

The relationship between family function and women's well-being

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ABSTRACT

Background: Health measurement is one of the major challenges in today's researches. Various indicators including well-being are used to evaluate health. Many factors including culture, structures, and values can be effective on family health, quality of life, and well-being of family members that these elements themselves are effective on the whole society's health. One of other effective factors on these indicators is family function.

Materials and Methods: The data collecting tools included Bloom's Family Function questionnaire and well-being questionnaire, whose validity and reliability have been already confirmed. This study is a cross-sectional, descriptive, and analytical study carried out on 300 subjects in Isfahan in 2011. The inclusion criteria were the families residing in Isfahan for more than 1 year and the women who were willing to cooperate with the project. Sampling method was in the form of cluster. Isfahan has 13 clusters of which 50% (6 clusters) were randomly chosen. Fifty samples were chosen systematically on the basis of the sample volume (300 samples). The selection of the first sample was based on random numbers table and the next samples on the basis of K (the families lies numbers/K = 50).

Results: The sample's mean age was 45 (4.3) years, well-being dependent variable mean was 23.6, and family function variable mean was obtained as 183.6 by ANOVA. Well-being was better in families with higher function, compared to the other groups, but no significant difference was observed.

Conclusions: Family function has direct and indirect effect on quality of life and well-being. It should be considered as a social determinant of health to improve well-being in family as a part of community.

Key words: Family nursing, Iran, questionnaire, well-being

INTRODUCTION

Health measurement is one of the major challenges in today's researches. Nowadays various indicators including quality of life and well-being both refer to health. Well-being refers to what is good for every individual.^[1,2]

Many factors including culture, structure, and values can be effective on family health, quality of life, and well-being of the family members. These elements themselves are effective on the whole society's health.^[3] One of the other effective factors on these indicators is family function. Family

function is what family performs on the behalf of its members in a larger society.^[4] A family which has an appropriate health and skill level has a better resistance to physical and psychological problems such as divorce, death, and so on. On the other hand, the families with little experience and capabilities lack the ability to solve the problems and to help their members meet their needs.^[5-7] With regard to the function, a family has different aspects (subscales). Various studies have been already conducted concerning family function indicating its association with psychological health of the family members. Subscales of family ideal, cohesion, and expressiveness are appropriate predictors for psychological health.^[8] Family function not only affects the well-being in healthy individuals, but also is associated with some psychological disorders. Earlier studies show that family function of depressed patients is weaker than of people without psychiatric disorder in cohesion, family ideal, and sociability subscales.^[9] There is a significant difference between poor family function and children with physical symptoms, anxiety, sleep disorders, and depression.^[10] Disorders in social family function are influenced by cultural conditions.

Every society needs to have a comprehensive profile of

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its smallest social unit, the family, and on the other hand, well-being is a relatively new indicator of health dimensions.

The importance of family function and its effect on health is so clear and noticeable. In many countries, family nursing is used to promote the level of health. Family nursing consists of nurses and families working together to ensure the success of the family and its members in adapting to response to health and illness. Nurses must be knowledgeable about family function to help the family cope up with health problems.^[11] Nurses play a key role in enhancement of family function. As no studies on the association of family function and well-being have been already conducted in Iran, the researchers decided to investigate the association between family function and women's well-being.

MATERIALS AND METHODS

This study is a cross-sectional, descriptive, and analytical study carried out on 300 subjects in Isfahan in 2011. The inclusion criteria were the families residing in Isfahan for more than 1 year and the women who were willing to cooperate with the project. Sampling method was in the form of cluster. Isfahan has 13 clusters of which 50% (6 clusters) were randomly chosen. Fifty samples were chosen systematically on the basis of the sample volume (300 samples). The selection of the first sample was based on random numbers table and the next samples on the basis of K (number of families/K, K = 50).

The respondent units in every family were women. In the case of no access to a sample, sampling was conducted from the right-hand door neighbor. Well-being was considered as dependent variable and family function components as independent variables in this study. The tools used included a family function questionnaire, Bloom Family Functioning Scale (1985), and well-being questionnaire (W-BQ12) (Prof. Clare Bradley).

Questionnaires were completed through interviews after obtaining a verbal consent from respondents. Family function questionnaire included 75 questions proposed in the form of 15 subscales such that each item included five questions and each question had four choices. The scores of 1-4 were assigned to the choices. The samples were divided into three groups based on the total sum of scores. The scores of 157-174 were assigned to unfavorable functioning, 175-191 to moderate functioning, and scores 192-210 were assigned to favorable functioning.^[12,13]

W-BQ12 includes 12 questions. The first four questions and questions six and seven are reversed which are added up with other questions to obtain the score of well-being.

The validity and reliability of Persian version of Bloom Family Function Questionnaire has been previously confirmed.^[14]

W-BQ12 was translated after obtaining the permission from its designer in the form of backward and forward.

The Face and content validity approval was performed after it was translated by three associated experts. The pilot was conducted with 10 individuals to determine its reliability with Cronbach alpha of 72%.

Data were analyzed by descriptive statistical tests, analysis of variance (ANOVA), and Pearson cohesion test through SPSS software version 14. The goal of the study was explained to the respondents and the questionnaires were filled by questioners after obtaining the respondents' oral consent.

RESULTS

Mean age of the samples was 45 (4.3) years.

Mean scores and standard deviations of the components of family function are shown in Table 1. Also, the relationship between family functioning components and well-being was investigated and is shown in Table 2.

Mean score of well-being dependent variable was 23.6 (6.14), which ranged from 5 to 36.

Also, mean of family function variable was 183.6 (11.9) with a range of 157-210. The family function was classified to three groups: Unfavorable, moderate, and favorable, whose frequency distribution is shown in Figure 1.

Mean and standard deviation of well-being in families

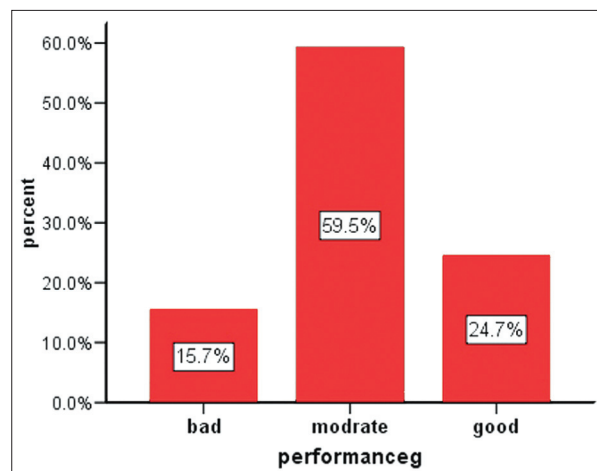


Figure 1: Frequency distribution of family function

with bad, moderate, and good function were 21.6 (6.8), 23.9 (6.2), and 24.3 (4.9), respectively.

Well-being was better in families with higher function compared to unfavorable and middle functioning groups, but no significant differences was observed ($f = 2.47$; $P = 0.08$; 95% CI = 165.8-168.7).

DISCUSSION

The aim of this study was to investigate the relationship between family function and women's well-being in Isfahan. The results showed that although well-being in families with higher function was better than two other

groups (moderate and weak function), no significant difference was observed.

The study findings showed that there was a significant and direct relationship between some family function subscales and the variable of well-being. Subscale of cohesion had a significant relationship with the variable of well-being.

Indeed, subscale of cohesion addresses union, integrity, and cooperation between family members and their assistance. Based on the findings of the present study, existence of more union and cooperation in a family leads to higher well-being of the members of that family.

Another subscale of family function which has a positive and direct relationship with well-being is expressiveness or assertiveness. This subscale addresses feelings, expression, and emotions, as well as freely expressing feelings and beliefs of family members better so that when family people act more freely and comfortably, their well-being will is higher.

These two conclusions are highly consistent with Janani's research indicating the cohesion and expressiveness subscales as predictors of psychological health,^[8] as well as the study of Zargar and Ashouri which concluded that the family function of depressed patients was weaker than of those without depression.^[9]

In addition, the subscale of external locus of control has a positive and direct relationship with the variable of well-being. This subscale addresses more supernatural powers and fate, as well as the factors out of individuals' control. This finding can be reasoned by the fact that families that believe in supernatural powers and fate confront with the problems more easily. For example, based on

Table 1: Mean scores and SD of family function subscales

Family function subscale	Mean	Std. deviation
Cohesion	14.5	2.4
Expressiveness	16.7	3.5
Conflict	8.5	3.1
Intellectual-cultural orientation	10.7	3.6
Active-recreational orientation	13.1	2.4
Religious	8.7	2.1
Organization	11.8	1.3
Family sociability	10.7	1.8
External locus of control	12.8	1.8
Family idealization	13.4	1.2
Disengagement	10.9	1.9
Democracy	13.5	2.3
Laissez-faire family style	11.6	2.3
Authoritarian family style	11.6	2.3
Enmeshment	14.9	2.7
Family function	183.6	11.1

Table 2: Pearson correlation between the 15 components of family function and well-being

Family function subscales	Cohesion	Expressiveness	Conflict	Intellectual-cultural orientation	Active-recreational orientation	Religious	Organization	Family sociability	External locus of control
Well-being									
Pearson correlation	0.291	0.334	-0.301	0.097	0.147	-0.086	-0.150	-0.193	0.300
P value	0.000	0.000	0.000	0.102	0.013	0.145	0.011	0.001	0.000
n	288	289	290	289	287	287	288	289	286
Family function subscales	Family idealization	Disengagement	Democracy	Laissez-faire family style	Authoritarian family style	Enmeshment	Family function	Well-being	
Well-being									
Pearson correlation	0.138	-0.242	0.196	-0.154	-0.030	0.127	0.117	1	
P value	0.021	0.000	0.001	0.010	0.614	0.034	0.046		
n	282	290	285	279	284	281	291	291	

Julespecht's study, people who believe in external locus of control (chance and fate) have been more convenient in confronting with problems such as the death of their loved ones, and in the year after losing their beloved, their satisfaction of life has been higher.^[15]

Another subscale which has had a positive and direct, but not so strong relationship with well-being is the subscale of active-recreational orientation.

This subscale addresses more of recreational activities including cinema, exercise, traveling, and recreational activities. Based on the findings of the present study, it can be said that when more members of a family do exercise and recreational activities, the well-being of the family members will be higher. Goodwin's study reveals that there is a reverse relationship between regular physical activities and suffering from depression and anxiety.^[16]

Some subscales of family function like conflict, disengagement, sociability, Laissez-Faire, and organization have a reverse and negative relationship with well-being, of which the strongest relationship is for the subscale of conflict.

This subscale addresses more of disagreements, nervousness, and conflict among the family members. Based on the findings of the present study, people have lower well-being in families that have so much disagreement, quarreling, and conflicts. According to Vandewater and Lansford, in families in which there is increased quarreling and disagreement, the children's well-being is lower,^[17] which is consistent with our study.

Laissez-faire is another subscale which has a reverse and negative relationship with well-being, although observed to be not strong in our study. This subscale addresses more the lack of laws and regulations in the family and not paying attention to a family member's fault. In families in which there are no certain laws and regulations so that in the case of making a mistake or fault by one of the family members, other members do not care, well-being is lower. The study results of Galbraith and Schvanveldt reveal that there is a significant difference in the well-being between the members of laissez-faire style leadership and active-transformational leadership families.^[18]

Another subscale which has a not so much strong, reverse, and negative relationship with well-being is disengagement or dissociation. This subscale is more about unawareness of the family members of the affairs and decisions of other family members. More disengagement between family members leads to lower well-being of those family members. In fact, in this type of families, because of being indifferent

to other family members concerning their decisions and affairs, the members cannot benefit from other family members' support and guidance, leading to frustration and low well-being of that family member.

In this study, the subscale of organization had a relatively weak, reverse, and negative relationship with well-being. This subscale addresses more the existence of discipline in family, house clean up, and home equipments' tidiness. Based on the present study, weaker this subscale is in the family, the higher is the individual's well-being. This conclusion is possibly due to the fact that the families who spend much time on cleaning the house and making equipments neat have little time for recreation, travel, exercise, and family members' talk, which leads to lower well-being of that family's members. No study was found concerning the association between organization and well-being.

Besides, the subscale of sociability had a weak, reverse, and negative relationship with well-being in our study. This subscale addresses more family members' communication with others and friends. In fact, the families who have less communication with friends or others benefit from more well-being. Based on the studies of Diener and Emmous, sociability has a direct association with positive affect and life satisfaction.^[19] Hobey *et al.* also concluded that an increase in sociability and family relationship with neighbors can enhance individuals' well-being level at their higher ages.^[20] This latter finding is not consistent with that of the present study, possibly due to cultural differences in various societies.

With regard to the cultural condition of Iranian society, families who have less socialization with friends and other families have higher well-being, since they are less aware of their weaknesses and problems. Human beings can notice their weaknesses or shortcomings when compared with other people and families. Besides, if something unfavorable occurs in a family and others are less aware of that, they will have less anxiety and discomfort.

One of the limitations in our study was to evaluate women's well-being in the family. Some questions may have not been answered correctly and properly due to existence and importance of ethical issues for individuals, especially women, in the Iranian society. In addition, the questionnaires may have been completed by the respondents who have not correctly replied to some questions.

One of the major roles of family nursing is the promotion of family cohesion and elimination of family conflict.^[21] According to our results, the more cohesion and less conflict, the more is the well-being of family members; therefore, the

family nurses play a crucial role in enhancing the family well-being and function through promoting the family integrity and cohesion as well as decreasing the conflicts.

CONCLUSIONS

No significant relationship was found between well-being and three groups of family function in the present study. In high function families whose members freely express their emotions and feelings and have more union and cohesion with less conflict and disagreement between the individuals of that family, well-being is higher, compared to the other two groups. The findings of the present study showed that most of the families face problems in their function which can, in addition to other factors affecting health, influence quality of life and well-being. Since there is no structured program to amend family function and, on the other hand, primary health care providers who are not professional give health services in the first level of health system, highlighting the role of nurses in supporting families is crucial.

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