#### Community Health Nursing Department - lecture -6

#### Family health service

<u>Family health care nursing</u> 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.

#### **Define Family Health Services**

**Family**: A social system composed of "two or more persons who are joined by bonds of sharing and emotional closeness and who identify themselves as being part of the family" (Friedman, 1998, p. 9).

**Family**: Two or more individuals who share a residence or live near one another, depend on one another for emotional, physical or economical support and share a sense of affection and belonging (Judith, 2014).

**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.

## **Type of Family:**

- 1. <u>Nuclear family</u> a family unit consisting of two adults and any number of children living together. The children might be biological, step or adopted.
- 2. Extended family-grandparents, aunts, uncles, and cousins, either all living nearby or within the same household.
- 3. Reconstituted family also known as a step family. A family where one or both adults have children from previous relationships living with them.
- 4. Single parent family-consists of a parent not living with a partner, who has most of the day-to day responsibilities for raising the children. The children will live with this single parent for the majority of the time, but they may still have contact with their other parent.
- 5. Same-sex f a mil y since civil partnerships were, the number of same sex families has been growing. Same-sex couples cannot conceive together, so their children may be adopted or be the biological children of one member of the couple. They may also be from a sperm donor or a surrogate birth mother.

#### **Theoretical Approaches to Family Nursing**

- 1. Systems models 2. Family development models
- 3. Structural -functional models

#### 1. Family Systems Models:

**System:** The family (focal system) **Subsystems:** Family members

**Suprasystem:** Influences external to the family (interacting systems).

#### **Family Systems Processes:**

#### **Environmental exchange processes:**

**Input:** Entry of energy, matter, or information into the system

**Throughput:** Transformation of material in some way **Output:** System products discharged into the environment

#### **System operation processes:**

1. Limiting energy expenditure 2. System organization 3. Preventing system overload

#### **Internal Processes**

Subsystem change processes

Adaptive processes

Entropy
 Negentropy
 Feedback

# **Stricture - Functions of the Family**

**Structure**: Family members and family interaction patterns related to roles, values, communication patterns, and power structure

<u>Function</u>: One of a group of related actions that lead to accomplishment of specific goals

Family structural elements affect the family's ability to carry out socially recognized family functions.

#### 2. Family Development

Families pass through a series of developmental stages in which they must accomplish certain family developmental tasks.

#### **Stage I - Single Young Adult**

- Accept self-responsibility.
  Differentiate self from family of origin
- 3. Develop intimate peer relationships. 4. Develop a career and financial independence.

#### **Stage II - New Couple**

- 1. Achieve commitment to the new relationship
- 2. Form the marital relationship
- 3. Realign relationships with families and friends

## Stage III - Family with Young Children

- 1. Adjust the marriage to the presence of children
- 2.Distribute childrearing, household, and financial tasks
- 3. Develop new relationships with family members (parenting and grand parenting)

#### **Stage IV - Families with Adolescents**

- 1. Adapt to growing independence of adolescent family members
- 2. Adjust to increasing frailty of own parents
- 3. Change parent-child relationships
- 4. Address marital and career issues.

#### Stage V - Launching Children and Moving on

- 1. Accept multiple entries and exits from family structure
- 2. Renegotiate the marital dyad
- 3. Adapt relationships to accommodate in-laws and grandchildren
- 4.Deal with disability and death of one's own parents

# **Stage VI - Families in Later Life**

- 1. Accept the change in generational roles 2. Maintain function
- 3. Explore new roles
- 4. Assure support for middle and older generations
- 5. Deal with the death of others and one's own approaching death.

#### 3. Functions of the Family

- 1. Providing Affection Give members affection and emotional support.
- 2. Providing Security and Acceptance meet their members' physical needs by providing food, shelter, clothing, and health care, secure environment, and equips them with skills necessary to cope with the outside world.
- 3. Instilling Identity and Satisfaction give their members a sense of social and personal identity.
- 4. Promoting Affiliation and Companionship give members a sense of belonging throughout life. Provides its members with affiliation and fellowship.
- 5. Providing Socialization families transmit their culture, values, attitudes, goals, behavior patterns to their members. Members, socialized into a way of life that reflects and preserves the family culture to the next generation.

# **Family Health Assessment**

Certain basic information is needed to determine a family's health status and design appropriate nursing intervention.

Biophysical considerations:	Family members' age and maturational
	level
	Family members' physical health status
	Genetic inheritance
Psychological	Communication patterns
considerations	Family relationships
	Emotional strengths
	Coping abilities
	Childrearing practices
	Family goals
Physical environmental	Home environment
considerations	Safety hazards
	Neighborhood
Sociocultural considerations	Roles
	Culture
	Religion
	Employment and income
	Education level
	Community relationships and
	resources
Behavioral considerations	Consumption patterns
	Rest and sleep
	Exercise and leisure
	Safety practices
Health system	Family response to illness
considerations	Use of health care services
	Health insurance status

#### **Family Caregivers**

Family caregivers operate as extensions of health care systems performing complex medical and therapeutic tasks and ensuring care recipient adherence to therapeutic regimens. They operate as home based "care coordinators" and personal advocates for care recipients.

#### **Family Crisis Intervention**

<u>Crisis</u>: The experience of an event or stressor that is beyond the family's ability to cope.

## **Types of Crises**

<u>Maturational crises</u>: Arise from normal transitional periods in family development.

**Situational crises**: Arise from sudden, unexpected, or unpredictable events.

# **Factors Affecting Susceptibility to Crisis**

- 1. The stressor and family perceptions of the stressor
- 2. Presence of other stressors
- 3. Family coping abilities
- 4. Family resources

#### Structure of a Crisis Event"

- 1. Hazardous event gives rise to the potential for crisis
- 2. A precipitating event generates crisis
- 3. Typical coping mechanisms are used
- 4. If successful, crisis is averted
- 5. If not, crisis ensues

#### **Assessing a Crisis Situation:**

- 1. Assess family perceptions of the crisis
- 2. Assess factors contributing to crisis
- 3. Assess family response to crisis
- 4. Assess family coping abilities
- 5. Assess family resources
- 6. Assess suicide potential

#### **Influence of Culture and Society on the Health of Families**

Health is a cultural concept because culture frames and shapes how we perceive the world and our experiences. Along with other determinants of health and disease, culture helps to define:

#### How patients and health care providers view health and illness.

What patients and health care providers believe about the causes of disease. For example, some patients are unaware of germ theory and may instead believe in fatalism, a djinn (in rural Afghanistan, an evil spirit that seizes infants and is responsible for tetanus-like illness), the 'evil eye', or a demon. They may not accept a diagnosis and may even believe they cannot change the course of events. Instead, they can only accept circumstances as they unfold.

Which diseases or conditions are stigmatized and why. In many cultures, depression is a common stigma and seeing a psychiatrist means a person is "crazy". What types of health promotion activities are practiced, recommended or insured. In some cultures being "strong" (or what Canadians would consider "overweight") means having a store of energy against famine, and "strong" women

## **Ethical Principles Related to Care of Families**

There are four commonly accepted principles of health care ethics that providers follow to ensure optimal patient safety: autonomy, beneficence, non-maleficence, and justice.

## **Role of Community Health Nursing**

Nurses help families in the following ways:

(1) Providing direct care,

are desirable and healthy.

- (2) Removing barriers to needed services
- (3) Improving the capacity of the family to act on its own behalf and assume responsibility.

One of the important aspects of working with the family is the nurse-family relationship, which is an intervention in and of itself. The nurse is responsible for helping the family implement the plan of care. The nurse can assume the role of teacher, counselor, advocate, coordinator, and evaluator in helping the family to implement the plan of the care.