

Symbolic interactionism, grounded theory, and child and adolescent health: a scoping review protocol

Interacionismo simbólico, teoria fundamentada e saúde de crianças e adolescentes: um protocolo de revisão de escopo

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ABSTRACT

Objective: to map the theoretical-methodological application of symbolic interactionism and grounded theory to child and adolescent health care research data. **Method:** studies will be considered in terms of: participants: children, youth, and their caregivers (both professional and nonprofessional); concepts: symbolic interactionism and grounded theory; and context: any setting in which care for children and youth is promoted. The search strategy will be applied to 12 electronic data sources and will follow the Joanna Briggs Institute (JBI) methodology. Inclusion criteria will be: national and international articles, regardless of research approach, with no language or time frame restrictions. There are no exclusion criteria. The processes of study selection and synthesis will be carried out with the support of Rayyan and NVivo version 13 software, respectively. The protocol is registered in the Open Science Framework (OSF): <https://doi.org/10.17605/OSF.IO/BKTMJ>.

Descriptors: Symbolic Interactionism; Grounded Theory; Child Health; Adolescent.

RESUMO

Objetivo: mapear a aplicação teórico-metodológica do Interacionismo Simbólico e da Teoria Fundamentada nos Dados nas pesquisas sobre cuidados à saúde de crianças/adolescentes. **Método:** nos estudos, serão considerados: participantes: crianças, adolescentes e seus cuidadores (profissionais e não profissionais); conceitos: interacionismo simbólico e teoria fundamentada; e contexto: qualquer ambiente onde seja promovido o cuidado às crianças e adolescentes. A estratégia de busca será utilizada em 12 fontes de dados eletrônicas e seguirá o método do *Joanna Briggs Institute* (JBI). Serão critérios de inclusão: artigos nacionais e internacionais, independente da abordagem de pesquisa, sem restrição idiomática ou recorte temporal. Não foram constituídos critérios de exclusão. Os processos de seleção e síntese dos estudos serão realizados com o suporte dos *softwares* Rayyan e NVivo versão 13, respectivamente. Protocolo registrado na *Open Science Framework* (OSF): <https://doi.org/10.17605/OSF.IO/BKTMJ>.

Descritores: Interacionismo Simbólico; Teoria Fundamentada; Saúde da Criança; Adolescente.

INTRODUCTION

Symbolic interactionism (SI) emerged in the late 18th century. During this period, theorists sought to present their version of the relationship between the individual and society as well as its implications and reflections on the human psyche. Thus, SI aims to contribute to the debate on the conceptualization of the social being through its assumptions and references to sociologists George Herbert Mead, Herbert Blumer, and Anselm Strauss⁽¹⁾. Strauss graduated from the University of Chicago and was influenced by SI. On the other hand, his partner, sociologist Barney Glaser, followed the positivist line of thought due to its theoretical roots in quantitative research, although both are recognized as

pioneers of grounded theory (GT)⁽¹⁻³⁾.

GT is a research method that aims to reveal strategies developed by individuals in response to situations experienced in their social context⁽²⁻³⁾. Thus, Strauss added to GT forms of interpretation and analysis that dialogue with SI⁽³⁾, has contributed to its success in conducting research aimed at generating theories focused on the healthcare field. Scholars consider SI essential to health care⁽⁴⁾ when they acknowledge that for there to be care, there must be interaction among those involved.

Therefore, it is relevant to focus on this theoretical-methodological application of SI and GT in scientific research on health, since both favor the unveiling of relationships between individuals, phenomena that are specific and genuine in care actions that occur through interactions. Indeed, it is well known that, among human beings, such relationships and interactions usually begin with the care provided by the parents, a phase that lasts from pregnancy until after birth⁽⁵⁻⁷⁾.

The first experience of human care comes from the family, an institution recognized as the foundation of the social support network that an individual needs to develop⁽⁵⁻⁹⁾. Therefore, the family is at the center of the protection of the individual in childhood and adolescence, which is legitimized by parental authority and includes the duty of health care. This responsibility extends when there is a physical and/or cognitive disability^(5-6,9-10).

In summary, throughout the care process that accompanies their growth and development, children and adolescents are subject to establishing interactions not only with family members but also with health professionals^(5,11-12). In this context, interactions are an important relational tool because it is through language (i.e., written, spoken, gestural, behavioral, or attitudinal)^(1,3,5) that there is an exchange of information and actions are established that are fundamental to caring for others, a fact that occurs at every level of health care assistance^(1,5,7,11-12). The field of child and adolescent health requires specific scientific studies due to the peculiarities of this period of human life. These studies should be aimed at meeting the health needs of this population, not only because it is a period of growth and development that can expose the child/adolescent to greater health vulnerabilities⁽¹³⁻¹⁴⁾ but also because it is a period in which the social experiences lived, especially those related to health care, can be reflected throughout life^(5,10,15).

However, despite being based on health needs, the participation of the child/adolescent in care is often still adult-centered and the responsibility is limited to the mother^(10,14) when it should be shared among family members⁽¹⁶⁾, led by the child/adolescent themselves^(9,14), and mitigated by the guidance provided by professionals, as mandated by the Brazilian Statute of the Child and Adolescent⁽⁹⁾. Such evidence needs to be highlighted and synthesized to promote efforts to address these issues that negatively affect the health of children/adolescents.

This protocol is therefore intended for a scoping review. This scientific research method is prominent in the health field, as it allows the synthesis of evidence and the mapping of the literature in a broad manner, focused on a specific area of interest⁽¹⁷⁻¹⁸⁾.

To date, no study with the same or similar objective has been found, as confirmed by a preliminary search on the Open Science Framework (OSF), the International Prospective Register of Systematic Reviews (PROSPERO), the Cochrane Database of Systematic Reviews (CDR), the Joanna Briggs Institute (JBI) and the Online Brazilian Journal of Nursing (OBJN), a journal that has been publishing protocols since 2021⁽¹⁹⁾. On the other hand, in the Virtual Health Library (BVS) and the Medical Literature Analysis and Retrieval System Online (MEDLINE), we identified 127 studies published between the years 1996 and 2022, which indicates the feasibility of the study, as it shows that there are potential articles that answer the review question.

For example, two national studies sought to understand meanings related to the care of children/adolescents with myelomeningocele⁽¹⁶⁾ and chronic illness⁽²⁰⁾; both studies used SI and GT. These studies were conducted by professionals in psychology and nursing who studied the perspectives of the children's family members, using as a methodological reference the work published by Glaser and Strauss in 1978⁽¹⁶⁾ and by Charmaz in 2008⁽²⁰⁾. Another study, using the Charmaz approach, deals with the experience of maternal overload in caring for a child with cancer from the mother's perspective⁽¹⁰⁾.

These texts present representative images of the phenomena studied in GT, referred to by the authors as "theoretical model"⁽¹⁶⁾ and "schematic representation"⁽¹⁰⁾. Although the research was conducted in Brazil^(10,16,20), one of the articles was published only in English⁽²⁰⁾. Despite mentioning the use of "field notes"⁽¹⁶⁾ and memos⁽¹⁰⁾, none of the texts presents the memos

constructed during the research, which are recommended as a methodological resource⁽²⁻³⁾ in any stream of GT⁽²¹⁾.

Finally, no literature review text on this topic was indicated by the databases visited, which reinforces its novelty. Furthermore, there is the potential to identify gaps that will pave the way for new research proposals focused on the care of children/adolescents, aiming to fill possible scientific gaps. In addition, this protocol contributes to high methodological quality, a fundamental characteristic of scoping reviews⁽¹⁸⁾ since its publication will allow the replication of this methodological approach in other areas of knowledge, whether in health or related fields. Therefore, the aim is to map the theoretical-methodological application of SI and GT in health services research for children/adolescents.

METHOD

This is a scoping review guided by the JBI method⁽¹⁸⁾, following the recommendations for writing the Preferred Reporting Items for Systematic Reviews and Meta-Analyses - Extension for Scoping Reviews (PRISMA-ScR)^(18,22). The searches will be conducted in May 2024. The protocol was developed and prospectively registered at OSF: <https://doi.org/10.17605/OSF.IO/BKTMJ>.

Review question

The review question to be used is: How are SI and GT used theoretically and methodologically in child and adolescent health care research? And secondary questions: Which sample groups in child and adolescent health care interact in these studies? Which analytical and methodological tools are used in these knowledge productions?

Eligibility criteria

In addition to the research question, the eligibility criteria are based on the acronym PCC⁽¹⁸⁾ (where P = participants, C = concept, and C = context).

Participants

Studies to be included will include: 1) children/adolescents: ages two to 19 years, as recommended by the World Health Organization (WHO)⁽²²⁾; 2) family caregivers: individuals who have parental authority over the child and/or adolescent^(6,9) and/or who are related (or not) to the child/adolescent, such as: father/mother, stepfather/stepmother, grandparent, uncle/

aunt, sibling, cousin⁽²³⁾; 3) non-family caregivers: Individuals who care for children/adolescents, although they are not family members or health care professionals, such as: nannies, teachers, supervisors, coaches⁽²³⁾; and 4) Health care professionals: Individuals with health care training, such as: physicians, nurses, nutritionists, psychologists, physical therapists, occupational therapists, speech therapists, social workers⁽²⁴⁾, community health workers (ACS)⁽²⁵⁾.

Concept

Studies will be included whose theoretical-methodological application was developed based on SI and GT. SI proposes that individuals respond to symbols (actions, objects, people, language) and emphasizes that these responses are shaped by individuals' interactions with society and with themselves and can be modified according to individual and/or collective interpretations and experiences. Therefore, SI allows researchers to understand how people understand others and how society guides human behavior in different situations⁽¹⁾.

GT is a scientific method that allows for the generation of a theory through the systematic and rigorous analysis of data to integrate concepts that relate to each other and to the central question. The resulting theory justifies and explains the reasons why individuals experience and react to certain events they encounter^(2-3,21).

Context

Studies will be considered at all levels of health care (national and international) in the home, school, community, daycare, or any other scenario where health care is provided.

Study types

Empirical studies, whether qualitative, quantitative, mixed, or qualitative-quantitative in approach, will be reviewed and included.

Exclusion criteria

No exclusion criteria have been established.

Search strategy

The search strategy was developed by the team librarian. Using the acronym, search terms were identified in controlled vocabularies: Health Sciences Descriptors (DeCS), Medical Subject Heading (MeSH), and Embase subject headings (Emtree). Two preliminary searches were performed. After defining the search strategy (Figure 1), it was adapted to each database.

Figure 1 - Search strategy applied to MEDLINE on February 8, 2023. Salvador, BA, Brazil, 2023

Search	Query	Results
#1	Search: "Grounded Theory"[mh] OR Grounded Theory[tiab] Sort by: Most Recent	14,791
#2	Search: "Symbolic Interactionism"[mh] OR Symbolic Interactionism*[tiab] OR symbolic interaction[tiab] OR symbolic interaction theory[tiab] OR "Social interaction"[mh] OR Social Functioning*[tiab] OR Social Interaction*[tiab] Sort by: Most Recent	40,810
#3	Search: "Infant"[mh] OR Infant*[tiab] OR "Child, Preschool"[mh] OR Preschool*[tiab] OR "Child"[mh] OR Child*[tiab] OR Children[tiab] OR Pediatric*[tiab] OR "Adolescent[mh]" OR Adolescence[tiab] OR Adolescent*[tiab] OR Teen*[tiab] OR Teenager*[tiab] OR Youth*[tiab] OR "Child Health"[mh] Sort by: Most Recent	3,519,518
#4	Search: (#1 AND #2) AND #3 Sort by: Most Recent	84

There are no language or time restrictions⁽¹⁷⁻¹⁸⁾, and the references of the selected texts are added and selected as additional sources⁽¹⁸⁾. If necessary, a letter of intent addressed to the authors of primary source studies will be included in the paper for further information if this is important for the development of the review⁽¹⁷⁻¹⁸⁾.

Data collection

Searches will be conducted in the following sources: MEDLINE, Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Health Sciences (LILACS), Virtual Health Library for Adolescents (ADOLEC), Nursing Database (via BVS), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Academic Search Premier, SocINDEX with Full Text, and Academic Source from SCOPUS (EBSCO), EMBASE (Elsevier), Web of Science (Clarivate Analytics), and PsycINFO.

The retrieved texts are imported into EndNote Manager to identify duplicate references and exported to Rayyan, a website funded by the Qatar Foundation⁽²⁶⁻²⁷⁾.

Study selection

Selection will be performed by two reviewers based on the inclusion criteria, with the first screening by title and abstract analysis and the second by full-text reading. The process will be individual, and blinded, and in case of disagreement, a third reviewer will decide⁽¹⁷⁻¹⁸⁾. This stage is illustrated by the PRISMA flowchart⁽²²⁾.

Data extraction

After the inclusion of the selected studies, a careful reading of the material and data extraction (28) is performed by two independent reviewers (Figure 2).

Figure 2 – Demonstration of the data collection tool. Salvador, BA, Brazil, 2023

Text ID		
Reference	Year of publication	Subarea
Population		
Sample	Children and/or adolescents	Age
Health problem/injury investigated	Professionals	Family members
Concept		
Symbolic Interactionism		
Author	Application of concepts	
Grounded Theory		
Author	Application of methods	Analytical/methodological tools
Research scenario data		
Country	Objective(s)	Population
Method	Technique	Context*

*(hospital, outpatient clinic, primary health care, home care, home, schools, nurseries).

The extraction instrument will be modified and reviewed (if necessary) throughout the data extraction process of each text included in the study. A pilot test of the instrument will be conducted to adjust and optimize its completion. There will be a plausibility check of the database constructed by the authors with what can be extracted from the texts. Any changes will be described in the scoping review report.

Analysis and presentation of data

The extracted data will be grouped and synthesized in Microsoft Excel and then analyzed in NVivo version 13 software. Results will be presented in the form of percentages, figures, graphs, tables, charts, and graphs to answer the review questions. A narrative synthesis will accompany the results and describe how they relate to the proposed review objective and questions.

*Paper extracted from the doctoral thesis "Sexual violence against children and adolescents: theoretical constructs for care in the light of

symbolic interactionism", presented to the Universidade Federal da Bahia, Salvador, BA, Brazil.

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CONFLICT OF INTERESTS

The authors have declared that there is no conflict of interests.

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