



Comprehensive Care in Public Health Nursing (2)

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EVERY nurse a public health nurse" reflects the present trend of modern nursing thought. To give comprehensive nursing care, the bedside nurse in the hospital also needs to understand and consider the preventive and social aspects of disease. On the other hand, the nurse who serves in the community will continue to use the skills she learned at the bedside. All nurses need to be educated and skilled in giving comprehensive nursing care whether in the hospital or the community. The same nurse should be prepared to function equally well in either situation.

Comprehensive care applied in Public Health Nursing

In the hospital the patient is the primary focus of care, whereas in the community, the entire family unit is the concern of the nurse. However, the initial contact with the family may occur by reason of an invitation to visit the home to give first aid or assist in the care of a sick member of the family. By showing concern and interest in the immediate problem, the nurse earns the confidence and respect of the patient and the family. She encourages them by her sympathetic and understanding attitude to confide in her their expectations and fears, and the things that worry them. They will inadvertently reveal in many ways the superstitions and customs which strongly influence their subsequent behaviour. By observing the home and surrounding environment the nurse learns many things about their standards of living and general health practices. With friendliness and tact further information is gathered about the family background, their culture and religion, level of formal education, socio-economic status, and previous medical and health problems.

In addition to gathering information in the home, the public health nurse gains further knowledge about the family through previous family health records. She confers with the doctor and other nurses or health workers who may be involved in the family's welfare, in order to assure consistent and continuous care.

The family care plan includes both immediate and long term goals. It is prepared only after a full study and analysis of the home situation is made. On the basis of observations and available information the family health problems are identified. A plan for immediate action is prepared, beginning with those problems which are recognised and given priority by the family. The family is invited to participate in the planning and encouraged to assume responsibility

wherever possible in solving their own health problems. The long term plan includes a programme of health education aimed to guide the family toward an awareness of their other health needs. The public health nurse does not impose her plans but works realistically with the family, adjusting to the situation. She continues to visit and assist the family in achieving their health goals. The ultimate aim is their independence as a family unit, aware and accepting of their own and community health needs and responsibilities; and informed and self-directing in solving their own health problems.

Guide for Developing a Comprehensive Family Health Plan

I. Introduction

A. CASE FINDING DATA

1. The problem situation which served as your introduction to the family.

Use this problem as your focus around which to develop the comprehensive family health plan.

II. Information Essential to Preparing the Family Health Plan.

A. FAMILY BACKGROUND

1. Nationality
2. Religion
3. Community or caste

B. PRESENT STATUS

1. Social class : upper, middle, or lower
Income bracket
2. Size of family group
3. Home environment.

(a) Description of house, furnishings, etc. in detail with special reference to ventilation, waste disposal, water supply, cooking and washing facilities, and facilities for personal hygiene and recreation.

(b) Family relationships

(c) Immediate neighbourhood

(1) Physical structure

(2) Social relationships and activities

4. Family responsibilities.

5. Family roster information about each individual member

(a) Name; (b) Age; (c) Sex; (d) Marital status;
(e) Relationship to head of family; (f) Education;
(g) Occupation.

C. MEDICAL AND HEALTH HISTORY OF FAMILY MEMBERS.

1. Communicable disease
2. Deaths and contributing causes
3. Hospitalisation
4. Other major illnesses or disabling diseases
5. Preventive measures, e.g. vaccination.

D. PRESENT MEDICAL AND HEALTH NEEDS

1. Illness
2. Attitudes and beliefs about disease and scientific medicine.
3. Nutritional needs.
4. Environmental health problems
5. Standards of health practices
6. Economic status in relation to health needs.

III. Comprehensive Family Health Plan

A. AIM

1. A statement describing the ultimate result hoped to be achieved through the implementation of the total family health plan ;
2. Is best stated in broad general terms and from the point of view of the family rather than the nurse e.g., the family members are prepared physically, mentally, and emotionally to provide, within their socio-economic limitations, the best possible environment for the expectant mother, and subsequent arrival and care of the infant throughout the first year of life.

B. OBJECTIVES

1. A series of statements describing specific anticipated results related to the ultimate aim,—actually reflects the steps or actions taken which are expected to contribute to the central or ultimate aim.

2. Immediate objectives.

(a) Medical and nursing care plan for the family member who is ill or having a health problem, e.g. antenatal patient—examples of specific objectives :

- (1) The patient overcomes her fear of the antenatal medical examination ;
- (2) The patient recognises the abnormal symptoms which may occur in pregnancy ;
- (3) The patient makes adequate preparation for a home delivery.

NOTE : Objectives are stated from the patient's or family's point of view rather than the nurse.

3. Long-term objectives—

(a) Needs which may or may not be immediately recognised by the family,—related to immediate problem but include needs of other family members and the family as a whole e.g.

- (1) Family learn the composition of a balanced diet ;
- (2) Basket bed is prepared for the infant ;
- (3) Family are aware of their need for a protected water supply ;
- (4) Superstitions about the harmful effects of eating papaya are removed ; etc.

C. NURSING CARE PLAN

1. Therapy

- (a) Medication and treatment
- (b) Personal hygiene : care of hair, teeth, skin ; excreta disposal
- (c) TPR
- (d) Diet and Fluids
- (e) Activity
- (f) Special needs.

2. Adaptation of care to the home environment.

3. Mental hygiene.

- (a) Adjustment of patient to illness
- (b) Adjustment of family to situation of illness or health problem.

4. Action recommended and taken for prevention and control

5. Rehabilitation plan.

D. HEALTH GUIDANCE (INCLUDING HEALTH EDUCATION)

1. Incidental or informal

- (a) Integrated with nursing care activities
- (b) Introduced in response to evident felt need and interest of patient and/or family members.

2. Planned health conferences with individual family members and/or family group.

(a) Systematic plan to cover topics in sequence according to observed need and family interest. Usually begins with topics specifically related to immediate problem and extends gradually to other health problems.

(b) Supplemented with audio-visual aids and actual demonstrations.

(c) Adjusted to educational and general intelligence level of family members. Avoid technical language.

(d) Length and content limited to the tolerance level of the family as observed by evidence of sustained interest and understanding. A few points well illustrated are more effective than trying to cover the whole subject at one time.

E. EVALUATION

1. Objectives serve as the criteria for measuring change.
2. Methods : (in order of importance)
 - (a) Observed results
 - (b) Return demonstrations
 - (c) Questioning to test extent of recall of facts.
3. Evidence of change to be noted after each visit and summarised at discharge and/or at least once a year.

F. TENTATIVE OUTLINE FOR CONTEMPLATED SERIES OF HOME VISITS.

1. Spaced according to need and policy of agency.
2. Objectives for each visit to be specified.
3. Include nursing care activities anticipated, topic for health guidance conference, specific materials to be used, e.g., for a demonstration, list of the articles and name the demonstration, or if flash cards or other audio-visual aids are used give title.
4. Include plan for evaluation
5. Observations to be made, e.g., results of previous conference ; new problems ; additional information about family, etc.

G. SOURCES OF INFORMATION

1. Family members.
2. Relatives and friends.
3. Other professional workers who have or are now involved in the welfare of one or more of the family members.
4. Medical and nursing records.
5. Observation.

H. BIBLIOGRAPHY OF REFERENCE AND TEACHING MATERIALS USED IN PLANNING THE HEALTH CONFERENCES.

BIBLIOGRAPHY

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