

GORDON'S FUNCTIONAL HEALTH PATTERNS: ASSESSMENT OF THE FAMILY • Gordon's (2020)

11 functional health patterns help organize basic family assessment information. • Assessment includes evaluation of dysfunctional patterns within families. • Family history begins with the health perception–health management pattern. Exploring issues within this pattern first provides an overview to help locate where problems exist in other patterns and to determine which problems require more thorough assessment. • Interviewing from the family's perspective helps families define situations. The roles–relationships pattern defines family structure and function. The remaining nine patterns address lifestyle indicators.

1–Health Perception–Health Management Pattern • Characteristics of family health perceptions, health management, and preventive practices emerge with assessment of the health perception–health management pattern. • Data collected in the Survey of Children's Health include: 1. Information about the frequency of family meals, 2. Attendance at religious services, 3. Characteristics of parental relationship with children, 4. Parental coping abilities while parents are raising children, 5. Methods for handling family disagreements. The following are some research questions that concern family health promotion: 1. What are the chief concerns of parents and other adults in the household about their children's development, learning, and behavior? 2. How do children's health status and the health practices (physical activity and smoking behavior) of the adults compare? 3. What health-related behaviors, such as eating three meals a day at regular times, eating breakfast every day, exercising for a minimum of 2 or 3 days a week, sleeping for 7 to 8 hours each night, and abstaining from smoking, are practiced by the family? 4. How safe are homes, schools, and neighborhoods from the perspective of the family? • Health practices differ from family to family. Families identify and perform health–maintenance activities based on their beliefs about health. Exploration during the assessment also includes the following areas: 1. What is the family's philosophy of health? Does each family member hold similar beliefs? Do family members practice what they believe? 2. In what negative behaviors or lifestyle practices, such as smoking, alcohol, and drug abuse, do the family engage? 3. What chronic disease risk behaviors are exhibited within the family? 4. Are risk factors present for infections, such as lack of immunization, lack of knowledge of transmittable diseases, and poor personal hygiene?

Nutritional–Metabolic Pattern • Characteristics of the family's typical food and fluid consumption and metabolism (Gordon, 2020). Included in it are: 1. 2. 3. 4. Growth and development patterns Pregnancy-related nutritional patterns The family's eating patterns. Risk factors for obesity, diabetes, anorexia, and bulimia are identified. Dietary habits, learned within the family context, involve behavioral patterns central to daily life. • Keeping a diary of intake for a week is a useful strategy for assessing family food and fluid intake patterns. • Assessment notes both meals shared with the whole family as well as additional consumption by individuals. Recent research provides evidence that family meal sharing is associated with healthier eating habits and improved well-being.

دارفلاً لبق نم يفاضلاً كلاهتسلاً بلا عفاضلاًاب قرسلأ دارفأ عيمج عم تابجولا نم قيهافرلا نيسحتو قيهصلا لكلاً تاداعب طبترت

Exploration during nutrition pattern assessment includes the following areas: • قيلئاعلا تابجولا ذكراشم نأ بلع • What kinds of foods are typically consumed? • Who eats together at mealtimes? • How is food viewed • قيرفتلاو نيزختلا • Is there adequate storage and refrigeration • باقع وا هزئاج ماعطلا له • ((reward/punishment • Who prepares • ماعطلا ءارش قيفيك • How is food prepared • ماعطلا ريضحت قيفيك • How is food purchased

Elimination Pattern • The elimination pattern describes characteristics of regularity of food and control of the family's excretory functions (Gordon, 2020). • Bowel and bladder function and environmental factors such as waste disposal in the home, neighborhood, and community that influence family life are considered in this pattern. • Questions are phrased according to the age-specific developmental stage of the family. • For example, when the nurse is attempting to determine whether there is a problem in the preschool stage, it would be appropriate to ask whether the child is being toilet trained. • In families with adolescents, the nurse may ask how often individuals have bowel movements and whether there have been any changes from usual patterns. • The nurse may ask older adult members whether they have any problems with constipation. Issues that particularly concern older adults include constipation, diarrhea, polyuria incontinence, and, as well as use of antacids and constipation relieving agents and strategies. • The nurse evaluates whether use of these strategies is appropriate or possibly contributing to poor health.

Activity-Exercise Pattern • The activity-exercise pattern represents family characteristics that require energy expenditure (Gordon, 2020). • The nurse reviews daily activities, exercise, and leisure activities. • Families create settings for individual members to be toward physical activity. • The quantity of sedentary or apathetic, physically active, sedentary activities such as television and video game screen time are explored. • Exploration during assessment of this pattern includes the following areas: • How does the family exhibit its beliefs about regular exercise and physical fitness being necessary for good health? • What types of daily activities include physical exercise and who does what with whom? • What television viewing habits do the children exhibit? • How are other screen-viewing activities (computers, video games) incorporated into the daily routines? • How often do children exercise? • How are these activity and exercise factors related to children's health? • What does the family do to have fun? • What are the usual sleeping habits of the family including learning and decision-making. • How suitable are they to the age and health status of the family members? • What are the usual hours established for sleeping? • Who decides when and how children go to sleep? • Do family members take naps or have other regular means of resting or relaxing? • How early does the family rise? • What are the patterns related to bedtime and rising? • Do all family members have the same general sleep-rest pattern? • Is there a family member with sleep disruption? • The cognitive-perceptual pattern identifies characteristics of language, cognitive skills, and perception that activities influence desired or required family (Gordon, 2020). Specifically, this pattern concerns how families access information to make decisions, how concrete or abstract the thought processes are, and whether the decisions focus on present or future issues. • Decision-making in families is associated with

for problem solving. • Power and ability to solve problems are linked to leadership; family leaders must be acknowledged if nursing interventions are to be implemented. • Cognitive-perceptual pattern assessment includes the following: • How does the family access and interpret information, especially about health (e.g., newspaper, books, computer, television, or radio)? • What are the usual family reading patterns and strategies • used for ongoing learning (e.g., continuing education programs)? • What kinds of materials does the family read to the children? Self-Perception-Self-Concept Pattern • The self-perception-self-concept pattern identifies characteristics that describe the family's self-worth between the family members and the nurse هفتلا قلاع and feeling states (Gordon, 2020). Rapport Families have perceptions and concepts about their image, their status in the community, and their competencies as a family unit facilitates disclosure. • Families manifest رهظت these values, expectations, fears, successes, and failures. • perceptions through shared aspirations مهتا حومط. Relationships in families determine the amount of sharing that occurs. Situations affecting one member influence perceptions of the entire family group. How each member describes the family often gives clues to the family self-concept. • يطعت ام ابلاغ . . اهلمكأب قرسلا ةعومجم تاروصت بلع ءاضعلا دحأ بلع رثؤت يتلا Exploration during assessment فقاولا رثؤت ةلئاعل تاذلا موهفم بلع قلدأ قرسلا درف لك اهب فصي يتلا قيرطلا includes the following: • How is this family similar to or different from other families? • How does this family perceive itself to be similar to and different from other families? • What special assets does each member contribute to the family? • What changes would each member like to see occur in the family? Roles-Relationships Pattern • The roles-relationships pattern identifies characteristics of family roles and relationships (Gordon, 2020). Both structural and functional aspects of the family are assessed. Structural aspects of families include each member's name, age, sex, education, occupation, and role in the family. • Traditionally, families have been described as nuclear and extended • The traditional nuclear family consists of husband, wife, and children, with an extended family that would include aunts, uncles, cousins, and grandparents. • Today there are many varieties of nuclear and extended families. • traditional nuclear family, extended families, single-parent families, stepfamilies, gay and lesbian families, grandparent-headed families, foster families, and cohabiting families جاوز نودب, fragmentary families. • Traditional nuclear family structure has been influenced by societal changes, such as the women's movement, extreme cases, war employment of mothers, divorce, remarriage, completes family ثوروما and, in immigration, • Exploration of family origin and genetic heritage identification data collection. • Cultural practices differ from family to family, and the notion of illness, sickness, and care may or may not reflect the family's genetic heritage; health ةحصلا موهفم, therefore, it is important to assessment explore the diversity of cultural and ethnic practices during the family • Family disruption has been associated with substance abuse and psychosocial maladjustment in adolescents and young adults. • Family supports are associated with adherence, and substance abuse may decrease healthy social support systems . مازتلاب قرسلا معد طبيري . ةحصلا يعامتجلا معدلا • Family disruption has been associated with substance abuse, alcohol consumption, and externalizing behaviors such as theft, property destruction, fighting, and assault . • Family dissolution داسف and family disruption تاردملا يطاعت للقي دقو • Moreoever, both family dissolution and family disruption may be associated with substance abuse, alcohol consumption, and externalizing behaviors such as theft, property destruction, fighting, and assault . يطاعت قرسلا ككفتو قرسلا ككفت نم لك طبيري دق , كلذ بلع ةولاع

Family violence includes ● **child abuse, spousal abuse, and elder abuse, with women being victimized more often during pregnancy.** ● Death from trauma in pregnancy is often associated with domestic violence. Health promotion and violence prevention require a complex set of skills. ● Nurses use approaches to reduce violence-related injuries and deaths by acquiring the role of advocate and helping to eliminate victim blaming. ● To assess families for health promotion and violence prevention may include the following: ● What formal positions and roles does each of the family members fulfill? ● What roles are considered acceptable and consistent within the family's expectations? ● What kind of flexibility in roles exists? ● What informal roles exist? Who plays informal roles and with what ● **occurs when needed consistency?** ● What purpose do the informal roles serve? ● How are the family social support networks associated with health and development? **Sexuality-Reproductive Pattern** ● The sexuality-reproductive pattern describes sexuality fulfillment (Gordon, 2020), including: 1. Behavioral patterns of reproduction. 2. **Perceptions of satisfaction or disturbances in sexuality,** 3. Sexual relationships, 4. Reproduction (including contraception), 5. **Developmental changes throughout the life span, such as menarche and menopause.** ● The sexuality-reproductive pattern addresses transmission of information within the family about sexuality, as well as sexuality for the couple, including their sexual relationship, perception of problems, manner in which problems are handled, and actions taken to solve problems (Gordon, 2020). ● Information transmission during childhood is an important area to explore to better understand how issues related to sexuality and gender identity are addressed within the family (Gordon, 2020) ● Topics to explore during the assessment may include the following areas: ●How do the adults in the family communicate their needs to each other? ●How do family members commit to, love, and care for each other, as well as fulfill their obligations and responsibilities toward one another? ● How do the adults in the family view marriage, parenthood, and their relationship as lovers? ●How does the family address family planning and birth control? ●How do family members participate in the choice of family planning and contraceptives used **Coping-Stress Tolerance Pattern** ● The coping-stress tolerance pattern helps the family's ● adaptation to both internal and external pressures (Gordon, ● 2020). ● On a daily basis, family members generate energy to face evolving needs. Society continually compels families to adapt to new situations. ● Survival and growth depend on coping mechanisms as families face external demands required to move from one developmental stage to the next. ● **دارفأ دلوي ، يموي ساسأ بلع ، عم فيكتلا بلع رارمتساب رسلاً عمتجماً ربيجي . . قروطملاً تاجيتحلاً قبولطم ةيجراخ بلاطم رسلاً هجاوت ثيح فيكتلا تابلاً بلع ومنلاو ءاقبلا دمتعي برخاً بلا ومن ةلحرم نم لاقتنلال . ةديدج تلااح** ● The family's ability to cope with demands of everyday living determines family success. ● Family relationships support coping or generate more stress. ● Life events, such as divorce, moving, or developmental stages of the life cycle, such as loss of a job, provoke stress and mobilize family coping strategies. ● Exploration of coping and stress tolerance includes the following assessment areas: ● How does the family cope with stressful life events? ● What experiences have family members had with substance abuse? ● What strengths does the family have and use to counterbalance the stresses? ● What stressful family situations are experienced? ● How does the family view the association between stress and children's health and development? ● How does the family make appraisals of the situations,

and are they realistic? • Describe the family's resources. How do family members use knowledge or links to family networks or community resources? • What kinds of dysfunctional adaptive strategies are used, such as substance abuse or violence? Values–Beliefs Pattern • The values–beliefs pattern characterizes the family's perspective and attitudes about life meanings, values, beliefs, and spirituality, and the way these issues affect behavior (Gordon, 2020). Assessment and intervention are based on these attitudes. • Assessment of this pattern enhances the interpretation of family behavior. Exploration of values and beliefs includes the following assessment areas: • What are the values and beliefs held by the family? • How flexible are rules? • How do family members interact (calm, aggressive, competitive, or rigid)? • How do family members view spirituality? • Describe the cultural or ethnic group with which the family identifies. • What family practices are consistent with the norms of that ethnic group? • How and **هلتاعلا تاداع** are the practices inconsistent with these norms? • What are the family's traditions practices? • How do the significant cultural beliefs affect health or illness? • Describe the role that religion plays in the family on a regular basis and during times of stress. • How does the family rely on religious practices? • How does the family perceive its competency during crisis? • What are the family goals, and do members perceive that they are attaining these goals? • How are value conflicts demonstrated within the family? • How do identified family values affect the health status of the family?

ENVIRONMENTAL FACTORS • The environment also influences family health and well-being. The home, neighborhood, and community constitute the family environment. • Assessment includes exploration of the following home environment areas (Fig. 7.5): • What type of dwelling is it (condominium, single dwelling, low-income apartment, or temporary shelter)? • How has the family acquired the home (purchase, rental)? • What is the condition of the home (interior/exterior: glass, trash, broken stairs, peeling paint, inadequate insulation, inadequate lighting on stairs, or broken fixtures)? • Are the number and type of rooms adequate for the size of the family • How satisfactory are the furnishings to meet the needs of the family (enough chairs and beds, and a kitchen table)? • How comfortable is the temperature (warm in winter and cool in summer, insulated)? • How adequate is lighting for reading, sewing, and other activities? • How adequate is the water supply (sufficient/clean/fluoridated/polluted)? • Does the family have access to a telephone, and are emergency numbers available? • How safe are the kitchen sanitation and refrigeration capabilities? • While focused on the family environment, areas to explore for neighborhood assessment include the following: • What is the condition of the dwellings and streets (maintenance/deterioration)? • How and when is the garbage collected? • What is the incidence of violent crime, burglaries, and automobile accidents? • What kinds of industry are nearby, and do they produce air pollution or toxic waste? • What are the social class and ethnic characteristics of the neighborhood? • And exploration during family assessment includes some of the following resources matters: • What resources, such as schools, church, transportation, shopping, and recreational facilities, are available for family use? • How accessible are the health facilities, such as physician's office, clinic, hospital, gym, swimming pool, natural food store, and weight-reduction clinic