Family Health Assessment

**Introduction**

The assessment of a family is a critical aspect of understanding health trends in a population. the assessment allows nurses to have a multidimensional perspective on a family’s life. Through assessment and interventions, nurses can promote health and enhance their education as well as understanding. They can also develop responsive interventions on emotional and behavioral healing and overall improvement of the family’s well-being (Edelman et al., 2017). Assessment defines the different aspects of family life like race and ethnicity, age, and disabilities as well as spirituality and other aspects of care. Through an interview, this article assesses the Mohamed Abdul’s family.

**Family Structure and Composition**

The Mohamed family has a nuclear structure and lives in four bedrooms flat in Washington, D.C. The family consists of five members that include the husband Mohamed Abdul who is fifty-nine year and head of the family, his wife Mariam who is forty-nine years and their three children (11-year-old boy, six-year-old girl, and four-year-old boy). The Mohamed family are migrants from Middle East and they are practicing Muslims. The family is a middle-class nuclear unit which is a departure from the traditional extended one as preferred by practicing Muslims with Arabic descendent.

**Summary of Overall Health Behaviors of the Family**

The husband is healthy though has been advised to watch his weight as he looks obese. The wife has type 2 diabetes but under control since she follows self-monitoring of her blood sugar and takes medication. The elder son is healthy and plays in the school team. However, the six-year-old daughter is over-weight. The four-year-old son is looking great and healthy. He also completed his immunization. The family values prayer time and their Islamic religious practices as well as rituals. For instance, they have prayers five-times a day. The Mohamed family values nutrition and eats more of carbohydrates that include rice, sweet potatoes and vegetables. They also like fish and meat but not pork products. However, the children prefer junk food, especially the six-year-old daughter. When asked about the definition of nutrition, the head of the family they use food that have nutritional value. The family also asserted that it understands the importance of proper nutrition.

Sleep and rest are essential for health development and repairing of muscles (Fosse et al., 2017). According to Mohamed, he works in a factory and on night shifts which makes him get home at about 7 am. Once he gets home, he takes his breakfast and goes to bed. He spends six hours each day to sleep and rest. However, Mrs. Mohamed is a full-time housewife and goes to bed by 9 pm with the children every day. They wake up at 7am to prepare for school. None of the family member reports fatigue.

The family is categorical that they do not experience severe cases related to elimination and bowel movement. However, occasionally Mr. Mohammed experiences constipation. The family does not have any urinary tract infections as well as bouts of diarrhea. The family has effective and regular elimination patterns. The family says that they understand the importance of physical activities and exercises though they are not consistent. The diagnosis of Mrs. Mohammed with type 2 diabetes has changed the family’s perspective on physical activities since it now encourages them to exercise more. However, the work pattern and the household chores make it difficult for them to exercise effectively.

The whole family can read as well as write effectively in both English and Arabic. The family also understands German and French. The family does not experience any instances of forgetfulness or dementia. The Mohammed family does not have any issue with the different senses. They perceive illnesses when one of the family members does not have the appetite or feels weak and disinterested in many normal activities.

Mr. Mohammed does not believe that he has issued with self-esteem. Mrs. Mohammed as well as the children except the daughter, feel that they have self-esteem and confidence. The daughter experiences poor self-image due to her weight. Mr. Mohammed does not consider herself overweight and always encourages her daughter to enhance her self-image. The family does not have any issue with neighbors or the community where they live. Mr. Mohammed heads the family and also has the responsibility of providing for all its needs. He also decides on its behalf and is the family’s spokesperson. Mrs. Mohammed’s role is to ascertain that the family meals are well prepared and ready. She also performs most of the house chores and takes care of the children like preparing them ready for school.

While considered a taboo under religious and Middle Eastern culture, the Mohammed’s family prefers to discuss issues sexuality in hashed tones. They believe that sex is only permitted in marriage and between couples as a secret. However, they are worried that the same may not apply to their children since the society is different. Sex before marriage is a violation of their religious values and beliefs. The family believes that both good and bad times exist and sometimes have religious meanings. Whenever they face challenges, they cope by seeking help from family members in the country as well as their country of origin.

**Functional Health Pattern Strengths & Problem Areas**

Based on the assessment, the family requires interventions in different areas. The weight of their daughter, Mrs. Mohammed’s diagnosis for type 2 diabetes, the need for increased exercise, and improved self-image of the daughter require interventions. Mrs. Mohammed is under medication and self-monitors her sugar levels. The family also believes in increased need for exercising.

The strength of the Mohammed family is that they seek help to cope with issues and challenges. They have also realized the importance of physical activities. The family also believes that self-image and esteem is critical. However, it requires training and increased adherence to best practices in health care. They need to get information on issues like obesity and overweight. The family does not experience any barriers to health although they have members that require medical care. The wife’s diabetes and the daughter’s overweight problem are barriers to effective care outcomes for the family.

**Using the Family System Model**

The family system model is essential in helping the family members enhance their self-esteem, and enact a host of changes in behavioral changes like the daughter who is struggling with poor self-image and self-esteem issues. The family system model advances that in a family setting, one cannot be understood in isolation but as a part of the family unit. The model advances that a family is an emotional unit where individuals are interrelated. Therefore, these individuals can only be understood while together and not in separation. Using this model, the Mohammed’s family can be understood based on their interactions among its members and the effect of those interactions linked to their respective conduct and behaviors.

The family showed motivation and willingness to make changes in their activities, sleeping patterns and developing better ways to cope with issues about their image and esteem (Lavie et al., 2017). For instance, the family believes in using apps to monitor the blood sugar levels of the mother. The family was encouraged to limit their calories and educate their children on the need to eat and stay healthy.

**Conclusion**

The assessment of the Mohammed’s family shows that with better models, nurses can evaluate health barriers in families and implore families to develop healthy habits. The assessment also illustrates the need for families to have better ways of enhancing their healthy living and outcomes.

References

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**Appendix: Family Assessment Questionnaire**

**1. Values/Health Perception**

* Describe the nutrition of this family.
* What is the essential way to keep this family healthy?
* Does this family have any goals to keep themselves healthy?

**2. Nutrition**

* How do you define nutrition?
* What do you eat during the day?
* What do you like the most in foods?

**3. Sleep/Rest**

* How long to you spend on sleep and rest in 24 hours?
* Do you think that sleep and rest are essential to the family?
* Do you experience any fatigue?

**4. Elimination**

* Is there anyone who experiences diarrhea or constipation?
* Does elimination affect any activities in the family?
* Is there any member suffering from urinary tract infections?

**5. Activity/Exercise**

* How regularly do you exercise?
* Do you have any typical physical activities?
* Do you have any hurdles to physical activities?

**6. Cognitive**

* Is there a member of the family that cannot read and write?
* How relevant is education to this family?
* Do we have any member of the family with a problem remembering issues?

**7. Sensory-Perception**

* Do you have any issue with sight?
* How is the smell, taste and touch for each person in the family?
* Do you have effective relationships with others in the community?

**8. Self-Perception**

* How do family members perceive self-image and self-esteem?
* Does each member value their looks?
* Does the family have effective relationships in the community?

**9. Role Relationship**

* How is role defined by each person in the family?
* Do members find their roles challenging?
* How do these roles affect each member and the family?

**10. Sexuality**

* Does this family have open communication regarding sex?
* How is sexual relationship looks like for the couple?
* At what ages does education start regard sex?

**11. Coping**

* How does the family cope with disease and conditions?
* How does the family handle certain complex issues?
* How do family members cope with stressors?