

The Family Health Nursing Process

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INTRODUCTION

Family health care nursing is an art and a science that has evolved over the last 20 years as a way of thinking about and working with families. Family nursing comprises a philosophy and a way of interacting with clients that affects how nurses collect information, intervenes with patients, advocate for patients, and approach spiritual care with families. This philosophy and practice incorporates the assumption that health affects all members of families that health and illness are family events, and that families influence the process and outcome of health care.

❖ TERMINOLOGY

- Family:

Two or more individuals coming from the same or different kinship groups who are involved in a continuous living arrangement, usually residing in the same household, experiencing common emotional bonds, and sharing certain obligations toward each other and toward others.

- Family health: A condition including the promotion and maintenance of physical, mental, spiritual, and social health for the family unit and for individual family members.
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- **Family process:** The ongoing interaction between family members through which they accomplish their instrumental and expressive tasks. The nursing process considers the family, not the individual, as the unit of care.
 - **Family centered nursing:** Nursing that considers health of the family as a unit in addition to the health of individual family members.
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FAMILY HEALTH NURSING

- **Definition and meaning of family health nursing**

Family health nursing is a nursing aspect of organized family health care services which are directed or focused on family as the unit care with health as the goal. It is thus synthesis of nursing care and health care. It helps to develop self care abilities of the family and promote, protect and maintain its health. Family health nursing is generalized, well balanced and integrated comprehensive and continuous are requiring comprehensive planning to accomplish its goal.

The goals of the family health nursing include optimal functioning for the individual and for the family as a unit.”

❖ OBJECTIVES OF FAMILY HEALTH NURSING

- The broad objectives of family health nursing are as under:
- To identify health & nursing needs and problems of each family.
- To ensure family's understanding and acceptance of these needs and problems.
- To plan and provide health and nursing services with the active participation of family members.
- To help families develop abilities to deal with their health needs and health problems independently.

OBJECTIVES OF FAMILY HEALTH NURSING CONT....

- To contribute to family's performance of developmental functions and tasks.
 - To help family make intelligent use of promotive, preventive, therapeutic and rehabilitative health and allied facilities and services in the community.
 - To educate, counsel and guide family members to cultivate good personal health habits, practice safe cultural practices and maintain wholesome physical, psychosocial, and spiritual environment.
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❖ PRINCIPLES OF FAMILY HEALTH NURSING

1. Provide services without discrimination
2. Periodic and continuous appraisal and evaluation of family health situation
3. Proper maintenance of record and reports.
4. Provide continuous services
5. Health education, guidance and supervision as integral part of family health nursing.
6. Maintain good IPR.
7. Plan and provide family health nursing with active participation of family.
8. Services should be realistic in terms of resources available.
9. Encourage family to contribute towards community health.
10. Active participation in making health care delivery system.

❖ ADVANTAGES OF FAMILY HEALTH NURSING

- Family health nursing of patients saves hospital beds that can be utilized for critical cases.
 - Family health nursing is cheaper than hospital nursing.
 - Patient under family health nursing enjoys privacy and emotional support.
 - Patients on family health nursing can continue with their routine pursuits.
 - If the patient resides in a sanitary house, family health nursing is better than hospital nursing since he can control inimical environmental influences better.
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❖ DISADVANTAGES OF FAMILY HEALTH NURSING

- Family health nursing requires the nurse to carry portable laboratory machinery to the patient's home.
 - If the patient resides in a substandard house, family health nursing could delay his recovery.
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❖ FAMILY CENTERED NURSING APPROCH

• The four approaches included in the family health nursing care views are:

1. Family as the context
 2. Family as the client
 3. Family as a system
 4. Family as a component of society
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1. Family as the context

When the nurse views the family as context, the primary focus is on the health and development of an individual member existing within a specific environment (i.e., the client's family). Although the nurse focuses the nursing process on the individual's health status, the nurse also assesses the extent to which the family provides the individual's basic needs. These needs vary, depending on the individual's development level and situation. Because families provide more than just material essentials, their ability to help the client meet psychological needs must also be considered. Family members may need direct interventions themselves.

2. Family as the client

The family is the foreground and individuals are in the background. The family is seen as the sum of individual family members. The focus is concentrated on each and every individual as they affect the whole family. From this perspective, a nurse might ask a family member who has just become ill. Tell me about what has been going on with your own health and how you perceive each family member responding to your mother's recent diagnosis of liver cancer.

3. Family as a system

The focus is on the family as a client and it is viewed as an international system in which the whole is more than the sum of its parts. This approach focuses on the individual and family members become the target for nursing interventions. Eg: the direct interaction between the parent and the child. The system approach to the family always implies that when something happens to one affected.

It is important to understand that although theoretical and practical distinctions can be made between the family as context and the family as client, they are not necessarily mutually exclusive, and both are often used simultaneously, such as with the perspective of the family as system.

4. Family as a component of society

The family is seen as one of many institutions in society, along with health, educational, religious, or economic institution. The family is a basic or primary unit of society, as are all the other units and they are all a part of the larger system of society. The family as a whole interacts with other institutions to receive exchange or give communications and services. Community health nursing has drawn many of its clients from this perspective as it focuses on the interface between families and communities.

Family health nursing practice like any nursing practice begins with the nursing process. By using this process, the nurse practicing with family perspectives is potentially able to effectively intervene at any of the levels. After an assessment of the individuals, family unit, and supra system, the nurse is ready to begin to identify areas of concern or need.

❖ FAMILY HEALTH NURSING PROCESS

❖ Definition Of Family Health Nursing Process

Family health nursing process is a orderly, systematic steps to assess the health needs, plan, implement and evaluate the services to achieve the health. It is the systematic steps to analyze health problems and their solutions. It helps in achieving desire goals of health prootion, prevention and control of health problems.

❖ Family Nursing Process

The **family nursing process**, suggested by these authors, consists of the following steps adapted specifically with family as the focus group.

(Carnevali and Thomas, 1993)

❖ ELEMENTS OF FAMILY NURSING PROCESS

- a) Assessment of client's problem**
 - b) Diagnosis of client response needs that nurse can deal with**
 - c) Planning of client's care**
 - d) Implementation of care**
 - e) Evaluation of the success of implemented care**
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a) Assessment (of client's problem)

The home health nurse assesses not only the health care demand of the client and family but also the home and community environment. Assessment actually begins when the nurse contacts the client for the initial home visit and reviews documents received from the referral agency. The goal of the initial visit is to obtain a comprehensive clinical picture of the client's need.

During the initial home visit, the home health nurse obtains a health history from the client, examines the client, observe the relationship of the client and caregiver, and assess the home and community environment. Parameters of assessment of the home environment include client and caregiver mobility, client ability to perform self care, the cleanliness of the environment, the availability of caregiver support, safety, food preparation, financial supports and the emotional status of the client and caregiver.

b) Diagnosis (of client response needs that nurse can deal with)

As in other care environments, the nurse identifies both actual and potential client problems. Examples of common nursing diagnoses for home care include Deficient Knowledge, Impaired Home Maintenance, and Risks for caregiver Role strain. Client education is considered a skill reimbursed by Medicare and other commercial insurance carriers, it is important for the nurse to include Deficient Knowledge in the plan of care. The deficit in knowledge may relate to client's lack of information about their disease process, medications, and self-care skills and so on.

c) Planning (of client's care)

During the planning phase the nurse needs to encourage and permit client's to make their own health management decisions. Alternatives may need to be suggested for some decisions if the nurse identifies potential harm from a chosen course of action. Strategies to meet the goals generally include teaching the client family techniques of care and identifying appropriate resources to assist the client and family maintaining self-sufficiency.

d) Implementation (of care)

To implement the plan, the home health nurse performs nursing interventions, including teaching, coordinates and uses referrals and resources, provides and monitors all levels of technical care; collaborates with other disciplines and providers; identifies clinical problems and solutions from research and other health literature, supervises ancillary personnel, and advocates for the client's right to self-determination. Technical skills commonly performed by home health nurses include blood pressure measurement; body fluid collection (blood, urine, stool, and sputum), wound care, respiratory care, and all types of intravenous therapy, enteral nutrition, urinary catheterization and renal dialysis.

e) Evaluation and Documenting (of the success of implemented care)

Evaluation is carried out by the nurse on subsequent home visits, observing the same parameters assessed on the initial home visit and relating findings to the expected outcomes or goals. The nurse can also teach caregivers parameters of evaluation so that they can obtain professional intervention if needed.

Documentation of care given and the client's progress toward goal achievement at each visit is essential. Notes also may reflect plan for subsequent visits and when the client may be sufficiently prepared for self care and discharge from the agency.

❖ FAMILY HEALTH ASSESSMENT

1. Establishing a working relationship

The family and nurse maintain a working relationship. It is relationship which is maintained while working together by developing trust, confidentiality and empathy. These are essential components or elements to find out the facts from families and making correct decisions. A working relationship must have scope of two way communication. The family members must be given equal opportunity to give their views and ideas and express the feelings and vice versa. The nurse must have enough interactions with family members to guide and help them to solve the problem.

2. Assessment of Health Needs

Assessment is a continuous process which becomes more accurate as knowledge of people deepens.

- Family structure, characteristics & dynamics:

Include the composition and demographic data of the members of the family/household, their relationship to the head and place of residence; the type of, and family interaction/communication and decision-making patterns and dynamics.

- Socio-economic & cultural characteristics:

Include occupation, place of work, and income of each working member; educational attainment of each family member; ethnic background and religious affiliation; significant others and the other role(s) they play in the family's life; and, the relationship of the family to the larger community.

- **Home and environment:**

Include information on housing and sanitation facilities; kind of neighborhood and availability of social, health, communication and transportation facilities in the community.

- **Health status of each member:**

Includes current and past significant illness; beliefs and practices conducive to health and illness; nutritional and developmental status; physical assessment findings and significant results of laboratory/diagnostic tests/screening procedures.

- **Values and practices on health promotion/maintenance & disease prevention:**

Include use of preventive services; adequacy of rest/sleep, exercise, relaxation activities, stress management or other healthy lifestyle activities, and immunization status of at-risk family members.

QUESTION BLOG ?

- ENLIST THE ELEMENTS OF FAMILY NURSING PROCESS?
- DEFINE FAMILY PROCESS ?
- ENLIST THE PRINCIPLES OF FAMILY HEALTH NURSING ?



THANK

YOU