Family Communication patterns and health-related decisions among families in Ikwerre LGA, Rivers State

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Abstract

The study examined how family communication patterns influence health related decisions among family members. Four research objectives and four corresponding research questions guided the study. The study was anchored on the family communication patterns theory (FCPT). It employed a survey research design, utilizing structured questionnaire to ascertain how family communication patterns influence health related decisions among family members. A sample size of 384 was adopted using Krejcie and Mogan sampling template while multi-stage sampling technique was used to select 384 youth aged 18-35 respondents from a population of 319,479 residents of Ikwerre LGA (Geometric population projection formula with a 2.3% growth rate). Face and content validity method was adopted to validate the instrument while test-retest method was used to ascertain its reliability and a reliability index of 0.89 was realised. Findings revealed amongst others that Consensual and protective communication patterns are the prevalent family communication patterns among family members and that these patterns

positively influence collective health behaviours among family members. Based on the findings, the study concluded that by prioritizing family communication, we can promote better health outcomes, reduce healthcare disparities, and enhance the overall quality of life for families. It recommended amongst others that therapists and counsellors in the health sector incorporate family communication education in their practices because understanding the communication patterns that contribute to family satisfaction can inform therapeutic interventions aimed at fostering openness and supportiveness within families to improve overall satisfaction and well-being.

Keywords: Communication, Family Communication patterns, health-related decisions, family

Introduction

Family communication patterns refer to the ways in which family members interact, share information, and express their thoughts and feelings. It plays a critical role in shaping health-related decisions and outcomes. Sayed & Sinha, (2024) opined that in the sophisticated tapestry of human relationships, communication serves as the binding thread, weaving together the intricate dynamics of familial bonds. The family unit, frequently seen as the foundation of social existence, is an ecosystem characterized by a myriad of interactions, ranging from the mundane to the profound. Carter & McGoldrick (2005) elucidated that the family serves as the primary environment for our development and maturation, being the origin of our initial relationships and interactions with the world. Family is one of the fundamentally shaping units of an individual's life, the essence of which can stay with an individual forever. Families are like mosaic art; the diversity is what makes it beautiful. The assortments in the personality of individuals in one family unit, is truly astounding.

The dynamics of communication within families can significantly influence individual behaviors, attitudes, and ultimately, health outcomes. According to Koerner & Fitzpatrick (2002), these patterns can be categorized into two primary dimensions: conformity and conversation. Conformity-oriented families prioritize agreement and uniformity in beliefs and values, while conversation-oriented

families encourage open dialogue and the expression of diverse opinions. Research has shown that these communication styles can influence various aspects of family life, including decision-making processes related to health (Fitzpatrick & Koerner, 2002).

The family unit serves as a primary socialization agent, influencing various aspects of individual behavior, including health-related decisions and outcomes. Communication patterns within families can significantly affect how health information is shared, understood, and acted upon. Effective communication is a cornerstone of healthcare delivery, influencing both patient outcomes and the decision-making processes that underpin health-related behaviors. The interplay between communication patterns and health-related decisions is a multifaceted area of study that encompasses various dimensions, including interpersonal communication between healthcare providers and patients, the role of health literacy, and the impact of digital communication platforms. Family communication patterns are defined as the recurrent ways in which family members interact and exchange information. Research indicates that family communication patterns directly impact health-related decision-making processes. For instance, families characterized by high conversation orientation tend to engage in more discussions about health issues, leading to better-informed decisions regarding healthcare options (Berg et al., 2015). Conversely, conformity-oriented families may suppress individual concerns, resulting in a lack of critical dialogue about health risks and preventive measures (Duncan et al., 2017).

Health-related decisions encompass a wide range of choices, from preventive health behaviors to treatment options for chronic illnesses. The family often plays a critical role in shaping these decisions, as members frequently rely on one another for support, information, and guidance (Berkman et al., 2000). Studies have indicated that families with open communication patterns are more likely to engage in discussions about health issues, leading to better-informed decisions and improved health outcomes (Kreuter et al., 2003). Health-related decisions are influenced by a variety of factors, including individual beliefs, cultural norms, and the quality of information provided by healthcare professionals. The Health Belief Model (HBM) posits that individuals are more likely to engage in health-promoting

behaviors when they perceive a threat to their health and believe that taking a specific action would reduce that threat (Rosenstock, 1974). Communication patterns play a crucial role in shaping these perceptions, as they can either reinforce or challenge existing beliefs.

Health outcomes refer to the results of health-related decisions and behaviors, including physical, mental, and emotional well-being. Research has demonstrated that effective family communication can lead to positive health outcomes, such as increased adherence to medical advice, improved management of chronic conditions, and enhanced mental health (Bishop et al., 2010). Conversely, families with poor communication patterns may experience negative health outcomes due to misunderstandings, lack of support, and inadequate information sharing (Miller et al., 2014). The outcomes of health-related decisions are often measured in terms of health status, quality of life, and healthcare utilization. Studies have shown that effective communication can lead to improved health outcomes, such as better disease management and increased patient satisfaction (Stewart et al., 2000). Additionally, the rise of digital communication platforms has transformed the landscape of health communication, offering new avenues for information dissemination and patient engagement (Kreps & Neuhauser, 2010).

Communication patterns in healthcare can be broadly categorized into two types: verbal and non-verbal communication. Verbal communication encompasses the spoken and written exchanges between healthcare providers and patients, while non-verbal communication includes body language, facial expressions, and other forms of non-verbal cues. Research indicates that effective verbal communication can enhance patient understanding and adherence to medical advice (McCoy et al., 2016). Conversely, poor communication can lead to misunderstandings, decreased patient satisfaction, and adverse health outcomes (Street et al., 2009). The implications of family communication patterns extend beyond decision-making to actual health outcomes. Studies have shown that families with open communication are more likely to adopt healthier lifestyles, such as regular exercise and balanced diets, compared to those with restrictive communication styles (Bishop et al., 2018). Furthermore, effective family communication has been

linked to improved mental health outcomes, as supportive dialogue can mitigate stress and anxiety related to health issues (Miller et al., 2019).

It is against this backdrop that this study seeks to identify the specific family communication patterns that influence health-related decisions, examine the relationship between these communication patterns and health outcomes and explore the perceptions of family members regarding the role of communication in health decision-making.

Statement of the Problem

The family unit serves as a primary socialization agent, influencing individual behaviors, attitudes, and decision-making processes, particularly in the context of health-related issues. Effective communication within families is a critical determinant of health-related decisions and outcomes.

Despite the recognized importance of family communication in influencing health-related decisions, there remains a paucity of empirical research that systematically examines how communication patterns within families affect health outcomes. Many families face challenges in discussing health issues due to factors such as cultural norms, generational differences, and varying levels of health literacy. These barriers can lead to misunderstandings, misinterpretations, and ultimately, suboptimal health decisions. Furthermore, the lack of clarity regarding the specific aspects of communication—such as openness, frequency, and emotional support—hinders the development of effective interventions aimed at improving family health outcomes. This study seeks to address these gaps by investigating the family communication patterns prevalent among family members, how family communication patterns influence collective health behaviors and adherence to medical advice among family members and determine the perceptions of family members regarding the role of communication in health decision-making in Ikwerre LGA, Rivers state.

Aim/Objectives of the Study

This study aims to examine how family communication patterns influence health related decisions among family members and how they influence. Specifically, the study seeks to:

1. identify the family communication patterns prevalent among family members in Ikwerre LGA, Rivers state
2. examine how family communication patterns influence collective health behaviors among family members in Ikwerre LGA, Rivers state
3. ascertain how family communication patterns influence adherence to medical advice among family members in Ikwerre LGA, Rivers state

Research Questions

1. Which family communication pattern is prevalent among family members in Ikwerre LGA, Rivers state?
2. How do family communication patterns influence collective health behaviors among family members in Ikwerre LGA, Rivers state?
3. How do family communication patterns influence adherence to medical advice among family members in Ikwerre LGA, Rivers state?

Empirical Review

Umennuihe, Eya, Nwobi, & Obiora (2023) conducted a cross-sectional survey involving 5,238 students from 16 secondary schools in Udenu local government area, Enugu State, Nigeria. Their research explored the correlation between family communication patterns and conflict management styles among adolescents. The study revealed that the type of communication pattern within families influenced how adolescents handled conflicts. Specifically, adolescents from families with protective communication patterns tended to avoid confrontations, while those from families with pluralistic communication patterns leaned towards collaborative conflict resolution methods. The research concluded that family communication environments play a significant role in shaping adolescents' approaches to managing conflicts in their relationships. Singh and Nayak (2016) investigated the influence of family communication patterns (FCPs) on adolescents' selection of conflict resolution strategies during family holiday planning. The study was framed by and builds on the literature on the adolescents' choice of conflict

resolution strategies and the FCP. The sample was collected using a survey among 400 adolescents in India. Exploratory factor analysis, confirmatory factor analysis and structural equation modelling were used to analyse the data. The study found a significant relationship between FCP and the choice of conflict resolution strategies. The study findings suggested that adolescents' choice of resolution strategy depends on the type of communication environment in the family. It has been seen that adolescents have more say in concept-oriented families and use different types of resolution strategies compared to socio-oriented families. The study had considerable implications for the marketers and the academicians. Through FCP, marketers will be able to segment the families and, hence, may introduce efficient and competent marketing strategies and promotional campaigns. The study also offered insights into the choice of conflict resolution strategy by adolescents in different FCPs. The study had originality and offers value to marketers as it focuses on adolescents, and explores their perceptions about their influence during the decision process.

In another study by Koesten, Schrodt & Ford (2009), the relationship between family communication environments, cognitive flexibility, and young adults' well-being was investigated. The study explored how cognitive flexibility partially mediates the impact of family communication environments, encompassing expressiveness and structural traditionalism, on young adults' well-being. The authors texted cognitive flexibility as a mediator of family communication environments (i.e., family expressiveness, structural traditionalism, and avoidance of conflict) and young adults' well-being (i.e., self-esteem, mental health, and physical health). Participants included 395 young adults from first-marriage and post-divorce families. Using structural equation modeling, the results revealed that family expressiveness positively predicted young adults' cognitive flexibility, whereas avoidance of conflict emerged as a negative predictor. Cognitive flexibility, in turn, fully mediated the influence of both expressiveness and avoidance of conflict on well-being. Although structural traditionalism did not predict cognitive flexibility, it did have a direct, inverse effect on young adults' well-being. Among the more important implications of this study is the finding that structural traditionalism and avoidance of conflict, 2 aspects of a conformity

orientation in families, generate different effects (i.e., direct vs. indirect) on young adult's well-being.

Sayed & Sinha (2024) in their study titled family communication patterns, individual's overall conflict resolution style, and cognitive flexibility among young adults, delves into the intricate dynamics of family communication patterns and its profound relationship on an individual's conflict resolution style and cognitive flexibility. The three variables together formed the futuristic contours of an individual's life. Understanding the intricate interplay of these factors became paramount, for they are not merely aspects of academic curiosity, rather they are the very heartbeats of our life. The study encompasses a sample size of 207 young adults, and meticulously employs The Family Adaptability and Cohesion Scale (FACES-IV), the Conflict Resolution Styles Inventory (CRSI) by Kurdek, and the Cognitive Flexibility Inventory (Dennis & Vander Wal, 2010) as its research tools. The primary objective was to unravel the multifaceted relationship between Family Communication Patterns, Conflict Resolution Styles, and Cognitive Flexibility among adults, with a specific focus on understanding the impact of Family Communication Patterns on an individual's Conflict Resolution Style and Cognitive Flexibility. The findings of the study revealed compelling insights into the interconnectedness of these variables. The implications of these findings are far-reaching, with potential applications in the realms of psychology, family therapy, and interpersonal communication. The study underscores the need for further exploration into the development of interventions tailored to enhance Family Communication Patterns, thereby fostering more adaptive Conflict Resolution Styles and greater Cognitive Flexibility among young adults. Additionally, the longitudinal impact of these variables together warrants comprehensive investigation, offering a rich avenue for future research endeavors.

Rosland, Heisler and Piette (2012) conducted a systematic review on the impact of family behaviors and communication patterns on chronic illness outcomes. The study examined the effect of specific family member behaviors and communication patterns on adult chronic illness self-management and clinical outcomes. Thirty studies meeting inclusion criteria were identified, representing 22 participant cohorts, and including adults with arthritis, chronic cardiovascular disease,

diabetes, and/or end stage renal disease. Family emphasis on self-reliance and personal achievement, family cohesion, and attentive responses to symptoms were associated with better patient outcomes. Critical, overprotective, controlling, and distracting family responses to illness management were associated with negative patient outcomes. Study limitations included cross-sectional designs (11 cohorts); however, results from longitudinal studies were similar. Findings suggest that future interventions aiming to improve chronic illness outcomes should emphasize increased family use of attentive coping techniques and family support for the patient's autonomous motivation. Also, Hovick, Thomas, Watts and Tan (2019) in a study titled 'the Influence of Family Communication Patterns on the Processing of Messages to Increase Family Health History Seeking Intentions' examined how family communication schemata (conversation and conformity orientation dimensions) influence systematic processing of health appeals intended to persuade individuals to seek family health history information, emphasizing an updated conceptualization of family conformity (i.e., the expanded conformity orientation scale). Our results suggest that conversation orientation and the conformity dimension of parental control are the primary drivers of systematic processing of family health history messages. Systematic processing, in turn, was significantly associated with more positive attitudes and greater intentions to seek health information from family members. Our results suggest family communication patterns may impact individual engagement with family health history campaign messages, thus campaign designers may want to consider how best to tailor messages to match family communication characteristics.

Watts and Hovick (2023) conducted an experimental study on the influence of family communication patterns and identity frames on perceived collective psychological ownership and intentions to share health information. The study exposed participants ($N = 299$) to different message frames to investigate whether Family Communication Patterns (FCP) and message characteristics influenced willingness to communicate about Family Health History (FHH). Message frames were either collective (our), individual (mine), or control (no pronouns). Afterward, participants were asked about their perceived collective psychological ownership of health information, attitudes, subjective norms, and FHH communication intentions. Although the message frames had no impact on perceived collective

psychological ownership of health information, conversation orientation and conformity orientation (respecting parental authority) were positively associated with perceived collective psychological ownership of health information. Additionally, perceived collective psychological ownership, attitudes, and subjective norms were found to have indirect effects between FCP and FHH communication intentions. These findings provide further support that FCP influences how health message appeals are processed and suggest interventions could be tailored to FCP orientations for effective FHH behaviors.

Campbell-Salome, Rauscher & Freytag (2019) investigated patterns of communicating about family health history: Exploring Differences in Family Types, Age, and Sex. The study examined the direct and indirect effects of family communicative environments on whether individuals actively collected FHH information, as well as how age and sex differences complicate this relationship. Participants (N = 203) completed online surveys, answering close-ended questions about their family's communication patterns, how open their family is to communicating about FHH, and whether they have actively collected FHH information. Results show there was a direct effect between open family communicative environments and active collection, and found FHH communication openness was a positive partial mediator. Conversely, family environments stressing hierarchy and homogeneity of beliefs inhibit open communication about and collection of a FHH. Analysis of age and sex as moderators in the models showed a significant conditional indirect effect which grew stronger as participants' age increased. Furthermore, results showed open family communicative environments lead to active collection of FHH for women, but not for men. Results confirm the importance of family communicative environments in facilitating or inhibiting FHH collection. Findings from the current study provide intervention points for practitioners to advise patients on the importance of collecting a FHH and guide behaviors to collect FHH information based on the family communicative environment.

Theoretical Framework

This study is anchored on the family communication patterns theory (FCPT) propounded by *Ascan F. Koerner and Mary Anne Fitzpatrick in 2002.* A theoretical

framework that expands upon existing theories such as the 1971 Diana Baumrind's theory of parenting style which introduced three primary parenting styles: authoritarian, permissive, and authoritative, based on her research into how parents' approaches to demandingness and responsiveness affect children's development, to provide a stronger explanation of the association between family interactions and child adjustment in complex families like adoptive families (Koerner & Fitzpatrick, 2002, 2006).

Family Communication Patterns Theory (FCPT) is based on the fundamental insight that creating a shared social reality is central to family functioning. Shared reality exists when family members' cognitions about an object are accurate, congruent, and in agreement. Sharing social reality with others makes understanding and being understood easier, leading to more efficiency and coordination and fewer misunderstandings and conflict. Consequently, families that share social reality should communicate with one another more accurately and with less conflict, supporting child adjustment.

The theory emphasizes the impact of communication patterns on family dynamics. FCPT posits two dimensions of family communication: conversation orientation and conformity orientation. That is, families create a shared reality through two processes, conversation orientation and conformity orientation.

Conversation orientation refers to the extent to which family members engage in open communication. it is characterized by frequent, spontaneous, unconstrained interactions that allow family members to co-discover the meaning of symbols and objects. This orientation encourages all family members to participate in defining social reality.

Conformity orientation relates to the degree of emphasis on homogeneity of beliefs and attitudes within family interactions. It is characterized by uniformity of beliefs and attitudes. Family interactions focus on maintaining harmonious relationships that reflect obedience to parents, often manifest in pressure to agree and maintain the family hierarchy. This orientation allows family members in authority roles (i.e., parents) to define social reality.

Theoretically orthogonal, these two orientations define four family types: consensual, pluralistic, protective, and laissez-faire (Rauscher & Fine, 2012). Consensual families are high in both conformity and conversation orientation. Communication in consensual families reflects a tension between exploring ideas through open communicative exchanges and a pressure to agree in support of the existing family hierarchy. Pluralistic families are low in conformity orientation and high in conversation orientation. Family communication is characterized as open and unrestrained, focusing on producing independent ideas and fostering communication competence in children. Protective families are high in conformity orientation and low in conversation orientation. Communication in these families functions to maintain obedience and enforce family norms; little value is placed on the exchange of ideas or the development of communication skills. Laissez-faire families are low in both conversation orientation and conformity orientation. Family members do not often engage each other in conversation, and they place little value on communication or the maintenance of a family unit.

This theory has been instrumental in understanding how these communication patterns influence various aspects of family life, including decision-making, relationship dynamics, and individual well-being (Hall & Scharp, 2019).

The application of Family Communication Patterns Theory has been instrumental in understanding the impact of communication patterns on various outcomes, including communication competence, social support, and relational maintenance behavior (Hurst et al., 2022).

Methodology

The study adopted survey design. A sample size of 384 was selected from a population of 319,479 residents of Ikwerre LGA using Krejcie and Morgan sample determination table. Multi-stage sampling technique was adopted to select respondents. First, the population was grouped into the twelve wards in Ikwerre Local Government Area of Rivers State using stratified random sampling technique. Secondly, purposive sampling technique was used to select six wards from the twelve wards. This technique was adopted to enable the researcher to

easily reach the respondents. Thirdly, two units were selected from each of the selected wards via simple random sampling technique. Finally, 384 respondents representing 5% of the "arrived" population were selected using proportionate sampling technique. A researcher designed questionnaire structured on a four-point scale of Strongly Agreed (SA), Agree (A), Disagree (D), and Strongly (SD) weighted in scores of 4, 3, 2, and 1 point respectively, was validated and used to elicit information from the respondents. The instrument for the study was subjected to face and content validity and the Pearson Moment Correlational Coefficient (PPMC) was used to establish a reliability coefficient of 0.89. The data collected from the respondents were collated, coded and analyzed using mean statistics.

RESULT AND DISCUSSION

Result

Research Question 1: Which family communication pattern is prevalent among family members in Ikwerre LGA, Rivers state?

Table I: Mean statistics of respondents' views on family communication pattern prevalent among family members in Ikwerre LGA, Rivers state

Prevalent family communication pattern among family members							
s/n	**Assessed items**	SA	A	D	SD	N	**$\bar{X}$**
1.	Consensual communication patte	126	155	66	33	380	2.98
2.	Pluralistic communication pattern	20	63	168	129	380	1.93
3.	Protective communication patterr	126	185	41	28	380	3.08
4.	Laissez-Faire communication pattern	35	58	165	122	380	2.01
	Total						**2.50**

Table 4.1 revealed that consensual and protective communication patterns are the prevalent family communication patterns among family members in Ikwerre LGA.

Research Question 2: How do family communication patterns influence collective health behaviors among family members in Ikwerre LGA, Rivers state?

Table 2: Mean statistics of respondents' views on how family communication patterns influence collective health behaviors among family members in Ikwerre LGA, Rivers state

How family communication patterns influence collective health behaviors among family members							
s/n	**Assessed items**	SA	A	D	SD	N	**$\bar{X}$**
1.	Open communication at home my engages in regular physical activities together	122	128	101	29	380	2.90
2	Discussion on diet helps us prepare healthy meals as a family	132	138	54	56	380	2.91
3	Due to consensual communication style family, we remind each other to attend medical appointments	122	172	58	28	380	3.02
4	Effective communication in the family enables us discuss our health goals as a family	35	165	54	126	380	2.29
5	Communicating with each other helps my family supports each other in maintaining healthy habits	89	162	112	17	380	2.85
	Total						**2.79**

Table 4.2 revealed that family communication patterns positively influence collective health behaviours among family members.

Research Question 3: How do family communication patterns influence adherence to medical advice among family members in Ikwerre LGA, Rivers state?

Table 3: Mean statistics of respondents' views on how family communication patterns influence adherence to medical advice among family members in Ikwerre LGA, Rivers state

How family communication patterns influence adherence to medical advice among family members							
s/n	**Assessed items**	SA	A	D	SD	N	$\bar{X}$
1	My family often engaged in dialogues about medical advice, treatment options, and health behaviors.	128	145	66	41	380	2.95
2	There is infrequent discussions about health and a reluctance to share medical information among my family members	132	148	54	46	380	2.96
3	My family often engaged in health discussions but also experienced periods of silence or avoidance regarding medical topics.	121	136	88	35	380	2.90
4	Open communication in my family allows for the clarification of medical instructions and the expression of any apprehensions regarding treatment plans	122	128	101	29	380	2.90
	Total						**2.93**

Table 4.3 shows that effective communication among family members encourages adherence to medical advice among family members.

Discussion of Findings

The first finding of this study revealed that consensual and protective communication patterns are the prevalent family communication patterns among

family members in Ikwerre LGA. Consensual communication within a family refers to the practice of ensuring that all members of the family are actively involved in the process of communication and that their perspectives, feelings, and needs are acknowledged and respected. This type of communication fosters an environment of mutual respect, understanding, and cooperation. Consensual communication involves not just speaking, but also listening, often requiring family members to actively seek agreement or consent before engaging in sensitive discussions, making decisions, or even imposing certain expectations. The present finding corroborates Hovick, et al (2019) findings which showed that consensual communication begins with respecting each family member's voice. Everyone, regardless of age or position, should feel that their opinions are valued. In many families, there's a power hierarchy, especially with children, where parents may unintentionally override the perspectives of younger family members. Consensual communication works to break down these barriers, ensuring that everyone—children, teens, and adults alike, feels heard and considered in discussions (Watts, et. al, 2023).

Rogers, et al (2015) noted that for communication to be consensual, it requires active listening. This means not only hearing the words spoken but also understanding the emotions and intentions behind them. It's about acknowledging feelings without interrupting or immediately responding with solutions. For example, if a child expresses frustration over something, the parent's role is to listen attentively and validate their feelings before jumping into a corrective mode. Each family member should feel comfortable expressing their thoughts, emotions, and desires in a clear and honest way. However, for this to be effective there needs to be an atmosphere of trust and safety. If family members are afraid to voice concerns or share their feelings, communication becomes one-sided or dishonest. Consensual communication encourages transparency without judgment so that everyone feels empowered to speak openly. Again, consensual communication helps to resolve disputes in a way that respects everyone's emotional needs. It emphasizes understanding different viewpoints, negotiating, and finding a middle ground. Instead of imposing a solution, consensual communication encourages collaboration to find mutually agreeable outcomes, even in challenging situations.

Protective communication on the other hand is a type of communication pattern that emphasizes shielding individuals from emotional or psychological harm, often to preserve family unity, protect the privacy of certain matters, and avoid conflicts or uncomfortable situations. In the context of family members, protective communication becomes a dominant pattern when individuals prioritize protection over openness and honesty, sometimes resulting in a tendency to withhold information, avoid conflict, or communicate in a guarded, overly cautious way. In family systems, protective communication patterns are influenced by various dynamics, including the desire to maintain harmony, protect each other from hurtful truths, and preserve the well-being of children or vulnerable family members. This communication style can either be positive and supportive or negative and stifling, depending on how it is used and how it aligns with the needs and values of the family. This is in agreement with an earlier study by Japhet & Shokia (2024) which found that in families with a protective communication pattern, members may avoid direct confrontation or conflict. Disagreements are often minimized or ignored in order to prevent distress or discomfort. Parents, for example, might shield their children from difficult topics like financial problems, relationship struggles, or health issues to avoid causing worry or anxiety.

Family members may deliberately withhold important information to "protect" others from negative emotions. This could include keeping secrets about health issues or not sharing certain opinions or feelings because it might upset the peace. For example, a parent might not tell their children about health problems because they want to "shield" them from feeling anxious or unsafe.

The second findings of this study revealed that family communication patterns positively influence collective health behaviours among family members. Family communication patterns play a critical role in shaping the collective health behaviors of family members. The way family members interact, share information, and respond to each other's health-related needs directly impacts their ability to adopt, maintain, and promote healthy behaviors. Families are often the primary source of emotional, social, and practical support, and their communication style can either support or undermine the adoption of health-promoting behaviors. For instance, families that emphasize communication around healthy eating habits

tend to prepare meals together, share recipes, and create a positive atmosphere around food. This collaborative approach fosters healthy eating habits across generations while families with poor communication about diet, where there is no shared understanding of what constitutes a healthy meal, may have members who consume unhealthy foods without consideration for long-term consequences. Also, families with supportive communication can provide both emotional and logistical support when someone is recovering from surgery or illness. For instance, they may help with daily tasks or offer encouragement, which can improve recovery outcomes.

The findings corroborate an earlier study by Umennuihe, et al (2023) which found that effective family communication patterns often reflect shared values, beliefs, and attitudes toward health. The way family members talk about health can shape collective perceptions about medical care, preventive behaviors, and lifestyle choices.

Effective communication within families provides emotional, informational, and practical support, which is essential for maintaining healthy behaviors. A family that communicates effectively can share resources, encourage each other, and offer support during times of health challenges. The present finding is also in tandem with Kearney, et al. (2020) findings which revealed that family members who are encouraged to discuss health topics can share useful information and strategies for health improvement. For instance, one member may research a particular health condition and share findings with the family, leading to a collective understanding of how to prevent or manage it.

The way families communicate about health risks and the importance of prevention can directly influence whether or not family members engage in health-promoting behaviors. Families that regularly discuss the importance of health screenings, such as mammograms, prostate exams, or cholesterol checks, may be more likely to get screened as a group. A family that emphasizes regular checkups as part of their routine will likely see better health outcomes as members follow through on these preventive measures. This implies that effective family communication is key to promoting healthy behaviors among all family members. A family that

communicates openly, supports one another, and models positive health behaviors will more likely see collective health improvements. However, when communication patterns are characterized by conflict, avoidance, or lack of support, they can create barriers to adopting healthy behaviors.

The third objective of this study focused on ascertaining how family communication patterns influence adherence to medical advice among family members. The study found that effective communication among family members encourages adherence to medical advice among family members. This finding agrees with the Family Communication Patterns Theory (FCPT) which posits two primary dimensions: conversation orientation and conformity orientation, that capture how families construct shared realities.

Conversation orientation describes the degree to which families encourage open, spontaneous discussion of thoughts and feelings, while conformity orientation captures the emphasis on homogeneity of beliefs, obedience to authority, and hierarchical decision-making.

Families high in conversation orientation typically demonstrate enhanced health literacy and shared understanding of medical recommendations. Open dialogue enables members to ask clarifying questions, negotiate care-giving roles, and collaboratively problem-solve around barriers such as side effects or scheduling challenges.

The present finding also agreed with the findings of an earlier study by Wang, et al. (2020) which link open communication to improved medication adherence, better chronic-disease management, and enhanced patient satisfaction. Conversely, low conversation orientation can restrict information flow, increasing the likelihood of misunderstandings and treatment noncompliance.

Beyond Family Communication Patterns Theory, the affective quality of communication significantly shapes adherence. Supportive communication—characterized by empathy, validation, and encouragement, has been shown to bolster self-efficacy and reduce psychological distress, two variables associated

with improved adherence. In contrast, critical, nagging, or judgmental communication frequently produces avoidance behaviors, decreased motivation, and resistance to treatment regimens.

Effective family communication patterns also determine the accuracy and completeness of health information exchanged among members. Families with clear routines for discussing health appointments, medication schedules, and symptom monitoring are more likely to maintain high adherence. In contrast, families exhibiting restricted or inconsistent information-sharing may inadvertently distort medical instructions, resulting in dosing errors or discontinuation of treatment.

The present finding suggests that family communication patterns are both direct and indirect determinants of adherence outcomes. They shape how medical information is transmitted, how family members perceive treatment legitimacy, and how emotional support is mobilized.

Conclusion

This study explored the how family communication patterns influence health related decisions among family members. The findings revealed that families with open, supportive, and empathetic communication patterns tend to have better health outcomes, while those with poor communication patterns are more likely to experience mental health issues, such as anxiety and depression.

The study highlights the critical role of family communication in shaping health decision-making, emphasizing the need for interventions that promote effective communication patterns. By fostering a culture of open discussion, empathy, and support, families can make informed decisions, reduce stress, and improve overall well-being.

Based on the foregoing, the study concludes that by prioritizing family communication, we can promote better health outcomes, reduce healthcare disparities, and enhance the overall quality of life for families.

Recommendations

1. Therapists and counselors in the health sector should incorporate family communication education in their practices because understanding the communication patterns that contribute to family satisfaction can inform therapeutic interventions aimed at fostering openness and supportiveness within families to improve overall satisfaction and well-being.
2. Policy makers and health practitioners should design family health interventions/Programmes that aim to enhance family communication skills, particularly in fostering open discussions about health, this may be effective in promoting healthier behaviors.
3. Health practitioners from time to time through health campaigns enlighten the public on the importance of effective family communication, this will provide a critical foundation for designing family-centered health interventions and improve medical outcomes across diverse patient populations

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