

Pediatric: Family Health Assessment

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Family is the intrinsic unit of society. It is composed of different individuals, either biologically related or unrelated, where physical, psychological, and health interactions and behaviors are learned and shared among each other. Family Health Assessment is the practice of collecting, identifying, and informing families about the health, psychological, and interactive dynamic of each individual and their impact on the family members. In this literature review, I will explore the family structure and dynamics. Section II explores family health and psychological stressors. The final section summarizes the material and areas for further nursing intervention.

### **Section I: Family Structure and Dynamic**

The family in this literature review is composed of four members. I will refer to them by their names' initials to protect their identities. The composition of the family is as follows. Mrs. A is a 31-year old female who currently works as an accountant for the Department of Education in New York City. Mr. G, Mrs. A's husband is a 36-year old male who works in human resources in a nursing home in NYC. The couple has two children: their oldest son C, an 8 year-old male in third grade, and J, who is 3 years old and will be attending school for the first time next year. This nuclear family is of Dominican descent and identifies themselves as Christian. Their youngest son J is cared for by his grandmother Mrs. N when both parents are at work. Both parents supply economic, psychological, emotional, and health support to both of their children and to each other. Some of the family activities include going to church during the weekend and baseball classes for both children twice during the week.

Mrs. A was born in the Dominican Republic and moved to the United States when she was 15 years old. Her husband Mr. G was born in the U.S., but both of his parents were born in the Dominican Republic. Both parents grew up in a Christian household, and Mrs. A's family is very

active in the life of both of her children. Her mom visits them every day and she is within walking distance from their home.

Utilizing Duvall's developmental family theory this family has moved through different stages of the nuclear family developmental stages where every stage has an objective on the children's development. Since this family has two children of different ages, the family is currently in two different family developmental stages. The first stage is that the family has a preschool child, and their objective is to teach their three-year old the task of socializing with other children. The other family development stage is school-age, which is characterized by guiding the child in conjunction with outside sources such as school, church, and extracurricular activities.

While interacting with the eight-year old, the child showed Concrete Operational psychological development. The child's thinking becomes organized on a mental plane, but only when referring to tangible objects or activities. For example, I performed a scientific experiment on the conservation of continuous quantities. On the table, there were 2 glasses of different shapes placed in front of the children, and the same quantity of liquid was poured into the glasses. The 8 year-old was able to identify that both glasses did have the same quantity of liquid. On the other hand, his youngest brother J, who is in a preoperational developmental stage, had a different response. In the preoperational developmental stage, the child is just learning to think, and sometimes he can struggle to communicate his point of view. Performing the same experiment as mentioned above, J chose the glass that looks fuller although he saw that the quantity of water poured on the cup was the same for both.

From observing the children-family dynamic, I can say that both children have different social thoughts based on their ages. The moral judgment of the oldest son C is shifting from

fixed *heteronomy* to *autonomy*, where moralities and parents' commands to perform things are asked just for the sake of cooperation and their commands and the child's demands are equal. However, his youngest sibling J is fixated on the moral judgment of *heteronomy* where there is blind obedience to the parents (Crain., 2010). The social moral thought process is very noticeable among these two children as C asks questions such as why when his parents asked him to pick up his toys and put them in the bucket. On the other hand, when J is asked to put his toys away he simply does it or ignores his parents' commands but does not question their authority.

The family resides in their house in Westchester county where each of the children has a bedroom. Nevertheless, the mom stated that she is experiencing some difficulty in getting the 3-year old to sleep in his bedroom. Both of the children are put to bed every day at 8:00 pm during weekdays and no later than 9:30 pm during the weekend. Each child has an electronic device such as a tablet yet the parents stated that these devices have parental control and are constantly monitored by their father. The neighborhood appears very family friendly and offers many schools around the area and a public park very close to their home.

Public transportation represents a challenge for those that reside within the area and those that are trying to go to the area. Public transportation is a bit scarce. When transporting the oldest child to school, Mr. G is the one in charge of driving him to school on his way to work. At the end of the day, grandma Mrs. N is the one delegated to pick him up from his school in Manhattan.

Both parents expressed that they decided to send their youngest son to school when he turns at least 4 years old with the understanding that by sending him later to school they can have more control over his playtime, his learning skills and activities and his attention will be more mature if he goes to school a bit delayed.

Both parents are invested in both children's social, emotional, and psychological development and well-being. On decision-making, both parents make them together, although they expressed that sometimes they utilize Mrs. A parents' opinions and judgment to make a final decision. Mrs. A's parents offer a lot of emotional and social support to their family unit. Due to the cost of living both parents are required to work to offer a comfortable environment to their children. Nevertheless, affection needs and bonding moments by both parents and grandparents are met.

## **Section II: Family Health and Psychological stressors**

Mr. G can be categorized as overweight with a BMI of 25. He has a recurrent history of lymphadenopathy with unknown etiology, and a strong parental and maternal history of cancer. He does not have any previous surgery, but he is allergic to cats and due to this they do not have any pets in their house. Mrs. A has a BMI of 24.7 and has no medical condition or known allergies. When C, the 8-year-old was born, he stayed in the hospital for extra time due to jaundice caused by Rh factor incompatibility. His mom is (O-) and her son C is (A+). He does not have a history of past surgery and no known allergies and no previous hospitalization. J the 3-year old was hospitalized last year as he contracted RSV. He was admitted to PICU for 2 days. He has no history of surgery and no known allergies.

The family stated that they love to eat and do not have any dietary restrictions. On the other hand, their children are very selective about what they eat as they want to consume a lot of junk food. The family also expressed that their youngest son does not like meat and it is very challenging for them to make him eat it. While having dinner with the family the children stated that their favorite food is Chipotle and Dominoes. Therefore, their grandmother constantly treats them with Chipotle as a form of reward when they put away their toys, go to bed on time, and

when the older C perform well in school or sports. Both children are enrolled in extracurricular activities such as baseball where they have developed friendships. Due to their extensive family size from the maternal side, the children have a lot of cousins that are around their age.

The parents express that they have multiple family stressors. First, they wish they could spend more time with their children. Second, making the children eat all their food and healthy options is challenging as they are very selective and their appetite fluctuates. Another recent stressor for the family is that their older son is not doing too well in math and is becoming a challenge for him to perform his homework. Some of the coping strategies that the parents utilize are to play in their backyard, playtime with their children, attend their baseball games, and church. As a Christian family, they rely on Christian values when making decisions.

<b>Nursing Diagnosis</b>	<b>Goal &amp; outcome</b>	<b>Nursing Interventions</b>	<b>Rationale</b>	<b>Outcome Evaluation &amp; Replanning</b>
<p>Unhealthy nutritional intake secondary to family not consuming whole foods, fruits, and vegetables, as evidenced by parents and children stated “my favorite food is Chipotle and Dominoes.”</p>	<p>The family express 3 methods that they can utilize to incorporate healthy food options by the end of the day.</p>	<p>1) Determine the family's knowledge regarding healthy food choices by the end of the day.                  2) Demonstrate to the family how to read food labels by the end of the family interview.                  3) Encourage the family to ask questions regarding food planning to make healthy food selection by the end of the interview.</p>	<p>1) Allowing the family to express their knowledge of healthy food selection can allow me to clarify any food misconception.                   2) By demonstrating to the family how to read food labels can help them to make better food selections.                  3) Encouraging the family to ask questions regarding food planning to make healthy food selection can open the opportunity to reinforce teaching.</p>	<p>The family stated 2 methods that they can incorporate healthy food options to their diet by the end of the day. However, teaching reinforcement should be implemented.</p>

References

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