Family Health Assessment

**Introduction**

Family health assessment is an important consideration for nurses since it helps provide information about the family health patterns which further inform the treatment modality appropriate for the family. As a nurse, it is critical to developing an understanding of the various dynamics of individual behaviors as well as individual values that may impact the overall health and well-being of the family (Ford, Rooks & Montgomery, 2016). Understanding of the individual values and behaviors is also critical in informing a better care plan for the family to help maintain better health. In other words, family health assessment provides caregivers and nurses an understanding of the individual health perception as well as that of his or her family. In this family health assessment, the tool used for assessment is Gordon’s Health Pattern Assessment.

**Description of family structure**

The family selected for the interview is Duncan’s family, an African American family. The family is composed of six members, the father, the mother, two daughters, and two sons. Mr. Duncan is a 55-year old man with a problem of high blood pressure and diabetes. Mrs. Duncan is a 47-year old and diabetic as well and lives under constant medication. Their two sons and daughters do not have any health complications. However, John, the eldest son is a serial smoker; he smokes two packets of cigars daily. However, he has been under constant rehabilitation to help stop the smoking habit. John is 25-years old, James is 23 years old, Marline is 20 years, while Metra the youngest daughter is 17 years old.

Both the parents are working as account clerks in different companies around Albany, a suburb of Oakland. The family is a Christian-based family that adheres to Catholic principles and attends church every Sunday. Because both the parents are working, the family has a stable source of income. The eldest son also works as a barista although he does not often go to work due to addiction. The eldest daughter is in her fourth and is poised to graduate next year although she also works in one of the groceries as a grocery attendant as a part-time job. The second-born son does not smoke neither does he drink alcohol. He is a staunch Christian who also performs some leadership roles in the church choir. The youngest daughter is in her first year at one of the prestigious universities in California. She is very dedicated and is always in her books. She is the parents’ favorite because of her love for books. All family members have comprehensive health insurance coverage.

**Family Health Behavior Assessment**

Family-focused questions were asked based on the eleven-functional health patterns to help determine the impact of each health pattern on their health and overall wellbeing (Bonfim et al., 2016). In regards to health values and perception, Duncan’s family health is a priority for all; they take their health very seriously. According to the family, health is not only the absence of any sickness. In other words, they believe that health is more psychological, mental, physical, and emotional wellbeing. The family perceives healthy eating, constant exercise, and regular intake of protective drugs that can help them stay safe from major and minor illnesses. Mr. and Mrs. Duncan often take their medication for hypertension and diabetes regularly and are very conscious about their overall health. They also perceive addiction as a disease and as such, they often take John’s health very seriously and conduct a follow-up to check on how he is progressing with his smoking cessation therapies. The family also takes their health heritage and values seriously and apart from taking the medication from the hospital, they also take herbal medicines for both serious and minor complications. The family has a rich history of herbal medicine since their grandfather was an herbalist and as such, they view medication as effective although they also supplement it with commercial medications.

Nutrition and metabolism is an important consideration for the family and it focuses majorly on consumption that is based on the body’s metabolic requirements. The family’s nutritional consumption is well-balanced. The family also takes a lot of fluids including water and milk to help keep the body hydrated. Consumption of fruits and vegetables is a plus for the family as they have made it a priority to take some fruits after every meal. Every family meal must be accompanied by vegetables. The family intake of sugar is very minimal and since the parents are both diabetic they prefer taking tea with no sugar. They also prefer taking sugar-free foods, a small quantity of sodium, and carbohydrate-rich diets. The family adheres to less fatty foods and prefers taking tea with concoctions of herbals.

From the interview, sleep patterns are well-observed by the family. Because the parents are diabetic, they are often given flexible accommodation at the job as they are free to leave work early. They do not work during the weekends and this gives them ample time of rest. The family adheres to a 9 PM sleeping time. However, the eldest daughter sometimes works a night shift and as such often experiences disturbed sleeping patterns. From the assessment, none of the family members seem to have abnormal elimination patterns. None of the family members have issues with their urination or excretion patterns.

Activity and exercise is a key priority for the family, the family has made it a routine to run around the compound at least five times every morning before going to work. Because the parents consider their children as adults, they have the flexibility of doing exercise on their own every morning. The parents are registered members of a community gym which they attend at least three times every week. The second-born son is an athlete and as such considers himself physically fit as he always attends community young-star gym located within the school.

The cognitive and sensory assessment focuses on the ability of an individual to understand and respond effectively to any information (Miranda et al., 2018). On the same note, it focuses on the ability of one to get to understand and sense to appropriate information. None of the family members have cognitive and sensory issues. Both the parents and the children are well educated and secured good grades both in high school and at the university level. None of the family members have limitations in cognitive ability. The family also has adequate sensory abilities as none of the family members have any difficulty in sensing and using intuition.

The aspect of self-perception and assessment focuses on an individual’s behavior and attitude towards self. This includes the aspect of individual abilities, level of confidence, and physical abilities. Duncan’s family has strong self-esteem. The youngest daughter is very confident and can sing in the church alone or with other choir members. All children believe in themselves and their abilities. The parents are proud of their children and get to understand each one of them. Duncan’s family is happy and is contented with their lifestyle. They are supportive and often want the best for each other.

The role and relationship assessment criterion evaluate the individual role and relationship with others around them (Ford, Rooks & Montgomery, 2016). Duncan’s family has a very positive relationship among themselves and with others. The family is tied by a strong-bond of understanding; togetherness, support for each other, and most importantly love. Mr. and Mrs. Duncan share the love for each other and replicate this to their children. They have a healthy relationship with their neighbors and also have a lot of friends who constantly visit them at their family residence. Sexuality pattern among Duncan’s family is well-satisfying. The family is satisfied with their sexual patterns. Although the parents are satisfied with their sexual patterns, they are not aware of the sexual patterns of their children whom they believe are adults who can speak for themselves.

Coping as well as stress tolerance is undertaken to evaluate the level of an individual’s strength to cope with stress and other stressful situations (Miranda et al., 2018). From the interview, the family has a well-established strategy for managing stressful situations. For example, the parents noted that they often speak openly to each other to help identify the source of stress and address the stress before it culminates into other complications. Mr. Duncan particularly noted that he suffers from hypertension and any stressful situation is not healthy for him. As such, avoidance and open communication with the family members are some of the strategies he uses to address the stress.

**Functional Health Pattern Strengths and barriers**

The two important functional health pattern strengths identified from the assessment of Mr. Duncan’s family include the ability to cope and tolerate stressful situations as well as proper nutrition and metabolic. The family adheres strongly to healthy foods due to the hypertensive and diabetic conditions experienced by the parents. The family also has very strong coping mechanisms that are critical for stress management. Barriers to health were identified in areas such as activity/exercise, sexuality, and sleep/rest. Although the family regularly exercises, it is not done within the family-centered perspective. The parents exercise alone while the children are left to exercise based upon individual preferences. The parents do not understand their children's sexuality since they believe the children are grownups and can decide on their own. Although the parents have flexible schedules and have enough sleep and rest, the eldest daughter often experience disturbed sleep and rest pattern as she sometimes has to work a night shift.

**Application of family system theory**

One of the fundamental family system theories applicable for this family is the Gordon’s functional health assessment. This family system theory focuses on the eleven functional health patterns that are critical in evaluating the family’s overall health. Each of the functional health patterns is clearly addressed by this family system theory. Gordon’s functional health assessment theory can be used to foster change by analyzing each of the family’s health pattern strengths and weaknesses. Once the health pattern weaknesses have been identified using this system theory, an effective strategic health behavior change can be recommended to help the family establish a healthy behavior that is critical in improving the overall health of the family.

**Conclusion**

Family health assessment is an important consideration for nurses since it helps provide information about the family health patterns which further inform the treatment modality appropriate for the family. Based on the assessment of Duncan’s family, appropriate intervention can be fostered to help inform strategies that can address barriers to health identified in the assessment. Understanding of the individual values and behaviors is also critical in informing a better care plan for the family to help maintain better health.

References

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Appendices

**Family Health Assessment Interview questionnaire**

**Values/Health Perception**

1. What do you consider as important to your health?
2. Do you have health insurance as a family?
3. What are some of the values you consider important to your family?

**Nutrition**

1. What do you consider as healthy nutrition?
2. Why do you think healthy nutrition is important to your family?
3. What forms of food do you eat regularly?

**Sleep/Rest**

1. What time do you go to bed?
2. How is your schedule at work?
3. Is your schedule appealing to your health?

**Elimination**

1. What is the family’s pattern of elimination?
2. How frequently do you attend to short and long calls?
3. Does the family have any history of elimination problems?

**Activity/Exercise**

1. How frequently do you engage in physical exercise?
2. What types of physical activities do you always engage in as a family?
3. What are the family activity and exercise goals?

**Cognitive**

1. Does any member of the family have any learning difficulties?
2. What is the overall family learning style?
3. What are some of the overall learning barriers that family members experience?

**Sensory-Perception**

1. Does the family have any history of sensory problems?
2. What is the general sensory perception of the family?
3. What are the challenges members of the family experience in learning new things?

**Self-Perception**

1. How do you feel about your self-esteem?
2. What do you think about your life?
3. How do you feel about your family’s overall progress?

**Role Relationship**

1. Who often makes decisions in the family and how do you think about the decisions made?
2. How often do you engage in open communication as a family?
3. How are family roles and tasks undertaken in the family?

**Sexuality**

1. How do you feel about your sexual life?
2. Is the sexual life the one you aspire to have?
3. Do you have any time for each other in the family?

**Coping**

1. How do you cope with stressful situations in the family?
2. In your family who is often the decision-maker?
3. How is a problem solved in the family when it arises?