Case Study 4

Mrs. E. lives on the suburbs in a single-family home. She inherited the house from her mother under the condition that the latter would have the right to live there. The living conditions are good and they do not offer any explanations for the patient’s illness. Mrs. E. had worked as a junior high school teacher for almost 20 years, with interruptions for parental leave. Her husband is an engineer who manages both the field and in-house staff at a small electrical firm. He has a very heavy workload. The couple have three children: a 16-year-old son, and two daughters, aged 10 and one-and-a-half. Mrs. E. had returned to work as a teacher—albeit with a reduced teaching load—at the start of the present school year, about five months earlier. For the four hours that Mrs. E. is away at work, her mother looks after the youngest daughter.

Mrs. E.’s mother has been a widow for five years. She underwent surgery for painful degenerative arthritis in her right knee and received a total hip-joint implant. Post-operative mobilization was made difficult by her severe obesity and a sedentary lifestyle over a period of many years. Following a stay at a rehabilitation clinic, she is able to care for herself at home and carries out the activities of daily life with the help of a cane.

According to the social worker, Mr. E. has had to take family care leave at short notice to assist at home. However, he says he has to return to work in one week because of the enormous pressures he is facing. During conversation with Mrs. E. in the hospital, you obtain additional information that clarifies the situation. Mrs. E. makes a very despondent and exhausted impression. She has been undergoing testing for an unexplained condition. Nevertheless, she says that she is relieved to be in hospital for treatment because the past year, and in particular the past few weeks, have been very strenuous for her. She was unable to shake off a persistent cold for some time, became tired easily during the day, and repeatedly woke up at night sweating.

Mrs. E. emphasizes that everything is being done for her here. The only thing that bothers her is that she only receives evasive answers when she asks how long she will be in hospital. She is worried about the care of her children. She knows her husband has a heavy workload and that if he went on leave for a longer period, his firm would have to look for a replacement to meet orders on time.

After considering that her husband has been under pressure for a long time and is also a heavy smoker, she wonders whether these factors could have played a role in her falling ill. Now that she has time to think about her situation, she is starting to worry that her son could start smoking, since her husband smokes at home—but only in the yard—and she has tolerated this up to now. It must be pointed out that her son is active in sports.

Mrs. E. returns to the question of who will look after her children. Mrs. E. thinks that her mother will probably not be able to take care for her young daughter all day and stresses that her mother requires some nursing care herself. Mrs. E. adds that that her mother helps to look after the youngest daughter in the mornings. Thanks to this help, Mrs. E. has been able to work again. She says that her profession is very important to her and that she cannot imagine staying at home all the time, in spite of her three children. Nevertheless, Mrs. E. has found her return to work very tiring.

Mrs. E. asks whether her children and husband can visit her in the hospital—this is currently her greatest wish. She wants to know what precautions must be taken in this event. She asks this because her doctor has said that there is a high risk of infection in her condition. You end the conversation with Mrs. E. unsure of who might help her arrange some form of child assistance.

their family’s health. After this initial visit, the nurse reviews the initial data collection process and begins a genogram\* and ecomap\* with plans to continue at their next visit.