

**Strengths-Based Nursing & Healthcare**

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### Part 1

Strengths-based research focuses on finding out what people, families as well as communities are doing and what they can do to promote resilience. Each family has its strengths that healthcare providers can make use of during the care delivery process with strength being defined as those interactions and activities that hold families together as well as protecting the onset of change and adversity. Among the strengths identified in a family includes; love, togetherness, commitment, communication, support, acceptance, sharing, and resilience. By listening to families share stories, nurses get an opportunity to single out the strengths in that family as well as by observing the behavior of the family which in turn helps the nurse understand their healthcare needs and obstacles they may be facing. Paying attention to families creates trust and enhances the relationship between nurses and the families which enables nurses to include their findings in the care plan for quality outcomes (Barnes & Rowe 2013).

Trust built during the assessment of the family strengths allows the patients to accommodate the nurse comfortably and follow their pieces of advice in regards to healthcare. It also creates room for other family members to participate in the care process where a spirit of teamwork is acquired which further leads to more information about the household being revealed. Through collaboration between the family members and nurses, sufficient medical decisions which meet the needs, values, and beliefs of all participants are made. Understanding how family members commit to each other and to the family task, a care provider will be able to gauge the level at which one will commit to the entire care process. Consequently, the care provider will know how to deal with a potentially stubborn patient who may be unwilling to attend the recommended check-ups (Coyne, O'Neill, Murphy, Costello, & O'Shea, 2011).

A nurse will be able to know which family members to look for in the case of confidential information regarding the patient and who among the members will give maximum support to the patient in the absence of a physician. Cases of avoidable shock are easy to deal with through a proper assessment of how a patient and his family respond to issues. For example, in the case a patient is diagnosed with cancer, the nurse will know the best method to present the news to the patient and the family through reflecting on their acceptance behavior to issues that may lead to shock. Knowing how and who to approach given the cancer example will prevent cases of depression which is a major risk factor for cancer patients (Kuo, Houtrow, Arango, Kuhlthau, Simmons, & Neff, 2012). Understanding the social, economic, cultural and spiritual background of a patient and the family enables clinical care providers to attend to unique needs of the patient. The results of satisfactorily providing care lead to quality healthcare outcomes promoting the well-being of not only an individual but also for the entire community.

## Part 2

Patients and families get empowered to deal with their own healthcare needs by identifying their strengths and at the same time, creating a strong bond with an outsider who in this case is the nurse. When there is trust between a family and the care provider, families feel free to share even the deepest information that nurses can utilize when attending to the needs of the patient. The results of effective relationships between nurses and families are resilience by patients (Barnes & Rowe 2013).

With a dynamic society, giving a single definition to what a family is not sufficient mainly because we now have single parent families, blended families, same-sex parent families

and so on. It would only be right for the health providers to work with a family as it is based on each unique family setting without generalizing. Looking at the strengths presented by an individual family enables the clinician know how to attend to the family healthcare needs to satisfaction hence minimizing errors of assumption that could arise from treating a family from a societal perspective (McMurray & Clendon 2015). Treating families according to a universal guideline limits accuracy in the care outcomes given the fact that some families may be below the marking criteria or way above. The primary goal of a family-based strengths assessment is to enable support families in their existing unique strengths as individual units. The family-strength assessment can simply be classified as value-based since it focuses on empowerment of what already exists rather than what's missing within a family regarding strengths (Gottlieb & Gottlieb 2017).

Family strengths are key determinants to how an individual respond to health risk situations like stress and how well they recover from an illness. There are qualities within a family which when used together will determine how family functions hence giving it a unique characteristic which includes the ability to make futuristic plans and togetherness which helps individual members of a family adapt coping mechanisms hence stabilizing the family as a unit. The strengths-based assessment helps clinicians go beyond empowering the families to enhance the existing strength and acquire new competencies. Families consequently gain a sense of independence over their own healthcare needs, and through collaboration, they can pull resources to meet both individual and family care needs (Nichols, 2013). Enabling families discover their strengths is not only beneficial to them but also to the community and the healthcare sector as a whole. This is because there will be reduced dependence on the healthcare professional to offer assistance in areas where the individuals and families can handle on their own.

### References

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