

IMPROVED FAMILY ROLES AND FUNCTIONS: AN APPROACH TO HEALTHY FAMILY

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Abstract

The structures of a family and family functions thus have implications for the individual human being's quality of life. This includes physical image, social and mental health well-being. Individual family structure changes over time. Changes in family affect the health of both the children and the adults in a family. It is noteworthy that family function is influenced by the structure. The Nurse need to collect data that will show information about the family structure and functions of their client at every contact, this will provide intervention that will improve family functioning. Such information will be useful in developing and implementing care/intervention that would improve family functioning irrespective of the structure, thereby improving family health. The quality of life has a direct relationship to health-related issues in families, such that there is an implied implication or bearing on their health status or conditions. Good family functions improve health while a dysfunctional family tends to contribute negatively to the health of its members and in situations where the members are suffering from a particular illness or another, good family function can aid the healing process. Quality in human's life represents the well-being of an individual, outlining positive and negative features of their life. Meanwhile, there are continuous changes in family structures, there are rooms for nurses to create an avenue for family to impact the health of their members. Family structure and family function is important for promoting family health and disease prevention.

Keywords: Health, Family, Quality of Life

1.0 Introduction

The multidimensional concept known as health-related quality of life (HRQoL) includes all aspects of functioning on the physical image, mental, emotional, and social levels. Instead of focusing just on health population, life expectancy rate, and direct effects of mortality, the study examines the relationship that exist between health status and quality of life (European Patients' Academy, 2016). A concept closely related to HRQoL is "well-being", which assess positive aspects of life in a person, such as positive emotions and life satisfaction. Because it could result in discontent, a lack of desire for any endeavor, and a reduction in social, economic, cultural, and health activities, the quality of life is crucial. In its most profound aspects, it might have an impact on a nation's socioeconomic progress. To put it another way, increasing quality of life is an action that promotes health (Azmoode, Tafazoli, & Parnan, 2016). Clinicians and public health professionals have evaluated the consequences of chronic illness, treatments, and both short- and long-term disability using HRQoL and well-being. Although there are several current HRQoL and wellbeing measures, methodological advancement in this field is still under progress. The patient's family, the community, the

workplace, and the health system are some of the elements that can affect quality of life (Azmoode et al., 2016). Family members' health is significantly influenced by the structure and activities of the family.

The family's organizational structure describes how it is set up. These include the dynamics of interpersonal relationships and the form it takes. There are different forms of family structure. These include nuclear, extended, blended, single-parent family etc. Each of these structures affects the health condition of its members positively or negatively depending on the ability of its members to perform their roles and functions effectively.

How well a family operates is an indication of the quality of life for its members. Azmoode et al. (2016) defined the term "family function" as ability of families to coordinate and adapt the changes that occur throughout life, resolve conflict, cooperate among members and succeed in disciplinary patterns, respect the boundaries between individuals, and respect the rules and principles which help the family to protect the entire family system. Family functions on the hand, according to Santos, Crespo, Canavarró, and Kazak (2015), is an essential component of disease prevention. This context serves as the backdrop for the paper, which aims to define the family's role in connection to health-related quality of life.

The specific objectives this study set achieved include to: describe different structures of families and the family concept; the general functions of family; develop a family functioning pattern model; explain how family structure affects how a family functions; describe the aspect of life that is relevant to one's health; implication of family structure and its functions on health and suggest the roles of community health nurse in improving health through improve family structure and family functioning.

The operational terms used in this paper are described below for better understanding of the content of the paper.

- Family structure: the structure of a family is described the number of people in a family and how they are organized, e. G. Nuclear, extended, blended etc.
- Family functioning: family functioning is the process through which members of a family interact, relate to one another, uphold their bonds, and collaborate to make decisions and address issues.
- Quality related to healthy life: the term "individuals' perception of their place in life in relation to their goals, expectations, standards, and concerns" is used to describe health-related quality of life. This view is understood in light of the cultures and value systems that exist among people.

2.0 Literature Review

2.1 Concept of Family

Family life as an integrated and successful unit of society has captured many researcher's attention and imagination. Discussion of family is a topic necessary for studies and also significant for research because of its influences and its impact on a person's development, conduct, and overall well-being. Several in social science disciplines, such as sociology, economics, psychology, anthropology, social psychiatry, and social work, the family is a core unit of study. Research on it is also being conducted in the sciences, especially medical science, particularly in connection with understanding illness epidemiology and progression.

It also lays the groundwork for medicine usage in families; thus, in this context, the use of family in censuses varies from country to country and even from one census to another within a single country. "Household" has frequently been used in place of "family."

The phrase "all people living in one household" may not be the best description of a family because it may, on the one hand, include non-kin and, on the other, omit family members who are temporarily away from home (Sharma, 2013). This type of description is inadequate because it fails to take into account groups that behave as families having an economic and social environment the same and also having the same emotional sense but they are not residing in the same household (Hodgson, 2002). Family membership implies obligations that cross generations, regardless of where family members are dwelling, despite the fact that family living arrangements are usually the focus of literature (Sharma, 2013). A family, according to the UNESCO study, is a kinship group that can continue to function in society even if its members do not share a residence. In the context of evaluation serving as a variable factor in health, this definition may be too vague to identify family units.

Every society and social organization is defined by its basic social unit, the family. These are the basis of social organization. They have similar values, a similar culture, and a similar motto. Every family member has a variety of responsibilities, and these responsibilities are crucial to a happy and harmonious family unit. According to the majority of academics, a family's capacity to handle day-to-day challenges, unanticipated crises, and the typical changes that take place in families through time is closely correlated with the formation of clear roles within the family.

2.2 Family Structures

The general structure of the family is its organizational structure. This is a reference to interpersonal interactions between people and the forms they take, such as nuclear or blended (Potts & Mandleco, 2012). Due to the massive economic and social changes that have taken place in Africa over the past 40 years, the family structure as well as the roles of men and women have altered substantially. Increasing divorce and remarriage rates, the number of mothers working outside the home, the propensity for more adults to put off getting married or choosing to remain single until they are older, lower birth rates, and a longer life expectancy are a few examples of these societal changes (Ekane, 2013).

In today's society, there are more ideologies, lifestyles, and family arrangements than ever before. The two-parent nuclear family, which comprises of a mother and father connected by marriage and one or more children, is no longer representative of modern life (Family Nursing, 2020).

2.3 Family Functioning

Family functioning is a multifaceted notion that refers to how closely related family members are to one another (Botha & Booysen, 2013). Family functioning, which assesses the family system as a whole, differs from parenting and marital behavior in that the latter two measures focus on various family subsystems. We focus on research that looks at how families function as a family unit because we see families as microsystems that are more than the sum of their parts. Families are characterized as social groups of people who are related to one another in certain areas such as blood (kinship) relation, adoption, and foster care. Other area is

marriages (extended families), conducted through civil, customary, and religious, or through communal union, according to the Department of Social Development's White Paper on Families.

This phrase broadly refers to any shared physical residence. The various character of families as it is articulated in the White Paper on Families is nicely captured by this concept. The primary family activities are directed by the three main strategic priorities. The top priorities are:

- promoting healthy family life that focusing on actions to stop the dissolution of family life and by also promoting positive attitudes and good values which are importance of strong families in communities
- Strengthening family, this has to do with the deliberate process of providing necessary opportunities to the families in terms of relationships, networking, support, and protection during times of difficulties
- Preservation of family

Fundamentally, the priorities strategic is to support families so that they can interact and work together more effectively. According to Belsey (2005), the organizational structure of families acts as a means of social integration as well as an emotional source with other material and political supports for the family's members. Family functioning is described by Walker and Shepherd (2008) in terms of how members engage with one another, maintain relationships, communicate with one another, relate to one another, and work together to solve issues and make decisions. Since family members interact with one another and cooperate to reach a shared goal and outcome, family functioning can be conceived of as a multidimensional concept (Botha & Booyesen, 2013).

According to Botha and Booyesen (2013), family functioning has a significant impact on an individual's health or well-being, and good social support within families is crucial for happiness. This may be due to how well-adjusted and supportive the family members are toward one another, particularly when helping people deal with challenging or traumatic life events (Walker & Shepherd, 2008). Roman, Schenck, Ryan, Brey, Henderson, Lukelelo, Minnaar-McDonald, and Saville (2015) contend that a family's functioning determines its members' overall well-being. This reduces the likelihood that psychological problems will arise and strengthens the family's capacity for problem-solving. A healthy family dynamic fosters an atmosphere where everyone supports and accepts one another and participates in activities that further promote child development. However, families that are operating maladaptively do not exhibit these beneficial family traits (Nichols, 2010). In families where there is abuse which is substance, violence in the family, difficulties in parenting, and poor communication. there are symptoms of dysfunctional families in the form of ineffective parent cares, child uncaring attitude and abuse, as well as pathological disorders vulnerability (Roman et al., 2015). There are numerous models of how families operate. McMaster Model, Skinner's Family Process Model Theory, and so forth are a few examples. We will discuss the McMaster's Family Functioning Model in this review and how it describes the idea of family functioning.

2.3.1 Different Types of Family Structures

- **Step Family/Blended Family:** Many partners decide to remarry after their divorce, which takes place in more than half of marriages. As a result, the stepfamily or blended family is created by joining two separate families. The new couple is joined by their offspring from prior unions or partnerships as well as their spouse. Despite having more concerns including adjustment periods and discipline problems, step families are about as common as nuclear households. The youngsters experience stress as a result of the change to a stepfamily. Children may experience a fresh set of losses after losing one of their parents and generally their familiar surroundings, as well as allegiance issues and a loss of control. The youngsters had these changes forced upon them; the adults decided to make significant adjustments in their lives. The feelings of sibling rivalry are heightened for the children in the stepfamily due to feelings of jealousy, insecurity, and worry that a new sibling would be more loved. Stepfamilies need to learn how to work together and with their ex-spouses in order for these family arrangements to function correctly.
- **Conditionally separated families:** This occurs when a family member is cut off from the others. They may have moved for work or for military duty, among other reasons, but they still play a vital role in the family. In particular, children will eventually assume a parent's role and responsibilities (unofficially taking care of their younger siblings), especially if one or both parents are purposefully or unintentionally absent/deficient parents because they fail to act appropriately or neglect their children's physical or emotional needs (for instance, parent suffering from mental/psychological disease and unable to provide the child's needs). When a youngster cares for another person, they typically miss school to undertake personal and household responsibilities that their parents are no longer able to handle. Some parents who look after children do all the care that parents of grown children provide, including giving injections and medications—a task for which they frequently lack training. However, placing a youngster in this job may harm his or her scholastic, social, and emotional development. Families usually have no choice but to have a child act as a caretaker.
- **Extended Family:** An extended family is any group of two or more individuals who are related to one another by marriage or blood and who live together. This family is made up of a large number of relatives who cohabit and work together on projects like caring for the house and raising the kids. There are still living cousins, aunts, and grandparents in a lot of extended households. The population of an extended family is a result in the inadequacy of resources for effective healthy living of members of the family and this kind of situation places too much stress on the family members taking up the role of a sponsor in the family.



Fig 1. Extended family (*Extended African Family Smiling Together Stock Photo - Alamy, 2020*)

- **Foster family:** One or more of the children in this family are considered to be temporary residents under the law. It is possible for this "temporary" period to last only a few days or all the way through the child's childhood. Families with children in foster care where the child is legally allowed to live with a parent's relative. Children in foster families may not enjoy preferential care that the legal child of the parents enjoy and this tends to negatively affect the child physical, mental and psychological health.
- **Nuclear family:** The conventional family unit is the nuclear family. There are two parents and two kids in this kind of family. Long considered the best setting for raising children, the nuclear family. The two parents' shared financial responsibility benefits children in nuclear families, who often have more possibilities as a result of the strength and stability of the two-parent arrangement. In the nuclear family, there are also many demands put on the two adults, including working to provide for the family's financial needs, raising the kids, attending to everyone's emotional needs, and keeping the home. Managing all of these tasks in households with two working parents frequently leads to high levels of stress, which have a negative impact on the family's well-being.



Fig 2. Nuclear Family (Wacogne, 2002)

- **Co-custody family:** The children of divorced parents are both governed by the law in this instance. A child might also live with both parents, or they could live with one parent and visit the other often.
- **Single parent family:** This can be a mother or a father who is completely responsible for raising the child. The child could be conceived naturally or adopted. They might be the only parent through choice or by force of circumstances. The other parent may have never been involved with the family or may have done so just occasionally. The function of providing for the family is going to be the job of the single parent and the course of

his/her job may not allow for effective parenting of the child. Parental stress may come in and as a result this affect parent-child relationships and the psychological health for children. Children in this type of family structure tends to take advice from friends and in many cases this has resulted in children of single parents exhibiting behavioural problems. Compared to children who grew up in intact households, children of single parents as a result of divorce have worse psychological wellbeing and more behavioral issues (Gahler & Palmtag, 2015; Mandemakers & Kalmijn, 2014).



Fig 3. Single Parent Family (Show et al., 2020)

2.3.2 The General Functions of the Family includes

- **Provision of Resources:** One of the most fundamental yet significant jobs within a family is provide all members of the family with resources such as money, food, clothing, and housing. A mother prepares food and takes care of the family's fundamental necessities while the father provides for their needs in terms of food, shelter, and money. Even though it is the father that mostly provide these resources it is the mother that makes sure that the resources are properly utilized for the health and wellbeing of the family.
- **Life Skills Development:** The development of life skills takes into account both children's and adults' physical, emotional, academic, and social growth. Examples of this role include a parent guiding a young adult child in making a career decision or a parent encouraging a child to thrive academically.
- **Maintenance and Management of the Family System:** Many duties fall under this fourth function, including those related to leadership, decision-making, managing the family's money, and upholding proper roles with regard to extended families, friends, and neighbours. Other duties of this position include upholding order and enforcing behavioral norms.
- **Sexual Gratification of Marital Partners:** One of the elements to a good marriage is a successful sexual connection, which involves taking care of each partner's sexual needs in a way that is satisfactory to them both. The primary role of a family is to uphold, defend, and advance each generation of its members.
- **Role of Children:** Following instructions from their parents, helping with home tasks, especially in the kitchen, garden, laundry, and vehicle wash, living up to family expectations, and achieving high academic standards are just a few of the important roles that children play in the family (Ward & Ph, 2020).

While problematic and unsupportive familial interactions have a negative effect on health, positive familial relationships and social support operate as protective factors against mortality risks and enhance overall health. "There is mounting evidence that relationships of poor quality can really be detrimental to one's physical and mental health. In fact, unhappy marriages are associated with poorer physical and mental health than single life. The unequal distribution of authority and decision-making in marriages is also linked to high levels of depression in both partners. Poor physical health and development are also linked to upbringing in a violent, negligent, or unsupportive household (Unite for Sight, 2015).

Most people around the world consider having a family a fundamental social institution that is central to their social lives. It falls under the category of a nuclear (parents and children) or extended (adding other relatives) social unit that is formed by blood, marriage, or adoption (Nam, 2004). It is widely acknowledged that the structure of the contemporary family has changed significantly over time. As a result of societal changes, the number of traditional, "typical" families—primarily "nuclear" families—has significantly decreased, according to the information provided. We are encouraged to assume that these will be gradually replaced by non-family units based on non-marital cohabitation, childless families, one-parent families, unusual family structures, and quasi-family units. This theory of the fall has been put forth for many years.

There is no such thing as a typical family because the concept of family has become increasingly amorphous. In the Western world, there are far fewer household members. According to Mortelmans, Mthijs, Alofs, and Segaeert (2016), it was described that there was a significant decline in fertility below replacement level, a decline in marriages, the occurrence of new partnerships such as unmarried cohabitation and living apart by couples, an increase in the rate of divorce and separation, an increase in single-parent households, and extended family not residing under the same roof as the nuclear family. Due to economic, technological, and cultural forces, these developments have accelerated since the 1960s. Relational behavior (couples), reproductive behavior (parenthood), and intergenerational behavior (concentrated on senior citizens' living arrangements) are some examples of human behaviours with three key groupings of family traits that have been identified by authors like Cliquet (2003).

The greater representation of women in the labour force in welfare states is another significant change in families and the family structure. Women typically work part-time in many nations, including Germany, in order to care for their families and children (OECD, 2011). According to the second demographic transition (SDT) paradigm (Richter and Andresen, 2012), populations in North-Western Europe would age significantly as a result of low fertility and continued advancements in longevity. This tendency is already being followed by industrialized Asian nations and several European nations. As a result of this demographic shift, there are additional societal issues related to an aging population, decreasing home stability, increasing poverty or exclusion among specific household types, such as those headed by single individuals or lone moms, as well as the integration of immigrants and people from different cultures (Lesthaeghe, 2010).

However, family structure trends vary slightly in emerging countries. Extended families are quite common in Asia, the Middle East, Central and South America, and sub-Saharan Africa. These families could include the parent(s) as well as extended family members. Across several locations, fewer couples are getting married. According to Scott, Bradford, Wilcox, Ryberg, and DeRose (2015), marriage rates among adults are highest in Asia and the Middle East and lowest in Central and South America. These are just a few examples showing how different family and home structures are perceived around the world. The difficulties in categorizing various family configurations increase as the idea of family becomes more flexible and changing. We shall examine the numerous family structures in the modern era in the current study.

3.0 McMaster Family Functioning Model

Epstein first put up the McMaster family functioning model idea in 1987. He views the family as the cornerstone of society and holds that the purpose of the family is to foster the development of its members' components that are social, psychological, physical, and other. The family system has a variety of responsibilities, including some essential ones (like providing for the individual's material needs in terms of food and clothing to live on), developmental ones (like accommodating and fostering the growth and development of the members), and crisis ones (like handling any family emergencies that may arise).

By working together to complete a number of family chores, the family system fosters the growth of the family and its members. According to this view, there are six different types of families depending on how well they can carry out their fundamental duties. The six types are, in order:

- Problem solving; Families work together to find solutions to issues that threaten their ability to function effectively as a unit.
- Communication; Direct knowledge of family communication is always available. Effective communication fosters good relationship within the family while lack of communication may jeopardize the health of the family members as the member suffering from the sickness may fail to communicate his/her problem to the other members of the family thereby leading to health deterioration and even death in some cases. These are issues that could have been averted if communicated on time.
- The term "family role" describes the behavioral patterns developed by family members to carry out family duties. If one or both parents disregard their children's physical or emotional needs because they act inappropriately or without good reason, whether intentionally or inadvertently (for example, a parent who is ill and unable to meet the child's needs due to a mental or psychological condition). In the end, the kids will assume the parental position and be the unofficial guardians of their younger siblings. When a youngster takes on a caregiver role, this can be detrimental to their emotional, social, and academic growth.
- Affective reaction describes the family members' emotional reactivity to stimuli. Families from socially or culturally disadvantaged backgrounds who did not know how to express love and care for one another (display little to no warmth). Parents teach their children that emotions should be suppressed, and kids seem to be comfortable talking to each other

about their feelings. It causes problems with the child's identity and self-esteem as well as unstable or non-existent attachment (Ubaidi, 2017).

- Affective involvement is the level of care and attention that family members give to each other's activities and other things. The health of family members is negatively impacted by unsupportive interactions. "There is mounting proof that relationships of a poor quality can be detrimental to one's physical and mental health.
- The term "behaviour control" refers to many methods of behaviour control in a family's various situations. This entails a variety of responsibilities, including as leadership, decision-making, managing the family budget, and upholding proper duties in relation to the extended family, close friends, and neighbours. Upholding law and order and enforcing social norms are other responsibilities of this job.

4.0 Implication of Family Structure On Family Functioning

Poor family functioning always has negative effects on the health of the family member, most importantly, the children, we will look at a few example of health challenges that people may develop as a result of poor family functioning e. g mental illness, malnutrition, behaviour disorder like substance abuse and juvenile delinquency.

- Pathological families include those where one or both parents suffer from significant psychological or mental health illnesses, are drug or alcohol dependent, or have personality disorders. Due to one or both of their parents' impairments, children are often more responsible and in charge of daily operations in families where the roles are typically reversed. Unhealthy pathology can occasionally spread (breeding issues or social deficits like juvenile delinquency in children, for example).
- The disorderly home where children are not well cared for because the parents are overworked, absent, or have insufficient parenting skills. This type of family lacks consistency, defined regulations/rules, and expectations. Parents might come and go from the home, and their regular caregivers may not always be present. These kids frequently hang out with their pals and participate in risky behaviours for their health such drug usage, prostitution, and cult membership without their parents even knowing.
- Children who grow up in emotionally distant households with a social or ethnic background and are not good at showing love and affection to one another (show little to no affection for one another) are affected by their parents' advice that emotions should be kept in check (they appear uncomfortable being vulnerable with one another). It causes weak or nonexistent bonding, concerns with the child's identity, and problems with self-esteem.
- Social, economic, political, and financial difficulties, can either be stable or unstable and thus, have an impact on how the family functions and how its dynamics are. Malnutrition in children may come from a family's inability to provide their children's fundamental needs, such as food. Unavailability of child needs in school make a child become an object of mockery among their peers and this could lead to a child sense of inferiority complex to his/her peers which signifies a state of negative psychological well-being in the child.

5. Dimension to Health-Related Quality of Life

Previously, human quality of life was described as worth a good life. This is a synonymous phrase because the definition of quality of human life described today is based on a statistical index that takes into account a number of variables, such as the economic, health-related, and environmental aspects of a person's or a group's quality of life (Sosnowski, Kulpa, Zitalewicz, Wolski, Nowakowski, Bakua, & Demkow, 2017). Aspects of a person's life that directly affect them and are important to them, as well as a personal perception of one's place in life within the cultural context and the system of values in which one lives, in relation to the obligations, standards, and guidelines established by environmental factors, are all examples of the socio-psychological quality of life (SQOL) that Levine proposed in 1991. Using this concept as a starting point, Saxen & Orley (2012), identified the elements that go into determining a person's living conditions, such as physical and mental well-being, amount of independence, relationships with others, and living situation. According to the WHO, the phrase "quality of life" encompasses a variety of significant factors. There are things integrated into these realms. View the table below.

Table 1: The quality of life Domains

	Domains	Items incorporated within the domain
1	Physical Health (HRQoL)	Energy and fatigue Discomfort and suffering Sleep and rest
2	Psychological health (HRQoL)	Self-perception and appearance Negative emotions Positive feelings Self-esteem Imagination, learning, memory, and focus
3	Level of Independence (HRQoL)	Mobility Daily living activities Dependency on medicines and medical aids Work capacity
4	Social relationships (HRQoL)	Personal relationships Social assistance Sexual behaviour
5	Environment	Financial resources Freedom, physical safety and security Health and social care: accessibility and quality Home environment Opportunities to learn new information and skills Participation in and access to leisure activities and recreation Environmental factors (pollution, noise, traffic, and climate) Transport
6	Personal values and beliefs	Religion Spirituality Personal convictions

Despite its importance, the use of health technology, including drugs, may not always have an effect on the environment or personal values and beliefs. This is because the first four qualities of life domains in the above chart contain components that could adversely affect a person's health, such as the use of pharmaceuticals and accessibility to healthcare technologies. Health-related quality of life (HRQoL) also specifically refers to a confined focus on the quality of life that is influenced by a person's physical or mental state. With more research on the subject, it became obvious how crucial quality of life is to medicine. The 1990s saw a shift in how people's quality of life was assessed, with an increased focus on emotions and inner life. At this moment, researchers began to exhibit interest in both the quality of life's objective, quantifiable components as well as its more ephemeral, more personal elements, such as a person's experience of contentment (Dai & Wang, 2015).

Schipper et al. (2010) introduced the phrase "quality of life" (HRQoL) as referring to a healthy life for the first time. As described by the authors, HRQoL is the "functional effect of disease and its treatment, as perceived (experienced) by the patient." They also emphasized these physical and mental issues in healthy people, how they can significantly affect their behaviours, thinking, and feelings, as well as how their quality of life may ultimately be assessed. Therefore, healthcare providers should take into account how the illness in patients and possible treatments have affected the quality of life when assessing it in a medical environment. HRQoL is a measurement of perception in humans concerning their place in life as it has altered as a result of a certain disease and its treatment, in other words.

The World Health Organization also described HRQoL, in accordance with Sosnowski et al. (2017), as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns". The idea also highlights the importance of using both objective and subjective evaluation techniques to distinguish between an objective state of health (as shown by documented symptoms) and the patient's subjective opinion of that state (i.e., HRQoL). A technique used to determine a person's actual status is also used to separate facts from the person's subjective opinions as well as sentiments from a particular situation in life, thus referred to as an "objective assessment".

On the other hand, subjective assessment is described as a technique used to assess a patient's account of the incident while also taking into account the emotional content of their experience. In other words, it's crucial to analyze both the positive and negative aspects of a person's experience for better contentment and hope and to ease adaptation (Sosnowski et al., 2017). The full spectrum of psychological states should be considered in this assessment. An accurate assessment of a patient's quality of life must be based on the utilization of both kinds of assessments. Instead of focusing mostly on the indirect assessments of a healthy population, consider life expectancy, causes of death, and the influence of stress that health status has on quality of life.

HRQoL is also associated with the well-being concept, which gauges positive aspects of a human's life such as contentment and cheerful feelings. Clinicians and public health professionals have evaluated the consequences of chronic illness, treatments, and both short- and long-term disability using HRQoL and well-being. HRQoL is often assessed using many

different measures of self-perceived health status as well as physical and emotional functioning. When taken as a whole, these data provide an accurate assessment of the burden of diseases, accidents, and impairments that are avoidable.

6. Implication of Family Structure, Family Functioning on Health

If neglected, poor quality of life may lead to a bad situation that is disappointing and causes a lack of motivation for any activity, such as a drop in social, economic, cultural, and health-related activities, which have a more profound effect on the socioeconomic development of a country (Azmoude et al., 2016). Consequently, improving living quality in humans is a step toward a healthy condition, which is what all health professionals eventually hope to do.

Testa & Simonson (2011) described that quality of life assessments can be used to evaluate physical changes, the functionality of families, the mental and social components of healthy patients, as well as the financial and human costs of brand-new initiatives and programs. Additionally, quality of life can be used to evaluate how a condition and its treatment impact a person's quality of life. A person's quality of life may be impacted by a variety of circumstances, including the healthcare system, their place of employment, their community, and their family. The patient's family is one area where studies haven't been done in depth very much (Azmoude et al., 2016).

Although the impact of family structure on the HRQoL of families has not been adequately studied. It has been discovered that family structure has an impact on family members' health. According to research on children and families, family stability and stress levels can have a significant impact on a child's health (Umberson & Thomeer, 2020).

Research evidence shows that children with married parents are healthier both physically and mentally than children with cohabiting parents. This finding is mostly attributable to the fact that married couples' families typically experience less instability (i.e., disruption and change in family structure). Parental stress, new economic pressures, and disruptions to children's daily routines are all effects of instability. Children who experience multiple family transitions, such as parental divorce, remarriage, the adoption of new half-siblings, and step-families, experience increased stress as a result of these strains and disruptions, which negatively affects their health and wellbeing (Cavanagh & Fomby, 2019).

The research conducted by Randall, Weden, Favreault, & Waldron (2011), revealed that men benefit more from marriage than women, cohabitators have better health than singles but worse than married people, and married people have better health overall than singles. Two key elements can be used to account for these tendencies. First of all, marriage looks to enhance health, while in fact health is what predicts marriage because those who are healthier and wealthier are more likely to get married and stay married (Tumin & Zheng, 2018). Second, people who are married have greater access to social and emotional support as well as social control (i.e., the spouse's encouragement and coercion of healthy habits; Rendall et al., 2011), all of which are resources that support health. The dissolution of a marriage through divorce or widowhood is particularly bad for a person's health because it triggers a number of new stressors and depletes resources, all of which combine to damage the person's

health and well-being (Umberson and Thomeer, 2020). Even if people who live together and those who never get married may have fewer of these resources, this is still true.

How the family and its members interact is one sign of the family's and its members' mental health and quality of life, as well as family functions. According to one definition, the family function is "the capacity of families to coordinate and adapt the changes that occur throughout life, resolve conflict, cooperate among members and succeed in disciplinary patterns, respect the boundaries between individuals, and respect the rules and principles that help the family protect the entire family system". A family must be financially stable in order to fulfill its duties, responsibilities, and functions. It must be able to handle stress, conflicts, and challenges. Additionally, family functions demonstrate how a family responds to the demands of its members and the broader community (Azmoode et al., 2016).

The general performance of families, coupled with solving problems, roles, communication, emotional participation and reactivity, and behavior control, are just a few of the numerous traits that make up family function. Understanding the relationship between family function and important variables like health-related quality of life is essential in order to provide family-centered care and interventions to improve family function, particularly in people with chronic diseases like diabetes type II (Azmoode et al., 2016). Therefore, the goal of this study was to explore the connection between family structure and quality of life in terms of health.

It has been discovered that death, disability, and medical expenses worldwide are caused by chronic and mental health conditions, together with associated risk factors. Even though biological therapies to treat these diseases have made significant progress, controlling them and preventing morbidity remain significant health concerns. Because commitment to disease-management practices is essential for the efficacy of medical interventions, behavioral therapies are essential for effective clinical care. Although there are many theories that attempt to give a better understanding of a healthy life, recent research (Martir, Schulz, and Helgeson, 2010; Hartmann, Bätzner, and Wild, 2010) has connected better family dynamics to better clinical results for patients, offering new techniques for health promotion. In particular, for individuals with mood, anxiety, and substance addiction disorders, among other diseases, the family plays a crucial role in pathogenesis, therapy, and recovery (Weich, Patterson, Shaw, and Stewart-Brown, 2009). Family risk and protective variables in relation to mental health and disorders have been thoroughly investigated.

Family traits can either raise the chance of unfavorable disease outcomes or offer protection from them. According to research by Garcia-Huidobro, Puschel, and Soto (2012), the frequency of mental, physical, and psychological problems is statistically and clinically significantly correlated with the family functioning style. In order to address problems with mental health such substance misuse, significant depression, and behavioral issues in young children.

According to studies, family factors have a significant impact on the physical and psychosocial functions of both the kids and teens that are having chronic pain (Hatamloo & Babapour, 2013), and quality of life is the most crucial metric for evaluating the effectiveness of chronic disease management (Lewandoski, Palermo, Stinton, Handley, Chambers, 2011).

These family facets, which are ingrained in the family framework, include parenting, family dynamics, and parent-child connections.

Examining the connections between functioning families and evaluations of a healthy life in relation to quality of life was the goal of this study. The strongest relationship associated with HRQoL and family functioning was seen in multiple extant studies, with the correlation between lower HRQoL and increased family dysfunction being the most frequent occurrence. In certain studies, there was unexpected behavior in the correlations that existed between family functions and quality of life, as revealed from the findings.

The Family Assessment Device (FAD) was employed in Palermo, Putnam, Armstrong, and Daily's (2007) study of teenagers with recurring headaches to evaluate the connections between pain, functional constraints, and family functioning. The findings demonstrated that compared to adolescents with ill family functioning, those families that have a healthy life have lower levels of sadness, less functional impairment, and lower frequency and intensity. Iobst, Nabors, Brunner, and Precht (2007) found a correlation between family functioning and fatigue evaluated by daily weary feeling in patients with juvenile rheumatic disease caused by higher levels of fatigue being connected to lower family functioning.

According to Herzera, Denson, Baldassano, and Hommel's (2013) study on family functioning and HRQoL, when their families recognized clinically elevated dysfunction in areas of problem solving, communication, and general family functioning in adolescents with pediatric inflammatory bowel disease (IBD), the adolescents with IBD experienced significantly worse HRQOL in terms of general well-being and social functioning. Findings from Hezera et al. (2013) show that these families' weak or ineffective problem-solving and communication skills may increase tension or conflict among family members or even make young people with IBD feel unsupported by their relatives. As a result, this can contribute to a lower quality of life and functioning in several areas.

For the creation of nursing interventions and family support, as well as for the empowerment of families of children with cancer, it is crucial to comprehend how cancer affects families. The results of the 2018 study by Modanloo, Rohani, Farahani, Vasli, and Pourhosseingholi show how having a kid with cancer affects the functioning of the family and parental quality of life. More than 90% of families reported unhealthy functioning across the FAD parameters, according to the study's findings. As a result, the majority of the families were found to have poor functioning across all aspects of family functioning. Herzer, Godiwala, Hommel, Driscoll, Mitchell, Crosby, and Modi (2010) found that families with five chronic conditions in children had mean scores that were significantly worse than those of families that were operating well in all areas. These findings are consistent with those of research conducted on 90 Filipino families with cancerous children by Panganiban-Corales and Medina (2011). They discovered that nearly half of the caregivers reported feeling extremely stressed out while taking care of their kids and that the way their families were functioning was harmful.

Serious emotional and behavioural problems are more likely to affect children who grow up in dysfunctional families (Popp, Conway, & Pantaleao, 2015). According to Herzer et al.

(2010)'s review of the literature, 13% to 36% of the families had unhealthy family functioning in the areas of problem solving (13%), communication (28%), roles, affective responsiveness (16%), affective involvement (36%), behavior control (21%), and general functioning (25). These children had chronic diseases like seizures, sickle cell anemia, cystic fibrosis, obesity, and inflammatory bowel disease. As a result, communication, affective participation, and responsibilities in the family were the aspects of family functioning that had the highest percentage of poor functioning. But in the study conducted by Modanlo et al. (2018), behaviour control and family functioning were the least healthy components, demonstrating the detrimental effect of cancer, which is known as a chronic disease, on family functioning. When assessing the effectiveness of family functioning, it appears that every family going through a crisis such as cancer is likely to encounter great turmoil and disorder (Martin et al., 2012).

Diabetes reported in women has worsened family functioning compared to other illnesses that are not diabetic in women (Azmoode et al., 2016). Furthermore, both women with diabetes and women without diabetes showed a significant inverse relationship, which is a result of family function and quality of life. This also highlights the connection between strong family functions and a good quality of life. On the other hand, dysfunctional families will have a poor quality of life. A family member's physical, emotional, and social wellness may be impacted if they are unable to meet all of their needs. Several studies have been conducted regarding family functions and the quality of life that people with chronic conditions enjoy, particularly those that used the SF-36 questionnaires and the McMaster Family Assessment Device.

However, overall research shows that families that are properly supported and function properly help diabetic people recover more quickly and experience fewer difficulties. According to Almeida, Leandro, and Pereira (2015), parents' emotional support and responsiveness, which were both associated with a high quality of life, have helped control diabetes in adolescents. Additionally, Jaser and Grey (2012) focused on how family quality of life is affected in teenagers and thus concluded that warmth and family-caring behaviours were linked to higher quality of life in adolescents.

The outcomes of the same research revealed parenting behaviors that were observed as intrusive, such as influence from the parents, and teenagers' quality of life and depressive symptoms. Family disputes were also discovered by Almeida et al. (2015) and described as a predictor for lowering the quality of life in diabetic teenagers. According to Almeida et al. (2015) and Whittemore, Liberti, Jeon, Chao, Jaser, and Grey (2014), family conflict among adolescents with Type 1 Diabetes Mellitus (T1DM) and their parents have lower quality of life as well as a number of psychological and behavioral outcomes.

7. Implications to Nursing Education

Although the idea of family-centered care is understood, there is less evidence to suggest that the concepts are properly implemented and integrated into patient care in the hospital setting (Smith, 2018). According to Saleeba (2008), many nurses believe they lack enough training in both the principles and methods of implementing family-centered care. According to a

large body of gathered data, few nurses possess the intervention skills necessary for a more family-centered approach to care (Smith, 2018).

The study of family-centered care should be incorporated into nursing degree curricula in the future by modifying it to include the principles, ethics, and application of family function studies, family structure, and their implications on the health of its members. It is important to continue educating nurses who are already working, especially those who work in hospitals, on the components of care related to family structure and function as well as how to incorporate these concepts into modern nursing practice. More study is needed to determine the most efficient ways of educating both aspiring nurses and seasoned professionals on providing family-centered care.

8. Implications to Nursing Practice

Currently in nursing practice there is an under play of family structure and family function. There are no data collected about structure/ function of people's family during first contact this should form the basis for the type of care to give.

The knowledge from this view will help the nurses to understand how family systems affect health and this will enable them to provide appropriate family-centred care in the nursing practice.

Adequate knowledge of family functioning and its effect on family health will motivate health institutions into providing adequate facilities and programmes to promote and deliver family centred care in relation to function and structure. It will provide needed support for families to enhance a better functioning of their family thereby promoting healthy living in the family.

9. Conclusion and Recommendations

The results of this review demonstrated how family functioning style and family structure affect family members' physical, mental, and emotional well-being. This lays the groundwork for the creation of intervention programs aimed at enhancing family functions and ensuring a healthy quality of life for individuals. The followings suggestions were made to in order to know the role of Community Health Nurses in improving family structure and family function.

- ❖ Nurses should collect data at each contact with the clients on their family structure and family function.
- ❖ The students should be taught necessary models and theories that will emphasise the importance of both individual health and family health.
- ❖ The element of family-centered care in connection to family function and structure, as well as the manner of absorption into modern nursing practice, should be taught to nurses now working in all settings.
- ❖ Nurses should increase the awareness through health education, media, posters. Family structure/function and its implication on their health.

- ❖ Data on individual family structure/ function should be collected to form the basis of health care.
- ❖ Family should be involving in nursing care because of the importance of family in health.

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