



Assessment of Families

Nursing process applied to families as a client



Introduction

- ⊕ Chapter 22 explored the theoretical basis of family formation and the variety of family structures.
- ⊕ The next important step in the process of working with families as a unit of service is to *develop family assessment Skills*.
- ⊕ Assessment is a challenging experience because
 - ⊕ Families are complex.
 - ⊕ assessment takes place in the family's environment.
(Where members feel “at home” and the nurse may feel like a stranger).



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- ⊕ The problem derives in part from a health care system that fosters **individualistic orientation**.
- ⊕ **Family-level problem-solving techniques** are needed to deal with many important health issues. including health promotion, pregnancy and childbirth, etc.
- ⊕ Ex, Thalasemic patients
- ⊕ CHNs need to **focus their practices on families and aggregates**, an approach that benefits both individual clients and the community at large.



Effects of Family Health on the Individual:

- ❖ Adherence to *cultural and family patterns* of eating, exercise, and communication.
- ❖ Decisions about health services.
- ❖ *Family health patterns* also dictate whether members participate in their own health care, follow through, and comply with professional advice.
- ❖ *Ex, Mother who her husband have stroke.*



Effects of Family Health on the Community:

⊕ Positive influences:

- ⊕ Foster parenting.
- ⊕ *Assistance* with housing and employment for refugees.
- ⊕ *Community organizations* for safety and beautification of neighborhoods.
- ⊕ Involvement in church, scouting programs, or various civic activities, such as parent-teacher-student associations.



Effects of Family Health on the Community:

⊕ Negative influences:

- ⊕ Noisy children, barking dogs
- ⊕ Littered and garbage laden environments attract rats
- ⊕ Guns in the hands of children
- ⊕ Abandoned appliances death traps for children
- ⊕ Substance abuse



Characteristics of a Healthy Family

1. A facilitative process of interaction exists among family members.
2. Individual member development is enhanced.
3. Role relationships are structured effectively.
4. Active attempts are made to cope with problems.
5. There is a healthy home environment and lifestyle.
6. Regular links with the broader community are established.



1. Healthy Interaction Among Members:

- ☉ Healthy families communicate. Their patterns of interaction are **regular, varied, and supportive**.
- ☉ Healthy families use frequent **verbal & non-verbal communication**.
- ☉ The family that has learned to communicate effectively has members who are **sensitive to one another**.



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- ❖ Effective communication is necessary for a family to **carry out basic functions**.
- ❖ Healthy families are more likely than unhealthy families to negotiate topics for discussion, use humor, show respect for differences of opinion, and clarify the meaning of one another's communications.



2. *Enhancement of Individual Development:*

- ⊕ Healthy families are *responsive to the needs* of individual members and provide the freedom and support necessary to *promote each member's growth*.
- ⊕ *Ex: father loses his job.*
- ⊕ The healthy family recognizes and **fosters the growing child's** need for independence by increasing opportunities for the child to try new things alone.



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- ⊕ Within an appropriate framework of stability and structure, the healthy family encourages **freedom and autonomy for its members.**
- ⊕ The result is an increase in competence:
(self-reliance, social skills, intellectual growth, and overall capacity for self-management among family members)



3. Effective Structuring of Relationships:

- ⊕ Healthy families structure role relationships to meet *changing family needs over time.*
- ⊕ In a stable social context, some *families establish member roles and tasks* (e.g., breadwinner, primary decision-maker, homemaker).
- ⊕ *Changing life cycle stages require alterations in the structure of relationships.*



4. *Active Coping Effort:*

- ⊕ Healthy families actively attempt to overcome life's problems and issues.
- ⊕ Coping skills are needed to deal with **emotional tragedies** such as substance abuse problems, serious illness, or death.
- ⊕ The healthy family recognizes the need for assistance, accepts help, and pursues opportunities to eliminate or decrease the stressors that affect it.



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- ⊕ More frequently, healthy families cope with less dramatic, day-to-day changes, ex. (increased cost of food).
- ⊕ Healthy families are **open** to innovation, support new ideas, and find ways to solve problems, ex. (solve the problem of spending too much on transportation).
- ⊕ Healthy coping may go beyond finding a simple, obvious solution.
- ⊕ Healthy families actively seek and use a variety of resources to solve problems.



5. *Healthy Environment and Lifestyle:*

- ⊕ Healthy families create **safe and hygienic living conditions** for their members.
- ⊕ A healthy home environment is one that is clean and reduces the spread of disease causing organisms.
- ⊕ A healthy family lifestyle *encourages appropriate balance* in the lives of its members.



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- ❖ The **emotional climate** of a healthy family is positive and supportive of growth.
- ❖ A healthy family demonstrates caring, encourages and accepts expression of feelings, and respects divergent ideas.



6. *Regular Links With the Broader Community:*

- ☉ Healthy families *maintain dynamic ties with the broader community*. They participate regularly in external groups and activities, often in a leadership capacity.
- ☉ They use external resources suited to family needs.
- ☉ Healthy families also know what is going on in the world around them.
- ☉ It is important for the CHNs to assess the family's relationship with the broader community.



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An unhealthy family has not recognized the value of establishing links with the broader community. This may be because of:

- (1) a knowledge deficit regarding community resources.
- (2) previous negative experiences with community Services.
- (3) a lack of connection with the community because of family expectations or cultural practices.



Family Health Practice Guidelines:

- ❖ **Family nursing** is a kind of nursing practice in which the family is the unit of service.
- ❖ Family nursing asks how one provides health care to a collection of people. It does not mean that nursing must *relinquish service to individuals*.



Family Health Practice Guidelines:

1-Work with the family collectively:

- ☉ Focus on individuals and remind themselves that several people together have *a collective personality, collective interests, and a collective set of needs.*
- ☉ *Like a coach, the nurse wants to help family members work together as a team for their collective benefit.*



2. Start Where the Family Is.

- ➊ To discover where a family is, the community health nurse:
- ➋ First: conducts a family assessment to ascertain the members' needs and level of health
- ➌ Second: determines collective interests, concerns, and priorities.



3. Adapt Nursing Intervention to the Family's Stage of Development.

- ☉ Every family engages in the same basic functions, the tasks necessary to accomplish these functions vary with each stage of the family's development.
- ☉ Ex, working with young family, teenage children, older adult
- ☉ Awareness of the family's developmental stage enables the nurse to assess the appropriateness of the family's level of functioning and **to tailor intervention accordingly.**



4. Recognize the Validity of Family Structural Variations.

- ☉ Such variations in structure and organizational patterns have resulted from social and technologic changes
- ☉ Ex, employment practices, welfare programs, economic conditions, sex roles, status of women and minorities, birth control, incidence of divorce, even war.
- ☉ Two important principles:
 - First:** what is normal for one family is not necessarily normal for another.
 - Second:** families are constantly changing.



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- The change in family life (**predictable or not predictable**).
- The nurse's responsibility is to help families cope with the changes while **remaining nonjudgmental and accepting of the various forms encountered**.
- Nurses should view all families as **unique groups**, each with its own set of needs, whose interests can best be served through unbiased care.



5. Emphasize Family Strengths.

- ❖ Emphasizing a family's strengths makes people feel better about themselves.
- ❖ It fosters a positive self-image, promotes self-confidence, and often helps the family address other problems.
- ❖ One helpful communication technique is **strengthening**. Verbally or in writing, the nurse lists positive points about an otherwise negative situation.



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- ⊕ Assessment should explore all aspects of family functioning to determine both **strengths and weaknesses**.
- ⊕ Even as the nurse becomes more aware of a family's unhealthy behaviors, the emphasis should remain on the positive ones. *Emphasizing strengths proves to the clients, in effect, that they are important to the nurse.*
- ⊕ Not all traits that appear positive are necessarily strengths.



FAMILY HEALTH ASSESSMENT

To assess a family's level of health in a systematic fashion, three tools are needed:

- (1) a **conceptual framework** on which to base the assessment.
- (2) a clearly defined set of **assessment categories** for data collection.
- (3) a **method for measuring** a family's level of functioning.



Conceptual Frameworks

- **⊕ Is a set of concepts integrated into** a meaningful explanation that helps one interpret human behavior or situations.
- **⊕ Three frameworks that are particularly useful in** community health nursing are presented here:
 - **⊕ Interactional frameworks**
 - **⊕ Structural-functional frameworks**
 - **⊕ Developmental frameworks.**



1- Interactional Framework:

- ❖ Describes the family as **a unit of interacting personalities** and emphasizes communication, roles, conflict, coping patterns, and decision-making processes.
- ❖ Neglects interactions with the external environment



2- *Structural-functional Framework:*

- ❖ Describes the family as **a social system relating to other social systems in the external environment**, such as church, school, work, and the health care system.
- ❖ This framework *examines the interacting functions of society and the family*, considers family structure, and *analyzes how a family's structure affects its function*.



3- *Developmental Frameworks:*

- ❖ Studies families from **a life-cycle perspective** by examining members' changing roles and tasks in each progressive life-cycle stage (*mix between 1 & 2*).
- ❖ Family **structure, function, and interaction** are viewed in the context of the environment at each stage of family development.



Data Collection Categories

- ⊕ Certain basic information is needed, however, to *determine a family's health status* and to design *appropriate nursing interventions*.

- ⊕ From many sources in the family health literature, a list of **12 data collection categories** has been generated.

- ⊕ Each grouped into one of three data sets:
 - ⊕ (1) Family strengths and self-care capabilities
 - ⊕ (2) Family stresses and problems
 - ⊕ (3) Family resources.



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1. Family demographics:

Refers to such descriptive variables as a family's composition, its socioeconomic status, and the ages, education, occupation, ethnicity, and religious affiliations of members.

2. Physical environment:

Data describe the geography, climate, housing, space, social and political structures, food availability and dietary patterns, and any other elements in the internal or external physical environment that influence a family's health status.



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3. *Psychological and spiritual environment:*

Refers to affection relationships, mutual respect, support, promotion of members' self-esteem and spiritual development, and life satisfaction and goals.

4. *Family structure and roles:*

Include family organization, socialization processes, division of labor, and allocation and use of authority and power.



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5. *Family functions:*

Refer to a family's ability to carry out appropriate developmental tasks and provide for members' needs.

6. *Family values and beliefs:*

Influence all aspects of family life. Values and beliefs might deal with raising children, making and spending money, education, religion, work, health, and community involvement.

7. *Family communication patterns:*

Include the frequency and quality of communication within a family and between the family and its environment.



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8. *Family decision-making patterns:*

Refer to how decisions are made in a family, by whom they are made, and how they are implemented.

9. *Family problem-solving patterns:*

Describe how a family handles problems, who deals with them, the flexibility of a family's approach to problem-solving, and the nature of solutions.

10. *Family coping patterns:*

Encompass how a family handles conflict and life changes, the nature and quality of family support systems, and family perceptions and responses to stressors.



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11. *Family health behavior:*

Refers to familial health history, current physical health status of family members, family use of health resources, and family health beliefs.

12. *Family social and cultural patterns:*

Comprise family discipline and limit-setting practices; promotion of initiative, creativity, and leadership; family goal setting; family culture; cultural adaptations to present circumstances; and development of meaningful relationships within and outside the family.



T A B L E 23-1

Categories of Data Collection for Family Health Assessment

Assessment Categories	Family Strengths and Self-Care Abilities	Family Stresses and Problems	Family Resources
1. Family demographics			
2. Physical environment			
3. Psychological and spiritual environment			
4. Family structure/roles			
5. Family functions			
6. Family values and beliefs			
7. Family communication patterns			
8. Family decision-making patterns			
9. Family problem-solving patterns			
10. Family coping patterns			
11. Family health behavior			
12. Family social and cultural patterns			



Assessment Methods

- ⊕ Many different methods are used to assess families. These methods serve to generate information about selected aspects of family structure and function; **the methods must match the purpose for assessment.**

Three well-known graphic assessment tools are the:

- ⊕ Ecomap
- ⊕ Genogram
- ⊕ Social network support map or grid.



The eco-map

- ⊕ *A diagram of the connections between a family and the other systems in its ecologic environment. It was originally devised to depict the complexity of the client's story.*
- ⊕ Developed by Ann Hartman in 1975 to help child welfare workers study family needs, **the tool visually depicts dynamic family– environment interactions.**
- ⊕ The nurse involves family members in the map's development. A central circle is drawn to represent the family, and smaller circles on the periphery represent people and systems, such as school or work.



Eco-map:

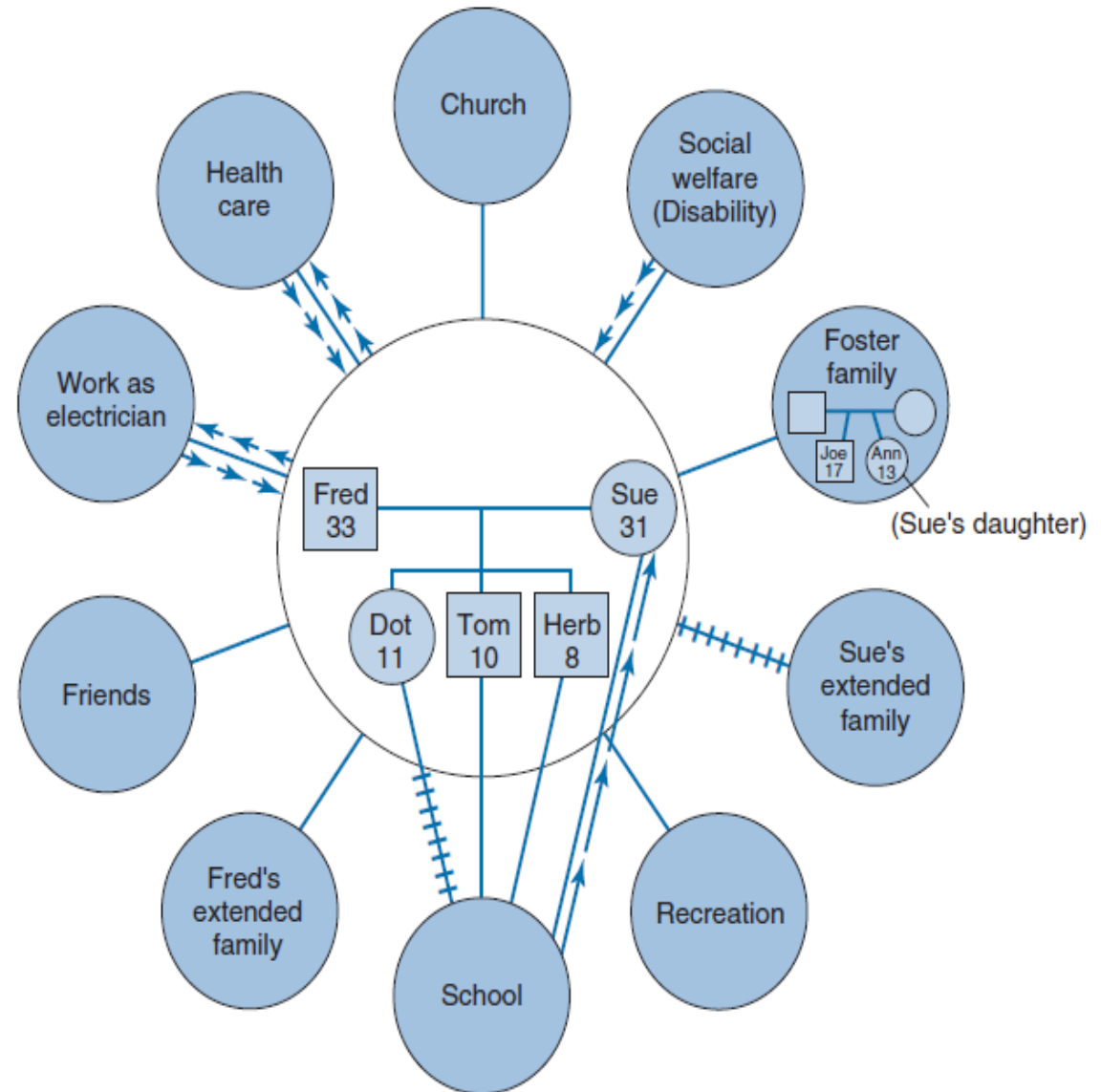


FIGURE 23-1. Eco-map of a family's relationship to its environment. Lines indicate types of connections: *solid lines*, strong; *dotted line*, tenuous; *lines with cross-bars*, stressful. *Arrows* signify energy or resource flow, and absence of lines indicates no connection.



The genogram:

- ❖ **Displays family information graphically**
in a way that provides a quick view of complex family patterns.
- ❖ It is a rich source of hypotheses about a family over a **significant period of time**, usually three or more generations.
- ❖ Family relationships are delineated by genealogic methods, and significant life events are included (e.g., birth, death, marriage, divorce, illness).



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- ✦ Identifying characteristics (e.g., race, religion, social class), occupations, and places of family residence are also noted.
- ✦ This tool is used **jointly with the family**. It encourages family expression and sheds light on family behavior and problems



Family genogram:

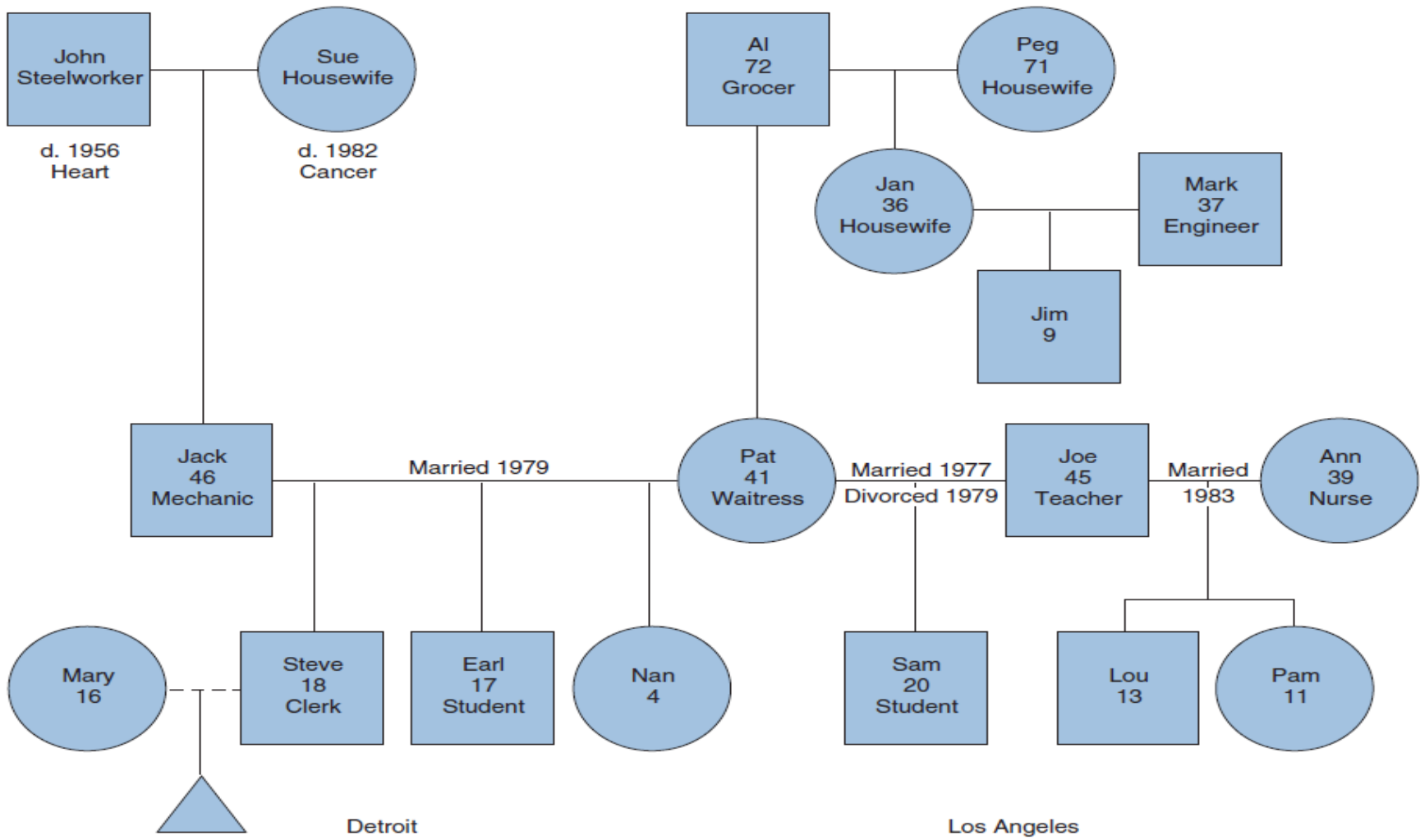


FIGURE 23-2. A genogram depicting three generations of family history. Square, male; circle, female; triangle, infant; solid line, married; broken line, not married.



Social Network Support Map or Grid:

- ❖ Gives details about the **quality and quantity** of social connections.
- ❖ **Strengths** within the system can be elaborated with words, checks, or numbers, or a combination of these.
- ❖ The nurse uses this tool to help the family understand its *sources of support and relationships and to form a basis for nursing care planning and intervention.*



Social net-work support map:

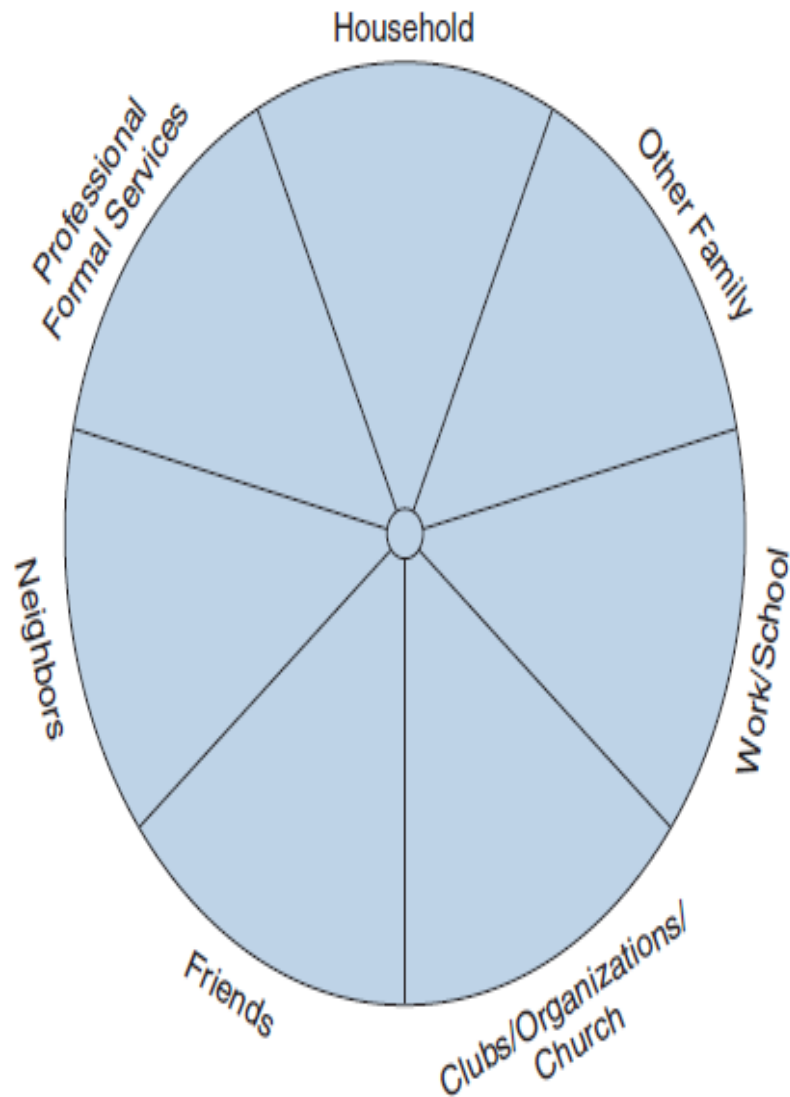


FIGURE 23-3. Social network support map.



Classic Model for Family Nursing:

- Tapia (1997) depicted her concept of levels of family functioning. This model, which has been in use for more than 30 years, is based on a continuum of five levels of family functioning:
 - Infancy (level I—a very chaotic family)
 - Childhood (level II—an intermediate family)
 - Adolescence (level III—the normal family with many conflicts and problems)
 - Adult (level IV—the family with solutions to its problems)
 - Maturity (level V—the ideal independent family)



Family assessment using questions based on characteristics of healthy families:

Family Assessment						
Family Name _____						
Family Constellation						
Member	Birth Date	Sex	Marital Status	Education	Occupation	Community Involvement
Financial Status _____						
Using the following scale, score the family based on your professional observations and judgement:						
0 = Never 3 = Frequently						
1 = Seldom 4 = Most of the time						
2 = Occasionally N = Not observed						
Facilitative Interaction among Members						
a. Is there frequent communication among all members?						
b. Do conflicts get resolved?						
c. Are relationships supportive?						
d. Are love and caring shown among members?						
e. Do members work collaboratively?						
Comments _____						
Totals						
Enhancement of Individual Development						
a. Does family respond appropriately to members' developmental needs?						
b. Does it tolerate disagreement?						
c. Does it accept members as they are?						
d. Does it promote member autonomy?						
Comments _____						
Totals						

FIGURE 23-6. Family assessment using questions based on characteristics of healthy families



Cont:

	score	date	score	date	score	date	score	date
Effective Structuring of Relationships								
a. Is decision making allocated to appropriate members?								
b. Do member roles meet family needs?								
c. Is there flexible distribution of tasks?								
d. Are controls appropriate for family stage of development?								
Comments _____								

Totals								
Active Coping Effort								
a. Is family aware when there is a need for change?								
b. Is it receptive to new ideas?								
c. Does it actively seek resources?								
d. Does it make good use of resources?								
e. Does it creatively solve problems?								
Comments _____								

Totals								
Healthy Environment and Life-style								
a. Is family life-style health promoting?								
b. Are living conditions safe and hygienic?								
c. Is emotional climate conducive to good health?								
d. Do members practice good health measures?								
Comments _____								

Totals								
Regular Links with Broader Community								
a. Is family involved regularly in the community?								
b. Does it select and use external resources?								
c. Is it aware of external affairs?								
d. Does it attempt to understand external issues?								
Comments _____								

Totals								

FIGURE 22.6



Family Assessment Instruments

- ❖ Community health nurses use several different family assessment instruments to gather data on family structure, function, and development.
- ❖ 1. Questionnaires, checklists, flow sheets, or interview guides.
- ❖ 2. Open-ended assessment tool.
- ❖ 3. Other methods may use assessment tools or technology (eg, videotaping family interactions, structured observation, analysis of life-changing events).



GUIDELINES FOR FAMILY HEALTH ASSESSMENT:

- 1-Focus on the family as a total unit
- 2-Ask goal-directed questions
- 3-Collect data over time
- 4-Combine quantitative and qualitative data
- 5-Exercise professional judgment



1. *Focus on the Family, Not the Member:*

- ❖ Family health is more than the sum of its individual members' health.
- ❖ If the health of each person in a family were rated and the scores combined, the total would not show how healthy that family is.
- ❖ To assess a family's health, the nurse must consider the family as **a single entity** and appraise its aggregate behavior.
- ❖ If *individual behavior deviates* from that of the aggregate, the nurse notes the differences. They can influence total family functioning and need to be considered in nursing care planning.



2. Ask Goal-Directed Questions:

- ⊕ The activities of any investigator, if fruitful, are guided by goal-directed questions.
- ⊕ The nurse determining a family's level of health *has specific questions in mind*.
- ⊕ It is not enough to make family visits and merely ask members how they are. **If relevant data are to be gathered, relevant questions must be asked.**



3. Allow Adequate Time for Data Collection:

- ⊕ Time is needed to accumulate observations, make notes, and see all the family members interacting together in order to make a thorough assessment.
- ⊕ To appraise family communication patterns, for instance, *the nurse needs to observe the family as a group, perhaps at mealtime or during some family activity.*
- ⊕ An appraisal done on *the first or second visit* will most likely give only a partial picture of how a family is functioning.



4. *Combine Quantitative With Qualitative Data:*

- ⊕ Any appraisal of family health **must be qualitative**. That is, the nurse must *determine the presence or absence of essential characteristics* in order to have a database for planning nursing action.
- ⊕ To guide planning more specifically, the nurse can also *determine the degree to which various signs of health are present*. This is **a quantitative measure**.
- ⊕ The nurse asks whether *a family does or does not engage in some behaviors and how often*. Is this behavior fairly typical of the family, or does it occur infrequently?



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- ⊗ The value of developing a quantitative measure
 1. Is to have some basis for comparison.
 2. **A scored assessment** gives a vivid picture of exactly which areas need intervention.
 3. Periodic quantitative assessments also provide a means of evaluating the **effectiveness of nursing action** and can point to documented signs of growth.
 4. The nurse can compare one family's health status with that of another family as a basis for priority setting and nursing care planning.



5. Exercise Professional Judgment

- ⊕ Nurses seek to validate data, their assessment of families is still based primarily on their own professional judgment.
- ⊕ Assessment tools can guide observations and even quantify those judgments, but, ultimately, **any assessment is subjective.**
- ⊕ Effective health care practice depends on sound professional judgment.



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- ⊕ However, nurses must be cautious about **overemphasizing** the value or infallibility of an assessment tool.
- ⊕ It is only a tool and should be used as a guide for planning, not as an absolute and irrevocable statement about a family's health status.
- ⊕ **Caution** is particularly important when dealing with quantitative scores, which may seem to be objective.



Cont...

- ✿ Ordinarily, assessment of a family is best conducted **unobtrusively**.
- ✿ An assessment tool used by the nurse is not a questionnaire to be filled out in the family's presence but rather a way to guide the nurse's observations and judgments.
- ✿ Before going into a family's home, the community health nurse may wish to review the questions.



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- ⊕ Occasionally, a family with high self-care capability may be **involved in the assessment**.
- ⊕ The nurse should introduce the idea carefully and use professional judgment to *determine when the family is ready to engage in this kind of self-examination*.



THANK YOU