

Working With Families in Illness and Health

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Abstract: The main concern or tenet of nursing is to accomplish the given work with the families. An individual and society are linked or connected by the family as it is a fundamental unit of the community, which state its importance for the existence of society (Bronfenbrenner, 1979). Fulfilling the needs or demands of the family members and society is the key aim of the family. Hence, an idea or concept in terms of the way human beings linked or associated to each other is known as family (St John & Keleher, 2007, p. 254). According to Friedman, Bowden and Jones (2003), for delivering effectual health services to the people, family plays or acts as a resource, though in some situations, family is seen or viewed as a stressor. Apart from this, health of the individuals is influenced by the family and on the other side; the family is influenced by the health status of the individuals.

Keywords: Families, Individual and Society, Health Care System, Association, Structural-Functional Theory

1. Introduction

The relation or association of family and its members is well arranged or organized in family nursing that employs bundle of family theories in the practices for the effective caring of the family members. Significance of family theories in nursing is to promote or boost the family nurses to give comprehensive and holistic care from the side of family. Theoretical approaches or theories are helpful in explaining the complexities inherent in family life and give shared language for gaining understanding families (St John & Keleher, 2007). According to Friedman et al. (2003), structural-functional theory, general systems theory and developmental theory are the most powerful and effective theoretical perspectives that are extensively used in the practices of family nursing. This paper will depict and evaluate the structural-functional theory by using literature. In addition, the drawbacks of this approach will be also described in this paper. Apart from this, methods that are used to apply this theory in the practices of family nursing will also be discussed. At last, it will also recognize the

competency needed to practice family nursing by using the theoretical approach.

2. Structural-Functional Theory

2.1. Background

It is a social science theory (Smith, 1995) that is used particularly in the field of medical sociology and family. Though there is a severe shortage of this theory in current literature. This theory was originally brought out by Talcott Parsons in 1951. Later on, it has been developed by various researchers and theorists like Parsons and Bales (1955) and Leslie and Korman (1989). In addition, this theory has been carried out with the family in various disciplines together with family nursing (Friedman et al., 2003; St John & Keleher, 2007). From the perspective of structural function, family is seen as a social system and sub system within the society with functional needs (Doherty, Boss, Larossa, Schumm, & Steinmetz, 1993). This theory views the arrangement of the family members, the relationship between the members and the association of the members to the

society (Artinian, 1994). This theory also assumes that individuals behave according to a set of internalized values and norms that are learned principally in the family through the process of socialization. Apart from this, how well the family structure permits the family to perform its functions is the key issue of the structural-functional theorist. Specially, this theory inspects or assesses the family as naturally being in a position of balance or equilibrium. So, arrangements or alterations must be made in other parts of the family, when change occurs in one part of a family. If this does not happen or followed by the family members, equilibrium or balance of family will be endangered and sprains in the family order will take place in a vital manner. Structural components consist of communication patterns, roles, power structure and values. What the families work on unitedly to accomplish or attain is known as functions and they are the result of the family structure (Doherty et al., 1993; St John & Keleher, 2007). These concepts are depicted or described in a more particular way below to heighten the apprehension and understanding of the theory basics.

2.2. Concept of Family Structure

According to Eshleman (1974), concept definitions vacillate among the theorists in a great manner. For instance, structure of the family is defined as family type by some theorists, on the other hand, according to other theorists; family structure is defined as a type of power structure. Family structure can be also discussed by discussing family subsystem as a structural dimension (Minuchin, 1974). Though, Friedman et al. (2003), depicted that family structure in the structural-functional approach refers to the process through which the family is arranged, the way in which the units are organized and how all these units link to each other (p. 91). To evaluate or assess the structure of a family, the theorist identified or recognized four elements such as value structure, role structure, power, communication patterns and structure of decision making. It is assumed that all of these four elements are interconnected and interrelate to each other in a direct or indirect manner. For instance, if one element is influenced or impacted by other, rest of the elements will surely get affected. Entirely, these dimensions act to encourage or stimulate the attainment of the stated family functions.

2.3. Concept of Family Functions

Family functions serve as a key element of structural functional theory. According to St John and Keleher (2007), what family work in group to attain is termed as family functions (p. 256). Likewise, according to Friedman (1992) and Ingoldsby (1995), family functions are what the family does for their members as well as society. Friedman et al. (2003) describes that to fulfill & accomplish the needs & requirements of its members and the surrounding society is the key purpose of the family. This purpose is grouped or categorized into five vital functions such as socialization and social placement function, affective function, economic

function, health care function and reproductive function. The affective function is a critical way for stabilizing the personalities of adult and fulfilling the psychological demands of the family members. Therefore, according to Friedemann (1993), affection is vital to attain other family functions like reproduction, physical care, personal growth and teaching. Apart from this, one more function of the family is social placement and socialization. According to Friedman et al. (2003) socialization function emphasizes on the prime socialization of the individuals to create and develop them as dynamic members of their society and the bestowing of position on family members (p. 92). According to the authors, socialization is an all-time procedure that starts at birth and ceases only at death. Throughout this process, individuals can acclimatize and adjust their behaviors according to the patterns of society that is based on the conditions they go through. An added function of the family is reproduction that is vital for the persistence and continuation of the family and the society, whereas economic structure includes the condition of adequate resources and their suitable allocation with the help of decision-making process. Lastly, the health care function is linked to the provision of physical requirements like food, health care and clothing.

3. Limitations of the Structural-Functional Theory

Even though, structural-functional theory gives an inclusive and holistic viewpoint for the review purposes, principally in the family nursing area (Friedman et al., 2003), for its static point of view of the family it has been condemned. It is incapable to explain appropriately the growth of family change and disequilibrium over time likewise other theories (i.e. Developmental and General Systems Theories). Therefore, it is frequently denoted to as the consensus theory by vacuous theorists. As a matter of fact, supporters of the structural-functional viewpoint agree that the theory perform the function of emphasizing the equilibrium and the upholding or quick return to the communal array, but this is a resulted product of the time in which Parsons was writing (post-World War II, and the start of the cold war). Society members were in the state of fear of war bristled and commotion during this time period. As a result, social order was critical, which is pondered in the tendency of Parsons to endorse social order and equilibrium to a certain extent in comparison to social change. As a matter of fact, the condition has altered since then, as numerous changes have taken place concerning the functions and family structure. For instance, in Saudi Arabia during the period of 1980, there was a spectacular augment in the prices of oil, which significantly influenced the traditional structure as well as function of some Saudi Arabian families. Changes of values, roles, power structure and communication patterns, socialization, economy and effective functions have been observed (Shankal, 2007). Apart from this, another condemnation of the stated theory lays in the fact that state

that it does not effectively deal with the aspects of historical era. For instance, it is not capable or cannot make clear the foundation of custom that form the basis of assuming its failure or loophole (Chilcott, 1998). At the same time as this critique is important in some theories of science, it is not so significant in the field of family nursing science. Even though it is significant or important for the nurses of family to comprehend and believe the structure as well as the culture of the family along with the adjacent society when addressing with the society members, but it is also true that it is not necessary for the nurses to conduct research for gaining knowledge about the descents or traditions of these structures. According to the inherent assumptions of Kingsbury and Scanzoni (1993), neofunctionalists have integrated all important aspects of family change in the theory. Apart from this, they have also conceived the fights among the members of a family and considered the equilibrium or development over the time period. It is possible to minimize or reduce some of the evident limitations by adding together these aspects to the structural-functional perspective.

4. Role of the Structural-Functional Theory in Nursing Practice

According to the assumptions of Friedman *et al.* (2003), the key potency of the structural-functional theory lays in the fact that state is all-inclusive and regards the families within the more spacious community framework. As a consequence, it can be utilized to pick up the health care practices for those families that are undergoing some critical changes. St John and Keleher (2007) explicated that this is important in those cases where the families go through a change in their functions or structure patterns as a consequence of an intense health issue. For instance, when a family member goes through a critical situation like a disability or serious illness that needs impermanent or lasting care, this will surely affect the members of the family and the manner in which they perform their functions in a critical way. Below is a description of the process through which structural-functional theory may update the practices of health care in the field of chronic diseases. For explanation, an illustration of a family with a sick father after an operation to address the chronic heart disease is offered. Apart from this, this discussion will cover the framing care delivery, assessment, evaluation segments and communication means with family. In the beginning, when a nurse of family cares for it, the evaluation should make out any changes in the structure of family (i.e. values, roles, communication and power) due to the poor health. Consequently, the evaluation should find out whether the changes in the family structure affect the ability of family to accomplish out its functions. In the case of the suggested illustration, the father may lose his power as well as role to some extent, either momentarily or enduringly. As a result, the family nurse must interfere to provide assistance to the family in altering their organization. Therefore, the power, roles and decision-making functions can

be divided among the members of the family. In addition, in such situations, the affective function of the family is significant. It is essential for the family to fulfill all affectional needs of its members in that the affectional reactions of one family member towards another give the fundamental reinforcements of the family life. In terms of economic tasks, if the family is experiencing some financial problems which could affect on their social as well as health lives, it is significant to advantage from the accessible support structures like Centrelink Services. Apart from this, the family nurse could also provide assistance to them by developing a realistic plan for the allocation of gained financial resources. In addition, responsibilities and obligations for the health care task can be allocated among the members of a family or organized by attaining cooperation with the external parts. On a broader level, it is necessary for a family to balance or ensure its connection to its society so that it can take in effectual accompaniment from the enviroing surroundings in order to attain its functions.

5. Skills Required for Applying This Theory to Nursing Practice

To efficiently or critically administer the structural-functional theory in the family nursing practice, it is essential for the nurses to have a broad variety of competencies, as well as, skills, which will further assist them to fulfill the key demands of the family members in a profound manner. First and foremost, it is crucial for the nurses to understand the significance of families for the health of its individuals, as well as, the society. In addition, the family nurse must have sufficient knowledge or acquaintance about the functions and tasks of the health care professionals when functioning with those families, who are working together with diverse levels of health care practices. Such awareness will assist in making the arrangements or organizations of health and social care practice, which further will progress the level of distributed service that is effective from the service excellence point of view. Furthermore, to carry out the family caring practices smoothly, it is essential for the nurse to have a thorough understanding and knowledge of the structural-functional theory or approach and associated models of the family and family nursing too. As a result, it is imperative for the family nurse to have an in-sight about how to vitally appraise the relevant and pertinent materials by focusing on the concept of this theory and methods for setting up, carrying out and assessing care. Recent modifications or employed tools and techniques are required to be conceived for the family nursing practices. Apart from this, more significant is the aptitude of the family nurses to integrate this approach into the family nursing practice, which further will assist them to carry out the functions related to nursing in a pivotal manner without any disturbance or hassle. Additionally, according to the assumptions of Friedman *et al.* (2003), the nurse must have sufficient or adequate competencies to take on a holistic assessment of the family members that consist of history of

family and the use of an eco map, as well as, genogram. It is also essential for the nurse to be able to critically analyze and comprehend the common issues existed within the family and in the extensive society. Apart from this, the nurse should also have sufficient competencies to understand and handle the issues in delivering health care to the families in the community. A more important capability required for the nurse is to comprehend the structural, as well as, functional patterns of the family under focal point. The nurse needs to be aware of the common values, beliefs and customs of the family and the environing society. For instance, it is vital for the nurse to identify the patterns of decision making and power within the family and the manner through which this structural element is modified by the change in the family structure. To successfully apply the structural-functional approach and improve the health of the family under care, it is essential for nurse to have the ability to develop a healthy rapport with the family members and society, as it is a vital skill for the family nurse to ensure smooth working. Effectual communication with all the levels of society is a key skill for the family nurse, which further will assist her to understand the basic needs of the family members in relation to their problems. For example, it is essential for the nurse to have the aptitude to comprehend the patterns of communication used by the family members and utilize their language style as much as possible, for handling the problems faced by the family. In addition, she is required to display apparent communication skills with other social sectors like health social security departments and services.

6. Conclusion

From the above discussion, it can be inferred that family nursing practice is an indispensable section of nursing. It emphasizes on functioning with the families, in context to their internal, as well as, external parts. The family is the fundamental part of a community and it is assumed to be the vital connector between the person and community. To attain the objectives of family nursing, numerous family theories are employed to the field. The significance of family theories in the area of nursing is to facilitate family nurses to put into practice, comprehensive and more holistic care of families. Theoretical approaches can elucidate the difficulties of family life and give an apportioned language for comprehending the families. The structural-functional theory is one of the most popularly employed theories in the family nursing field. This theory specifies the family as a social system with operational functions. The key potency of this theory to practice of family nursing is that it is inclusive and considers the family inside the wider societal framework. Though, the major failure of this view is that it does not conceive the alterations in families over the time. Nevertheless, new theorists assume this weakness by taking into account the disequilibrium, struggles or development over the period of time among the family members. By accumulating these aspects to the structural-functional viewpoint, some of the obvious boundaries are diminished.

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