Gordon’s 11 Functional Health Patterns

Family Health Assessment

Families comprise people mutually bonded by blood, relationships, or interests that influence their lives significantly. Thus, families share values, customs, and beliefs imparted and ingrained for generations. Families shape individuals’ personalities and direct their health-seeking behaviors and disease prevention. As such, a family health assessment is vital to addressing health concerns affecting the health status of individual members. Gordon’s Functional Health Pattern and the Calgary Family Assessment Model are some of the instrumental tools in systematic and multidimensional assessment (Broekema et al., 2018). Nurses and other health care providers use these tools to evaluate families’ issues affecting health and suitable health promotion strategies. The paper presents a family structure, health-seeking behaviors, functional health patterns, and family theory systems that can be used to solicit changes in the interviewed family.

The Family Structure

I conducted the family assessment on an African-American Family that migrated from the Eastern part of Nigeria and moved to the United States in 2009. The Agu family comprises the father (44 years), mother (38 years), grandfather (68 years), and three children, two boys and one girl. The family lives together in a four-bedroom house in a low-income suburb in Chandler, Arizona. The father works as a construction worker, while the mother is a caregiver in a nursing home. The family members are Roman Catholics.

Family Health Behaviors

The family has few health care concerns. The father is healthy and has no known medical conditions, while the wife struggles with being overweight. The grandfather is a known diabetic and hypertensive patient. The children are all healthy since they engage in physical activities. The two boys are athletes, while the daughter is a dancer. The father’s
occupation (construction worker) allows him to stay active, while the wife and the grandfather rarely engage in any form of physical activity. Mr. Agu also goes for morning runs on Sundays before attending the mass.

The family reported that they rarely seek medical services unless they get sick, except for the grandfather, who regularly visits a local clinic to monitor his blood sugar and pressure levels. Notably, the family does not afford regular healthcare check-ups and screenings. The Agu’s do not consider nutritional values but consume the available, affordable foods. The family reported that the children and the grandfather sleep for about eight hours while the father and the mother sleep about five hours as they have to work for long hours for better pay to sustain the family. The biggest challenge in promoting a healthy lifestyle for the family was financial constraints. Mr. and Mrs. Agu reported that regular sexual intercourse and visiting the park and friends during off days helped to relieve their stress.

**Functional Health Patterns**

The family should increase their physical activity levels while promoting healthy eating to improve their functional health patterns. A proper diet minimizes cholesterols, sugar, and salts that increase disease risks if consumed in excess. At the same time, exercise helps to burn calories and increase the levels of good HDL, thus promoting health states (Militello et al., 2018). The significant strengths observed in the family’s functional health patterns were sleep among the children and the stable grandfather relationship between the father and mother, which contributed to a strong family bond and cohesion. Mr. Agu is active and healthy and can provide for the family when his wife needs health care attention as she is overweight. The children are also active and healthy and do not necessarily need frequent health care attention compared to the mother and the grandfather. In this case, the finances required for health care services are significantly reduced since the father and children stay active, thus promoting good health status.
On the contrary, the significant weaknesses observed in Agu’s functional Health patterns were poor nutrition, lack of physical activity by some members, and lack of enough sleep and time to spend with the family as Mr. and Mrs. Agu work long hours. Mrs. Agu reported having problems balancing work, motherly duties, and engaging in physical activities. Therefore, she rarely engages in physical activities contributing to her overweight challenges. Poor nutrition potentiates the risks of developing lifestyle conditions such as obesity, especially for Mrs. Agu, who does not engage in physical activity. Poor diet is also likely to deteriorate the grandfather’s diabetic and hypertension conditions. The grandfather requires free sugar foods and less salty intake to promote health.

**Family Systems Theory**

The family systems theory focuses on the family as a unit. In this case, the family is an interconnected system, and the change in behavior and functions of one of the family members will directly affect other family members (Kaakinen et al., 2018). The family system theory allows nurses and health care providers to understand the root cause of problems/symptoms as they relate to the family and devise effective treatment plans. In the family described above, a healthy diet and physical activity will reduce the emotional and financial burden caused by disease. For instance, if Mr. Agu engages in physical activity, she will reduce the burden the husband encounters in providing for the family alone when the wife seeks health care concerning her being overweight. The stress subjected on the family will also reduce. Therefore, the theory does not blame Mrs. Agu and the grandfather for being a burden in the family but aims to understand how different family members influence and are influenced by others. Therefore, family systems theory brings positive change to improve the family’s healthcare state and overall well-being.
References

