

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.¹ The Nursing Process which is also the based on the scientific method, is conformed is six stages; assessing, diagnosing, planning, implementing, evaluating, and documenting family care.² Nations around the world along with health organizations like the World Health Organization (WHO) are constantly setting goals to improve the population's health status.³ In spite of the benefits of having a healthy lifestyle that includes physical activity, eating a diet high in fruits and vegetables, maintaining a healthy weight, moderate alcohol use and not smoking; only a small proportion of families follow this lifestyle pattern.⁴

The Self-Care Deficit Nursing Theory, contribution of Dorothea E. Orem⁵ was used to develop this Community Nursing Process by a BSN-student. Along with a nursing assessment, diagnoses, care plans, outcomes, and interventions were elaborated according to the taxonomies North American Nursing Diagnoses-International (NANDA)^{6,7} Nursing Interventions Classification (NIC) ⁸ and the

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Nursing Outcomes Classification(NOC).⁹

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.^{1,2,5} 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.^{2,5} 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.¹⁰ 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.² Research^{11,12} 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 solved 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 brushes their teeth after every meal, but the parent's state to suffer from mild bleeding from gums. Regarding the family's cardiovascular system, Mr. GHV states that on his last few visits to their physician he has gotten high blood pressure and glucose levels. 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 three square meals per day. The meals are composed of; milk derived products and legumes and vegetables and meats (mainly red meats), cereals, and fruit three times per week. On the other hand they also consume junk food such as; potato chips, candy, soda, coffee. Coffee and coke being consumed every day. Intolerance to any foods is denied and when questioned about the importance of losing and gaining weight, their response was "yes, it's important in order to not be sick". The family recalls to have had colds and sore throats but nothing surpassing a mild infection. Problems concerning the intestinal tract and urinary tract were denied.

The family denies any difficulty with their activities of daily living both basic and instrumental. They aren't however engaged in any recreative or sport activities, due to lack of interest and leisure

time. None of the family members seem to have any problems with insomnia, even though they do take naps during the day, usually for 30 minutes. As to their neurological state, all four members were oriented in time, place and person. Numbness of any part of the body was denied as well as cold and hot weather intolerance. The family states to be smoke-free, alcohol-free and drug-free. They also participate in church groups that keep them "busy and away from bad habits". All family members are up to date with vaccines but don't get the appropriate diagnostic testing done when needed.

Developmental self-care requisites

The family enjoys getting together with church members, family and neighbors to have a good time once in a while. They consider themselves to be respectful, fair, honest and supportive amongst each other and toward others. Violence within the family is denied. Mr. GHV has a younger brother who at early age suffered a stroke and has suffered from "paralysis" ever since. No recent deaths in the family. The oldest daughter PHM suffers from seasonal allergies as well as allergies to penicillin. She states that she usually gets them early in the mornings.

Physical assessment

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

Mrs. GMH is 42 y.o. With the following vital signs: Pulse; 75x1, Respirations; 20x1, Temperature; 36.5C, 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; 36.4C, 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; 37C, Pain scale;0/10, Weigh; 21kg, Height;1.23m and a BMI of 13.90.

Discussion

Nursing diagnoses:

- 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.

- 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.

- 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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Conflict of interest

The author declares that there is no conflict of interests.

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