







## Family roles in the lives of its members: a scoping review

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### ABSTRACT

**Objective:** to identify the role of the family in the lives of its members. **Methods:** a scoping literature review was conducted between 2013 and 2023, guided by the JBI - Manual for Evidence Synthesis recommendations. The search for relevant studies was conducted in two stages. The first stage was carried out in the LILACS, MEDLINE, IBECs, BDEF, Info Psico, and BBO databases via the Virtual Health Library Portal (VHL) and the Universidade Federal de Santa Catarina Theses and Dissertations Portal, associated with a reverse search, based on the references of selected studies. The second stage was carried out using the LILACS, MEDLINE, and BDEF databases via the Virtual Health Library Portal (VHL) and Excerpta Medica Databases (Embase) database. **Results:** of the 548 references retrieved, 36 were included, from which 78 family roles were extracted and categorized into four groups: Family as a model of human relations, Family as a structure for the development and maintenance of its members, Family as a basis for emotional balance, and Family as a place of refuge from tensions. **Conclusion:** family roles indicate the scope of their importance in the lives of its members, and constitute an expanded reference to equip health professionals with the necessary tools for their practice of caring for families.

**Descriptors:** Family Relations; Family; Role Playing; Family Nursing; Review Literature as Topic.

### INTRODUCTION

Family is an essential pillar in all societies and plays a central role in the development and well-being of its members<sup>(1)</sup>. In recent years, we have witnessed significant changes in family structure and dynamics driven by political, economic, and cultural factors<sup>(2)</sup>. These changes challenge the traditional concepts of family and demand a continuous and in-depth review of its roles, permanence, or modification over time.

An example of the transformation of families is the increasing diversification of their structures, driven, among other factors, by women's achievements and changes in traditional society. This context has given rise to new family configurations and redefined parental experiences, which are broader in relation to traditional patterns of kinship and roles<sup>(2)</sup>.

The importance of families in healthcare has driven the implementation of policies to integrate them into the care of their loved ones, aiming to promote and preserve their health. In the Brazilian context, this recognition is materialized through the approval of the Brazilian National Primary Care Policy established by Ordinance 648/2006<sup>(3)</sup>. This policy resulted in the Family Health Program reformulation, which began in 1994 within the Brazilian Health System (In Portuguese, *Sistema Único de Saúde* - SUS) and was renamed the Family Health Strategy (FHS). The FHS, with its focus on the person, family, and community, represents a holistic and inclusive approach to healthcare provision<sup>(4)</sup>.

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The profession, science, and practice of nursing in Brazil play a central role in the consolidation of Primary Health Care (PHC) and demand an innovative, creative, and leadership professional profile, both in collaboration with the multidisciplinary team and in involvement with the community<sup>(5)</sup>. Therefore, it is essential that nursing care considers the family as a central element, regardless of the clinical context in which it is inserted<sup>(6)</sup>. This family centered nursing care approach can be applied to both PHC and hospital settings.

Understanding family roles in the lives of its members is essential for nursing practice, especially in the context of PHC, where a family centered focus promotes better health outcomes<sup>(6)</sup>.

Furthermore, considering the need to use standardized language to represent nursing practices, understanding these roles may also contribute to supporting the development of an International Classification for Nursing Practice (ICNP®) terminological subset intended for family care.

The definition of family in ICNP® (2019)<sup>(7)</sup> is “a social unit or collective whole composed of people connected through blood, kinship, emotional or legal relationships, with the unit or whole being seen as a system, greater than the sum of its parts”. This definition embraces contemporary family arrangements.

Nursing interventions for families must be conducted based on nursing diagnoses, considering the specificities of each family unit, with the purpose of promoting the balance and development of its members through the effective performance of family roles.

By examining the state of the art on the subject, we hope to contribute to more effective nursing practices focused on families' needs and promote a broad and updated understanding of family roles. Therefore, this scoping review aims to identify the roles of the family in the lives of its members.

## METHODS

This work is an excerpt from matrix research called “*Desenvolvimento de um Subconjunto terminológico da CIPE® para o Processo Familiar Prejudicado*”.

This scoping review was conducted according to the JBI Manual for Evidence Synthesis methodology<sup>(8)</sup>. The protocol was registered with the Open Science Framework (OSF) (DOI 10.17605/OSF.IO/TXBMP).

The five stages were followed in accordance with the JBI methodology: 1) research question elaboration; 2) relevant study identification; 3) study selection for review; 4) data mapping; and 5) collection, summary, and reporting of results<sup>(8)</sup>.

The guiding question of the review was developed based on the Population, Concept, and Context (PCC) strategy for scoping reviews<sup>(8)</sup>, in which Participant (P) corresponds to families, Concept (C), family roles, and Context (C), to the lives of its members, culminating in the following research question: What are the roles of the family in the lives of its members?

In January 2024, a preliminary search for reviews on the topic was conducted on the OSF, JBI, and International Prospective Reg-

ister of Systematic Reviews (PROSPERO) platforms. No protocols registered on this topic have been identified.

Subsequently, a preliminary search was carried out in the databases included in the Virtual Health Library (VHL) and the Universidade Federal de Santa Catarina (UFSC) Theses and Dissertations Portal, available at <https://repositorio.ufsc.br/handle/123456789/74645>, through search strategy 1 in Portuguese: (“funções da família” OR “função da família” OR “funções familiares” OR “função familiar”), through which seven studies were retrieved. The inclusion criteria for the selected studies were as follows: study design; Portuguese, English, and Spanish languages; text available in full (in the database or through institutional search), relationship with the scope of study, publication between 2019 and 2023, and white and gray literature. Another seven studies were found through reverse search, that is, browsing the references of the articles retrieved in the preliminary search and through indications from the database itself.

After a preliminary search, the construction of two new strategies for retrieving the VHL and Excerpta Medica Database (Embase) included the participation of a librarian from the field of health sciences, who helped in choosing the databases relevant to the topic investigated and in selecting the keywords for composing the different strategies to be used in each database, as described in Table 1.

**Table 1** - Strategies used to identify studies on family roles according to search locations, 2024

| Search location                    | Search strategy  |
|------------------------------------|--|
| Virtual Health Library (VHL)       | <p>(“funções da família” OR “função da família” OR “funções familiares” OR “função familiar” OR “pesquisa familiar” OR “pesquisas familiares” OR “rede familiar” OR “redes familiares” OR “relacionamento familiar” OR “dinâmica familiar” OR “family relationships” OR “práticas parentais” OR “parent pratics” OR “práticas parentales” OR “relações com a família” OR “mediação familiar”) AND (“família funcional”) AND (fulltext:(“1”)) AND (fulltext:(“1” OR “1” OR “1”)) AND (year_cluster:[2013 TO 2023]) AND (mj:(“Família” OR “Qualidade de Vida” OR “Relações Familiares” OR “Apoio Social” OR “Estado Funcional” OR “Características da Família”) AND la:(“en” OR “pt” OR “es”))</p> |
| Excerpta Medica Databases (Embase) | <p>(‘family’/exp OR ‘family relation’/exp OR ‘family function’) AND ‘family study’/de AND (2013:py OR 2014:py OR 2015:py OR 2016:py OR 2017:py OR 2018:py OR 2019:py OR 2020:py OR 2021:py OR 2022:py OR 2023:py) AND ‘article’/it AND [embase]/lim NOT ([embase]/lim AND [medline]/lim)</p>   |

A systematic search for relevant studies was conducted between February and March, 2024. The eligibility criteria were the same as those of the first search, except for the modification of the recovery time, which was extended to the interval from 2013 to 2023.

To mitigate the occurrence of publication bias, a manual search for gray literature was performed using the same elements as the

electronic databases, in addition to examining the reference lists of retrieved studies, to identify potentially eligible studies, although not located by the search strategy. White literature considered any technical documents on the topic, and gray literature considered scientific documents such as theses and dissertations that were not published in journals.

The following were excluded: a) editorials, reviews, letters, publications of research protocols, preprints; b) duplicate articles; c) articles whose full text did not address the research question.

The study selection process included two stages. The first was screening by two reviewers (MMD and VLS), who independently assessed the titles and abstracts of all potentially eligible studies. The studies selected at this stage were read in full to determine their inclusion or exclusion. Any disagreement between the two reviewers was resolved with the participation of a third author (VCC).

After including the studies, the researchers extracted data on family roles, article reference, study method/design, year of publication, country of origin, and database. The data were included in an electronic spreadsheet.

Family roles were categorized according to Murray Bowen's Family Systemic Theory (FST)<sup>(9)</sup>, which was adopted as a theoretical basis in matrix research.

The categories of analysis were the two vital forces of the functioning of the human emotional system, namely the force of individuation (differentiation of oneself) and force of belonging<sup>(10)</sup>.

A person's ability to self-regulate their emotions, that is, to increase their individuation without ceasing to belong to the family system, was considered an individuation strength. It is the ability to function competently based on one's own principles without allowing oneself to be governed by group demands and pressures<sup>(11,12)</sup>.

The strength of belonging is an individual's ability to maintain a sense of emotional connection and follow the guidance of other members of the emotional system, which predisposes them to be part of the group and follow its pace. Just as individuals receive directives from the group, other members receive guidance on how to relate to them<sup>(11,12)</sup>.

Considering that the data extracted from sources must be aligned with the objectives and research question, the family roles extracted from the selected studies were organized and presented in the form of a narrative synthesis, divided into categories of family roles. The organization and presentation of this synthesis can be accessed through the spreadsheet in the supplementary file available at: ([https://docs.google.com/spreadsheets/d/10cOPOpadZGI-thYRj4s5fERee\\_rmsPZ1TDhl65bNHZA/edit?gid=615634677#gid=615634677](https://docs.google.com/spreadsheets/d/10cOPOpadZGI-thYRj4s5fERee_rmsPZ1TDhl65bNHZA/edit?gid=615634677#gid=615634677)), in the "Categorias das funções familiares" tab.

## RESULTS

In total, 36 articles comprised the final sample for this scoping review. Figure 1 presents the flowchart according the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRIS-

MA)<sup>(8)</sup>.

The characteristics of selected articles, including each role of the extracted family, alphanumeric codes, source references, study design, country of origin, year of publication, and database, are available in the supplementary material as follows: ([https://docs.google.com/spreadsheets/d/10cOPOpadZGI-thYRj4s5fERee\\_rmsPZ1TDhl65bNHZA/edit?gid=615634677#gid=615634677](https://docs.google.com/spreadsheets/d/10cOPOpadZGI-thYRj4s5fERee_rmsPZ1TDhl65bNHZA/edit?gid=615634677#gid=615634677)) in the "Característica dos artigos" tab.

The systematic search identified 78 familial roles. Table 2 provides a summary of family roles, the study design and others information as publication year and country in which the studied was carried out.

The 78 family roles were classified into four groups based on their similarities (Table 3):

- **Family as a model of human relations** (S1, S3, S4, S5, S6, S7, S8, S9, S10, S11, S12, S13, and S14) with 19 roles;
- **Family as a structure for the development and maintenance of its members** (S1, S5, S4, S12, S13, S14, S15, S16, S17, S18, S19, S20, S21, S22, S23, S24, and S25) with 25 roles;
- **Family as a basis for emotional balance** (S1, S5, S7, S11, S13, S18, S24, S26, S27, S28, S29, S30, S31, S32, S33, S34, and S35) with 21 roles
- **Family as a place of refuge from tensions** (S1, S6, S11, S12, S27, S32, S33, S34, and S36) with 13 roles.

It was found that all the roles identified met the criteria of belonging to one of the vital forces of the human emotional system functioning, namely the force of individuation and the force of belonging.

Of the 78 family roles found, 46.1% (36) came from author citations (*apuds*) of articles used as references, 29 of which were published before 2013, as shown in Graph 1.

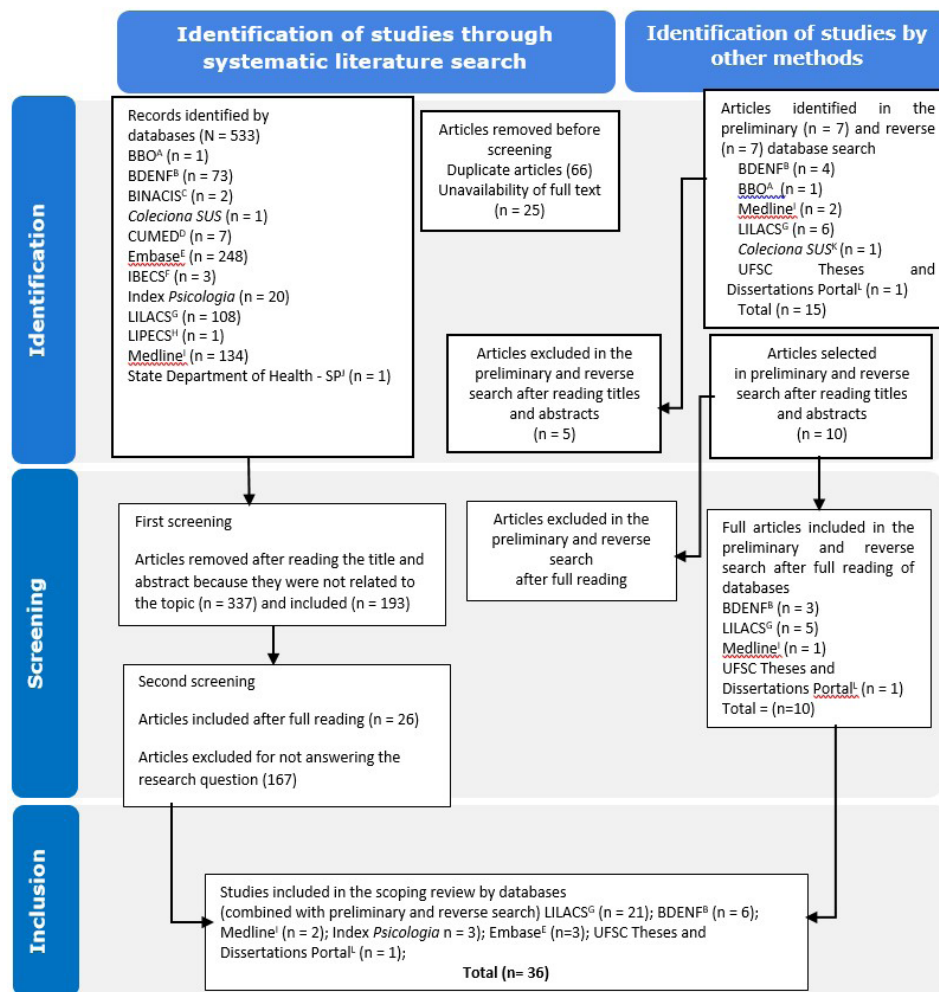
The complete list of family roles, which has its origin in *apuds* and the respective chronology, can be found in the Supplementary Material (available at: ([https://docs.google.com/spreadsheets/d/10cOPOpadZGI-thYRj4s5fERee\\_rmsPZ1TDhl65bNHZA/edit?usp=sharing](https://docs.google.com/spreadsheets/d/10cOPOpadZGI-thYRj4s5fERee_rmsPZ1TDhl65bNHZA/edit?usp=sharing))) in the "Cronologia dos Apuds" tab.

## DISCUSSION

It is pertinent to point out that the results found in this review have positive implications for research with standardized nursing languages, considering that they will facilitate clinical reasoning in the elaboration of a terminological subset of ICNP® for family care in the context of PHC, composed of nursing diagnoses, outcomes, and interventions.

Thus, to develop this subset, it is important for nursing practice that nurses who care for families in PHC have a knowledge base about the family role in the lives of its members. In particular, as found in this study, it is the first model of human relationships, the structural basis for the development of its members, a place of support for emotional balance, and shelters its loved ones when under

**Figure 1** - Flowchart of the process of identifying and selecting articles included in the scoping review according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) criteria, 2024



Note: BBO<sup>A</sup> = Biblioteca Brasileira de Odontologia; BDENF<sup>B</sup> = Base de Dados de Enfermagem; BINACIS<sup>C</sup> = Biblioteca Nacional de Información en Ciencias de la Salud; CUMED<sup>D</sup> = Centro Nacional de Información de Ciencias Médicas; Embase<sup>E</sup> = Excerpta Medica Databases; IBECIS<sup>F</sup> = Índice Bibliográfico Espanhol em Ciências de la Salud; LILACS<sup>G</sup> = Latin American and Caribbean Literature in Health Sciences; LIPECS<sup>H</sup> = Literatura Peruana en Ciencias de la Salud; Medline<sup>I</sup> = Medical Literature Analysis and Retrieval System Online; SP<sup>J</sup> = São Paulo; SUS<sup>K</sup> = Sistema Único de Saúde; UFSC<sup>L</sup> = Universidade Federal de Santa Catarina.

**Table 2** - Summary of selected studies according to code, year, country, extracted family role, and study design, 2024

Continue...

| Code / Year / Country                | Family roles   | Study design  |
|--------------------------------------|--|---------------|
| S1 <sup>(13)</sup> / 1998 / Brazil   | <ul style="list-style-type: none"> <li>- Teach children the model for future intimate relationships.</li> <li>- Be a dynamic process of interaction patterns.</li> <li>- Be a place for children to grow.</li> </ul>   | Descriptive   |
|                                      | <ul style="list-style-type: none"> <li>- Be a system in constant transformation, in order to adapt to the external and internal world demands, balancing this process sometimes with the search for homeostasis of the system, sometimes with acceptance of necessary changes.</li> <li>- Be the necessary basis for the process of maintaining the "differentiated self" and developing interpersonal skills.</li> <li>- Be the place that brings a sense of belonging.</li> <li>- Be a place of refuge from external tensions.</li> <li>- Be the place for learning how to deal with adversity and conflicts.</li> </ul> |               |
| S2 <sup>(14)</sup> / 2022 / Portugal | <ul style="list-style-type: none"> <li>- Be a place for the identity matrix construction.</li> </ul>   | Observational |

**Table 2** - Summary of selected studies according to code, year, country, extracted family role, and study design, 2024

Continue...

| Code /<br>Year /<br>Country                               | Family roles  | Study design                                  |
|---|---|---|
| S3 <sup>(15)</sup> /<br>2020 /<br>Brazil                  | - Have open and assertive communication.  | Qualitative approach                          |
| S4 <sup>(16)</sup> /<br>2021 /<br>Brazil                  | - Accommodate a culture and its transmission.<br>- Be a source of care for health promotion and recovery.<br>- Be a source of emotional, instrumental, financial and informational support for older adults.<br>- Provide psychosocial protection for its members.  | Observational,<br>prevalence                  |
| S5 <sup>(17)</sup> /<br>2003 /<br>Brazil                  | - Transmit common beliefs, values and knowledge.<br>- Place of "philia", trust, giving and a model for human relationships.<br>- Promote the growth, development, health and well-being of its members.<br>- Be a health and care system for its members.<br>- Provide care and protection for its members.<br>- Be the basis for sustaining love and happiness.  | Descriptive                                   |
| S6 <sup>(18)</sup> /<br>2019 /<br>Brazil                  | - Promote healthy family bonds and interactions, with fewer conflicts and more family harmony to provide the basis for the full development of individuals' potential.<br>- Be a support network in critical moments, promoting a sense of protection, the search for solutions and sharing activities.   | Observational,<br>prevalence and<br>prognosis |
| S7 <sup>(19)</sup> /<br>2017 /<br>Brazil                  | - Promote emotional closeness and feelings of support marked by affection among its members.<br>- Promote positive family interactions, aiming at psychological well-being.   | Qualitative approach                          |
| S8 <sup>(20)</sup> /<br>2016 /<br>Brazil                  | - Promote emotional closeness among family members (with physical, verbal and emotional affection) to maintain social relationships between them.<br>- Promote positive family relationships and a cohesive environment among its members.<br>- Have a good ability to absorb and deal with crisis situations in a realistic and appropriate manner and to fulfill and harmonize their essential roles.                                 | Qualitative approach                          |
| S9 <sup>(21)</sup> /<br>2013 /<br>Brazil                  | - Teach children ways of relating and solving problems.   | Qualitative approach                          |
| S10 <sup>(22)</sup> /<br>2016 /<br>Poland                 | - Promote cohesion, resilience and effective communication among its members.   | Qualitative approach                          |
| S11 <sup>(23)</sup> /<br>2015 /<br>Brazil                 | - Allow the construction of deep relationships with positive feelings of affection.<br>- Offer support in difficult times.<br>- Be supportive of the person.<br>- Provide security and protection.  | Qualitative approach                          |
| S12 <sup>(24)</sup> /<br>2021 /<br>Brazil and<br>Portugal | - Mediate relationships and the reproduction of values and customs.<br>- Be a source and main place of support as a socializing institution in which individuals are inserted, constituting a place of arrival, stay and departure for each human being.<br>- Be an institution of care.<br>- Be a source of support in times of difficulty or illness, protecting loved ones with a position of affection, reciprocity and solidarity. | Qualitative approach                          |
| S13 <sup>(25)</sup> /<br>2019 /<br>Colombia               | - Be a process that allows people to understand, build and preserve a world of experiences among all its members.<br>- Be a place for subjectivities to meet, regulated by coexistence with norms and limits, in which each person takes over their roles and contributes to the primary group's development.<br>- Assist in successful aging processes.  | Prognostic study                              |
| S14 <sup>(26)</sup> /<br>2002 /<br>Brazil                 | - Share knowledge through social interactions.<br>- Be a social support network.  | Qualitative approach                          |
| S15 <sup>(27)</sup> /<br>2019 /<br>Brazil                 | - Promote flexibility and adaptability in the face of changes and challenges in contemporary life.<br>- Promote means for the growth, development, health and well-being of its members.  | Exploratory                                   |

**Table 2** - Summary of selected studies according to code, year, country, extracted family role, and study design, 2024

Continue...

| Code /<br>Year /<br>Country                | Family roles   | Study design                                      |
|--|--|---|
| S16 <sup>(28)</sup> /<br>2018 /<br>Cuba    | - Provide individuals with conditions for the healthy development of personality.  | Retrospective                                     |
| S17 <sup>(29)</sup> /<br>2018 /<br>Brazil  | - Ensure that older adults have the right to life, health, food, education, culture, sport, leisure, work, citizenship, freedom, dignity, respect and family and community life.   | Transversal                                       |
| S18 <sup>(30)</sup> /<br>2018 /<br>Brazil  | - Support the frail family member in the mobility and locomotion demands.<br>- Be a system of care for its members.<br>- Create opportunities for older adults to actively participate in family interactions between different generations.   | Qualitative approach                              |
| S19 <sup>(31)</sup> /<br>2016 /<br>Brazil  | - Be a source of care for older adults.<br>- Maintain older adults' physical and psychological integrity.  | Qualitative approach                              |
| S20 <sup>(32)</sup> /<br>2015 /<br>Brazil  | - Provide care to its members.   | Observational,<br>prevalence and<br>prognosis     |
| S21 <sup>(33)</sup> /<br>2013 /<br>Brazil  | - Preserve the life and health of each of its members.   | Convergent-<br>assistance                         |
| S22 <sup>(34)</sup> /<br>2013 /<br>Brazil  | - Take care of its members and promote health.   | Qualitative approach                              |
| S23 <sup>(35)</sup> /<br>2016 /<br>Iran    | - Be a source of support and care for children.  | Qualitative approach                              |
| S24 <sup>(36)</sup> /<br>2022 /<br>Brazil  | - Provide support in caring for older adults.<br>- Promote harmony in individual identity and family relationships among its members.  | Observational,<br>prevalence and<br>prognosis     |
| S25 <sup>(37)</sup> /<br>2019 /<br>Brazil  | - Be essential in caring for dependent older adults.<br>- Be the main source of support for older adults, acting to meet their needs.  | Prognostic study                                  |
| S26 <sup>(38)</sup> /<br>2021 /<br>Ecuador | - Be a source of social and emotional support for individuals, which includes the production or obtaining of resources that facilitate the different transitions in life cycles.   | Observational<br>prevalence                       |
| S27 <sup>(39)</sup> /<br>2022 /<br>Mexico  | - Resolve conflicts constructively, providing physical and mental care and protection, strengthening family bonds and promoting well-being.<br>- Be able to face stressful family situations, support each other and emotional relationships, creating an environment of solidarity, trust and protection. | Qualitative approach                              |
| S28 <sup>(40)</sup> /<br>2016 /<br>Brazil  | - Be the foundation of the emotional, social, educational and financial relationships of its members.  | Qualitative approach                              |
| S29 <sup>(41)</sup> /<br>2014 /<br>Brazil  | - Offer a comfortable environment that ensures the well-being of its members.  | Analytical,<br>observational, cross-<br>sectional |
| S30 <sup>(42)</sup> /<br>2013 /<br>Brazil  | - Establish the family's lifestyle and eating habits.  | Controlled clinical trial                         |
| S31 <sup>(43)</sup> /<br>2016 /<br>China   | - Teach children healthy eating practices.   | Qualitative approach                              |

**Table 2** - Summary of selected studies according to code, year, country, extracted family role, and study design, 2024

Conclusion.

| Code /<br>Year /<br>Country                 | Family roles  | Study design              |
|---|---|---------------------------|
| S32 <sup>(44)</sup> /<br>2020 /<br>Portugal | <ul style="list-style-type: none"> <li>- Influence the health and well-being of each member.</li> <li>- Have the ability to face non-normative or life-cycle-specific crises.</li> <li>- Be a family support during times of crisis.</li> <li>- Be a solid foundation for solidarity and affection in stressful times.</li> </ul> | Observational             |
| S33 <sup>(45)</sup> /<br>2016 /<br>Portugal | <ul style="list-style-type: none"> <li>- Be emotionally close, with respect for the autonomy and identity of each member.</li> <li>- Be adaptable to new situations.</li> </ul>   | Qualitative approach      |
| S34 <sup>(46)</sup> /<br>2015 /<br>Colombia | <ul style="list-style-type: none"> <li>- Maintain the well-being of its members by seeking to achieve congruence, family and personal stability, and respond to the environment demands.</li> <li>- Face moments of crisis consistently, focusing on stability.</li> </ul>  | Observational, prevalence |
| S35 <sup>(47)</sup> /<br>2018 /<br>Portugal | <ul style="list-style-type: none"> <li>- Stabilize the personality of its members and determine the way we think, feel and act, playing an emotional stabilizing and socializing role, transmitting the cultural and social values of the family we were born into.</li> </ul>  | Observational             |
| S36 <sup>(48)</sup> /<br>2017 /<br>Brazil   | <ul style="list-style-type: none"> <li>- Regulate the positive adaptation (resilience) of the family system in the face of adversities faced by its members.</li> </ul>   | Qualitative approach      |

**Table 3** - Family roles according to classification groups, 2024

Continue..

| Family as a model of human relations   |
|--|
| - Adapt to a culture and transmitting it. (S4)   |
| - Share knowledge through social interactions. (S14)   |
| - Teach children ways of relating and solving problems. (S9)   |
| - Teach children the model for future intimate relationships. (S1)   |
| - Mediate relationships and the reproduction of values and customs. (S12)  |
| - Allow the construction of deep relationships, with positive feelings of affection. (S11)   |
| - Promote cohesion, resilience and effective communication among its members. (S10)  |
| - Promote emotional closeness among family members (with physical, verbal and emotional affection) to maintain social relationships between them. (S8)   |
| - Promote emotional closeness and feelings of support marked by affection among its members. (S7)  |
| - Promote positive family relationships and a cohesive environment among its members. (S8)   |
| - Promote healthy family bonds and interactions, with fewer conflicts and more family harmony to be the basis for the full development of individuals' potential. (S6)                                       |
| - Be a source and main place of support as a socializing institution in which individuals are inserted, constituting a place of arrival, stay and departure for each human being. (S12)                      |
| - Be a place for the construction of the identity matrix. (S1)   |
| - Be a place for the encounter of subjectivities, regulated by coexistence with norms and limits in which each person takes over their roles and behaves towards the development of the primary group. (S13) |
| - Be a place of "philia", trust, dedication and a model for human relationships. (S5)  |
| - Be a dynamic process of interaction patterns. (S1)   |
| - Be a process that allows knowing, building and preserving a world of experiences among all its members. (S13)  |
| - Have open and assertive communication. (S3)  |
| - Transmit common beliefs, values and knowledge. (S5)  |
| Family as a structure for the development and maintenance of its members   |
| - Support the mobility and locomotion demands of a frail family member. (S18)  |
| - Ensure that older adults have the right to life, health, food, education, culture, sports, leisure, work, citizenship, freedom, dignity, respect and family and community life. (S17)                      |



**Table 3** - Family roles according to classification groups, 2024

Continue...

| <b>Family as a structure for the development and maintenance of its members</b>  |
|--|
| - Assist in successful aging processes. (S13)  |
| - Care for its members and promote health. (S22)   |
| - Provide psychosocial protection for its members. (S4)  |
| - Maintain the physical and psychological integrity of older adults. (S19)   |
| - Preserve the life and health of each of its members. (S21)   |
| - Promote means for the growth, development, health and well-being of its members. (S15)   |
| - Provide individuals with conditions for the healthy development of personality. (S16)  |
| - Provide care and protection to its members. (S5)   |
| - Provide care to its members. (S20)   |
| - Be the main source of support for older adults, acting to meet their needs. (S25)  |
| - Be a source of support and care for children. (S23)  |
| - Be a source of care for older adults. (S19)  |
| - Be a source of care for health promotion and recovery. (S4)  |
| - Be a source of emotional, instrumental, financial and informational support for older adults. (S4)   |
| - Be fundamental in the care of dependent older adults. (S25)  |
| - Be a place for the growth of children. (S1)  |
| - Be a social support network. (S14)   |
| - Be a support in the care of older adults that are members. (S24)   |
| - Be a system of care for its members. (S18)   |
| - Be a health and care system for its members. (S5)  |
| - Be a care institution. (S12)   |
| - Be flexible and adaptable in the face of changes and challenges of contemporary life. (S15)  |
| <b>Family as a basis for emotional balance</b>   |
| - Create opportunities for older adults to actively participate in family interactions between different generations. (S18)  |
| - Teach children healthy eating habits. (S31)  |
| - Establish the family's lifestyle and eating habits. (S30)  |
| - Stabilize the personality of its members and determine the way we think, feel and act, playing an emotional stabilizing and socializing role, transmitting the cultural and social values of the family we were born into. (S35) |
| - Be emotionally close, with respect for the autonomy and identity of each member. (S33)   |
| - Influence the health and well-being of each member. (S32)  |
| - Maintain the well-being of its members, seeking to achieve congruence, family and personal stability and respond to the environment demands. (S34)   |
| - Provide a comfortable environment that ensures the well-being of its members. (S29)  |
| - Promote harmony of individual identity and family relationships among its members. (S24)   |
| - Promote positive family interactions, aiming at psychological well-being. (S7)   |
| - Provide security and protection. (S11)   |
| - Represent an emotional network of feelings of affection, support, care and protection. (S13)   |
| - Resolve conflicts constructively, providing attention and physical and mental protection, strengthening family ties and promoting well-being. (S27)  |
| - Be the basis for sustaining love and happiness. (S5)   |
| - Be the necessary basis for the process of maintaining the "differentiated self" and developing interpersonal skills. (S1)  |
| - Be the foundation of the emotional, social, educational and financial relationships of its members. (S28)  |
| - Be a source of social and emotional support for individuals, which includes the production or acquisition of resources that facilitate the different transitions of life cycles. (S26)   |
| - Be a place that provides a sense of belonging. (S1)  |

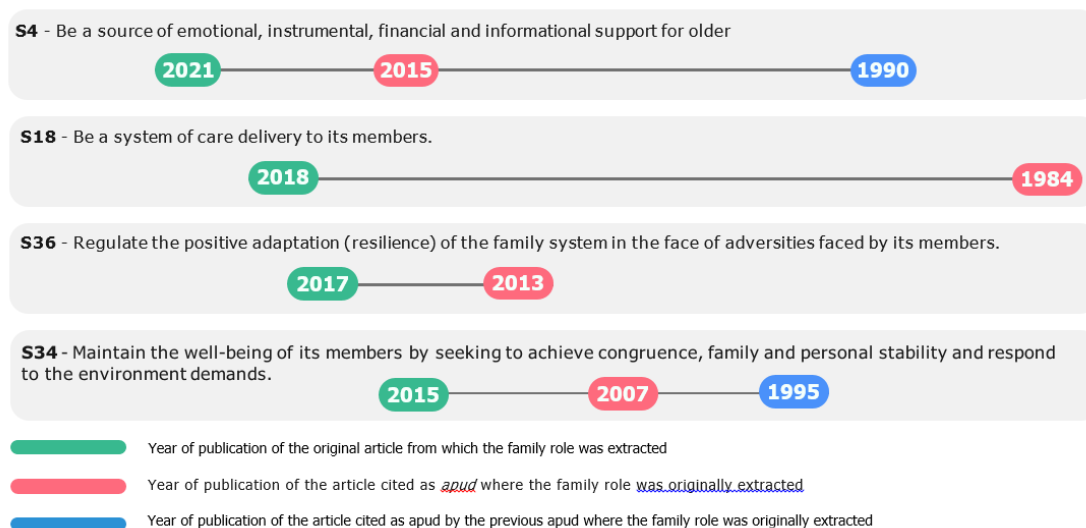


**Table 3** - Family roles according to classification groups, 2024

Continue...

| Family as a basis for emotional balance   |
|---|
| - Provide support for dependent older adults. (S11)   |
| - Be a privileged space for interactions between its members, to whom it provides emotional and affective support. (S2)   |
| - Be a place of happiness and good quality of life. (S13)   |
| - Be a system in constant transformation, in order to adapt to the demands of the external and internal world, balancing this process sometimes with the search for homeostasis of the system, sometimes with the acceptance of necessary changes. (S1) |
| Family as a place of refuge from tensions   |
| - Confront moments of crisis consistently with a focus on stability. (S34)  |
| - Offer support in difficult times. (S11)   |
| - Regulate the positive adaptation (resilience) of the family system in the face of adversities faced by its members. (S36)   |
| - Be a solid base for solidarity and affection in stressful times. (S32)  |
| - Being able to face stressful family situations, supporting each other and emotional relationships, creating an environment of solidarity, trust and protection. (S27)   |
| - Being a source of support in times of difficulty or illness, protecting loved ones with a stance of affection, reciprocity and solidarity. (S12)  |
| - Be a place of refuge from external tensions. (S1)   |
| - Be a place to learn how to deal with adversity and conflicts. (S1)  |
| - Be a support network in critical moments, promoting a feeling of protection, the search for solutions and sharing activities. (S6)  |
| - Be supportive during times of crisis. (S32)   |
| - Have the ability to face non-normative or life-cycle-specific crises. (S32)   |
| - Be adaptable to new situations. (S33)   |
| - Have a good ability to absorb and deal with crisis situations in a realistic and appropriate manner, and to fulfill and harmonize their essential roles. (S8)   |

**Graphic 1** - Chronology of works indicated in *apud* citations by family function, extracted from selected articles, originating from references prior to 2013



stress. Therefore, each of these categories of family roles is discussed below.

### Family role as a model of human relations

Among the main family roles, it is worth highlighting that it is the place where human beings find their first learning environment about human relationships in a dynamic process based on interac-

tion patterns that evolve over time<sup>(13)</sup>. In family life, individuals are exposed to situations and circumstances that form their identity matrix<sup>(13)</sup>. Therefore, family interactions are fundamental for the transmission of culture, beliefs, values, and common knowledge among all members<sup>(1,17,24)</sup>, serving society as a perpetuation of social construction.

The family constitutes a “stage” for experiments in human coe-

xistence, contributing to the relational development of individuals, with repercussions on their life in the most diverse circumstances, be they work-related, building citizenship, or their relationship with the environment.

Furthermore, the family circle is the main source of support and socializing institutions, and is a place of arrival, stay, and departure for each individual<sup>(24)</sup>. It promotes emotional closeness and feelings of support, marked by affection<sup>(29)</sup>. This affectionate environment is essential for maintaining social relationships within the family through physical, verbal, and emotional displays of affection<sup>(44)</sup>.

The family environment serves as a meeting place for subjectivities, regulated by coexistence with norms and limits, where each person takes over their roles and contributes to the development of the primary group<sup>(25)</sup>. The family constitutes a space of “philia” characterized by trust and giving, being a model for human relationships<sup>(17)</sup>.

As a mediator of human relations and promoter of the reproduction of values and customs of a society<sup>(24)</sup>, the family allows the construction of deep relationships based on positive feelings of affection<sup>(23)</sup>. Through family life, members have the opportunity to learn about, build, and preserve a world of shared experiences, thus strengthening bonds between all members<sup>(25)</sup>.

As a model of human relations, it is necessary to highlight the importance of the role of effective family communication in promoting healthy and harmonious human relationships. Open and assertive communication is essential for fostering healthy family bonds, reducing conflicts, and increasing family harmony, which is fundamental for the full development of individuals’ potential<sup>(45,18)</sup>.

The family’s role is to promote effective communication during family interactions, as this encourages cohesion and resilience among members<sup>(22)</sup>. This communication process includes conveying common beliefs, values, and knowledge, thereby reinforcing family ties<sup>(17)</sup>.

### Family role as a structure for the development and maintenance of its members

The family plays a fundamental role in promoting the growth, development, health, and well-being of its members<sup>(17,31)</sup>, functioning as a health and care system that provides a favorable environment for healthy development of personality<sup>(28,34)</sup>. Family groups must demonstrate flexibility and adaptability in the face of contemporary changes and challenges<sup>(27)</sup>, act as a social support network<sup>(26)</sup> essential for the growth of children, and provide a space conducive to their development<sup>(13)</sup>.

However, the responsibility to create an enabling environment and opportunities for development does not fall exclusively on the family. The State also has the duty to guarantee rights and create conditions for the effective participation of the family in the development of its members<sup>(49)</sup>.

Since the mid-2000s, Brazil has witnessed a remarkable expansion of family oriented interventions, driven by the adoption of social policies. Important legislation, such as the Statute of Children

and Adolescents (In Portuguese, *Estatuto da Criança e do Adolescente* [ECA]), the Brazilian Organic Health Law (In Portuguese, *Lei Orgânica da Saúde* [LOS]), and the Organic Social Assistance Law (In Portuguese, *Lei Orgânica da Assistência Social* [LOAS]), combined with nationwide programs such as the Family Health Program, Comprehensive Family Care Program, and the *Bolsa Família* Program (a social welfare program of the Brazilian government, part of the *Fome Zero* network of federal assistance programs), have recognized the crucial role of the family as a political actor<sup>(50)</sup>. This approach is essential in fostering a more inclusive and collaborative social environment. Thus, responsibility for the development of the family group is shared between the family and State, with both playing complementary and interconnected roles in promoting well-being at all stages of life.

Considering human beings in various stages of life, especially senescence, the family is a crucial source of emotional, instrumental, financial, and informational support for elderly members<sup>(16)</sup>, ensuring that they have access to fundamental rights, such as health, food, education, culture, sports, leisure, work, citizenship, freedom, dignity, respect, and family and community life<sup>(29)</sup>. They play a role in supporting the mobility and locomotion demands of fragile family members<sup>(49)</sup>, ensuring the maintenance of their physical and psychological integrity<sup>(31)</sup>, creating opportunities for older adults to actively participate in family interactions between different generations<sup>(30)</sup> and being the main source of protection and support to meet their needs<sup>(37,23)</sup>.

However, the family ends up taking over the role of responsibility for care without having the necessary preparation for this new phase, especially in cases of functional dependence<sup>(51)</sup>. This can be attributed to several factors, including lack of knowledge about health issues related to old age, financial difficulties in providing adequate care, lack of time due to family and work responsibilities, and lack of emotional skills to deal with the emotional and behavioral demands of older adults<sup>(51)</sup>. Consequently, family caregivers often face significant challenges when caring for older adults, highlighting the need for adequate support and resources to empower families to perform this important caregiving role.

### Family role as a basis for emotional balance

The family must play a crucial role in the constructive resolution of conflicts, providing physical and mental care, strengthening family ties, and promoting the well-being of its members<sup>(39)</sup>. It must promote positive family interactions, aiming at psychological well-being<sup>(19)</sup>, offer a comfortable environment that ensures the well-being of its members<sup>(41)</sup>, in addition to playing the role of instilling healthy lifestyle habits, including appropriate dietary practices for children<sup>(42,43)</sup>. Its influence on the health and well-being of each member is significant<sup>(44)</sup>, always seeking family and personal congruence, and stability in response to environmental demands<sup>(46)</sup>.

It is the foundation of the emotional, social, educational, and financial relationships of its members<sup>(40)</sup> and maintains emotional closeness with respect to the autonomy and identity of each mem-

ber<sup>(45)</sup>. The family plays the role of being an affective network of affection, support, care, and protection, being a place of happiness and good quality of life<sup>(25)</sup>. It promotes harmony between individual identity and family relationships<sup>(36)</sup>, and is essential for the maintenance of love and happiness<sup>(17)</sup>. In its functioning, the family stabilizes the personality of its members and influences their thoughts, feelings, and behaviors, playing a fundamental role in emotional and social stability in addition to transmitting cultural and social values<sup>(47)</sup>. As a privileged space for interactions, it offers emotional and affective support, providing individuals with a sense of belonging that is essential to being human and a gregarious being<sup>(13,14)</sup>.

In its role as a basis for the emotional balance of its members, the family becomes a system in constant evolution, adapting to external and internal demands, balancing the search for stability, and the acceptance of necessary changes<sup>(13)</sup>. It provides the essential basis for maintaining the “differentiated self” and developing interpersonal skills<sup>(13)</sup>. Family members find the conditions for the stability of their emotional balance when it is a source of social and emotional support that facilitates the different transitions of life cycles, providing the means and resources necessary for maintaining life<sup>(38)</sup>.

### Family role as a place of refuge from tensions

The family member finds in the family a place to learn how to deal with adversity and conflicts<sup>(13)</sup>. Family units play a crucial role when members experience stressful family situations. They find mutual support in emotional relationships, creating an environment of solidarity, trust and protection<sup>(39)</sup>. The family regulates positive adaptation or resilience of the family system in the face of adversities faced by its members<sup>(48)</sup>, demonstrating adaptability to new situations<sup>(45)</sup>. During times of crisis, it is the family’s role in maintaining a consistent stance, prioritizing group stability<sup>(46)</sup> and demonstrating the ability to face unconventional or life-cycle-specific challenges<sup>(44)</sup>. Its role is to absorb and face crises realistically and appropriately, fulfilling and harmonizing the essential tasks of stabilizing family members<sup>(20)</sup>.

The family structure also serves as a refuge during periods of external tension<sup>(13)</sup> by offering support during times of crisis<sup>(44)</sup>. It acts as a support network during critical moments, promoting a feeling of protection, searching for solutions, and sharing activities<sup>(18)</sup>. In stressful moments, the family is a solid base for solidarity and affection, offering support and protection<sup>(44)</sup>. During difficulties or illnesses, it is the family’s role in protecting their loved ones with a position of affection, reciprocity, and solidarity<sup>(24)</sup>, being a fundamental source of support and comfort<sup>(23)</sup>.

The COVID-19 pandemic, for instance, has triggered a series of challenges to the well-being of families and their members. Issues such as social turmoil, financial insecurity, care overload, and stress associated with confinement have emerged<sup>(52,53)</sup>. More specifically, the social instability resulting from COVID-19 and lockdown has had a significant impact on family functioning, resulting in changes in marital dynamics and relationships between parents and children,

as well as between siblings<sup>(52)</sup>. The experience of the pandemic contributed to a greater appreciation of the family’s role in people’s lives and highlighted the need for nurses to consider the family as a central element in care and intervention<sup>(44)</sup>.

### Evolution of family roles

One hypothesis raised in the main research from which this article originated was the possibility of contemporary family arrangements introducing new family roles into the lives of its members.

These family arrangements arise from separation and divorce, an increase in the number of people living in the same environment, consensual unions, homosexual unions, couples who choose not to have children, single-person families, and families by association, and those made up of friends without a degree of kinship who maintain a friendly relationship<sup>(54)</sup>.

The hypothesis raised was refuted, since in this study, a considerable part of the family roles is addressed by contemporary authors, who base them on concepts or statements from decades prior to 2013. This finding suggests a tendency for family roles to remain the same, even though contemporary families are formed by new family arrangements.

In short, the analysis of family roles shows that despite changes in family arrangements, fundamental roles remain constant. This highlights the importance of this role of the contemporary family: it is an essential support structure for the individual and social development of its members.

Structural, social, and cultural conditions that support health must be present for effective health promotion. From this perspective, it is worth highlighting that the family constitutes both a factor of adversity and protection for the health and disease processes of its members and the adaptation processes for their development<sup>(55)</sup>. A functional family adapts more easily to new situations because of its ability to cope with and resolve or resilience<sup>(56)</sup>. By modeling health behaviors or providing support to improve well-being and cope with illness, the family functions as an ecosystem for learning health practices that can last a lifetime<sup>(57)</sup>. Family functioning is, therefore, an essential component of patient- and family-centered care<sup>(58)</sup>. Contemporary family models of health promotion can provide scaffolding for shaping health behaviors and can be useful tools for health education and promotion<sup>(59)</sup>.

This more comprehensive and up-to-date understanding of the roles of families in the lives of their members by nurses will help them in their practice of caring for families. It is vital that nurses recognize family as the central focus of their care and aim to help them perform their family roles effectively.

Despite the contributions of this study to understanding family roles today, it is necessary to point out its limitations, including the failure to retrieve all articles in full, as they are not in the public domain or accessible on the portals of public or private higher education institutions. Owing to the time required to conduct a comprehensive scoping review, there may be a gap between the results published after 2024.

## CONCLUSION

The family has roles related to modeling human relationships, which prepare its members for assertive social interactions, promoting healthy development, physical and emotional well-being, and relieving tension.

Family plays a central role in promoting positive family interactions, which are essential for the emotional stability and socialization of members. Through emotional, instrumental, and informational support, families facilitate the formation of deep and meaningful bonds, promoting a sense of belonging and identity.

The family is a crucial place for promoting the well-being of its members by providing a safe and supportive environment that fosters healthy development and emotional stability. A family's ability to face and resolve conflicts constructively and provide security and protection is vital for maintaining the mental and physical health of its members.

As a refugee during stressful situations, the family provides an environment of solidarity and mutual support. Its adaptability and resilience enable members to effectively face crises, strengthen family bonds, and promote cohesion and harmony. By serving as a solid foundation for emotional balance, the family plays an irreplaceable role in the development and maintenance of members' well-being.

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**MMD:** data curation; investigation; methodology; writing – original draft and writing – review & editing.

**JOC:** methodology; software; validation; visualization; writing – original draft and writing – review & editing.

**VLS:** data curation; formal analysis; investigation; visualization; writing – original draft and writing – review & editing.

**SOI:** funding acquisition; validation; writing – original draft and writing – review & editing.

**MRC:** conceptualization; formal analysis; funding acquisition; investigation; methodology; project administration; supervision; validation; visualization; writing-original draft and writing-review & editing.

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### Conflict of interest

None.

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