

Discussion and reply to a discussion



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Discussion and reply to a discussion Part In the modern world, families have become more and more involved in health care and it is essential for the practitioners in the health care, including nursing, to become more knowledgeable and competent about working with families. Although there are several research evidences suggesting the benefits of working with the family to attain a higher level of health, both nurses and families identify that the practice of family nursing is not routinely provided. Based on my experience in nursing practice and what I have observed during my clinical rotations, I can prove that a family's unique balance of strengths and limitations determines how it copes with the critical care hospitalization. Significantly, the families of critically ill patients experience several types of emotional challenges which seriously affect the work and recreational, social, and emotional life routines of the family system. The family's capacity to deal with these challenges is determined by the family's patterns of communication, problem-solving skills, degree of cohesion within the family, interfacing with the external world, and conflict resolution abilities. According to the literature on the topic, the involvement of families in critical care settings has a positive effect on the effective service to the needs of families and patients during a medical crisis. " The challenges for the critical care nurse are to (1) understand how the medical crisis affects family functioning and dynamics, (2) understand the emotional intensity often experienced by families, and (3) determine the appropriate level of family involvement in the patient's holistic care during the hospitalization." (Leon and Knapp, 2008, p 256). Therefore, family nursing is an essential reality of the health care system of the day and the importance of holistic nursing cannot be ignored by the schools of nursing. As the human experiences are shaped by the

socio-political and economic environment, " family nursing practice must attend to the living experience of the families in context." (Doane and Varcoe, 2004, p 120).

Part 2

In the given post, the perspective of a nursing practitioner is evident as the author emphasizes some of the crucial issues in the family nursing. The author argues that many nurses are intimidated by the idea of including the family and viewing the family as a system. In support of this argument, the author provides essential evidences from the experiences of a family nursing practitioner. Thus, the author provides important examples of nurses giving report and talking about how the family is " overly" involved or that they intrude. However, the author is categorical that the nurses in practice need to incorporate the family at the bedside in order to make the practice effective. In support of this argument, the author argues that the families can be a great asset to the teaching and pt. compliance. It is also noted that many nurses are fearful of breaking confidentiality practices by talking with the family. To the author, the dynamics and set up of the patient rooms are not " family-friendly" with the limited space and only one chair in the room. Thus, the author describes the issues confronted by a nurse in incorporating families in the practice. However, the benefits of incorporating the family at the bedside are numerous and the author advocates for such a change in the way nurses practice.

References

Leon, Ana M. and Knapp, Sandra. (2008). " Involving Family Systems in Critical Care Nursing Challenges and Opportunities." *Dimensions of Critical Care Nursing*. 27 (6). p 256.

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Doane, Gweneth Hartrick and Varcoe, Colleen. (2004). Family nursing as relational inquiry: developing health-promoting practice. Lippincott Williams & Wilkins. p 120.