

COHESION AND FLEXIBILITY IN FAMILIES OF COLLEGE STUDENTS DURING THE COVID-19 PANDEMIC

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Summary

Introduction. *In the context of the Covid-19 pandemic, by virtue of the strategies of preventive isolation and mandatory confinement, family dynamics were affected. The objective of this study was to determine the levels of cohesion and flexibility in families of University Nursing students during the COVID-19 pandemic as an input for the development of family health interventions.*

Materials and methods. *This is a descriptive, cross-sectional study with a quantitative approach. Random sampling NC=95% Accuracy error 5% stratified per academic semester; A total of 416 students participated voluntarily. Self-completed survey, with sociodemographic variables, Olson's FACES III scale of cohesion and flexibility; Excel database and analysis with descriptive statistics: proportions and means. SPSS v.23 was used.*

Results. *Students under 30 years of age, predominantly female. In cohesion, amalgamated families predominated (37.5%) followed by connected families (36.1%). In flexibility, flexible families stood out (37.3%) and in functionality, balanced families (41.3%) with a high proportion of dysfunctional families (21%). Significant relationships were found in these three categories with age and academic day.*


Conclusions. *The results point towards interventions to strengthen mutual support, boundaries, leadership, rules and roles, with priority given to students in upper semesters, from rural areas and/or those who work in addition to studying.*

Keywords: *Family, family health, family functioning, cohesion, COVID-19 adaptability*

INTRODUCTION

The family, according to the United Nations in the Universal Declaration of Human Rights, "is the natural or fundamental unit of society and has the right to the protection of society and the State"(1) According to the Political Constitution of Colombia, "The family is the fundamental nucleus of society.[...] The State and society guarantee the comprehensive protection of the family..." (2) In these terms, the family has the legal mandate to function by offering security, structure and predictability to its members, constituting the main place of adhesion, upbringing and socialization; likewise, the State and society must guarantee the resources and means to protect their functionality during crises. The SARS CoV2 pandemic, decreed by the World Health Organization (WHO) in March 2020 as COVID-19, generated an unprecedented crisis by unexpectedly breaking into all economic and social sectors of the world (3) and directly affecting family dynamics.

The family, as the primary social context, the nucleus of relevant care and the main stage of human development, received the great impact of the health control measures put in place. (4) Family confinement and the implementation of new methodologies for remote education over the internet generated various forms of coping According to the studies reviewed by Welland et al.,(5) some families remained stable and coped with the situation in a healthy way, while others were negatively affected by the demands derived from the control measures decreed and their own demands. They exceeded their capabilities and resources, putting their functional capacity on edge. For the development of Family Nursing, it is important to know how young university students perceived family functionality during the COVID-19 pandemic.



This study focuses on cohesion and adaptability, fundamental components of family functioning, considering the definitions proposed in the Circumflex Model described in the Olson Family Adaptability and Cohesion *Evaluation Scales* (FACES III). (6) Cohesion refers to the degree of emotional separation, connection, or bonding perceived by family members; It can be disconnected, separated, connected and entangled. Adaptability was recognized by the authors as flexibility, (7) because the latter term corresponds more accurately to what the scale seeks to measure: in its original version it refers to the magnitude or potential of change in roles, rules and leadership that the family perceives and has four levels: rigid, structured, flexible and chaotic. Olson's Circumflex Model described in FACESIII, is a 4*4 diagram that shows the intersection of the four levels of cohesion with the four levels of family flexibility; These crossovers lead to the identification of 16 typologies of family functionality. Two concentric circles on the cross table help to identify the degree of cohesion and flexibility and classify family functionality into three broad categories: 1. Extreme or dysfunctional 2. Mid-range and 3. Balanced or functional. Comments (8)

Family cohesion and flexibility were threatened during the COVID-19 pandemic, by the abrupt alteration of routines, financial insecurity and the dramatic experiences of the disease; (9,10) Not only was the impact of news about the geographical expansion of the epidemic, death and devastation approaching, instilling anxiety and fear of contagion, but government measures limited mobility and physical communication with friends and others, generating anxiety, stress, and anguish; With the confinement, the members of the family groups remained in limited spaces, 24 hours a day for several months, the anxiety of these situations has been related to conflicts and less family cohesion. (11)

The paralysis of many economic activities, teleworking, social isolation, restricted mobility, and scarce contact with others have been linked to depressive psychiatric disorders and post-traumatic stress. (12) Numerous studies have narrated and analysed the consequences of the pandemic on the mental health of family groups. (13,14,15) Individual and collective resources, the psychosocial response of each of the family members, and the quality of the previous relationships between them were the most important elements in determining the type of family response and the socio-familial consequences of the imbalance unleashed. (16,17) Most of the students who had migrated to attend face-to-face classes returned home

In the field of education, there was a transcendental shift towards the use of educational technologies supported by the Internet. According to the UNESCO report, 25 million higher education students in Latin America and the Caribbean were affected by the pandemic; Face-to-face education, present in 51% of the population, had to go virtual. On average, only 45% of households had a fixed Internet connection, and in rural areas coverage was lower. (18) Difficult access and low quality of internet connectivity became serious difficulties that led to the demotivation of many students; This mainly affected low-income families with children in college. The State and families had to assume a double affectation: on the one hand, the continuity of education had to be guaranteed as an indisputable right and, on the other, to reduce inequalities in access to virtual education.

The pandemic revealed difficulties and achievements in Educational Institutions, students and families, as they took on the challenge of moving from face-to-face to virtual environments. (19) Among the human limitations, resistance to change and the lack of pedagogical and didactic skills on the part of teachers stood out; among the technical ones, the low connectivity and the difficult access by the students. The adaptation process also led to the strengthening of valuable competencies: in teachers, learning to learn, innovation, collaborative work, development of skills in educational technologies, among others, and, in students, optimization in time management, self-learning, creativity and development of technological competencies. (20) Family function was affected positively or negatively; Situations of resilience and disintegration were recorded in households. (13)

In this panorama, a research concern arose, the results of which will be an important contribution to strengthen the interaction between the university institution and the students' families: How was the family functionality of the Nursing students of a University Institution, in terms of cohesion and flexibility, in the framework of the COVID-19 pandemic?

Objectives

General: To determine cohesion and flexibility as dimensions of family functionality in families of University Nursing students during the COVID-19 Pandemic, and to relate them to some sociodemographic characteristics of the students.

Specific:

1. Identify some sociodemographic characteristics of nursing students from the selected institution.
2. Identify the degree of existing family cohesion and relate it to the sociodemographic characteristics of the students.
3. Establish the degree of family flexibility [adaptability] and relate it to the sociodemographic characteristics of the students.
4. Identify the type of family functionality and relate it to the sociodemographic characteristics of the students.

Materials and Methods

This is a descriptive, cross-sectional study with a quantitative approach. In the 2022-1 academic year, the student population enrolled in the study institution was 1346. The random sample, with an NC=95% and a precision error of 5%, stratified by academic semester, was 420. A total of 416 students who signed informed consent forms and answered the questions of the instrument in their entirety were included.

Instrument 1:1. Survey with sociodemographic variables and 2. FACES III scale.

The Olson, Portner, and Lavee (1985) and Olson (1992) Family Cohesion and Adaptability Assessment Scale is the third version of the FACES scale. It is a Likert scale (from 1 to 5) consisting of 20 questions, 10 of them (even numbers) assess cohesion and the other 10 (odd numbers) assess flexibility. It has been validated in various Latin American contexts. (8,21,22) The higher the score on the scales, the greater the perceived family cohesion or flexibility. For the analysis, an Excel database was developed, proportions by variable and means by factor were calculated. The statistics obtained were analyzed in the light of Olson's Circumflex Model of Family Functioning. (7) The interpreted findings on family cohesion, flexibility, and functionality were cross-referenced with the sociodemographic characterization variables.

The study took into account the provisions of Res. 8430 of 1993 on Research on Human Subjects; Autonomy was preserved through institutional authorization and informed consent.

Results

1. Sociodemographic Characteristics of Nursing Students

Nursing students are mostly female, with one-fifth male. 25% of students are over 30 years old. 14.5% are indigenous or Afro-descendant. 34% have or have had a legal marital relationship. The houses are located in strata I and II. Most of them work in addition to studying and take part in the study programme on Day B corresponding to Friday and Saturday. (Table 1)

Table 1. Sociodemographic Characteristics of Nursing Students

Variables	Indicators	Frequency	Percentage
Gender	Female	329	78,3
	Male	91	21,7
	Total	420	100
Age	< 20 years	75	17,8
	21 to 30 years old	241	57,4
	31 to 40 years old	91	21,7
	>40 years old	13	3,1
	Total	420	100
Ethnic group	Afro-descendant	44	10,5
	Indigenous	17	4,0
	Mongrel	359	85,5
	Total	420	100



Marital status	Married-o	37	8,8
	Divorcee	4	1,0
	Single-O	278	66,2
	Common-law marriage	101	24,0
	Total	420	100,0
Have children	Yes	138	32,9
	No	282	67,1
	Total	420	100,0
Socio-economic stratum	Stratum I and II	251	59,8
	Stratum III and IV	161	38,3
	Stratum V and VI	8	1,9
	Total	420	100,0
Occupation	Studies	168	40,0
	Study & Work	252	60,0
	Total	420	100,0
Semester Completed	I & II	115	27,4
	III & IV	63	15,0
	V & VI	105	25,0
	VII and VIII	137	32,6
	Total	420	100,0
Academic day	Matchday A	135	32,1
	Matchday B	285	67,9
	Total	420	100,0

Source: Results of this study

2. Family cohesion and its relationship with the sociodemographic characteristics of students.

Table 2 and Figure 1 show the mean scores obtained on the Olson scale corresponding to the Cohesion factor. The aspects with the lowest averages on the scale of 1 to 5, corresponding to lower cohesion scores, are those numbered 5 and 7 in the family boundaries category and number 17 in the family support category.

Table 2. Mean Family Cohesion Scores in Nursing Students According to the FACES III Scale

Categories	Aspects of cohesion considered in the scale	Observed Averages
Support	1. Our family members support each other	4,5
	Article 17. We consult with each other to make decisions	3,8
Time & Friends	3. We accept friendships from other family members	4,2
	9. We like to spend our free time with our family	4,2
Family Boundaries	5. We like to live only with the closest family members	3,7
	7. We feel closer to each other than to people who are not part of our family	3,7
Emotional bonding	Article 11. We feel very close	4,3
	Article 19. Family unity is very important	4,5
Interests & Recreation	Article 13. When an important decision is made, the whole family is present	4,0
	Article 15. We can easily plan family activities	4,0

Source: Authors' calculations. Numbering according to FACES III scale

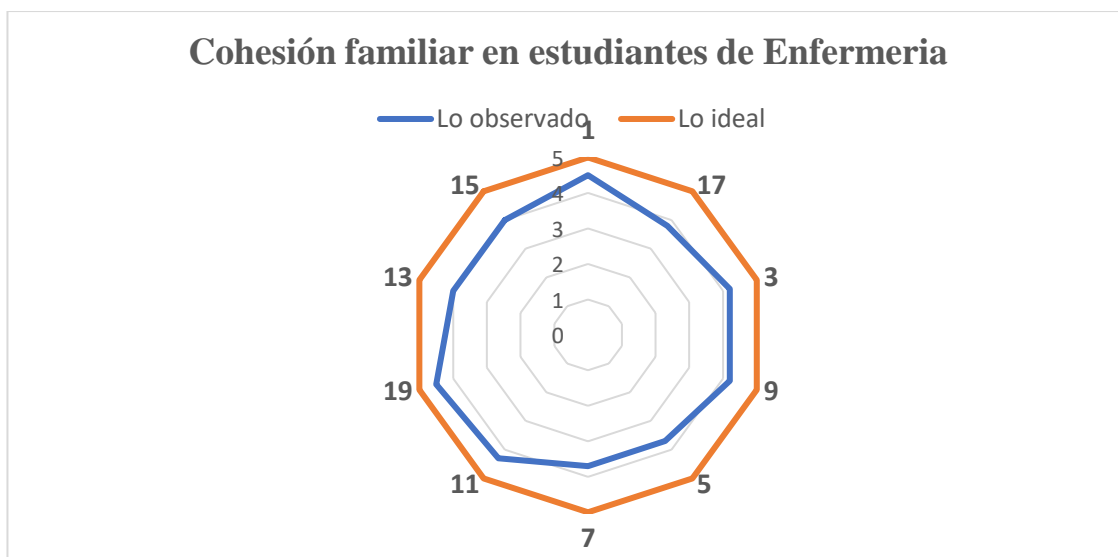


Figure 1. Diagram of the ideal and what is observed in the family cohesion of nursing students
 Source: Authors' calculations. Read aspects numbered in Table 2.

Figure 2 shows the proportions of the classification of family typologies according to the degrees of cohesion established in the FACES III scale of family functionality. Amalgamated or highly connected families are highlighted, followed by connected families.

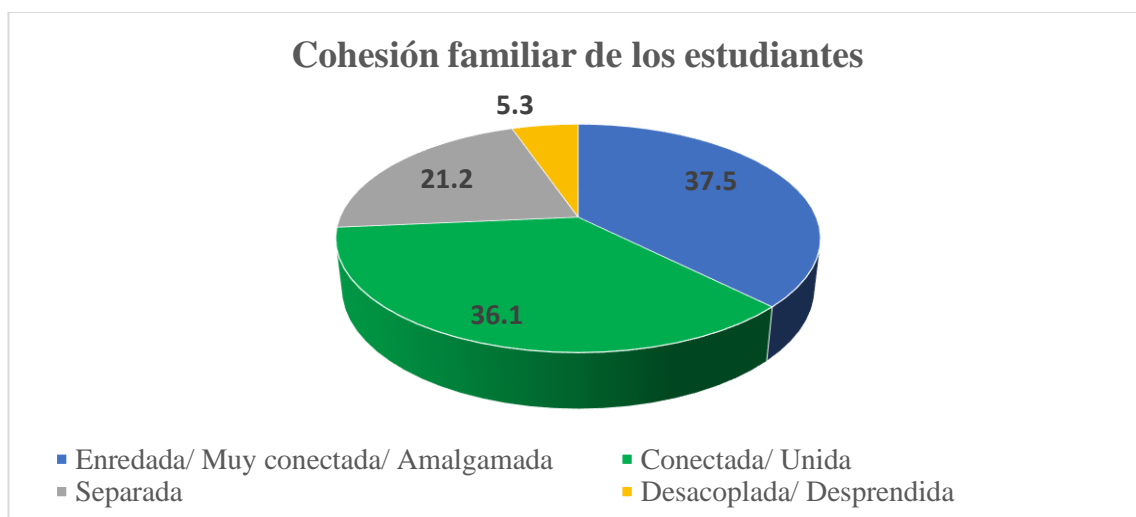


Figure 2. Distribution of family typologies according to the degree of cohesion
 Fountain. Results of this study

Table 3 presents the characteristics of age, academic hours and occupation, which showed a significant relationship with family typologies in terms of cohesion.

Table 3. Relationship between sociodemographic variables and typologies of the Cohesion factor

Variables	Indicators	Cohesion				Total	Chi-square (bilateral)
		Tangled/Amalgamated	Connected/Bonded	Separate	Decoupled/Detached		
Groups Age	Up to 20 to	27,0%	32,4%	31,1%	9,5%	74	0,001
	From 21 to 30 to	36,1%	35,7%	22,3%	5,9%	238	



	From 31 to 40 to	47,3%	41,8%	11,0%	0,0%	91	
	More than 40 to	53,8%	23,1%	15,4%	7,7%	13	
Academic day	Matchday A	31,1%	32,6%	27,4%	8,9%	135	0,012
	Matchday B	40,6%	37,7%	18,1%	3,6%	281	
Occupies This is the first time	Study & Work	40,2%	37,8%	17,9%	4,0%	251	0,076
	Studies	33,3%	33,3%	26,1%	7,3%	165	
Total, study population		156	150	88	22	416	
Percentage		37,5%	36,1%	21,2%	5,3%	100%	

Source: Results of this study

According to these findings, amalgamated or entangled families are more frequent in students over 30 years of age, in students of academic day B that takes place on Fridays and Saturdays, and in students who study and work. Decoupled or detached families are more frequent in students under 30 years of age, who study on day A, from Monday to Thursday and who only study.

3. Family flexibility and its relationship with the sociodemographic characteristics of students.

Table 4 shows the mean scores obtained on the Olson scale corresponding to the family flexibility factor. The averages fluctuate between 2.2 and 4.2, with leadership being the most affected category. In the categories of control, roles/rules, the decisive participation of children in the course of family dynamics is highlighted.

As can be seen in Figure 3, almost all the aspects considered form notorious breaks in the flexibility radar, which move the observed away from the ideal. The aspects that had the closest approximations to the ideal were numbers 2, 16 and 4: the children can give their opinions, the children's suggestions are taken into account to solve problems and the housework is exchanged among everyone.

Table 4. Means of Family Flexibility [Adaptability] Scores in Nursing Students According to the FACES III Scale

Categories	Aspects of flexibility [adaptability] considered in the FACES III scale	Observed Averages
Leadership	6. Any member of the family can take authority	2,9
	Article 18. In our family, it is difficult to identify who has the authority	2,2
Discipline	4. Children Can Have A Say in Their Discipline	3,9
	Article 10. Parents and children, we agree on punishments	3,4
Control	2. In our family, the suggestions of the children are taken into account to solve the problems	4,2
	Article 12. In our family, children make the decisions	2,5
	8. Our family changes the way they do things	3,6
Roles & Rules	Article 14. In our family, the rules change	3,0
	Article 16. We swap household chores with each other	4,0
	20. It's hard to tell who's doing the housework	2,5

Source: Calculation by the authors of this study. Numbering according to FACES III scale

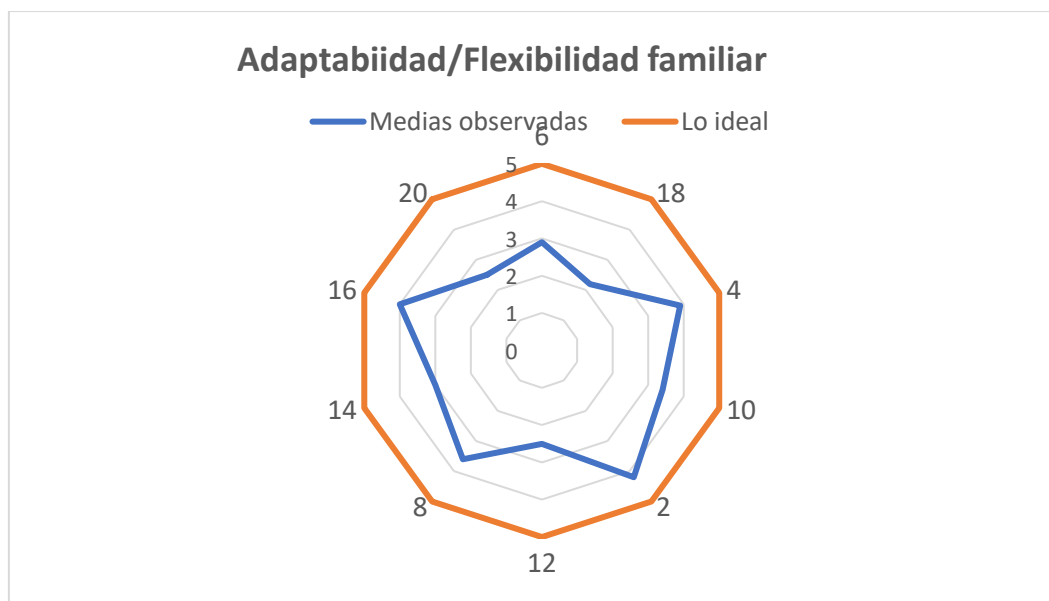


Figure 3. Diagram of the ideal and what is observed in the family flexibility [adaptability] of nursing students

Source: Calculation by the authors of this study. Read aspects numbered in Table 4

Figure 4 shows the proportions of the classification of family typologies according to the degrees of flexibility [adaptability] established in the FACES III scale of family functionality. Flexible families are highlighted, followed by chaotic/very flexible families.

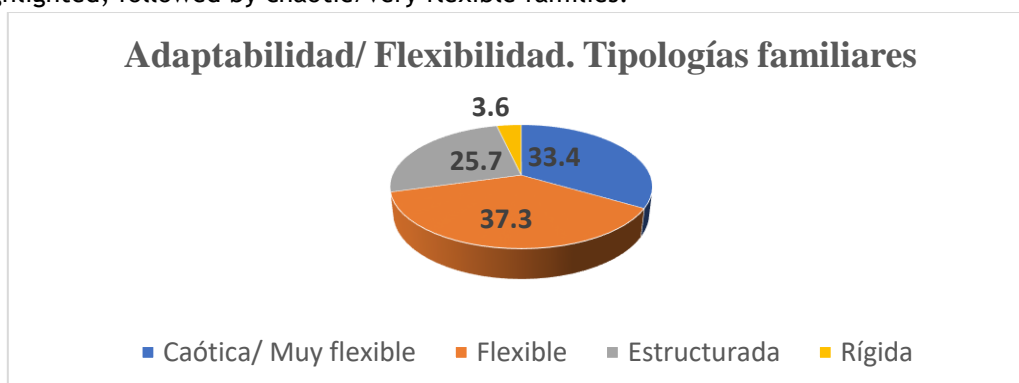


Figure 4. Distribution of family typologies according to the degree of flexibility

Fountain. Results of this study
 All the sociodemographic characteristics of the students were related to the proportions obtained in the family typologies according to the flexibility factor [adaptability] and Table 5 records the variables: gender, academic day, occupation, residence, with which a statistically significant relationship was found. According to the findings of this study, chaotic/very flexible families were more frequent in male students, in those who attend in day B, in students who study and work, and in students who reside in rural areas. Similarly, rigid families were found in higher proportions in female students, from academic day A, who only study and who reside in rural areas.

Table 5. Relationship between sociodemographic variables and typologies of the Flexibility factor

Variables	Indicators	Flexibility				Total students	Bilateral Chi-square
		Chaoti c %	Flexible %	Structured %	Rigid %		
Gender	Female	29,4	38,7	27,9	4,0	326	p=0.011
	Male	47,8	32,2	17,8	2,2		

Day	A: Monday to Friday	24,4	39,3	30,4	5,9	135	p=0.021
	B: Friday & Saturday	37,7	36,3	23,5	2,5	281	
Occupation	Studies	26,7	37,0	30,9	5,5	165	p=0.027
	Study & Work	37,8	37,5	22,3	2,4	251	
Residence	Rural	53,8	20,5	20,5	5,1	39	p=0.025
	Urban	31,3	39,0	26,3	3,4	377	
Total, population studied		139	155	107	15	416	
Percentage		33,4%	37,3%	25,7%	3,6%	100,0%	

Source: Results of this study

Table 6 shows some relationships close to the point of significance with the following variables: age group, semester studied, and type of family life. As can be seen, the proportion of chaotic and flexible families increases until the age of 40 of the students, then decreases, while rigid families decrease until the age of 40 and then increases significantly.

Table 6. Variables slightly related to the Typologies of the Flexibility factor

Variables	Indicators	Flexibility				Total, students	Bilateral Chi-square
		Chaotic %	Flexible %	Structured %	Rigid %		
Age Groups	Up to 20 years	21,6	36,5	35,1	6,8	74	p=0.060
	From 21 to 30 years old	35,7	37,4	23,1	3,8	238	
	From 31 to 40 years old	37,4	38,5	24,2	0,0	91	
	More than 40 years	30,8	30,8	30,8	7,7	13	
Semester Completed	First	21,2	42,4	32,9	3,5	85	p=0.082
	Second	33,3	43,3	13,3	10,0	30	
	Third	47,1	29,4	23,5	0,0	17	
	Room	45,7	23,9	23,9	6,5	46	
	Fifth	39,1	39,1	21,7	0,0	23	
	Sixth	38,3	33,3	27,2	1,2	81	
	Seventh	23,8	45,2	26,2	4,8	84	
	Eighth	44,0	32,0	22,0	2,0	50	
Type of cohabitation	With family	32,8	38,0	25,5	3,7	326	p=0.092
	Other family member	40,7	27,1	27,1	5,1	59	
	Friend/non-family member	17,6	70,6	11,8	0,0	17	
	Alone	35,7	21,4%	42,9%	0,0%	14	
Total, population studied		139	155	107	15	416	
Percentage		33,4%	37,3%	25,7%	3,6%		

Source: Results of this study

Chaotic families were more frequent in the third, fourth, and eighth semesters; Flexible families in the first, second, and seventh semesters and rigid families were more frequent in second-semester

students. Chaotic families were more frequent in students living with another family member, flexible families in those who live with friends or non-relatives, and structured families in those who live alone.

4. Family functionality and its relationship with the sociodemographic characteristics of students.

According to the findings of this study, among the extreme or dysfunctional families, located at the extremes of the square, the highest proportion corresponded to chaotic entangled families (19.2%). The families that fall between the two circles are considered to be mid-range, in this study the highest proportions corresponded to tangled/flexible (13.7%) and united/chaotic (11.3%). In the center of the table, which is located in an inner circle, are the balanced or functional families; The highest proportion was found for united/flexible families (14.7%). Figure 6 shows the general distribution of families according to the major categories.

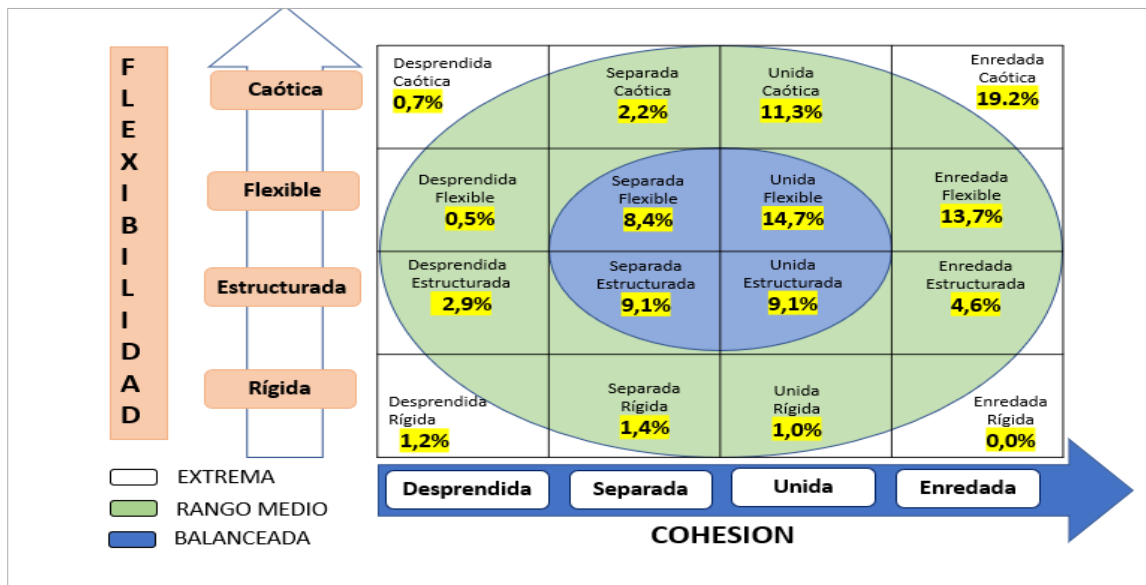


Figure 5. Family typologies according to Olson's circumflex model. FACES III Scale Source: Results of this study.

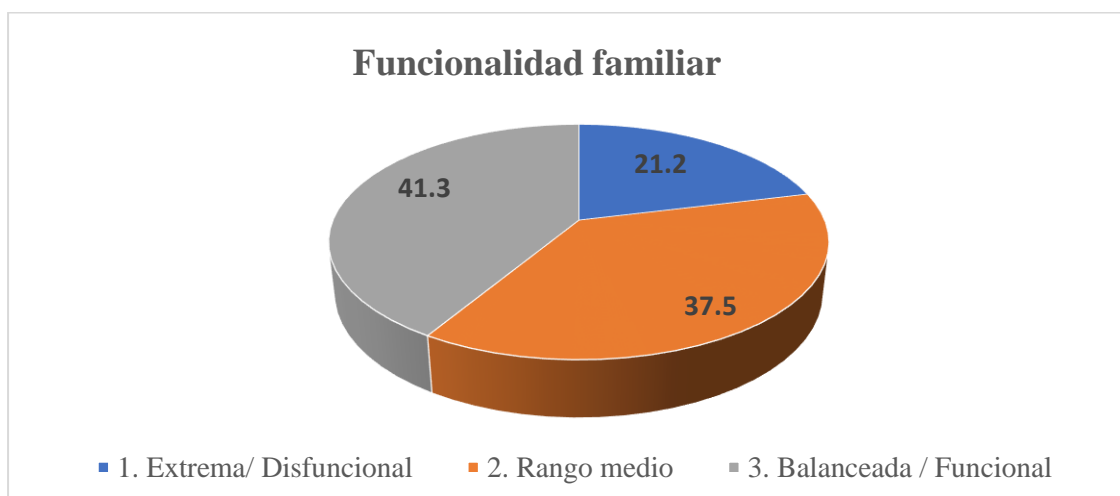


Figure 6. Distribution of students' families according to Functionality Fountain. Results of this study



All the sociodemographic variables of the study were cross-referenced with the categories of functionality and it was found that the only significant relationship was with the Academic Day. With the variables Residency and Semester studied, an approximate relationship to statistical significance was found; Table 7 shows the characteristics of this relationship.

Table 7. Relationship between students' sociodemographic variables and typologies of family functionality

Variables	Indicators	Functionality			Total	Bilateral Chi-square
		Extreme/Dysfunctional	Mid-Range	Balanced / Functional		
Academic Day	Matchday A	28	39	68	135	p= 0.019
		20,7%	28,9%	50,4%	100,0%	
	Matchday B	60	117	104	281	
		21,4%	41,6%	37,0%	100,0%	
Residence	Rural	12	17	10	39	p= 0.082
		30,8%	43,6%	25,6%	100,0%	
	Urban	76	139	162	377	
		20,2%	36,9%	43,0%	100,0%	
Semester Completed	First	8	33	44	85	p= 0.097
		9,4%	38,8%	51,8%	100,0%	
	Second	7	13	10	30	
		23,3%	43,3%	33,3%	100,0%	
	Third	5	8	4	17	
		29,4%	47,1%	23,5%	100,0%	
	Room	10	21	15	46	
		21,7%	45,7%	32,6%	100,0%	
	Fifth	6	10	7	23	
		26,1%	43,5%	30,4%	100,0%	
	Sixth	18	31	32	81	
		22,2%	38,3%	39,5%	100,0%	
	Seventh	18	25	41	84	
		21,4%	29,8%	48,8%	100,0%	
	Eighth	16	15	19	50	
		32,0%	30,0%	38,0%	100,0%	
Total Study Population		88	156	172	416	
Percentage		21,2%	37,5%	41,3%	100,0%	

Source: Results of this study

As can be seen, Extreme dysfunctional families were more frequent in Day B students [Friday and Saturday], while functional balanced families were found in a higher proportion in Day A students. Students residing in rural areas showed a higher proportion of middle-range families and, depending on the semester studied, families with extreme dysfunction are found in those who are studying the upper semesters of the Nursing Program: sixth, seventh and eighth, middle-range families were more frequent in students from the first semesters to fourth and balanced families were observed in high proportions. above 30% in all semesters.

DISCUSSION

The results allowed us to reaffirm the alterations in family functionality caused by the COVID-19 pandemic. The proportion of balanced/functional families (41.3%) was similar to that found by Dias (39.2%) in Brazil. (23) Although functional families predominated, 21.2% of the families were



categorized as dysfunctional, unlike the findings of Dias, in which only 4.8% were included as such. Possibly, the sociodemographic conditions of the two populations explain the differences found. Many students returned home during the pandemic. According to Lozano-Vargas, (24) this return in vulnerable families is a risk factor that significantly affects the emotional stability of young people and the perception of family functionality.

In this study, it is possible that the students' mood, challenges and limitations may partly explain the proportion of dysfunctional families and the low scores on the flexibility scale. In this regard, Valdivieso et al. (25) found that, in functional families, mood during the pandemic negatively affected family relationships; The continuous interaction in the midst of the process of individual adaptation to the crisis generated conflicts with difficulties for coexistence.

With regard to cohesion, in this study, the highest proportion corresponded to amalgamated families (37.5%) followed by connected families (36.1%), while in the Dias study (23) the highest proportion corresponded to connected families (45.6%). Likewise, Quispe's study (26) showed a high proportion of connected families (41.8%) and a low proportion (11.8%) of amalgamated families. Significant relationships were found with age and academic day. Amalgamated or entangled families are more frequent in students over 30 years of age, in students of the B academic day who mostly study and work. Decoupled or detached families are more frequent in students under 30 years of age, who study on day A, from Monday to Thursday and who only study. Amalgamation could have been an opportune decision in the face of the urgent need to protect from infection, however, the lack of individuality increases inhibition and insecurity, boundaries are blurred, spaces and necessary silences are not respected, this seriously affects family functionality.

Family flexibility showed high variability in the measures of the included categories. As in Quispe's study, flexible families predominated; (26) However, they were followed by structured families, while in our study they were followed by chaotic families, characterized by undefined roles, absence of leadership and changing discipline, hence the flexibility component has been a determining factor in the overall proportion of dysfunctional families. Significant relationships of flexibility were found with age, the semester the student is studying and the type of family cohabitation. Chaotic and flexible families increase until the 40 years of age of the students, then decrease, while rigid families decrease until the age of 40 and then increase markedly.

Family functionality showed significant relationships with the academic day, with the students of Day B being more affected. On this day, a higher proportion of students who work and have children are concentrated. This group merits follow-up strategies in Family Health. Mohanty et al. (15) recommend that interventions should not be limited to individuals and families, but should transcend the neighborhood, the community. Likewise, a slight relationship was observed with the semester being studied and the type of residence: urban-rural. Muvdi et al., (27) found that people living in rural areas perceived greater stress with COVID-19 than those living in urban areas; Possibly, geographical accessibility became a barrier to timely care. Also, as Aponte explains, (28) many students had to leave their residences to have access to the internet, as connectivity in rural areas is not good.


CONCLUSIONS

The analysis of family functionality in terms of cohesion and flexibility is only one perspective in the face of the complexity of human behavior. Family dysfunction predominated at the expense of the adaptability/flexibility component. High levels of family cohesion were found and two categories were identified that need to be strengthened: mutual support and family boundaries. In terms of flexibility, it is considered a priority to work on family health around leadership, rules and roles. The study was favored by the institutional support and effective participation of the respondents. Finding that nearly one-fifth of students' families were classified as dysfunctional is of great value for prioritizing programs and interventions in Family Health. Interventions and research should go beyond the individual and family, and be directed primarily towards community support and, in this case, institutional support.

For future research, it is important to focus attention on the reciprocal relationship between devastating socio-family crises and family functioning. It is recognized that in functional conditions a family has the psychosocial resources and the necessary flexibility to face crises that affect each of its members differently and, likewise, it is expected that crises are opportunities to strengthen family cohesion and therefore, functionality, however, studies on this relationship show important variations that require greater depth.

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