

The family nurse

Family



**ASSIGN
BUSTER**

“ It was the best of times; it was the worst of times . . . ” Charles Dickens penned this famous opening statement in one of his popular books which spoke about the changing times during his day. Much has not changed either, if people interpret these same words into today’s context.

Families however, are encountering the constant and ever increasing bombardment of myriad pressures or more commonly now known as stressors. Spouses assume a variety of roles never before imagined during Dickens’ days. In most first world countries women live alone with children to support which made single parenting commonplace. In other words, every person’s choice has significant effects upon his own world and that of the rest of his immediate reach of influence.

Another example is when women who used to stay at home prior to the industrial age started to assume multiple roles: homemaking plus other jobs aside from tending to children and husband. This has complicated the family set-up or when the husband is left at home with no work, most conflicts arise. Husbands rarely accept willingly the tasks that wives used to do such as cleaning, laundry and baby-sitting. Husbands start to become hostile and relationships take the downturn in scenarios such as when a husband perceives that the wife makes him feel she has become superior in the arrangement.

The nursing profession has made great strides primarily towards the intervention aspects when nurses work as part of a team of health providers (as he/she takes on different roles) who address homelessness, facilities geared to aid the ageing; assess, care and administer prescribed therapeutic

remedies to the mentally disturbed, spouses and families in crises and especially those physically undergoing the effects of various kinds of emotional, physical (including chemical), mental and sexual abuse (Alexander et al., 2000).

Specifically, the family nurse can respond in many ways. Basically his/her role is in counseling. Knowledge not only in therapeutic techniques, medical or chemical drug application is not the only side to it. Counseling may come in the form of eliciting information on the issues or concerns of the family but it also has to do with the skills involved in both verbal and non-verbal communications such as active listening. The family nurse must be able to build rapport and establish credibility for the helping relationship to be effective. However, the family nurse must be knowledgeable as well on ethics that are expected to guide that relationship (Alexander et al., 2000).

Reference:

1. Alexander, Margaret et al. THE FAMILY HEALTH NURSE CONTEXT, CONCEPTUAL FRAMEWORK AND CURRICULUM: World Health Organization (WHO). http://www.see-educoop.net/education_in/pdf/family_health_nurse-oth-enl-t06.pdf