

Importance and recognition of the family in health care: a reflection for nursing

Abstract

The family has been considered the oldest institution, important and fundamental humanity. Ensuring their protection is a duty and a commitment to society and the Health systems worldwide. The family is currently undergoing a process of profound change, due to continuing global changes that have occurred in recent decades, these changes threaten structural stability, functional and evolutionary, bringing consequent changes in patterns of health and wellness to throughout the family life cycle. The changes experienced by families and the attention given to them in public policy have been less studied areas. It is therefore important that the state and health systems, including family organization and family patterns as central and fundamental in state welfare policies, taking into account that the family has been, is and will remain the social institution par excellence. Similarly, it is crucial that health professionals address the family unit and integrative approach, considering everything as a whole greater than the sum of parts, in order to enhance the sustainability of the family from current events and to come.

Keywords: family, health systems, family nursing, nursing professionals, nursing care

Volume 3 Issue 5 - 2017

Yeis Miguel Borré Ortiz,¹ Mariela Suárez-Villa,² María Yaquelin Expósito³

¹Nursing Program, Metropolitana University of Barranquilla, Colombia

²Nursing Program, Simón Bolívar University of Barranquilla, Colombia

³Nursing Program, University of North, Barranquilla, Colombia

Correspondence: Yeis Miguel Borré-Ortiz, Teaching researcher, Nursing Program, Metropolitana University of Barranquilla, Colombia, Tel +57 3176 9600 22, Email yeismiguel@gmail.com

Received: May 28, 2017 | **Published:** August 28, 2017

Abbreviations: UN, united nations; WHO, world health organization; PAHO, pan american health organization; UNICEF, united nations international children's emergency fund

Introduction

The family has been, is and will be the main social institution par excellence, the social niche within which bonds of affection are woven between the members that comprise it. It is therefore an issue that is of interest to all: society, governments, major international organizations and individuals in particular. The great events and world changes are directly and indirectly influencing family processes, to the point of presenting the so-called "family mutation", which consists of the changes that occur within each family and alter the structural harmony, functional and evolutionary development of the family life cycle. It is for this reason that addressing the family and family health from an integral perspective is an arduous task that would require a much more thorough, exhaustive and detailed review, in order to show a more complete and complex picture of the situation. However, it would be interesting to reflect on better ways of caring for the family, simply by changing the care approach with which families are intervened and studied.

The purpose of the present paper is to highlight the importance and recognition that the family has in the health care framework in the present 21st century, as well as to emphasize the importance of health professionals, especially nursing, to reflect on Actions and interventions directed at families, orienting their care and interventions to the maximum potential of the family's capacities, in order to promote their development, management and sustainability.

Discussion

Current situation in relation to the family

Although the family is the most important and ancient social institution of humanity,¹⁻³ its discussion has been and continues to

be a relevant issue for many years and in most countries.⁴ According to Murueta and Osorio, the scientific literature shows a growing interest in issues related to the changes of the current family, trying to analyze, understand and provide different lenses to observe the new appearances that the family of the present millennium is acquiring and developing.⁵ Several disciplines, including Medicine, Sociology and Psychology, have proposed definitions and ways of understanding the concept of family, but there is still no consensus on the adoption of a definition that is universal to all regions of the world.^{6,7}

Sociology has understood the concept of family as a group of individuals related to each other, living together, cooperating and acting as a social unit,¹ based on kinship, degree of consanguinity, marriage or adoption;⁴ while psychology defines it as the first natural environment in which the members that form it evolve and develop in affective, physical, intellectual and social terms, according to lived and internalized models.⁵ However, it is important to emphasize that one of the greatest definitions, and therefore, highly influential in health policies and systems, has been that provided by the United Nations (UN) since 1948, which Considers the family as the natural and fundamental element of society, and enjoys protection, both society and the State.⁸ However, in the minutia of national laws and ordinances, each country adopts its own position and, around this, provides the approach it wants to the family.

This inequality of approaches that have been developed around the families has revealed its evolutionary differences at world-wide level. While some countries neglect the family, others have invested in it on a sustained basis.⁹ According to Kliksberg, it is true that from the end of the 20th century and the beginning of the 21st century there is a growing reevaluation of the role of the family in society [9], but even so, policies directed at the family differ and have advantages and disadvantages between countries; Leaving in uncertainty the protection that, according to the UN, the State must provide to families. All this debate, added to the prevailing events that face the society of the 21st century, threaten the stability of the families that

inhabit the world, resulting in several alterations in their functioning, their roles and their relationships.

Global changes and their repercussion in the family

This allows us to bring up a series of questions within the different disciplines that are concerned with the study of families. These questions start from the idea of how changes in social structures, economics, politics, medicine, law and science in general, induce and/or lead to mutations in the family.⁵ Today, the humanity is going through a process of profound global changes related to economic development, population education, the phenomenon of globalization, demographic aspects, immigration, changes in epidemiological patterns, among others; many of which influence not only the health system and the health care setting,⁹ but are also fundamental factors that disrupt the balance of family unity^{2,10} and remove the structural, functional and evolutionary foundations of families that make up the society of the 21st century. In particular, this phenomenon is experienced by Latin American families due to the great existing social inequalities,¹¹ with some similarities in families of developed countries. An example of this is the case of accelerated aging of the population, low birth rates, increased life expectancy, chronic processes, disability, long-term care and dependency.¹² All this, added to the own sociocultural factors that determine the interaction of the family with the environment, causing characteristic changes in its composition and organization.³

According to the UN, it is expected that these phenomena will increase in the coming decades. The world population will reach 7.000 million people in three years, compared with 6,800 million that existed until 2009; It will even exceed 9,000 million by 2050. That is, it will be 49.6% more than in 2000, and this increase will occur mostly in developing countries and in the population over 60 years.¹³ This number will increase from 600 million in 2000 to 1.200 in 2025 and 2.000 million in 2050.¹⁴ This indicates that the different productive sectors will collapse if no sustainability measures are envisaged. One of the most affected will be the health sector. For this reason, each country will need to strengthen, organize and seek strategies that allow the sustainability of health systems, in order to respond to the events that are to come in the coming decades, and not to continue recharging the system of informal care provided by Families.

International organizations such as the UN, the World Health Organization (WHO), the Pan American Health Organization (PAHO), and the United Nations Children's Fund (UNICEF) have closely analyzed future events and their effects and consequences. However, the transformations experienced by families and the attention given them in public policies have been weakly studied areas.¹⁵ Families become increasingly responsible for the maintenance of health and the preservation of the quality of life of its members.³ This situation is exacerbated when it comes to a dependent family member.^{7,16,17} Aspect that generates the development or appearance of negative effects denominated the "caregiver burden".¹⁷

This situation is occurring in many regions of the world. In Europe more than two-thirds of all care falls to the family.¹⁶ Specifically in Spain, the family is the main source of care and women are the caregivers par excellence,¹⁶⁻¹⁸ and in Mexico and the rest of Latin America the trend is similar.¹⁶ Because of the above, families have to face two situations: The burden of care of their loved one without having the elements and support required by the health systems, and therefore, health professionals and, experience processes of family transformation for all that the care of your family member entails,

resulting in deterioration in well-being, health and family functioning.

According to Canga et al.¹⁸ if this model persists, it will be unsustainable in the face of major changes and global transformations, because there will be a decrease in caregivers and, consequently, a significant reduction of family care. For this reason, family organization and family models require a central and fundamental role in state welfare policies.^{19,20}

Nursing and care for the family

For more than two decades, the nursing has worked and built different frameworks and/or models of care focused on the family,²¹ a key aspects for this has been the interdependent relationship between the family dynamics and the illness of one of its members, giving way to the topic of Family Nursing,⁶ which is an area of knowledge of Nursing as a professional discipline.

This development has been consolidated, due to the fact that Nursing plays a preponderant role in the care of the family as a system, and in each of its members in particular. This may be due to two highly essential characteristics. The first, because the nature of nursing had its origin in the innermost part of the home, in the domestic and everyday, where care is built through nurturing, raising, nourishing, protecting and preserving.²² That is, within care and family processes. The second, because nursing since its inception has been concerned with caring for the person in an integral way, including the family as an immediate environment in which bonds of affection and unity are created among its members.

Wright and Leahey assert that nursing care for the family can be seen from two perspectives.²¹

- i. The one that is focused on the affected individual and that is part of a family context from which it cannot be separated; seeing the individual the figure and the family the foundation.
- ii. The one that focuses on the individual and the family simultaneously, under the premise that when one of their members is affected, the whole family is altered, and therefore requires care.

The second perspective proposed by Wright and Leahey is the one that today must be strengthened from public policies and health practice, in order to preserve the family unit as an integrated system. However, the question is how do nurses respond to this perspective to demonstrate that their interventions are truly effective in caring for the family? The answer to this question will depend on the level of competence that the nursing professional develops in practice;²³ being essential the need to have nurses who develop an advanced practice profile capable of responding, efficiently and effectively, to the challenges posed by the current family situation, whether in health or illness.^{24,25}

Advanced practice nurses capable of approaching the family as a group of people who daily interact continuously and jointly in the development of their individual and family life cycle, creating and recreating a system of development in which the whole family unit will always be greater than the sum of each of the members that compose it, and that any alteration of one of its members affects the whole system.^{6,20,26} That is why caring for the family from a focus of unity constitutes an ongoing challenge²³ and a goal to which all nursing professionals should arrive; Orienting their care and interventions to the maximum potential of the family's capacities.

Conclusion

The authors conclude that global changes and transformations will continue to increase and their consequences as well. Families will continue to experience changes, either in harmony or disharmony with health or disease. The important thing about all this is the degree of awareness that all the entities involved and the measures of action and correction that are taken along the way. In the case of Nursing, is necessary to improve family support strategies and work on the proposal and structuring of health policies that are inclusive and consistent with family needs. Taking as reference the words of Vivar, is necessary to continue the development of intervention studies directed at the family, not as a context of a dependent or sick individual only, but also as an integrated and interrelated unit that requires educational, psychological, spiritual, emotional and social support, to maintain its stability, balance and potentiality.

Nurses must address the needs of patients, but also caregivers, and this care must be integrated, dynamic and family-centered, which is composed of the affected person, caregiver, and the rest of the family. If we ensure that family members can perform their function at the lowest cost for their quality of life and satisfaction, this would have positive socioeconomic consequences in terms of health. In this way, the Nursing would develop better forms of approach that would allow him to return to his essence, to the meaning of his actions and to their experiences of the day to day that gives him the practice in the real scenario.

Acknowledgements

None.

Conflict of interest

The author declares no conflict of interest.

References

- Gilbert J. *Introducción a la Sociología, LOM ediciones*. Chile: Santiago de Chile; 1997.
- Therborn G. Familias en el mundo: Historia y futuro en el umbral del siglo XXI. En: Arriagada I. *Familias y políticas públicas en América Latina: Una historia de desencuentros*. Organización de las Naciones Unidas (ONU). Chile: Santiago de Chile; 2007. p. 31–61.
- Fajardo E. Caracterización del riesgo familiar total de las familias con adulto mayor ubicadas en la Comuna seis del municipio de Ibagué. *Salud Uninorte*. 2008;24(2):248–257.
- Macionis JJ, Plummer K. *Sociología*. Madrid, Spain: Prentice Hall Europe; 1999.
- Murueta ME, Osorio M. Psicología de la familia en países latinos del siglo XXI 1st ed. *Asociación Mexicana de Alternativas en Psicología AC*. México: Springer; 2009.
- Canga AD. *Experiencia de la Familia cuidadora en la transición a la dependencia de un familiar anciano*. Facultad de Filosofía y Letras. Universidad de Navarra, Pamplona, Spain: Springer; 2011.
- Vivar CG. La familia como unidad de análisis: un reto para la enfermería. *Invest Educ Enferm*. 2013;31(3):339–340.
- Universal declaration of human rights, Article 16.3. United Nations General Assembly, Paris: Springer; 1948.
- Kliksberg B. Impactos de la situación social de América Latina sobre la familia y la educación: Interrogantes y búsquedas. *Est Interd Amer Lat Carib*. 2000;11(2).
- Child Trends. *World Family Map: Mapping Family Change and Child Well-Being Outcomes*. Child Trends: Springer; 2013.
- Arriagada I. Familias latinoamericanas: cambiantes, diversas y desiguales. *Papeles de población*. 2007;13(53):9–22.
- Vivar CG, Canga N. Rol avanzado en enfermería: Master en ciencias de la enfermería. In: Vivar CG, Portillo MC editors. *Jornadas sobre rol avanzado en Enfermería, Facultad de Enfermería*. Universidad de Navarra, Pamplona, Spain: Springer; 2010. p. 115–129.
- Vivar CG, Portillo MC, Aranzamendi M, et al. *Introducción Jornadas sobre rol avanzado en Enfermería, Facultad de Enfermería*. Universidad de Navarra, Pamplona, Spain: Springer; 2010. p. 21–22.
- Sampedro J. La población mundial crecerá un 50% en la primera mitad de siglo. *Sección Sociedad*. Madrid, Spain: Springer; 2009.
- Organización de las Naciones Unidas. *Informe de la Segunda Asamblea Mundial sobre el Envejecimiento Madrid*. Spain: Springer; 2009.
- Machinea JL, Arriagada I. Familias y políticas públicas en América Latina: Una historia de desencuentros. *Organización de las Naciones Unidas (ONU)*, Santiago de Chile, Chile: Springer; 2009.
- De la Cuesta C. El cuidado familiar: una revisión crítica. *Invest Educ Enferm*. 2009;27(1):96–102.
- Canga AD, Vivar CG, Naval C. Dependencia y familia cuidadora: reflexiones para un abordaje familiar. *An Sist Sani Navar*. 2011;34(3):463–469.
- García M, Mateo I, Eguiguren A. El sistema de cuidados en clave de desigualdad. *Gac Sanit*. 2004;18(4):132–139.
- Jelín E. Las familias latinoamericanas en el marco de las transformaciones globales. In: Arriagada I editor. *Familias y políticas públicas en América Latina: Una historia de desencuentros*. Organización de las Naciones Unidas Santiago de Chile, Chile: Springer; 2007.
- Wright LM, Leahey M. *Nurses and families: A guide to family assessment and intervention*. Philadelphia, USA: FA Davis Company; 2009.
- Colliere MF. *Promover la Vida: De la práctica de las mujeres cuidadoras a la Práctica de Enfermería*. Spain: Mc Graw Hill-Interamericana; 1993.
- Wright LM, Leahey M. Trends nursing of families. *J Adv Nurs*. 1990;15(2):148–154.
- Borré-Ortiz YM, Pabón Y, Henao L, et al. Caracterización de los programas de enfermería en Colombia. *Investigaciones Andina*. 2015;17(2):1418–1432.
- Borré-Ortiz YM, Lenis-Victoria C, Suárez-Villa M, et al. El conocimiento disciplinar en el currículo de enfermería: una necesidad vital para transformar la práctica. *Revista Ciencias de la Salud*. 2015;13(3):481–491.
- Pérez B. El cuidado de enfermería en familia: un reto para el siglo XXI. *Aquichan*. 2002;2(2):24–26.