How an individual's health affects the entire family's function?

Family



How an individual'shealthaffects the entirefamily's function and how does the family's ability to function affects each individual member's health?

Using Family System theory, this paper investigates the mutual impacts that the family and the individual have on each other, and the importance of familynursingfor providing clinical support to both the family and individual within the context of crisis. Examples would be provided to illustrate just how impacts are felt and how these are mediated through family functioning.

The thesis in this paper is that family functioning has an important impact on the health of individual members, as the individual depends on the family for support and protection from the larger social unit, the society; on the other hand, individual health can put enormous strain on the functioning of the family, primarily through relationships.

Family Functioning on Individual Member's Health In order to appreciate the impact that family functioning has on the health of its individual members, one must recognize the family as not only a collection of individuals whose physical proximity exposes its members to infections and environmental contaminants, but an economic unit that provides material and emotional support to its members within the larger social context (Ross, Mirowsky, ; Goldsteen, 1990).

While health and sickness takes place within the family, two of the important questions asked are the ways in which family functioning has an impact on generating and on altering the health of its individual members. An understanding of the functioning of the family involves looking at the causal chains, the conditional effects and structural amplifications. While the

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impacts of the family on the individual could vary in correlation, there are conditions within the family that increase, decrease, or even reverse, the correlation.

It is therefore the combination of causal chains and conditional effects that combine to erode certain barriers that help reduce the impact of the society on individual wellbeing (Ross et al., 1990, p. 1061). Individual physical and emotional wellbeing are therefore impacted by the structural aspects of the family, which include marriage, parenthood, wife's employment and the family's social and economic status (Ross et al., 1990, p. 1061).

Family functioning is said to have an impact on individual health and this is seen in the family performing a protective barrier in mental health diseases and being shown as having an important role in " pathogenesis, treatment, and recovery" of the individuals, particularly with patients with mood, anxiety, substance abuse disorders and attention deficit and hyperactivity disorder (Garcia-Huidobro, Puschel; Soto, 2012, p. e198).

In the case where the individual family members suffers from biomedical illness such asdiabetes, hypertension, asthma, obesity, chronic obstructive pulmonary disease, the family is seen as more involved in the outcome of the disease for the ill family member. However, research has shown that family functioning style has an effect on the health of family members, and that poor family functioning has a cumulative effect and contributes to poor health on the part of family members (Garcia-Huidobro et al., 2012, p. e198).

Where there are relational problems in families, individual family members were found to be more likely to experience psychiatric and behavioural conditions. Where the family is understress, individual family members are likely to experience conditions related to the hypothalamic-pituitary-adrenal axis (Garcia-Huidobro et al., 2012, p. e202).

In their study, these authors defined family functioning as covering "family agreement, cohesion, family support, problem-solving strategies, commitment, internal resources, and strengths" (Garcia-Huidobro et al., 2012, p. e202). It was when there was breakdown in at least some of these areas that health of individual family members were shown to be affected. This, family functioning was seen to be responsible or causative of certain individual health conditions.

In the case of vision loss, the family is seen as playing a very important role in helping the individual to adjust to this loss. The reason for this is that family members are generally the ones that live with the individual family member that is afflicted, know the nature and history of his or her condition, have observed how the family member copes and has coped with the low vision and related life stressors, accompany the afflicted family member to appointments and examinations, and serve as communicators with health professionals (Bambara, Wadley, Owsley, Marin, Porter; Dreer, 2009, p. 138).

The degree to which the family is functioning well, to that degree will the family help the family member to cope with his or her situation. The amount of support that the family provides to this family member with this chronic

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condition depends on the severity of the vision loss, the impact of that loss on the individual's daily living and ability to be independent, the number and nature of comorbid conditions that the individual has, living arrangements, financial resources and the individual's access to services and resources, all play a part in reveling how the family impacts the individual's health.

The degree to which the family is able to support the individual family member during this difficult period is the degree to which the individual family member is able to cope with his or her loss of vision (Bambara et al., 2009. P. 139). Smith, Greenberg and Mallick Seltzer (2007) also shows how family functioning could have an impact on chronic diseases in individual members. According these researchers, siblings are affected to the degree that they have a relationship with the sibling that is chronically ill, and with the amount of help that they contribute to help in caring for the sibling.

Therefore, if family functioning is such that the siblings have strong relationships, this is likely to help the sibling with the chronic condition has better health outcomes (Smith et al., 2007). In their research, Rosland, Heisler, and Piette (2012) pointed out that according to previous studies "family autonomy, support, overprotectiveness, and goodcommunication(were) . . . influential to patient illness management" (p. 221).

As family members came together to emphasis self-reliance and personal achievement, as they cooperated and became more cohesive as a unit, and as they provided greater attention to the family member that was chronically ill, the chronically ill patient showed much better improvement (Rosland et https://assignbuster.com/how-an-individuals-health-affects-the-entire-familys-function/

al., 2012, p. 228). It was also noted that positive marital and family function predicted better control of the chronic illness and better outcome and survival for the chronically ill patient (Rosland et al., 2012, p.,. 228).

Individual Health on Family Functioning When a family member is ill, this has the impact of disrupting the family functioning, as family members are often required to make adjustments to their daily lives. This is particularly the case when a family member develops a chronic disease, for not only must family members make changes to the family's routine, but in many instances roles, responsibilities and boundaries change (Lawrence, 2012).

Individual chronic illness also affects the family in terms of the self-image and self-esteem of family members, but chronic illness could also affect the emotional lives of family members by triggering " anxiety, depression, resentments, feelings of helplessness, as well as ill-ness related factors such as illness-related factors such as permanent changes in physical appearance and bodily functioning" (Lawrence, 2012, p. 21).

When a family member is ill, there are spillover effects on the family as family members experience emotional, non-health, and somatic effects (Wittenberg, Saada, ; Prosser, 2013). While emotional effects were thought of as psychological spillover, the non-health effects come about as family members have to re-arrange their daily activities and facilitation of caregiving, with parents experiencing the greatest spillover effects when children are ill, while children had the fewest spillover effects when parents were ill (Wittenberg et al., 2013).

Some of the effects of an individual's illness on the family were seen in family members experiencing caregiver burden and increased mortality; however, in some instances the impact of the individual's illness had positive effects in those caring for the ill individual, including sense of altruism and purpose (Wittenberg et al., 2013).

These researchers noted in their research that it was not only the caregivers within the family that were affected by the individual's illness, as other family members. For example, children who were not involved in the caregiving of their ill parents were shown to be affected. However, the interdependence between the ill individual and other members of the family influenced the manner in which the family was affected. The spillover effects of the ill individual on to the family varied.

Spouses showed a wide range of effects across domains, because of the interdependence, but also because ofresponsibilityshifting and having to cope with the direct effects of the illness (Wittenberg et al., 2013, p. 8). Not only are spouses often the primary provider for the ill individual, but they often feel enormous stress in coping and may feel trapped in trying to recognize the dependence and autonomy of the patient, while still trying to cope with their own needs (Lawrence, 2012, p. 21).

Spouses may also experience feelings of powerlessness in not being able to help with their spouses' pain, and the pressure of being strong when in effect they are feeling emotionally drained (Lawrence, 2012, p. 21). Parents of ill children showed the lest spillover effects, possibly because they knew

generally about the condition of their children, and their expectation of the outcome helped to improve spillover effects (Wittenberg et al., 2013, p. 8).

When a child has a chronic illness, this has an impact on the family as a whole, but also on the relationships within the family (Alderfer, Riese, Gold, Cutuli, Holmbeck et al., 2008, p. 1046). At the same time, it must be recognized that the functioning of the family has an impact on the child's health, for with conflict within the family, the outcome of treatment such as bringing down the HbA1c level for an adolescent with Type 1 diabetes could be negatively impacted (Alderfer et al., 2008, p. 1046).

Assessment and reduction in family conflict may be important in such an intervention to control the adolescent's HbA1c level (Alderfer et al., 2008, p. 1046). Parents of children with chronic illnesses also experience negative impact on their relationship, as one parent may need to spend more time with the ill child and so less time with the spouse. Some of the effects of this on family function, according to Lawrence (2012) include " communication problems, higherdivorcerates, increased relationship conflict, increased role strain, and decreased relationship satisfaction" (p. 21).

In short, quality of life of family members is also affected when a family member has a chronic disease for while there may be physical effects and psychological distress, there could also be social problems (Golics, Khurshid, Basra, Salek, ; Finlay, 2013, p. 787). In the case of parents of children with chronic illnesses, where the chronic condition is in dermatological diseases, parents may experience worry, frustration and stress, whereas in the case of

chronic conditions involving physical and mental disabilities, parents may experience social problems.

But there could be serious emotional impacts on family members, for as pointed out, research has shown that "family members of patients can be more emotionally affected by illness than patients themselves" (Golics et al., 2013, p. 787). In fact, in their study these researchers showed that family members demonstrated that the impact included not only worry, frustration and anger, but also of guilt (Golics et al., 2013, p. 790).

Negative impacts of individual chronic health on family functioning include change in daily activities, deterioration in family relationships, loss of sleep and negative impact on health, lack of support from friends and family support,, increased involvement in providing care, disruption in studies, negative financial impact, decreased social life, and inability to make firm plans (Golics et al., 2009, 790 – 794).

However, these researchers pointed out that in their study, they had one positive effect of the individual's chronic health on the family, and that led to "the family improving as a result of the patient's illness., with members of the family pulling together to support each other" (Golics et al., 2009, p. 794). In the case of adult children and their elderly parents, acknowledgement that their parent's life p was shorter also led to fewer spillover effects (Wittenberg et al., 2013).

Results of this study revealed that the illness of a family member had vast effects on the family, affecting the overall functioning of the family, and

having physical and emotional and spillover effects on family members (Wittenberg et al., 2013). In chronic conditions, it is likely that emphasis on quality of care for elderly patients could be a means of providing positive impacts on family functioning. End of life care usually involves an understanding between elderly parents and their children.

In a study involving elderly parents and their adult children, a common understanding was that trust in treating physician, avoidance of unwanted life support, effective communication nd continuity of care and life completion were facts that both groups found important (Heyland, Dodek, Rocker, Groll, Gafni et al., 2006, p. 1, 6). Other family members are affected in different ways by the chronic health condition of an individual family members.

As noted, family functioning is affected, as family members have to go through stages to adjust to the chronic illness of their individual family member. Some of the adjustments that have to be made in the case of family members of the individual family member with low vision are " shockdenial, mourning-withdrawal, succumbing-depression.

Reassessment-reaffirmation, coping-mobilization, and self-acceptance-self-esteem" (Bambara et al., 2009, p. 138). Basically, what is involved here is that the family goes through a period of adjustment, starting off with possibly shock and denial, and moving through various phases to the point where they have to accept that conditions have changed and that they have to make changes to their lives.

In this case of low vision, changes could involve helping the family member purchase equipment that is not covered by insurance, helping in dealing with loss of wages, and covering economic deals (Bambara, 2009, p. 138).

Implications for Nursing These findings reveal that clinical nursing also has an important role in providing psychosocial support for patients and families.

Recognizing the impact of chronic disease on the family member and family, nursing therapy could be important in providing the emotional support needed for family members and for better functioning of the family as a whole. A study into the impact of Huntington's disease on families and spouses reveal the need for effective family therapy around easing marital conflict as well as parents' fears and anxieties over transmission of disease to children (Smolina, 2007, p. 14).

Children's perception of the disease is also influenced by the behaviour of parents and so "family dynamics, taboos, expectations, loaded issues and the general attitude toward the disease" are all factors that require therapy (Smolina, 2007, p. 10). Clinical nursing therapy can ensure that perceptions related to end of life are shared by elderly patients and their adult children in end of life care discussions, as seen as important in earlier study (Heyland et al., 2006).

Conclusion Chronic disease of a family member can have physical, social, and emotional impact on the other family members, and to have mostly negative effects on family functioning, as conflict, breakdown in relationships, stress and its related effects, depression, anxiety, guilt, and more could result. Although there have been some positive effects observed,

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namely, altruism and purpose, these are often dwarfed in terms of the negative effects.

However, in turn, individuals with chronic conditions are influenced by their family functions, with poor functioning resulting in deterioration of their health or leading to the onset of some of these conditions. Using the dynamics of family theory, clinical nursing therapy could provide much needed support.