



## Review Article

# Assessing the Correct Understanding of Families about the Occurrence of Marital Cancer (Statistical Population: Denmark, Sweden and Iran)

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## ABSTRACT

In this descriptive-correlational study, 1854 couples with cancer participated in inpatient wards in Denmark, Sweden and Iran. To collect the data, a family performance questionnaire was used, assessing the performance of families in the dimensions of problem solving, communication, maps, emotional companionship, emotional association, behavior control and overall performance. All couples participating in this study reported their family performance in all relatively appropriate dimensions. There was a statistically significant relationship between the patients' views on overall family functioning and age of marriage and the age of the eldest child. Although the family functioning of cancer patients is relatively good, more attention should be paid to counseling services for the family and their family members. As the family is the primary source of care and support for cancer patients. In general, the need to consider the whole family unit as a client is one of the necessities of providing nursing care and family-centered support for cancer patients.

## GRAPHICAL ABSTRACT



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## Introduction

Cancer as a bitter reality and an important stressor [1] is a complication that changes the course of a person's life and increases the vulnerability and loss of quality of life, daily functions, social activities and the ability to perform roles. Changes the usual [2] in today's world, one of the most common causes of morbidity and mortality is cancer. According to the world health organization (WHO), the number of cancer deaths worldwide will increase by 45% from 2007 to 2030 (from 7.9 million to 11.5 million deaths). More than half of all cancers occur in developing countries. In addition, in most developing countries, cancer is the second leading cause of death after cardiovascular disease [3-5].

In Iran, as a developing country, cancer is the third leading cause of death after heart disease and road accidents. According to Mousavi's 2006 study, the annual incidence of cancer among Iranian men and women is 98 and 110 per 100,000, respectively [6-8]. Although cancer medically occurs in one person, family members contribute to the psychological and social problems of the disease. A diagnosis of cancer causes a major change in family life that Rolland refers to as an "uninvited guest" that must be accepted by the family or couple. At every stage of the disease, the family faces challenges that threaten lasting relationships and their quality of life [6]. It is widely accepted that the fight against cancer is a family affair. Not only the patient, but also everyone who loves him or her faces the consequences of illness and treatment, which may include disruption of daily life, anxiety, worries about cancer recurrence, fear of loss and death [9-11]. When a family is confronted with a stressor, the family first mobilizes its resources to solve the problem. When trying to solve a problem fails, the family goes into crisis. When family resources are insufficient or depleted, family functioning deteriorates and symptoms of family turmoil, such as parental problems and conflict between individuals, occur. In addition, when the family does not receive any help from

outside the system, the result is lower levels of family functioning or perhaps separation and the loss of a member [12]. The experience of a stressful life makes people vulnerable. Vulnerable families, such as families with a sick member, are more likely to develop health problems as a result of exposure to risk or worse consequences as a result of health problems [13].

As mentioned, families with a member with a severe illness that puts the family under stress are considered vulnerable families and, therefore, are considered as a target group for community health nurses. One of the main approaches to working with vulnerable families in community health nursing is the family approach as a client. In this approach, the primary focus is on the family and the secondary focus on individuals. In this approach, the focus is on how the family as a whole reacts when family members experience a health problem [14]. In the family unit, any defective function (illness, separation, etc.) that affects one member affects the other members in various ways, as well as the family unit as a whole, which is often a "wave effect". It is also called. There is also a strong relationship between the family and its health status. Hence, the role of the family is very crucial in any form of care, from health promotion to rehabilitation [15-17]. Family function means the ability of the family to adapt to changes in life, resolve conflicts, solidarity between members, implement the rules governing this institution, with the aim of maintaining the entire family system [18-21]. Family performance revealed how well the family works as a unit, demonstrating the family's ability to adapt and judge in different situations [22-24]. It is necessary to evaluate families to have a theoretical model of how they function. One of the most useful models for examining the family is the McMaster model of family functioning and was developed in 1960 by Eptein and Lawrence [25-27]. Although this model does not cover all the aspects of family functioning, it does consider important aspects that are often clinically evident

[28]. This model considers six aspects of family functioning:

- 1- Problem solving
- 2- Communication
- 3- Roles
- 4- Emotional responsiveness
- 5- Emotional mixing
- 6- Behavior control.

The McMaster model deals with the current functioning of the family, not with the evolutionary stage of the family or its previous growth. This model divides family responsibilities into three parts. Basic tasks such as providing food, security, health care for its members. Transformational tasks such as caring for the baby and caring for the adolescent in the family, critical tasks that include family skills in times of crisis and unexpected events such as the severe illness of a family member [29-31].

The important point is, why is it so important to work with the families of cancer patients? Northouse (2010), in a meta-analysis study of families of cancer patients in the United States, cited four reasons for working with families in cancer patients: 1. When a member has cancer, her family is under considerable stress. 2. Family members often do not talk to each other about their thoughts and feelings about cancer. 3. Families try to deal with the effects of cancer and stress in the family, which is mainly due to cancer. They are created to adapt. 4. Family members try to maintain their core function [32]. The family is considered as the first source of support and care for a member with the disease and the attitude of the family towards cancer and its complications has a great impact on patient care [33-35]. Depending on the role of the affected person in the family structure, the impact of cancer on family functioning will be different [36]. The most important role to be considered in dealing with the family is the role of the parent [37-39]. Diagnosis of cancer in parents changes parental behavior, physical and mental functioning, as well as family functioning [40]. When parents are sick, the quality of medical care includes attention to the patient's

role as a parent and the needs of their children [17]. Maternal cancer can act as a stressor for the child.

The results of the Schmitt study showed that there is dysfunction in families with parents with cancer, the most important cause being parental depression in the field of cancer, which in turn will have a negative impact on children's mental health, especially if another risk factor such as income there is little in the family. Sick parents are not totally capable of caring their family members, and as a result, children are forced to take on new tasks and roles, and such children may experience personality instability as adults [41]. Also, in Montaseri (2008) research on children with parents with cancer, the results have shown that the incidence of chronic diseases such as cancer in parents is associated with complications in family members, especially children [42-44]. The impact of parental cancer diagnosis on children varies not only because of differences in the age of the children, but also because of the type of cancer and the parents' hopes for long-term survival after cancer [45]. Also, the complexities of treatment can affect the quality of life of children of parents with cancer [46]. The results of a study conducted in the United States on the relationship between a couple during cancer in one of them have shown that when a couple gets cancer, their spouse is as stressed as he or she is. When men in the family get sick, their husbands are more stressed than when they are sick, because women often tend to carry the burden of care alone or without the help of others. In addition, they must continue to do their daily chores and care for the children. The amount of stress that couples receive also depends on the stage of the disease.

Couples, especially husbands, have the highest levels of stress in the final phase of the disease due to fear of recurrence. Experience cancer [47]. Considering the duties of women and their social roles within the family, it has been found that women are more effective and active than men in maintaining the family unit [48]. On the other hand, family fathers have more disorders in roles

and relationships than mothers [49]. Genital health problems, including impaired sexual function and impaired fertility, are also stressful and persist even after cancer treatment.

Processes within families proceed properly when members are able to play their expected roles. Roles go back to established patterns of behavior. One of the most important roles of a community health nurse in dealing with families in crisis is to help the family to use the abilities and resources of the family to fight the crisis.

The family's ability to fight the crisis depends on family resources, including social resources (spouse, children, parents, siblings, etc.). Cultural resources, religious resources, educational resources and medical resources.

The word "cancer", like the term "umbrella", is used to cover a large group of diseases (more than 200 types of diseases) that, although they have different side effects, treatments and prognoses, can occur in any part of the body. They create common features. The problem with the word "cancer" is that it usually has negative connotations for people. So, answering the question "What is cancer?" It's difficult. One way to understand cancer is to know how it occurs in the population [38]. Therefore, this section briefly describes the epidemiology of cancer.

### **Epidemiology**

Cancer is a common disease that 1 in 3 people will experience at some point in their lives.

Although cancer can affect all age groups, it is more common in people over the age of 65. In general, men are more likely than women to develop cancer [50] are, and more than half of all cancers occur in developing countries. In most developing countries, cancer is the second leading cause of death after cardiovascular disease [51]. Of course, in Iran it is the third reason. Every year, 7.5 million new cases are added to the cancer statistics in the world. In the UK alone, 25,000 people are diagnosed with cancer each year [52]. The American Cancer Society estimates the number of new cases of cancer and cancer deaths each year. In 2012, it was predicted that in 2014 there would be

1665,540 new cases of cancer and 585,720 deaths due to cancer in the United States, which shows an increase of 1.8% in men and an increase of 1.4% in women. To cancer in the United States [53]. However, overall cancer deaths in 2009 decreased by 20% compared to 1991, when the highest death rate was reported that year.

In Iran, as a developing country, cancer is the third leading cause of death after heart disease, accidents and other phenomena. According to the results of Mousavi's 2009 study, the annual incidence of cancer among Iranian men and women is 98 and 110 per 100,000, respectively. According to the World Health Organization, the number of cancer deaths in the world will increase by 45% from 2007 to 2030 (from 7.9 million to 11.5 million deaths). Therefore, cancer causes a huge burden of disease. In Iran, 3,000 people die of cancer every year.

It has been reported that 50% of common cancers in Iran are related to the gastrointestinal tract and among gastrointestinal cancers; colon cancer has the highest incidence after gastric cancer. This cancer ranks third in women and fifth in men. The prevalence of this disease in the country is increasing in both sexes and is considered as one of the most important cancers that has a high mortality rate.

In addition, since most cancers occur in the elderly and Iran has a relatively young population, with the increase in life expectancy, it is expected that in the near future the incidence and mortality of this deadly disease in the country will increase rapidly. Therefore, it is necessary to pay attention to the importance of fighting this deadly disease and the existence of a cancer control program in the country.

### **Impact of cancer on the individual**

A diagnosis of cancer can cause shock and anger in patients, disrupting their normal lives. This shock initially leads to deep feelings of disbelief and in some cases an obvious denial of the disease. These reactions are often characterized by acute fear and stress and are likened to "fever" or "mental infection." Adaptation to the diagnosis

of cancer is influenced by a number of factors, including how the definitive diagnosis of cancer is transmitted to the individual, individual beliefs about the disease, delay in diagnosis, individual personality, and adaptation practices that the individual uses in crisis situations [54].

Cancer patients typically experience a range of symptoms, including two types of physical and mental disorders. Immediately after the diagnosis, anxiety and other mood disorders may develop in the individual, which change over time and in response to diagnosis, recurrence and improvement of the disease.

This disease is unique in terms of the feeling of helplessness and deep fear that it creates in a person. There is no doubt that the diagnosis of life-threatening diseases such as cancer has several effects on a person's quality of life. Cancer is not just an event with a definite end, but an ambiguous permanent situation characterized by delayed effects of illness, treatment, and related psychological issues.

### Impact of Cancer on Family

Numerous studies have confirmed the effect of cancer on the physical, social and psychological well-being of the family. It is widely accepted that the fight against cancer is a family affair. Not only the patient, but also everyone who loves him or her faces the consequences of illness and treatment, which may include disruption of daily life, anxiety, depression, worry about cancer recurrence, fear of losing the person. In addition, be death [55].



**Figure 1:** Childhood Cancer Symposium: Cancer's Impact on Families

The news of a cancer diagnosis in a spouse, friend, or relative can cause severe emotional distress in the form of sadness, depression, anxiety, or anger. In addition, daily functioning can be altered or disrupted. This change is due to weight loss, fatigue or insomnia. This experience occurs not only for the person with cancer, but also for the patient's family members throughout the course of the disease. A sense of threat of losing a person due to cancer develops in the family, which triggers a sense of sadness in the family, which in turn disrupts the organization and description of feelings, activities, values, and priorities. Therefore, the feeling of sadness can be not only due to the loss of a person, but also due to the loss of a part of life experiences. Family life may change dramatically as a result of a cancer diagnosis, and family members may take on new tasks in addition to their usual life tasks. Also, important aspects of family life may be flawed. For instance, family vacations are planned for a short period of time, or the family may face financial difficulties. This is because most of the family income is spent on cancer treatment, and as a result, the family may even have to sell to pay for treatment. There are also changes in daily life plans that are less obvious, such as feelings of uncertainty and ambiguity about plans and hopes for the future.

Also, family members live in a state of insecurity, insecurity and possible fear that may become a reality, preparing themselves for a horrible life without the person they love. Severe illness can disrupt family life, impair family functioning, damage or deform resources, and burden the caregiver. The family's ability to cope with the crisis depends on their resources. Family resources, including:

**Social resources:** A strong social network that can include a spouse, child, parents, siblings, friends, and more.

**Cultural resources:** Cultural values that can affect a family or individual's ability to care for a patient and cope with stress.

**Religious sources:** including religious beliefs, religious customs.

**Educational resources:** The level of formal education that a person receives and allows him or her to understand the patient's condition and provide appropriate care.

**Medical Resources:** Includes access to medical facilities and equipment to assist caregivers.

### **Effect of Cancer on Couples' Relationships**

Numerous studies have shown that cancer has a significant effect on spouses, and it is very important to focus more on spouses in examining family members of people with cancer. It is likely that information on non-medical issues, such as coping with cancer or the impact of cancer on relationships, is more neglected in patients' spouses and family members than medical information.

Feelings of loss of security following a spouse's diagnosis of cancer may be experienced. The reason for this feeling is that when hearing the news of a cancer diagnosis, the first thought that comes to patients' spouses is that the person they love is on the verge of death. In fact, spouses fear death more than patients themselves [56]. In addition, studies on the wives of women with breast cancer have shown that breast cancer is a disease of couples and for the wives of those patients, it is extremely stressful. Thus, cancer has a significant effect on the patient and his spouse in terms of body image, gender and their relationship. Spouses fear for their future, the future of their children, and the progression and recurrence of cancer during the active period of cancer.

The amount of stress and tension that women and men experience when their husbands are infected is different. Studies have shown that women receive as much stress as their wives when their husbands do get cancer. However, the amount of stress that men get when they get cancer is greater than when their wives get it. Therefore, women are more affected by their husbands' illness than men. Researchers have cited two reasons for this difference: first, women are more stressed because they spend more time on caring tasks, and second, men caring for a sick spouse is more satisfying for men than women.

Slow and raises their self-esteem. Traditionally, women have been viewed as family caregivers. As a result, they may set high standards for their caring role and have high expectations of themselves. In contrast, men feel good about themselves because the role they play when their wives are ill is not normally expected of them. A number of studies on couples have also shown that couples' relationships become more positive when one of them has cancer, and cancer has improved their quality of life as an opportunity to improve the couple's relationship and it works to bring them closer together.

### **Effect of Parental Cancer on Children**

When parents are diagnosed with cancer, their children receive considerable stress. Because children have little information about the nature of this disease [57]. Increasing children's responsibilities and decreasing their social activity are considered as the most significant changes in children's lives. The presence of life-threatening illness in parents causes disruption in the natural process of the family and stress in its members, especially children, and causes physical, psychological and social problems in the child, which will cause a shaky personality structure in their adulthood. Many researchers agree that children whose parents have a chronic illness are at risk for behavioral problems. Due to the high rate of chronic illness, the number of children at risk for depression, anxiety and psychological symptoms is high.

Therefore, caregivers should be aware of these problems for interventions and keep in mind that children from young families, single parents, low-income families, and parents with longer illnesses need more support. Therefore, rapid identification of children at risk after parents become ill is the most important step to prevent behavioral problems in children [58]. Because medical staff often pay attention to the patient's parent and spouse, and children are marginalized. While these same children may be lifelong caregivers of their sick parents. Even fathers whose spouses have cancer sometimes do not recognize their children's grief and interpret

some of their reactions as "child abuse.", While children are often aware of their father's emotional state and try to protect him. The physical condition of cancer patients is associated with severe role dysfunction and consequent contact with their children. When sick parents are less able to care for family members, children have to face new tasks.

Research also shows that children of parents with cancer who have a bachelor's or higher education are at lower risk for mental health problems than children of parents with lower education, and that children of children with cancer have a higher risk of having mental health problems. This ratio is affected in fathers. In contrast, some researchers believe that the children of affected parents do not have serious psychological or social problems compared to the control group and are at low risk of psychological problems. Female children seem to be more affected by the negative effects of parental illness.

France believes that the effects of cancer on children should not be pathological because although there is tension and confusion in children, parental cancer is an unusual transition in the life of children rather than a pathological process! For this reason, interventions should be directed towards programs that can shape the child's perspective when parents have cancer so that children can cope with this stage of their lives and adapt. In other words, instead of changing the course of the river, accept it and organize it along with the rocks in the course of the river.

Before addressing the concept of family functioning, we first need to consider the concept of family and its importance in community health studies.

### **Concept of Family and its Importance**

The Latin word Family is derived from the word "Familia" meaning the servants of a family, which includes two or more people who are related by blood or marriage. In Sanskrit, family is referred to as dhman, meaning place of residence. Most cultures and languages define the family as related.

From the beginning of man on earth, men and women have always lived together by forming a center called the family, raising children in their lap and leaving this world. The most natural form of the family is that nothing but death can break the marriage bond. The main elements of a family are a woman and a man who are married according to their social customs and then a child or children are added to them.

The family is one of the first social institutions that has a specific structure that is affected by social changes and developments. The family is the smallest unit of society, this social unit is the source of human emotions and the center of the most intimate interpersonal relationships and interactions. The importance of the family is such that the health and growth of any society depends on the health and growth of the family.

The family is one of the most common social organizations and is formed on the basis of marriage between at least two opposite sexes, in which real and documented blood relations are seen. The family usually has a kind of spatial commonality and is responsible for various personal, physical, economic, and educational functions. The family is a social symbol and, like a mirror, contains the main elements of society and is a reflection of social disorders. In addition, the family is one of the most important factors affecting society. No society can ever be healthy unless it has healthy families. The family is the closest unit of life to man. The vast majority of human beings are born into a family and take the first vital steps in it. The vast majority of people also build a family and spend their whole lives in it. Therefore, recognizing this social unit will be difficult due to its proximity to humans.

Family is defined in different ways. The difference in the definition of family depends on the descriptive theoretical background. For example, authors who support interactionist theories view the family as an arena for the interaction of characters, therefore, in their definition of the family, they place more emphasis on the characteristics of the interactive dynamics of the family.

The authors, who support the view of general systems, define the family as a small arm social system that consists of interdependent components and is influenced by its internal structure and external environment. In this study, the family is examined under the influence of a recent perspective. Because understanding the overall functioning of the family requires understanding the performance of the individual family members, the functioning of the family as a unit, and the relationship between the family and society, the theory of family systems, derived from the theory of general systems, seems to be the theory is useful for understanding different levels of family functioning [59]. Also, understanding the family as a system helps to identify the cause of the problem and stress in the family and allows the therapist or family counselor to better identify the goals and methods of treatment.

Why is it important to work with your family when planning for health care?

Community health researchers have found that the family is the core of health care because the family is a fundamental unit that significantly influences the development of individuals, so that it may determine the success or failure of a person's life. Slowly the two main goals of any family are to meet the needs of the community of which the family is a part and to meet the needs of the family members themselves. The family is a vital resource for providing effective health care for individuals. The following reasons highlight the importance of focusing on the family unit in providing health care:

1- The family is a vital resource for providing health care to individuals and families. When a family focuses on providing health care to its members, the effectiveness of care increases. In addition, one of the goals of primary health care is to increase the level of well-being of the family, which in the next levels increases the well-being of family members.

2- In the family unit, any defective function (illness, injury, and separation) that affects a family member, in various ways, as well as the

family unit as a whole is affected. Give. Because the family is an interconnected network.

3- There is a strong relationship between the family and the health status of its members that the role of the family in any form of health care of each family member from the stage of health promotion to the stage of rehabilitation is very decisive.

4- Diagnosis is another good reason to provide family-centered health care. Checking for a member's health problem may lead to coverage of illness or risk factors for other family members, which usually happens when a family visit has a chronic health problem. A family-centered nurse often works with a family member to reach out to other members.

5. Another way to be able to gain a clear and comprehensive understanding of individuals and their performance is to examine them in the context of the family.

Sickness/health status of the family and its members interact. An illness in the family affects the whole family and its interactions. The family, on the other hand, affects the health/illness of members.

Families tend to react to the health problems of family members and diagnose their health problems. Research in the field of family health shows that families have a powerful effect on the physical health of their members. On the other hand, the family tends to be involved in deciding on treatment procedures at every stage of illness and health of family members, from the stage of health promotion and prevention strategies to diagnosis, treatment and recovery.

The process of "getting sick" and receiving health care requires a series of decisions and events that require the interactions of a number of people, including family, friends, and health care providers. However, the role that the family plays in this process depends at all times on the health of the individual, the type of health problem (such as whether the problem is acute or chronic), and the degree of family involvement.

The 6 stages of health/illness and family interaction are:



- 1- Family efforts to promote health
- 2- Assessing the family from the symptoms of the disease
- 3- Seeking care
- 4- Obtaining care
- 5- Acute responses to the disease by the patient and family
- 6- Adaptation to the disease and recovery [60].

The presence of a chronic and serious illness in a family member usually has a profound effect on the family system, especially on the structure of the individual role and the performance of family functions. Families are the first caregivers in chronic diseases. When each of the individual situations is serious and the family member is a pivotal and important person in family functioning, the impact on family functioning is felt a little more.

### **Family Function**

Family functioning is generally described as a consequence of family structure. Some authors consider the term "performance" to mean "achievement" or "result", therefore, they consider family performance as what the family does. Family function means the ability of the family to adapt to changes made during life, conflict resolution, solidarity between members, implementation of the rules governing this institution, with the aim of maintaining the entire family system. Family functioning includes behaviors and activities performed by family members to maintain the family and meet the needs of the family and members [61].

wright and Lehy have divided the family performance survey into two parts: instrumental performance and expressive performance. Instrumental function refers to daily life activities such as absorption and excretion, sleep, rest, insulin intake, and so on.

The second type of family performance review is the performance or emotional and psychological aspects of the family, which include:

**Emotional communication:** Such as, whether the family is able to express the amount of emotions including anger, happiness and sadness

**Verbal and non-verbal communication:** Verbal communication focuses on the meaning of words and non-verbal communication is a type of communication that includes sounds, gestures, eye contact, touch or silence. An example of a non-verbal communication is that, for example, when the wife speaks, the husband stares out the window!

Problem solving goes back to how the family solves the problem. Who identifies the problem? What kind of problems have been identified? What patterns have been used to solve the problem? Roles go back to established patterns of behavior. Roles may be created, delegated, negotiated in the family. This allows family members to take on a particular role. Formal roles in the family may be influenced by religion, culture, and other belief systems.

In the following, the dimensions of family representation performance are described according to the McMaster model:

To understand the structure, organization, and patterns of family interaction, this model examines and formulates 6 aspects of life, including problem solving, communication, roles, emotional responsiveness, emotional cohesion, and behavior control. These are aspects of clinical practice that are thought to be useful in the clinic.

### **Problem solving**

Problem solving is defined as the family's ability to solve problems that maintain effective family functioning. Sanaei also refers to this dimension as the family's ability to solve problems in such a way that effective interactions continue in the family. The family problem is considered as an issue that the family is hesitant to find a solution to and this problem threatens the integrity and functional capacity of the family. Problems can be perceptually divided into instrumental problems and emotional problems. Instrumental problems are everyday problems, such as money management or decision-making about where to live, and emotional problems are those related to emotional experiences.

## Communications

The dimension of communication is thought of as how information changes in the family and according to the dual definition of communication, that is, how the family exchanges information within itself. Communication is a self-regulatory, purposeful and organized process in the family. The primary task of the family is to communicate, because communication promotes growth and development, increases self-confidence and socialization of family members. In the family, the focus is more on verbal communication. Non-verbal aspects of communication in the family, despite their importance, are out of the pattern because they are difficult to measure for research purposes. The communication dimension, like the problem-solving dimension, can be divided into emotional and instrumental domains that can have an overlap between these two domains. In the McMaster model, communication is used as a general term to describe healthy behaviors in the family.



**Figure 2:** How use of social media and social comparison affect mental health

## Four Communication Methods Include

1- Clear and direct communication: In this type of communication, both the goal and the message are clear.

2- Clear and indirect communication

3- Direct and covered (hidden)

4- Indirect and covered

It should be noted that in healthy families, family communication in both emotional and instrumental areas is direct and clear. Communication and problem solving are the

most important components of the family functioning process that may facilitate the assignment and retention of roles. Milani also considered the effective communication as the cornerstone of a healthy and successful family and states that "communication is essential for meeting the needs of members, proper and effective functioning and achieving family goals".

## Roles

Repetitive patterns of behaviors through which family members realize family reactions. Families have to perform some repetitive behaviors to maintain the effectiveness of the family system. Roles are divided into 3 instrumental areas, expressive and a combination of these two.

5 essential family functions include:

**1- Procurement of resources:** The roles that fall into this field are mostly tools. Such as providing food, clothing and shelter for the family

**2- Training and support:** The roles of this field are considered as emotional performance, which includes providing comfort, security, confidence and support to members.

**3- Sexual satisfaction:** It is an emotional function; it is very important for couples to feel satisfied with sex.

**4- Personality development:** Roles in this area are both emotional and instrumental, which include tasks related to the development of the child and the acquisition of life skills, such as helping the child to start school, or helping the teenager to take up a profession.

**5- Survival and management of the family system:** This area, like paragraph 4, includes several types of functions that include the techniques and measures needed to establish current standards in the family.

In the McMaster model, the best performing families are those in which each member has roles and is responsible for performing tasks related to that particular role.

## Emotional responsiveness

The degree and quality of interest and concern of family members towards each other. Emotional

responsiveness is thought of as the family's ability to respond to stimuli with the appropriate quality and quantity of emotions. In the discussion of quality, two questions arise, first, do family members respond to a wide range of emotions experienced in the emotional life of individuals? Second, are the emotions experienced compatible with the stimuli of each situation? Limited expression of emotion is allowed.

### **Emotional mixing**

It refers to the level of participation and cooperation of family members [62]. The emotional dimension is considered as the amount of value that each family as a whole give to the activities and interests of family members. The focus is on how much and in what way family members are interested in each other's values and engage themselves. Six types of emotional intercourse have been identified in families, ranging from complete absence of intercourse to extensive intercourse.

### **Here are six key pointers in moving forward**

- 1- Lack of intercourse:** Family members do not show any interest in each other and live only in one place.
- 2- Emotion without emotions:** In this type, there is little interest, but members invest a little of their emotions in interaction with another. That is, the investment of feelings and emotions for others is made when it is in demand, and that is very small.
- 3- Narcissistic or narcissistic intercourse:** Others have no special place in the person.
- 4- Compassionate intercourse:** Family members show real emotional concern for each other's interests.
- 5- Extreme intercourse:** This type of intercourse is characterized by showing excessive interfering behaviors and excessive support of members to each other.
- 6- Cohabiting intercourse:** Emotional intercourse is so intense that the existing

boundaries between family members have disappeared.

Compassionate companionship is the most effective and healthiest type of intercourse. Be recognized as malfunctioning.

### **Behavior control**

It is a model that the family adopts to manage behavior in three situations: physical, psychological-biological and social. First, there are situations of physical danger where the family monitors and controls the behavior of its members. Second, it satisfies the psychological needs of its members such as eating, drinking, sleeping, and sexual needs in a variety of situations, and ultimately there are situations that manage interpersonal socialization behavior in family members and those outside the family.

It is important to consider the behavior of all family members in each situation. In the series of surveys, the appropriateness of family rules and standards, the age and circumstances of those involved should be considered. Families set the standard for their acceptable behaviors as well as the degree of freedom they give to those standards. The nature of these standards and the degree of freedom of action for acceptable behaviors is called the degree of behavior control in the family [63].

This dimension shows both the standards and expectations of parents' behavior towards their children and the standards of children's behavior towards each other.

### **There are four ways to control behavior**

**Rigid hard behavior control:** Family rules include strict standards that allow members little flexibility in any situation.

**Flexible Behavior Control:** Standards and rules are reasonable for family members and there is an opportunity to negotiate and make a difference.

**Controlling unruly behavior:** There are no standards in the family.

**Irregular Behavior Control:** In this type of behavior control, the family tends to have an

unpredictable and random pattern between a rigid, flexible, and restrained pattern. Family members do not know which standards to apply to what extent and when.

Flexible behavior control is the most efficient form and irregular type is the most ineffective type of behavior control.

### **Optimal Family Performance**

Higher-performing families are referred to in community health texts as healthy families, but it should be noted that attempts to define the family as "normal" or "healthy", especially for researchers who use the family as a system of interaction. With each other and with other subsystems (cultural, political, economic, biological, and social) define, it is a futile endeavor. Because "normal" often means not having any particular problem that cannot apply to the family, it is difficult to label the family "healthy" or "unhealthy". According to Lancaster, labeling families as "unhealthy" or "poorly performing family" does not allow families to change or intervene in nursing to meet their needs. Families are not all good or all bad. Therefore, nurses need to evaluate the family behavior in the range of different needs of each family in order to properly assess the family and pay attention to the fact that all families have strengths and weaknesses.

Given the problems mentioned, a common way to describe the optimal performance of the family is to use statistical concepts such as the average that the family is measured based on the scores obtained from the samples. Also if the selected sample represents the community, family characteristics Obtained from that community that this method of describing family functioning is used in the McMaster model.

As long as the family seems "normal", it can be helpful to be aware of the concept of a well-functioning family. Many therapists like to solve other problems in addition to the problem raised by the family. To this end, Krishner and Krishner (1986) have developed the "optimal family process" model, which is very valuable. In

describing the optimal functioning of the family, the two consider marriage interactions, educational interactions, and independent interactions, and examine the individual actions of family members in their activities, whether professional, educational, social, or recreational. If the marital relationship is weak, the foundations needed for the family to be successful and desirable will be shaky or at least weak. It is difficult for a couple who are not compatible with each other to be good parents.

Families have very different compositions, and healthy family action can take many forms. Exactly examining the characteristics that are important in evaluating family actions and their normal and abnormal, and determining their importance, is based on the therapist's attitude and perspective. The cultural values of families and their ethnic backgrounds are also important factors [64].

"Optimal family functioning" is a useful concept that is considered not only for potential problems in the family but also for determining whether the needs of the couple and their children are being met as they should be. Every family must meet both the emotional and psychological needs of its members.

Studies show that good family performance is effective in improving the quality of life and increasing the level of health in society, as well as reducing family problems, increasing life satisfaction, increasing life expectancy and improving life skills. Improving family functioning can improve children's general health and prevent mental and physical disorders. Good family functioning can help members cope with stress and adverse conditions. Family dysfunction confuses and worries members and causes health problems. In a family with good performance-solving problems, roles and responsibilities are clear and flexible.

As mentioned, in this study, the family has been studied under the influence of family systems theory. Because this model identifies dimensions of family functioning that are clinically important in dealing with families.

That is, it deals with the current functioning of the family, not with the evolutionary stage of the family or its previous growth. Therefore, before describing the McMaster model, we will first briefly explain the concepts of general systems theory and then the family systems theory that forms the theoretical framework of the McMaster model.

### Conclusion

In Iran, despite the importance of the family in caring for cancer patients, sporadic studies have been conducted on various aspects of the family and family functioning has been indirectly mentioned. One of these studies is the Photokian study in 2004, which examined only the quality of life of first-degree relatives of cancer patients. The results of this study indicated that the quality of life of Iranian families with cancer-related organs in the psychosocial dimension Disorder and social isolation, financial problems, disruption of personal relationships and sexual relations with the spouse are observed. In addition, a 2008 study by Montaseri that identified the physical, psychological, and social problems of children with parents with cancer found that life-threatening illnesses in parents disrupted the normal family process and caused stress in members. It affects children in particular. No study in Iran has directly and comprehensively targeted the performance of families of cancer patients. However, the most important variable that affects the health of any society is the social, economic, environmental, geographical, political and social support of that society. Understanding the economic environment that affects the family is very important when trying to support the family system. To the extent, that income is primarily important in terms of impact on family performance.

In a study conducted by Ghanbari in 2009 in Iran with the aim of determining the priorities of cancer nursing research, it was found that according to cancer nurses, the issue of psychological and social effects of cancer diagnosis on the family is among 10 research

priorities with a frequency distribution of 94.4 Percentage has the highest research priority. However, similar studies conducted in European and American countries showed different results. Prioritizing nursing research topics for cancer patients in different countries can be a reflection of the philosophy and health care system of those countries. For example, the difference in the priority of nursing research in European and American countries is related to the difference in the evolution of cancer nursing research in these countries. According to these results, in recent years, there is a need to determine national and regional strategies.

The challenges of community health nurses are not only focusing on individuals and families, but also providing care for communities. When working with a family, the health nurse should consider not only the differences in the health needs of families, but also the differences in the resources available to families in different communities and the different priorities and needs of families in different communities.

The results of this study can help nursing service providers in recognizing the needs of cancer patients and their families to consider family-centered counseling and support services for patients in their planning. Health system officials and senior nursing managers can recognize the family function and factors affecting its promotion in health planning for cancer patients, their families, and provide the necessary facilities to improve family performance. These patients walk.

### Suggestions for further research

- Since this research was conducted in oncology wards and on cancer patients, it is suggested to assess the patients with other chronic diseases and compared with cancer patients.
- Considering that this study was performed in Ghazi Tabatabaei Hospital of Tabriz affiliated to the Tabriz University of Medical Sciences and Azeri patients were included in this study, it is suggested that other studies be performed in other medical centers of the provinces and the

results be investigated to evaluate the effect of culture. And compare ethnicity on family performance.

➤ Also, considering that the physical, emotional, psychological conditions and roles of men and women in the family are different, it is suggested that in future studies, each couple be examined alone and then the results obtained be compared with each other.

➤ Due to the different length of hospital stay, length of treatment, treatment costs, as well as the side effects of different types of cancer, it is recommended that in future studies, the family functioning of patients with different types of cancer be examined separately and compared with each other.

➤ It is suggested that in future studies, the average overall performance of Iranian families be compared with families in other communities. It is suggested that special tools be designed to study the performance of families of cancer patients.

### Conflict of Interest

We have no conflicts of interest to disclose.

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