



Healthy Family Indicators from the Perspective of Iranian Working People: A Grounded Theory Study

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ABSTRACT

The present study was aimed at identifying healthy family indicators from the perspective of working people. Therefore, it seemed necessary to consider cultural standards and personal and family experiences in determining healthy family indicators. A qualitative method based on the grounded theory was used, and the data were gathered using in-depth semi-structured interviews. The sample included 18 married and educated, working people (4 men and 14 women) who were selected using a purposeful sampling method. Major healthy family indicators were classified into three categories. The first category, called "Feeling of integration and companionship," included the following subcategories: Empathy, Space for communication, Recognition and respect for mutual rights and obligations, and Mutual respect and love. The second category, called "Healthy psychological environment," included the following subcategories: Sense of peace, Happiness and staying away from negative factors, and Healthy thoughts and beliefs. The third category, called "Presence of some virtues in the family members," included the following subcategories: Honesty, Forgiveness, and Overlooking financial aspects. Nine of the indicators found in this study were similar to those found in the previous studies, including Empathy, Space for communication, Recognition and respect for mutual rights and obligations, Mutual respect and love, Sense of peace, Happiness and staying away from negative factors, Healthy thoughts and beliefs, Honesty, and Forgiveness. Overlooking financial issues was a new indicator only identified in the present study.

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Introduction

The present study aims to identify a set of healthy family indicators from the perspective of working People. Today, families are faced with unprecedented challenges, and most families are worried about how to build or maintain steady family relationships based on love. Given the increasing complexity of family life in our ever-changing world, models of healthy family performance should be defined according to cultural, personal, and family standards.

The concept of family health is often used to refer to such concepts as family performance, healthy family, flexible family, and balanced family (Walsh, 2011; Black and Lobo, 2008; Alderfer, 2011). Researchers focused on the family domain, define healthy family as a resilient family that can maintain a balance between integrity and adaptation that is facilitated through quality relationships (Smith, Freeman & Zabriskie, 2009). Resilience can be reinforced through a flexible structure, joint leadership, mutual support, and teamwork in the face of life challenges. Similarly, adaptation, development, and personal and family growth are gained through joint efforts of family members (Walsh, 2002). Some other characteristics of healthy family include: family unity, commitment, spending time together, flexibility, positive relationships, spiritual wellbeing, role clarity, and appreciation and care (Kim-Godwin and Bomar, 2014; Olson and Defrain, 2003; Wallis, Miskovic-Wheatley, Madden et al., 2018). Six dimensions identified in a previous study can be regarded as indicators of family integration: participation integration (frequency of interactions), emotional integration (emotional intimacy); agreement integration (agreement on values); functional integration (support and care); normative integration (care for the family); and goal integration. Balance between integration and flexibility seems to be a characteristic of healthy families (Olson and Gorall, 2006). Family unity and dependence are other characteristic of healthy families (Katz, 2010; Ajeli Lahiji, & Besharat, 2018). Family unity and dependence contribute to family health, especially due to the fact that family commitment improves family unity. Family unity is another feature of the definition of healthy family, and refers to the quality and quantity of the time the family members spend on providing care and love for each other (Kim-Godwin and Bomar, 2014). However, it should be noted

that excessive integration is not necessarily helpful, because it can lead to dependence, in which case less integration can improve the sense of love that can in turn contribute to a long-term relationship (Bengtson, 1991), and influence self-esteem (Roberts, 1999) and personal wellbeing (Roberts, 1999). Generally, close and flexible relationships between family members are believed to be effective in diminishing tension inside the family (Hodge, Zabriskie, Townsend et al., 2016).

In a study in Malaysia, 10 key indicators predicting family health were identified, such as safety, saving, healthy lifestyle, spending time with family, maintaining a balance between work and family, and religiosity (Noor et al., 2014). Families with a better performance have members who use positive relational skills, and feel satisfied with their relationships (Kim, Prouty, Smith & et al., 2015). The results of the study Arianfar and Rasouli (2019), also showed that when free participation in interaction, discussion and dialogue is encouraged in the family, in addition to the children feel accepted by the family and marital satisfaction also increases. Leisure time also has a direct association with family performance and life satisfaction (Poff, Zabriskie & Townsend, 2010).

In a qualitative study, Sadeghi et al. (2014) examined healthy family indicators from the perspective of family and marriage experts, and extracted 21 indicators, including dedication, clarity, awareness and proper role performance, interaction and direct relationships, honesty, respect, mutual understanding and paying attention to each other's rights and expectations, beliefs, religious beliefs and values, intimacy, proper expression of feelings and emotions. In another qualitative study, Khodadadi, Nazari, and Ahmadi (2015) examined the perspective of 13 parents, and found the following factors as influencing family health: responsibility, leisure time, not following fashion trends, intimacy, efforts to please each other, cooperation, mutual support, sexual satisfaction, being family-oriented, supervision, flexibility, forgiveness, maturity, appreciation, and religious beliefs and behaviors.

In summary, the most significant health family indicators found in non-Iranian studies include: integration, supportive behaviors, commitment, psychological and spiritual wellbeing, unity, open relationships, honesty, emotional bond, resiliency, flexibility, dedicating time for each other, and

negotiation; and the most significant health family indicators found in Iranian studies, in addition to the aforementioned factors, include: supervision, forgiveness, paying attention to each other's rights and exceptions, and religious beliefs. Although variations in family types have been prevalent throughout history and across cultures (Coontz, 2008), in today's societies in which values are rapidly changing, families are faced with unprecedented challenges, and many are concerned about how to build and keep steady family relationships. In addition, based on the complexity of today's societies, the existing models of healthy family performance could not be viewed as appropriate for all families with different cultural, personal, or family values. Therefore, in each culture, the model of healthy family should be examined based on the values and preferences specific to that culture (Walsh, 2003). Research has shown that different career levels and symbolic and cultural structures can lead to different work and home narratives (Ba', 2014). As was pointed out, the two previous studies on this topic in Iran, i.e. the studies by Sadegi et al. (2014) and Khodadadi et al. (2015), examined healthy family indicators from the perspective of experts and parents (according to parenting roles), respectively. But, in the Iranian society that is in a transition period and many of its traditional family values are changing and losing their previous functions (Azad Armaki & Maleki, 2007), it seems necessary to examine healthy family indicators from the perspective of working people with high education levels that are less likely to have traditional attitudes. Identification of healthy family indicators from the perspective of Iranian working families can show the similarities and differences between healthy family indicators from the perspective of Iranian working women and men with those obtained in other societies, and also help in developing proper instruments to assess healthy family based on the Iran's specific culture. The studies conducted on this topic in Iran were mainly quantitative studies based on the criteria provided by other studies conducted in other societies, and no Iranian study has ever focused on healthy family indicators from the perspective of married, working women and men. Therefore, using the grounded theory and a purposeful sampling method (Strauss & Corbin, 1990, 1998), the present study is aimed at providing a deeper understanding of healthy family indicators from the perspective of Iranian working people with postgraduate education, and finally, help policymakers, experts, and organizations in the health domain by providing a pattern or theory of healthy family.

Methods

The present study was conducted based on the grounded theory and using semi-structured interviews in a purposeful sample of 18 married individuals employed in industrial centers in Iran (4 men and 14 women), with postgraduate education (2 men with a master's degree and 2 men with a PhD; 6 women with a bachelor's degree, 6 women with a master's degree, and 4 women with a PhD), and aims to extract healthy family indicators.

In order to develop a better understanding of healthy family indicators in Iran, we used the grounded theory along with a purposeful sampling method, because this method helps in achieving a pattern or theory on the topic of interest (Strauss & Corbin, 1990, 1998). In addition, these indicators may be found helpful by policymakers, experts, and organizations in the health domain.

The sole inclusion criterion was married, working men and women. The participants were aged between 25-40 years. According to the methodology of grounded theory, 18 participants was considered the point of theoretical saturation. Table 1 shows the demographic description of the participants.

A total of 18 in-depth semi-structured interviews, each lasting 60-90 minutes, were conducted all in a single day. The interviews were recorded, transcribed verbatim, and analyzed (Table 1). In order to gain a deeper understanding, the answer on each question was followed up (Table 2). The goal of each study was to obtain a complete description of the participants' experiences.

Data analysis

The authors used a combination of analytic approaches to analyze the data. Data organization was started by naive reading and reviewing all the transcribed verbatim interviews. The data was reduced by listing all the important data and removing all the ambiguous, repeated, or overlapped statements. This process allows the researcher to obtain semantic units that are subsequently divided into themes (Moustakas, 1994). The data included 18 interviews. First, 10 interviews were coded and analyzed on one occasion. The primary themes were confirmed by examining them in the next 8 interviews, and the authors made sure that they were compatible and clearly expressed.

Trustworthiness of the themes was examined by the second author (Padgett, 1998; Rolfe, 2006). Classification of these semantic units led to three main categories that are shown in Table 1. These categories were identified as cores or “essences.” Finally, integration of the textual and structural contexts of the expressed meanings and themes led to the construction of the nature of the phenomena.

Results

1) What are the most important healthy family indicators?

In order to answer the above question, three main categories were identified.

Table 1 shows the categories extracted from the participants’ responses, and table 2 shows the results of the analysis of follow-up questions based on two dimensions: emotional expression and conflict resolution.

Table 1

Summary of categories extracted from the participants’ responses

Main categories	Subcategories
<i>Sense of integration and companionship</i>	Empathy Space for communication Recognition and respect for mutual rights and responsibilities Mutual respect and love Sense of peace
<i>Healthy psychological environment</i>	Happiness and staying away from negative factors Healthy thoughts and beliefs
<i>Presence of some virtues in the family members</i>	Honesty Forgiveness Overlooking financial issues

Table 2.

Follow-up questions examined in two dimensions: emotional expression and conflict resolution

Emotional expression	Conflict resolution
<i>Expression of both categories of emotions is helpful and necessary</i>	Dialogue
<i>Expression of both categories of emotions while respecting some rules and principles</i>	Adaptation and coordination with others
<i>Emotional expression should be specific to positive emotions; expression of negative emotions is harmful</i>	Consulting with others, empathy, giving time

The first category, i.e. Sense of integration and companionship, refers to a factor that was mentioned by the participants much more than the other two factors, and includes the following subcategories: Empathy, Space for communication, Recognition and respect for mutual rights and responsibilities, and Mutual respect and love.

The second category, i.e. Healthy psychological environment, includes the following subcategories: Sense of peace, Happiness and staying away from negative factors, and Healthy thoughts and beliefs.

The third category, i.e. Presence of some virtues in the family members includes the following subcategories: Honesty, Forgiveness, and Overlooking financial issues.

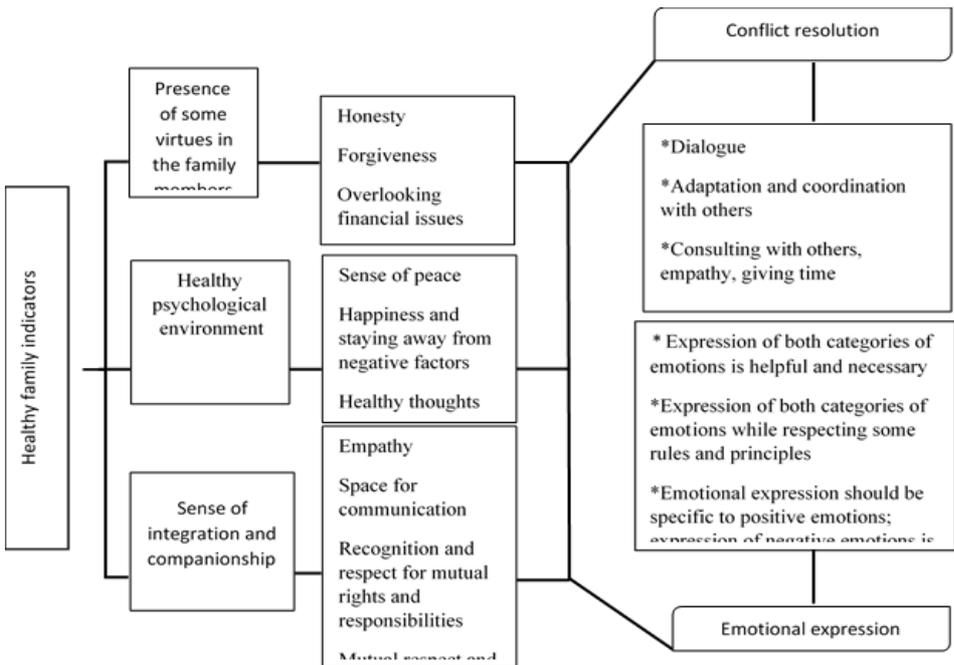


Diagram 1.

Categories extracted from the participants’ responses and the related semantic units

The following are some of participants’ statements about healthy family indicators in which the extracted subcategories could be observed:

Participant number 2: “Despite all financial problems in your family, if you are strong spiritually, financial issue cannot create any major problem. Financial issues shouldn’t overcome the other aspects of life; they shouldn’t disturb your family life; simplicity in the family should be maintained. Having low expectations and being frugal can strengthen family life. Trying to keep up with the Joneses leads to the collapse of family life.”

Participant number 1: “From my perspective, a healthy family is, most importantly, the one in which the wife and husband are in agreement and honest with each other. It should also be purposeful, i.e. a man and woman should begin their married life with a purpose...”

Participant number 3: “I believe that the first and foremost condition is honesty that is you can easily communicate; but honesty is not present in our family, because my partner is very reticent, I usually talk...”

Participant number 4: “A healthy family is the one that there is honesty and faithfulness among its members, and that provides opportunities for cooperation, teamwork, or just dialogue. My daughter always told me ‘Let’s have a roundtable discussion; I have tried to improve our interactions, but my work is very stressful, and I often come home from work exhausted.’”

Participant number 10: “It is related to the distribution of roles, and no one should feel pressured; the members should talk to each other, and try to agree on the distribution of roles. Then, they should have honesty, forgiveness, empathy, and even understanding teach other in terms of their roles. Each person should appreciate the value of the other person... we should be matched with each other, and sometimes do each other’s works...”

Participant number 7: “In a healthy family, the members are satisfied with each other, are happy, and are content with the current situation. Both children and parents are satisfied and progressing. I believe when there is satisfaction with everything, the family is healthy...”

Discussion

Examination of family health can improve the efficacy of working people and help them manage their mental capacities in both family and work domains. Given the shortage of previous findings on this topic, the healthy family indicators extracted in the present study can help researchers in conducting family-based studies and overcoming the limitations in this domain. The most limitation of the present study was that it was only focused on the perspective of working people in Iran, therefore, future studies should be conducted in other cultures and among different ethnicities to enable us to develop a comprehensive theory on healthy family. In addition, the indicators were identified based on the subjective perceptions of family members, while there is not always a direct relationship between subjective perceptions and objective conditions. Subjective perceptions are however important, because they are based on personal experiences.

Family integration (Nye, 1969; Bengtson, 1982; Silverstein, 1991; Smith et al., 2009; Katz, 2010) and role clarity in the family (Wallis, Miskovic-Wheatley, Madden et al., 2018) are among important factors mentioned in different family studies. The stronger emphasis of the study participants on

this issue also indicates the importance of this factor in family health. Another reason for this emphasis could be a need to clarify responsibilities, roles, and participation of all family members in the household tasks, because women are still bearing the main burden of household duties, therefore, recognizing family roles or even redefining them can improve family integration. This need is partly due to the fact the nuclear family is the most common type of family in Iran, and some believe that this type of family increases gender inequality and lead to the exploitation of women (Balswick & Balswick, 1995). Supportive behaviors, parental commitments (Bengtson, 1982; Roberts, 1991), Functional integration (Rushing, 1969), and geographical distance and social contact (Bengtson, 1982; Roberts, 1991) are among integration factors with a prominent role in Iranian families and in general in families in collectivistic cultures, because family members in these cultures usually have close relationships with each other. For example, children in collectivist cultures tend to live with their parents until marriage. However, these traditions are not as strong as before, and the number of single people who live alone is increasing. This is partly due to increased individualism. It can also be attributed to financial problems that limit the ability of families to support their adult children financially. However, it should be noted that integration that is not possible without dependence, has a major role in personal development of the family members, and reduces conflicts and improves respect and intimacy among them.

Contrary to the findings of Emranian (2012), the study results indicates that today, the important role of legal knowledge in the family and its significance as an indicator of family health has been recognized, and paying attention to this necessity can help families achieve legal knowledge, and subsequently improve family health.

Self-respect and mutual respect is another indicator of healthy family emphasized in scientific research (Westley and Epstein's, 1969) and also in the Islamic law and the Iranian culture, especially toward parents and people older people than you. This emphasis indicates that having a lifestyle compatible with traditional values and at the same time moving toward modernity and changes in women's roles, are still considered by women as factors important in family health.

Mental, physical, and spiritual health are among factors influencing both work and family life and also influenced by them. Impairment in each of these aspects, especially in the mental health, directly leads to impairments in different areas of one's life, including family, social, career, and academic domains. In contrast, proper mental health leads to effective relationships that underlie the formation of a healthy family. As shown by previous studies, this impact is mutual (Brill Hart, 2012; Vahedi, Krug & Westrupp, 2019; Lorenzo-Blanco, Meca, Unger et al., 2016; Sotoodeh, Shakerinia, Ghasemi Jobaneh et al., 2016), and generally, there are many similarities between healthy individual indicators and healthy family indicators. Also on the impact of physical health on family health, studies have shown that families with children with disabilities use less of a mutual Constructive Communication Pattern compared to families with normal children when faced with problems, and this leads to a decrease in the mental health of family members (Mohammad amin zade, Kazemian, Esmacili, 2017).

Spiritual health is a source of peace and hope in the face of life tensions and pressures. In addition, similar religious beliefs and activities allow family members to communicate and express their physical, emotional, and spiritual needs more effectively, and lead to increased mutual support between them. Through sharing their values and beliefs, people reinforce their similarities. Although there is a clear distinction between religion and spirituality, religiosity could be regarded as a factor facilitating spirituality. On the other hand, having access to a shared belief system is important because it helps family members to cope with a situation more easily when trying to make meaning of that (Hammer, Cullen, Marchand et al., 2006). It can also improve flexibility, resiliency, and health of families, considering the financial and social problems in the current societies. As found by previous studies, financial status has a significant role in the family life (Noor, Gandhi & Ishak et al., 2014), and can provide family members with a wide range of experiences stimulating moral and spiritual growth (Kempson, Bryson & Rowlingson, 1994; Kumar, 1993). In addition, the ability to overlook financial strain and seeing it as an opportunity for development can reduce tension in the family or make it more tolerable. Overall, families with a high capacity to cope with new challenges, show more flexibility in providing mutual support. Because we cannot control all fanatical problems in the society, perhaps the

only possible way to reduce the impact of these problems on our family life and the mental health of family members is through acceptance of the aspects that are out of our control or coping with them. These results are consistent with Khatibi's study (2015) which showed that the economic variable has the least correlation with Family's Strength compared to cultural, social, belief, emotional and political factors.

Religious beliefs also give the family a special perspective, for example, the holy Quran emphasizes respecting parents (29: 8), marriage (30: 21), avoiding sexual activity before marriage (25: 67-68), and chastity (23: 5-7), and considers children as gifts from God (16: 72); these commitments usually have an important role in maintaining respect, faithfulness (sometimes at the cost of losing personal freedom), financial help, and emotional support in the family, and lack of these commitments, in addition to creating the feeling of guilt, can endanger the overall health of the family. As shown by the previous studies, family values are different in different cultures and traditions. For example, the Asian list of family values emphasizes such values as duty, compliance, and respect toward those older than you (Halstead, 1997). Therefore, although acting based on these values is often viewed as ethical behavior, these terms can have different meanings in different societies based on different cultural and social backgrounds. A healthy family could represent a wide range of human and ethical values, including honesty, trust, faithfulness, courage, generosity, care, kindness, and love. In addition, the quantity and quality of family relationships, especially when accompanied by clarity, honesty, and open expression of emotions (e.g. mutual empathy, tolerance, and humor), and cooperative problem-solving is important in the formation of a healthy family. An ideal and healthy family is a place for love, acceptance, and harmony, and for the realization of harmony, such factors as spending time together, role clarity, respecting each other's individuality, unconditional love, support, open relationships, and honesty are necessary.

Although the number of men in the study was lower than the number of women, all of the identified categories were observed in both gender interviews. However, previous studies have shown that there is a gender difference in perceptions of family stressors (Harmelink, 1985), family relationships (Michael, 2018), and family functioning (Sunday et al., 2008).

As a result, study in a larger sample could provide a broader view of gender differences in perceptions of family health indicators.

The common indicators found in the present study as well as the previous studies include Empathy, Space for communication, Recognition and respect for mutual rights and responsibilities, Mutual respect and love, Sense of peace, Happiness and staying away from negative factors, Healthy thoughts and beliefs, Honesty, and Forgiveness. Overlooking financial aspect is a new indicator only found in the present study that can be regarded as a healthy family indicator in the Iranian families. In the present study, the extracted indicators were only reflected in a model of healthy family, but they will be more useful if included in a measure of family health by which families with lower health levels could be identified and supported.

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The Holy Quran

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