Using Qualitative Research to Study Ethnic Differences in Family Relations in Health

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Aims of Presentation

- Describe how qualitative/interpretive research extends knowledge about family relations & health in ethnically diverse families
- Recent trends
- Issues for Future Linkages of Family Research with Health Research
The problem to be addressed:

- Health disparities demonstrated for all ethnic groups
- Structural features of health disparities are reasonably well investigated—(e.g. Ethnicity, SES, Neighborhood, Health Access Issues)
- **Processes** by which health is negotiated are much less well understood.
- **Family processes** by which health is negotiated are even less well understood.
Family Research in Diverse Families

- Collectivist versus individualist orientation
- Interdependent view of self
- Family relations explicitly linked with health (harmony, *sympatia*, *respeto*, *familism*, family face)
Approach

- What is known about family relations and processes in health in diverse ethnic groups?
- Reviewed last 5 years (2004 to present)

Search terms: Family relations, health, African American, Asian American, Hispanic, Latino, United States

Pubmed (590)
CINAHL (1180)
PsychInfo (603)

Screened for relevant articles including interpretive and theoretical work
Key Findings

- Concentrations of interpretive work are in:
  - African American family research predominates
  - Latino families – growing
  - Asian – extremely limited
  - Dyadic relations
  - Cross-generation relations
  - Women
Qualitative Contributions

- Conceptual Frameworks grounded in everyday lives of diverse families
- Adaptations or extensions of conceptual models
- Modification of concepts
- Developing measures of new concepts
- Extending treatment models to diverse groups
Conceptual Frameworks grounded in everyday lives of diverse families

Cross-generational transmission of food practices in AA women (Ahye et al., 2006)

- Value Concepts Defined
- Systems of Food Management Identified
- Extends Socio-Ecological Model

Macro structures, micro level responses

Single female head of household – need based, cross-generation, flexible systems for food management
Adaptations or extensions of conceptual models


- HIV Risk Reduction Model expanded for AA dyads: adolescent girls and their mothers

- New skills concept—ability to initiate conversations about sex

- New ecological concept—neighborhood and media effects on perceived vulnerability
Modification of concepts

- Example of Family Diabetes work
- Background
- Detail of concept extension
Family Protective Factors in Chronic Illness

- Family emotional closeness or connectedness
- Caregiver (parental) coping skills
- Mutually supportive relationships
- Clear family organization
- Direct communication about the illness

(Weiss, Baird & Fisher, 2002)
Family Risk Factors in Chronic Illness

- Conflict or criticism (Expressed Emotion)
- Psychological trauma related to the disease
- Stressors external to the family
- Family isolation
- Disruption of developmental tasks by the disease
- Family rigidity or perfectionism
Family Conflict and Diabetes

- Unresolved conflict related to worse diabetes management in 4 ethnic groups
- Unresolved conflict demonstrated strongest relations with mental health, but also general health, diabetes QOL
Theoretical Conflict Behavior (Tschaan)

- Demand change
  – Dominate
  – Express feelings
  – Withdraw

Chinese Conflict Behavior

- Dominate
- Accommodate conflict with humor, self deprecation
- Neutralize conflict with attention to roles
- Rely on relationship to buffer differences
- Transform conflict via positive attributions
Theoretical & Clinical Implications

- Re-examine, reframe theory to decrease pathologies and expand definitions of healthy communication and conflict
  - Avoidance, indirect communication etc. are skills at maintaining family harmony

- Incorporate notions of personal maturity and relationship history as interpersonal resources for resolving conflict
Recent Trends

- Complicating, dimensionalizing cultural concepts
  - Familism in Latinos

- Complicating, dimensionalizing family concepts
  - Family connectedness in adolescent/parent relations across cultures (AA, L, Asian)
Recent Trends

- Increased attention to the intersection of acculturation and health
- Acculturation explored as bicultural skill
Comparative studies across ethnicities or of ethnic subgroups

- Comparison of family processes
- Comparison base is another collectivistic culture
  - Mixed method study of familismo and filial piety in Asians and Latinos caring for elder family members (Ruiz 2007)
  - Quantitative study of family factors & smoking in 4 groups of Asian youth (Chinese, Filipino, Korean, Vietnamese)
Future Research

- Multidisciplinary teams
- Bridge differences in reporting practices
- Bridge differences in aims
  - Pragmatic, applied concerns
  - Knowledge generation
Future Research Possibilities

- NIH Roadmap Research Agenda
  - Community Based Participatory Research addressing family factors
  - Mixed methods research exploring family processes in intervention trials

- Reducing Health Disparities
  - Continued identification of family health risk factors in different ethnicities
  - Intervention trials that have a couple/family intervention arm
Chinese cultural influences on couple conflict

- Collectivist social orientation
- Interdependent view of self
- Defined role responsibilities (husband, wife, mother, father)
- Hierarchical relations – age, generation, gender, class
Ethnically Diverse Families Studied

- 113 White Patients & Spouses
- 74 Latino Patients & Spouses
- 159 African Americans & Health Partners
- 158 Chinese American Patients & Spouses
## Analyses of the effects of family characteristics on diabetes management in multiethnic families with type 2 diabetes

<table>
<thead>
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<th>Dependent Variable</th>
<th>Structure Organization: Togetherness</th>
<th>Structure Organization: Traditional Roles %</th>
<th>World View: Coherence</th>
<th>Emotion Management: Unresolved Conflict</th>
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#p<0.10; *p<0.05; **p<0.01; ***p<0.001  %Examined only in EA and LA.