The family as a unit of analysis: a challenge for nursing

La familia como unidad de análisis: un reto para la enfermería A família como unidade de análises: um reto para a enfermagem

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The concept of the family as a unit of analysis is an area being investigated from different disciplines like nursing, medicine, or sociology. Its interest has been growing upon identifying vulnerable families like those with a loved one with dependency or those enduring a chronic process, who have a series of necessities that must be studied to be effectively addressed by healthcare teams. This matter was dealt with in depth during the 11th International Congress on Family Nursing held in June 2013 in Minneapolis (USA), congregating 433 participants from 27 countries.¹

Situations of dependency have always existed. However, due to the increasing number of elderly individuals, as was to the increased prevalence of chronic processes, the need for care and assistance has grown considerably. These scenarios often lead to changes within the immediate context of the individual and of the family caregivers, which ends up producing a profound impact upon the family unit and dynamics. That is, when an illness or dependency situation emerges within the family, the unit as a whole is affected, making it necessary to adapt to the new family demands like the distribution of new roles and functions.²

It is fitting to indicate the positive effects derived from care, especially when it becomes a positive family reinforcement. Thus, for example, positive aspects have been identified in family caretakers such as growth and maturity as a family, capacity for dialogue to solve conflicts, or strengthening of bonds within said institution.³ Nevertheless, evidence also reveals the high percentage of family members who experience tensions and physical, social, and emotional alterations derived

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from care; likewise, their capacities to confront the situation are affected, along with their subsequent suffering.⁴

In spite of that, reality shows that rarely is a family or systemic type perspective adopted in professional practice. Care focused on the family has yet to become go into practice in systematic manner and a more individualist approach persists centered on the dependent individual, although evidence shows the positive impact family interventions have, both for the individual as for the family group.^{5,6} Also, it seems reductionist to maintain the traditional approach of care aimed at the patient given that the individual is a bio-psychosocial being who requires a holistic approach that contemplates al its dimensions (biological, psychological, family, social, and spiritual). From this perspective of comprehensive healthcare, healthcare professionals should have a systemic vision of the family institution, contemplating it as a unit of care and analysis.⁷

Likewise, it is important for researchers in Health Sciences to delve into the study of the family and propose new care approaches that cover family needs. Sights must be set upon the dynamics and internal family relationships, as well as upon its structure and functions; without forgetting family relationships among the different subsystems (parents-children, siblings, the couple, among others), the totality of the system (the family as a group) and the social and cultural context. Also, it is of interest to know the levels of family care, what are the activities of nursing professionals on addressing the needs of the family, as well as the degree of implication on family care.

To conclude, I invite the scientific community to conduct research in family nursing. I urge you to carry out qualitative studies to generate data

regarding the experiences and responses of the family upon natural transitions within it (birth, death, etc.) and events that bring it suffering (as is the case of the diagnosis of a chronic process in a loved one). Also, I also urge you to design and implement experimental studies that provide evidence on the most efficient and effective interventions to respond to the real and current necessities of the families. Thereby, we will specifically contribute to improving care centered on this institution and, hence, on its quality of life.

Referencias

- 1. Bell J. Highlights from the 11th International Family Nursing Conference, Minneapolis, Minnesota, USA, June 19-22, 2013. J Fam Nurs. 2013; 19(3): 291-4.
- 2. Wright LM, Leahey M. Nurses and families: A guide to family assessment and intervention. 5° ed. Philadelphia: F.A. Davis Company; 2009.
- 3. Pérez-Peñaranda, A. Enfermedad crónica, familia cuidadora y dependencia. Germany: Editorial académica española; 2012.
- Pérez A, García L, Rodríguez E, Losada A, Porras N, Gómez N. Función familiar y salud mental del cuidador de familiares con dependencia. Aten Primaria. 2009; 41(11):621-8.
- 5. Chesla CA. Do family interventions improve health? J Fam Nurs 2010; 16(4):355-77.
- Hartmann M, Bäzner E, Wild B, Eisler I, Herzog W. Effects of interventions involving the family in the treatment of adult patients with chronic physical diseases: a meta-analysis. Psychother Psychosom. 2010; 79(3):136-48.
- 7. Canga Armayor AM, Vivar CG, Naval Duran C. Dependencia y familia cuidadora: reflexiones para un abordaje familiar. An Sist Sanit Navar. 2011; 34(3):463-9.