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Family as an analysis category and research field in nursing

FAMÍLIA COMO CATEGORIA DE ANÁLISE E CAMPO DE INVESTIGAÇÃO EM ENFERMAGEM

FAMILIA COMO CATEGORIA DE ANÁLISIS Y CAMPO DE INVESTIGACIÓN EN ENFERMERÍA

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ABSTRACT

The increasing information about family in nursing literature expresses the progress in this area of knowledge. The research contribution on family nursing has included the illness experience, and both the context of care and interventions. The increase of family research in nursing studies demands consideration regarding the research quality, in view of the complexity of the studies that deal with family. Researching family represents more than defining a unique group of study. The aim of this study was to discuss theoretical and methodological aspects which should be taken into account by the researchers in their work with families. The reflections and challenges when studying family and illness have been described in this work and represent our 10-year experience investigating families and illnesses in our research group.

KEY WORDS

Family nursing.
Nursing research.
Family.

RESUMO

O crescente corpo de informações sobre família presente na literatura de enfermagem significa progresso neste campo de conhecimento. As contribuições da pesquisa de enfermagem sobre família incluem a experiência da doença, o contexto de cuidado e intervenções. A ampliação da pesquisa sobre família em enfermagem torna imperativa a reflexão acerca da qualidade da pesquisa considerando a complexidade inerente aos estudos de família. Pesquisar famílias representa mais do que definir um grupo peculiar de estudo. O objetivo deste artigo é discutir aspectos teóricos e metodológicos que devem ser considerados quando o pesquisador planeja pesquisar a família. As reflexões e os desafios da pesquisa sobre família apresentados são frutos de um processo de investigação sobre famílias e doenças que vivenciamos em nosso grupo de pesquisa ao longo de mais de uma década.

DESCRIPTORES

Enfermagem da família.
Pesquisa em enfermagem.
Família.

RESUMEN

El creciente cuerpo de información sobre familia presente en la literatura de enfermería significa progreso en este campo del conocimiento. Las contribuciones de la investigación de enfermería sobre familia incluyen la experiencia de la enfermedad, el contexto del cuidado y las intervenciones. La expansión de la investigación sobre familia en enfermería hace necesaria la reflexión sobre la calidad de la investigación, teniendo en cuenta la complejidad inherente a los estudios de familia. Investigar familias representa algo más que definir un grupo peculiar de estudio. El objetivo de este trabajo es discutir aspectos teóricos y metodológicos que deben considerarse cuando el investigador planea estudiar la familia. Las reflexiones y los desafíos de la investigación sobre familia presentados, son el resultado de un proceso de investigación sobre familias y enfermedades que vivenciamos en nuestro grupo de investigación durante más de una década.

DESCRIPTORES

Enfermería de la familia.
Investigación en enfermería.
Familia.

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INTRODUCTION

For a long time the family has been the main focus of nursing practice and research. The growth of family nursing in Brazil started in a systematic way in the universities in the 90's with efforts directed to research and teaching the specialization. Many nurses started to study families facing diseases, mainly families in hospitals, particularly in the pediatric and obstetric wards. Studies focusing families or family members using theoretical and methodological references available at the time have generated significant evidence that have guided the development of the knowledge of families and family nursing in Brazil ⁽¹⁾.

To understand better the context of the Brazilian production in family nursing, in a bibliographical search at *BIREME* database (<http://www.bireme.br>) conducted in July 2009, 545 researches were found, 383 among them articles (70.27%), 138 theses or dissertations (25.32%), and 24 monographs (4.04%). As to the time of publication or production, they are distributed as follows: 1970-1980: 6 researches (1.10%); 1981-1990: 19 researches (3.48%); 1991-2000: 134 researches (24.58%); and 2001-2009: 386 researches (70.82%).

The growth of the body of knowledge in the nursing literature stands for progress in this field of knowledge. The areas of contribution of the family researches can be organized as follows (a) experience of disease, which describes the meaning of a disease for the family and the impact of the disease in its daily life, (b) care context, which refers to the scenarios where the care is provided and where the family unit is in the process of providing care to a family member, and (c) interventions, which includes studies indicating the work strategies with a family facing a disease. It is worth highlighting that the most expressive nursing production about families today is located in the area of experiencing a disease.

Examining the headway made in the production of said knowledge requires some reflection about the inherent complexity of family studies once the nursing literature offers just little guidance on the research process. Although the methods of family research are similar to those used in studies conducted in other areas, such as sociology and psychology among others, there are important differences that have to be considered. The main differences between family researches and social and behavioral researches in general are: (a) families are systems of individuals, (b) defining family is difficult, (c) family members have multiple roles and status simultaneously, (d) many family's behaviors are private and hidden, and (e) all of us have preconceptions about family and family life ⁽²⁾.

The increasing interest of healthcare providers involved with family health in Brazil has broadened the practice of

conducting family researches in nursing and in other healthcare disciplines. By analyzing this decade of intense family research production in nursing we understand that it is necessary to trigger a discussion about the quality of the researches produced, mainly as to their family-inherent components as an analysis unit. The analysis of the researches conducted by the Study Group in Nursing and Family (GEENF), which is a process of investigating the families and diseases we have experienced in our research group for over a decade, was the starting point of important reflections and indications of challenges family researches face that we think proper to share with other researchers.

Taking the family as an analysis category is more complex than studying individuals. This complexity results from the fact that there are more people to be studied and assessed in a family, and that the family as a whole and the relationships are also analysis categories. Many of the problems and potential traps in family research projects involve the challenges of measuring relationships and families ⁽³⁾ and the conceptual and theoretical-methodological fragility when planning family researches ⁽⁴⁾.

So, the objective of this article is to discuss theoretical and methodological aspects we think important when a researcher plans a family research.

THE QUESTION OF THE RESEARCH

Before starting a project a researcher should formulate a set of questions that are truly related to healthcare and concepts pertinent to the family area. Family is a complex area of knowledge involving peculiar expressions whose domain should be mirrored on the focus and on the question of a research. Studies usually approach themes and concepts inherent to the family area and neither inform what they mean, nor what question has triggered that research. Expressions such as family dynamics and family functioning are usually found in texts without any conceptual or methodological clarifications. What does it mean, for instance, focusing on family dynamics in a study? The question should be answered in the study once it indicates the theoretical logic of the study, its relevance for the area of knowledge and the consistence of the research's design. Questions vary according to the status of knowledge and development in a particular field ⁽⁵⁾ and are used to stimulate the production of knowledge in the area. Here are some examples of questions formulated in the GEENF researches: (a) which are the meanings the family attributes to the interactions experienced in the context of the hospitalization of a child? ⁽⁶⁾ (b) which are the dimensions of being a mother experiencing her child's cancer diagnosis? ⁽⁷⁾ (c) the family dynamics while a child is experiencing a liver transplant? ⁽⁸⁾.

The increasing interest of healthcare providers involved with family health in Brazil has broadened the practice of conducting family researches in nursing and in other healthcare disciplines.

The languages used in research reports mirrors the level of understanding a researcher has about family-related concepts. This awareness and vocabulary are unusual in practice because many projects are based on personal conceptions of the family instead of on the area of knowledge that a family is. Developing new vocabulary and broadening the awareness of family behaviors stand for the first step towards ensuring the quality of a nursing research with families.

ANALYSIS UNIT

An essential aspect of a family study is the definition of the analysis unit. Family research deals with different analysis units and any confusion as to their clarity may compromise the research's outcome.

The difference between a research with individuals and a research with families has been reported in the literature to call researchers' attention to the proper consideration of a family as an analysis category⁽⁹⁻¹²⁾. The article *Unifying distinctions for nursing research with persons and families*⁽¹¹⁾ is still the most consistent to differentiate among individuals, family members and family unit within the domain of a research. The typology developed by the author has been used rather consistently in researches. The four focuses of interest are: (a) the individual as a family member, where the family serves as context and emphasis is given to the individual phenomenon; (b) the individual as part of a family subgroup where both individuals and relationships are studied holding the family as context; (c) families as a group, whose focus is the family; and (d) individuals and families, where the focus can be on two or more levels of the subsystem, which includes individuals, relationships and families⁽¹¹⁾.

Family research is a research understood and conducted to allow understanding the family unit. A research that considers individual answers of family members is called family-related research. Both are family research and contribute with the knowledge of family⁽¹⁰⁾.

The distinction is important and together with conceptual and theoretical assumptions about family they set the analysis unit for data collection and analysis.

Traditionally researches in the area of family nursing have been conducted considering the individual as analysis unit. One of the important fragilities of the studies published is related to the definition of analysis unit. What can one understand as analysis unit when a study indicates as study subjects *relatives of patients with cancer* without determining who these individuals are and how they are related to the area of knowledge of families? Family members are individuals with individual characteristics. Family groups are groups with group characteristics. Family members cannot be taken for family groups, despite of the fact that they often are⁽⁵⁾.

We can mention as examples of analysis units in our studies: (a) family researches that determined as the focus of a study families with children in hospital, which resulted in a search for specific family groups. There, the analysis unit was the whole family^(8, 13-15) or a specific dyad, such as the couple⁽¹⁶⁾, (b) researches related to a family, whose data were collected with specific family members and the analysis unit was individual^(7,17).

Deciding on using the data gotten from an individual, a family member or the family group depends on the research's question. The process of approaching a family through data coming from one single family member is a possible process, but a rather complex one which demands that the researcher articulates conceptual and analytically the individual with the family unit. The conceptual aspect of the analysis unit in family researches should be very well understood and studied by a researcher. The information's clearness and consistence as to the research analysis in researches with families is essential once it determines the specific dimensions and variables of a study. A precise decision about a research's analysis unit is the second step to be taken to ensure quality research.

METHODS USED IN FAMILY RESEARCHES

Once the research's question and who will provide data have been defined, it is necessary to define how data will be collected. The methods used in family researches are typically those used in nursing researches in general. Currently, as it happens in the nursing area in general, there is a predominance of qualitative studies in family studies. Qualitative research is highly compatible with family studies once qualitative researches offer a window for family processes through which we can see interaction patterns and processes of negotiation of roles and family relationships⁽¹⁸⁾. Regardless the methodology used, the aspect we intend to highlight refers to the consideration a research has for the decisions made to obtain the best data, consistent with the study's focus and analysis unit. The questions asked to the family unit should be conceptually consistent with the research's procedures. There are questions that a researcher should formulate in this preparatory phase of a research, such as: Can I evaluate the unit of interest directly? How can I access it? These questions will lead a researcher to consider various ways of approaching the data, such as if the phenomenon can be directly observed, if the family members involved should answer the questions separately or if the interactions of the family members have to be observed.

Considering the alternatives to generate better data on the phenomenon studied in a family evidences the domain of the researcher over the family and its complexity as a social phenomenon. It is clear in the literature that an interview is the most common strategy to get data from a family once many of these phenomena are approached

verbally. The problem lays on the formulation of the questions, which often enough fails to consider the study's analysis unit. Depending on the focus of interest, if it is an individual or a family, and the type of data searched, it gains proper characteristics. The complexity in the family lays on its conception as a system of relationships and on the phenomenon of interactions. Thus, family studies require methods and perspectives adequate to complexity and subjectivity. If a study intends to learn the experience of a family member who performs a specific role in a situation, individual informants are adequate. However, if what is searched is the dynamics or emerging characteristics of a family, asking an individual to describe the family's experience might not be enough. Researchers gain significant understanding of the family phenomena when they search for answers from multiple family members. How to get relational data is a challenge researchers in the family area need to learn how to handle.

About this subject, it is important to take into account that all processes to approach a family for data collection are facilitated by the level of technical skills and knowledge a researcher has to work with families. Observing a family group is a complex skill requiring ability to listen to the words spoken by the family members and ability to observe interactions simultaneously⁽⁹⁾. Similarly, identifying the best moment to make circular questions during an interview is also another ability that depends on the domain held in the area of specialized knowledge that is a family. Circular questions are directed to explain the problem being studied and they help obtaining information about relationships among individuals, facts, beliefs and ideas. These strategies should be considered when planning a research, evidencing consistence with the analysis unit selected. It is important to present the design of a research that is trying to generate data on an individual^(6-7, 17) or data on the family unit^(8, 15, 19). A detailed description of the strategies to be used to obtain and analyze data is required so that the process of family research becomes more and more understood.

A researcher should be able to answer what makes the method selected adequate to the analysis intended. How can one know whether the interview conducted with a family was satisfactory? How sure can one be that the ideas that came up actually represent the experience of the interviewee? The researcher's self-assurance and preparation to answer this kind of question is the third step towards quality research with families.

CHALLENGES FOR A RESEARCHER

Family nursing is a new area that has progressed in terms of theoretical knowledge, which is still considered an ideal instead of a prevalent practice. For it to grow and stand for an area of knowledge theoretical models supporting its practice have to be developed⁽¹³⁾. Thus, re-

searches need to approach relevant themes able to support the practice and help strengthening families in their experiences of suffering in situations of disease.

Finishing this brief space of reflection, we think that researchers face two important challenges nowadays, particularly in the area of family nursing:

1. Improving the quality of family research.
2. Making evidence from family researches relevant to the audience that consumes them.

To do so, some strategies have to be used in the process of qualification of the knowledge produced in family nursing:

- To stimulate researchers' training courses, mainly related to qualitative research with families. Family is a specialized area of study and family is a complex, subjective and private phenomenon. A researcher has to be able to understand a family as a system of relationships.

- Family studies require methods and perspectives adequate to the complexity and subjectivity found in families. A method adequate to the analysis unit should be selected, where the whole process of selecting methods and decision making should be documented, making this process transparent to readers or research consumers.

- To inform what a research can offer and do, highlighting the implications the results bring to the practice.

- To review and analyze critically the studies conducted because there may be some approaches that need to be resumed and older studies may be repeated with new approaches and concepts more adequate to the current context.

- To broaden the areas demanding research, among them: (a) impact of a disease on a family, (b) impact of a family on a disease, (c) techniques to assess a family, (d) interventions with families, and (e) relationship between care providers and families.

- To remember why we do family researches in this age based on evidence. We study families because we want to trigger some change in the lives and homes of families that fight to make sense of a life invaded by a disease and because an important aspect of a nursing intervention is to relieve suffering. In this movement of construction of an area of knowledge a reflection presented over a decade ago still seems pertinent: "What makes the development of knowledge even more difficult is the fact that there are no doubts. That is what I see as a challenge in the area of family nursing: willingness to understand the truth existing in daily life situations. Without any fascination, without any mysteries, either because we think we already know the truth, or because there is no awareness of the existence of some truth, there is no reason to search for anything"⁽²⁰⁾.

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