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Data collectors' field journals as tools for research

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Abstract

With rising numbers of families giving care to elderly loved ones, novel methods and sources of data need to be used to obtain comprehensive information about family caregiving patterns. The purpose of this paper is to present the interviewers' reflective journals as a source of rich data. Data collectors interviewed Hispanic family caregivers as part of a quantitative study of caregiving patterns. The stories derived from the personal journals brought to life three themes: caregiving as responsibility; creativity in giving care; and resistance to delegating tasks. Well-written journals have the potential of enhancing the interpretation of data collected by other means and of raising the quality of interviews and data through introspection and cultural understanding of the caregiving reality.

Keywords

Diaries; family caregivers; field notes; journals; nursing; research methodology

Introduction

Research on family caregiving has been criticized as being overly focused on caregiver burden and detrimental health effect on caregivers (Pickard, 1999; Joyce et al., 2000; Fortinsky, 2001; Nolan et al., 2002). Several authors propose moving beyond caregiving stress toward a wider notion of family caregiving (Farran, 1997). To fully comprehend the role of the caregiver in the complex caregiving context, the value and benefits derived from love, responsibility, solidarity and loyalty within the family group as well as conflicts with family members and service personnel need to become part of the description. Nolan et al. (2001) ask to pay attention to the realities and meaning of the caregivers' involvement, the complex and ever changing operational dynamics of rendering care, and the delicate balance between tribulations and satisfactions. To study such complex patterns, novel methods of data collection need to be implemented.

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This paper demonstrates that rich data can be obtained from field journals kept by data collectors as a supplement to a study's standardized instruments. Findings from field journals are not frequently described in published nursing research articles. This research team, however, decided to use the reflective field journals of three interviewers of Hispanic caregivers in order to: (1) clarify the caregivers' experiences and enhance the depth of interpretation of quantitative data; and (2) improve the quality of interviewing by providing a venue for reflection, introspection and feedback about the interviewers' experience with the caregivers. This paper focuses mainly on illustrating for the readers the viability of this innovative approach of enhancing the understanding of issues in caregiving with exemplars of patterns that unfold in the daily lives of Hispanic caregivers.

The study 'Culture, Family Patterns, and Caregivers Resource Use' was a 4-year quantitative project exploring informal and formal care arrangements of families in the Miami-Dade area (Friedemann, 2010). The ultimate aim of the study was to obtain substantive evidence of the needs of various groups of caregivers to suggest change in the health care delivery system. The focus in this paper is on Hispanic families.

Background

Striving to produce legitimate evidence as a basis to clinical practice is intimately linked to the advancement of the nursing profession. In pursuit of this aim, in the last decade, nursing science has witnessed an evolution of evidence-based practice (EBP) methods (Sackett et al., 1996). Innumerable reports in the literature cite the beneficial effects of EBP on nursing practice. Nevertheless, a group of authors (Charmaz, 2000; Wilson, 2000; Harris, 2003; Rogers, 2004; Tonelli, 2006) draws attention to the fact that EBP methods fall short of addressing the social and cultural factors that influence health and that, for this reason, the adoption of EBP principles has been problematic in research and practice (Bonnell, 1999; Pierce et al., 2005). A conflict persists between EBP suggestions and the concrete needs of clinical practitioners (Upton, 1999). Recent attempts to reconcile this conflict suggest using reflection on the reality of the life of patients and families as a core principle in EBP. For reflection to become a core component of the EBP movement, some authors (Evans, 2003; Mantzoukas, 2008) suggest modifying data collection procedures. In support of this notion, this research team has adopted investigator diaries as a tool for reflection, since the diaries can complement empirical evidence and render the study findings more attuned to reality and informative for practice.

In the literature, the use of personal diaries of research participants has been described as a valued method for qualitative data collection due to the richness, depth and extension of the information that they provide (Jacelon and Imperio, 2005; Välimäki et al., 2007); however, such journals are not usually described as actual data sources in the nursing research literature (Smith, 1999).

Nevertheless, journals, or field notes, are commonly used in ethnographic research. Such personal notes not only describe people, events and dialogues that result from the researcher's observation in the field, but they also reflect the researcher's feelings and reactions to the situation. These personal notes usually are of exclusive interest to the researcher and the team, and their content is not visibly reflected as part of the final results and in scientific papers. In addition to constraints such as page limits of scientific papers, a reason for exclusion may be the belief that field notes are too subjective for scientific rigor (Mulhall, 2003; Montgomery and Bailey, 2007).

Several researchers claim, however, that reflective writing facilitates intimate introspective processes and can provide emotional shelter when dealing with a sensitive research subject (Lalor et al., 2006; Malacrida, 2007). Thus, Bradbury-Jones (2007) advocates the use of

reflective diaries in the qualitative research team as a tool to explore the investigators' level of subjectivity, thereby minimizing bias on the part of the researchers and enhancing the validity of the results.

In our research, we have witnessed such a process. The journals of interviewers, trained to be astute observers, delivered a reflective discourse and brought to the surface important caregiving and family processes that would have remained hidden if only quantitative data had been used. The remainder of this paper will further explain how the data obtained richness and validity through the use of reflective personal journals with specific examples from the field of family caregiving to the elderly.

Methodology

In the overall study, a sample of 294 Hispanic caregivers (186 from Cuba and 108 from other countries in Central and South America and the Caribbean) was recruited through home care agencies and services in the community. All respondents cared for a person older than 65 years and ranged in age from 25 to 92 years. Close to 35% were spouses, 51% adult children, and 14% other relatives or close friends. The majority of the Hispanic caregivers were naturalized immigrants, having lived a major portion of their lives in the USA, but most felt the need to have the interview conducted in the Spanish language. Eight data collectors conducted person-to-person interviews, five of them in Spanish, over the course of 3 years, using a structured interview schedule composed of standardized instruments and scales developed for the study. Questions addressed personal information about caregivers and patients, caregiving patterns, cultural attitudes about caregiving, and the need for and use of family help and community services.

The study was approved by the Human Subjects Review Board of the university and all activities respected the caregivers' rights to confidentiality. Thus, all participants understood that their names would not be used in any publication. Nevertheless, the people who provided the stories for this article gave additional specific permission to publish their story. The interviewers were extensively trained in interviewing techniques, relating to older people, and using cultural sensitivity (Friedemann et al., 2007).

At the conclusion of the structured interview, the interviewers encouraged the participants to vent any issue that was not covered in the interview and engage in an informal discussion if they felt a need to talk. Mostly, everyone welcomed this opportunity and started a conversation. Since many caregiving situations were complex, the interviewers became motivated to explore details and found themselves taking on an almost therapeutic listening role (Mills et al., 2006). In a few cases where interviewers detected emotional crises, it became necessary to contact the referring agencies for professional follow-up.

During the length of the study, the interviewers were asked to register reflective field notes in the form of personal journals. Notes in the journals were made in private once the interview ended. Although freedom was given to the interviewers regarding the subjective nature and the extent of their writings, we requested that they include observational data, discussions with meaningful quotes, as well as their own feelings and impressions about the experiences of the caregivers.

During bi-weekly team meetings, all interviewers shared the field notes and initiated discussion about observed issues. They were eager to share stories as a venue for reflection, introspection and feedback from the other team members about their experience with the caregivers. The mutual team support that ensued allowed personal introspection, encouraged discussion about optimal methods of interviewing, and, consequently, contributed to quality control (Friedemann et al., 2008).

We produced audiotapes from all team discussions, transcribed them and examined the text for recurring themes regarding caregiver issues. From these transcriptions, we discovered three essential topics that reappeared throughout many of the stories told by Hispanic caregivers: (1) the perception of caregiving as a justified responsibility or imposed obligation; (2) the creativity in the context of challenging caregiving; and (3) the caregiver's resistance to delegating tasks. To access the actual quotes and stories in order to illustrate the three issues, we reviewed the original entries in the respective interviewers' notebooks.

Examples from the diaries

Contrasting roles: Caregiving as justified responsibility or imposed obligation

—Commonly found characteristics in studies of Hispanic caregivers include 'familism', gender-preference favouring women for the caregiver role, marital reciprocity and affect (Couce and Domenech-Rodriguez, 2002; Neary and Mahoney, 2005; Weiss et al., 2005; Crist et al., 2006; Escandon, 2006; Scharlach et al. 2006). All of these characteristics amount to the idea of a strong sense of responsibility and family support in Hispanic families, regardless of their level of acculturation (Jolicouer and Madden, 2002). Our Spanish-speaking interviewers found such evidence. For many families, kinship implied a moral duty to stay connected, get along, care for each other, and contribute to each other's well-being. For some Hispanic caregivers, however, taking care of an elderly relative was a burdensome obligation. Feeling obligated to provide care for an elderly relative was one of the first arguments reported to the interviewers:

[November 2005] She thinks she is obligated to care for her parents. Being the only child living in Florida led to this. She resents her siblings and complains about their lack of support. Finances are not an issue; instead she feels that she is missing a lot from life and that her own children are taking a toll on her being a caregiver. She does a good job, and her parents are in good condition, especially her disabled mother; however, she sounds frustrated and hopeless.

In contrast, as noted by a seemingly equal numbers of entries, many participants perceived their work as a gratifying responsibility instead of an imposition:

[March 2007] I have noted that these individuals are grateful for the support that they get (if any). They appreciate the fact that they can take care of their loved ones at home...

[April 2005] I always thought that being a caregiver was something that no-one could be happy about, regardless of what they say. This is why I'm amazed to see how honestly satisfied this daughter feels about caring for her mother under such hard circumstances.

Whereas obligation seemed a strong motivator to provide care, a number of cases veered off this generally accepted perception of Hispanic culture. Such cases provided the team with a valuable opportunity for insightful discussions about the differences between the reality described in the literature and the human reality experienced by certain research participants. The following excerpts document such exceptions to the presumption of 'familism' in Hispanic families:

[March 2007] This caregiver looks after his wife, who has Alzheimer's. He feels down. At first I thought it was because of the load of work that he has. Well into the interview he shared the cause of his mood: all of their children live in South Florida, but none of them help him care for their mother. According to the caregiver, they behave like their mother is not ill and this takes a toll on the caregiver who would be grateful to take just a day off and rest.

[March 2005] After interviewing this couple it was hard for me to tell who takes care of whom. She needs a walker to be able to walk because her back is totally bent. This is not her only health problem! She takes care of her husband who has Alzheimer's disease. He also had a coronary by-pass. They live in a studio apartment in the back of their son's impressive house. It is obvious that the son is financially stable; however, he is not willing to take on additional responsibilities related to the care of his parents beyond providing a room for them to live in. This wife is constantly challenged, both physically and emotionally, by the multiple adverse circumstances that she has to overcome in caring for her husband. She is very discontented and disappointed because she expects more support from her child.

[March 2005] This is a Cuban-born lady between the ages of 80 and 86 years. She is well educated and lives in an upper-middle class neighborhood. She cares for her husband and lives with him next to their son's house. I found that their son does not feel that his parents are his responsibility and is not willing to sacrifice much in order to help them. After having got this feedback from the son, I decided not to explore this subject any further.

Several authors have tried to characterize the profile of the family caregiver in the USA. Traditionally, women have been known to be the family member caring for an elderly or chronically ill relative (Ory et al., 1999; NAC and AARP, 2004; McGuire et al., 2007). This is particularly true among minorities and ethnic groups (Ayalon and Huyck, 2001; Navaie-Waliser et al. 2001; Sorensen and Pinquart, 2005). In the Hispanic culture, based on their stereotypical macho image, one would hardly expect men to care for their relatives. Nevertheless, the participation of men in family caregiving has been increasing (NAC and AARP, 1997; NFCA, 2000) and the particular way of men dealing with the physical and emotional burdens of family caregiving has been broadly described in the literature (Gallicchio et al., 2002; Thomson et al., 2004; Calasanti and King, 2007). The following powerful and moving notes reflect that this change may hold true for Hispanics as well. The meaning of caring expressed by selected male caregivers shows that their love and commitment can reach beyond typical gender roles:

[March 2007] It has been very clear to me that those men who care for their wives suffering from Alzheimer's have an enormous capacity to make their coexistence better. They spend each of their days fighting adversity and the unpredictable. Today, when I asked one of them whether he thought his duty was exhausting, he answered: "One would do anything for love. I have loved this woman all my life and this is a good time to show it". ...I can see that these men have one thing in common: their unconditional love for their wives.

[March 2007] His love and devotion for his wife was evident in each of his actions. His story is not only beautiful but inspiring: "I was imprisoned for more than 20 years in Cuba. She arrived in this country and worked as a pianist. She was a very good pianist, one of the best. She waited for me all those years. When I was set free she brought me here and we got married. We were happily married for 15 years until she was diagnosed with Alzheimer's. How could I not devote myself to a woman who loved me like she did? I feel sad because I would have wanted more years with her, I mean, years in which her mind worked fine. But my love for her is supernatural...I could never put her in home-care...I couldn't do it...she is my life".

During the research group meetings, interviewers agreed that it was sometimes difficult to determine whether the care provided by some participating family caregivers was a willingly accepted responsibility or a burdensome imposition. During observation of the interactions

between the caregivers and their ill relatives, what looked like an imposition at times, seemed like responsibility based on deep affection of others. There were times when the caregivers felt down and hopeless and other times during which the same caregivers again felt encouraged and uplifted. Discussing these situations in the team meetings helped the interviewers explore their own feelings and encouraging feedback from the others served as a motivating force. Finally, getting to know the participants on a more personal level increased the interviewers' empathy and compassion for the caregivers so that they started to view their interviewing job as a mission. Their heightened interest in the research participants and their situations translated into more attentive interviewing and, consequently, quality data (Friedemann et al., 2007).

Creativity in the context of challenging caregiving—Caregiving is a laborious and time-consuming activity that burdens caregivers in different ways depending on their particular backgrounds and situations (Phillips et al., 2000). In the USA, Hispanic caregivers face specific barriers to formal services in their communities when compared to non-Hispanic caregivers. These barriers derive from cultural preferences, language difficulties, institutional exclusions and financial impediments (Janevic and Connell, 2001). The migration status of Hispanic caregivers and their care recipients is another restrictive element because, in many cases, it determines access to public and private services (Flores, 2000; Mangilvy et al., 2000; Neary and Mahoney, 2005; Scharlach et al. 2006).

[September 2005] Hispanic woman; 37 years old; highly educated; low income level. She takes care of her mother who came from overseas to visit and babysit her older child because she was about to give birth to a new baby. A few days after the baby was born, the mother had a medical event (not clearly explained during the interview) and became quadriplegic. Under the circumstances, the daughter decided to keep her mother in the country even though her own immigration status was not cleared yet. This has been one of the most heartbreaking cases that I have seen because the caregiver has not been successful in getting any sort of aid whatsoever. "I don't know how to drive...I cannot work because I have to take care of my mother and my children. My husband is the only person bringing money home and I feel very depressed", she said while she cried. The caregiver does not speak English and this limits her interaction in the community. Consequently, she ignores the services that are available to her.

[July 2005] During the interview, the caregiver told me how tired she felt due to the amount of work she had in caring for her mother. Her mother has Alzheimer's disease; she doesn't eat by herself and has lost contact with her surroundings. I asked her if she had considered the idea of leaving her mother in an assisted living facility for a week or so, in order for her to rest. She said she had been thinking of nursing homes, but she didn't know such places existed and she had not looked for alternatives because she does not speak English.

In such difficult situations, however, most caregivers proudly cited cognitive, spiritual and behavioural strategies to manage caregiving (Borrayo et al., 2007). In numerous cases, the personal diaries illustrated remarkable creativity of caregivers who looked after elderly relatives with dementia or cognitive impairment:

[March 2007] This man surprised me with his creativeness to care for his wife. Very often, his wife does not know who he is and she gets upset and aggressive because she thinks that a stranger is in the house to hurt her. This husband solves the problem by leaving his house and changing his clothes. He keeps clean clothes in his car and his neighbors allow him to change in their home. Then, he enters his house, pretending that he is coming from work and she welcomes him and becomes

calm. Sometimes he has to do the same in order for her to allow him to sleep in the same bed.

[March 2007]...he told me how difficult it is to bathe his wife. She doesn't like to take showers anymore. He gets in the shower and pretends that he cannot move well so he asks her to help him shower and he uses this opportunity to give her a shower.

Caregiver's resistance to ask for help—One of the most common observations among our data collectors was the caregiver's delay in using formal services. While struggling with personal and family resources, many of the Hispanic caregivers in our study only turned to formal services after their situation became unmanageable. Reluctance to attend support groups or seek respite was a common trait among these caregivers. Interviewers documented that some of them undervalued these services and felt sceptical about the results. In other instances, it was the caregivers' shy personality that kept them from contacting agencies or participating in support groups.

Interviewers documented that numerous caregivers stated they did not use services because they feared that if they did, they would no longer be needed. In one of her diaries, a seasoned interviewer noted that this fear of losing authority was an issue for many caregivers who needed to be in control of all caregiving tasks. One woman had problems delegating even simple tasks like errands to relatives or friends who were willing and able to help. Feeling compassion for this woman, the interviewer presented several alternatives from a list of affordable community services in order to lower the burden of caregiving. Surprisingly, the interviewer noted how the caregiver objected to every possible alternative.

In concurrence with findings of authors like Crist et al. (2006), Escandon (2006), and Neary and Mahoney (2005), several diaries contained the idea that problems with delegation may be at least partially associated with the need for being wanted. The reasoning offered by Hispanic caregivers ranged from the sense that only they were qualified to care for the patient to distrust in others, and larger family issues. Often, caregivers who did not want to hand over activities to other relatives acknowledged that being able to delegate was a necessary part of the process of caregiving, but underestimated their own need for self care. Some reported that they would only give up duties if they were in such distress that their health was compromised.

[January 2007]...despite having programs available in her community and relatives who are willing and able to help her, she argues all sorts of reasons to not delegate her caregiving duties. I would say that it is not so much that caregivers like her do not want to delegate responsibility but that they cannot do it. In many cases, it feels like their emotional endurance depends on how needed they feel, how useful they remain to their families, or how much control they have.

Some interviewers found care recipients who suffer because their caregivers openly express their fatigue and disconcert in an insensible manner. These care recipients are made to feel guilty about their situation, cry easily, and think that all they can do is wish that their relatives could get some help:

[February 2005] This lady is blind, deaf and cannot walk. Her daughter has taken care of her for over ten years. A couple of years ago, the daughter decided (against her husband's wishes) to move into her mother's bedroom to be able to provide better care at night. Her husband is upset about this and the quality of their relationship has declined. When I spoke with the mother, she made it clear that she does not need her daughter's presence at night. She told me that she has advised her daughter not to neglect her husband but her daughter insists on the importance of

staying with her. The caregiver feels sorry for her husband but, at the same time, she thinks that she has to stay with her mother during the night in order to be able to help if she were to need something.

Nevertheless, such examples seemed extreme and occurred relatively infrequently. Both quantitative and qualitative data attested to the fact that many caregivers felt a need for services to ease their workload and that they willingly subscribed to available services that responded to their cultural expectations.

Discussion

Nursing practice today reaches around the globe facing challenges. Nurses must understand the circumstances and the differing meanings of family caregiving in order to incorporate such knowledge in the provision of health care. New tools are needed in research in order to assess health-related outcomes. A quintessential question affecting both research and practice needs to be tackled: How can we best generate knowledge about the phenomenon of family caregiving to implement it in clinical practice?

Our answer to this question was to explore the usefulness of journals of those investigators who reflect on their interchanges with research participants during data collection. The stories included in this paper were taken from such journals. As mentioned, keeping formal journals was encouraged but the skill to generate reflective writing and self-reflection was not taught as part of the interviewer training. Thus, only three of the five Hispanic interviewers wrote detailed accounts of the case visits. The others simply jotted down enough keywords to have material for the report in the team meeting. A limitation, therefore, was the low enthusiasm of some journal writers and consequently the likelihood that the full spectrum of the caregiving phenomenon may not have been represented. Another was the preference for certain cases presenting unusual circumstances. Making formal journals compulsory, however, was not practical since several of the interviewers who exhibited mediocre writing skills were nevertheless superb in verbally telling their stories and providing valuable feedback to the team.

In spite of these shortcomings, the journal data had the intrinsic merit of exploring successfully the human experiences of family caregiving with richness and depth. Reflective notes of data collectors and verbal accounts detected differences among cases otherwise lost in the numeric data analysis that used predominantly measures of central tendency. An example of such a difference was caregivers who felt that their responsibility was justified compared with those who perceived their obligation to be imposed against their will.

Finally, the fact that interviewers tended to focus on issues, statements and behaviours of caregivers that were personally relevant to them, could be considered a limitation since interviewers possibly overlooked other important patterns. We noticed, however, that skewed reports often served as material for discussion during team meetings. Responding with feedback, peers pointed out alternative explanations based on their own observation. Consequently, these discussions led to reflection and introspection and brought to life other perspectives of the same caregiver situations, thereby allowing deeper understanding. This, in turn, provided meaning to the research process in general and motivated the interviewers to put forth their best abilities. That the interviewers took their mission seriously and responded to the caregivers with compassion, we heard directly from the participants during follow-up phone calls meant to check on interview quality. The seeming shortcoming, therefore, provided a venue for data quality improvement. Journal viewpoints assisted the team in exploring and understanding caregiver intentions and motivations (Harris, 2003) within the specific social and cultural context, and contextual understanding assisted in limiting researcher bias.

Those individuals who kept detailed personal journals considered writing to be a gratifying experience and team discussions honed their observational skills. Thus, personal diaries had an additional benefit of constituting an intimate and effective way to handle the emotional impact of the interviews, a finding that has been described by authors like Beale et al. (2004). By sharing their encounters and reflections, the interviewers evoked robust discourse in team meetings. Their accounts allowed those team members who had not been in the field with them or not assigned to Hispanic families to relate to the phenomena specific to these families, to connect it to the study data, and enhance their overall research experience.

Since the use of journals seemed to have improved the quality of interviewing and enhanced the interpretation of our quantitative findings, we recognized the need for including journals as an integral part of future research programs, formally training the interviewers in journal writing, and subjecting the personal diaries to a rigorous qualitative content analysis. Further research is needed evaluating the usefulness of such journals in various types of studies and examining the convergence of the journal findings with the results of overall research data analysis, something we could not do due to limited time and resources.

Conclusion

This paper promotes the incorporation of a creative research method. In the USA, personal journals are still not an instrument widely used in research protocols. The personal diaries presented the sensitive emotional character of qualitative data. From a methodological standpoint, the use of personal journals allows researchers to record the personal stories of the participants. Under quantitative methodological approaches, such information would remain concealed at the expense of a comprehensive understanding of the studied phenomenon 'as it really is' from the perspective of those who live it.

The family caregivers expressed fears, worries, and needs to better care for their loved ones, but also the fulfillment and joy brought by their compassionate and loving work. The first theme found was the perception of caregiving as a justified responsibility. Quantitatively, this was measured in actual hours of work only, 18 hours of hands-on work per week on the average with only an average of 35 minutes of family help. Contrary to the literature, a strong sense of 'familism' in this sample was not supported by quantitative results. Journal data, however, did not clearly rule it out but suggested that, regardless of the assessment of their role being justified or imposed, the many hours of work provided was not only based on the primary caregivers' sense of obligation, but also on difficulties they had to delegate tasks to others, the last theme presented in this paper. Finally, second among the themes was creativity in the context of caregiving. Stories illustrated how personal, family or social impediments may result in elaborate approaches and schemes to ensure the provision of quality care. Whereas the three themes suggested that certain processes take place in the caregiving environment, the data lack the validity to stand on their own. Nevertheless, the journal content has the potential to inspire researchers to formulate and test new hypotheses in their study of caregiving cultures.

A culturally competent nursing practice is an ethical essential (Ludwig-Beymer, 1999). The stories derived from interviewer journals help appreciate the realities of those who take care of their chronically ill or disabled elderly relatives at home. They show that the realities of Hispanic families do not always correspond with the rather stereotypical views of family processes portrayed in the literature. As the number of family caregivers in the USA rises (Spillman and Black, 2005), the importance of an assessment of family dynamics without value judgments and a broad understanding of caregiver needs becomes more apparent. In clinical settings, understanding the stories of family caregivers can assist in therapeutic intervention and improve outcomes such as lowering re-hospitalization rates and

maximizing the use of collective resources. We hope that the stories cited here will encourage clinicians to deal with sensitive subjects through interaction with families and to keep an open and reflective attitude.

Finally, conducting innovative research will be crucial to providing nurses with the necessary tools to fulfil their roles. Based on our positive experience with interviewer journals, we aim to inspire novice and seasoned researchers to explore inter-subjectivity through reflective thinking and writing. Considering the collected data as living experiences and not only as statistical snapshots reinforces the moral responsibility of researchers.

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Biographies

Marie-Luise Friedemann (PhD) has a doctorate and master's degree in psychiatric nursing from the University of Michigan. She has held faculty and administrative positions at Wayne State University and Florida International University. At present, she is a researcher involved in foreign student exchange programmes. Family nursing is her specialty and research projects involve family caregiving. Dr Friedemann has developed a theoretical framework, the Framework of Systemic Organization, taught and applied in practice with families in many countries. She also developed a theory-based family assessment

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Carlos Mayorga (MD, MHA) graduated from the School of Medicine at the Industrial University of Santander in Bucaramanga, Department of Santander, Colombia. He received his master's degree in healthcare administration from the Pontificia Universidad Javeriana in Bogotá, Colombia. His research, teaching and clinical interests include primary care, preventive medicine, and ethics.

Luz Dary Jimenez is a poet and freelance writer with emphasis on labour relations and humanistic topics for several newspapers and magazines in her native Colombia. She is very active in the Spanish-language poetry festival circuit in South Florida.

Key points

- Cultural competence is a necessity for nurses who care for immigrant populations.
- Increasing numbers of minority family caregivers in the United States call for better understanding of their needs.
- Field journals of interviewers have the potential to be effective research tools to explore cultural caregiving patterns and supplement general research data.
- The discussion of journal entries promotes deeper understanding of caregiver needs and cultural competence of data collectors.