

Concepts of family health



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The purpose of this paper is to discuss a specific family member's meaning of health, influences and holistic assessments using family health concepts. The understanding will be presented within the framework of the CAEN Decision making model, a discussion on the person's health experience, and focusing on the concepts related to family health within the context of the client.

CAEN Decision Making Model

The framework used for this paper is the CAEN (Collaboration for Academic Education in Nursing) Decision making model. This model allowed me to focus and develop a process for understanding the client. The process I used was divided into 3 main points, client centered, coming to know the client, and salience/pattern recognition/health issues (CAEN, 2012).

To understand my client, I incorporated a client centered approach. Focusing on client centered health, allows me to have a deeper grasp of the client's lived experience and context. Making the family the expert not only gave them control, but improved my ability to understand their perspective (CAEN, 2012).

Coming to know the client is a way to improve knowledge and understanding a family's persona meaning of health (CAEN, 2012). I used client storytelling, conversation, and observation to obtain knowledge (CAEN, 2012). Focusing my attention and being aware of any observations allowed me to grasp and understand the clients lived experience. The information gathered led to knowledge in saliency, patterns recognition, and health issues.

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Saliency and pattern recognition knowledge are dependent on the Carper's ways of knowing, plus the addition of sociopolitical knowing (CAEN, 2012). Doane and Varco note that the ways of knowing are used to inform our practice, others, and context (Doane & Varcoe, p. 94, 2005). Saliency refers to the intentional way in which we choose or make decisions that are important, critical and relevant to the client. I achieved this through questions, dialogue, and reflective practice with the family. Pattern recognition deals with the ability to connect this information. To interpret patterns, I used the ways of knowing, analysis, deductive and inductive reasoning during the meeting with the family (CAEN, 2012). Health Issues are components that involve the client and nurse to identify and understand health related challenges (CAEN, 2012). During conversation, I was able to interpret and respond with questions to reveal the family's resources, strengths, goals, and context.

Individual's Health Experience

In understanding the lived experience, I used the aforementioned coming to know techniques to understand the client's physical characteristics, context, social support and experience with the medical system.

Physical Characteristics: The client for this paper is a middle aged Caucasian male, 63 years of age, has a wife who is 47 years old, and two sons, 16 and 18 respectively. In our conversations the father exposed information regarding his physical health. The father informed me that although he does not exercise regularly, he believes in the benefits of frequent exercise. In addition to the aforementioned exercise, the father expressed his concerns

over consuming too much alcohol. He stated that he does consume alcohol daily, and during social events, he tends to over drink.

Context: The father addressed economic concerns, and acknowledged that money is an indicator of health. This year in particular had been harder financially than previous years, and he commented on the stress he felt due to the financial constraints. One of his part time jobs was on the ski hill, and this year the delay in opening had reduced the household income. The family consists of a wife, and two teenage sons. Being an older father, he is aware of his energy levels, and having to raise two boys.

Social Support: Another facet of health he commented on was the social aspect. The client has a large social group, and thus felt that friends were a big impact on health. He often works with friends at events to help out the community and enjoy the social aspects of volunteering.

Experience with Medical system: Another component to his understanding of health was his experiences with the medical system. In particular, the client has a history connected with mental illness. His grandfather and father were both committed and passed away in institutions. The experience gave him an understanding of how the medical system treated patients with a mental illness. His experiences have changed his perception of people with a mental illness. He states that he is more compassionate and understanding due to his experience. The father also acknowledged the importance of nurses as they were the caregivers of his father and grandfather. Not only were the father's experiences shaping his understanding of health, his growth and development also contributed to his overall meaning of health.

Growth and Development

Physical Development: The client is a middle aged adult, age 63. His weight was within normal range for his height. I measured his vitals, with a blood pressure, 110/75, pulse rate of 70 beats per minute and 16 respirations a minute. All of the values are within the normal range for the client.

Performing the visual and hearing test resulted with normal values. The father was also aware of his sexuality, and was open to discussing his eating, elimination, and sleep patterns. The normal ranges observed in the vitals and general assessment gave him an understanding on the importance of maintaining a healthy body.

Psychosocial Development: The client was accepting of his aging, and was comfortable with his physical and emotional capacities. The client did discuss some concerns about being a middle aged adult with two teenage boys. He was a little stressed on how their lives would turn out. According to Soroor and Faxlollah, the widening generation gap in social trends and technology has led to decreased effective communication between parents and their children (soroor & Faxlollah, 2009). The father acknowledges this and expressed his concerns over his reduced role and lack of control over technology in the household.

Family Health Concept

To understand family health we can break the words into family and health. Family can be defined as two or more people bound together assuming responsibilities (Kozier et al, 2012). Health can be described by the state of

complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, definition).

The concept of family health is that if you improve a family, you improve a community (Stamler & Yui, 2012). Some of the barriers that face the client's family are the romanticized and stigmatized perceptions of family (Doane & Varcoe, 2005). The influence of media on what a family should be can lead to system behavioral changes. To have a clearer understanding of context and influences we look at the health of a family by using family assessment models.

I have chosen the Friedman Family Assessment model to guide me in understanding the individual's strengths and problems within the family. Friedman's model uses a systematic process for future planning, intervention, and evaluation (Stamler & Yu, 2012, p. 271). I must also address that there are numerous frameworks to choose from and due to constraints on paper size, I have selected only to use one framework. While Friedman's family assessment contains 6 categories, I will be focusing on family structure, and family function. For this paper we will address the impact of health indicators, and health perspectives within the context of the family.

Health indicators that influence the family are health behaviors such as not smoking, regular physical activity, and moderate drinking, but I will be focusing on income and education levels. Since the client did not work a large portion of the winter part time job, the wife had to take on the role of working more hours. The impact of indicators such as income potential and

living costs have led the family to limit spending, and recover from previous bankruptcy. Education is another indicator that affects the family. The father did not graduate and expressed his displeasure and guilt. He stated that he often feels inadequate when conversation about academics is brought up. He feels that although education is important, he feels helpless in trying to promote education and keep an emotional connection with his sons.

Health Perspectives:

The family structure is assessed by observing the communication patterns, power structure, role structure, and family values (Stamler & Yiu, 2012). The communication pattern I observed was usually initiated by the father. He seemed to initiate the dialogue, and the other members of the family joined in when appropriate. The father stated he is assertive, and opinionated, but acknowledges other contrasting views. I noticed that the mother often disagreed with the father. This sharing of contrasting opinions may come from the father's way of growing up, as men were the dominant money makers in the family. The wife in this family would be considered the money maker, and thus may contribute to the power struggle within this family. The wife is away from the homestead often, due to the nature of her work. The separation between husband and wife has also led to further disagreement and potential insecurities felt by the father. According to De Mol, Buysee and Cook, interdependence leads to influence either directly or indirectly (De Mol, buysee, Cook, 2010). The roles of nurturing figure, decision maker, problem solver and provider have created possible conflict. De Mol states that family members need to feel wanted or appreciated by other family members (De Mol et al, 2010).

The family function is assessed by observation, family affectiveness, socialization, and healthcare. Stanhope and Lancaster stress the importance of family relationships and health care as the most important aspects of family function (Stanhope & Lancaster, 2008). The largest observation was the family's affection and caring for each other. I noticed support, and communication between all the members of the family. Soroor and Fazlollah note in their study that parents should have good communication (Soroor & Fazlollah, 2009). The impact has been good communication between the father and the rest of the family. Being sensitive to each member's needs has allowed an open forum for communication. This has led to the family better handle crisis situations, such as financial problems and seek the assistance of friends and extended family.

Learning Experience

This experience has increased my awareness of the importance in using the CAEN decision making model and frameworks to help guide my process of assessment. The frameworks assist in focusing my assessment observations and questions. In addition to the frameworks, the use of the relational lenses is an important tool, allowing me to hone in on aspects of an individual or family's health. The process of coming to know also allows me to understand that my beliefs and perceptions should be acknowledged, but put away when relating to the individual/family. These tools not only assist in understanding, but focus the attention to the client. Haggerty notes the need to understanding the patient's perspective in order to allow for greater accountability, primary care, and knowledge (Haggerty, Fortin, Beaulieu, Hudon, Loignon, Preville, & Roberge, 2010). These tools allow me as a future

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nurse to identify strengths and weakness and capacity of the individual or family. This knowledge informs me to develop health promotion interventions, and promote optimal health.

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