

# 4

## Health of the Individual, Family, and Community

### Rolanda Simpkins

Rolanda, a 16-year-old girl who is sexually active, comes to the clinic seeking information about contraception. She states, "My mother would 'kill me' if she knew I was asking about this."



### Samuel Kaplan

Samuel is the 80-year-old husband of a 76-year-old woman who was diagnosed with Alzheimer's disease 1 year ago. Visibly tearful, he states, "I don't think that I can continue to care for my wife at home anymore. But how can I even consider putting her in a nursing home?"



### Carlotta Rios

Carlotta is a 17-year-old girl who was brought to the mental health-psychiatric unit because of attempted suicide. She does not speak English very well and lives with her sister because of the recent death of her mother. Carlotta expresses a desire to "disappear" and not return to her sister's home. Further assessment reveals possible verbal abuse by her sister.



## Learning Objectives

After completing the chapter, you will be able to accomplish the following:

1. Describe each level of Maslow's hierarchy of basic human needs.
2. Explain nursing care necessary to meet needs in each level of Maslow's hierarchy.
3. Discuss family concepts, including family roles, structures, functions, developmental stages, tasks, and health risk factors.
4. Identify aspects of the community that affect individual and family health.
5. Describe nursing interventions to promote and maintain health of the individual as a member of a family and as a member of a community.

## Key Terms

- |                          |                           |
|--------------------------|---------------------------|
| basic human needs        | nuclear family            |
| blended family           | physiologic needs         |
| community                | safety and security needs |
| extended family          | self-actualization needs  |
| family                   | self-esteem needs         |
| love and belonging needs |                           |

Humans are complex organisms, influenced by and responsive to both internal and external environments. Our behaviors, feelings about ourselves and others, values, and the priorities we set for ourselves all relate to our physiologic and psychosocial needs. These needs are common to all people, and meeting these needs is essential for the health and survival of all people, therefore, they are called **basic human needs**. Basic human needs can be met or unmet in a variety of ways. A person can meet some needs independently, but most needs require relationships and interactions with others for partial or complete fulfillment. Satisfying one's needs often depends on the physical and social environment, especially one's family and community.

Holistic nursing care, which is based on considering all human dimensions affecting how the patient's basic human needs are met in health and in illness, allows the nurse to provide person-centered, health-oriented care. This chapter discusses how basic human needs, the family, and the community environment affect the health of every individual. (For an example, see the accompanying Reflective Practice box.)

### Concept Mastery Alert

A holistic framework of care involves not just the individual patient but all those around the patient, most importantly the family and their active participation in promoting health.

## THE INDIVIDUAL'S BASIC HUMAN NEEDS

In nursing, we consider the physical, safety, psychosocial, and spiritual needs of each individual patient. Maslow (1968) developed a hierarchy of basic human needs that describes which needs of a person are the most important at any given time (Fig. 4-1). Certain needs are more basic or essential than others and must be at least partially met before other needs can be considered.

Maslow's hierarchy is useful for understanding relationships among basic human needs and for establishing priorities of care. The hierarchy is based on the theory that a need is a basic need if it has the following characteristics:

- Its lack of fulfillment results in illness.
- Its fulfillment helps prevent illness or signals health.
- Meeting it restores health.
- It takes priority over other desires and needs when unmet.
- The person feels something is missing when the need is unmet.
- The person feels satisfaction when the need is met.

Nursing care is often directed toward meeting unmet or threatened needs. Maslow's hierarchy provides a framework for nursing assessment and for understanding the needs of patients at all levels, so that interventions to meet those needs become a part of the care plan. Many nursing interventions are aimed at meeting patients' basic human needs.

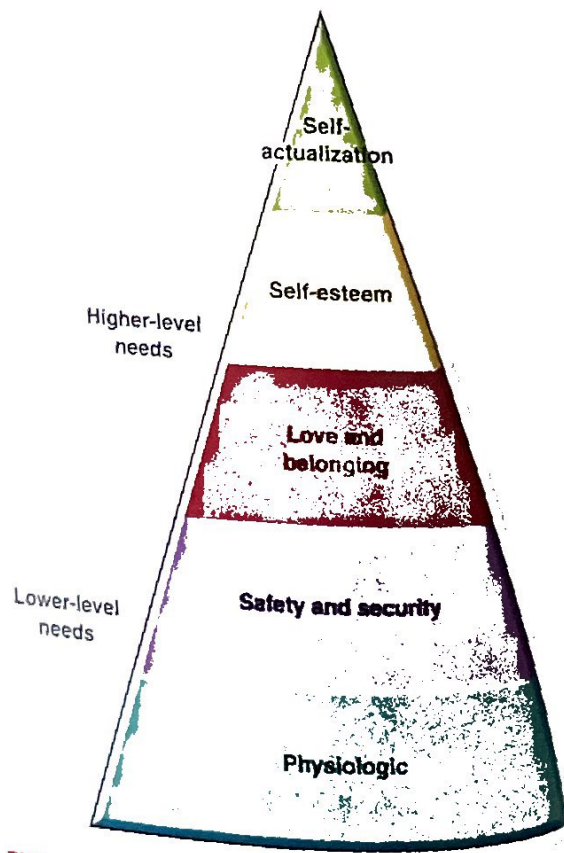


FIGURE 4-1. Maslow's hierarchy of basic human needs.

## QSEN Reflective Practice: Cultivating QSEN Competencies

### CHALLENGE TO ETHICAL AND LEGAL SKILLS

Junior year was full of excitement and new experiences. I was both nervous and excited about our mental health clinical rotation. Although the staff was very helpful and cooperative to provide as great an experience as they could, I found this clinical rotation to be difficult. I was going to be speaking with patients who had mental health problems and developing nurse–patient relationships that were different from the ones that I'd had in the past. To tell the truth, I was fearful. I was afraid I would say the wrong thing, causing the person to react, possibly injuring himself or others.

One patient really made an impression on me—Carlotta Rios, a 17-year-old girl who was brought to the unit because of attempted suicide. She did not speak English very well and lived with her sister because her mother had recently passed away. The nurses asked me to speak with her because I spoke Spanish.

When talking with her, I found out that Carlotta did not like living with her sister because the sister verbally abused her, always putting her down and constantly reminding Carlotta that the only reason she was here was because of her sister. Carlotta reported that her sister constantly told her about all of the sacrifices that she was making just so that Carlotta

could be with her. According to Carlotta, her sister said that Carlotta did not appreciate everything that her sister was doing. The sister constantly reminded Carlotta of everything she bought for her, keeping a record so that Carlotta would pay her back. Carlotta said that she was not happy and figured that the only way she would stop feeling bad and that her sister would be happy again would be if Carlotta disappeared. Carlotta no longer wanted to exist.

Talking with Carlotta further, I found out that she did not want to return to her sister's home. Unfortunately, this was a problem because legally she was not considered an adult. Therefore, Carlotta's sister would have to be contacted. Yet, it seemed that Carlotta's current family and living situation was not the safest. It also seemed to be the cause of Carlotta's desperate attempt to take her life. If she chose not to return to her sister's house, Carlotta would be taken to court in handcuffs and placed in a foster home. Although this placement would only be until she turned 18 years old, which was at the end of the month, it also meant that once she was 18 years old, she would be on her own. It was apparent that she was not ready for such a drastic change.

### Thinking Outside the Box: Possible Courses of Action

- Call Carlotta's sister and have her pick Carlotta up, because she is legally responsible for the patient.
- Gain the trust of the patient by speaking to her as an adult and informing her of all the options, ultimately assisting her with carrying them out.
- Call someone with whom she felt comfortable to provide support and also to hear the options available; in this way, the patient would have the opinion of someone she knew and trusted before she made a decision on which course of action to take.

### Evaluating a Good Outcome: How Do I Define Success?

- Patient's safety is ensured.
- Patient benefits from the course of action decided on.
- The patient's human dignity is respected.
- No violations of the American Nurses Association's Code of Ethics occur.
- Patient makes the most appropriate decision, resulting in the best outcome for her.
- My ethical and legal obligations and those of the hospital are met.

### Personal Learning: Here's to the Future!

I figured the best way to approach this situation was to develop a trusting relationship. So, after getting Carlotta up, we went to a brighter, better-lit room, where we had breakfast. I started by asking simple questions, eventually progressing to those that pertained to why she was in the hospital. Throughout our talks, I reinforced that her sister was considered the person legally responsible for Carlotta, explaining that if Carlotta decided not to call home, she would be taken in handcuffs to court and then would be placed in a foster home. I told her that this would only be until she turned 18 years old, upon turning 18, she then would be on her own. After listening to all of her options,

she decided that she would call her sister to let her know where she was. She also told her sister that she would be staying with a best friend until she had figured things out. For Carlotta, this was the best decision to make because she felt safest. As a result of informing her sister, Carlotta would not have to go to court. Subsequently, any upset or disruption for her sister would be minimized, further adding to Carlotta's feelings of being safe. The priority for Carlotta was a safe environment. We were able to establish a trusting relationship and work together toward this end.

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## SELF-REFLECTION ON QUALITY AND SAFETY COMPETENCIES DEVELOPING KNOWLEDGE, SKILLS, AND ATTITUDES FOR CONTINUOUS IMPROVEMENT

How do you think you would respond in a similar situation? Why? What does this tell you about yourself and about the adequacy of your skills for professional practice? Can you

think of other ways to respond? What *knowledge, skills, and attitudes* do you need to develop to continuously improve quality and safety when caring for patients like Carlotta?

(continued)

## QSEN Reflective Practice: Cultivating QSEN Competencies (continued)

### CHALLENGE TO ETHICAL AND LEGAL SKILLS

**Patient-Centered Care:** What additional information would be important for the nursing student to obtain from Carlotta to provide a more complete picture of the family situation? What family risk factors were evident here? Have these factors been addressed? What is the best way to communicate emotional support to Carlotta?

**Teamwork and Collaboration/Quality Improvement:** What communication skills do you need to continue to function as a resource and advocate for Carlotta? Would collaboration with your instructor or her nurse have resulted in additional alternatives or another approach with Carlotta? Are there community resources that might prove helpful to Carlotta? Do you think some form of family therapy might prove helpful to Carlotta and her sister?

**Safety/Evidence-Based Practice:** Is there anything you could have done to acknowledge that you understand Carlotta's concern about the future? How do you think your response contributed to a safe environment for Carlotta? What evidence in nursing literature provides guidance in decision making regarding ensuring a safe environment by giving Carlotta the support that she needs?

**Informatics:** Can you identify essential information that must be documented in Carlotta's electronic record regarding communication that you had with her? Is it important to document your assessment of Carlotta's current mental status? Can you identify any additional information that supports safe patient care and coordination of care?

The following sections describe each level of need in more detail.

### Physiologic Needs

**Physiologic needs**—for oxygen, water, food, elimination, temperature, sexuality, physical activity, and rest—must be met at least minimally to maintain life. These needs are the most basic in the hierarchy of needs and the most essential to life, and therefore have the highest priority. Most healthy children and adults meet their physiologic needs through self-care, but meeting physiologic needs is often a major part of the nursing care plan for young, old, disabled, and ill people who require assistance in meeting them.

Oxygen is the most essential of all needs because all body cells require oxygen for survival. Oxygenation of body cells is carried out primarily by the respiratory and cardiovascular systems; any alteration in the structure or function of these systems can result in an increased need for oxygen. This need may be acute (such as when cardiopulmonary resuscitation is needed) or chronic (requiring special positioning, treatments, and teaching). Nurses evaluate patients' oxygen needs by assessing skin color, vital signs, anxiety levels, responses to activity, restlessness, and mental responsiveness.

A balance between the intake and elimination of fluids is also essential to life. Healthy people drink fluids to satisfy thirst, and they maintain fluid balance through various physiologic processes. Disruption in the water balance of the body results in either dehydration or edema (the collection of fluid in body tissues). Dehydration results from conditions such as severe diarrhea or vomiting, whereas edema is caused by diseases of the cardiovascular or renal system, trauma, and other factors. Measuring intake and output, testing the resiliency of the skin, checking the condition of the skin and mucous membranes, and weighing the patient help assess a patient's water balance.

Food and elimination are related physiologic needs, with a balance maintained through digestive and metabolic

processes. The need for food is manifested through hunger. Insufficient nutrient intake results in nutrient and electrolyte imbalances and weight loss. Waste products are eliminated from the body through the skin, lungs, kidneys, and intestines. A patient's nutritional status is assessed with a variety of indicators, including weight, muscle mass, strength, and laboratory values.

The human body functions best within a narrow temperature range, usually considered as plus or minus 0.5°C (37°C). Homeostatic mechanisms and adaptive responses such as sweating or shivering, help maintain this temperature. Nurses assess body temperature as a vital sign (see Chapter 25).

Sexuality is an integral component of each person's life. Sexual practices may be affected by physical and emotional illnesses. Sexual practices depend on a variety of factors, such as a person's age, sociocultural background, self-esteem, and state of health. Health care providers are increasingly aware that consideration of sexuality is a vital part of holistic care.

Recall **Rolanda Simpkins**, the 16-year-old girl described at the beginning of the chapter requesting information about contraception. The nurse can use knowledge about Rolanda's sexual and sexual practices to help determine the most appropriate method of contraception for her.

Physical activity and rest are also basic physiologic needs. Physical activity depends on intact and functioning cardiovascular, muscular, and skeletal systems. Rest and sleep allow the body to rejuvenate and be free of stress. Individual requirements for rest and sleep vary widely, but the adverse health effects of deprivation have been well documented. Factors that influence sleep include age, environment, exercise, stress, and drug use.

Think back to **Samuel Kaplan**, the 80-year-old man caring for his wife with Alzheimer's disease at home. The nurse assesses the effect of providing this care on Mr. Kaplan's activity, rest, and sleep patterns, thereby developing an appropriate care plan for him to ensure that his needs are met as well.



## Safety and Security Needs

**Safety and security needs** come next in priority after physiologic needs, and have both physical and emotional components. Physical safety and security means being protected from potential or actual harm. Nurses carry out a wide variety of activities to meet patients' physical safety needs, such as the following:

- Using proper hand hygiene and sterile techniques to prevent infection
- Using electrical equipment properly
- Administering medications knowledgeably
- Skillfully moving and ambulating patients
- Teaching parents about household chemicals that are dangerous to children

Specific safety interventions are discussed in Chapter 27.

Emotional safety and security involves trusting others and being free of fear, anxiety, and apprehension. Patients entering the health care system often fear the unknown and may have significant emotional security needs. Nurses can help meet such needs by encouraging spiritual practices that provide strength and support, by allowing as much independent decision making and control as possible, and by carefully explaining new and unfamiliar procedures and treatments.

Remember **Carlotta Rios**, the adolescent described in the Reflective Practice display. The nurse fosters the development of a trusting relationship to promote emotional safety and security. Doing so assists Carlotta in her decision-making process about going home.



## Love and Belonging Needs

All humans have a basic need for love and belonging. After physiologic and safety and security needs, this is the next priority, and is often called a higher-level need. **Love and belonging needs** include the understanding and acceptance of others in both giving and receiving love, and the feeling of belonging to groups such as families, peers, friends, a neighborhood, and a community.

People who believe that their love and belonging needs are unmet often feel lonely and isolated. They may withdraw physically and emotionally, or they may become overly demanding and critical. Often, these behaviors signal that the person has unmet love and belonging needs. Nurses



**FIGURE 4-2.** By providing time for the mother and newborn to bond, the nurse is helping to fulfill the need for love and belonging of both mother and child.

should always consider love and belonging needs (Fig. 4-2) when developing a care plan, including nursing interventions such as:

- Including family and friends in the care of the patient
- Establishing a nurse–patient relationship based on mutual understanding and trust (by demonstrating care, encouraging communication, and respecting privacy)
- Referring patients to specific support groups (such as a cancer support group or Alcoholics Anonymous)

Think back to **Samuel Kaplan**, the man caring for his wife with Alzheimer's disease. The nurse could refer Mr. Kaplan to a support group for caregivers of people with Alzheimer's disease to help meet Mr. Kaplan's needs for love and belonging.



## Self-Esteem Needs

The next highest priority on the hierarchy is **self-esteem needs**, which include the need for a person to feel good about himself or herself, to feel pride and a sense of accomplishment, and to believe that others also respect and appreciate those accomplishments. Positive self-esteem facilitates the person's confidence and independence.

Many factors affect self-esteem. When a person's role changes (e.g., through illness or the death of a spouse), self-esteem can be seriously altered because the person's responsibilities and relationships also change. A change in body image, such as the loss of a breast, an injury, or a growth spurt during puberty, may also affect self-esteem. Nurses must remember that the person's perception of the change—rather than the actual change itself—is what affects that person's self-esteem (see the Research in Nursing box on page 70).

Nurses can help meet patients' self-esteem needs by respecting their values and beliefs, encouraging patients to set attainable goals, and facilitating support from family or

## Research in Nursing

### BRIDGING THE GAP TO EVIDENCE-BASED PRACTICE

#### Understanding the Love and Belonging and the Self-Esteem Needs of Young Adult Burn Survivors

Of the 40,000 hospitalized people in the United States who sustain burn injuries requiring medical treatment, 15,000 are younger than 18 years of age. Those with severe burn injuries must not only endure the trauma and pain of treatment, but must do so while in protective isolation, separated from family and friends. Scarring, disfigurement, chronic pain, and loss of body parts can radically alter one's ability to perform usual activities and roles and make face to face contact stressful.

#### Related Research

Giordano, M. S. (2016). CE. Original research. The lived experience of social media by young adult burn survivors. *Am J Nurs*, 116(8), 24–33.

The purpose of this qualitative phenomenologic study was to explore and describe the lived experience of social media by young adult burn survivors, recognizing the particular challenges these people face in meeting their needs for socialization. Five women and four men between the ages of

20 and 25 years were interviewed. Before the age of 18, each had sustained burns over more than 25% of his or her total body surface area. Five essential themes emerged from the interviews: identity, connectivity, social support, meaning, and privacy. The participants used social media as a way to express their identity while safeguarding their privacy. Connecting with others facilitated a flow of social support and information, which was motivating and encouraging.

#### Relevance to Nursing Practice

The findings indicate that the use of social media by young adult burn survivors may be warranted as a way to further the healing processes. The knowledge gained from this study may also be useful in facilitating the development of nursing interventions aimed at preparing young adult burn survivors for reentry into society.

For additional research, visit [thePoint](#).

significant others. These actions promote a sense of worth and self-acceptance.

### Self-Actualization Needs

The highest level on the hierarchy of needs is **self-actualization needs**, which include the need for people to reach their full potential through development of their unique capabilities. In general, each lower level of need must be met to some degree before this need can be satisfied. The process of self-actualization continues throughout life. Maslow lists the following qualities that indicate achievement of one's potential:

- Acceptance of self and others as they are
- Focus of interest on problems outside oneself
- Ability to be objective
- Feelings of happiness and affection for others
- Respect for all people
- Ability to discriminate between good and evil
- Creativity as a guideline for solving problems and pursuing interests

To help meet patients' self-actualization needs, the nurse focuses on the person's strengths and possibilities rather than on problems. The following is an example of a nurse assisting a patient to meet self-actualization needs:

During a clinic visit, a diabetic patient expresses difficulty with his prescribed dietary recommendations, but also recognizes that he needs to be more careful or "I'll end up losing a leg or having trouble seeing because of this disease." A nurse coach recognizes that the patient is the best expert about his own health, and listens carefully

as he reviews his eating habits and discusses what he thinks he needs to do differently. Based on assessment data and the patient's desire to change his behavior, the nurse and patient together create an action plan to begin the process of change and move toward the optimal for him to achieve his goals.

Nursing interventions are aimed at providing a sense of direction and hope and providing teaching that is aimed at maximizing potentials.

Recall **Carlotta Rios**, the 17-year-old who had attempted suicide. By focusing on her strengths as well as helping her explore alternatives to her current lifestyle, the nurse helps to meet Carlotta's self-actualization needs by fostering personal growth and assisting her to find meaning to her life.

### Applying Maslow's Theory

Nurses can apply Maslow's hierarchy of basic needs to patient care. The hierarchy can be used with patients of all ages, in all settings where care is provided, and in both health and illness. It helps the nurse identify unmet needs and become health care needs. The hierarchy of basic needs allows the nurse to locate the patient on the health-illness continuum and to incorporate the human dimensions of health models into meeting needs (Table 4-1).

**Table 4-1** **The Human Dimensions and Basic Human Needs**

	BASIC HUMAN NEED	EXAMPLES
<b>Physical dimension</b>	Physiologic needs	Breathing Circulation Temperature Intake of food and fluids Elimination of wastes Movement
<b>Environmental dimension</b>	Safety and security needs	Housing Community/ neighborhood Climate
<b>Sociocultural dimension</b>	Love and belonging needs	Relationships with others Communications with others Support systems Being part of a community Feeling loved by others
<b>Emotional dimension</b>	Self-esteem needs	Fear Sadness Loneliness Happiness Accepting self
<b>Intellectual and spiritual dimensions</b>	Self-actualization needs	Thinking Learning Decision making Values Beliefs Fulfillment Helping others

As the nurse identifies and carries out interventions to help meet patients' needs, it is important to remember that Maslow's hierarchy is only a framework or guideline, and that, in actuality, each person sets his or her own priorities for needs. Additionally, basic human needs are interrelated, and may require nursing actions at more than one level at a given time. For example, in caring for a person coming into the emergency department with a heart attack, the nurse's immediate concern is the patient's physiologic needs (e.g., oxygen and pain relief). At the same time, safety needs (e.g., for oxygen use precautions and for ensuring that the person does not fall off the examining table) and love and belonging needs (e.g., for having a family member nearby if possible) are still major considerations. You will learn how nurses meet basic human needs throughout the rest of this book.

## THE FAMILY

Almost every person is a member of a number of groups, such as family, friends, professional colleagues, a church congregation, and a school class. Each of these groups involves

a specific part of the person's life and is important to the person. However, only one group—the family—is typically concerned with all parts of a person's life and with meeting the individual's basic human needs to promote health.

A family can be defined simply as any group of people who live together and depend on one another for physical, emotional, and financial support. Families are essential to the health and survival of the individual family members, as well as to society as a whole. The family is a buffer between the needs of the individual member and the demands and expectations of society. The role of the family is to help meet the basic human needs of its members while also meeting the needs of society (Pender, Murdaugh, & Parsons, 2015).

## Family Structures

A family may consist of two or more people who may be related or unrelated either biologically or legally; members may be of the same biological sex or different biological sex, and members may be of the same or various generations. A family may include unmarried people with a meaningful commitment to each other (Pender et al., 2015). Nurses must remember that there are no absolute "rights" or "wrongs" about what makes a family, and one person's values must not be imposed on another person. Respect for all kinds of family members and relationships is essential to person-centered, individualized patient care.

## Nuclear Family

The **nuclear family**, also called the traditional family, is composed of two parents and their children. Contemporary descriptions of a nuclear family vary. Pender et al. (2015) define a nuclear family as "two or more persons who depend on one another for emotional, physical, or financial support."

There is great variability in nuclear family structure in today's "postmodern families." The parents may be heterosexual or homosexual, and are usually either married or in a committed relationship; family members live together until the children leave home as young adults. The nuclear family may be composed of biologic parents and children, adoptive parents and children, surrogate parents and children, or stepparents and children. Multiple research studies have concluded that family processes, such as the quality of parenting and harmony between parents, rather than family structures, contribute to a child's well-being (American Academy of Pediatrics, 2012).

In the past, the traditional nuclear family typically consisted of a breadwinner husband and caregiver wife. In contemporary nuclear families, both parents may work for pay while sharing roles in providing physical and emotional safety and security. The two major causes of this change are increased education and career opportunities for women, and changes in our economy resulting in a need for additional income to maintain a desired standard of living. The contemporary nuclear family often lives in close geographic proximity to relatives, such as aunts, uncles, and grandparents, who are a part of the **extended family**. Couples without

children and couples with grown children who no longer live at home are considered nuclear families as well. The **blended family** is another form of a nuclear family, formed when parents bring unrelated children from previous relationships together to form a new family.

### Single-Parent Family

Single parents may be separated, divorced, widowed, or never married. Increasing numbers of never-married men and women are choosing to become parents. More than one fourth of all children in North America are now estimated to live in single-parent families (American Academy of Pediatrics, 2011). Many single-parent families are headed by women. Single parents often have special problems and needs, including financial concerns and role shifts (i.e., having the roles of both parents), and they may remarry or enter into new relationships. The situation and needs of the single-parent family are important considerations when planning and implementing nursing care.

### Other Family Structures

In addition to traditional and single-parent families, cohabiting adults and single adults are other family structures. Cohabiting families are people who choose to live together for a variety of reasons, including relationships, financial need, or changing values. Cohabiting families include unmarried adults living together (they may be of any age, including retired people who choose not to marry because it would impose financial hardship) and communal or group marriages. Other family structures include binuclear (where divorced parents assume joint custody of children) and dyadic nuclear (in which the couple chooses not to have children).

Single adults may not be living with others, but they are part of a family of origin, usually have a social network with significant others, or may even regard a pet as family. Most single adults living alone are either young adults who achieve independence and enter the workforce or older adults who never married or are left alone after the death of a spouse.

With changes in family structure have come other influences on the basic human needs of family members. Considerations for the family, and for nursing care, include support systems (in our mobile society, family members may live hundreds or thousands of miles away), availability of child-care, time for leisure and recreation, struggles to meet financial commitments, and changing role models.

### Family Functions

Families have important functions that affect how individual family members meet their basic human needs and maintain their health. The family provides the individual with an environment for development and social interactions. Families also are important to society as a whole because they provide new and socialized members for society.

Family functions occur in five major areas. Physically, the family provides a safe, comfortable environment necessary for growth, development, and rest or recuperation.

Economically, the family provides financial aid to members and also helps meet society's needs. The reproductive function of many families is to have and raise children. The affective and coping functions of the family provide emotional comfort to family members and help them establish their identity and maintain it in times of stress. Finally, through socialization, the family teaches; transmits beliefs, values, attitudes, and coping mechanisms; provides feedback; and guides problem solving (Friedman, Bowen, & Jones, 2003).

### Developmental Tasks of Families

Duvall (1984) identified critical family developmental tasks and stages in a family life cycle. Duvall's theory, based on Erikson's theory of psychosocial development (described in Chapter 22), states that all families have certain basic tasks for survival and continuity, as well as specific tasks related to developmental stages throughout the life of the family. These stages and developmental tasks are outlined in Table 4-2. If the family does not meet certain developmental tasks, societal disapproval may lead to intervention by children's services, social services, police department welfare facilities, or health departments (Edelman & Mandle, 2014). The successful mastery of each developmental stage is important to the family's adaptation and growth through successive stages.

### The Family in Health and Illness

People learn health care activities, health beliefs, and health values in the family. When patients enter the health care system, they bring their own personal behaviors and needs, but they also bring (in a sense) their family too.

Friedman and associates (2003) identified the importance of family-centered nursing care in four ways. First, the family is composed of interdependent members who affect one another. If some form of illness occurs in one member, all other members become involved in the illness. Second, because there is a strong relationship between the family and the health status of its members, the role of the family is essential in every level of nursing care. Third, the level of health of the family and in turn each of its members can be significantly improved through health promotion activities. Finally, illness of one family member may suggest the possibility of the same problem in other members. Through assessment and intervention, the nurse can assist in improving the health status of all family members.

Illness may precipitate a health crisis in a family. If an illness is relatively minor, such as a viral infection in a child, changes in family tasks may be minor and brief. But if a family member's injury or illness is serious, the roles and responsibilities, as well as functions, of other family members change. This is especially true if the illness is chronic and long term, results in disability, or decreases the person's time to live. Some families find it difficult to adapt to the stress of changes in financial, social, and caregiving resources, whereas other families experience renewed family closeness and stability. Regardless of how the family

**Table 4-2 Family Stages, Tasks, Health Risk Factors, and Nursing Interventions to Promote Health**

FAMILY STAGE <sup>a</sup>	TASKS	STAGE-SPECIFIC RISK FACTORS	STAGE-SPECIFIC NURSING INTERVENTIONS/ REFERRALS
Couple and family with young children	<ul style="list-style-type: none"> <li>Establish a mutually satisfying marriage</li> <li>Plan to have or not to have children</li> <li>Have and adjust to infant</li> <li>Support needs of all family members</li> <li>Adjust to cost of family life</li> <li>Adapt to needs and activity of children</li> <li>Cope with loss of energy and privacy</li> <li>Encourage and support growth and development and educational achievements</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate knowledge of contraception and family</li> <li>Inadequate knowledge of sexual and marital roles</li> <li>Lack of knowledge about child safety and health</li> <li>Child abuse and neglect</li> <li>First pregnancy before age 16</li> </ul>	<ul style="list-style-type: none"> <li>Family planning clinics</li> <li>Prenatal classes</li> <li>Well-child clinics</li> <li>Vision and hearing screenings</li> <li>Dental health information</li> <li>Parent support groups</li> <li>Safety in the home, daycare, school, neighborhood, and community</li> </ul>
Family with adolescents and young adults	<ul style="list-style-type: none"> <li>Maintain open communications</li> <li>Support moral and ethical family values</li> <li>Balance teenagers' freedom with responsibility</li> <li>Maintain supportive home base</li> <li>Strengthen marital relationships</li> </ul>	<ul style="list-style-type: none"> <li>Family of origin</li> <li>Family value of aggressiveness</li> <li>Inadequate problem-solving abilities</li> <li>Conflict between family members</li> <li>Physical or sexual abuse</li> <li>Sexually transmitted diseases</li> </ul>	<ul style="list-style-type: none"> <li>Accident prevention programs</li> <li>Sex education</li> <li>Mental health programs</li> <li>Screening for chronic illness</li> </ul>
Family with middle-aged adults	<ul style="list-style-type: none"> <li>Maintain ties with younger and older generations</li> <li>Prepare for retirement</li> </ul>	<ul style="list-style-type: none"> <li>Depression</li> <li>Exposure to environmental or work-related health risks, such as sunlight, asbestos, radiation, coal dust, and air or water pollution</li> </ul>	<ul style="list-style-type: none"> <li>Blood pressure screenings</li> <li>Screening for chronic illness</li> </ul>
Family with older adults	<ul style="list-style-type: none"> <li>Adjust to retirement</li> <li>Adjust to loss of spouse</li> <li>May move from family home</li> </ul>	<ul style="list-style-type: none"> <li>Increasing age with loss of physical function</li> <li>Chronic illness</li> <li>Depression</li> <li>Death of spouse</li> </ul>	<ul style="list-style-type: none"> <li>Screening for chronic illness</li> <li>Home safety information</li> <li>Retirement information</li> <li>Pharmacology information</li> </ul>

<sup>a</sup>Family includes all forms: nuclear, extended, single-parent, etc.

Source: Data from Duvall, E., & Miller, B. (1984). *Marriage and family development* (6th ed.). New York: Harper Collins; and Aldous, J. (1975). *The developmental approach to family analysis*. Minneapolis: University of Minnesota Press.

adapts, members of the family must constantly adjust roles and responsibilities to manage the needs of the ill family member and the family.

Remember **Mr. Kaplan**, the 80-year-old man caring for his wife with Alzheimer's disease. Now the primary caregiver, Mr. Kaplan's role has changed. The disease and family role changes may affect the family's ability to function. The nurse would incorporate knowledge of this when developing the most appropriate plan for Mr. Kaplan and his wife.



therapeutic communication skills; applying knowledge of family dynamics; and making referrals to community health care and financial resources to support realistic hope. In addition, it is important to involve family members in planning and implementing care.

### Family Risk Factors

Family patterns of behavior, the environment in which the family lives, and genetic factors can all place family members at risk for health problems. Nurses should assess these factors before developing nursing care plans. Typical questions in a family assessment include the following (Pender, Murdaugh, & Parsons, 2014):

- What is the family's structure?
- What is the family's socioeconomic status?

Nursing interventions for a family in a health crisis include providing teaching that is honest, open, and respectful; using

- What are family members' cultural background and religious affiliation?
- Who cares for children if both parents work?
- What are the family's health practices (e.g., types of foods eaten, meal times, immunizations, bedtime, exercise)?
- How does the family define health?
- What habits are present in the family (e.g., do any family members smoke, drink to excess, or use drugs)?
- How does the family cope with stress?
- Is any family member the primary caregiver for another family member?
- Do close friends or family members live nearby and can they help if necessary?

These questions are extremely important to ask when assessing **Carlotta Rios**, the adolescent described in the Reflective Practice display. Rolanda Simpkins, the 16-year-old wanting contraceptive counseling, and Samuel Kaplan, the older adult caring for his ill wife at home. Each person's answers provide the nurse with valuable information to help determine the best way to meet his or her needs. For Rolanda, understanding more about her relationship with her mother will guide the education and counseling. For Carlotta, this includes information about viable options for her living arrangements, including physical and emotional safety. For Mr. Kaplan, this assessment provides information about available sources of help so that he can continue to care for his wife at home or, if necessary, to ease the transition and adjustment to moving his wife to a long-term care facility.



The health assessment for a family should also consider the risk factors for altered health described in Box 4-1.

### Nursing Interventions to Promote Family Health

The nurse can help reduce risk factors with activities that promote health for all family members at any level of development. Recall that each person has his or her own definition of health, based in part on family beliefs and values about health and illness. The nurse assists both the person and the family to meet basic human needs. Examples of stage-specific risk factors and nursing interventions to promote health in the family are shown in Table 4-2. Nurses may carry out such activities themselves or may refer the individual or family to other health care providers. Health promotion activities and nursing actions can reduce the risk for illness and facilitate healthy behaviors at any age within the family life cycle.

Consider **Rolanda Simpkins**, the adolescent seeking contraceptive information. The nurse needs to evaluate further her statement that her mother would "kill her," questioning Rolanda further to determine the family's health beliefs and practices.



## Box 4-1 Risk Factors for Altered Family Health

### Lifestyle Risk Factors

- Lack of knowledge about sexual and marital roles, leading to teenage marriage and pregnancy, divorce, sexually transmitted infections, child, spouse, or elder abuse, and lack of prenatal or child care
- Alterations in nutrition—either more or less than body requirements at any age
- Chemical dependency, including the use of alcohol, drugs, and nicotine
- Inadequate dental care and hygiene
- Unsafe or unstimulating home environment

### Psychosocial Risk Factors

- Inadequate childcare resources, when both parents work, for preschool and school-aged children
- Inadequate income to provide safe housing, food, clothing, and health care
- Conflict between family members

### Environmental Risk Factors

- Lack of knowledge or finances to provide safe and clean living conditions
- Work or social pressures that cause stress
- Air, water, or food pollution

### Developmental Risk Factors

- Families who have new babies, especially if support systems are unavailable
- Older adults, especially those living alone or on a fixed income
- Unmarried adolescent mothers who lack personal, economic, and educational resources

### Biologic Risks

- Birth defects
- Intellectual disability
- Genetic predisposition to certain diseases, including cardiovascular diseases and cancer

## THE COMMUNITY

A person, as an individual and as a member of a family, is also a member of a community. The most basic definition of a community is a specific population or group of people living in the same geographic area under similar regulations and having common values, interests, and needs. A community may be a small neighborhood within a city or a large rural area, including a small town. Communities are based on shared characteristics of people, the area, social interaction, and familial, cultural, or ethnic heritage and ties. Within a community, people interact and share resources. The community environment affects the ability of the person to meet basic human needs. This section discusses the relationship of the community to basic human needs, including influences on health and illness. Be sure to check out the concepts on social determinants of health in Chapter 3.

The physical and social environments of communities have been implicated by the Institute of Medicine and the National Research Council as possible contributing factors to health disadvantages in the United States as compared to other high-income countries (Woolf & Aron, 2013). Americans die younger and have a consistent pattern of poor health and death and suffering from illness and injuries compared to the other wealthiest nations in the world. Designing healthier community environments is one of the recommended strategies to promote more favorable health outcomes in the United States. See Chapter 3 for additional explanations of and implications for this U.S. health disadvantage.

Many community factors affect the health of residents. A healthy community enables people to maintain a high quality of life and productivity. For example, a healthy community:

- offers access to health care services for all members of the community, which provide both treatment for illnesses and activities to promote health.
- has roads, schools, playgrounds, and other services to meet needs of the people in the community.
- maintains a safe and healthy environment.

The Robert Wood Johnson Foundation (2016) has identified healthy communities as one of its four focus areas. See the foundation's website (<http://www.rwjf.org/en/our-focus-areas/focus-areas/healthy-communities.html>) for examples of programs to build healthy communities. Similarly, the Division of Community Health (DCH) and Partnerships to Improve Community Health (PICH) support the implementation of evidence-based strategies to improve the health of communities and reduce the prevalence of chronic disease. The DCH focus areas are tobacco use and exposure, poor nutrition, physical inactivity and lack of access to opportunities for chronic disease prevention, risk reduction, and disease management.

The health of a community's residents is affected by the social support systems, the community health structure, environmental factors, and facilities providing assistance for those in need of shelter, housing, and food. Examples of community factors affecting health are listed in Box 4-2 and are discussed further in the following sections.

## Social Support Systems

A person's social support systems are made up of all the people who help meet financial, personal, physical, and emotional needs. In most instances, family, friends, and neighbors provide the best social support within a community. To understand the social support systems of a community, it is important to know who provides support (such as family, neighbors, friends, church, and organizations).

## Community Health Care Structure

The health care structure of a community directly affects the health of the people living within it. The size and location of the community often determine what services are available. For example, urban residents may have public transportation to a variety of health care providers, whereas rural

## Box 4-2 Examples of Community Factors Affecting Health

- Number and availability of health care institutions and services
- Housing codes
- Police and fire departments
- Nutritional services for low-income infants, mothers, school-aged children (e.g., lunch programs), and older adults
- Zoning regulations separating residential and industrial areas
- Waste disposal services and locations
- Air and water pollution
- Food sanitation
- Health education services and dissemination
- Employment opportunities
- Recreational opportunities
- Violent crimes or drug use

residents may need to travel long distances on their own for care. County and state funding for community health care services also determines the type and number of available health care institutions and facilities.

## Economic Resources

Personal finances and health care insurance coverage affect a person's access to health care services within a community. As private health insurance costs continue to escalate, fewer citizens have optimal insurance. Many part-time and unskilled jobs provide no insurance benefits at all, resulting in a substantial number of citizens without any financial assistance for health care screenings or care for illnesses.

Signed in March 2010, the Patient Protection and Affordable Care Act (PPACA), often referred to simply as the Affordable Care Act, aims to provide improved health security and access to health care for all Americans through comprehensive health insurance reforms being implemented in stages over several years. Major provisions of the act provide a right to coverage for Americans with pre-existing conditions, allow young adults up to 26 years of age to continue to be covered under their parents' plan, and end lifetime limits on coverage. In addition, the act expands Medicaid coverage to millions of low-income Americans and makes numerous improvements to the Children's Health Insurance Program, or CHIP (Affordable Care Act, n.d.; HealthCare.gov, 2016). The PPACA has many more provisions to facilitate health insurance coverage and help care for underserved populations and eliminate disparities in health care. As this text goes to publication, efforts are underway to repeal the PPACA, which could result in many more citizens losing their insurance and access to basic health care services. Chapter 11 further discusses the costs of health care.

## Environmental Factors

The community environment in which a person lives and works can have either helpful or harmful effects on health.

The quality of air and water differs across communities. Large urban areas are often affected by air pollution, whereas many smaller communities are at risk for water pollution from run-off of chemical or livestock wastes. There is also increasing concern about how global warming and a growing potential for natural disasters affect health. Environmental barriers to accessing health care within a community may include lack of transportation, distance to services, and location of the services.

### Effect on Individuals and Families

The community has a strong influence on health promotion and illness-prevention activities of individuals and families in the community (Fig. 4-3). Just as there are family risk factors for the health of individual members, so are there community risk factors involving resources, economics, and services. For nursing assessments and interventions to be comprehensive and individualized, the nurse must consider the community's influence.

Consider the following examples of how the community can affect the individual's and family's needs:

*Maria, 20 years old*, lives in an inner-city, two-room apartment with her 6-month-old daughter. The apartment lacks adequate heat and plumbing. Maria has no family living nearby, and her husband has left her. Maria rarely leaves her apartment because she fears

street gangs and drug addicts. She is on a public assistance program but has never taken her baby to a local clinic for checkups because of her concerns that the neighborhood is not safe.

*Anne, 22 years old*, lives in a small house in a rural area. Her 4-year-old son is in a community preschool program with afterschool care. She is a single mother and works as a secretary at an insurance facility. Anne often sees her family members, who live nearby. Anne and her son have regular health assessments.

These two different examples illustrate that the community plays a major role in the health of people who live there. Maria and her baby are at much greater risk for illness than are Anne and her son. Even if the two women had identical health care needs, their care plans would include different interventions because of their different community environments.

### Nursing in the Community

In contrast to community health nursing, which focuses on whole populations within a community, community-based nursing is centered on the health care needs of individuals and families. Nurses practicing community-based nursing provide interventions to manage acute or chronic health problems, promote health, and facilitate self-care. Nursing care provided within a community must be culturally competent and family centered.



**FIGURE 4-3.** Many characteristics of a community influence the health of its members. This diagram shows six categories of characteristics that influence the health of a member of a community.



### Concept Mastery Alert

**Community health nursing** focuses on whole populations; **community-based nursing** focuses on the members of the population, specifically the individuals and families within the population.

Nurses providing community-based care must know about the location and specialties of health care providers, the availability and accessibility of services and supplies, and other public health services. Additional considerations include facilities (such as daycare or long-term care), housing, and the number and type of facilities providing services.

*The Future of Nursing*, an Institute of Medicine report, emphasizes nursing as a vital component in all efforts to reform the health care system (Institute of Medicine, 2011). The Affordable Care Act further reaffirms that nurse-managed centers in communities offer high-quality care to underserved populations in a cost-effective manner (Domrose, 2012). More than 250 nurse-managed health centers in the United States are improving health outcomes in communities because they understand community needs (Collins, 2012). Nurses in these centers carry out a variety of activities that focus on wellness and prevention, including immunizations, prenatal care, health education, and medication supervision. Nurses promote health as individuals, as caregivers within institutional settings, and as community-based health care providers. Nurses also provide community services as volunteers in health-related activities (e.g., screenings, educational programs, and blood drives) and as role models for health practices and lifestyles.

Nurses working in a variety of health care settings consider community influences when developing individualized nursing care plans and when making referrals to community facilities and support groups. Community-based nurses are employed in many different kinds of practice settings, including home care (Fig. 4-4), community health centers, school nursing, occupational nursing, and independent

nursing practice. Community-based care is discussed in more detail in Chapter 12.

## DEVELOPING CLINICAL REASONING

- What do you believe to be the most important basic human need that is actually or potentially unmet in the following situations?
  - A toddler falls into a swimming pool.
  - An older woman falls at home and is not found for 3 days.
  - A preschooler is admitted to the hospital with multiple bruises and burn marks.
  - A teenager is constantly told “you are no good” by his parents.
  - A long-term care facility resident says, “I never did anything right in my life.”
- Our own family experiences often affect the way we relate to the families of our patients. Describe at least two possible responses to the families described below.
  - Suspecting child abuse, a nurse asks a mother about her child’s bruises. The woman says, “In our family, we believe in ‘spare the rod and spoil the child.’”
  - A single woman wants to have a child and comes to a fertility clinic for information on artificial insemination.
  - Several members of a patient’s large extended family are in the patient’s long-term care facility room and are trying to do everything for the patient.
- If a natural disaster were to strike your town (e.g., tornado, earthquake, flood, fire), leaving many homeless, what priorities would guide your rescue efforts? What needs should take priority, and how could these best be met?

## PRACTICING FOR NCLEX

- A nurse uses Maslow’s hierarchy of basic human needs to direct care for patients on an intensive care unit. For which nursing activities is this approach most useful?
  - Making accurate nursing diagnoses
  - Establishing priorities of care
  - Communicating concerns more concisely
  - Integrating science into nursing care
- The nurse is prioritizing nursing care for a patient in a long-term care facility. Which examples of nursing interventions help meet physiologic needs? Select all that apply.
  - Preventing falls in the facility
  - Changing a patient’s oxygen tank
  - Providing materials for a patient who likes to draw
  - Helping a patient eat his dinner
  - Facilitating a visit from a spouse
  - Referring a patient to a cancer support group.



**FIGURE 4-4.** A nurse at work in a home health care setting. (Photo by Monkey Business Images)