

Family healthcare assessment



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Identifying Data

The family consists of four members, the mother, TM, who is a thirty six years old Caucasian female and was born August of 1980 in the state of Nebraska and is employed as an engineer with her master's degree. TM is married to the father, JM who is a fifty two years old Caucasian male and was born in June of 1964 in the state of Delaware and is currently employed as a technician lead and attended technical school. TM and JM have two twin foster children who are two years old and both of which are Caucasian males. KL and IL were born in October of 2014 in the state of Georgia.

The family of four attends Evangelical Christian attending a Pentecostal Church where the Bible is recognized as the inspired word of God and provides the rule for faith and practice. The family is a member of the middle class social. The family spends their recreational and leisure time playing outside while doing things like hiking, swimming, and riding bikes. During the weekends they enjoy watching family movies and spending time with their family dog and cat. They also spend quality time with their extended family and supporting one another in attending sporting or school events.

Developmental and Environmental Data

The family's current development stage according to, Marcia Stanhope and Jeanette Lancaster is, " Family with Preschool Children." The three main developmental tasks that the family is currently presuming are, " Understanding growth and development, this includes discipline, coping with

energy depletion, and arranging for individual time, family time, and couple time” (Stanhope & Lancaster, 2014, p. 313). The family’s nuclear history consists of TM and JM who have been married for ten years since April 29th of 2006. JM the male spouse has had one previous marriage. During this time he had two children, JM who is a thirty two years old Caucasian male and was born in 1985, and AM who is a twenty eight year old Caucasian female born in 1989. TM and JM the married couple, currently have no biological children together, but are fostering to adopt two year old twin boys.

The father, JM came from a very large family where he is the youngest of eight children, consisting of four males and four females. Both of his parents are deceased. His family valued hard work and respect for one another. The mother, TM also comes from a large family and is the third out of four children, consisting of three females and one male. Her father was in the Air Force and her mother primarily stayed at home as a homemaker when TM was little, but later she went back to work as the children become older. The family moved around several times as the Air Force relocated them, which in return taught them to depend on one another and seek support and friendship from their siblings. TM and JM home is a place where they want to nurture love and respect.

They like to enjoy the outdoors on their twelve acre farm and also kick their feet up and watch movies and play games. Today all of TM family of origin lives nearby and they see them several times a week between attending church, getting together for family celebrations, such as, birthdays and holidays, and just everyday play dates. JM oldest brother serves as the head of the family and JM talks with him on a regular basis. For their family that is

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not local they will typically see them for graduations and weddings. The social media network, Facebook, has allowed them to stay in touch with all family members even those that live far away, and although Facebook is often seen as a source of entertainment, “ a vast majority of individuals use media devices as a means of communicating or connecting with others” (Villegas, 2013). Social media is a popular and affective form of communication today because it is a lightweight and informal form of communication. TM and JM see social media as an, “ important resource for upholding family relationships and a platform for socialization with physically distant family members” (Villegas, 2013).

Family Structure and Family Functions

The family talks several times throughout the day to discuss simple things like, who will pick up the kids and what will we fix for dinner, to more serious issues like buying cars and applying for jobs. The family uses several forms of communication such as, face to face, phone, text messages, and facetime. If time permits, for big decisions they like to talk about it, and give each other time to think on the subject, pray about it and research it if needed, and then come back to one another to discuss matters again and then decide what needs to be done. JM likes conversations to be more short and to the point. Where on the other hand TM will give as much detail as possible and if you interrupt, in return TM will then have to start all over again from the very beginning. Extended family, friends, and church also influence how family decisions are made and how both TM and JM view different situations. With JM being sixteen years older than TM and having

more life experience JM typically stays calm and doesn't get concerned over things that TM might at times.

TM and JM generally take on traditional roles in the family and around the home. Where JM takes care of most outside chores and TM takes care of indoor chores. However, some things the couple share responsibility for such as cooking. Then based on their strengths the couple may decide which one is more suited to deal with certain tasks. For example, TM tend to the bank account and take responsibility to pay for the bills, however, JM deals with getting the taxes done. They both discuss major purchases or if they need to move large amounts of money around and how that might affect other things they want to do later on.

Together their most important family values are showing love, respect others, work hard, and taking care of your things. Showing love and respect are the most important values within their family because they believe if you love and respect people, animals and things in your life you will work hard to take care of them properly. These values have been passed down to TM and JM from their families of origin, religious beliefs, and learned throughout life experience. Both TM and JM come from fairly traditional families and entered their marriage with the same value set. By keeping their values and living by them they are able to address problems and conflict with less stress. Their communication style has allowed them to deal with very stressful situations as they have come up and ultimately the love and respect they share for each other allows them to consider things they may not have thought about once before. Keeping the stress in their life low allows them to sleep well at night.

To the family children are seen as a blessing and they look to raise KL and IL to be independent and productive as adults. TM and JM strive to help them identify their talents, gifts, and abilities; helping them to grow in areas they are good in and helping to direct them to careers that fall in line with their personal strengths. They like to provide the opportunity for their children to participate in sports and extracurricular activities as their budgets and time will allow them to. In addition they do a lot of activities at church to help them grow spiritually and emotionally. As parents they provide and teach their children how to take care of themselves through healthy eating habits and hygiene practices, to how to interact and treat other people. Teaching their children how to be responsible and to respect one another and being consistent with boundaries and discipline are keys to raising their children. As a family, which includes their extended family, support one another in celebrations like birthdays and holidays and sporting/school events. Also they talk via phone or social media several times a day. TM and JM talk over their personal schedules to make sure they both know who can cook dinner that night and who might have errands to run. They both feel like they have a happy, healthy, and functional family that is willing to pitch in to help when the need arises.

TM and JM talk daily and discuss even the smallest of decisions. When choosing to adopt the boys their extended family has been nothing but supportive throughout the entire process. As a family TM and JM have had their fair share of stress dealing with different agencies trying to adopt and also the loss of loved ones over the years. The couple has found that they can rely on each other's strength. JM has a steady and logical view of things

and is able to remain calm and collected. TM's strength comes in by being able to organize and complete a plan to help get through a stressful situations. As things have changed very quickly for them over the last few months they have had to adapt to being a family of four with two toddlers. They have quickly figured out that there is no need to worry about the small stuff anymore. Their concerns now are to, take care of the two boys, and help them feel like they are a part of the family and the other things will fall into place and be completed when necessary.

From time to time they deal with stress by getting away for a little while by themselves, to read, pray, or think. Other times they might talk through things right then. A good night's sleep and physical activity always help relieve stress for both of them. Prayer is a common way for Christians to deal with stress throughout their life, and “ those employing prayer for health concerns are also more likely to take steps to ensure their health by engaging in health protective behaviors” (Wachholtz & Sambamthoori, 2012). There for it is important for nurses to know the importance prayer can have on a patient's physical and mental health. Respecting this religious and spiritual behavior has a huge impact on the quality of care moving forward.

Health Care Function

In regards to their family healthcare beliefs, values, and behaviors the family believes it is important to stay healthy and fit. Their Christian beliefs teach them to take care of their bodies. They know that by eating right and being active they can prevent some sickness throughout their life. Their house is a caffeine free zone. TM noticed how days where she had several caffeinated

drinks that she would be very restless at night, so it has been roughly three years now that they have not had any caffeine. This allows them to get better rest throughout the night. They also reduce the amount of sugar that is within their diet as well. Overall they feel that they are pretty healthy.

The only family member who takes medicating on a daily basis is the father to treat his diabetes and thyroid disorder. Within the family's health history, JM had thyroid cancer over fifteen years ago and is currently managing his diabetes mellitus, and the mother has no major health history to report. They generally do not like going to a doctor, but they do know there is a time and place to use health services. They do not want to be the kind of people that run to the doctor for every little thing that comes up. They trust the advice, guidance and diagnosis provided by the physicians, but they prefer to use more natural relief verses pharmacological medication if they have the choice of doing so.

Family Stress and coping and Summary

Short term family stressors include legal hurdles that come along with adopting their foster kids and dealing with questions that come up from the kids and other people as well. Long term stressors are like career and job planning and advancement, raising the kids to have faith in God and to be independent as they grow up, and retirement planning. These things include trying to be healthy now to avoid illnesses that can affect you as you get older. Their family strength is that they support each other and that they have lots of support for extended family, friends, and church.

Some of the coping strategies the family has used are praying, walking, and completing other tasks to get their mind off of the bringing about a new perspective, talking through the issues and worries with each other or family members and close friends. Sometimes they choose to seek council from someone who has gone through a similar situation before. They have found that most of the things they tend to worry about are worse in their mind then the reality of when the event takes place. TM tries to keep her mind from jumping to the very worst case scenario before knowing all the information. Then they are able to keep things from becoming bigger then they need to be. Sometimes it is just taking one day at a time and praying through a tough situation.

In the couples earlier years in marriage it was easy to use dysfunctional techniques and means of coping with stress as they adapted to their new life with one another. At times TM and JM experienced denial of their existing problems and would use displacement to cope with the issue, but as their relationship continued to grow and they continued to actively seek God in times of need these negative and dysfunctional techniques because an issue of the past. The family has successful coping strategies that they know works well for them, and have learned to solve problems to the best of their abilities.

The family provided a lot of information to where the nurse would be able to create an affective plan of action for the family. By using all the assessment tools available a detailed image of the family was able to be illustrated, and although some of the information may have overlapped at times, it was all taken into consideration to created an appropriate plan of care for the entire

family. According to the objective data gathered the family demonstrates excellent means of coping with stress in their life, and equally balancing and taking responsibility between the two spouses to create a less stressful and chaotic environment for the new parents. It is important that TM and JM take time needed out of their busy schedule to also focus on themselves to prevent unnecessary stressors that could occur in the future. It would be important to form an intervention and accurately assess and discourse with the parents their current stress level and how they are currently coping and dealing with that stressor to create a positive outcome and prevent negative coping mechanism habits from the past occurring again. Seeing as TM and JM are new parents to two preschool aged children it is important to discuss with them who they see as their main supporter throughout this process and if they feel like they can affectively depend on them in times of need.

It is vital to take the time to assess the family's structure of life and in order to formulate an effective nursing plan of care. Getting to know your patients family is an essential role in caring for each of your patients regardless of what area of nursing in health care you reside in. A family assessment can help you learn about different strengths and barriers the family presents. By taking the time to listen to your patient you are completing one of the most important tasks as a nurse, forming a trusting relationship between your patient and the family.

References:

Stanhope, M., & Lancaster, J. (2014). *Foundations of Nursing in the Community: Community- Oriented Practice* (4th ed.). St. Louis, MO: Mosby/Elsevier.

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Wachholtz, A. B., & Sambamthoori, U. (2012). National Trends in Prayer Use as a Coping Mechanism for Depression: Changes from 2002 to 2007. *Journal of Religion and Health* , 1356-1368. doi: 10. 1007/s10943-012-9649-y

Villegas, A. (2013, October 17). The Influence of Technology on Family Dynamics [Electronic version]. *Proceedings of the New York State Communication Association* , Vol. 2012 . Retrieved from <http://docs.rwu.edu/cgi/viewcontent.cgi?article=1062&context=nyscaproceedings>