FAMILY HEALTH NURSING CARE



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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, interact with clients, advocate for client & family, and approach spiritual care with families.

Definitions of family

- "Family is a more or less durable association of husband and wife with or without children or of a man or woman alone with children".

Nunkoff

- "Family is a system of relationship existing between parents and children".

Clare

- "Family is a miniature social organization including at least two generations and is characteristically formed upon the blood bond".

Keller

Types of family

- **Nuclear family:** it consists of husband, wife and their unmarried children.
- **Joint family**: it consists of husband, wife and their children but also of uncles, aunts and cousins and grandsons.
- **Extended family:** it consists 3 generation along with siblings.
- **Unmarried single parent family:** it can be either male of female adult with children.
- **Unmarried couple:** two adult, a male and a female with or without children living together.

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- **Unmarried or married homosexuals:** unmarried or married homosexuals living together without or with adapted children in a common household.
- **Commune family:** several adults are married to each other they share every thing including sex and rearing of children
- **Group network:** several nuclear families not related by birth or marriage but bound by a common set of values such as religious system, live close to each other and share goods, services and child rearing responsibilities.
- **Reconstituted families:** divorced or widowed adults with all or some of his/her children and a new spouse with all or some of his or her children, step parents, children and step children live together in a single house.

Functions of family

- Procreation and rearing of children
- Physical care and affection
- Economic security
- Socialization
- Education
- Division of labour

Family as the unit of health care

As mentioned earlier, family has engaged the attentions of all social, biological and medical scientists because family is a:

- **Biological unit:** family procreates and perpetuates life i.e. maintains continuity of human life. Family members share pool of genes.
- **Social unit:** family members live together, interact, help each other and share common physical and psycho social environment.

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- **Cultural unit:** members get socialized and learn the culture of society to which family belongs.
- **Epidemiological unit:** family is the primary site of interaction of host, agent and environment members are exposed to the risk of changing family environment which determines their health status.
- **Unit for providing social and health care unit:** family is the unit for providing all health and welfare service which are planned and organized by the government and voluntary sector because it is the natural habitat for individuals to live.

Family health care

- Art and science of preventing diseases, prolonging life and promoting health and efficiency of family through organized family efforts for the safe family environment, prevention and control of communicable diseases, reproductive and child health, education of members in personal hygiene, seeking medical and nursing services for early diagnosis and treatment, development of social system and coping abilities to ensure normal development and optimum health status of all family members.

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.

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- 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.

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.

DISADVANTAGES OF FAMILY HEALTH NURSING

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

FAMILY CENTERED NURSING APPROCH

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.

2. Family as the client

The family is seems as the sum of individuals 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 your perceive each family member responding to your mother's recent diagnosis of liver cancer.

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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.

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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 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 promotion, 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

A) Assessment of client's problem

- 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.

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, eternal 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.

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.

❖ METHODS OF DATA COLLECTION

A) Observation:

- Method of data collection through the use of sensory capacities, sight, hearing, smell and touch. Data gathered through this method have the advantage
- of being subjected to validation and reliability testing by other observers.

B) Physical Examination:

- Done through inspection, palpation, percussion, auscultation, measurement of specific body parts and reviewing the body systems.

C) Interview:

- Completing the health history of each family member. The health history determines current health status based on significant past health history.
- The second type of interview is collecting data by personally asking significant family members or relatives questions regarding health, family life experiences and home environment to generate data on what wellness condition and health problems exist in the family. Productivity of the interview process depends upon the use of effective communication techniques to elicit the needed responses.

D) Record Review:

- Reviewing existing records and reports pertinent to the client. (Individual clinical records of the family members; laboratory & diagnostic reports; immunization records; reports about the home & environmental conditions.

E) Laboratory/Diagnostic Tests:

- Performing laboratory tests, diagnostic procedures or other tests of integrity and functions carried out by the nurse herself and/or other health workers.

❖ ASSESSMENT OF FAMILIES

1. Assessment of environmental condition
2. Health status assessment
3. Family health practices
4. Family lifestyle

ASSESSMENT OF HEALTH RISK FAMILIES

- Health risk families are those who experience a particular event or other events of any disease repeatedly, that make them more prone towards physical, psychological and environmental response.

3.PLANNING FOR NURSING ACTION

- **Goal setting and selection of appropriate strategy**
- **Formulation of nursing diagnosis**
- **Resources available**

4.IMPLEMENTING THE PROGRAMME

- Implementation of nursing process in family health care is foundation of nursing practice. Nurse uses family health care process to promote the health of families and differentiate from work with individual events. Implementing the health care requires home visits, working closely with families, community leaders, health workers, and other related agencies like social welfare and educational institution, etc. for comprehensive system to care.

5. EVALUATION OF PROGRAMME ACTION

- Evaluation is not an end to family health care programme, it is continuing process integrated in the other phases. The ultimate goal of community health nurse is for the family to be self- supporting and independent in identifying the presence or absence of preventive health behavior and skills in determining strategies and using appropriate resources. The evaluation is based on the set objectives for family. For success in evaluation, it is better to involve family in setting the objectives to bring the desired changes in attitude.

- The nurse should observe for change in attitude during and after the intervention of care. If she notices the failure brings to the desired change, then she needs to go back to reset the objective, replan and reimplement the programming.

ROLES OF FAMILY NURSING

- The roles of health care nurses are evolving along with the specialty. Each health care setting affects roles that nurses assume with families, and many of these roles may occur in the same setting as well.

- **Health teacher:**
  - The family nurse teaches about family wellness, illness, relations, and parenting, to name a few. The teacher educator function is ongoing in all settings in both formal and informal ways.

- **Coordinator, collaborator, and liaison.**
  - The family nurse coordinates the care that families receive, collaborating with the family to plan care.

- **Deliverer and supervisor of care and technical expert.**

  The family nurse either delivers or supervises the care that families receive in various settings. To do this, the nurse must be a technical expert in terms of both knowledge and skill.

- **Family advocate.**

  The family nurse advocates for families with whom they work; the nurse empowers family members to speak with their own voice or the nurse speaks out for the family.

- **Researcher.**

  The family nurse should identify practice problems and find the best solution for dealing with these problems through the process of scientific investigation.

- **Role model.**

  The family nurse is continually serving as a role model to other people through his or her activities. A school nurse who demonstrates the right kind of health in personal self-care serves as a role model to parents and children alike.

- **Case manager.**

  Although case manager is a contemporary name for this role, it involves coordination and collaboration between a family and the health care system. The case manager has been formally empowered to be in charge of a case.

Family Health Records

Family health records indicate the health condition of each person of the family and common family health records are:

- Demographic record of the family
- Immunization record of the family
- Antenatal record of the family
- Postnatal record of the family
- Under five children record of the family
- School going children record of the family
- Health assessment record of the family
- Senior citizen record of the family
- Nutritional record of the family
- Specific disease record of the family

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THANK YOU

