

QUERY and THEORY

Query: Nurses across Canada are attempting to arrive at a systematic approach to assessing the health of families. What dimensions do you consider within the nursing framework? In other words, how do you structure a family health assessment?

Mona Kravitz
Lecturer
School of Nursing
McGill University

Theory: A family health assessment is necessarily comprehensive since it must assess not only one person but the health of all the members within a given family constellation. Thus an open systems approach as identified by Sutterley and Donnelly (1) is indicated. With such an approach details of each individual member can be related to the details of all the members of the family unit.

Using the four broad categories of Sutterley and Donnelly, details of assessment can be identified. (Some areas of assessment identified by the American Nurses' Association(2) provide additional detail).

1. Genetic and physiological factors.
 - A. Growth and development — body size, sex.
 - B. Physical functioning.
 - C. Physical defects — handicaps.
 - D. Performance of activities of daily living.
2. Psychological — ethical factors.
 - A. Emotional status.
 - B. Pattern of coping.
 - C. Perception of and satisfaction with health status.
 - D. Goal seeking behavior.
 - E. Intellectual development.
3. Social-Cultural factors.
 - A. Child rearing practices.
 - B. Paternal and maternal age, occupation, education and values.
 - C. Ethnic group and subcultures.
 - D. Religious beliefs.
 - E. Socioeconomic status (human and material resources).

4. Environmental factors.
 - A. Physical, social, emotional, ecological.
 - B. Disease, sanitation, technology.
 - C. Air, water, pollution, radiation.
 - D. War, famine, disaster.
 - E. Population growth (family planning).

The following information is an example of a typical family interview of years past.

Sally and Richard Wiley, 26 and 27-years respectively, are living in a single family home in Steveston. They have been married for three years and have two children — Jimmy 2 and Sally 1. Richard is a fisherman and Sally is a homemaker. Richard's father and Indian mother are living in Queen Charlotte City where he, like his son, is a fisherman. Sally's mother, to whom she is very attached, is a widow with residual paralysis and has been living with Sally and Richard for the past year. Richard is somewhat resentful of Sally's attachment to her mother.

Though such information provides a general skeletal basis of a family assessment, much further expansion is needed for a complete family health assessment. Each family member should be interviewed and assessed. Since the children are too young for much verbal response, special concern with adult response related to child rearing details is indicated. Some more specific areas of assessment(3) for each member should include:

- A. Physical:
 1. Breathing.
 2. Eating.
 3. Elimination.
 4. Mobility.
 5. Sensory.
 6. Skin.
 7. Rest and sleep.
 8. Recreation.
- B. Interpersonal relationships.
 1. Communication.
 2. Personality — dependent/independent; gregarious/isolation.
- C. Social.
 1. Education.
 2. Work.
 3. Personal goals.
- D. Presenting interference with health.
 1. Resources for coping.
 2. Home management of care of ill member.

From such a baseline of information specified for each of the five members constituting the immediate Wiley family unit, detailed data can be identified and care planned related to the specific needs of the family. Some of the difficulties assessed may be beyond the scope of dealing with in a nursing framework. However, specific care/referral for care, cannot be delineated comprehensively without a complete assessment of each member. I believe that assessment of all the dimensions indicated is within the province of nursing.

References:

1. D. C. Sutterley and G. F. Donnelly. *Perspectives in Human Development*. Toronto: J. B. Lippincott Company, 1973. 14.
2. American Nurses' Association, "Standards of Nursing Practice". Kansas City, 1973.
3. D. P. Hymovich and M. U. Barnard. *Family Health Care*. Toronto: McGraw-Hill Book Company, 1973. 361-362.

Julia Quiring
Associate Professor
School of Nursing
University of British Columbia

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