

Case study of a functional health pattern assessment nursing essay



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The following Functional Health Pattern assessment is based on a 65 year old Scottish woman who lives independently with her husband in their home at Happy Valley.

The purpose of the interview was explained in addition to an outline of the types of questions which would be asked during the interview. A copy of the interview questions were provided prior to the interview (Appendix 1) so the questions would be familiar, and to minimise any embarrassment.

The importance of maintaining her privacy and the necessity of choosing a pseudonym was discussed which she perceived as great fun. She chose ' Patricia' as she thought it was rather a ' posh' sounding name and one which she had always liked.

At the beginning of the interview the confidentiality aspects were reiterated to which Patricia indicated verbal permission for her information to be disclosed as applicable and appropriate with due regard to her ethical and legal rights (ANMC 2008, p. 4).

Patricia was advised any questions which she did not feel happy answering could be skipped in order for her to feel comfortable within the interview environment. That said however, Patricia stated she was happy to discuss anything and was keen to progress the interview.

Health perception/health management pattern

An outline of the client's perceived pattern of health and wellbeing and how health is managed (Gordon 1994)

Patricia perceives her health to be reasonably good, not 100%, but fairly good for her age. She stated she has always strived to live a healthy lifestyle and believes that her employment as a Diversional Therapist within an Aged Care facility keeps her young and fit as she walks around the facility countless times throughout the day attending to resident's lifestyle needs.

Patricia presents as a much younger person than her biological age and attributes this to working fulltime and walking somewhere in the vicinity of approximately 3 kilometres per day 5 days a week. The risks of developing cardiovascular disease are greatly decreased by regular exercises such as walking and aerobic activity in addition to increasing the benefits of physiological and psychological wellbeing (Crisp and Taylor 2005, p. 920).

Although Patricia takes medication for the management of Hypertension (High Blood Pressure), diagnosed in 2009, she feels that it is well controlled and does not impact on her ability to perform her role at work, undertake housework or participate in recreational activities with her family on weekends. When not controlled, Hypertension puts strain on the heart, damages blood vessels in the kidneys and damages the retina, resulting in a loss of vision (Herlihy 2007, p. 331). As Patricia already suffers vision problems it is imperative her Hypertension is regularly monitored.

Patricia regularly attends her doctor and believes it is important to adhere to any recommendation or treatment administered by the doctor. She advised she would be too scared not to do so in case something bad happened to her so she complies implicitly.

Although Patricia would like to have private health insurance she feels that it is too expensive. She is satisfied with the Medicare system and believes it meets her needs adequately.

The necessity of installing aids or changing any aspect of her home to increase safety or prevent accidents has not been necessary. She believes she has not come to this stage of life just yet and feels confident in her ability to manage her household as is.

Nutritional metabolic pattern

An outline of the client's pattern of food/fluid intake relative to metabolic need and nutrient supply (Gordon 1994)

During a 24 hour period Patricia usually consumes three main meals and rarely has snacks during the day when working. She believes her job influences her eating pattern during the week as she only has a 30 minute lunch break which leaves little time for large or extended meals.

In the 24 hours prior to the interview Patricia consumed cereal, herbal tea, water, yoghurt, orange juice, fruit, vegetables and muffins. During the week she feels her diet to be balanced and more than adequate.

Patricia is a Vegetarian based on her religious beliefs, she has no food allergies but does modify her diet regularly based on her body image and weight fluctuations. Research suggests people who potentially suffer from a binge-eating disorder have a history of weight fluctuations and obesity (Edlin et al. 1997).

On the weekend when she spends a lot of time with her family and grand children she admits she consumes more snacks, fast food and foods considered to be empty of nutritional value such as potato chips, lollies, ice cream and soft drink, particularly when in company with her grandsons. Patricia laughingly classes herself as a “ weekend social eater”. In a recent article (Abedin 2009) indicated, ‘ adults tend to eat more when they are around friends and family than when eating with strangers’.

‘ Tooth decay is primarily caused by circulatory changes, poor dietary habits and poor mouth or dental hygiene’ (Murray & Zentner 1989, p. 470) and as a result Patricia has top dentures although they do not inhibit her ability to eat nor restrict the types of food choices available to her.

There have been no significant changes to her diet as she has aged due to the vegetarian menu she eats for her main meals, however she stressed that she does overeat ‘ rubbish food’ with her grandchildren. However, when questioned if this overeating has primarily occurred since becoming a Grandmother she sheepishly admitted it was probably a lifelong habit.

Sometimes she has noticed significantly lower energy levels particularly in the afternoon but Patricia believes this to be based on the expectations of her job and possibly age rather than indications her nutritional intake is a contributing factor. When queried if her Iron and Vitamin intake were sufficient based on the fact she doesn’t eat red meat Patricia stated she didn’t think it caused her a problem, nor had her Doctor ever mentioned any need for additional supplements.

Research has shown (Hunt 2003) people on a vegetarian diet get all the iron they need by eating iron rich foods, including legumes, green leafy vegetables and fortified breads/cereals although iron will be less available for absorption than in diets which include meat. Hunt (2003) suggests, 'vegetarians should consider consuming vitamin C, or citrus fruits to improve absorption ratios in order to balance out nutritional requirements'.

No issues were identified in terms of hair loss, increased facial hair growth, skin disorders or nail growth. Patricia maintains a regular skin regime to promote health, elasticity and prevent wrinkles. Her skin appears well hydrated. Patricia's hair and nails were similarly maintained.

Elimination pattern

An outline of the client's pattern of excretory function in relation to the bowel and bladder (Gordon 1994)

When reflecting on her voiding pattern Patricia stated she voided approximately three times per day dependent on her daily schedule and her fluid intake, and about the same amount at home in the evening.

Patricia experiences no problems with bowel elimination and has never utilised suppositories, supplements or other medication for either constipation or diarrhoea. She uses her bowels twice a day and believes the amount of fruit and vegetables consumed within her diet coupled with her fibre based cereal every morning sufficiently meets her needs. Alteration in elimination patterns can sometimes indicate signs or symptoms of issues within the gastrointestinal system (Crisp and Taylor 2005, p. 1325), but this does not appear to be applicable in Patricia's case.

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Activity exercise pattern

An outline of the client's pattern of exercise, and physical activity (Gordon 1994)

Exercise which keeps the heart pumping and working steadily for about 20 minutes per day improves fitness, reduces the risks of heart disease, obesity and maintains mobility (Peterson 2004, p. 625).

As discussed in the health perception/health management pattern Patricia walks reasonable distances during the day at her place of employment. In addition to the walking she conducts gentle Exercise Classes for the residents at the Aged Care facility twice a week. She feels she has sufficient energy to participate in, and conduct, these classes and they form the basis of her regular exercise pattern.

Sleep/rest pattern

An outline of the client's pattern of sleep, rest and relaxation (Gordon 1994)

Patricia says she thoroughly enjoys sleeping and will generally achieve 8-9 hours per night which she thinks provides her with ample rest and recuperation from her daily activities. According to Crisp and Taylor (2005), 'the amount and quality of sleep decreases in the older adult', however Patricia has neither noticed nor experienced any significant change to her sleep pattern in many years.

When Patricia was approximately 10 years old she used to sleep-walk but has since outgrown this problem. She states she awakens at 0300 every

morning ' regular as clockwork' to go to the bathroom but experiences little difficulty returning to sleep.

Cognitive/Perception pattern

An outline of the client's cognitive and sensory perceptual patterns (Gordon 1994)

The average brain shrinks approximately 5-10% in weight between the ages of 20 and 90 resulting in a decrease in working memory, however, the brain can adapt and grow new cells, but this is dependant on physical activity, stimulation and learning (Santrock 2006). Patricia believes the constant mental and physical stimulation of her job keeps her brain active as evidenced by the successful completion of recent study. She is a keen crossword puzzler and novel reader which she feels supports her cognitive functions.

Of the five sensors the most significant change has been to Patricia's vision as she has aged. Patricia wears glasses for reading, computer work and magnification for everyday activities. She has her vision tested every three years and upgrades her eyewear as recommended by the Optometrist.

Patricia has not noticed any change in her ability to smell, hear, or touch but admits to a taste change over the years from sweet to savoury flavours.

Self perception/self concept pattern

An outline of the client's self concept and perceptions of self in relation to body image, self worth and feeling states (Gordon 1994)

Of the most interest and focus, and highlighted throughout this assessment, was Patricia's image of herself. Although she states she is reasonably satisfied with her current status in life and what she has achieved for herself and her family, her perception of how she looks demonstrates issues around physical dissatisfaction, possible low self esteem and a lack of confidence in social situations. Erikson (1965) theorises 'maintaining a positive self image and feelings of self worth is essential in order to achieve a successful transition to old age despite changing abilities and limitations'.

She clearly states she doesn't feel old at 65 years however she believes her weight issues affect her ability to feel confident when she pursues recreational and social activities. Physical ideals and social stigma value a thin body, which society symbolises as 'people's ability to discipline their appetite and restrain themselves from overeating' (Germov 2005). Patricia states when she is at work and performing tasks which she perceives are within her capabilities she feels competent and happy within herself.

It is only when she is required to enter the social arena she is faced with unhappiness and dilemma about her body image. Those who are overweight are subject to stigmatism for being different and falling outside of the social norm (Germov 2005).

On occasion she will refuse to go out with friends or feels upset about her selection of clothing and fit, negatively believing she will be an embarrassment to friends and family due to her size.

When she does socialize outside of her immediate family circle she tends to sit quietly and not draw attention to herself especially if the social event has <https://assignbuster.com/case-study-of-a-functional-health-pattern-assessment-nursing-essay/>

a number of well dressed and slim women in attendance, and particularly if she sees them as being of a similar age bracket to herself. A thin body is viewed by society as the essence of beauty, sexual attractiveness, social status, health and occasionally moral worth (Germov & Williams 2004).

In recent years Patricia states although she does not perceive herself as being either 'old or tired' she admits to using her age as an excuse to decline invitations to attend social functions based purely on the fact that she is not comfortable with her body image.

Although she is eligible for a 'Seniors Card', which is based on age, Patricia refuses to apply for it stating adamantly that she is 'not old' and does not like the connotations that ownership of such a card implies. She says she does not class herself as a 'Senior' and therefore a 'Senior's Card' is not required. When the possible benefits of the Card were discussed her prompt response was a definite, 'no thank you, maybe when I'm 80'.

Role/relationship pattern

An outline of the client's pattern of relationships and role engagement (Gordon 1994)

Patricia is a mother, grandmother, aunt, wife, sister, friend, employee and work colleague. She views her primary roles at this stage of her life as being a wife, grandmother and employee. She enjoys close relationships with her three daughters. Since the recent death of her only sister, her husband, children and two nieces are the only remaining family in Australia as her parents are deceased. She has no contact with distant relatives in Scotland.

Patricia has a select group of friends but feels as a result of her work commitments during the week, coupled with family commitments, she has little spare time to socialise with friends. She does not belong to any social groups and mentioned that she thought social groups were a waste of her time. Murray and Zentner (1989) state some factors may inhibit older people from pursuing recreational activities based on a perceived poor usage of time, conditioning to appear busy, fears about the future and the lack of previous opportunities to pursue a hobby or new interest.

Sexuality pattern

An outline of the client's reproductive and sexuality pattern (Gordon 1994)

At the age of 16 years old Patricia began menstruating. Patricia experienced no difficulty during her three pregnancies and has never suffered a miscarriage. Since she began menopause at the age of 45 years Patricia has experienced minimal interest in being sexually active and cites a definite loss of libido however she did indicate her sexual needs were 'abundantly' met.

Eden (2002, p. 53) argues 'women's sexual desires fluctuate over the years with highs and lows, commonly coinciding with major life changes such as menopause'.

Patricia says she has a 'tilted uterus' which causes her no problems, pain or issues during sexual intercourse. The uterus normally lies in an anteverted position with statistics showing approximately 20% of women have a retroverted or 'tilted uterus' without experiencing any problems during their life (Andrews 2005).

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She experiences no embarrassment when openly discussing issues of a sexual nature, nor did she find it difficult to talk about sex education with her daughters. Patricia believes due to it being a taboo subject with her parents when growing up it has influenced her to be very open with her own children.

A good health maintenance plan includes regular health screenings, including Pap Smears, self breast examination and mammograms (Leifer & Harrison 2004, p. 215). Patricia states she consciously adheres to preventative health measures.

Coping/stress pattern

An outline of the client's general stress tolerance and coping mechanisms pattern (Gordon 1994)

The stress Patricia feels when she is at work relates to her supervisor who Patricia states is not as supportive as she would like. She does however have other colleagues at work with whom she can debrief as required. She cites her husband as being her primary support and states they have always talked through as a family any issues which may impact on her coping mechanisms.

A recent significant stressful event was the marriage and untimely death of her only sister whilst on honeymoon and the subsequent fight over her sister's Last Will and Testament which occurred between the new husband and her nieces. Again her husband and daughters were her primary means of support during this time although she did consider accessing professional counselling.

Being aware of what causes stress, how you react and having a network of support are all strategies which can help you to manage and control stressful events (Andrews 2005, p. 59). Patricia feels she has accepted the outcomes from this event and moved forward.

Patricia does not drink alcohol, use medication or take drugs to relieve stress but will comfort eat and compensate with food on occasion resulting in weight gain and subsequently poor body image and what she terms ' mild undiagnosed depression' which she says never lasts for very long.

Value/belief pattern

An outline of the client's pattern of values, spiritual beliefs and goals determining choices or decisions (Gordon 1994)

An individual's sense of spirituality can be influenced by culture, life experiences and religious beliefs (Brush 2000). Patricia is a practicing Mormon and spiritual person. Her family and faith have always been the most important part of her life. She has been married to her husband for 42 years and values her relationship with him.

Recent goals have included completing a TAFE Course at age 63 years and resettling into a newly purchased home which she feels have all been guided by her faith and spiritual beliefs.

She believes she has enjoyed a rewarding life and has always been a ' big, happy, bubbly person'. As indicated in previous patterns Patricia's body image pervades all patterns of her life suggesting a lowered perception of self.

Conclusion

Patricia presented as a reasonably healthy woman for her age. She is active and mobile, she feels healthy, her skin, hair and nails look nourished, and her living environment is clean, well maintained and comfortable.

Patricia is aware of the need to maintain her health and undertakes preventative measures in order to continue her good health record. The diagnosed hypertension she experiences is appropriately monitored and medication is religiously taken and reviewed regularly. Similarly her need for glasses to assist with vision is regularly checked with her eyewear strength updated as required.

She has excellent support, and gains spiritual strength, from her husband, family, friends and religious beliefs. She enjoys positive relationships with many of her work colleagues and has sourced alternative mechanisms for debriefing when work becomes stressful. The benefits of Patricia's continued working lifestyle assists in her remaining physically and mentally active, slows her aging decline, provides a social aspect which she enjoys, and allows her the financial means to ensure a comfortable lifestyle.

Although Patricia carries an excess amount of weight primarily at her thighs, hips and buttocks, this does not appear to detract from her general feeling of physical wellbeing although her body image and perception of herself were highlighted negatively in more than one pattern.

Interestingly, when discussing her self concept pattern Patricia displayed a number of behaviours suggestive of altered self concept, i. e. avoidance of eye contact during such discussion, putting herself down, and being overly

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critical of her appearance (Crisp and Taylor 2005, p. 500). However, Patricia believes she recognises when she needs to diet or make efforts to reduce her calorie intake and assume more restrained eating habits.

Patricia states she felt comfortable throughout the interview and believes the assessment process 'effectively established, maintained and concluded interpersonal communication openly', and in a friendly and supportive manner (ANMC 2008).

Overall Patricia felt the questions allowed her to positively reflect on her health and wellbeing status (Puentes 2002) thus, reinforcing her belief that she is aging well and maintaining her lifespan appropriately.