

Factors in Traditional Families which Affect Health and Health Care: A Qualitative Study

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ABSTRACT

One of the most powerful influences on the patient is the family and its characteristics. In the recent decades families have changed, one of the most well known changes was a shift from extended to nuclear families. The consequences of this shift on health have been poorly researched, although family factors are being taught at medical schools. The aim of this study is to explore differences and similarities in factors between nuclear and extended families which may affect health and health care of family members. We conducted the qualitative study of family reports. The reports were done by students of family medicine. We examined the reports according to four themes: 1) Relations between the members of the family and between them and society, 2) Lifestyle, 3) Use of medical services and confidence in doctors and medicine, 4) Illnesses and attitude towards illnesses. Differences were found in relations between the closest members of the family, close family interactions, domination issues and family roles, attitudes towards independence, parents and children, interaction with other people, attitude towards medicine, taking care of the sick member of the family and the way families endure illnesses. A quantitative research is needed to verify all the differences which we came across in this study. The qualitative data support the importance of family on health.

Key words: family, nuclear, extended, medicine, health, interpersonal relations

Introduction

A patient can not be understood only as a biological organism¹ because his or her health is under the influence of many social and psychological factors². Among them, family has a powerful influence. The family system theory defines the family as a mutually interacting system operating as an emotional unit³. This definition includes both traditional and non-traditional families (re-organized families, families with a single parent, families without children, homosexual – couple families). There are two types of traditional families, nuclear and extended. The nuclear family consists of biological parents and their children while traditional extended family includes at least one additional member. Nuclear families therefore include two generations, while extended families include three generations. Living in an extended family has both positive and negative aspects⁴. In recent decades families have changed, one of the most well known changes was a shift from extended to nuclear families.

Information about family is considered to be important to physicians for many reasons: there is a greater possibility of spreading infectious diseases and those connected with lifestyle⁴, there is a family pattern of reacting to disease⁵, family can also be a source of disease². Unfulfilled expectations, unresolved conflicts or poor communication can lead to psychological problems^{6,7}. Discontentment with the family role, as well as the change of it, can also be a source of health problems. Just as family relationships affect health, disease affects family relationships^{4,8-13}. Because of the perceived importance of families, the teaching of family dynamics has been introduced in medical schools, especially in the departments of family medicine. In Ljubljana, Slovenia, this has been done since the founding of the department in 1994. In order to assess the extent and quality of family interactions, students of medical school in Ljubljana write a family report at the end of the course. The aim of

this activity is to teach the students about the connections between health and family life.

Methods

Source of information

The source of information were surveys that students of Ljubljana School of Medicine performed during study assignments. Family reports are students' obligation and they are part of the final test of the family medicine course in the 6th study year. Families were chosen by student's mentor, but the reports on the families are done by students¹⁴. The student has to visit the families twice during the course and make a report, following a pre-determined structure. They have to gather data on the following topics:

- Family structure: the report has to include a family tree, together with the number of family members, their ages, marriages, divorces, dates of death and birth. They also have to define the type of the family and the phase in the family cycle
- Family APGAR: students have to make an assessment of the family based on the family APGAR questionnaire. The questionnaire measures the quality of family function on a scale from 1 to 10 and is often used in assessing family functioning by family physicians¹⁵.
- Family profile: The family profile has several sub-headings, that need to be described:
 - Background information: family ethnic and cultural origin, the economic status of the family
 - Family relationships: They have to define the dominant person in the family. They also have to describe in written form and in their own words the interpersonal relationships and roles of family members,
 - Lifestyle issues: how family members spend their free time, smoking, alcohol.
 - Use of medical services: which kind of medical services they use, self-treatment, confidence in medical services
 - Reactions of family to illness. How does the family react to the illness, and how do they take care of a family member.
- Family problem list: the students have to write down active health problems of all family members and actions taken to manage them.

Families' approval for participation in the survey is always obtained before students were sent to conduct interviews. To preserve privacy, the names and the addresses in reports are faked. Because of the nature of the data that were anonymised, ethical approval was not needed and formal approval of the research group of the Department of family medicine in Ljubljana was sufficient.

Sampling

From 267 reports collected by medical student since years 2009 and 2010, we first selected only the reports on nuclear and extended families. In the next phase, we have selected the ones that were complete and had all the information that was required by the protocol for description of the families. Out of them, we selected fifty reports with highest marks, because they yielded most information.

Analysis

For the purpose of this survey, the information about family profiles and family problem lists were used. We used the four subchapters in the family profile (Relations between members of the close family and between them and the society, lifestyle, use of medical services, attitude towards illnesses) as the framework for the analysis.

The analysis started with the coding procedure. Coding was performed independently by three researchers (A.S., D.K., and M.T.). Each researcher coded all fifty family reports. We manually encrypted all those family reports by associating numbers to phrases or words that seemed important. The individual »coding lists« were associated into the »final group coding list«. After that, reports from nuclear families were separated from the extended ones and we compared the two family groups.

Results

There were 14 extended and 28 nuclear families. Eight reports were eliminated because they were neither nuclear nor extended. Forty-two reports were analysed in the end (Figure 1). Analysis was formed on a group-coding list. The list originally included 289 codes which were then reduced to 88. They were divided within the pre-determined themes as subheadings in the manner showed in Figure 1.

- THEME 1: Relations between the members of the family and society
 - Theme 1.1.: Relations between close members
 - Theme 1.1.a.: Close family interactions
 - Theme 1.1.b: Domination and family roles
 - Theme 1.1.c: Independence
 - Theme 1.1.d. Parents and children
 - Theme 1.1.e: Dealing with problems
 - Theme 1.2.: Interaction with other people
- THEME 2: Lifestyle
 - Theme 2.a: Stress
- THEME 3: Use of medical services and confidence in medicine
 - Theme 3.a: Attitude towards medicine
- THEME 4: Illness and attitude towards illness
 - Theme 4.a: Taking care of sick members
 - Theme 4.b.: The way families endure illness
 - Theme 4.c: Effects of illness on family and vice versa

Fig. 1. The hierarchy of themes.

Theme 1. Relations between the members of the family and society

Theme 1.1. Relations between family members

The relationship between family members were mostly described through their influence and cooperation in cases of need for health services, caring for the ill member, and consequently the overall service utilization.

When describing relationships in general, reports from nuclear families included more disagreements.

Theme 1.1.a. Close family interactions

In nuclear families parents, mostly fathers, were more frequently reported to be absent from home. Reports from nuclear families also included more information about violent behaviour by fathers and sons. Examples are shown in Table 1.

Theme 1.1.b. Domination

In both family types we found that the domination was equally distributed between the different family members. It was also often the case that the same person was dominant and the main financial guardian. In some

instances in nuclear families the dominant person did not live in the same home as the closest members (usually this dominant person was the grandmother). In extended families we did not notice these situations. Examples are shown in Table 2.

Theme 1.1.c. Independence

Independence was raised as an issue only in nuclear families. Members of nuclear families had different wishes for independence. In extended families we did not find any examples of independence as an issue in the family. Examples are shown in Table 3.

Theme 1.1.d. Parents and children

Children in nuclear families were often busy earning money through student work, which was not reported in extended families. Parents in nuclear family pointed out their pride on successes of their children, while this feeling was not mentioned in extended families. The parents in nuclear families also reported more control of their children. We could not find any quotes of this kind in extended families. There were no descriptions of this kind in extended families. Examples are shown in Table 4.

TABLE 1
INFORMATION ABOUT VIOLENT BEHAVIOUR BY FATHERS AND SONS

Nuclear families	Extended families
»Mother is the person who mostly takes care about family, and father is a good and worthy, but he is absent from family a lot because of his job.«	»Relations between family members are good, but father is often away from home because of his work.«
»Mother is often complaining to her daughters about life with their father because of his frequent absence and indisposition to talk in the evening.«	
»Father used to beat his wife while he had been under the influence of alcohol. On one occasion he almost shot her with the gun.«	
»Son is a lot like father. He has problems with alcoholism, violent behaviour and the law.«	

TABLE 2
DISTRIBUTION OF DOMINATION

Nuclear families	Extended families
»In the past, the father was the member who had a dominant role in this family, but life circumstances reversed division of roles, so now the mother is the dominant.«	»The father was the dominant member of this family, but in last few years the daughter took over that role.«
»Father is the dominant member and main financial guardian of the family.«	»The father is an employed electrician and a main financial guardian. He is the dominant member of the family.«
»Mother, who is a musician, is the dominant member and the main financial guardian.«	»The mother is the dominant member and everybody turns to her for help.«
»The dominant person in this family is the grandmother; mother's mother, who doesn't live in the same home with the other members of the family.«	
»There are two dominant members in this family which leads to conflicts. One of them is the mother and the other is the grandmother (mother's mother) who doesn't live with them.«	

TABLE 3
INDEPENDENCE

Nuclear families	Extended families
»The daughter of this family is about to become independent and son also longs to have more independence...«	No examples
»Son of this family has a good salary and he’s been looking for an apartment on his own because he wants to become more independent.«	
»In this family, daughter wants to go from home as soon as she can and become more independent.«	

TABLE 4
PARENTS AND CHILDREN

Theme	Quote
Working as a student	»Son earns on his own because he works as a student, and because of that he is mostly independent in financial aspects.« »Younger daughter, who lives with parents, is working as a student.« »...son of this family works as a student.« »Sons of this family work, one of them is permanently employed and the other one works as a student.«
Pride	»Parents especially emphasized the great pride which they have on their daughter.« »Mother is very proud of her three children.«
Control	»The father wants to be the most important in every family decision and he wants his sons to obey all of his wishes; therefore he controls them as much as he can.« »Relationships inside the family are mostly good, although both of the parents control their children too much.«

Theme 1.1.e. Dealing with problems

Members in extended families did not point out any particular way of dealing with problems. On the contrary, those in nuclear family listed a few ways to cope with problems: some of them resolve problems without children, some have mediators and others have their own way. Examples are shown in Table 5.

Theme 1.2. Interaction with other people

Other than relations between the closest members, we found that members of nuclear family had much wider connections than the ones in extended families. Examples are shown in Table 6.

Theme 2. Lifestyle

In almost every family (in both extended and nuclear) at least one member was reported to be actively involved in healthy lifestyle.

Theme 2.a. Stress

Stress was the only topic which was reported in a nuclear family in extended ones.

Examples: »Father of this family is a leading person in his job so he has a great amount of responsibilities on his back and he is exposed to stress all the time.«; »Father of this family suffers from hypertension that is caused by a great amount of stress to which he is exposed at work.«

TABLE 5
DEALING WITH PROBLEMS

Theme	Quotes
Mediators help	»In this family members accept and respect every suggestion and opinion which contributes to the best solution of the problem.«
Resolving problems together	Considering the fact that father is often absent from home because of the work, mother and children deal with the problems together struggling to find the best solution
Parents resolving problems	»Parents resolve problems without children, while they sleep.«

TABLE 6
INTERACTION WITH OTHER PEOPLE

Nuclear families	Extended families
»Mother and father in this nuclear family have a lot of friends and acquaintances with whom they associate often, and they are also in good relations with their neighbours.«	»Family doesn't have a wide network of connections with other people.«
»Mother and father are in good relations with members of extended family. Sons spend most of the time with their girlfriends and friends or with each other.«	»Mother and son usually stay at home and they don't associate with people outside of their family. Father meets his friend at the bar. Son's wife has a very narrow network of connections. She mostly associates with her work colleagues.«

Theme 3. Use of medical services

Overall, the confidence in medical services, including the doctors was high.

Theme 3.a. Attitude towards medicine

In general, people from all the families believed in conventional medicine. Though, members of nuclear family went to the regular checkups, and the ones in extended did not. Only one nuclear family had more faith in alternative medicine. Examples are shown in Table 7.

Theme 4. Illnesses and attitude towards illnesses

In both groups of families' members took the part of housework which the sick member was supposed to take care of. There were no specific differences in division of work between the members; usually all the members are included in help. Only in one nuclear family was mentioned that a grandfather took care of father's job and that son took care of father's job. The members of the expanded families did not mention this.

Theme 4.a. Taking care of the sick member of the family

In both types of families there was always at least one of the parents taking care of the sick child. In nuclear families there were situations when no one took care about the sick member, and in expanded families there were no such situations. Examples are shown in Table 8.

Theme 4.b. The way families endure illnesses

Members of nuclear families were usually more connected, and in expanded families we found only one such situation. On the other side, in nuclear families we also found situations where illnesses were the cause of additional problems. Examples are shown in Table 9.

Results and Discussion

Main findings

It is well known that long-term care for the ill person becomes frustrating for the ill and for other family members¹⁶⁻¹⁹. In our research we found examples of this in

TABLE 7
ATTITUDE TOWARDS MEDICINE

Theme	Quotes
Alternative medicine	»...younger daughter of this family is fond of alternative medicine (homeopathy)...«
Regular checkups	»Father of the family goes to checkups to his gastroenterologist and mother to diabetologist.« »Family members take good care about their health and they go to regular checkups to their doctor.« »All family members go to regular checkups to their doctor.«

TABLE 8
TAKING CARE OF THE SICK MEMBER OF THE FAMILY

Nuclear families	Extended families
»In situation of child being sick, parents take care of him, offering him all the possible attention and one of the parents is always next to the child.«	»In case one of the members is ill, other members help him. They take care of each other, prepare hot meals, tea, and change bedclothes.«
»Mother of this family takes care about herself in case she is sick.«	»When any of the members is sick, all the others help him. When grandfather (father's father) had a cancer all of the members were there for him in every situation.«

TABLE 9
THE WAY FAMILIES ENDURE ILLNESSES

Theme	Quotes
Illness connecting families	<p>»Despite possible previous problems inside the family, in case of illness of any member in this family, family as a group is united, more connected and ready to help and support ill member.«</p> <p>»Father suffered a mild attack of angina pectoris and that event brought family closer together.«</p> <p>»Son of this family was born with a harelip and because of that he went through many surgeries. His condition brought family closer together.«</p>
Illness cause of problems	<p>»After mother had a non Hodgkin diagnosed, daughters wanted to help her in every way so a problem appeared when father couldn't take mother to chemotherapy because of busy schedule and family was turned from previously connected to divided one.«</p>

several cases (e.g. gastritis as a result of stress and consequently depression, stroke that separated family members from their normal environment). We also found examples of cohesion due to disease: e.g. the father's illnesses bringing family back together. We have seen that the effects of illness on the family in both types of families.

Similarities between nuclear and extended families

There were no differences between nuclear and extended families only in effects of illness on the family, which was a subtheme of the fourth theme (reaction to illnesses). In both family types, one of the parents took care of children when they were sick and in both family types a sick member was nursed. We have seen that members of both types of families demonstrated a rather high belief in traditional medicine, which is in line with public health opinion about traditional medicine in Slovenia²⁰.

Differences between nuclear and extended families

We have seen several differences in family relationships, life style, use of medical services and reactions of families to illnesses.

Analysis of relationships has revealed that conflicts were more pronounced in nuclear families. The member most implicated in conflicts was the father. Fathers were quite often reported to quarrel with family members. Members of nuclear families had more connections outside the family than members of extended families. It is possible that members of extended families felt that their family satisfied their need for company, work and support because it consists of more different members than the nuclear family. It is also possible that they were so occupied with their family that they did not have time for making friends outside of it although they would perhaps want to. We have also seen that wishes for independence were more pronounced in nuclear families, although this can hardly be classified as a health related factor and may be more a sign of students' interest than the topic that could be directly linked to health.

Lifestyle in nuclear families differs from life style in extended families. Stress was seen as important only in nuclear families.

Members of nuclear families reported to use preventive services more often regularly while members of extended families did not.

The severe illness had stronger impact, positive or negative, on nuclear families. The explanation could be that in nuclear families all members have to take care of a sick person while in extended that was not a case.

Members of nuclear families mentioned a few ways of dealing with problems while members of extended families did not.

Overall, the differences confirm a well known fact that members of nuclear families are more free, but also under greater pressure under stress, which can be caused by illness.

The study's strengths and limitations

The study has several limitations. The sample was not purposive, which would probably give more information about the differences in different types of families. Each report was written by a different student which means that there were significant differences in their quality and structure. Some of the reports were incomplete and some were not comprehensible (students used some terms that did not exist in professional literature). Although we have tried to reduce this bias by selecting only the best reports, it is possible that we have missed some of the information due to these problems.

The strategy of analysing the data based on pre-determined chapters was decided because of the format of the students' reports. We are aware that in qualitative analyses, the pre-determined ideas should be avoided, but we have used the framework of students' reports as the starting point. Nevertheless, the subheadings we have identified, were made according to the principles of qualitative research. Although we have achieved saturation in each of the subheadings (i.e. we have not received any new information after additional inclusion of reports) after the analysis of a relatively small number of reports, it became interesting that in some areas issues were not addressed at all. This may be also a consequence of the methodology: the students may not have the adequate

breadth of understanding of family issues and were quickly satisfied with reporting standard themes they were expecting to see in the families and have not tried to go deeper in the discussions with the families.

Conclusion

Families resolve conflicts and stressful situations in various ways, depends on family type. They often require assistance from a family medicine doctor, mainly in the form of conversation or supportive psychotherapy.

Different types of families provide different living environments. The differences between nuclear and extended families should be verified with quantitative stu-

dies. Themes that were not detailed enough could be explored by doing another qualitative study which would use reports with altered pattern of writing as a source of information. Nevertheless, family's impact on health must be taken in consideration and knowing families is important part of medicine knowledge.

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ČIMBENICI U TRADICIONALNIM OBITELJIMA KOJI UTJEČU NA ZDRAVLJE I ZDRAVSTVENU SKRB: KVALITATIVNA STUDIJA

SAŽETAK

Utjecaj obitelji i njezinih karakteristika vrlo je važan za pacijenta. U posljednjih nekoliko desetljeća struktura obitelji se mijenja, najznačajniji je pomak od proširenih prema nuklearnim obiteljima. Posljedice ovakvog pomaka su slabo istražene, iako se o obiteljskim čimbenicima govori u nastavi na medicinskim fakultetima. Cilj ove studije je ispitati razlike i sličnosti između nuklearnih i proširenih obitelji u čimbenicima koji mogu utjecati na zdravlje i zdravstvenu skrb članova obitelji. Proveli smo kvalitativno istraživanje obiteljskih izvješća koja su sastavili studenti obiteljske medicine. Pri tom smo istraživali četiri teme: 1) Odnosi između članova obitelji i između njih i društva, 2) Način života, 3) Korištenje medicinskih usluga i povjerenje u ljeknika i medicinu, 4) Bolesti i stav prema bolesti. Razlike su nađene u odnosima između najbližih članova obitelji, bliskih obiteljskih interakcija, pitanja dominacije i obiteljskih uloga, stavovima prema neovisnosti, roditelja i djece, interakcija s drugim ljudima, stavovima prema medicini, brizi o bolesnom članu obitelji i načinu na koji se obitelj nosi s bolešću. Potrebna je kvantitativna studija kako bi se provjerile sve razlike koje smo našli u ovom istraživanju. Kvalitativni podatci podupiru važnost utjecaja obitelji na zdravlje.