Nursing Role in Family Health

Lilibeth Patricio, MSN, ANP

Required Reading

• Berman (9th ed.): Chapter 24
• Townsend (8th ed.): Chapter 11

Objectives

• Analyzes concept of accountability by the application of the nursing process in caring for families
• Discusses components of assessment for a family
• Describes health promotion strategies for families
Family

- Def: Protects physical health of its members, provides environment conducive to physical growth and health
- Families from different cultures are an integral part of North America’s rich heritage
- Family-centered Nursing

Types of Families

- Nuclear vs Extended: parents and their offsprings vs grandparents/aunts/uncles
- Traditional: both parents reside in home with their children
  - mother assuming nurturing role
  - father providing economic resources

Types of Families

- Two-Career: both parents are employed
  - greatest stressor is finding good-quality and affordable child care
- Single-Parent: stressors include child care concerns, financial, role overload and fatigue
Types of Families

• Adolescent: slight increase in 2006
  • highest among Hispanic teens, followed by Blacks, American Indian/Alaska Native

• Foster: temporary
  • legal agreement between foster family and court

Types of Families

• Blended: existing family units join together to form new families

• Intragenational: more than two generations live together

Types of Families

• Cohabiting: unrelated individuals families live under one roof

• Gay and Lesbian: diverse as that of heterosexual families
  • significant issues and constantly changing
Types of Families

• Single Adults Living alone: 30% live by themselves

Stages of Family Development

• Single Young Adult: launching of young adult from family of origin
  • Tasks: form identity, establish intimate peer relationships, advancing toward financial independence
  • Problems:??

• Family Joined Through Marriage/Union: commitment through new system
  • Tasks: establish new identity as couple, realign relationships with members of extended family, make decisions about having children
  • Problems:??
Stages of Family Development

• Family with Young Children: accepting new members into the system
  • Tasks: make adjustments to meet responsibilities associated with parenthood, sharing equally tasks of child rearing, integrate roles of extended family
  • Problems:??

Stages of Family Development

• The Family with Adolescents: flexibility of family boundaries to permit children’s independence
  • Tasks: redefine level of dependence to provide autonomy, midlife issues related to marriage, career, and aging parents
  • Problems:??

Stages of Family Development

• The Family Launching Children and Moving on in Midlife: exiting and entering of various family members
  • Tasks: reestablish bond of dyadic marital relationship, realignment of relationships, accepting caretaking responsibilities
  • Problems:??
Stages of Family Development

• The family in Later Life: accepting the shifting of generational roles
  • Tasks: explore new social roles, accepting some decline in physiological functioning, dealing with deaths of spouse, siblings and friends
  • Problems:??

Family Variations

• Divorce: 1/3 of first marriages end in separation or divorce
  • Tasks: accepting one’s own part in failure of marriage, working on problems related to custody, realigning relationships, mourning loss of marriage relationship

Family Variations

• Remarriage: ¾ of people who divorce will eventually remarry
  • Tasks: making firm commitment to confronting complexities of combining two families, open communication, facing fears
  • Problems:??
Cultural Variations

- Latino American
- Asian
- Jewish

Communication

- Functional: clear, direct, open, and honest with congruence between verbal and nonverbal
- Dysfunctional: indirect, vague, controlled, with many double-blind messages

Dysfunctional

- Communication
  - Making Assumptions
  - Belittling Feelings
  - Failing to Listen
  - Communicating Indirectly
  - Presenting Double-Bind Messages
Dysfunctional

- Self-Concept Reinforcement
- Expressing Denigrating Remarks
- Withholding Supportive Messages
- Taking Over

Dysfunctional

- Family Member’s Expectations
- Ignoring Individuality
- Demanding Proof of Love

Dysfunctional

- Handling Differences
- Attacking
- Avoiding
- Surrendering
Dysfunctional

• Family Interactional Patterns
  • Patterns that perpetuate or intensify problems rather solve them
  • Patterns that cause emotional discomfort

Dysfunctional

• Family Climate
  • Tension, frustration, guilt, anger, resentment, depression, despair

Nursing Management

• Assessment: complete health history
• Genogram: visual representations of gender and lines of birth descent
Nursing Management

• Ecomap: provides visualization of how family unit interacts with external community environment
Nursing Management

- Health Beliefs: may reflect lack of information or misinformation about health or disease
- Family Communication Patterns: effectively communication vs dysfunctional

Family Coping Mechanisms

- Def: behaviors use to deal with stress or changes
- How do families related to stress

Family Coping Mechanisms

- Internal resources: knowledge, skills, effective communication patterns assist in problem-solving process
- External support systems: promote coping and adaptation
Family Violence

• Incidence increased in recent years
• Examples: abuse between intimate partners, child abuse, elder abuse

Risk for Health Problems

• Maturity Factors: Families with members at both ends of age continuum;
  • Older adults may feel lack of purpose and decreased self esteem
• Hereditary Factors: familial history

Risk for Health Problems

• Sex or Ethnicity: hereditary
• Sociologic Factors: poverty
• Lifestyle Factors: smoking, good nutrition, etc
Nursing Diagnoses/Concerns

• Give Examples

Questions