

FAMILY HEALTH AS A PERSPECTIVE IN ASSISTING A FAMILY TO COPE WITH HOSPITALIZATION

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In describing approaches to an expanded nursing role, a model of nursing is delineated which may be termed "situation-responsive" and complementary to the services of other health professionals. This model is in contrast to the more traditional "a priori" model of nursing where nursing services are seen as "replacement of" or "assistant to" other health professionals (Allen, 1977).

The dimensions of the model are as follows. As nurses work with families, emphasis is placed on the health aspect which is determined by how the family copes with the situation and how it is used in their development. The situation or problem is seen as an open system which alters over time. In assessing the situation the nurse draws information from family members and gathers related data from a variety of other resources. She identifies and employs the strengths in the situation as a groundwork for a plan of action. The implementation of the plan is geared to the best fit that can be achieved between the plan of action and the family situation. Finally the nurse notes the responses of the individual and family and tailors the plan for future action.

The theme of this paper is that this way of thinking about nursing may be used to guide the nurse wherever she is practising. The dimensions of this approach may be seen more clearly in primary-care settings where one nurses the family on a long-term basis. Nevertheless, the same dimensions are critical elements in any nurse-client involvement. Of paramount importance is the nurse's continuous assessment which capitalizes on the strengths of the family in building an ongoing plan of care.

The point at which one enters the family situation will influence the nurse's assessment. The data one gathers when the family is in a steady state will differ at least in part from that gathered when the family is dealing with a crisis. One such crisis might occur when a family member requires hospitalization. It follows then that a nurse who has nursed the family over time will be in an advantageous position to help the family cope with this event. She will have knowledge of the family strengths and ways of coping on an everyday basis as well as with other crises. On the other hand, it may be at this point where the nurse first meets the family and begins her assessment.

Needless to say, the number and complexity of problems leading to hospitalization are many and varied. To the family this happening may

signal the beginning of a life or the end of a life; it may be a single episode or one of many; it may provide respite or disquiet; it may lead to a gain or a loss; it may require a short-term or long-term stay; and it may be an event for which the family is well-prepared or ill-prepared.

Hospitalization as a stressful event for an individual has been well-documented in the literature. In *Stress in Hospital*, the author refers to much of the literature and research in this field (Wilson-Barnett, 1979). What is lacking, however, is knowledge on how the family deals with this event in a health promoting fashion.

The question arises, how does the nurse utilize a family health perspective when the family is faced with hospitalization of one of its members? When making an assessment the nurse searches for the strengths in the family. In her search she may pose such questions as — what does this event mean to this family? What roles are being played by the family members including the ill person? As a family, what arrangements are being made to manage this event? What information do they seek from the nurse when she makes herself available? What previous experience have they had with illness? with hospitalization? What did they learn from that experience? Drawing forth such information provides the groundwork which will enable the nurse to identify the family strengths on which to base a plan of action in assisting the family to cope with the event of hospitalization.

The following situations are included to illustrate how graduate students have used a family orientation as they worked with families who were faced with hospitalization of the mother in the family. In each situation the time frame differs but the focus on the health aspect remains the same.

In the first situation, a graduate nurse student, S.P. was introduced through a social service agency to Ann Gold, a 65-year-old unmarried woman who lived with and cared for her semi-invalid 90-year-old mother. The initial assessment identified Ann's strengths through the excellent care she gave her mother despite the mother's inability to communicate. Ann's life revolved around the care of her mother. Another daughter visited but participated little in her mother's care. Throughout her life Ann's world had been dominated by her mother and sister. At the nurse's point of entry into the family, Ann spent most of her time with her mother except for quick trips to the grocery store. Ann's trust in S.P. grew as she participated in Mrs. Gold's care thereby allowing Ann to begin gradually to take longer periods to shop and to venture further from home.

S.P. continued to nurse this family over a three-year-period and was able to help Ann to find healthier ways of coping with everyday events. At the end of the first year, Ann had begun to develop a life for herself apart from the devoted care she gave her mother. With S.P.'s help, Ann's confidence in her decision-making ability increased. Taking a trip on the subway, buying clothes for herself, purchasing a television set were major accomplishments. She also began to think about a future without her mother and to entertain the possibility that her mother might require hospitalization. Over time the student focused on the health of the family and increased her ability to find a plan of action best suited to them. When Ann's sister became ill with cancer and required hospitalization in the terminal stage, S.P. participated in her care and helped Ann to plan visits to see her sister. The student supported Ann's decision to employ a special nurse so that Ann could be assured her sister was receiving the care Ann felt was necessary. When her sister died Ann displayed her strength in making funeral arrangements. S.P. used this opportunity to maximize the experience as an illustration to Ann of how well she had managed.

Later in the year Mrs. Gold developed respiratory complications and was hospitalized first in an acute care setting and then in a nursing home. The major problem for Ann was to find a way to continue to care for her mother in the institution. S.P. reinforced the idea that this was Ann's right and together they planned how she might do this. The plan was that Ann would spend part of each day with her mother, attending to her needs as she had done at home. Although Mrs. Gold was oblivious to her surroundings and slept most of the time, S.P. recognized that the best way for Ann to cope with the hospitalization was to continue to manage her mother's daily care. S.P. coached Ann in dealing with the hospital system by helping her to negotiate her entry into the setting and to work within it. As Ann participated in her mother's care she interacted with other patients and families. Through the students' intervention Ann had her lunch each day in a restaurant run by volunteers and became interested in the role of volunteer. Knowing her mother was cared for in the hospital, Ann used her time when not with her mother to attend to some of her own needs such as shopping and visits to the dentist. When her mother passed away quietly, Ann expressed that she had done the best she could. Later, she became a volunteer in one of the social service agencies.

In this situation, because the nurse was involved with the Gold family over time, she and Ann were able to establish a plan of action suited to the family. Knowing the importance that Ann attributed to taking care of her mother, the nurse helped Ann to continue this life work while reinforcing her new strengths in developing an interest in other activities. Having learned from her successful coping with a variety of events including her sister's illness, hospitalization and death, Ann coped with her mother's hospitalization with a minimum of stress or one might say in a healthy fashion. She was then ready to face the loss of her mother and the changes in her everyday life.

In the second situation, a graduate student became involved with the Main family when Mrs. Main, a widowed 60-year-old mother was in hospital in the terminal stages of cancer. As she cared for Mrs. Main, the nurse soon learned about this lady's strengths as they conversed about her life and the losses she was experiencing in leaving her family. In a short period of time, the nurse met all of the three children, their spouses and Mrs. Main's sisters. As a family they had a common goal to maximize the time they had left together, and the nurse's plan of care was made to fit that goal. The sister organized a 24-hour schedule with family members and friends sharing their time in sitting with Mrs. Main. The graduate student and nursing staff participated with the family as they cared for Mrs. Main. Individual family members were encouraged to express their loss in his or her own way and to relate to their mother (or sister) in the way best suited to the individual. Amongst the family's many strengths was their ability to use the nurse as a resource and to create a "home" environment within the institution.

This example illustrates how one family mobilized their many strengths in coping with and learning from the painful event of the hospitalization and death of a mother. The nurse moved along with the family members building on their strengths and helping them to achieve their goal.

In each of these situations the family was dealing with a common problem in today's society, that is, the family caring for an older parent and coping with the hospitalization of a family member. The examples were chosen because on face value there was much in common. However, tuning in to the family to identify and employ the strengths of the situation led to different plans of action so each family could achieve its particular goals.

One recognizes that hospitalization may disrupt family life to a greater or lesser extent than in these examples and that other plans of care would

be developed as strengths of each family are identified. Locating the strengths may require reframing situations so that the strong points come into focus and the nurse may work with, rather than against, the family strength. Two such situations were observed where the patient's plan to maintain her role as the household manager was viewed by the nurses as depleting the patient's energy reserve. When the situation was reframed so that the mother's activities were seen as a family strength, a plan of care evolved to work with the mother in maintaining her role and to rearrange hospital routines which allowed time for rest. In each situation family members were already supporting the mother's position and were willing participants in the plan of care.

When the same nurse works with the family over time, then hospitalization becomes one of many life events through which the family may learn and develop healthy ways of living. When the nurse's contact with the family is of a shorter duration the time frame may be different, yet the focus on the health of the family will provide one condition for the family to learn from the experience.

In a recent publication entitled *Nurses, Patients and Families*, the authors devoted a chapter to the families of patients, examining how "families come to pose problems for nursing staff" (Rosenthal, Marshall, Macpherson and French, 1980, p. 109). In the examples cited in this research, the focus on the family as a problem clouds the view of the family strengths, as the family and patient are seen as separate entities with the staff working between them rather than with the family as a unit. The authors acknowledge that the majority of families do not pose problems to the staff, with the inference being that these families fit into the hospital system. It is possible that by examining the situations where families did not pose a problem to the staff the researchers might have uncovered examples where nurses worked with the families to manage the stress of hospitalization.

As health professionals focus on coping as a concept, there is an accumulation of knowledge that signifies one direction for the development of nursing in the decade of 1980. In a new textbook Freidman (1981) draws attention to the family coping function because she feels "families have crucial coping patterns which need to be appreciated if we are to understand their impact on family life and assist families to stabilize and grow". In a comprehensive article Roskies and Lazarus (1980) trace the development of coping theory and then link this to the teaching of coping skills. These authors suggest directions of research which include the need for "a system of describing, measuring and evaluating coping" and "to know more about the development of coping strategies, especially how ineffective and effective patterns arise and are changed" (Roskies and Lazarus, p. 63). Educating nurses to identify family coping patterns

and to tailor their nursing accordingly could lessen the strain of hospitalization on families, patients and nurses. Describing, measuring and evaluating the process would lend credence to the nurse as a "shaper" of family health.

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RESUME

Une perspective en santé familiale: Un moyen d'aider la famille à faire face à l'hospitalisation d'un de ses membres

Le thème principal de cette présentation consiste en ce qu'une perspective de santé familiale est utile à l'infirmière quelque soit son milieu d'exercice professionnel. L'évaluation suivie à laquelle procède l'infirmière revêt une importance primordiale car elle permet de tirer parti des points forts de la famille dans l'établissement d'un plan de soins continu. Le moment où elle pénètre au sein d'une famille influe sur cette évaluation par l'infirmière compte tenu que les données qu'elle rassemble en situation dite normale diffèrent de celles qu'elle recueille en situation de crise; cette dernière peut précisément résulter de l'hospitalisation d'un membre de la famille. Lorsqu'une même infirmière s'occupe d'un groupe familial pendant un certain temps, l'hospitalisation d'un membre a de fortes chances d'aider cette famille non seulement à apprendre mais aussi à adopter un mode de vie sain. Lorsque les contacts de l'infirmière sont de courte durée, le cadre temporel risque de différer, cependant l'importance qu'elle accorde à la santé devient une condition d'apprentissage pour cette famille. Le fait de former les infirmières à reconnaître les modalités dont un groupe familial se tire d'affaire et à adapter les soins en conséquence peut amenuiser l'épreuve de l'hospitalisation pour les familles, les bénéficiaires et les infirmières. La description, la mesure et l'évaluation du processus de formation ajouterait foi au rôle de l'infirmière comme 'façonneuse' de la santé familiale.