## **Definition of nursing process:**

The nursing process is a systematic continuous & cyclic method whereby nurses make clinical decisions & identify a course of action based on analysis of available information and provide feedback on client care on evaluation.

## **Phases of nursing process:**

- 1. Assessment: Collecting subjective and objective data.
- 2. Diagnosis: Analysis subjective & objective data to make a professional nursing judgment.
- 3. Planning: Determining outcome criteria & developing a plan.
- 4. Implementation: Carrying out of the plan.
- 5. Evaluation: assessing whether outcome criteria have been met & revising the plan as necessary.

# **Definition of family nursing:**

Family nursing is "the provision of acre involving the nursing process to families & family members in health and illness situations"

#### **Definition of family assessment:**

Family assessment is the process of collecting data about the family structure, relationships and interactions among individual members.

A comprehensive family assessment should be the basis for promoting the health of a family. When performing a comprehensive assessment of a family, Allender and Spradly suggest that the nurse do the following

- Focus on the family as a total unit
- Ask goal-directed questions
- Collect data overtime
- Combine quantitative and qualitative data
- Exercise professional judgment

[N.B: two of the most commonly used assessment instrument for developing a family database: Gegram & Ecomap]

## Criteria for selecting family assessment instrument:

- 1. It is clear, uncomplicated and easily understandable.
- 2. Questions are worded at an appropriate grade level so that family member with poor reading skills and/or limited vocabulary can comprehend them.

- 3. It can be administered in a short in a short period of time and scored easily.
- 4. It is reliable and valid.
- 5. Questions are appropriate for the majority of families i.e. they are not geared to a particular social class, age group or ethnic background.
- 6. It is clinically relevant; i.e. it focuses on family needs for which nursing interventions can be planned.

## **Definition of family interventions:**

A family intervention is any treatment the nurse performs to enhance client out comes based on clinical and family judgment and knowledge.

# Family interventions to promote crisis resolution:

Phase	Goals
Pre-crisis	Health promotion
Interventions	Disease prevention
	Education
	Primary prevention
	Anticipatory guidance
	Reduce factors that increase
	vulnerability.
	• Reduce hazards in some events
	Reinforce positive coping strategies
	• Mobilize social support and other
	resources.
Crisis	Reduction of tress load
	Cure or restoration of function
Interventions	Secondary prevention
	• Assist with reaction to the event &
	functioning
	• Allow behavior, dependence & grief
	• Set goals with client
	Refer to resources
Post crisis	Rehabilitation and maintenance
	Tertiary prevention
Interventions	<ul> <li>Promote adaptation to a changed level of wellness.</li> </ul>
	<ul> <li>Promote independence</li> </ul>
	<ul> <li>Reinforce newly learned behavior, life</li> </ul>
	style changes, coping strategies