Community nursing process: a healthy lifestyle

Abstract

Introduction: Community nursing along with the Nursing Process is considered a valuable tool within the Nursing Profession. It is a blend of primary health care practice that is preventive, curative and rehabilitative, directed to the individual, family and community.

Aim: To implement the community nursing interventions that contribute to the promotion of, education about, and maintenance of adequate health.

Case Presentation: A nuclear family of four was randomly chosen during a vaccine campaign. During the first home visit, a thorough nursing assessment was carried out using an assessment guide based on the Self-Care theory. According to the finding Nursing Diagnoses were taken from the North American Nursing Diagnoses Association-International and nursing care plans were developed using the Nursing Outcomes Classifications for the expected outcomes and the Nursing Intervention Classification for the nursing interventions. During a second home visit, the nursing care plans were implemented and a month later, on the third home visit the interventions were evaluated.

Discussion: During the follow-up visits the evaluations were as follow: Dx: Ineffective health maintenance improved from 8/20 to 15/20 on a Likert scale, the Diagnosis: Health seeking behaviors improved from 2/10 to 5/10 on a Likert scale and the Diagnosis: Readiness for enhanced knowledge of seasonal allergies relief improved from 5/10 to 10/10 on a Likert scale. This community nursing process gives an overview of the type of work done by nurses at the preventive health. Furthermore, it allows nursing students enrolled in the BSN programs to link theory and practice.

Keywords: community nursing, NANDA-I, NIC, NOC, nursing diagnosis, nursing process, self-care.

Abbreviations: NANDA-I, north american nursing diagnoses association-international; NOC, nursing outcomes classifications; NIC, nursing intervention classification; Dx, nursing diagnosis

Introduction

Nursing students enrolled in the BSN program at the University of Veracruz rely on the Nursing Process to provide quality care to individuals, families and/or communities. In order to implement the Nursing Process, nursing students need paradigm studies, models, theories and principles that have guided the nature of nursing care. The Nursing Process which is also based on the scientific method, is conformed is six stages; assessing, diagnosing, planning, evaluating, and documenting family care. Nursing students enrolled in the BSN program at the University of Veracruz rely on the Nursing Process to provide quality care to families, in a way that allows nursing students and nursing professionals to decision-making using critical thinking skills. Applying the Nursing Process based on Dorothea Orem’s theory allows the enhancement of professional status for nurses, improved communication between nurses, and better family care. Since the main exponent of nursing is caring and cannot be measured, it is vital to have the Nursing Process with a theory to analyze and explain what nurses do and how they do it. Furthermore it’s a goal-oriented, organized, systematic method that provides a humanistic care to families, in a way that allows nursing students and nursing professionals to decision-making using critical thinking skills.

This process is an efficient and effective method for organizing both nursing knowledge and practice that also assists in ruling out, synthesizing, evaluating, and in accurately performing clinical decision-making in planning. Research has found that the lack of physical activity or a sedentary lifestyle plays an important role in the development of metabolic syndrome. It was also found that a high fat diet can contribute to the development of metabolic syndrome, as is also the case for a high sugar intake.

Case presentation

Identification data

A nursing assessment was carried out to a family of four. The family is composed of Mr. GHV, who is 52 y.o., Mrs. GMH, who is 42 y.o. The couple’s education was limited to elementary school. They have two daughters; PHM, who is 22 y.o., single and currently
looking for employment, she studied BS in Education and AGHM, who is 6 y.o. currently enrolled in elementary school.

**Basic conditioning factors**

The family’s monthly income is approximately $2,500.00 Mexican pesos that it’s earned from a “mom and pops” grocery store that they own. They do, however, say that the income can increase or decrease depending on sales. The H.M. family is a nuclear type of family. Mr. GHV mentions that when the family has a major problem that can’t be solve with his wife and children, he asks his parents and/or siblings for help. The house that the family lives in is borrowed from Mr.GHV’s parents. The house is made of cement walls, tile floors and wooden ceiling. Besides having a kitchen, a dining room, a bathroom and a living-room it also has two bed rooms. One in which Mr. and Mrs. HV sleep in and the other where the two daughters sleep in. The house has all basic utilities like; running water, drainage, electricity and gas. It also has adequate ventilation and lighting, and trash pick-up service that comes every Monday and Thursday. The house seems to be kept clean, but Mrs. GHM does state that there are a lot of mosquitoes this time of year and sometimes they can even have roaches.

The city where the family lives has a postal service office, public transportation, different types of media including; local TV stations, radio, newspaper, etc. The neighborhood’s streets are all paved, with public lighting and a “andadero” which is a small park where people can go for walks, runs, and even play volleyball and/or basketball. The family does have access to all the services mentioned above, and have a landline, but they prefer not to share it due to insecurity in the neighborhood and the country itself. When Mr. GHV was asked about how he perceived his family’s state of health, he responded “normal” and that health for him was “to be good and not to be ill”. The family has access to Instituto Nacional Del Seguro Social (IMSS), which is a health insurance that it’s given by the Mexican government to working people and their families.

**Universal self-care requisites**

The family denies any breathing problems unless they have the “flu”. They seldom take walks in open air, from lack of time. They practice catholicism and do attend church service regularly. As to their teguments, they bathe and change clothing 7 everyday. As a whole the family states to be consuming no more than 1L of water/day. They do however mention that since they have a grocery store, it’s “very tempting to drink soda all the time”. The family has access to Instituto Nacional Del Seguro Social (IMSS), which is a health insurance that it’s given by the Mexican government to working people and their families.

**Physical assessment**

Mr. GHV is 52 y.o. with the following vital signs: Pulse; 78x1, Respirations; 18x1, Temperature; 36.3°C, BP; 110/90mmHg, Pain scale;0/10, Glucose level;124mg/dL, Weigh; 85kg, Height;1.52m and a BMI of 36.79.

Mrs. GHM is 42 y.o. With the following vital signs: Pulse; 75x1, Respirations;2 0x1, Temperature;36.5°C, BP; 130/80mmHg, Pain scale;0/10, Glucose level; 124mg/dL, Weigh;71kg, Height;1.56m and a BMI of 29.22.

Miss. PHM is 22 y.o. with the following vital signs: Pulse; 78x1, Respirations; 20x1, Temperature; 36.4°C, BP; 120/90mmHg, Pain scale;0/10, Glucose level; 103mg/dL, Weigh;90kg, Height;1.6m and a BMI of 35.16.

AGHM is 6 y.o. with the following vital signs: Pulse; 84x1, Respirations; 24x1, Temperature; 37°C, Pain scale;0/10,Weight; 21kg, Height;1.23m and a BMI of 13.90.

**Discussion**

**Nursing diagnoses:**

i. Ineffective health maintenance R/ T lack of motivation and education M/B sedentary lifestyle, inadequate oral hygiene (gingivitis), high-fat-diet (junk food), and obesity (BMI >26).

**Objective:** To emphasize the importance of maintaining a balanced diet, of exercising regularly and brushing teeth with the proper technique.

i. Health seeking behaviors R/T screening practices for age and risk M/B observed desire to seek info. for health promotion (breast and prostate screening).

**Objective:** To provide information about diagnostic screening and the pros and cons of getting them done.

i. Readiness for enhanced knowledge of seasonal allergies relief R/T seasonal allergies M/B describes previous experiences about PHM allergies.
Objective: To identify measures along with the patient to relieve allergies.

During the follow-up home visit the interventions for every N. Dx were evaluated using a Likert scale. The first N. Dx Ineffective health maintenance improved from a Likert scale of 8/20 to 15/20, the second N. Dx Health seeking behaviors improved from a Likert scale of 2/10 to 10/10 and the third N. Dx Readiness for enhanced knowledge of seasonal allergies relief improved from a Likert scale of 5/10 to 10/10. The Nursing Process is what makes nursing a scientific profession, showing how nurses do their jobs and why they do it. Taxonomies such as the NANDA-I, NOC, and NIC are valuable tools that provide evidenced-based nursing practice, with adequate nursing diagnoses, outcomes and interventions. All which are of great help to nursing students, who will use these as working tools in their professional life ahead.

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None.

Conflict of interest

The author declares that there is no conflict of interests.

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