

# Assessment of non-traditional family units and implications for nursing care

## *Avaliação de unidades familiares não tradicionais e suas implicações para o cuidado de enfermagem*

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### ABSTRACT

Non-traditional family units are gaining ground nowadays and research, therefore, on their structural and functional aspects is relevant. This qualitative case study, conducted in Belém, PA, Brazil, sought to explore some families with a non-traditional configuration, assessing them through the Calgary Family Assessment Model. The data was collected from November 2017 to March 2018 via home visits with preferably all the components present, using a semi-structured interview, according to the Calgary Family Assessment Model branching diagram, and GenoPro software. The classifications were: single-member, female single-parent with children, female homosexual, traditional with added member and female single-parent with an adopted child, indicating complex relationships among the components of the unit and with the extended family. The Calgary Family Assessment Model demonstrated their impact on family nursing in terms of the typification of non-traditional families, care, expression of feelings, solution of problems and evolution of family arrangements.

**Descriptors:** Family; Family Nursing; Family Relationships; Family Characteristics.

### RESUMO

Unidades familiares não tradicionais logram conquistas contemporaneamente, tornando relevante a pesquisa acerca de seus aspectos estruturais e funcionais. Objetivou-se conhecer algumas famílias de configuração não tradicional, avaliando-as por intermédio do Modelo Calgary de Avaliação de Famílias. Procedeu-se estudo de caso qualitativo, realizado em Belém, PA, Brasil. A coleta de dados ocorreu entre novembro de 2017 até março de 2018 preferencialmente na presença da totalidade dos componentes em visitas domiciliares, com aplicação de entrevista semiestruturada conforme o diagrama ramificado do Modelo Calgary de Avaliação de Famílias e uso do *software* GenoPro. A classificação foi: unipessoal, uniparental feminina com filhos, homoafetiva feminina, tradicional com membro agregado e uniparental feminina com filho adotivo, indicando complexas relações com os componentes da unidade e da família extensa. O Modelo Calgary de Avaliação de Famílias demonstrou seu impacto para a enfermagem de família no que concerne à tipificação de famílias não tradicionais, assistência, expressão de sentimentos, solução de problemas e evolução dos arranjos familiares.

**Descritores:** Família; Enfermagem Familiar; Relações Familiares; Características da Família.

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## INTRODUCTION

The family is an organization with various functions: to provide care, educate and promote material and emotional support, wherein members do not need to have blood relationships, live in the same home or be from the same ethnic group. In this case, the determining factor is love<sup>(1)</sup>. Society has undergone changes that have structured families and the law and has gradually started to consider the rights of non-conventional families, whether according to degree of intimacy, exercise of maternity and paternity and forms of cohabitation — elements which, when combined, result in multiple forms of family organization that differ from “traditional” configurations<sup>(2)</sup>.

Contemporary life contributes to the pursuit of rights for non-traditional family arrangements such as single-parent families comprised of only a father or mother; blended families formed by people who are marrying for the second time and caring for their children under the same roof; single-member families represented by individuals who opt for independence and individualized lifestyles; and homosexual families composed of two people of the same sex. It can be presumed that even the category of “offer affection” is questionable, since “offer protection” is more connected to the modern family configuration<sup>(3)</sup>.

Currently, this scenario requires nursing research to be conducted about new family unit configurations, since it is essential to know and understand the different contexts of family dynamics and receive input for family nursing care actions. Getting to know different organizational and restructuring configurations for emerging family units enables professionals to identify specificities and reveal different broader family concepts and the care needs, including health-related ones, of these families<sup>(1)</sup>.

From this perspective, using the Calgary Family Assessment Model (CFAM) equips nurses to understand family dynamics and identify the needs of any family configuration<sup>(4)</sup>. This model highlights aspects of nursing evidence-based practices during interventions with families, where the resolution of health issues is achieved through enabling family members to communicate with the professionals who serve them and jointly seek ways to solve problems. The model is not only used for family health problems, but assesses positive aspects of family units, i.e., the strengths of families, which are an important aspect for the success of any intervention<sup>(5)</sup>.

The objective of the present article is to explore some families with non-traditional configurations, assessing them through the Calgary Family Assessment Model.

## METHOD

This is a case study with a qualitative approach, which involved the participation of five family units from the city

of Belém, Pará, Brazil. It is a type of research for in-depth and detailed study of one or more cases, exploring real-life circumstances whose limits are not easily achieved through other designs, in addition to explaining other causal dimensions of events<sup>(6)</sup>.

These families were chosen by the researchers between November 2017 and March 2018. The inclusion criteria were: different family typologies for a broader understanding of non-traditional configurations; residents in the metropolitan region of Belém, interested in participating; with a key respondent 18 years of age or older.

The researchers visited the homes to get to know and understand the relationships and behaviors of the members. To apply the CFAM, a semi-structured interview was conducted, comprised of guiding topics from the CFAM branching diagram, addressing structural, development and functional assessment aspects. In the end, a genogram was created. The data collection was scheduled according to the availability of the family members.

A rough draft of the genogram was prepared together with the families present, using GenoPro software. A genogram is a diagram that displays a family structure and history and includes at least three generations. Family members are arranged in horizontal series, corresponding to generational lineages<sup>(7)</sup>.

The structural category includes the family structure. Three aspects of the family structure can be examined: internal elements (family composition, gender, sexual orientation, order of birth, subsystems and limits), external elements (extended family and broader systems) and context (ethnicity, race, social class, religion and environment). In relation to the development category, this refers to the progressive transformation of the family history during life cycle stages, and its sub-categories are classified into stages, tasks and bonds. In turn, the functional category deals with how the family interacts. Two aspects can be explored: instrumental operation, which refers to daily life activities, and expressive operation, in relation to communication styles, problem solving, roles, beliefs, rules and alliances<sup>(7)</sup>.

The collected data was treated through Content Analysis, with the following stages: pre-analysis through skimming the text and selection of relevant excerpts for the object and creation of a corpus; exploration of the material with a breakdown and segregation of pertinent content; and treatment of the results and interpretation<sup>(8)</sup>. The particularities for analysis according to the CFAM are: use of topics from the branching diagram (composition, contact with the extended family, function of relationships, services, institutions, housing, family history, communication and problem solving), in order to visualize similarities and differences of the units; intentional choice of data for achieving the objective; search for more relevant

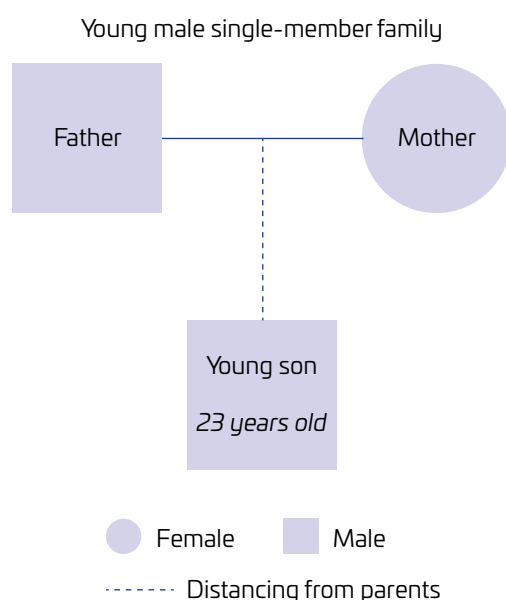
respondents, in the case of index subject or subjects; and a contextual map of the study through genograms.

This study offered no risk to the families interviewed, which signed a free and informed consent form, authorizing their participation in the study and ensuring the anonymity of each member. The project was submitted to and approved by the Ethics Committee for Research involving Human Beings of the Institute of Health Sciences, of Federal University of Pará (UFPA), and the opinion was filed under n. 2.372.900, CAAE n. 7888201710000018 on September 11, 2017.

## RESULTS

The study sample was composed of five families of non-traditional configurations. After the data analysis, based on the theoretical framework of the CFAM, the families were characterized and identified according to the following typology: young male single-member family; female homosexual family; female single-member with children family; traditional with added member family; and female single-parent with adopted child family.

The young male single-member family (Figure 1) is composed of Lui (young son), single, 23 years old, nurse and Catholic with Spiritist doctrine. Lui left his family due to the need to live in Belém to do his undergraduate and graduate university studies. He also needed to achieve financial independence. Lui is allergic and uses hospital services whenever necessary. Despite living alone, he has quarterly contact with his extended family, since it provides him with emotional support, and says the bonds are strong.



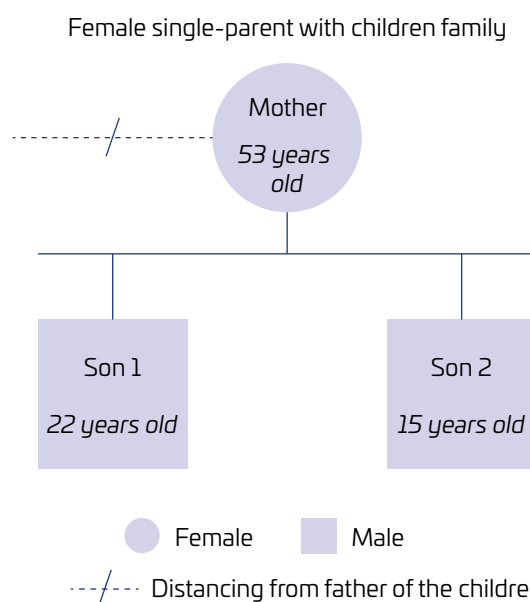
**Figure 1.** Genogram of the young male single-member family. Belém, PA, 2018.

The female single-parent with children family (Figure 2) is composed of three members: one women and two young people. Rein (Son 1), a 22-year-old student; his brother Ga (Son 2), a 15-year-old student; and Juc (the mother), a 53-year-old administrative assistant. The people residing in this family unit use a health plan, when necessary. They mentioned Ga's health condition (he has an attention deficit), which hinders communication with other family members, in addition to the mother's overprotectiveness of Ga (Son 2), overburdening Rein (Son 1) with all the domestic chores. The bonds between them are average.

The relationship between the two sons and their father is distant and occasionally conflictive, since the extramarital relationship which resulted in Rein and Ga is a disturbing topic for Juc, the mother. Nevertheless, Jul (the father) is linked to two other family units: the first marked by widowhood in relation to his first wife, Ros, with whom he had children named Helen, Is, and Lean; the third unit involved another extramarital relationship with Bel which started before he became a widow, which resulted in John who is practically the same age as Ga.

The relational and affective bonds between Rein and Ga and their four half-siblings are strained. In turn, Juc's extended family lives in another state, making communication with them difficult. They also said that all the members of the family are Catholic, but do not go to church often, and that their relationship with the neighborhood is distant due to extensive work activities.

The female homosexual family (Figure 3) is built on a homosexual relationship comprised of two female members:



**Figure 2.** Female single-parent with children family. Belém, PA, 2018.

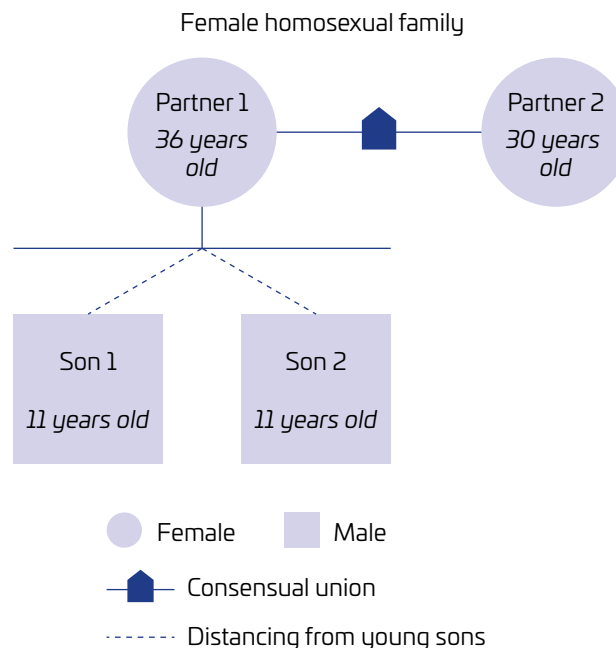
An (Partner 1) and Barb (Partner 2). An is 36 years old, a receptionist and mother of twins who live with their grandparents. Barb is 30 years old and a nursing assistant. In urgent situations, they go to the Emergency Department (UPA). The only health problem reported was Na's allergy. Both have a good relationship with the extended family and, after the death of Barb's mother, the bond between them has been strengthened. They said they are non-practicing Catholics and have a strong relationship with friends and neighbors.

There is a good relationship between the couple and the children from An's heterosexual relationship (who preferred not to address the subject), as well with the grandparents and particularly Uncle Paul who live in the same home as the children. The emerging concern involves the twins living with their grandparents and the distancing of the mothers. The couple insisted that the situation is temporary due to the need for financial structuring and more resources for the home that they have been living in for a short time.

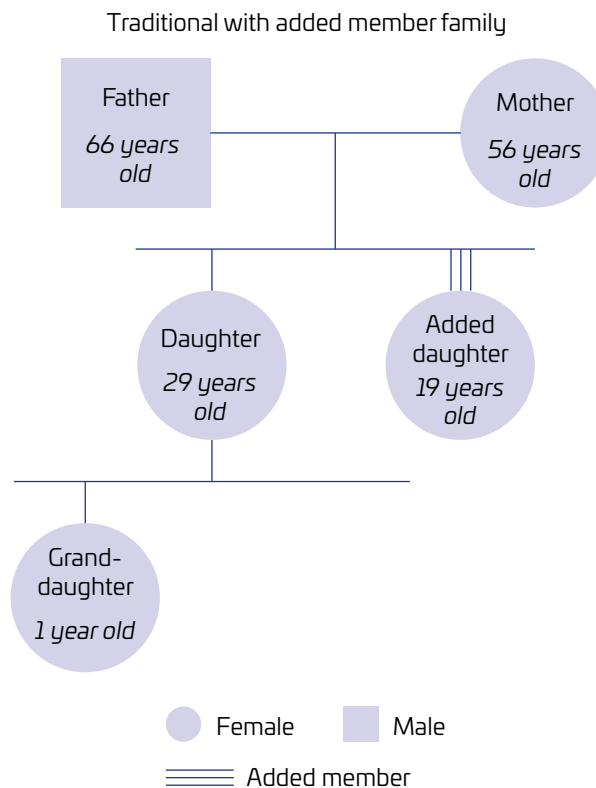
The traditional with an added member family (Figure 4) is made up of Sabri (added daughter), Ar (father), Ver (mother), Pa (daughter) and Isa (granddaughter). Two of them are young people, two are older people and one is a nursing mother. Ar is retired, 66 years old and suffers from arterial hypertension and diabetes mellitus (DM). Ver is a homemaker, 56 years old and suffers from knee pain. Pa is a lawyer, 29 years old, works during the day and has a one-year-old daughter named Isa, who is looked after by Ver and Sabri. Sabri is 19 years old, a waitress, studying for the college admission exam and was added to this family unit when she was 8 years old. She is the daughter of Fran, a maid in Belém, who worked in Ar and Ver's home during the time Sabri was a child. Ar and Ver developed a very strong bond with Sabri. When Fran returned to Acará, another city in the state, without the financial and structural means to raise her, she left her daughter in the care of the couple, with sporadic relations with her biological family comprised of a father and two siblings.

There are strong bonds with both families. However, Sabri and Ver take care of all the domestic chores, health issues and daily affairs of the granddaughter and father. They are Catholic and attend church regularly, and report having a strong relationship with friends and neighbors.

The female single-parent with adopted child family (Figure 5) is composed of two members: Nae is 59 years old, single, retired and a Spiritist; and the adopted son, Nir, is 23 years old, with a degree in visual arts and a Spiritist. This family unit has a private health plan for health issues. The only health problem in the family reported by Nae was her own arterial hypertension, but she expressed fear when mentioning cases of cancer in her extended family. She has closer contact with Noc, Nur and Nic, her twin sister, and stays in touch by phone with three siblings in different Brazilian states.



**Figure 3.** Genogram of the female homosexual family. Belém/PA, 2018.



**Figure 4.** Genogram of the traditional with added member family. Belém, PA, 2018.

In her desire to be a single mother, she adopted Nir in 1996. In relation to the adoption process, Nae said that it took around two years and that it was necessary to follow certain steps: register with the court; sign up on the adoption list; the institution confirms that the child is no longer under the power of the family and is available for adoption; and the adopter manifests interest for a specific child, after which a psychological, financial and home assessment are performed (in reference to the adopter), until final custody is declared. Nae always told her son he was adopted and would support him if ever decided to seek his biological family. They have strong bonds with her extended family, since they do not have relatives in Brazil, only siblings. Nae helps Fat take care of Love and Der who are also Nic's adopted children.

Difficulties expressing feelings between the mother and son were reported, where the former attributed this lack of communication to the way the child was raised by the parents, who were more concerned about their financial situation than expressing affection. The lack of a partner and absence of a father figure during adolescence were also mentioned.

## DISCUSSION

The change in family patterns occurring in society today is associated with historical, anthropological and social factors. The reason for these changes is that social kinship norms such as blood family, domestic environment and lineage, are gradually being articulated and/or replaced by religious, political and social stratification ties<sup>(9)</sup>.

In the present study, the religious factor was not mentioned much, but work activities had an impact on changes in paths of life, strong or strained bonds and closeness or not of the components, as would be expected in complex societies such as those characterized by urban centers. Models, such as the CFAM, are structures that impart objectivity to types of dynamic social reality, but when modeling this reality, dynamic meanings are simultaneously assigned to them, consequently updating them.

Small family units were examined for the most part, some having strong bonds with the extended family and some with strained relationships, since the locus of the research were homes from a metropolitan region. There was a predominance of chronic pathologies (DM, arterial hypertension and cancer), as the epidemiological transition indicates, confirming severe changes worldwide in mortality and morbidity profiles with an increase in noncommunicable diseases and complications, concentrated among older people, as well as different pathologies accumulated throughout life and rising demand for health services representing a global challenge<sup>(10)</sup>. The prevalence of DM is significant in statistical probabilities as the age of urban dwellers increases, particularly among people who are obese or suffer from hypertension<sup>(11)</sup>.

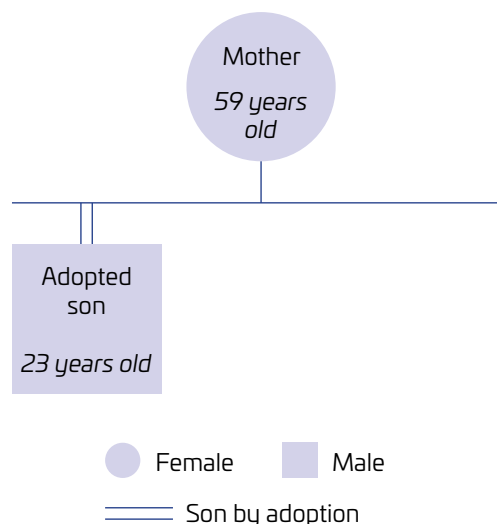
The CFAM is also important so that nurses can assist families where one or more components suffer from chronic diseases, verifying conflictive bonds and care relationships, social contact, obstacles in routines and control of chronic conditions. Take, for example, a study on arterial hypertension from the perspective of the model, in terms of guidance and supervision of a sick person's therapeutic plan, recommended by the health professional to family members, decrease of risk behavior and conversations preferably with the family unit on possible mitigation of inappropriate aspects<sup>(12)</sup>.

The young male single-member family prompts discussions on the mental health of university students or individuals in search of better opportunities and academic improvement, resulting in a distancing from the family as a life context. Single-member families have been increasing in Brazil, especially in terms of elderly components, where people who have lost their spouse are choosing not to remarry or live with their children<sup>(13)</sup>.

In the present study, with respect to the young male single-member family, the effects of being without family are negative, particularly when university symbolizes a difficult obstacle to be overcome while far away from the extended family. Consequently, social recovery and self-worth tools must be identified, and the search for strengthening environments is an alternative for promoting partnerships and bonds in single-member families<sup>(14)</sup>.

Whereas family units have one person, extended families have many members. In the case of family units where there is only one component, care interaction is impaired, since the person who may need care must also play the role of caregiver. There is also greater vulnerability to negative feelings linked to the fact of living alone, in solitude and depression.

Female single-parent with adopted child family



**Figure 5.** Genogram of the female single-parent with adopted child family. Belém, PA, 2018.

Solitude, depression and denial of feelings are reinforced if depressed individuals have difficulty seeking health professionals as the symptoms intensify<sup>(15)</sup>. The inference is that individuals can become susceptible to the emergence of these feelings since they are distant from their families, which serve as a support network.

In relation to the female single-parent with children family, affective links with the extended family were almost non-existent and paternal relationships were marked conflict due to the awareness of extramarital relationships. Loving, structured and harmonious family units strengthen young people's belief in themselves and the future, whereas their absence can lead to anxiety, somatization processes and social inhibition<sup>(16)</sup>.

Jul's situation is complicated by DM, cataract and a herniated disc. He receives no support from this family unit due to the strain it has incurred. Impaired bonds and the consequent isolation he suffers were noted when verifying the family deficit concept, resulting from events throughout the family history of this elderly man and the modern modifications in family systems, harming him in terms of limited cooperation of children and "wives" in consultations and dialogue with health professionals. The experience of active aging could be negatively affected by such vulnerability<sup>(17)</sup>.

A cisgender (someone who fully identifies with the gender assigned at birth) lesbian couple was the female homosexual family, which manifested strong loving bonds and links. When in need of health services, they immediately go to the emergency department (UPA) and not a primary health unit. Lesbian invisibility in longitudinal follow-up health services was reported, due to prejudice, to which these women are continually exposed, combined with the lack of public lesbian health programs to prevent sexually transmitted diseases. Lesbian couples are hardly ever approached in primary care units to participate in family planning for establishing a family unit, but rather for dispensing contraceptives, resulting in two processes: very low demand of these users and segregation of these types of couples<sup>(18)</sup>.

Therefore, the focus should not be on scientific models that ignore other sexual and reproductive health issues of lesbians and prioritize policies related to sexually transmitted and reproductive tract diseases, typical of biomedical approaches<sup>(19)</sup>. From the nursing perspective, lesbian motherhood is still invisible, as demonstrated by an integrative review of studies conducted in various countries<sup>(20)</sup>.

In the present study, a distancing of the younger children not living with the couple was noted. There are stereotypes and inequalities which discourage homosexual families from raising children. This pernicious ideal is based on the "best fit" for children, even though according to a North American study in 2019<sup>(21)</sup> this attitude is very damaging to children

in the long term, when they are in social care situations for a long time without a stable family environment.

The fourth unit examined was the traditional with added member family, measured according to bonds of love and affection. In Brazil's North region, it is customary for women from non-capital cities with a low level of development to work in the state capital as maids, spending long periods of time there and distancing themselves from their families. Staying for a long period of time in the homes of their employers leads to emotional bonds that do not necessarily disappear after they leave the job. In the case of Sabri, even though she occasionally misses her biological siblings, she values the fellowship and feelings of kinship with Ar and Ver's family and is not thinking about leaving the capital to reside in another city in the state.

The last family unit examined was the female single-parent with adopted child family, which had strong bonds with the extended family of Portuguese descent. Particularly noteworthy was the proximity of the homes of the extended family, since they need to be close due to the support provided by the family. In regard to the difficulty of the mother and adopted son in expressing feelings, researchers in the area of family therapy refer to the phenomenon of disregard for the cultural identities of a family member and lack of interaction in the case of immigrants (or descendants) and their children. This occurs when the child is expected to only converse or interact in accordance with the traditions and preferences of the parents, which rarely happens<sup>(22)</sup>.

Nae's comment about feelings of solitude to talk about Nic with a possible partner is something corroborated, but it is recognized that the support of the extended family is valid and indispensable due to the circumstance of late adoption. One positive aspect is Nae's agreement concerning Nir's search for his origins, an issue of concern in identity building. The phenomenon of single female parenting associated with adoption has been studied little, but it is known that it carries stigmas due to biological roots and determinism in terms of the existence of a spouse, prompting the support of the family social network in the face of the social pressure on women<sup>(23)</sup>. Internationally, as in the United States, there are initiatives that address the entire adoption process, including post-adoption adaptation, whether through phone calls or follow-up to ensure relevant support in the post-adoption period<sup>(24)</sup>.

Nursing studies on different types of families make it possible to recognize cultural identities, sexual conditions and types of living arrangements. With the CFAM, health professionals can facilitate conversations that help the components of families to find preferred ways of maintaining and adjusting family relationships and, as traditional families are reconfigured, single-member, homosexual and single-parent families establish themselves socially<sup>(21,22)</sup>. It facilitates organization for providing care, change of

routines, mapping of networks, illness and identifies the component(s) most in need<sup>(25)</sup>.

## CONCLUSION

It was observed that the family units examined manifest specific particularities ranging from strong bonds, positive and negative relationships and health issues in terms of chronic diseases and that they adapt themselves to cope with these situations. It has been proven that using the CFAM enables nursing family assessments and contributes to interventions that will benefit the components. The present study also assessed non-traditional families through the CFAM, certifying the use of the model in diversified arrangements and units.

The CFAM is considered to be a strategy that equips those involved to work together and seek solutions for health problems or not, as well as day-to-day family needs in the face of new challenging arrangements for nursing care. Therefore, this study contributes with innovative knowledge for nursing, in the sense of knowing how to address minority and emerging groups and supply input so that nurses will know how to intervene in non-traditional situations and family arrangements, extending beyond from pre-established notions.

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