this is a time where there are fewer resources and other support has decreased. Approaches to journaling such as the Workbook-Journal can be incorporated into an Internet support programs for individuals in stressful situations, such as spouses of farmers who have sustained a disabling farm injury. The information within the journal would be tailored to the individual/family experience. For example, in the research where the Workbook-Journal was used the information in the journal included articles on breast cancer incidence, prevalence, recovery after breast surgery, what to expect with chemotherapy and radiation therapy. The Internet support program could be available for the injured person and the family through the hospital stay and return home. Follow up could be done at regular intervals in person or via the internet. The injured farmer, spouse, and family members would benefit from Internet-based access to support, which could be accessed whenever they needed. This program would work best with an interdisciplinary team of professionals specializing in different aspects of health care so the participants would receive holistic care. The interdisciplinary team could consist of nurses, social workers, psychologists, psychiatrists, computer experts, and farm family members who have had similar experiences. An Internet-based program could take into consideration the remoteness of the participants and the challenges of rural life, including the distances needed to be traveled to access services and the small populations where everyone knows everyone. The Resource Rak of the Women to Women Internet-based program could include information such as how to

disengage and shut down running farm machinery. The Resource Rak would be accessible to anyone surfing the Internet and could have links from existing farm safety web sites as well as occupational health and safety web sites. The study identified a need for a social support program for women who experienced their husband's disabling farm injury. An Internet-based program could be feasible in Saskatchewan. This is an area where the present study could help health policy.

5.7 Future Research Questions

The current study attempted to use photography as a tool for the interview process. Photographs were taken by only one study participant. Further research could be done using photography to examine the experiences of spouses of farmers who had sustained a disabling farm injury and returned to farming with different participants in Saskatchewan or other rural areas. In the future study, once people have accepted the invitation to participate, the researcher would meet with them, talk about the study and their experience, and then give the participants cameras to take photographs. An interview would be arranged once the participant has taken the photographs. The photographs would be used to guide the interview process. Thus, a relationship would have been established and the participants might feel comfortable sharing their photographs. Strategies to interpret and describe the photographs could also be established for such a research tool.

Other areas could be researched, such as the experiences of the children and what they went through. In the present study some of the participants' children were present at the time of injury. Some children saw their injured parent prior to receiving medical care.

Some children saw the injured parent when he was hospitalized. Other children were not born when the injury event had occurred. Each child has a unique experience to share.

The findings of this study regarding the use of a diary by some of the participants suggest that further exploration of the usefulness of journaling for the spouse post-injury would be worthwhile. When the farmer is in hospital the spouse could be contacted and given the opportunity to talk about the experience and given a Workbook-Journal that could involve participation in a study to determine the usefulness of journaling in farm injury situations.

Research questions arising from the study include:

- 1) Exploration of photography in injury research. Would using photography in a study of farm injuries enhance the quality of the interview data? Photography could be used to explore the experiences of farm women, whose husbands have had a disabling farm injury and returned to farming. Ask the participants to take photographs that depict their life after the farm injury and then use these photographs to help guide an exploration on their experiences.
- 2) Exploration of the experience of the children of injured farmers. As the child of a farmer who sustained a disabling farm injury, what was your experience? How did the injury affect you?
- 3) Exploration of journaling as a tool for helping spouses through the injury event, hospitalization, and return to farming. Journaling can help people deal with stressful experiences. Can journaling help spouses of farmers who have sustained a disabling farm injury with their experience?

- 4) Exploration of an Internet-based social support system. Would an Internet-based social support program meet the needs of women whose husbands have experienced a disabling farm injury and returned to farming?

These research questions represent areas that warrant further research.

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Table 1
A Summary of the Photography Articles.

Author, year	Participants	Purpose of study	Use of photography	Findings related to photography
Hanna & Jacobs (1993)	Adolescents diagnosed with cancer who attended a weekend retreat. Four of 10 adolescents attending retreat volunteered to participate	To explore the meaning of health for adolescents diagnosed with cancer and test the use of photography as a device for data collection that could possibly enhance the communication between adolescent study participants and adult researchers	Polaroid cameras were given to study participants to take pictures of situations of health. Polaroid cameras were used so that adolescents could verify if the photograph depicted what they had intended. In the interview process participants described how the photo depicted health.	Photography facilitated communication of concepts of health and communication between adolescents and health care providers. Descriptors of health evolved from the photographs. Taking pictures was enjoyable. Photography helped the adolescents to express concepts of health.
Kuse (1999)	Ten volunteers from a cancer survivor support group who stated they had a lived experience of serenity	The researcher was seeking a deeper understanding of serenity and wanted to expand Parse's research methodology by using photography to aid in the description of serenity	The participants were asked to bring to an interview a picture that best depicts serenity for them.	Photographs were used to aid the participants' description of serenity. The photograph was a reference point to assist with discussion and to illuminate the meaning of serenity.
Magilvy, Congdon, Nelson, & Craig (1992)	Home care recipients, care recipients' families, health care providers and	To demonstrate the use of photography within a clinical nursing investigation of rural gerontological home care	The researchers took photographs that depicted rural culture and orientated one to the area by mapping through the camera lens. Photographs were used to compile a cultural	Richer data were obtained, which helped refine understanding by limiting perceptual bias. The research team felt that photography helped them to extend their perceptions and understanding

	community members		inventory of the process of home care. Photographs recorded the daily activities of home care providers and care recipients and of technological aspects of care delivery. Photographs were used in interviews to elicit emic descriptions and perceptions	of the rural culture and aging. Photography facilitated a thick description and in-depth understanding of the environment and life experiences of rural home care for older adults. Photography assisted with data generation. The researchers used photographs, interview, and observational data in triangulation.
Higgins & Highley (1986)	Mothers of infants with congestive heart failure	The article talks of the value of photography to approach the problem of maternal stress when caring for infants with congestive heart failure. Briefly covers some issues related to the camera as a research or clinical tool and describes the early phases of a research study	The researchers had photographs taken of infants with congestive heart failure to record their overall physical state. Infants were photographed in various states of congestive heart failure, and various activities to depict aspects that elicited maternal anxiety. Photographs were taken that made a strong visual statement of the problems surrounding infants with congestive heart failure	Photographs stimulated the mothers' recall of experiences that might have been missed with other interview techniques. A study using photographic interviews has the potential to provide useful information for health care providers who are planning care for families.
Wang & Burris, (1994)	Fifty three village women of various ages were selected by the local Women's	The purpose of this photo novella was to promote a process of women's participation that would be analytical, proactive and empowering. The	The women used cameras to document their lives. The women took pictures of their everyday lives and were given the opportunity to explain the meaning in their photographs	The researcher's learning arises through analyzing the photographs. Allowing the rural women to photograph their own lives empowered them, validated their intelligence, and affirmed their

	Federation cadres in two rural Chinese counties	women were to document and then discuss their own lives		personal efficacy.
Mwanga, Mugashe, Magnussen, Gabone, & Aagaard-Hansen, (1998)	Volunteers including primary schoolchildren and indigenous adults	To develop a morbidity questionnaire that could be used as a screening tool in other communities	The researchers videotaped focus group discussions with rural Tanzanian residents about their perceptions of urinary and intestinal schistosomiasis.	Photography documented the verbal and non-verbal responses of the focus group members during a discussion of schistosomiasis. The researchers were able to obtain the common signs and symptoms of schistosomiasis.
Haggstrom, Axelson & Norberg (1994)	Twenty-nine participants who had various stroke sequelae following a stroke	To explore stroke survivors' experiences in living with the aftermath of a stroke	The researcher used two photographs showing a person of the same sex as the interviewee. Photographs were shown one after the other. The first photograph depicted a person being fed in a hospital bed by a nurse. The second photograph showed the same person eating at a bedside table. Participants were asked to describe what the photographs showed, what feelings were evoked, and what specific thoughts the photograph stimulated.	Photographs were used to stimulate the participants' story telling. The authors found that by using the two photographs in sequence, one after the other, the viewers responded by connecting the photographs to tell a story.

Savedra, & Highley (1988)	Six adolescents between 13-18 years hospitalized on a pediatric unit	To pilot test the use of the camera with adolescents so they could refine the design and the tests for a subsequent larger study of hospitalized adolescents	To learn what it is like to be hospitalized from the perspective of an adolescent	The camera can be a useful tool in collecting data on the adolescents' experience with hospitalization.
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Appendix B
Letter of Invitation to Participant

May, 2002

Dear Sir or Madame,

I am writing this letter to invite you to participate in a study of the experiences of spouses of Saskatchewan farmers who have sustained a disabling farm injury and have continued to farm. The Institute of Agricultural, Rural and Environmental Health (formerly known as the Centre for Agricultural Medicine) and the Saskatchewan Abilities Council are distributing this letter of invitation on my behalf.

I am a Registered Nurse and a graduate student in the Master of Nursing Program, College of Nursing, University of Saskatchewan. I am conducting a study that looks at farm life after a disabling farm injury. I know a disabling injury affects both the farmer and the farmer's spouse. There is research on the causes and prevention of farm injuries, as well as on the hospital costs and rehabilitation costs following farm injuries. There is little information, however, on the long-term experiences and unique needs of injured farmers and their spouses. I am interested in learning about your experience as a spouse of a farmer who has returned to farming after a disabling farm injury. This information may help to develop programs to address the unique needs of farmers with disabilities and their families. The study also may identify new questions for future research.

As a participant in this study, you would be asked to take photographs that display what farm life is like for you since the disabling injury. In addition, you would be asked to participate in an interview, about two hours in length, at a later date and time that is convenient for you. The interview will be audio-taped, typed up, and analyzed. You will be sent a typed copy of your interview to review, change as you like, and approve before any analysis is done. Participation in the study will not cause you any financial hardship. If you agree to participate in this study, I will send you a single-use camera to take the photographs and I will re-emburse you for the photofinishing costs. Your participation would be voluntary. You may withdraw from the study at any time and the information you have provided will be removed and destroyed.

If you are the spouse of a farmer who has sustained a disabling farm injury and continued to farm and you wish to participate in this study, please complete, sign, and return the enclosed reply card in the stamped envelope provided. Once I have received your reply card, I will contact you with further information. If you wish you can call 306-966-2274 (call collect) and leave a message telling me the phone number and the time you can be reached. I will be checking for messages, daily.

If you have any questions or concerns about this study, please feel welcome to contact Roxanna M. Kaminski (306-966-2274), Dr. Karen M. Semchuk (306-966-8279), or the Office of Research Studies (306-966-4053) at any time.

Thank you, in advance, for your consideration of this invitation to participate.

Sincerely,

Roxanna M. Kaminski, RN, BSN

Appendix C

Reply Card for the study entitled,

“Farm Life Following a Disabling Farm Injury: The Spouse’s experience.”

I, _____, am willing to be contacted by Roxanna Kaminski to arrange for mailing of a disposable camera and an interview for the study entitled, “Farm Life Following a Disabling Farm Injury: The Spouse’s Experience.”

My address _____

I can be reached at:

Telephone: _____ Fax : _____, E-mail: _____

Please indicate the time that is best to reach you:

During the day _____

During the evening _____

Name (please print) _____

Signature _____ Date _____

Main farming operation now: _____

Instructions for camera use:

The camera is easy to use. For best results use the flash for both inside and outdoor photographs. At the top of the camera you will see the countdown for pictures, which starts at 27 and ends at 0. The back of the camera has the viewfinder (the window you look through to see what will show on the finished picture). The camera has automatic focus as long as the subject of your picture is at least three feet away from the camera. Closer than three feet and the picture will not be clear. On the back of the camera is the film advance. You will not be able to press the shutter release button unless the film is advanced. To advance the film, turn the wheel clockwise until you meet resistance. On the front of the camera (right by the lens) is a button that is marked 'flash'. To activate the flash, push the button. Beside the viewfinder at the back of the camera is a red light that will be flashing when the flash is ready to go. To take a picture look through the viewfinder and depress the shutter release button (located on the top of the camera).

Please feel welcome to telephone me (call collect) at 1-306-966-2274 if you have any questions or concerns.

Sincerely,

Roxanna Kaminski, RN, BSN

Appendix E
Consent Form

Title of study: "Farm Life Following a Disabling Farm Injury: The Spouse's experience"

Researcher: Roxanna May Kaminski, RN, BSN

Master of Nursing Student,

College of Nursing

107 Wiggins Road

University of Saskatchewan, Saskatoon, S7N 5E5

Telephone: 306-966-2274

e-mail: roxannak@shaw.ca

Thesis

Supervisor: Karen M. Semchuk, PhD

College of Nursing

107 Wiggins Road

University of Saskatchewan, Saskatoon, S7N 5E5

Telephone: 306-966-8279

Office of Research Services

University of Saskatchewan

Telephone: 306-966-4053

I, _____, agree to participate in the study entitled, "Farm Life Following a Disabling Farm Injury: The Spouse's Experience" conducted by Roxanna May Kaminski, a Registered Nurse in the Master of Nursing Program, College of Nursing, at the University of Saskatchewan, Saskatoon, Saskatchewan.

A disabling injury affects both the farmer and the farmer's spouse. There is research on the causes and prevention of farm injuries as well as on hospital and rehabilitation costs following farm injuries. There is little information, however, on the long-term experiences and unique needs of injured farmers and their spouses. The purpose of this study is to explore the experiences of spouses of farmers who have had a disabling farm injury and have continued to farm. The results of the study may help to develop programs to address the unique needs of farmers with disabilities and their families. The study may also help identify new questions for future research.

I am aware that I may not benefit directly from this study and that there are no known foreseen risks to participating in this study. I have been informed that I may contact the Farm Stress Line (1-800-667-4442) if I feel the need for follow-up supportive care after the interview. Although aware of the study, the Farm Stress Line will not have any knowledge of the participants in the study.

This study will involve my taking pictures of what farm life is like for me following my spouse's disabling farm injury and participation in an interview lasting 1-2 hours. The pictures will be taken with a camera provided to me by the researcher, who will also cover the cost of developing the film. The interview will take place at a time and location of my choice. I am aware that the interview will be audio-taped and transcribed into a typed document. The typed interview transcript will be made available to me so that I will have the opportunity to read the transcript. I will be able to change the wording or interpretation to accurately comply with my intent. After I have reviewed the typed interview transcript and made any necessary changes to the transcript, I will sign a transcript release form authorizing the researcher to use the information as described in this consent form. I understand that the researcher cannot use the transcript in any research activities until I have authorized that use. I also know that the researcher may contact me in person or by telephone following the interview to further clarify questions that she may have.

I understand that the information I provide will be used as part of the researcher's written master's thesis. I understand that direct quotes from the interview I provide may be used in future reports and presentations, although I will only be identified with a code name. My name will be known only to the researcher and will never appear on any written or presented material.

I understand that the data obtained pertaining to this research shall be kept in a secure locked cabinet, when not being examined, accessible only to Roxanna M. Kaminski to ensure confidentiality and anonymity. I understand that the study results and associated materials will be safe-guarded and securely stored by Dr. Karen M. Semchuk at the University of Saskatchewan for a minimum of five years.

I understand that my participation is voluntary and that I am free to withdraw from the study at any time without repercussions. I understand that withdrawal from the study will result in the deletion and destruction of the data pertaining to myself. I understand that if new information pertaining to this research study becomes available that may change my desire to participate, the researcher will inform me of such a development, immediately. I understand that if I have questions or concerns about this study and my participation that I can contact Roxanna M. Kaminski (306-966-2274), or Dr. Karen M. Semchuk (306-966-8279), or the Office of Research Services (306-966-4053) at any time. On completion of the study I will receive a summary of the research findings. Upon my request, I may meet with the researcher to discuss the findings.

I have been informed that this study has been reviewed and approved on ethical grounds by the University of Saskatchewan Advisory Committee On Ethics in Behavioral Science Research on _____. [Date will be inserted]

I have had the opportunity to discuss the study purpose and my participation with the researcher. I have had the opportunity to ask questions and receive answers regarding

my participation in this study in a manner that is acceptable to me. I have read and understand this consent form and received a copy for my personal records.

Participant's Name (Please Print)

Participant's Signature

Date

Researcher
Roxanna May Kaminski

Date

Appendix F
Guide for Reflection and Inquiry

Demographic Information

Date and location of interview:

Code name:

Date of Birth:

Gender:

Relationship to injured farmer:

Educational level:

Children	Gender	Age
1.		
2.		
3.		
4.		
5.		

Date of injury:

Type of injury:

Location of injury event:

Off-farm employment:

Main farming operation at time of injury:

Main farming operation now:

Questions

You have chosen three photographs, now tell me briefly why you chose these three.

What does this picture show about what your experience has been since the injury?

Tell me about your experience. Let's start with the injury.

What has your life been like since the injury?

Where did you get your support?

What services were available to assist you?

What other services would have helped you adjust?

What other things would have helped you go through the experience?

Prior to the injury, what was your role in the operation of the farm?

How has your role in the operation of the farm changed since the injury?

What things did you do to assist your spouse during the time of his/her injury?

How has the injury affected the lives of family members?

How could a nurse have helped you during your experience since the injury?

Appendix G
Participant Data/Transcript Release Form

Title of study: "Farm Life Following a Disabling Farm Injury: The Spouse's Experience"

Researcher: Roxanna May Kaminski, RN, BSN
 Master of Nursing Student,
 College of Nursing
 107 Wiggins Road
 University of Saskatchewan, Saskatoon, S7N 5E5
 Telephone: 306-966-2274
 e-mail: roxannak@shaw.ca

Thesis

Supervisor: Karen M. Semchuk, PhD
 College of Nursing
 107 Wiggins Road
 University of Saskatchewan, Saskatoon, S7N 5E5
 Telephone: 306-966-8279

Office of Research Services
 University of Saskatchewan
 Telephone: 306-966-4053

I, _____, have reviewed the complete transcript of my personal interview for this study and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Roxanna Kaminski. I hereby authorize the release of this transcript to Roxanna Kaminski to be used in the manner described in the consent form. I have received a copy of this Data/Transcript Release Form for my own records.

Participant's Name (Please Print)

Participant's Signature

Date

Researcher
 Roxanna May Kaminski

Date

Appendix H
Letter from Farm Stress Line

Dear Karen,

Further to the request that the Farm Stress Line serve as the agency for counselling purposes should interviews necessitate such a contact on the part of the respondent. I have reviewed the Abstract and as well the Letter of Invitation to Participants prepared by Roxanna Kaminski, and agree that the Farm Stress Line can serve in that capacity.

The Farm Stress Line is a peer counselling service. Our counsellors are farmers, who have received training in Counselling Skills (Carkhuff), Conflict Resolution, Suicide Intervention (Living Works program), and Critical Incident Stress Debriefing (Level 1). Additionally, staff participate in on-going skill development and skill update sessions.

With ten years experience in telephone counselling and information services, we have covered a wide range of calls, some having been from persons experiencing injuries, including those who have been brained injured.

We therefore believe that if we should receive calls from the respondents and other family members, that we would be able to handle them to the satisfaction of the caller including referrals to direct counselling services.

Roxanna, I would suggest that in your letter of invitation to participants, that you make it clear that the Farm Stress Line, though aware of the study, will not have any knowledge of the participants in the study. This would, I suspect, further clarify the confidential nature of your study. And provide us with a copy of the letter in its final form so that Farm Stress Line staff can be apprised.

Regards,

Ken Imhoff

Letter received April 29, 2005.

Appendix I
Budget

Postage:

Initial letter of invitation to participate in study with postage paid reply	14.00
Mailing of cameras and instructions	72.00
Mailing of transcripts to participants for release of transcript information with return postage	28.00
Mailing out of summary of findings to participants	35.00

Phone:

Phone calls to researcher by participants @ 0.10 per minute (average 20 min x 28 calls)	56.00
Calls from researcher to participants	112.00

Capital Costs:

12 cameras @ \$8.00 each	96.00
1 set photographs	10.00
Tape recorder	100.00
12 tapes @ \$2.00 each	24.00
Batteries for recorder (package of 8)	12.00
12 trips to farms @ average of \$40.00/trip	480.00
Transcription of interviews @ average of \$30.00/interview	360.00
Qualitative program for analysis of data	<u>600.00</u>
Total:	\$ 1 999.00

