

Chapter 2

CONCEPTUAL UNDERPINNINGS OF FAMILY HEALTH

Chapter 2 Content Outline

OPERATIONALIZING THE FAMILY HEALTH CONSTRUCT

DEVELOPING NURSING KNOWLEDGE

THE FAMILY HEALTH CONSTRUCT

CHAPTER OBJECTIVES

This chapter introduces terminology and ideas about conceptual frameworks and models. At the end of this section readers will be able to:

- Discuss characteristics of conceptual models.
- Understand ways the family health concept may be operationalized.
- Operational definitions related to family health.

INTRODUCING CONCEPTUAL UNDERSTANDINGS

Heroes are those with courage to leave what they have--their land, their family, their property--and move out, not without fear, but without succumbing to their fear.

*Erich Fromm (1976)
"To Have or Be"*

Defining family health is a difficult task. Although the term is often used, clear understandings about what the family health implies are lacking. Different interpretations about ways family should be characterized and difficulties in agreeing about what is meant by health increase the confusion. Failing to clearly define the term results in misinterpretations with family health meaning almost anything and practically nothing.

Family and health are both concepts that lack universally understood and accepted definitions. Concepts are defined as basic building blocks related to nursing knowledge, thought and communication (Waltz, Strickland, & Lenz, 1991), they are formed from observations of particular behaviors (Kerlinger, 1986), and enables us to categorize, interpret, and structure the phenomenon (Fawcett & Downs, 1992). Concepts are abstract thoughts, ideas, symbols or notions used to describe phenomena and can be defined as, (Polit & Hungler, 1999). "A concept enables us to categorize, interpret, and structure the phenomenon" (Fawcett & Downs, 1992, p. 19). We lack language to describe what we

do for families and use language that does not capture the nuances of family phenomena (Gillis, 1991).

When we use terms without clearly defining the meanings, the result is often conceptual vagueness. Conceptual vagueness can be described as the absence of concise meanings or interpretations. A definition is a statement that describes the meaning of a word or one that describes a concept. When concepts are highly abstract, then ambiguity increases and must sometimes be accompanied by a greater tolerance (Chinn & Kramer, 1991). Adding together two obscure or poorly defined concepts results in what might be called conceptual slippage, an inability to fully understand or communicate what is implied. Do you remember the childhood game of pin-the-tail-on-the-donkey? If so, then you probably have some insight about conceptual slippage. After being blindfolded and turned around several times, it was always a strong possibility that while you were aiming for the donkey's hindermost parts you could pin the tail almost anywhere! What you needed was some clear direction. Can you recall what an advantage it was in having an adult steer you in the right direction? At least when you took off the blindfold you found yourself in closer proximity to the target than if the guidance was absent. Clear definitions are aids; they point you in the right direction and provide some shared understandings about what was intended.

Identifying direction is similar to what is implied when we say a concept needs to be operationalized, making something obscure clearer.

Concept use generally assumes that the meanings are implicit and well understood, but unique interpretations may only vaguely resemble what was intended. While it is important to define concepts, most would concede that it is nearly impossible to fully measure all variables that characterize a concept. Variables are attributes or objective and subjective criteria that take on different values depending upon changing circumstances or environments. Variables can be dichotomous or discrete (e.g., male-female, married-single, child-adult), continuous (e.g., height and weight), and categorical (e.g., religious choice). Concepts are mostly non-observable while variables are more measurable. For instance, health is an abstract concept, but if we discuss cholesterol levels, height and weight, and vital signs we have identified measurable variables that can assist understandings about health.

Unnumbered Box 2-1

Reflective Thinking*****

Can you think of other nursing terms where the problem of conceptual slippage occurs? For example, what about the terms family support, quality of life, and family functioning? When you hear those terms, how do you interpret them? List some terms where the definitions are not always clear and then discuss these with your colleagues or classmates. What can nurses do about conceptual slippage when they are talking to one another? What can nurses do to decrease conceptual slippage when speaking to patients, families, other health professionals, community persons, legislators, and others?

OPERATIONALIZING THE FAMILY HEALTH CONSTRUCT

Have you ever played a game at a friend's house and heard them say, "Whenever you are at my house, you play by my rules?" If so, then

the friend was operationalizing the way the game was to be played. Although these rules were not necessarily the ones provided by the manufacturer, your friend's decided that this was the way they would play the game. You may know that all people may not play the game this way. In fact, if you tried to use those rules somewhere else, you might be accused of cheating!

What does it mean to operationalize a term or concept? An operational definition is one that defines concepts within the boundaries of what is intended and in terms of what is to be measured. "The operational definition provides the concept with empirical meaning by defining it in terms of observable data, such as the activities necessary to measure the concept or manipulate it" (Fawcett & Downs, 1992). An operational definition refers to the ways a concept is used within particular circumstances or activities. Operationalizing a concept is the process of taking obscure or abstract phenomena and making them measurable. An operational definition bridges comprehension among those that share interests about particular phenomena. An operational definition can be like a ruler, microscope, or stethoscope as it enables one to identify what is less obvious and tangible and provide more succinct understanding.

We might call family and health "fuzzy concepts," terms with blurred boundaries. In earlier decades, Americans mostly identified a family as a multi-member unit that included a male and female parent who shared a household, goods, resources, and gave birth to children that they

raised and supported. Today's family definitions often include single parents, blended families, gay and lesbian families, and others with characteristics and boundaries that seem more "fuzzy" than clear! While health is sometimes defined as the absence of sickness, a myriad of other definitions also exist. Hence, the term family health presents even greater conceptual vagueness, as it is an even more abstract idea. Complex phenomena like family health need to be operationalized. While commonalities among perceptions and experiences may exist, differences can be significant and result in serious barriers to practice, goal accomplishment, and outcome measurement. Variant perceptions and interpretations of concepts can decrease continuity of care, limit the affects of interventions, and preclude the achievement of intended outcomes.

For instance, when you talk to a patient about family health, how can you be sure that the two of you are clearly communicating? It is possible that when you say family health, you mean "the physical well-being of all family members residing within a household." However, another nurse might say, "no, family health has to do with the ways household members function and cooperate to meet their goals." Another nurse might say, "family health has to do with reaching a goal of optimum wellness for each family member," and view optimum wellness as having emotional, physical, spiritual, and social perspectives. Still another nurse might interpret family health to mean, "a family state that exists on a

continuum and is dynamically influenced by members' health and illness state, household factors, and the social environment." How might these different views of family health affect nursing practice?

Patients might view family health from even other perspectives. For example, one patient might say, "family health has to do with us all being well enough to do what we need to do." Another might say, "family health means we are all working together, pulling our weight, and getting along with one another." Still another patient might say, "family health has to do with not getting diseases or being sick." Another interpretation might be, "family health has to do with the family history of our diseases" or "family health is when one of us has a need and other persons are there to provide support."

Complicating issues even further are the variant views held by other health care providers and professionals from various disciplines. For example, a physician might view family health from only biophysical perspectives. A psychiatrist might view family health from mental health perspectives. A psychologist might want to discuss the developmental perspectives related to family health. A politician might imply that family health has to do with lower taxes or broader access to medical services. A social worker might view family health in relationship to neighborhoods and availability of support systems. A marketer may see family health as spending money to purchase modern conveniences. An economist may identify family health as economic well being of households. A teacher

might perceive family health in relationship to parental support for children's learning. A pastor or clergy may view family health from religious or spiritual perspectives. Each discipline chooses a different vantage point where they begin to discuss family health and pitch their ideas.

Unnumbered Box 2.2

******Critical Thinking Activity*******

Think about the various ways family health might be interpreted by nurses or patients and then consider the possible outcomes of this case: Mr. James, a 68-year-old recently widowed man, is about to be discharged from a urgent care center where he was brought by the local emergency squad after collapsing at a local shopping mall. Mr. James is well known to the staff because of his brittle diabetes and repeated problems over many years in maintaining tight control. You are completing his discharge so that he can return home. As he is getting ready to leave, you say to him: "Mr. James, we are really concerned about your family health."

Take some time and carefully think about what you might have meant when you said that to him. Discuss the possibilities with some colleagues and identify ways they might interpret family health in this situation. After you have considered this, then think about how Mr. James might have understood what you said? How are the ideas similar? Different? What are the potential implications?

DEVELOPING NURSING KNOWLEDGE

Nursing has used borrowed theories in practice without thoughtfully considering their derivation, intent, or application. While borrowed theories were once used without question, their appropriateness to nursing is now questioned. How do we know that we know? Knowing is a dynamic process of experiencing and comprehending self and the world and has both creative and expressive dimensions (Chinn & Kramer,

1991). Several years ago, Carper (1978) reviewed current nursing literature and described four patterns of knowing as (a) ethics or the moral knowledge of nursing, (b) esthetics or the art of nursing, (c) personal knowledge or intuitiveness, and (d) empirics or the science of nursing. We might generally conclude that knowledge (e.g., values, ideas, facts, beliefs, ideas, information) is developed in many ways and is what persons possess within and are able to express, share or communicate to others. Scientific methods or empiricism provides a foundation of knowledge firmly grounded in reality and provides the most objective knowledge because it has been tested and is supported by evidence.

**Unnumbered Box 1.3
Cooperative Learning**

Form a group of 3 to 4 persons. Discuss your individual worldviews or paradigms about what family health means. Identify where you agree and where you differ. Based upon the group sharing, see if you can reach some consensus and in 3-5 sentences explain the group's family health paradigm. Make a separate list of those areas where you did not agree or could not reach consensus.

THE FAMILY HEALTH CONSTRUCT

Notice the term construct with family health. Constructs are invented for special scientific purposes and have intrinsic theoretical meaning, but only possess empirical meaning when observational terms have been identified (Chinn & Kramer, 1991; Fawcett & Downs, 1992). Constructs are the result of thought and are not “immediately accessible to direct sensory observation” (Fawcett & Downs, p. 22). A construct implies the combining or arranging parts or elements forms something. Use of a

construct provides a way to initiate discussions about relationships of complex ideas in a systematic way. Polit and Hungler (1999) define construct as “an abstraction or concept that is deliberately invented (constructed) by researchers for a scientific purpose” (p. 698). According to Kerlinger (1986), a construct is a concept with additional meaning and has been “deliberately and consciously invented or adopted for a special scientific purpose” (p. 27). Family health includes complex variables and is viewed as a construct.

Where does one begin to explain family health? If one is a linear thinker, then the logical thing would be to start at the beginning, but where does family health begin? Family health has individual, multi-member, extended, and intergenerational perspectives that include individual and family variables. In other words, individuals have a set of characteristics, but being part a family means that every individual is dynamically influenced by and influencing others. Family health is influenced by the state of the individuals comprising the family, but also has systemic processes taking place within a multi-member group.

For instance, a mother may be home alone and feeling stress free. Three children arrive home from school loudly clamoring for snacks and at odds with one another. At the same time the family dog rushes into the kitchen with its muddy paws on her newly mopped floor. In a matter of moments, mother has gone from peaceful well-being to major stress! Her equilibrium is unbalanced! She might begin screaming and threatening.

What happens as the children encounter her wrath? The dimensions of the multi-member group are not always predictable, just as the family health equation has many unknowns that are affected by time and developmental perspectives.

Family health becomes increasingly complex when the impact of extended family and kin relationships is considered. Even when members do not live in the household and have infrequent contact, these members often continue to play roles in family health. In some families, the thought of the in-laws visiting or of a brother and his family spending an extended weekend have the potential to add to or subtract from family health. Intergenerational relationships often mean that support is available, but they also mean obligations and additional stresses may be implied. Extended family and generational relationships remind family members about responsibilities to maintain traditions, attend celebrations, and revere honored family relationships. The complex variables associated with family health are almost countless.

SUMMARY

Nurses require some foundational understandings about the frameworks that have been used to build nursing knowledge in order to more fully understand family health. The chapter provides background relative to knowledge development. It describes some troublesome aspects related to making meaning of language and problems occurring when

terms are not made explicit. Attempts are made to clarify what is implied by family health and make it accessible to readers.

TEST YOUR KNOWLEDGE

1. Briefly explain what is meant by the term “concept.”
2. Describe what it means to operationalize a term.
3. Identify what is meant by “conceptual model.”
4. Define the term theory.
5. What is meant by the term family health?
6. Identify ways your personal beliefs about family health may differ from what has been described in the chapter.
7. Explain 2-3 reasons why nurses need to consider family health from broad perspectives.