

GROUNDING THEORY AS A METHODOLOGICAL REFERENCE FOR RESEARCH WITH FAMILIES IN BRAZILIAN NURSING

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ABSTRACT

Grounded Theory extracts experiences from social actors attributing significant aspects to them, and allowing to interconnect constructs and potentialize the expansion of knowledge. Based on real data, it allows the study of family interaction processes and emerging issues for the development of family nursing. The aim of the study was identify and analyze trends in the construction of nursing knowledge in Brazil about studies with families using the grounded theory as a methodological reference. This is a narrative review conducted with theses and dissertations available in the Catalogs of the Center for Nursing Studies and Research. The survey found 124 documents, of which, 30 made up the corpus of the present review. Such studies approached families in situations of illness, discussing feelings and difficulties faced in the situation experienced. Before the need to adapt, the families reorganize its structure and redefines values so as to care for the sick relative, aiming to maintain balance. There is a gap regarding research methodologically supported by the Grounded Theory, carried out with families that experience moments of adaptation due to transitions of their development cycle.

Keywords: Family. Grounded theory. Nursing.

INTRODUCTION

The *Grounded Theory* (GT), or Data-Based Theory as known in Portuguese, aims to understand reality from the perception or meaning that a given context or object has for the individual. This construct has the purpose of making investigations based on comparative and constant analysis of the data extracted from the experiences of social actors and of their significant aspects, opening the possibility of interconnecting with other theoretical contributions and expanding nursing knowledge⁽¹⁾. The GT has the potential to guide towards a more deep understanding of a given phenomenon, which is important in the nursing and health field⁽²⁾.

This theory was developed in the early 1960s by Barney Glaser and Anselm Strauss, sociologists who enjoyed the knowledge on the research tradition of the University of Chicago, United States. The theory was originally presented in the work *The discovery of the Grounded Theory: strategies for qualitative research*, in 1967. Technical systematization and analysis procedures of the GT enable the researcher to develop theories about individuals' lives, for they cover the meaning, compatibility between theory and

observation, the potential for generalization and reproducibility, accuracy, rigor and verification⁽³⁾.

The GT consists of a method for constructing a theory based on data taken from a determined reality investigated which are organized in conceptual categories to allow the explanation of the phenomenon in question. With the application of this method, it is possible to establish both theoretical models and theoretical reflections. GT is also regarded as a methodological reference for research in any field, especially in nursing, in view of the possibility of building knowledge on less explored realities. Finally, the GT also makes new perspectives of reality possible, thus finding issues that are veiled in the understanding of meanings that social actors attribute to their own actions and interactions⁽¹⁾.

In Brazil, two events mark and strengthen the movement of family approach in nursing: in 1997, the presentation of a professorship dissertation titled "With families in difficult times: a nursing perspective"⁽⁴⁾, and before that, in 1994⁽⁵⁾, the publication of the book *Milestones for nursing practice with families*, both with the intention of discussing the importance of caring for families as a system, and of carrying out nursing interventions directed to this group. In the

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study presented in 1997, the GT is not only used, but also pointed out by the author as a methodological framework capable of studying family interactions and emerging issues, allowing the development of the family nursing practice⁽⁵⁾.

In 1999, in turn, we observe a continuity of reflections on nursing care from the perspective of families as a system, bringing the concept of family nursing. Since then, authors have developed studies that contribute to strengthening this concept, bringing to light the family as an integral part of the patient, no longer considering it as the context in which such a subject is inserted^(6,7).

When there is a reference to the family, this can be understood as a complex system in which each of its members represents a subsystem, or an individual system; these members, in turn, are elements in mutual interaction with each other. Furthermore, the family system may include supersystems, which may be either the neighborhood, or organizations, or communities. Furthermore, among the systemic premises, it is important to stress that a change imposed on one family member has implications for all the others; however, in the face of adverse circumstances, a family is able to create a balance between change and stability⁽⁷⁾.

Therefore, this study is justified by the following reasons: initially, knowing the trends of theses and dissertations that have been conducted with families based on the GT makes it possible to identify patterns and gaps in knowledge production; secondly, the study allows researchers interested in the subject to get closer to what has been researched so that and they may broaden their view and propose studies to contribute to the expansion and solidification of family nursing in Brazil.

From this perspective, the objective of this study was to identify and analyze the trends in the construction of nursing knowledge in Brazil about studies with families supported on the grounded theory as a methodological reference. It is important to underscore that the expression "with families" was used in the text because this review analyzed studies that involved the family unit, regardless of the focus of interest, which could be: (a) the individual as a family member, in that the family is regarded as context; (b) the individual as part of a family subgroup, in which both individuals and relationships are studied; (c) families as a group, and thus regarding the family as focal; and (d) individuals and families, where the focus may be the individuals, the relationships and the families⁽⁹⁾.

METHODOLOGY

As a narrative review, the methodology consisted in performing a search for Theses and Dissertations available in the Annual Catalogs of the Center for Nursing Studies and Research. Data were extracted from the catalogs of the years 2000 through 2014, since they were the ones that were available for access with the use of the keyword "Grounded Theory" in the search field. Data collection was carried out in May 2017. It should be emphasized that, when the search strategy "Data-Based Theory" was used, there was no change in the results found.

The initial search resulted in 124 abstracts. Documents were selected after having their titles and abstracts read, which was done by independent double readers; at the end, only one divergence between researchers occurred, and these came to a consensus and excluded some studies. Thus, 94 abstracts were discarded, for they did not converge with the proposed theme, that is, they had not been developed with families. The corpus of the research, therefore, consisted of 30 studies.

It is worth noting that, for the development of this review, the following steps were adopted: definition of the guiding question: what are the trends in the construction of nursing knowledge in Brazil through studies approaching families and based on the grounded theory as a methodological reference?; establishment of objectives and inclusion/exclusion criteria, organization, presentation and analysis of results. The inclusion criteria were: studies carried out with families using the GT as a methodological reference, with an abstract available for access in the Annual Catalogs of the Center for Nursing Studies and Research. The exclusion criteria were: theses and dissertations that could not be accessed in full length online.

In order to organize the data, an Excel spreadsheet was prepared including the following items: authors, title, year, theoretical reference used, university, category (thesis or dissertation), study scenario, participants, data collection method, main results, and conclusions. The 30 studies selected after reading of abstracts were accessed in full length in digital format and subjected to an in-depth analysis of the information, which happened in a descriptive way, grouping the data according to common themes.

RESULTS AND DISCUSSION

The following table 1 presents the synthesis of the information extracted from theses and dissertations analyzed regarding the year, type of study, title and university.

Table 1 – Distribution of theses and dissertations according to year, author, title and university. CEPEN - 2000 to 2014, Santa Maria, 2017

<i>Year/type</i>	<i>Author</i>	<i>Title</i>	<i>University</i>
2000 Thesis	Mariana Lucas da Rocha	Meaning of a difficult relationship with the families of child cancer patients in the view of nurses	University of São Paulo. EE/USP
2001 Thesis	Glicinia E. Rosilho Pedroso	Meaning of caring for families in Neonatal ICUs: beliefs of the nursing team.	University of São Paulo. EE/USP
2001 Dissertation	Ângela Maria Alvarez	The need to provide care: the experience of the elderly and their family caregivers in the process of caring for and being cared in a home context.	Federal University of Santa Catarina.
2001 Dissertation	Coleta Rinaldi Althoff	Living with the family: contribution to the construction of a substantive theory about family environment.	Federal University of Santa Catarina.
2002 Dissertation	Elaine Buchhorn Cintra Damião	Beliefs of families of children with cystic fibrosis.	University of São Paulo. EE/USP
2003 Dissertation	Myriam Aparecida Mandetta Pettengill	Family vulnerability: concept development.	University of São Paulo. EE/USP
2003 Dissertation	Lisabelle Mariano Rossato	Caring for children to grow despite the pain: the daily life of the families of children with juvenile rheumatoid arthritis.	University of São Paulo. EE/USP
2003 Dissertation	Eliana Moreira Pinheiro	Being mediated by the force of motivation: the meaning of communication for nursing professionals in the interaction with newborns and families.	University of São Paulo. Nursing School.
2004 Thesis	Júlia Peres Pinto	Seeking to maintain the balance to meet the demands and take care of hospitalized children: the family experience.	Federal University of São Paulo.
2005 Dissertation	Giovana Calcagno Gomes	Sharing the care to children: reflecting on the family and building a new way of taking care based on the experience in hospital admission.	Federal University of Santa Catarina.
2005 Thesis	Aline Oliveira Silveira	Seeking security to develop skills: the experience of family interaction.	University of São Paulo. EE/USP
2006 Dissertation	Adriana Inocenti Miasso	"Between the cross and the sword": the meaning of drug therapy for bipolar affective disorder patients, both in their perspective and in that of their relative.	University of São Paulo. EERP/USP
2006 Dissertation	Lígia Carreira	Family care to elderly with chronic illness: analysis of the concept from a family perspective.	University of São Paulo. EERP/USP
2006 Thesis	Ana Márcia Chiaradia Mendes	The impossibility of living as before: the family dynamics during the experience of children's liver transplantation.	University of São Paulo. EE/USP

2007 Thesis	Mislaine Casagrande de Lima Lopes	Family coexistence with hypertension	State University of Maringá.
2009 Dissertation	Nidia Sandra Guerrero Gamboa	Building a fortress: the experience of parents in the care of ostomized children in Brazil and Colombia.	University of São Paulo. EE/USP
2009 Dissertation	Nara Marilene Oliveira Girardon-Perlini	Taking care to keep the family protected: the experience of rural families with cancer.	University of São Paulo. EE/USP
2009 Thesis	Bianca Cristina Ciccone Giacon	Family adjustment in the first five years of diagnosis of schizophrenia.	University of São Paulo. EERP/USP
2010 Dissertation	Camila Cardoso Caixeta	Family adjustment in the context of type 2 diabetes.	University of São Paulo. EERP/USP
2010 Dissertation	Aline Oliveira Silveira	Defining the family life project: the family in the transition to the home care of children with special needs.	University of São Paulo. EE/USP
2010 Thesis	Keila de Oliveira Lisboa Sanchez	Building the meaning of social support in adversities: the experience of the family of cancer patients in situations of poverty.	Federal University of São Carlos.
2010 Thesis	Michelle Darezzo Rodrigues Nunes	Seeking the independence and autonomy of children through constant stimulation: the experience of families of children with Down syndrome.	Federal University of São Carlos.
2010 Dissertation	Julia Peres Pinto	Seeking to prevent re-hospitalization to avoid suffering: families facing the process of post-discharge recovery of children	Federal University of São Paulo. EE/USP
2011 Thesis	Sheila de Souza Vieira	Mobilizing efforts to rescue life through cochlear implant: the experience of families with hearing impaired children	Federal University of São Carlos
2011 Dissertation	Lucia Silva	The process of caring for families of elderly in the end-of-life stage in the Family Health Strategy	University of São Paulo. EE/USP
2012 Dissertation	Maira Deguer Misko	The experience of families of children/adolescents under palliative care: between hope and hopelessness in a world transformed by losses.	University of São Paulo. EE/USP
2013 Thesis	Daniele Castro Barbosa	Understanding the multiple interactions and feedbacks for the organization of the family system in the care of children with chronic conditions	Federal University of Maranhão
2013 Dissertation	Claudia Zamberlan	Home ecosystem of cardiac parents and children's way of life: health promotion possibilities through nursing knowledge	Federal University of Rio Grande.
2014 Dissertation	Patricia Luciana Moreira Dias	Parental awareness and protection in the children's survival from cancer in São Paulo	University of São Paulo. EE/USP
2014 Dissertation	Maria Aparecida Rodrigues da Silva Barbosa	Experiences and meanings of postpartum depression of women in the family context.	University of São Paulo. EE/USP

The selection gathered 19 dissertations (63%) and 11 theses (37%) in which the GT was used as a methodological reference. These researches were conducted in seven Brazilian universities, with emphasis on the Nursing School of the University of São Paulo with 16 (53%) studies. As for the region, the largest number of works was found in the Southeast region, totaling 24 (80%) researches, followed by the South region, with five (17%), and the Northeast Region, with one (3%) study. This result corroborates the national reality of concentration of scientific production of nursing researchers in the Southeast and South of the country⁽¹⁰⁾.

Five studies were published between the years 2000 and 2002, and the same number of works in the three-year periods 2003-2005 and 2012-2014. The largest number of productions happened between the years of 2009 and 2011, with 10 studies, and the lowest number in the triennium 2006-2008, with four productions. From another perspective, the systematic review - which evaluated the methodological rigor of studies with families of chronic patients that used the GT - evidenced a prevalence of productions in the 2012-2013 biennium, reflecting a current and growing concern of nursing researchers to develop research involving families and the GT⁽¹¹⁾.

As for the theoretical reference used, two (7%) studies did not use any theoretical reference associated with the GT, one (3%) used the complex thinking framework, one (3%) used Ilya Prigogine's systemic approach, and the others, 26 (87%) mentioned Symbolic Interactionism (SI). Furthermore, three (10%) studies associated GT with SI and another theoretical reference, such as: Hargill's Interpersonal Interaction Model, Life Trajectory Theory and Family Systemic Approach. The use of GT associated with SI was also frequent in a bibliometric study with theses and dissertations of Brazilian nursing⁽¹²⁾.

With regard to the study participants, 22 (74%) surveys addressed the family unit, two (7%) studies were performed with nurses, and two (7%) with a couple (father and mother). One study (3%) was developed with Family Health Strategy teams, one (3%) with nurses and nursing technicians, one (3%) with children and one (3%) included several participants, among nurses, community health agents, the elderly and their families. Among the families that participated in the studies, 19 (63%) were families of children, six (20%) were families of adults, three

(10%) were families of elderly people, one (3%) was the family of adolescents, and one (3%) of the studies did not specify this information. With the exception of two (7%) studies, one aimed at understanding how the family environment is built by families⁽¹³⁾ and another investigated the meaning of communication in the view of nursing professionals in the interaction with newborns and families⁽¹⁴⁾, the others involved situations of illness and/or suffering experienced by the participants.

In this way, the tendency of the studies was to be centered on situations related to illnesses, mostly involving children, with special emphasis on situations of special health care needs. With the exception of a study developed with families of elderly patients presented in 2001, productions on adults and elderly started to gain space from the year 2006 onwards. In Brazil, the studies with families started in the area of Children's Health⁽¹⁵⁾, which may explain the results found and the absence of studies of families of adults and elderly between the years 2000 and 2006.

Regarding the scenarios in which they were performed, the participants' domicile was the case in 17 studies (57%) and the hospital environment in ten (33%). One study (3%) was developed both in the home and in the hospital, another (3%) in the home and in the health center, and one (3%) in the health unit of a Family Health Strategy. Interviews were used as data collection instrument in 100% of the studies, and in 17 (57%) of them, it was the only instrument. In eight studies (27%), interviews were associated with observation and, in three (10%), in addition to observation, a documentary analysis and filming were used. Photo images and a genogram/ecomap were also present, in one (3%) study each method.

The studies analyzed made it possible to reflect on families experiencing the illness of one of their members, either children, or adults, or elderly. Illness and hospitalization of a family member cause suffering⁽¹⁶⁻¹⁸⁾, uncertainties, anguish^(17,19-21), fears^(18,21-23), worry, anxiety, doubts and sadness⁽²⁴⁾ for families.

Because of diseases and feelings that affect the family in this process, the studies point to the vulnerability of the family unit as related to its endangered autonomy⁽²⁵⁾. In this case, the families lose control over their normal functioning and have to face new demands^(17,20,26). They also have their life controlled by the disease^(18,24) and by the adversities imposed⁽²⁷⁾, directly affecting their dynamics, making it disorganized and fragile⁽²⁸⁾.

Despite the vulnerability brought about by the difficulties experienced, the families redefine their life values upon the social interactions experienced during the illness of one of its members⁽¹⁷⁾ and, from this, they change, adapt routines, make the necessary adjustments to the confrontation^(16,19,24), struggle and resist the numerous challenges along the course of the disease and sometimes the need for hospitalizations⁽²¹⁾. This movement helps to build a care setting to protect the family and to renew the necessary strength in order to face and resist the threats present in the experience of suffering⁽²⁹⁾.

In the context of illness, the family structures itself in order to become a caregiver, realizing the importance of care to aid the sick family member to grow and live despite the pain^(17,20,30-32), understanding care as the only means of keeping such person away from death⁽³³⁾. Family experiences are determinant for care because, throughout life, they build important meanings that will guide their caregiving actions^(19,34,35).

In the care setting, it is evident in studies that the family makes effort to maintain its stability in the face of illness and suffering. In order to do this, the family works to search support for care, to aid in the adaptation and, at the same time, to maintain the balance/control of the family^(16,17,24,27,32). This is a constant movement between the order and disorder of the family system, having as its main objective to care for and preserve the family world/life^(31,32,37). A study that aimed to understand the adaptive dynamics of a family system that is vulnerable to death and dying highlighted that the family is a field of interaction between the patient and the support network. This understanding is therefore imperative for the reestablishment of the relations with life and with the inadequacies that the sickness imposes⁽³⁸⁾.

Regardless of the moment lived by the family, be it illness, suffering or transition, the family members share actions and interactions. These resources build up and are built on the experience^(14,34,35-37), so as to bolster the process of family coexistence⁽¹³⁾ and guide care actions.

The health team, and particularly the nursing team that takes care of families in situations of illness and suffering, also experience some vulnerability by interacting in the difficult situations of the families, in which negative feelings have been also expressed^(39,40). Nursing actions are highlighted as important for the health promotion of individuals and families⁽⁴¹⁾. However, it is necessary for nursing to

invest in a movement to strengthen families to actively participate in the care of their components⁽²⁰⁾. After all, the family is conceived as a link to care and, as such, needs to be apt to provide such care⁽⁴²⁾.

Knowing and understanding the moment the families go through when in contact with the disease, taking into account the feelings and beliefs involved in the care of the patient, as well as the meanings attributed to their interactions, favors the planning and, consequently, a more humanized and effective assistance for families^(19,43-45). Continuous and educational support from the health team, since the beginning of the illness process, can contribute to reduce the impact of the disease in the family, making its transformations less unpleasant, and can also collaborate in the quest for a quality environment for its members⁽²³⁾.

The analysis of the studies showed the accuracy of the redirection of the public health services, either to provide care to the caregivers or to design alternative programs capable of providing a community support network. These indicators are intended to meet the family demands⁽²²⁾, because the families' relationships include difficulties to meet their demands in the health services⁽²⁷⁾.

The analysis of the studies developed with families and using the GT as a theoretical reference made it possible to infer that this method, associated with the theoretical reference of IS, represents a strategy that allows the realization of research with families. Such research is operationalized to allow the understanding of the family unit, which is shown as an important trend in the construction of knowledge about nursing and families⁽⁹⁾.

As limitations of this review study, there was an impossibility of accessing the catalogs of nursing theses and dissertations presented after the year 2015 and before the year 2000, because they have not been made available to date by the Center for Studies and Research in Nursing.

FINAL CONSIDERATIONS

The trends of the scientific productions analyzed showed that the majority of the studies approaches the families in situations of illness of one of its members and consequent suffering, and also that the largest number of researches is concentrated in the Southeast region, with emphasis on the Nursing School of the University of São Paulo. In addition, they show that the studies focused more often on the

families of children, and, then of adults and elderly, in that order.

The studies also revealed feelings that affect families in the context of illness, such as fear, uncertainty and insecurity arising from the difficulties experienced and the demands they have to meet, making the family vulnerable. Before the need to adapt, the family reorganizes itself, redefines values and structures in order to care for the sick relative, but also to keep a balanced family world/life.

Professionals and health services are indispensable in this context. Both must encourage

and guide, as well as enable family members to provide support, based on knowledge of their needs and interactions and adaptations to the new family structure.

Finally, considering the tendency of the Brazilian nursing publications analyzed, there is an evident gap in researches with families that experience moments of adaptation due to transitions in the family development cycle - such as marriage, children who leave home, gestation, births, divorce, and aging - based on the methodological framework of the GT.

TEORIA FUNDAMENTADA NOS DADOS COMO REFERENCIAL METODOLÓGICO PARA PESQUISAS COM FAMÍLIAS NA ENFERMAGEM BRASILEIRA

RESUMO

A Teoria Fundamentada nos Dados extrai experiências dos atores sociais atribuindo-lhes aspectos significativos, permite interligar constructos e potencializar a expansão do conhecimento. Construída com base em dados reais, possibilita estudar processos interacionais familiares e questões emergentes para o desenvolvimento da enfermagem da família. O objetivo do estudo foi identificar e analisar as tendências na construção do conhecimento da enfermagem brasileira acerca dos estudos com famílias, os quais utilizaram teoria fundamentada nos dados como referencial metodológico. Trata-se de uma revisão narrativa, realizada em teses e dissertações disponíveis nos Catálogos do Centro de Estudos e Pesquisas em Enfermagem. A busca obteve, como resultado, 124 documentos; desses, 30 compuseram o corpus da revisão. Tais estudos abordaram famílias em situações de adoecimento, a discutir sentimentos e dificuldades enfrentadas na situação vivida. Frente às necessidades de adaptações, a família reorganiza-se, redefine valores e estrutura-se para cuidar do familiar doente, visando a manter o equilíbrio. Percebe-se haver uma lacuna quanto a pesquisas embasadas metodologicamente na Teoria Fundamentada nos Dados, realizadas com famílias que vivenciam momentos de adaptações em razão de transições do seu ciclo de desenvolvimento.

Palavras-chave: Família. Teoria Fundamentada. Enfermagem.

TEORÍA FUNDAMENTADA EN LOS DATOS COMO REFERENCIAL METODOLÓGICO PARA INVESTIGACIONES CON FAMILIAS EN LA ENFERMERÍA BRASILEÑA

RESUMEN

La Teoría Fundamentada extrae experiencias de los actores sociales atribuyendo les aspectos significativos, permite interconectar constructos y potencializar la expansión del conocimiento. Construida con base en datos reales, posibilita estudiar procesos de interacciones familiares y cuestiones emergentes para el desarrollo de la enfermería de la familia. El objetivo del estudio fue identificar y analizar las tendencias en la construcción del conocimiento de la enfermería brasileña acerca de los estudios con familias, los cuales utilizaron teoría fundamentada en los datos como referencial metodológico. Se trata de una revisión narrativa, realizada en tesis y disertaciones disponibles en los Catálogos del Centro de Estudios e Investigaciones en Enfermería. La búsqueda obtuvo, como resultado, 124 documentos; de estos, 30 compusieron el corpus de la revisión. Tales estudios abordaron familias en situaciones de enfermedad, discutiendo sentimientos y dificultades enfrentadas en la situación vivida. Frente a las necesidades de adaptaciones, la familia se reorganiza, redefine valores y se estructura para cuidar del familiar enfermo, a fin de mantener el equilibrio. Se constató haber una laguna en cuanto a las investigaciones basadas metodológicamente en la Teoría Fundamentada, realizadas con familias que viven momentos de adaptaciones en razón de transiciones de su ciclo de desarrollo.

Palabras clave: Familia. Teoría Fundamentada. Enfermería.

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