

THE ROLE OF NURSING IN FAMILY HEALTH PROMOTION

ROLA PIELEŃNIARKI W PROMOCJI ZDROWIA RODZINY

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SUMMARY

Health promotion, health education is a process that helps to form knowledge, attitudes and habits focused on protection and improvement of individual, family, community, as well as group health. This process is parallel to development of knowledge about health in the society.

The author describes the role of nursing in family health protection, consolidation and promotion. This is to be achieved through purposive methods, forms and tools of education in terms of family health education.

Key words: health, health promotion, family, health education.

STRESZCZENIE

Promocja zdrowia, oświata zdrowotna są procesami, które pomagają ukształtować wiedzę, zdolności i nawyki z zakresu ochrony zdrowia i dbałości o higienę zdrowotną jednostki, rodziny i grup społecznych.

Autor opisuje rolę pielęgniarki w ochronie zdrowia rodziny i promocji zdrowia. Podkreśla, że do ważnych zadań pielęgniarek należy edukacja zdrowotna rodziny.

Słowa kluczowe: zdrowie, promocja zdrowia, rodzina, oświata zdrowotna.

Health is formed and experienced in everyday life of an individual, family, community and it is supposed to be a source of everyday life, not its goal. In 1947 WHO defined health as a state of total physical, mental and social comfort and not only as absence of illness or weakness.

From the health promotion and illness prevention point of view, concepts of health can be put into two lines:

1. health is a rate of how an individual, family, community accomplishes their expectations and achieve their aims and ambitions;
2. health is a rate of how an individual, family, community can adjust their environment to their own needs as well as adjust themselves to external conditions of their environment [1].

The status of health and healthcare system is expressed by medium life span (MLS). Health status analysis of the population of Slovakia has shown deterioration in some health status indicators; we are at the bottom of twenty eight European countries. One of the ways to help is to promote health and healthy lifestyle of an individual and family as well.

Health promotion is defined as the summary of all activities of an individual and society which result in health degree increasing up to its potential maximum or optimum. This calls for complex, holistic, systematic bio-psycho-social approach focused mostly on health promotion and protection plus influencing proper healthy lifestyle. Health education plays the main role in this process; it is supposed to influence and form (by means of purposive methods, forms and tools) knowledge, opinions, attitudes, habits and, eventually, change individual and society behaviour [2]. Health education is an important nursing task. It involves

- checking individual and family knowledge and competences in the field of health preservation and restoration
- preparation and providing necessary information at appropriate level
- preparation and implementation of individual, family, community educational plans
- helping with identification and solving problems related to altered health status and quality of health of an individual and family [3].

Family as a basic unit of society interacts with internal and external environment. These interactions are reciprocal, which means that families are the very causes and consequences of changes in society. As the society changes, so does the structure and function of the family. When economic, political and religious conditions change; family organization changes as well.

Influence of a proper health style on families is made by a change in the attitude of an individual, who is a part of a family structure (internal family environment) and who lives in a society (external family environment).

Family is a social group where every member develops in terms of a life cycle and all members influence each other.

Evelyn Duvallová [4] formed a family cycle model which consists of eight steps:

“Stages and tasks of a life cycle”.

1. Marital Family – to enter into marriage;
2. Birth of children – to adapt to parenthood; to make a home for everybody;
3. Family with pre-school age children – to bring up children;
4. Family with school age children – to socialize and bring up children;
5. Family with adolescent children – to even up adolescent freedom and responsibility;
6. Family with leaving children – children leave as young adults, to develop post parental interests;
7. Middle-age family – to rebuild marriage; to keep in touch with older and younger generation;
8. Ageing family – to adapt to retirement; ageing, loneliness and death.

When passing from one cycle to another and fulfilling the tasks, a family need a certain degree of adaptation and follow-up stability (homeostasis). Stability cannot be mistaken for stagnation, because for a family to survive as a whole it is important to adapt to changing conditions – e.g. family adaptation to birth of children, to parenthood, to making home for everybody.

Family homeostasis and functionality is determined by its boundaries and how these boundaries control intensity of input or external sources into the family or their feedback. These boundaries can be:

- distinctive – causing differentiations and autonomy;
- diffusion – causing involvement and follow-up interconnection;
- rigid – causing untying and isolation (families of immigrants).

It is important for the family functionality that these boundaries are partially open and into certain degree passable.

Each family is organized in structural lines which represent relations between its subsystems, which are

based on age, sex and responsibility [5]. Patterns in family determine how, when and who is the relation formed with. Family structure changes every time somebody enters or leaves the family.

Roles, which can be analyzed from the point of view of status or position /structure and from the point of view of function execution, are a part of a family structure. Roles are assigned to individuals according to their position in a family.

A suitable internal environment is needed to maintain internal health homeostasis in a family. This includes a definition of family health and ways of strengthening family health, description of present and past ways of strengthening family health, the way decisions are made in a family, influence of parenthood, influence of a father on family health, forms of the most effective interventions to promote and strengthen family health. External environment consists of special norms which promote or hinder education focused on strengthening family health, social interventions into a family and social institutions engaging in family health.

Such family identification enables us to specify a family profile (family functionality degree, to clarify relationships within a family, reveal its strong and weak points and sum up family health status mostly when a family passes from one cycle to another) on the basis of assessment of:

- individual family members characteristics,
- internal family communication characteristics,
- external family communication characteristics,
- psychological family characteristics,
- socioeconomic and environmental characteristics,
- socio-cultural characteristics.

Defining family profile requires dynamic and flexible gathering and analyzing of data concerning family structure and its functions. Application of various value scales helps to assess objectively the functional and structural status and specific family needs and enables to look into a family, its potential and needs thus helping a nurse to identify, analyse, verify and document objectively the family strong points and problems in the field of family health care and to plan individual nursing care for the family and its members individually based on these facts.

Identification of current and potential problems in a family allows the proper diagnosis of family needs concerning the identification of healthy life and comfort as well as the management of healthy life and comfort which can be then interpreted as nursing diagnosis of the following types:

1. “wellness“ describing human reactions concerning an individual, family, community who are willing to improve it

2. "health promotion" updating human health potential, expressing an individual, family community readiness to improve specific behaviour.

Influencing knowledge, behaviour and relation of a family to their own health requires setting up cognitive, affective and behavioural goals of the health education.

Interventions relating to health and health education promotion in families are implemented in vertical spiral line where principles of close cooperation with a family, ethic and systematic principles, rules of sequence, appropriateness, clearness, scientism, persistence, consistency and trust are respected.

Implementation of interventions is based on individual, age distinctiveness and socio-cultural aspect of every family.

The role of nursing in family health promotion includes:

- increasing motivation of the family to take control over their health,
- creating conditions for comfort and health in a family by activation of healthy lifestyle,
- helping family in creating attitudes to life,
- helping in learning proper ways of communication (communication, healthy lifestyle, self-acceptance, self-understanding, pro-social behaviour, emphasising interests, assertiveness in behaviour),
- systematic assessment of the impact of changing environment on a family health,
- cooperation among social, political, economical and environmental sectors,
- entering into the field of healthy politics and defending clearly stated goals of health education
- participation in creating legislative norms,
- creation and implementation of projects promoting health
- respecting natural human needs, communication development, cooperation with social and professional partners.

CONCLUSION

WHO Regional Committee for Europe adopted the project "Health for everybody in 21st century". One of the priorities is to change healthcare orientation on the primary sphere where a nurse is the main provider of

services focused on health protection and promotion and to provide health care by means of nursing care process to an individual, family, group, community.

WHO stated the term "Family nurse". It means a nurse who is competent to provide independent, dependent and synergetic nursing intervention in a family in its whole health and illness continuum. A nurse can provide individual nursing care in a family only on the basis of the systematic assessment of the family as a whole and its members individually. Quality family assessment requires a high level of cognitive skills, critical thinking and emphatic behaviour in accord with professional ethics.

Although families seem to be similar, none is the same. Every family develops and keeps unique relations of mutual interaction and these relations gives meaning to foresight, security, tradition and purpose. Every family has different expectations and specific tasks. Moreover, every family develops its specific norms of communication towards its personalities and relations. Therefore every family reacts differently to its member's health status change and to stressful situation.

Enforcing principles of health protection and promotion should bring significant changes to health status and to attitude of an individual, family, community thus improving the health of all society. And this is a strategic goal of health education.

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