



Concept of Family and Its Importance in Clinical Practice

Rajamohanam Pillai K*, Namitha P and Rema Devi S

Health Policy and Planning Studies, Kerala University of Health Sciences, India

Abstract

Introduction: This review article describes the conceptual highlights, issues in clinical practice and challenges in exploring the concept of changing families in public health and clinical medicine.

Objectives: To describe the current knowledge in the areas of academic aspects of family health as evidenced from current literature and to enlighten about the implications of this knowledge to the clinical community and public health practitioners.

Materials and Methods: Review of literature done for the last ten years. In addition to manual search of published articles and books, electronic search using Google and PubMed were used. The literature confined to public health domain is essentially looked for. The reference period for search was five years.

Results and Discussion: Conceptual issues like definition of family, changing family, health is discussed first. Attributes of family like family dynamics, family environment are discussed in the context of clinical practice and public health. Selected issues regarding changing families for the physician and public health practitioner are highlighted. Major criticisms about health system functioning and the importance studies on changing families to surmount these has been discussed.

Changing Concept of Family in Clinical Practice: Family level analysis as part of clinic-social case work up, family level resource mapping for care plan, (concept of family safety-net), Families in distress and risk for disease, family focused interventions in primary health care, chronic disease management, care of psychiatric illness are the points discussed.

Foreseen Challenges: The challenges noted are challenges in access and universal health care, achieving prevention and health promotion through family focused interventions in the community, involvement of family in care of chronically ill and the acute illness especially pandemics and maintaining the family safety-net and neighborhood support groups.

Conclusion: The importance of knowledge updating of the physician and nursing professional about family health and family involvement in health care is described. The important challenges in integrating studies on changing families to clinical and public health practice are listed. A theoretical model illustrating the process elements and outcomes of concept of changing family is presented.

Keywords: Family; Family dynamics; Creative partnership model

Concept of Changing Family and Its Importance in Clinical Practice Introduction

Family is the fundamental unit in society and is characterized by varied nature of structure and functions. Family can be considered as the central focus of our social life. Classical approach to study of family is through sociological perspective [1]. However demographic and genealogical perspective also is discussed [2]. The importance of family in health and disease has been a matter of study in medical sociology as well as in public health. Evolution of public health is through study of communicable diseases to control of non-communicable diseases and the current concepts of public health covers areas like health technology assessment, cost effectiveness in medicine, successful implementation of National Health Programs, family oriented primary care and universal health care. Whichever is the area of application; modification of behavior of family members is important and can be rendered through interventions at family level. Thus, more the scientific medicine is advanced and applied, the importance of family in health care delivery is becoming more and more evident. That is why family medicine has become now the state of art service of family oriented medical practice [3]. The current concept of public health practice includes translational research approach to delivery of public health interventions in the community [4]. For practice of clinical medicine bio-psycho-social of Health and family oriented patient care are the current models [5].

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*Correspondence:

Rajamohanam Pillai K, Health Policy and Planning Studies, Kerala University of Health Sciences, Thiruvananthapuram, Kerala, India, E-mail: drrajamohanank@gmail.com

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Involvement of family members in clinical practice decision making is important for equity issues also. In both the fields of public health and clinical medicine, equity issues are handled by social safety programs. In care of the individual patient, involvement of the family members or care givers is important for optimization of resources, ensuring availability and continuity of care, timely compliance to medical advice and for effective practice of prevention. Caring of child in the context of family and optimization of resource use is important for physicians [6]. Operationalizing family safety-net concept is to prevent catastrophic spending and save families from indebtedness. The situation of economic shock resulting in inequity is discussed in the report on social determinants [7]. Another important concept in academic discussions is health transition, which has been evolved through demographic transition along epidemiological transition. Health transition can be considered as a public health phenomenon with much social implications and study of changing families need to be considered in line with these social changes. Improvement in education, changing employment patterns, changes in residential employment are examples. Apart from the individual level many of these social determinants act at the family level also, ultimately contributing to social changes. Concepts of family centered patient care, Family oriented primary health care, transformation of primary health centre to family health centre are examples of operationalization of these concepts in public health practice. In practice of clinical medicine close interaction with the family and deeper understanding of the family system is useful for maximizing benefit for the patients. This is the basic philosophy of family centered or family focused patient care. The concept of family physician and family medicine practice are developments related to this philosophy. Family physician provides individual and family level personalized and coordinated care [8]. This review article describes the conceptual highlights and challenges in methods of exploring family health issues in routine clinical practice.

Objectives

1. To describe the current knowledge in the areas of academic aspects of family health as evidenced from current literature.
2. To enlighten about the implications of this knowledge to the clinical community and public health practitioners.

Materials and Methods

Review of literature was done for the last ten years. Text books, relevant documents and electronic data bases were resorted for information. For the purpose of our enquiry search was limited to English language only. As we did this work on a Clinicians perspective public health literature was mostly resorted than pure sociological works. Family in health and disease, changing family, implications of concepts about family for the clinician to maximize clinical effectiveness are focused for this review.

Results

Conceptual issues

Family is one of the most discussed concepts in public health. The primary readings of family are in sociology [1]. The study of family in health sciences has been in many contexts. Traditional public health readings discussed about family as an element of culture in medical sociology [9]. Current public health literature discusses the concept of changing family [10].

Concepts of family

Family is defined differently in different readings. The basic definition is as a fundamental functional unit in the society. Family also has been defined as an emotional unit [11]. Family is the fundamental or primary unit in the society, is an institution as well as association and is the backbone of the social structure prevailing in a society.

Family is defined as a group of intimates with strong emotional bonds (identification, attachment, loyalty, reciprocity and solidarity) and with a history and a future as a group [12]. Yet another definition is by Poston who define family as “people who think of themselves as part of the family whether by blood or marriage or not and who support and care for each other on regular basis [13]. A group in sociology means just collection of human beings. Family is a primary group and institution is an organization of collective behavior with established patterns of behavior. Association is an organization of individuals collected with an aim. Across the globe family is considered as a stable institution.

Definition of health

World Health Organization defines “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” [14]. The Institute of Medicine defines health as a multidimensional concept. The domains are physical, psychological, functional, economic, social, vocational and spiritual [15]. For the purpose of this article we are focusing on the structural and functional dimensions of family, targeted to the practitioners of public health and clinical medicine.

Concept of changing family

The concept of changing family is discussed in contemporary readings [16]. The change refers to intergenerational periods. The change can be from traditional to modern; can be resulting in widening the gaps or making more convergence. The changes occur in all spheres of structure and functions of family. Families do change according to sociocultural changes happening in society [17]. This need to be understood in the context of evolution of changes in the society especially transition. After reviewing the literature on health transition, the paucity of studies is found to be striking. The situation in Saudi Arabia has been described by Rashood Al Kharif et al. [18]. Families change from traditional to modern. Modernization of the families is discussed [19]. Modernization is influenced by technological advancements, prevailing neoliberal market powers, socio cultural influences and resource constraints. Nuclearization of families can be considered as one of the aspects of this phenomena modernization. Impact of modernization in the Asian continent in family structure is discussed by RC Jiloha [20]. Family environment is a result of resources available at family level, the behavior of the family members, external influences like climate, neighborhood culture, income etc. [21].

Concept of changing family in clinical practice

This is towards understanding the importance of involvement of family members in care process in different contexts. The contexts vary in end of life care, management of non-communicable illness, management of psychiatric illness etc. [22].

Family studies in public health education and research

The linkages between health status of members of family and the attributes of family have been discussed [23]. Modernization has influence in food habits. Religiosity acts as a stress buster [24]. Family

level analysis as part of clinic-social case work up was the practice in medical schools [25]. Family as a focal unit for health development has been discussed in work by WHO (2013).

Family level resource mapping for care plan

Optimization of resource use is more relevant in resource limited settings. The general plan is financial support by social security measures like health insurance. Proper utilization of these schemes as well as avoidance of unnecessary resource use are possible through involvement of family in individual health care. The concept of family safety-net in this regard is discussed by authors [26]. The impact of disease on family members and changing families is a critical aspect of medical care. This has been discussed by Andrew Yule Finlay in 2013 [27]. The concept of families in distress and risk for disease and importance of family focused interventions in primary health care; especially pediatric practice is becoming more popular among practitioners [28]. Disease of family members creates considerable distress in the family. The impact of disease on the family is discussed by Catherine Jane Golics [29].

Family dynamics

There are few concepts which are not distinctively clear or has overlaps. The concept of family dynamics is an example. The term means interactions between members, or functional activities within the family environment. The specific roles of family members as the leadership role, scapegoat role or sacrificing role, breadwinner role etc. contributes to the family dynamics. Social migration of the family is also another aspect of family dynamic. Family relations and family functions are defined in literature as interchangeable terms [30]. Family as an institution is influenced by external factors as well as the intra-familial factors. These factors ultimately decide health outcomes. Health outcomes can be outcomes of positive health like work capacity, physical status measurements, birth weight etc. Examples of negative outcomes are morbidity, mortality, complication rates, disability etc. All these are affected by family level influences. Most of these concepts are elusive to an average clinical practitioner. Family complexity, family safety net, family dynamics are examples. The concept of family dynamics deserves special mention. Issues related to family centered patient care and family involvements in clinical practice are emerging and are discussed recently in Indian journals also [31].

Selected issues for the practitioner

Religion and religiosity are two internal influences which are controversial in certain settings. Religion is considered as a buffer for stress alleviation. How to integrate spirituality with clinical practice is discussed by Harold J Koenig [32]. Countries bound by a constitution based on federalism, are progressing towards universal brotherhood and traditional differences are becoming less important. Religion is a fixed influence while religiosity helps as a stress buster and also some of the practices related to religiosity are advantageous to maintain health.

People's involvement in health care programs

One of the criticisms about health system is the passive role taken by community. If interventions are properly planned at the family level, people may involve more, become more responsive, reactive and reformative. Discussing on accountability of health systems, document on health system comments on people's role in health system functioning. Changing people from passive recipients to active partners is discussed decentralization is mentioned as a step to

ensure this [33]. Not only they start giving timely feedback but also take the full ownership of the intervention program. Decentralization is the most important step towards making people's involvement a reality. In many countries this is in experimental phase. Another criticism about health system functioning is that services are given in a fragmentary way and there is less integration [34]. There are disease specific vertical programs. There is scope for family level integration also. Nutrition programs are an example. Instead of nutritional component of different programs this can be designed as a participatory nutrition activity. In community-based rehabilitation services also family level integration is important because appropriate technology can be prescribed only after the physical environment of the family is appraised. In the utilization of health services also socio-cultural factors decides the acceptance of services. Caste religion, educational qualifications etc. are few among them sometimes simple feeling of ethnocentrism or 'country-cousin' feeling may operate. This can be easily overcome by family level coalitions or neighborhood support systems. Influence of neoliberal market economy is another important problem of this economic transition. The neoliberal agenda indirectly shatters the traditional family system and encourages insurance-oriented system for the organized sector and the impact of neoliberal market in family system causes considerable threats to equity. These are by increasing age of marriage, variations in take home income and expenditure. In every society each family has an identity document. This in Kerala is called ration card. This is identical to social security number or Aadhar number. This helps to streamline the social security services at the family level [35]. What happened to the families during the last few decades when epidemiological transition has happened is interesting to explore? The families also got transformed. Perhaps the changing families are given to this phenomenon of families in transition. Changing social determinants operated for social intermediation between epidemiological transition and health transition. In this process of transition few factors are more crucial than others. Education, income, job status, status of the woman family legacy or lineage are few examples.

Foreseen challenges

Challenges related to access and universal health care. This is an issue of equity. Achieving prevention and health promotion through family focused interventions in the community is through public health programs. Evaluation of involvement of family in these programs are done in academic platforms but involvement of family in care of chronically ill and the acute illness especially pandemics. Most of the influences on health outcomes depend on behavior of family members. How to modify the behavior is the most difficult challenge for the clinician. Family has been defined as an emotional unit and emotions play significant role and small concords and discords, quarrels and reconciliations are all common in the family environment and these are all transient and will not affect the permanent relations. An attitude of protection and taking care of each other happens easily. Optimization of resources is a daunting challenge especially in resource limited settings.

Discussion

The importance of knowledge updating of the physician and nursing professional about family health and family involvement in health care is described. The conceptual highlights, issues and challenges in involving family in health care is discussed. The theoretical construct of changing families and its impact on health status of members of family is depicted below. The specific

elements as inputs at micro, meso and macro level is described on the left-hand side. The process elements of the inter-generational change which exactly define the changing family is shown in the central part of the diagram. The outcomes are in the hierarchy of intermediate and final outcomes. These elements of the theoretical framework vary in quantity and nature according to the specific cultural context and geographical locations. However, the structural complexities and functional dynamics are decided by external factors at international, national and local level. Disasters like pandemics or major climatological changes and war and violence are perhaps the universal external influences. Market forces and economic recession are other adversities. The positive factors like international travel and trade, our country migration for job opportunities bring welfare for families. The coping ability of the families to surmount the adversities depends on influences like education, support groups and individual resilience capacity. The family as an institution is the best buffer in these situations. This theoretical model needs to be validated in a real-world situation to further define the positive and negative drivers of family prosperity, health and wellbeing of the individual members.

Conclusions

Major gaps in knowledge for further research regarding studies of changing families in clinical and public health practice are identified as follows,

- Many concepts of family are not clear to physicians. Many physicians continue to be ignorant and that is possibly the reason of fragmented or reductionist approach to patient care than a totalitarian approach.
- Family as an institution is influenced by both external as well as intra-familial factors which in turn decide health outcomes. These influences can be either positive or salubrious factors and negative or risk factors. Knowledge on specific linkages in the intra-familial environment is important for the motivation and positive behavioral change of the family members and need to be further explored.
- Many interventions can be more acceptable and fruitful if focused at family level. Many governmental health programs are planned with much ambitious objectives but in real world situation much less is achieved and the gaps may be due to poor communication or not addressing the family level issues.
- The selective contribution of social determinant factors operating at the family level as external influences deciding the health outcomes is an area unexplored and needs future research.
- Family as the centre of health service delivery was the principle of community health programs. In that concept woman was placed in the key post. The role of woman as a gate-keeper need to be redefines in the changing family environment as described above.
- Current medical textbooks and syllabi is not seen to be giving enough importance to studies on changing families. Though family medicine is an established clinical branch of practice this state of affairs continues. So due considerations need to be given to knowledge updating of physicians and public health practitioners regarding the basics of family as well as the means to integrate family involvement into routine practice.
- The linkages between health transition and changing family is identified as a priority area for research.
- A theoretical model showing the various influences of the

changing family is presented which can be validated in the real-world situation.

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