Family Health Assessment

Name

University

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Family structure – Johnson's family

Johnson's family is composed of his wife Mary Johnson and other two children, Adrian Franklin and Nancy Burns. In terms of age, Johnson is 41 years while the wife is 32 years old. Adrian and Nancy are 17 and 15 years, respectively. Due to such arrangement, Johnson's family structure is nuclear-based. According to Edelman, Mandle & Kudzma (2017), nuclear family structure is a type of family consisting of two parents who stays with the children. It may also be known as immediate family. Johnson’s family is determined to be nuclear structure since there is inclusion of non-immediate family members. Critically, the nuclear family is one of the best family structures composed of numerous advantages such as the provision of similar financial stability (Edelman, Mandle & Kudzma, 2017). In terms of race, Johnson is white American while Mary is black American. Spiritually, all the family members are Roman Catholics. Regarding social class, the family is a middle class with both the parents working as government employees. Lastly, in terms of the family environment, the family is based on a morally and secure environment.

Health behaviours of the family

Generally, health behaviours in the family are questionable. The family is majorly exposed to an unhealthy diet. Unhealthy diet, in this case, involves exposure to ready-made meals, especially for lunch and supper. The family is not also exposed to physical exercises that are likely to lead to various numerous health complexity. Additionally, health-wise, the family is not that stable due to various complications that the family members are not exposed to especially mother and father. The two parents are exposed to alcohol and thus acts as a significant concern to the family.

Currently, the health pattern is not that stable. One of the significant family issues is associated with one of the children, Adrian. Adrian has intensively suffered from sickle anemia in the last three years. However, he has suffered from the disease since childhood but not extremely. Generally, the family is associated with both sick-role and illness behaviour. The reason being, most of the family members, tend to perceive themselves as ill, purposefully to ensure that they discover the substantial remedy. Lastly, cognitively, Nancy has various cognitive issues. Nancy faces some minimal cognitive problems such as the lack of proper interaction and concentration, as stated in the interview in appendix A.

Functional health pattern strengths

One of the significant functional health pattern strength that the family slowly embraces is the self-perception or concept pattern. Critically analyzing the family, all the family members are exposed to high self-confidence. As noted in the interview, Johnson provides a well-established ground whereby every individual determines both their self-worth and identity as identified in appendix A. According to Karaca (2016), self-concept is one of the substantial functional health patterns that incredibly assist in preventing major health issues such as stressors. From the assessment, all the family members are capable of inherently explaining themselves with ease and without any complexity.

The second functional health pattern strength observed in Johnson's family is the coping-stress-tolerance pattern. The family is geared towards stress management, as noted in the interview in Appendix A. All the family members are exposed to high-stress tolerance as they can substantially take part in various activities such as rational decision making. Regardless of Nancy, one of the children being associated with cognitive issues, she can adequately handle her stress life through prevention of fear, anger and anxiety. The same strength is observed in Adrian's case. Adrian is capable of managing the stressful factors that are engaged with his anemic condition through the focus on self-confidence and perception.

Health barriers

Regardless of the identified functional health patterns, there are various areas where health problems or barrier to health are identified. One of the areas is nutrition. As noted from the interview in Appendix A, the family is heavily exposed to the nutritional problem. The primary nutritional issue is the heavy reliance on ready-made meals. With the focus on the ready-made meal, a lot of threats associated with health issues arises within the family. The family is hugely used to ready-made meals, and in under minimal circumstances, they rely on locally made meals.

The second area where barriers to health are identified is substance abuse. Interestingly, both the two parents are exposed to substance abuse which extremely inhibits them from quality health. According to Edelman, Mandle & Kudzma (2017), both mood and substance abuse disorder are the primary health barriers in the modern world. Importantly, most of the Nurses or health practitioners also tend to abandon alcoholism since it directly prevents ease and quality of health access. With intensive alcohol consumption, the quality of health within the family is negatively impacted.

Lastly, a health problem can also be identified within the genetic makeup within the family. As defined, Johnson's wife Mary is associated with sickle cell anemia. Historically, within Mary's lineage, there are a number of individuals who have enormously suffered from Sickle cell anemia. The genetical complexities are thus determined to be one of the problems within the family.

Family system theory

Family system theory is one of the best theories applicable to Johnson's family in ensuring an overall and positive outcome. Since the family systems theories are one of the significant theories in ensuring that problem solving is promoted, Johnson's family can easily be mediated through the family systems theory. Calgary family intervention model is also essential and is effectively connected to the theory.

Family system theory can be applied in the family under four substantial ways include consultation, family counselling, individual counselling or training (Kerr, 2016). However, among the stipulated phases, the most suitable method is family counselling and therapy. Through the training and counselling, family system theory helps in the analysis in relationships and issues that arises within the family. After appropriate analysis, various interventions in the family is thus promoted. Importantly, to ensure the interventions are ideally addressed, an intergenerational pain associated with change is also impacted. Generally, through analysis, intervening by counselling and managing the intergenerational change, initiation of positive changes to the overall family functions over time is established.

In conclusion, the Johnson family requires strong health intervention. The reason being, the family, it is associated with numerous health issues starting from the children to the parents. The family is not also exposed to physical exercises, one of the critical requirements to sustain high health standards. Lastly, health-wise, the family is not that stable due to alcoholism between the mother and the father. Crucial, health-based intervention through the family systems theory is thus appropriate.

References

Edelman, C. L., Mandle, C. L., & Kudzma, E. C. (2017). *Health promotion throughout the life span-e-book*. Elsevier Health Sciences.

Karaca, T. (2016). Functional Health Patterns Model–A Case Study. *Case Studies Journal ISSN (2305-509X) Volume*, *5*.

Kerr, M. E. (2016). Family systems theory and therapy. *Handbook of family therapy*, *1*, 226-264.

Appendix A

**Family-centered Health Promotion questionnaire: Johnson's Family**

Peter Johnson: Father

Mary Johnson: Mother

Adrian Franklin: Son

Nancy Burns: Daughter

*Values/Health Perception*

Interviewer: What is your perception of high-quality health?

Johnson: Quality health should be provided to all the families regardless of social status.

Interviewer: How do you ensure your family attains quality health?

Johnson: Through regular checkups and treatments.

Interviewer: How do you perceive wellbeing and health management?

Johnson: Both the two factors assist in the improvement of an individual's living standards.

*Nutrition*

Interviewer: What type of meals does the family heavily rely on?

Johnson: The family majorly rely on ready-made meals.

Interviewer: Kindly describe your pattern of fluid and food consumption

Johnson: The family depends on 3 phase meal, breakfast, lunch and supper.

Interviewer: How do you ensure the food consumption pattern relates to the metabolic pattern?

Johnson: Through incorporating both carbohydrates, vitamins and protein.

*Sleep/Rest*

Interviewer: For how many hours do the family members sleep?

Johnson: For at least 7 hours.

Interviewer: What is the general sleep pattern the family embraces?

Johnson: All the family have a common sleeping time and a common time for waking up.

Interviewer: Is there any individual with relaxation problem, if so, how do you manage it

Johnson: Nancy suffers from the sleeping problem; she takes sleeping accelerating peels.

*Elimination*

Interviewer: What is the family excretion source?

Johnson: Covered Latrine.

Interviewer: What are excretion problems within the family?

Johnson: Adrian suffers from bowel disorder.

Interviewer: How do you manage the disorder?

Johnson: It is managed through regular treatment

*Activity/Exercise*

Interviewer: How does the family take part in regular exercise?

Johnson: No individual takes part in regular exercise within the family.

Interviewer: What is your perception of exercising?

Johnson: It improves physical and emotional health.

Interviewer: What form of recreation do you take part in as a family?

Johnson: Swimming.

*Cognitive*

Interviewer: What are cognitive issues experienced within the family.

Johnson: The primary issue is poor concentration.

Interviewer: Who is associated with such complexity and since when?

Johnson: Nancy, since childhood

Interviewer: what strategies are you incorporating to deal with the issue?

Johnson: Nancy undergoes through behavioural therapy.

*Sensory-Perception*

Interviewer: What are sensory-perception issues experienced within the family?

Johnson: The primary issue is intermittent sensory problems.

Interviewer: Who is associated with such complexity for how long?

Johnson: Adrian, since birth

Interviewer: what strategies are you incorporating to deal with the problem?

Johnson: Adrian undergoes through therapy and treatment.

*Self-Perception*

Interviewer: What are self-perception issues experienced within the family?

Johnson: No problems are observed.

Interviewer: How do you manage to achieve this within the family?

Johnson: Through encouragement and family counselling.

Interviewer: What type of theory do you find substantial for family counselling?

Johnson: Family systems theory.

*Role Relationship*

Interviewer: What relationship issues does the family faces?

Johnson: The family faces social interaction issues.

Interviewer: What are you doing to manage the situation?

Johnson: ensuring the family takes part in regular counselling.

Interviewer: Describe the overall family pattern.

Johnson: The relationship pattern is a two-way pattern as any individual is allowed to share their ideas.

*Sexuality*

Interviewer: What is your perception regarding the family pattern?

Johnson: It is based on a uniform and planned reproductive basis.

Interviewer: What are reproductive issues faced by the family?

Johnson: No reproductive issues faced.

Interviewer: What is the family's reproductive pattern?

Johnson: Two-year gap birth for ease of management.

*Coping*

Interviewer: What stress issues affect the family?

Johnson: Alcoholism and disease issues such as sickle cell anaemia.

Interviewer: How does the family manage such stressful factors?

Johnson: Through continuous family counselling.

Interviewer: What is the general stress coping pattern that the family embraces?

Johnson: The family is exposed to stress tolerance mechanism such as accepting and understanding one's self.