

FAMILY HEALTH NURSING

Dr. Araya Tipwong
College of Nursing and Health,
Suan Sunandha Rajabhat University

Introduction

- The trend in delivery of health care has been to move health care to community settings; thus family nursing is essential to nurses in community health
- Family nursing is a specialty area with a strong theory base; it is more than just “common sense” or viewing the family as the context for individual health care
- Family nursing consists of nurses and families working together to ensure the success of the family and its members in adapting to responses to health and illness

Family Nursing in the Community

- Nurses are responsible for the following:
 - Helping families promote their health
 - Meeting family health needs
 - Coping with health problems within the context of the existing family structure and community resources
 - Collaborating with families to develop useful interventions
- Nurses must be knowledgeable about family structures, functions, processes, and roles; must be aware of (and understand) their own values and attitudes pertaining to their own families, as well as being open to different family structures and cultures

Definition of Family

- Family is a group of two or more persons related by birth, marriage, or adoption and residing together.

the U.S. Bureau of the Census (2000)

- Nurses need to ask people who they consider to be their family and then include those members in health care planning
- Family Nursing: consists of nurses and families working together to ensure the success of the family and its members in adapting to responses to health and illness

Family Demographics

- Family demographics: study of the structure of families and households and the family-related events, such as marriage and divorce, that alter the structure through their number, timing, and sequencing
- An important use of family demography by nurses is to forecast stresses and developmental changes experienced by families and to identify possible solutions to family problems

Family Functions

Six historical functions performed by families are:

- economic survival,
- reproduction,
- protection,
- cultural heritage,
- socialization of young,
- and conferring status;

Contemporary functions involve:

- relationships and health

Five functions of the family important to understand:

- Affective
- Socialization and social placement
- Reproductive
- Economic
- Health care

Affective function

- The affective function is one of the most vital functions for the formation and continuation of the family unit.
 - The family fulfills the needs for love and belonging of each member.
 - It is a home base where the individuals can express their true feelings and thoughts without fear of rejection.

Socialization and social placement

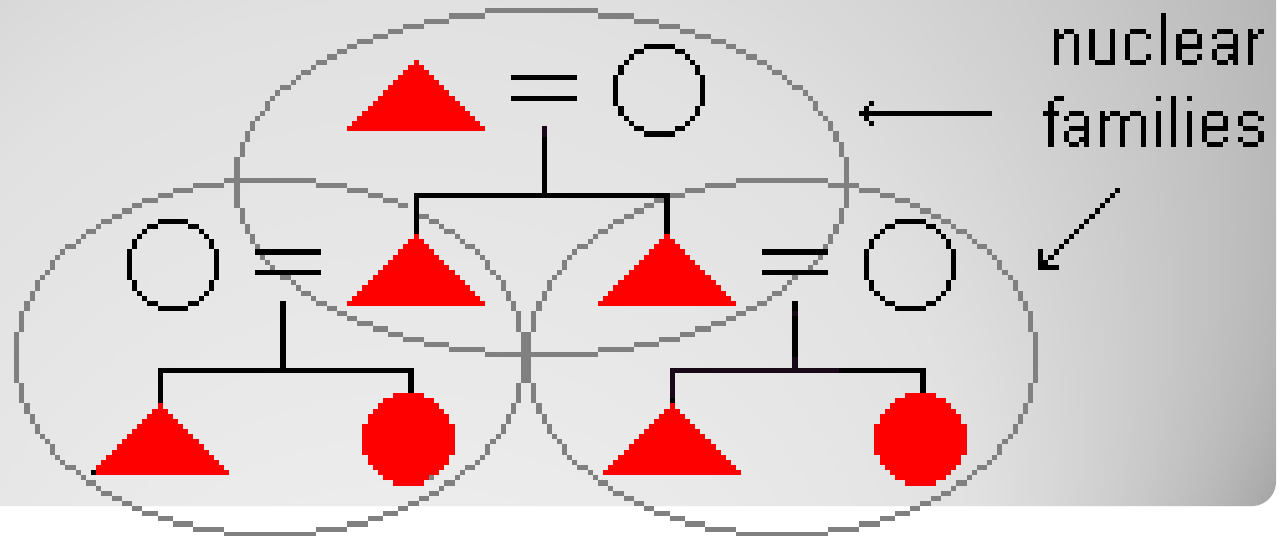
- This function refers to teaching children how to function and assume adult social roles:
 - the acquisition of internal controls needed for self-discipline and values such as what is right and wrong according to society.

The health care function

- provision of physical necessities to keep the family healthy, such as food, clothing, and shelter as well as health care (Friedman, 1998).
- The family keeps its members well by passing on attitudes, values, and behaviors that promote health and by caring for them in times of illness.

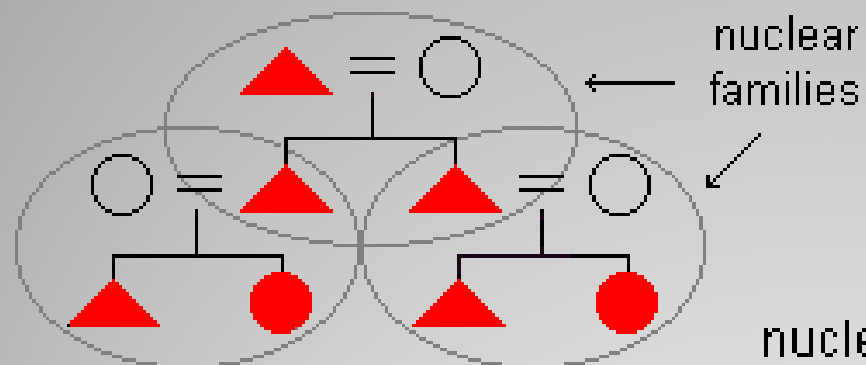
Family Structure

- refers to the characteristics and demographics of individual members who make up family units; more specifically, the structure of a family defines the roles and the positions of family members

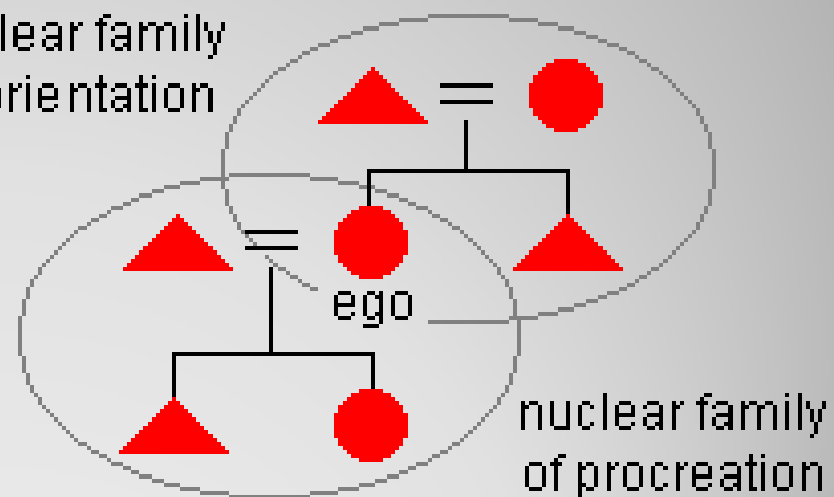


FAMILY STRUCTURE

- The **nuclear family** is defined as a husband, wife, and their children—biological, adopted, or both (Friedman, 1998)
- The **extended family** consists of those members of the nuclear family and other blood-related persons such as grandparents, aunts, uncles, and cousins.
- A **blended or stepfamily** occurs when a divorced, widowed, or never-married single parent forms a household with a new partner; both partners or only one may have children.



nuclear family
of orientation



FAMILY STRUCTURE

- **Single parent family** occurs by means of divorce, separation, death of a spouse, or choice. 90% of them are comprised of single mothers and their children.
- **Gay and lesbian families** are increasing in numbers. Because homosexuality is stigmatized in our society, many of these parents are not open about their sexual orientation.

Working with Gay and Lesbian Families

- *When working with families, do not assume that all parents are heterosexual.*
- *In obtaining the family history, the following questions may be asked:*
 - *(1) Who makes up your family?*
 - *(2) Do you have a partner?*
 - *(3) Do you share parenting responsibilities with anyone else?*
 - *(4) Who else is responsible for the child's care if you are not available?*



PARENTING

- **Parenting** is a dynamic process that evolves over time as parents acquire experience and mature as individuals.
- The **social goal** of parenting is to guide and nurture children so that they become productive members of society.
- The **personal goal** is a desire to raise a child, see aspects of oneself continue to exist such as perpetuating the family line.

Parenting Styles

- (1) authoritarian or autocratic,
- (2) authoritative or democratic,
- (3) indulgent or permissive,
- (4) indifferent or uninvolved.

Socialization

- **Socialization** is a process of learning the rules and expected behaviors of a society.
- One goal of parenting is to socialize children, which includes teaching which behaviors are expected and appropriate, and fostering the development of self-control.
- This is also the goal of discipline, which comes from the root word *disciplinare* – to teach or instruct.

Effective discipline should include three components:

- (1) a positive, supportive, nurturing caregiver—child relationship,
- (2) positive reinforcement techniques to increase desirable behaviors,
- (3) removal of reinforcement or use of punishment to reduce or eliminate undesirable behaviors.



www.shutterstock.com · 85311640

- adolescent parents,
- adoption,
- grandparents as parents,
- foster parents.

SPECIAL PARENTING SITUATIONS

IMPLICATIONS FOR NURSING

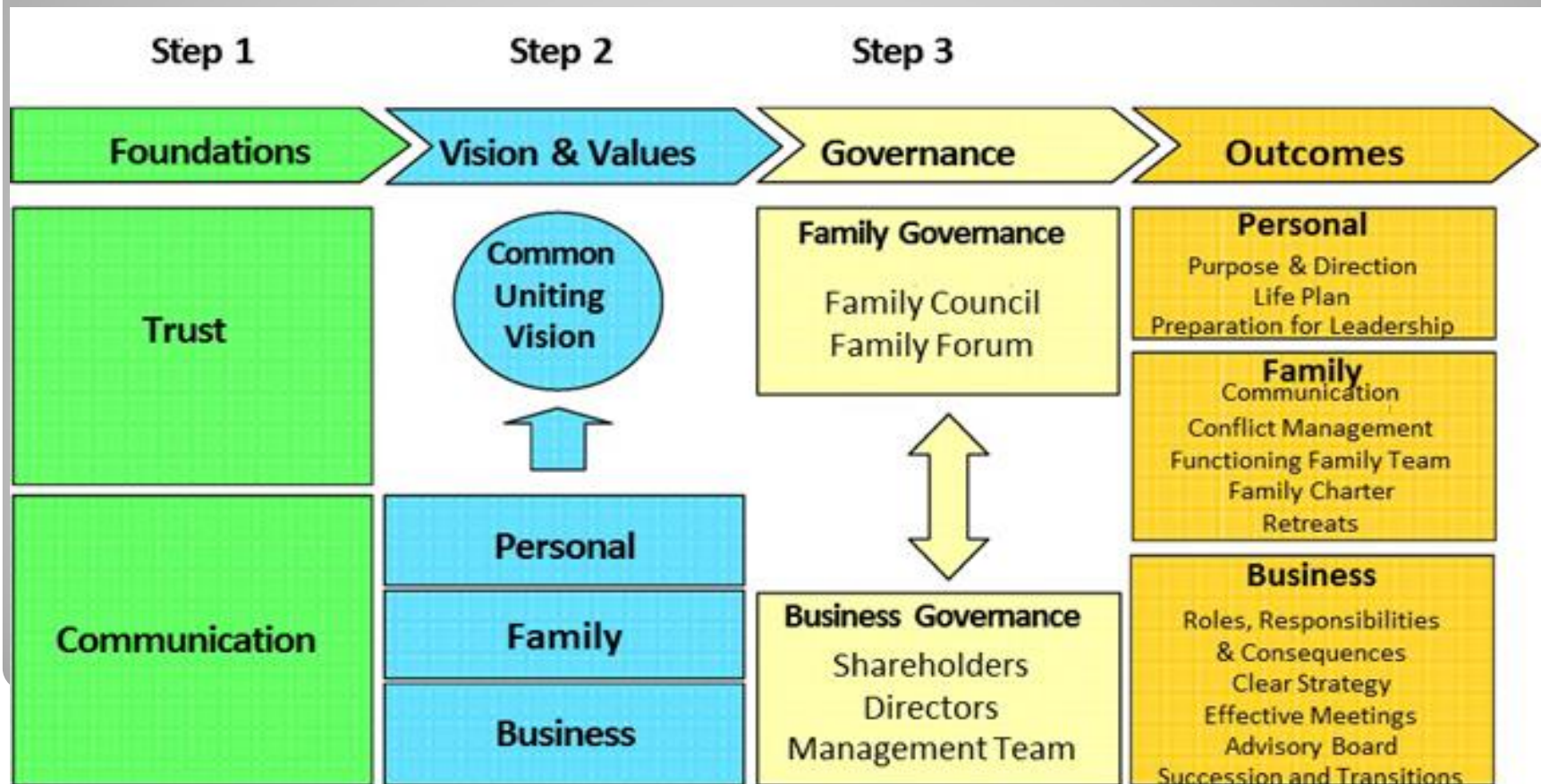
- Nurses can play a vital role in supporting parenting as they work with families. This work must be done in collaboration with parents if positive results are to be achieved.

Assessment of parenting

- The parent's views on parenting
- Clarifying cultural and social expectations for parenting
- Identifying issues or children's behaviors that are of concern to parents
- Evaluating the interactions between children and their parents during health care encounters

The identified problems should:

- Be confirmed or clarified with parents
- Be mutually agreed upon as the priority issues parents wish to address



Collaboration with parents

Identifying:

- Resources for implementing the plan
- Strategies that are congruent with parental beliefs
- Outcomes for determining effectiveness of the plan

Theoretical Frameworks for Family Nursing

- Structure-function theory: families are examined in terms of their relationship with other major social structures (institutions)
- Systems theory: encourages nurses to view clients as participating members of a family
- Developmental theory: looks at family system over time through different phases that can be predicted with known family transitions based on norms
- Interactional theory: views family as a unit of interacting personalities and examines the symbolic communications by which family members relate to one another

Working With Families for Healthy Outcomes

- Care Outcome Present-State Testing Model (OPT): emphasizes organizing care around what is identified as the keystone issue that is challenging family health; an outcome-driven model of care
 - Family story
 - Cue logic
 - Framing
 - Present state and outcome testing
 - Intervention and decision making
 - Clinical judgment
 - Reflection

FAMILY HEALTH NURSING PROCESS

DEFINITION

Family health nursing process is a systematic approach to help family to develop and strengthen its capacity to meet its health needs and solve health problems.

STEPS

- assessment phase
- planning phase
- implementation phase
- evaluation phase

I. Assessment phase (family identification)

The standards of determining family health status can be

- optimum health of individual member
- family life style
- family environment
- family structure, characteristics

compare families health with these standards

Steps of assessment phase

- plan for data collection
- data collection methods and techniques
- analysis of data
- family profile and diagnosis

1) plan for data collection

It includes data regarding

- family structure and characteristics
- life style, culture and socio economic factors
- health and medical history and health behavior
- environmental factors

Primary source of data collection-

obtained directly from the client (family members)

Secondary source of data collection-

obtained through friends, neighbors, colleagues, family records, family team members, investigation reports, reference books etc.

2) Data collection methods and techniques

- Observation
- questioning
- conversation and discussion
- listening
- review of family health records
- examination
- investigation
- interview

Guidelines for data collection

- be systematic
- do not force to get information
- explain the reason for data collection
- ensure confidentiality
- be polite
- don't let the family feel small and embarrassed
- make them comfortable
- sympathizes and listen attentively and meaningfully
- record the data

3) analysis of data

It should be categorized as health deficit, health threats and foreseeable crisis situations

Health deficits-failure in health maintenance and development..

- diagnosed illness
- deviation in growth and development
- personality disorders

Health threats

condition which predispose to
disease, accident, poor or retarded growth
and development and personality
disorders

The possible health threats are

- large family size
- lack of education
- immature parents
- broken family
- poor environmental condition
- poor sanitation
- environmental pollution
- incomplete immunization
- unbalanced diet

Foreseeable crisis situations-anticipated periods of unusual demands on the individual or the family in terms of adjustment . They are

- marriage
- pregnancy
- new born
- developmental stages
- new job
- death
- change in residence

Health threats and foreseeable crisis

situation are potential problems and health

deficits are actual problems

4) Family profile and diagnosis

Family profile implies brief description of family structure and characteristics, family life cycle and culture, socio economic conditions environmental factors health and medical history etc.

Family health diagnosis is the written statement of family health problems which are assessed from analysis of data collected.

II. PLANNING PHASE (FAMILY HEALTH AND NURSING CARE PLAN FORMULATION)

-it is based on the diagnosis

steps of planning phase

- analysis of diagnosed health problems and assessment of families ability to resolve problems (second assessment)
- establish priorities
- setting goals and objectives
- formulating family health and nursing care plan

1) Analysis of diagnosed health problems and assessment of families ability to resolve problems (second assessment)

Families ability to resolve health problems can be assessed on the basis of

- ability to recognize the presence of health problems
- ability to make decisions for taking appropriate health action
- ability to provide desired care to the sick disabled
- ability to maintain environment conducive to health promotion maintenance and personnel development
- Ability to utilize community for health care

2) Establish priorities

-means rank ordering of the health problems

Criteria for setting priorities

a)Type of problem- health deficit, health threats and foreseeable crisis situations

b)Severity of the consequence of the problem- nature and magnitude of the problem

c)Modifiability of the problem- possibility of resolving the problem through nursing interventions within available resources

d)salience-families perception about the seriousness of the problem

e)Preventive potential-whether the problem can be prevented, eradicated or controlled.

3) setting goals and objectives

Client focused goal-provide need based care to malnourished children

Nurse focused goal- after the nursing intervention the mother will be able to provide need based care to malnourished children

Factors influence the goal formulation

- interpersonal relationship
- families perception of the problem
- families felt need
- families perception about seriousness of the problem
- families ability to face the reality

Selecting appropriate nursing intervention

supplemental-direct nursing care services by the CHN to the sick

developmental-CHN prepare some family members to give similar care in her absence

facilitative-CHN improve families physical facilities either by modifying the existing facilities or by developing new facilities

CHN has to consider the available resource while planning intervention. They are

Family resources-physical intellectual capabilities, physical facilities, finance etc.

Community resources-health programmes, community organization etc.

Nurses resources-her competency, time, support etc.

4) Family health nursing care plan

-data analyzed- health problem prioritized- goals and objectives established- nursing interventions decided.... All these components put together for the schematic representation of the care plan

It should be,

- realistic
- consistent with the goals
- agreeable to the family
- need active involvement of the family members
- in written form

III. ACTION PHASE (FAMILY HEALTH AND NURSING CARE PLAN IMPLEMENTATION)

STEPS

- review of plan and mobilization of resources
- implementation and documentation

CHN required to

- give adequate informations

- help family to understand the situation
- relate families existing socio economic condition to health problem
- motivate family to implement actions
- utilize the equipments and supplies
- help family to utilize the community resources

IV. EVALUATION PHASE (FAMILY HEALTH AND NURSING CARE EVALUATION)

QUANTITATIVE AND QUALITATIVE

QUANTITATIVE EVALUATION

It determine the extent of services rendered to the family .

It accounts the number of visits , clinic visits, no. of immunization completed, reduction in mortality and morbidity

QUALITATIVE EVALUATION-has 3 dimensions

Structure evaluation-it measure the adequacy of resources in terms of manpower, material, time etc.

Process evaluation-it measure the adequacy of nurses actions and activities implementing the nursing process

Outcome evaluation- it measure the end result of the care given to the client

Tools of data collection

- direct observation
- questing
- record review

Barriers to Practicing Family Nursing

- Many barriers affect the practice of family nursing in a community settings
- Two significant barriers to family nursing
 - The narrow definition of family used by health care providers and social policymakers
 - The lack of consensus of what is a healthy family

Future of Families

- Healthy and vital families are essential to the world's future because family members are affected by what their families have invested in them or what their families failed to provide for their growth and well-being
- Families will continue to survive and serve as the basic social unit of society
- Projections and trends for families