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RESEARCH ARTICLE

PROMOTING HEALTH FOR A VULNERABLE FAMILY WITH RELATIONSHIP CHALLENGES. EXPLORING THE COMMUNITY NURSE'S ROLE

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Abstract

Background: In today's dynamic social landscape, families often encounter a myriad of challenges that can impact their overall health and well-being. Among these challenges, relationship difficulties within the family unit stand out as a significant concern, with potential repercussions for the physical, emotional, and psychological health of its members.

Aim: This case study article delves into the intricate dynamics of promoting health within a vulnerable family facing significant relationship challenges. The focus of this study is to explore the pivotal role of the community nurse in addressing the unique needs of such families.

Materials and Methods: A qualitative research approach was employed to comprehensively investigate the experiences of a vulnerable family navigating relationship challenges. Data collection involved in-depth interviews, direct observations, and document analysis. Thematic analysis was used to extract meaningful patterns and insights from the collected data.

Results: The findings underscored the crucial influence of the community nurse in fostering the health and well-being of the vulnerable family. Through tailored interventions, collaborative support, and sensitive communication, the community nurse played a pivotal role in addressing the family's relationship challenges and promoting their overall health.

Conclusions: This study sheds light on the significance of the community nurse's involvement in enhancing the health outcomes of families facing relationship challenges. The role of the community nurse emerges as an essential component in fostering resilience and facilitating positive changes within the family unit.

Keywords: Vulnerable family, relationship challenges, community nurse, health promotion, qualitative research.

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INTRODUCTION

A longstanding social issue that concerns healthcare professionals within the community revolves around the interpersonal dynamics of families and how arising problems lead to family dysfunction. A plethora of research has delved into family structure and the issues that arise within it. In recent studies, special emphasis has been placed on children's psychology and how it is influenced by the behavioral problems of the couple. Over the last five years, the social standing and economic status of both men and women have been primarily investigated, along with their impacts on interpersonal relationships, particularly when both individuals are in low socioeconomic conditions. Additionally, their perception of the institution of family has been explored. There exists a behavioral pattern primarily consistent across all problematic family relationships: financial hardship, anxiety, depression, and alcohol misuse[1,2].

In recent years, the study of health promotion within vulnerable families facing relationship challenges has garnered increasing attention in the realm of healthcare research. The intricate interplay between family dynamics, relationship issues, and overall health outcomes has prompted a growing need to explore effective strategies for intervention. The complexities inherent in relationships within these families can significantly impact their health and well-being, underscoring the urgency for a comprehensive understanding of the role of healthcare professionals, particularly community nurses[3].

Existing literature has illuminated the profound influence of family relationships on physical, mental, and emotional health outcomes. The dynamics within vulnerable families, characterized by strained relationships or conflicts, can exacerbate health issues and impede access to proper care. Studies have shown that such families often encounter barriers to seeking healthcare services and engaging in health-promoting behaviors, thereby perpetuating a cycle of poor health outcomes[4,5].

Recognizing the significance of this issue, researchers have explored various interventions aimed at addressing relationship challenges and promoting health within vulnerable families[6]. These interventions often involve the collaboration of healthcare professionals, community organizations, and support networks. Despite advancements in understanding the complexities of these challenges, there remains a gap in the literature concerning the specific role of community nurses in this context.

While the study of health promotion within vulnerable families facing relationship challenges has gained momentum, several notable research gaps remain within the existing literature.

Despite the growing acknowledgment of the importance of community nurses in promoting health within vulnerable families with relationship challenges, limited research has specifically examined their role in depth. A comprehensive understanding of the unique contributions, strategies, and challenges faced by community nurses in addressing relationship issues and promoting health is lacking[7].

Longitudinal Studies: Many existing studies focus on cross-sectional assessments, providing snapshots of the impact of relationship challenges on family health. Longitudinal studies tracking families over extended periods are necessary to ascertain the trajectory of health outcomes and the sustained effects of interventions, thereby offering a more comprehensive understanding of the issue[8].

Cultural factors significantly influence relationship dynamics and health behaviors within vulnerable families. However, the literature often lacks a nuanced exploration of how cultural nuances impact the effectiveness of health promotion interventions. Further research is needed to examine the interplay between cultural factors, relationship challenges, and the role of community nurses[9].

While much of the literature focuses on the individual experiences of family members, there is a gap in research that adopts a holistic family systems perspective. Investigating how relationship challenges affect the family unit as a whole and identifying strategies to foster collective well-being is an area ripe for exploration[8,10].

Existing studies often rely on self-report measures to assess health outcomes. The incorporation of objective measures, such as clinical assessments and biomarkers, would enhance the rigor of research and provide a more accurate representation of health improvements resulting from interventions[6].

Many interventions designed to address relationship challenges and promote health within vulnerable families are not suffi-

ciently tailored to the unique needs and contexts of these families. Research should focus on developing and testing interventions that are culturally sensitive, contextually relevant, and responsive to the diverse challenges these families face[11].

While both quantitative and qualitative studies offer valuable insights, limited research has integrated these approaches to provide a comprehensive understanding of the issue. A mixed-methods approach could offer a more holistic perspective on the complex relationship between relationship challenges, health promotion, and the role of community nurses[12-14].

Addressing these research gaps is crucial for advancing our understanding of health promotion within vulnerable families facing relationship challenges and maximizing the impact of interventions aimed at improving their overall well-being.

METHOD

The qualitative case study approach was chosen for this study because it was deemed to be most suited to the topic at hand. Using this methodological methodology, according to Noor, allows researchers to focus on one instance and highlight the experience of one case from a range of perspectives. Given the preceding, the researchers chose this technique because their primary purpose was anthropological. A 'case study' might refer to a single case or a small group of people, occurrences, or aspects of a topic or problem. It is categorised as qualitative research methods since it does not attempt to involve a large number of individuals, collect data from wide or representative groups, or generalize its findings. The method is quite similar to ethnographic research. Because they are time demanding, their major value is the volume of data obtained, which can only be obtained through painstaking observation and recording, followed by analysis. While it does not usually start with a hypothesis, one or two hypotheses may develop after evaluating the data, necessitating further investigation using other research approaches.

Data collection

The current study's data collection instrument was a nonstructured interview, which was sufficient for the study of this case, as confirmed by Robson18, who states that an interview can be utilized as the sole or dominating tool in a case study. In this study, a semi-structured interview was used, using preset questions that allowed the interviewers to be flexible.

Sample

George, a 10-year-old, is the second child in the family and has a younger brother aged 4. The family situation at home is chaotic, indicating a state of family disorganization with a lack of family routines (Wachs & Evans, 2010), no boundaries, evidence of chronic family conflict, and a lack of parental control (Wolfe, 2011). Family conflicts are prevalent, exerting negative impacts on the children's mental well-being. The significant psychopathological issues of his parents, especially his father, stem from his father's abusive behavior, which is passed down through generations, including regular alcohol misuse (see presentation of the case in the results section).

Research procedure

The research process was guided by recommendations issued by the Greek Ministry of Education and Religions in 2008 on how to conduct a more successful interview. As a result, the researchers, as instructed, explained the objective of the interview, confirmed the conservation of personal data, and requested that the session be recorded. Following that, a warm-up session was held in which questions were asked to help the interviewee feel at ease. The main part of the questions was then asked. Throughout the procedure, calm was maintained with the goal of removing any stress that arose during the interview, and at the end, the researchers praised the interviewee for all of the information he provided and the time he spent. The interview lasted one hour and required the participant's actual attendance. Throughout the process, the researchers took notes and recorded the interview after receiving agreement from the individual.

Data collection

Five one-hour meetings were held in an appropriate and intimate setting in the patient's home, with no interruptions for the talk. Semi-structured interviews began with an open-ended conversation regarding the disease's feelings, experiences, and con-

cerns with the study subject and a close family member. Interviews were audio-recorded to ensure the accuracy of spoken responses while also capturing the emotional impact of patient responses. Demographic information and a genealogy tree were also collected.

Data analysis

Thematic analysis was used to detect and assess patterns in the data, which is typical in qualitative research particularly when there is little understanding about the subject. This strategy allows participants' data to direct the production of knowledge rather than any preconceived constructions19. Data analysis served as the foundation for nursing assessment and the identification of the patient's nursing needs following the nursing process in the current study. A nursing care plan (NCP) is the process of recognizing current and expected needs or dangers. To achieve health care outcomes, nurses, their patients, and other healthcare providers communicate through care plans20,21. The care plans for people with EB range from comprehensive and individualized to standardized.

Validity and reliability

To ensure the research's validity and reliability, we examined whether our approach was appropriate for the issues we sought to investigate. We also discussed our strategy with other academics. At the same time, if the same person was interviewed again, the results might be the same. Furthermore, questions pertinent to their objective and based on data from the global literature have been devised. To perform a valid and reliable study, the researchers examined credibility, transferability, dependability, and conformability. In qualitative research, credibility is defined as the degree to which the study approach and findings are congruent with one another. Natural laws and phenomena, standards, and observations that are commonly accepted. This criterion was utilized to gather information for this inquiry. This instance might also be characterized as transferable due to its capacity to generalize in terms of how far the research findings could be applied to other contexts or circumstances. The researchers kept the dependability factor in mind, understanding that changes that occur over the course of the study will have no effect on the research results. Finally, the researchers used strategies such as recording the procedures for rechecking data and revealing negative cases that contradict previous observations to ensure conformability.

Ethics

Throughout the investigation, ethical considerations were strictly followed. Participants supplied fully informed written and verbal agreement before to engaging in the interview, assuring their voluntary and deliberate involvement. During the interview, the researcher extensively documented the events, taking notes and taking photographs, as well as recording the dialogue with the participant's explicit permission. It was repeatedly underlined that participants had the freedom to resign from the study at any time. Furthermore, participants were fully educated about the importance of maintaining their anonymity and protecting their personal information throughout the research procedure. Finally, a written ethical approval was obtained by the Ethics Committee of Frederick University with the no E22392.

RESULTS

Case Description:

George, a 10-year-old boy, is the second child in his family, and he has a 4-year-old brother. The family environment at home is characterized by chaos (a chaotic household). Specifically, they are experiencing family disorganization, lacking established routines (Wachs & Evans, 2010), and exhibiting an absence of boundaries, chronic family conflicts, and limited parental control (Wolfe, 2011). Family conflicts have detrimental effects on the mental well-being of the children. The parents, particularly his father, suffer from severe psychopathological issues (a pathological household), stemming from his father's history of abusive behavior, which has been passed down through generations, along with the regular occurrence of alcohol misuse.

Growing up in a rural village within a closed society, and seemingly within a trouble-free home, there were no initial suspicions about the underlying dynamics. George is enrolled in the fourth

grade of primary school, while his brother attends the local community kindergarten. From an early stage, his teachers, notably during the second grade, the class head, observed his consistent failure to complete homework, leading to falling behind his peers academically. George often arrived at school untidy. He displayed behavioral problems linked to attention deficit disorder and hyperactivity within the classroom setting. His behavior included consistent lack of focus, difficulty remaining seated, disruption of classmates, and even delinquent conduct involving violent actions towards other children. Incidents of aggressive behavior during breaks were a recurrent issue. The teacher reported these delinquency signs to the school principal, resulting in the involvement of a school psychologist.

During an interaction with the school psychologist, George opened up about his experiences at home. Subsequently, the situation was reported to the police, and social services were engaged, leading to surveillance of the family. George's father possesses a limited educational background, having left school at 15 to work and contribute financially to the family. His own upbringing lacked affection from his father, with no memories of shared outings or playtime. George's mother, completing her education, married at 18 under family pressure. The father, employed in a local factory with a modest income, exhibits daily aggressive behavior—verbal, physical, and emotional—towards his wife and children, reflecting his upbringing and worldview. He assumes a dominant, authoritarian role within the household. The mother has been confined to a victim's role, trapped in a cycle she struggles to escape. George indicated that his mother spends extensive hours in front of the television, neglecting essential attention to her children and failing to assist with his studies.

"Typically, my father returns home late at night, often with the scent of alcohol, and begins to quarrel with my mother. He shouts at her about household tasks and occasionally resorts to physical violence. He frequently expresses dissatisfaction with her cooking and seems discontented overall. In response, my brother and I retreat to our room, locking the door to shield ourselves from the conflict. Nevertheless, he sometimes pounds on our door, demanding entry."

The family grapples with several significant issues, primarily stemming from the father's daily alcohol consumption, prompted by financial stress and as a means of escaping his troubles. It is noteworthy that George's grandfather also succumbed to cirrhosis of the liver due to chronic alcohol misuse. Patterns of imitative behavior from grandfather to father, including a propensity for violence, are evident. George's father was exposed to such behavior during his own childhood, with family members becoming targets for trivial reasons. The slightest incident can trigger explosive outbursts, perpetuating a toxic atmosphere within the household. The excessive focus on the children, mirroring the destructive patterns witnessed at home, detrimentally impacts their psychological well-being.

George's mother has not taken active steps to address the dire circumstances she has endured throughout her 15-year marriage, demonstrating a passive demeanor that aligns with depression. Despite the evident turmoil, no effort was made to relocate the children from their troubled environment. Raised in a patriarchal setting, she had limited autonomy beyond the household and felt compelled to marry and start a family after completing school. Her marriage was not based on affection but rather on practical considerations.

The intervention of George's perceptive teacher played a pivotal role in averting a potentially dire outcome. Regular visits from social services ensued, involving discussions with the children, mother, and initially resistant father, who eventually cooperated out of fear of legal intervention. Social services offered the mother temporary housing for herself and her children, which she declined. The family is mandated to consult a psychologist every 15 days, with the state covering the costs. While the mother remains skeptical about the effectiveness of these sessions, recent events have compelled her to consider separation from her husband and seek employment to achieve greater independence. She is beginning to recognize her passive role and disconnection from her children.

The father, although he has apologized for his behavior and expressed a commitment to change, harbors doubts about the psychologist's efficacy. Efforts are being made to delve into the root causes of his struggles—chronic alcohol misuse, anger, stress, and violence—examining his upbringing, childhood influences, and coping mechanisms. His stress largely emanates from

the family's precarious financial situation, frequently leaving them unable to meet basic necessities.

The following key insights were extracted from the interview with the participant:

I sometimes fear when I am at home with my dad because he argues with mom. When he comes home from work and is tired, he raises his voice at mom and sometimes at us. He usually yells at her about household chores, food, spending too much money, and at us for not being wise.

Researcher: How often does this happen?

George: Daily.

R: Does dad hit mom?

G: Yes, when he comes home from work and smells like alcohol, sometimes he hits her.

R: Does he hit you and your brother too?

G: Yes, sometimes when we don't take care of our toys and when we misbehave.

R: Why do you think he does that?

G: Because we misbehave, but I don't believe we do.

R: Does mom help you with your studies?

G: Sometimes, yes, when she's not watching TV. Mom watches TV all the time. She does housework and watches TV.

R: Do you play games with mom?

G: No, usually we are in our room with my brother, playing between us.

R: Have you ever hit a classmate?

G: Yes, when they don't want to play.

R: Now, there are some gentlemen coming to your house who see your mom and dad. How do you feel about that?

G: Mom says they will help dad not yell at us again.

DISCUSSION

The findings of the present study shed light on several important aspects related to the needs of a vulnerable family facing relationship challenges and the role of the community nurse.

The narratives provided by the participant, George, highlight the substantial impact of relationship challenges within the family. His description of frequent arguments and instances of aggression between his parents underscores the emotional distress and instability experienced by both children and parents. This aligns with previous research indicating that family relationship problems can significantly influence family functioning and well-being[2].

George's accounts reveal the exposure of children to negative and aggressive behaviors between their parents. The influence of the father's behavior on the family, particularly his verbal and physical aggression, exemplifies the potential harm that such dynamics can inflict on children's mental and emotional health. This finding resonates with existing literature that underscores the susceptibility of children to adverse outcomes in households marked by domestic conflicts[4,5].

George's responses also shed light on the potential role of the community nurse in promoting the health and well-being of families facing relationship challenges[11]. His mention of the presence of gentlemen who visit the family to support his parents indicates an awareness of external interventions aimed at mitigating the negative consequences of the relationship problems. This implies that community healthcare professionals, such as nurses, could play a pivotal role in providing guidance, counseling, and resources to families in need[7].

George's remarks about coping mechanisms utilized by him and his brother reveal their attempts to navigate the challenging family environment. Their tendency to engage in play within the safety of their room suggests a form of emotional refuge from the tensions outside. This underscores the importance of recognizing children's coping strategies and the need for age-appropriate interventions that foster their emotional resilience[12,13].

The discussion with George underscores the interconnectedness of family members' well-being and the potential ripple effects of relationship challenges. It emphasizes the need for comprehensive, family-centered interventions that address not only the immediate issues but also consider the broader context of the family unit. Community nurses can play a vital role in orchestrating such interventions that focus on promoting healthy family dynamics, communication, and emotional well-being.

Through the literature, it is evident that the aforementioned parental behavioral characteristics contribute to dysfunctional family dynamics. Extensive research has investigated the adverse impact of economic and social factors on families[5].

The excessive use of technology by parents is correlated with problematic behaviors observed in both mothers and fathers. A notable 40% of mothers and 32% of fathers reported problematic mobile phone usage, leading to disruptions in interpersonal relationships, heightened depression and stress levels among parents, and increased television viewing time for children.

Research underscores the influence of the couple's socio-economic status in fostering stressful situations and psychological challenges for both children and adults. Recent studies have highlighted barriers preventing low-income married couples from seeking psychological assistance for marital issues. Notably, 14% of men and 36% of women declined help, and 18% of men and 7% of women believed that family and friends were more supportive than family counselors. Additionally, concerns were raised about the quality of palliative care services, with 8% of men and 4% of women expressing dissatisfaction. Financial barriers affected 35% of men and 42% of women, while work-related obstacles affected 20% of both men and women[14].

The research also draws attention to increased anxiety among parents of children with autism compared to those with visual impairments, leading to strained marital relationships and reduced family life quality[4,9].

Factors contributing to family violence between couples encompass low family income, limited education, mental health issues, tolerance of violence, alcohol consumption, childhood exposure to violence, and early marriage.

A comparative study analyzing anxiety, depression, and self-esteem levels in children of alcoholic and non-alcoholic parents. The research, carried out in a selected public high school in Bangalore, India, employed a comparative research design. 200 participants were randomly sampled, comprising 100 children from alcoholic households and 100 from non-alcoholic households. The study employed the Spence Scale for anxiety assessment, the Rosenberg Scale for self-esteem evaluation, and the Center for Epidemiological Studies Depression Scale (CES-D)[8]. Results indicate a statistically significant difference between the two groups, revealing disparities in anxiety, depression, self-esteem, separation anxiety, social phobia, obsessive-compulsive issues, and physical complaints.

Conclusions

In conclusion, George's narrative provides valuable insights into the needs of a vulnerable family grappling with relationship challenges and underscores the potential role of community nurses in addressing these needs. The findings underscore the significance of adopting a holistic and family-centered approach to healthcare interventions, particularly within the context of families facing complex psychosocial dynamics. Further research is warranted to explore the efficacy of tailored interventions led by community nurses to support families facing relationship challenges and promote their overall health and well-being.

Gaps in research that would be pertinent for future investigations pertain to the identification of effective strategies for integrating primary health care into school settings. There is a need for well-defined protocols concerning the identification, diagnosis, and treatment of mental health issues in children and adolescents. Further exploration is required into the existing void within schools concerning teacher training for recognizing symptoms stemming from family dysfunction, and for promptly referring all cases to appropriate services.

A productive avenue of study could involve examining the outcomes of a potential long-term objective: equipping peers with adequate management skills to support students facing mental health challenges and to recognize these issues in their psychological realm. Additionally, investigating the correlation between stressful familial circumstances and their impact on the mental well-being of child members is essential. The scope should extend to evaluating the presence of social support from various quarters such as grandparents, uncles, and neighbors.

In the realm of primary prevention services targeting the causes of family violence and dysfunction, interventions encompassing consultations with psychologists and social workers, as well as programs to address the psychological aftermath of violence, treatment, and fostering social support networks hold considerable value.

Regarding research concentrating on low-income couples seeking specialized help for their predicaments, the predominant focus tends to be on heterosexual couples, with minimal attention given to same-sex couples. Notably absent is substantial research on racial and ethnic minorities, whose rationale for not

seeking assistance may vary.

Exploring the association between dysfunctional family dynamics and heredity remains an intriguing avenue of study. Specifically, investigating whether psychological and genetic factors inherited from parents contribute to couples' problems is worth exploration.

Limitations of the study

It is important to recognize some limitations even though this study provides insightful information about the experiences of a vulnerable family navigating relationship difficulties and the critical role community nurses play in supporting their health and well-being. First of all, although qualitative research is useful for delving into complex experiences, it could make it difficult to extrapolate the findings to a larger population. The study's exclusive emphasis on a particular vulnerable family may restrict the results' generalizability to a larger group of people and families dealing with related issues.

Furthermore, there is a chance of subjectivity and bias in data collection techniques like direct observations, in-depth interviews, and document analysis. The opinions of the researchers and the responses from the participants may have an impact on how the data are interpreted.

Notwithstanding these drawbacks, the study highlights the role that community nurses play in supporting health and wellbeing in families that are at risk and are dealing with relationship issues. It also highlights the need for additional research to fill in the gaps and offer a more thorough understanding of this crucial field.

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ANNEX

TABLE 1. Characteristics of participants (n=50)

Characteristic	Value
Gender N (%)	
Male/Female	32 (64%)/18 (36%)
Age (years), mean ± SD	56,5±17,9
Days of hospitalization, mean ± SD	25,0±28,1
Days on mechanical ventilation, mean ± SD	20,3±25,0
Days on automatic breathing, mean ± SD	4,9±17,1
Tracheotomy N (%)	
Yes/No	22 (44%)/28 (56%)
Type of tracheotomy	
Surgical/Percutaneous	7 (7%)/15 (30%)
Received mild sedation to promote sleep (DEXDOR)	
Yes/No	25 (50%)/25 (50%)

TABLE 2. RCSQ Questionnaire

Question	Mean	SD	Range
1. Sleep depth	60,40	16,78	0-100
2. Falling asleep	51,20	23,36	0-80
3. Awakenings	48,20	15,74	0-80
4. Returning to sleep	54,60	15,28	10-80
5. Sleep quality	49,40	22,72	0-100
6.Noise level	57,00	18,43	0-80

FIGURE 1. The groups of patients

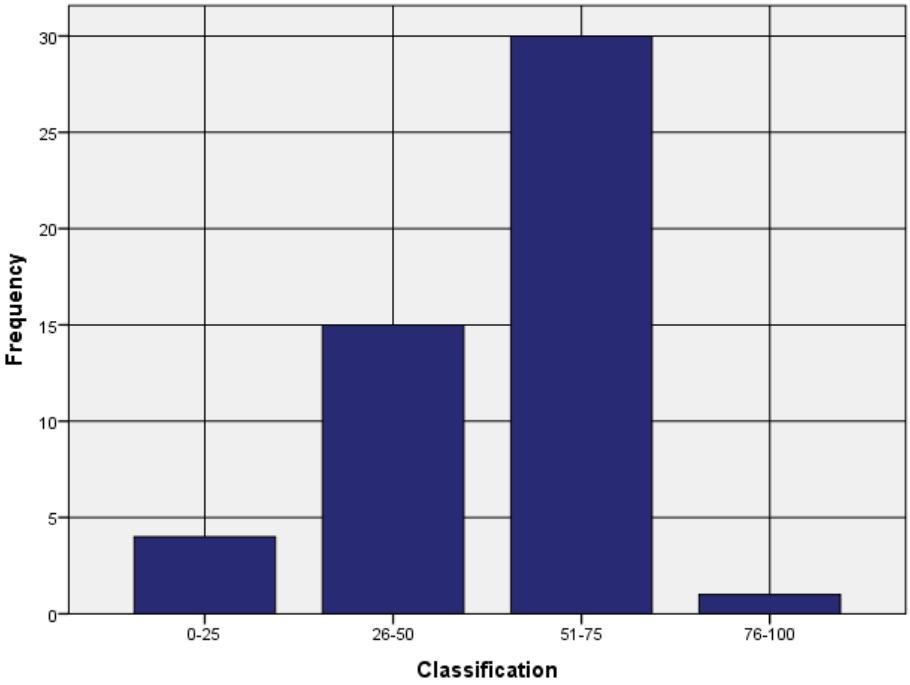

TABLE 3. Comparisons of RCSQ and noise level with gender and received mild sedation to promote sleep

	Gender		
	Male	**Female**	**p**
Total RCSQ	48,88±15,61	49,00±15,79	0,768
Noise level	53,75±17,08	51,67±27,87	0,725
	Received mild sedation to promote sleep		
	Yes	**No**	**p**
Total	47,57±16,50	51,25±13,60	0,503
Noise level	52,86±18,16	53,75±23,87	0,721