

# 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

- *Expansion -Information, Motivation and Behavioral Skills Model (Aronowitz & Munzert, 2006)*
- 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**

<b>Dependent Variable</b>		<b>Structure Organization: Togetherness</b>	<b>Structure Organization: Traditional Roles %</b>	<b>World View: Coherence</b>	<b>Emotion Management: Unresolved Conflict</b>
<b>M</b> <b>o</b> <b>r</b> <b>a</b> <b>l</b> <b>e</b>	General Health		EA*	AA*, EA**	LA**
	Depression			AA*** EA** LA**	AA*** CA*** EA**, LA*
	DQOL- Satisfaction	AA**	LA*	EA**	AA**
	DQOL- Low Impact			AA*	AA***, CA***
<b>B</b> <b>e</b> <b>h</b> <b>a</b> <b>v</b> <b>i</b> <b>o</b> <b>r</b>	Physical Activity	LA**		AA**	
	Diet- Quality	LA*	LA#		
<b>HbA1c</b>				EA#	

#p<0.10; \*p<0.05; \*\*p<0.01; \*\*\*p<0.001 %Examined only in EA and LA.