

PSYCHOLOGICAL FACTORS AFFECTING MEDICAL CONDITION

DSM-IV

316 (Psychological factors) affecting medical condition

Choose name based on nature of/most prominent factor:

- Mental disorder affecting medical condition
- Psychological symptoms affecting medical condition
- Personality traits or coping style affecting medical condition
- Maladaptive health behaviors affecting medical condition
- Stress-related physiological response affecting medical condition
- Unspecified psychological factors affecting medical condition

(Refer to *DSM-IV* listing for specific definitions.)

These disorders represent a group of ailments in which emotional stress is a contributing factor to physical problems (coded on Axis III) involving an organ system under involuntary control. Any organ system may be affected, depending on the individual's susceptibility. The result is the development or exacerbation of, interference with therapy for, and/or delayed recovery from a medical condition.

Lists of related medical conditions are subject to change as research progresses because to date a clear psychological-biological connection has been implied but not yet scientifically proved.

ETIOLOGICAL THEORIES

Although the etiology of psychosomatic disorders is unknown, an individual's emotional state and life circumstances are believed to significantly affect the onset, form, and course of psychosomatic illness. The interaction of psychological, social, and biological factors becomes evident as physical symptoms appear and diminish in direct relationship to the amount of stress the person is experiencing. Psychophysiological disorders do occur without known psychological components, but these disorders usually require some genetic predisposition to respond to stress pathologically.

Psychodynamics

Thought to center around issues of unresolved dependency conflicts, undischarged aggressive feelings, repressed anger, hostility, resentment, and anxiety, these conflicts are expressed somatically. Physiological responses correspond to unconscious emotional conflict instead of directly through verbalization, indicating inadequate or maladaptive defense mechanisms.

Interpersonal theory proposes that individuals with specific personality traits are predisposed to develop or precipitate certain disease processes (e.g., those who are dependent may develop asthma); depression has been linked to cancer and aggressiveness to chest pain or dysrhythmias.

Biological

A new field of psychoneuroimmunology is developing around research of the biological factors that underlie these illnesses. The immune response can be affected by behavior modification. Skills are being taught to help people modify responses that are thought to lead to illness.

In extensive stress studies, it was found that specific physiological responses under direct control of the pituitary/adrenal axis occurred in response to stress. When these stress responses are prolonged, psychosomatic disorders can develop. The specific organ system involved and type of psychosomatic disorder the individual develops may be genetically determined.

The Selye stress theory proposes three levels of response: the alarm reaction, the stage of resistance, and the stage of exhaustion. This is called the general adaptation syndrome, and these responses to stress have an effect on physical functioning. The belief of the individual regarding the degree of stress is related to the effect of the stressor on the physiological condition.

Family Dynamics

Children who grow up observing the attention, increased dependency, or other secondary gain an individual receives because of illness see these behaviors as a desirable response and subsequently imitate them. The dysfunctional family system may use these psychophysiological problems to cover up interpersonal conflicts. Anxiety is thus shifted from the conflict to the ailing member. As anxiety decreases, conflict is avoided, and positive reinforcement is given for the symptoms of the sick person.

CLIENT ASSESSMENT DATA BASE

(These clients present a pattern of anxiety and problems of coping with stress that occurs in their lives. Data obtained depend on organ system involved.)

Atherosclerotic Heart Disease

Activity/Rest

May exhibit an abrupt, fast-talking presentation, with constant movement (e.g., jiggling knees or tapping fingers)

Reports work overload, lack of vacations

Often “too busy” to notice quiet, beautiful surroundings

Circulation

Elevated blood pressure, tachycardia, palpitations, angina

Ego Integrity

Measures success by material goods/personal accomplishments; intense need to compete and win, even if competing with a child

Multiple life stressors

Poor anger management

Neurosensory

Mental Status: Psychological factors linking stress and personality traits include ongoing emotional turmoil/anger, and overexertion

May feel a need to do everything in a hurry and become impatient if asked to wait (e.g., may not tolerate waiting in lines)

Driving, idealistic, dominant, compulsive individual, with passive-aggressive tendencies, strict superego, feelings of insecurity, and difficulty managing anger

Social Interactions

May be overdutiful to job; with social contacts/events related to employment

Hostile, angry, and aggressive toward others

Teaching/Learning

Higher incidence in males

Risk factors most frequently reported: cigarette smoking, hypertension, elevated serum cholesterol and triglyceride levels, left ventricular hypertrophy, diabetes, and age

Gastrointestinal Bleeding/Irritable Bowel Conditions

Activity/Rest

Fatigue

Ego Integrity

May express an intense need for perfection and feelings of not having enough control over stressors and environment

Precipitating stressors center on real or feared threats to significant interpersonal relationships or deaths

Elimination

Diarrhea (with/without blood)

Food/Fluid

History of multiple stomach complaints (e.g., gastritis/ulcers, hyperacidity; heartburn, reflux; food intolerances)

Weight loss, pallor, anemia

Neurosensory

Mental Status: Longstanding feelings of anxiety, repressed anger, difficulty expressing anger/hostility directly, resentment, and a sense of helplessness, with difficulty in coping; highly developed superego, conscientious/dutiful; insecurity/nervousness; compulsivity, especially regarding punctuality and neatness; timidity, obstinacy, hyperintellectualism, lack of humor

May perceive even the slightest criticism as rejection and feel a loss of self-esteem, and respond by using avoidance or by becoming suspicious

Pain/Discomfort

Reports of pain ranging from mild to severe

Social Interactions

Difficulty in interpersonal relationships/dependency on others

Ambivalence/hypersensitivity toward significant others who have been a source of hurt or perceived rejection

Feeling hurt or humiliated and unable to/not inclined to meet the demands of those on whom they feel dependent

Teaching/Learning

Other affected family members possible, revealed in family history

Can occur at any age

Essential Hypertension

Activity/Rest

Fatigue, sleep disturbances

Circulation

Chronic high blood pressure with no known organic origin
Dizziness, nervousness, palpitations

Ego Integrity

May report emotional trauma, presence of stressful situations in daily life; controlled emotionality
Increased incidence in urban areas rather than in rural or tropical areas (may reflect a more relaxed lifestyle)

Food/Fluid

Obesity, sensitivity to salt

Neurosensory

Mental Status: Conflicted over expression of hostile and aggressive feelings, struggle with dependency vs. achievement needs; tends to hold anger in and to feel guilty if anger is expressed, inhibits aggressive wishes, may show greater reactivity to stressful stimuli, even in normal situations

Pain/Discomfort

Headaches

Social Interactions

Feelings of isolation

Teaching/Learning

More prevalent in black population; onset usually in early adult life (mean age in early 30s)

Bronchial Asthma

Neurosensory

Mental Status: Dependent, meek, sensitive, nervous, compulsive, and perfectionistic; anxiety, anger, depression, tension, frustration, and anticipation of a pleasurable event can contribute exacerbation of symptoms

Feelings of insecurity and oppression, insufficient superego, compulsiveness, overdutiful attitudes, tendency to be passive-aggressive

May be shy, irritable, impatient, stubborn, and tyrannical at times

Respiratory

Wheezing, shortness of breath

Restlessness, cyanosis

Hyperventilation, sighing, hiccups

Smoking in the home

Social Interactions

Strong correlation between asthma attacks and tension in the home/estranged relationships with parents

Teaching/Learning

Can occur at any age (1/3 are children; 2/3 of these are boys)

Respiratory infections/induced emotionally possibly triggering or exacerbating attacks

Migraine Headache

Activity/Rest

Fatigue

Food/Fluid

Nausea, vomiting

Neurosensory

Sensitivity to light/noise; visual disturbances; sensory/motor disturbances (e.g., tingling of face, hands; staggering gait)

Mental Status: Compulsive/perfectionistic, conscientious, intelligent, neat, inflexible, rigid, resentful; experiences guilt feelings

Pain/Discomfort

Head pain, unilateral or bilateral; aching, throbbing

Associated Symptoms: nausea/vomiting photosensitivity

Other Symptoms/Conditions That May be Noted:

Genitourinary: Menstrual and urinary disturbances; dyspareunia, impotence

Musculoskeletal: Joint stiffness/pain, backache, muscle cramps, tension headaches

Skin: Pruritus, cutaneous inflammation (neurodermatitis), excessive sweating (hyperhidrosis)

Others: Autoimmune diseases, manifested as rheumatoid arthritis, systemic lupus of erythematosus, myasthenia gravis, and pernicious anemia, etc.

DIAGNOSTIC STUDIES

Dependent on specific presenting condition/symptoms.

NURSING PRIORITIES

1. Encourage verbalization of feelings and stressors.
2. Assist client to develop coping skills and assertiveness techniques to reduce/manage anxiety.
3. Promote development of positive self-esteem.
4. Help client accomplish a sense of autonomy and independence.

DISCHARGE GOALS

1. Assertive techniques used as a more productive, effective means of expression.
2. Stress management methods used to reduce anxiety.
3. Positive self-esteem that satisfies client's needs without compromising self/others is displayed.
4. Client/family involved in group therapy/community support programs.
5. Plan in place to meet needs after discharge.

Note: This plan of care deals with the psychiatric component of these conditions. Ongoing evaluation of physical condition is required to ensure timely intervention and client well-being. The user is referred to a medical/surgical resource (such as Doenges, Moorhouse, Geissler: *Nursing Care Plans: Guidelines for Planning and Documenting Patient Care*, F.A. Davis, Philadelphia, 1997) for physiological considerations.

NURSING DIAGNOSIS**May Be Related to:****Possibly Evidenced by:****Desired Outcomes/Evaluation Criteria—
Client Will:****ANXIETY [moderate to severe]**

Internalized feelings of inadequacy, resentment, frustration, anger; negative self-talk

Inability to obtain relief from stress; unmet needs

Perceived threat to self-concept

Stimulation of the “fight-or-flight” reaction; sympathetic stimulation, increase in blood pressure/somatic complaints

Focus on self

Denial of relationship between physical symptoms and emotional problems

Verbalize understanding of relationship between feelings of anxiety and physical symptoms.

Develop effective methods for decreasing anxiety.

Report anxiety reduced to manageable level.

Experience marked decrease in somatic symptoms.

ACTIONS/INTERVENTIONS**RATIONALE**

Independent

Use gentle, supportive therapeutic approach to develop a positive rapport.

Be cautious in using confrontational techniques or making demands for achievement.

Explore situations that lead to feelings of anger, resentment. Identify possible causes and explore stressors or events that trigger illness.

Discuss ways to stop escalation of anxiety.

Assist client to learn to be in tune with feelings and recognize situations that cause increase in anxiety.

Encourage direct expression of feelings. Help client to recognize times when the feelings are internalized.

Skill of the therapist is crucial. Care needs to be taken to avoid alienating the client.

Client has low tolerance for stress. It is most critical not to exacerbate onset of symptoms.

Helps client define problem areas and begin to establish goals to work through them.

Client reacts to stress psychologically and needs to learn to control/deal effectively with emotional responses.

Client may be out of touch with body and not aware of feelings; therefore, he or she does not experience “signal anxiety,” which helps client recognize beginning development of anxiety so steps can be taken for control.

The client who internalizes feelings is not always aware of doing that and may have trouble even identifying feelings.

Identify the amount of anxiety experienced if not perceiving self as “perfect” in job performance and interpersonal relationships.

Examine possible cause-effect relationship between internalizing feelings and somatic symptoms.

Help client relate pattern of resurgence of symptoms and stressful life situations. Have client keep a diary of appearance, duration, and intensity of physical symptoms. Maintain a separate record of stressful situations and compare with diary entries.

Help client recognize difference between assertive and aggressive behaviors. Instruct in assertiveness techniques. Discuss importance of respecting rights of others while protecting one’s own basic rights.

Demonstrate/encourage use of relaxation, visualization, imagery techniques (e.g., progressive relaxation, meditation).

Explore possible recreational activities (e.g., brisk walks/jogging, volleyball, bowling, swimming).

Collaborative

Evaluate appropriateness of/refer for hypnotherapy.

May put pressure on self to be “perfect,” while at the same time not recognizing/accepting feelings and resultant anxiety, which is then expressed in physical illness.

Client needs to see the relationship between physical discomfort and turning feelings inward, so steps can be taken to intervene/deal more appropriately with the stress.

Reinforces the fact that client does transfer stress to body (e.g., GI upset, tension headache, chest pain, respiratory distress) and needs to learn how to stop this unhealthy reaction. Guided therapeutic writing not only serves as a release for anxiety and stress but may also provide objective data from which to observe the relationship between physical symptoms and stress.

Assertiveness training is of utmost importance for the client who does not know how to directly express self, in order to defuse inner tension and relieve resulting physiological effects of anxiety. Also promotes self-esteem and may improve ability to form satisfactory interpersonal relationships.

Studies show that these techniques decrease anxiety and work to moderate the stimulation of the sympathetic nervous system.

Physical activity (exercise therapy) is very effective for relieving and rechanneling stress productively, and it provides opportunity to develop new skills to dissipate anxiety.

This form of relaxation therapy (which requires a qualified therapist) allows the client to access the subconscious mind to experience deep relaxation and work through emotional conflicts.

NURSING DIAGNOSIS

May Be Related to:

COPING, INDIVIDUAL, ineffective

Personal vulnerability

Inadequate repertoire of coping mechanisms

Compelling, intense desire to compete and win, excessive need to achieve success

Possibly Evidenced by:

Feeling pressured to hurry, preoccupation with the urgency of passing time; work overload, too many deadlines; no vacations

Unrealistic perceptions; unmet expectations

Inability to cope/problem-solve or to ask for help

Internalizing stress/buildup of frustration; failure to obtain relief from and/or not resolving negative feelings; inadequate discharge of aggressive feelings/desires

Use of maladaptive coping methods; use of passive-aggressive maneuvers

Somatic symptoms, rise in blood pressure

**Desired Outcomes/Evaluation Criteria—
Client Will:**

Develop and implement repertoire of coping strategies based on problem-solving techniques.

Use assertive techniques in place of passive-aggressive, maladaptive behaviors.

Demonstrate a more moderate lifestyle.

Verbalize understanding of health risks.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assist client to identify present coping patterns and the consequences/effectiveness of behaviors.

A realistic picture of how effective current mechanisms are provides insight and enables client to acknowledge ineffectiveness of these methods and begin to look at healthy alternatives.

Help client identify/understand unmet needs and how present coping patterns relate to relief of anxiety.

Developing a keen sense of self-awareness and how these factors are interrelated provides opportunity for change.

Demonstrate/practice problem-solving techniques. Encourage client to think through problems, identify goals for own care.

Learning to arrive at thought-out solutions provides base for effective, satisfying coping behaviors. Personal involvement in own care provides a feeling of control, increases chances for positive outcome, and enhances self-esteem.

Ask client to give examples of situations when resentment and anger were felt but were not expressed. Discuss/role-play alternate ways to handle those situations.

Behavior rehearsal helps client to learn how to handle troublesome situations much more effectively.

Examine how needs are expressed, passively or aggressively.

Client may not be aware of use of passive or aggressive approach. Awareness offers choice to change behavior.

Have client identify and discuss personal dynamics. Determine if personal dynamics are used to prevent guilt or win approval.

Many interactions may be based on trying to relieve guilt or to please others while ignoring own wishes.

Confront with behaviors that are used to prevent rejection or disapproval by others.

Encourage client to assume control over own reactions to stressful events, even though the circumstances cannot always be controlled.

Identify competitive behaviors and explore reasons for feeling a compulsion to achieve/win.

Evaluate the effect these compulsive feelings have had on physical and emotional health.

Explore how these behaviors have affected interpersonal relationships.

Help client identify what needs are really being met by competitive behaviors.

Discuss consequences of “driving” oneself and how to moderate lifestyle to reduce stress.

Discuss importance of leisure time and how to develop and use it. Explain how pacing oneself can be a more productive and efficient use of time.

Increases self-awareness of maladaptive pattern(s).

The client can learn to control how much a stressful event affects feelings, behavior, and becoming upset by changing the way these events are viewed.

Realization that the compulsive drive for achievement can be strong enough to endanger health may provide stimulus for change.

Heightens awareness of the possible toll on health, longevity.

Client may be intolerant of others and aggressive in relationships, resulting in problems interacting with others.

Recognition of own self-esteem needs provides opportunity to meet these needs in a more direct/successful manner.

Reinforces the negative effects of continuing an intense lifestyle.

Client has not been accustomed to taking time out to relax, and learning how to relax and enjoy recreation can relieve anxiety and promote effective coping.

NURSING DIAGNOSIS

May Be Related to:

Possibly Evidenced by:

Desired Outcomes/Evaluation Criteria— Client Will:

POWERLESSNESS

Unresolved dependency conflicts; sacrificing own wishes for others

Feelings of insecurity, resentment; repression of anger and aggressive feelings

Lack of a sense of control in stressful situations

Difficulty expressing self directly and assertively

Passive/docile or aggressive behavior

Internalization of stress/increased anxiety expressed through somatic symptoms, elevated blood pressure

Recognize and work through feelings of insecurity, resentment.

Use assertive behaviors to deal with feelings, anxiety-producing situations, and interactions with others.

Verbalize awareness of self-control and how stress is handled in situations over which client does not have control.

Report less frequent episodes of illness with fewer physical complaints.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Have client describe events that lead to feeling inadequate or having no control.

Examine together how client feels when not “perfectly” competent or adequate in performance.

Assess client’s attitude toward making mistakes (e.g., ability to admit and accept, or feelings of inadequacy and worthlessness).

Discuss how worry and anxiety prevent dealing with problems efficiently and cause more feelings of incompetency.

Encourage client to do the feared activity. Provide support for these efforts.

Discuss behaviors that are self-defeating and explore new, productive behaviors (e.g., looking at problem as a challenge instead of a threat, developing a sense of commitment to something, and gaining a sense of control over own life).

Ask client to describe significant others’ behaviors that are perceived as intimidating and how fear of these behaviors can be overcome.

Explain how a lack of self-confidence in one’s own judgment and abilities can result in feeling powerless in stressful situations.

Use role-playing techniques to demonstrate how to assert feelings and help client learn direct self-expression when faced with frustration or aggression.

Helpful in identifying sources of frustration and defining problem areas so action can be taken.

Client may be self-deprecating and believe he or she has failed unless self is perceived as “perfect.”

When client indulges in self-punishment, he or she needs to learn a rational way of thinking about mistakes. Failure is seldom a catastrophe and often leads to learning important lessons when the client is open to the opportunity.

Worry and anxiety can prevent objective evaluation of a situation and lead to poor judgment.

Avoiding dreaded events increases unnecessary fears and causes further loss of self-confidence. Confronting the situation provides opportunity for client to test reality, consequences, and ability to cope with whatever happens, thus increasing self-confidence.

Past solutions to problems may not be relevant at this time, and previous failed experiences are not sufficient reason to discount their reevaluation.

Identifying successful actions to use can improve self-esteem. As self-confidence is gained, the client will be less easily intimidated.

Loss of self-confidence serves only to “immobilize”/prevent using effective mechanisms in dealing with problems.

Behavior rehearsal is an effective way to practice self-expression/learn to deal with troublesome situations, get the desired need met, and enhance sense of control.

Have client describe people seen as dynamic or powerful individuals and how they achieved personal power. Explore how client can achieve these desired attributes.

Examine sources of resentment. Identify what has been done to resolve these feelings and whether an effort has been made to get information to justify resentment.

Encourage client to be open and direct in verbal expression. Confront when guarding of feelings is noted.

Assess client's pattern of response to aggression or frustration, and together evaluate the effectiveness of these responses.

Examine situations that produce anger or guilt in client and discuss what triggers these feelings.

Discuss causes of difficulty in making own needs known to others and fears surrounding these issues.

Explore guilt feelings when expressing anger and ways to work through this problem.

Examine causes of hostility and how these feelings can be adequately discharged (e.g., pounding pillows, yelling appropriately; expressing feelings assertively, not aggressively, to the other person).

Ask client to verbalize how and why feelings of helplessness and dependency began. Discuss ways to put these feelings into perspective.

Explore with client fears of loss/rejection and evaluate together how realistic these concerns are.

Help client think through concerns about loss/rejection and identify ways to deal with them.

Have client identify what will happen if client functions independently. Help client learn how to use own capabilities.

Helps client to clearly define goals and values and look at how these relate to own self.

More information can diffuse an angry or resentful response. Situations are not always as they appear, and an individual's perceptions may be distorted. Checking out reality can help the client decide on appropriate followup/response.

Learning new ways of expression is difficult. Reinforcing open/direct expression promotes continuation of activity.

Client first needs to recognize own pattern of maladaptive defense mechanisms to learn new adaptive responses.

Unresolved guilt and anger lead to feelings of frustration or powerlessness.

The client does not assert own needs and either passively accepts things as they are or ineffectively tries to assert control, increasing feelings of powerlessness. Discussion and awareness provide opportunity for change.

Client needs to learn that it is acceptable to feel and express anger appropriately.

Client may be harboring undischarged hostility that needs resolution or release instead of allowing these feelings to affect body negatively (e.g., increased blood pressure, tension headache).

Being aware of emotional dependency and how these dynamics originate provides opportunity to change behavior/outcomes.

May tend to exaggerate slight criticism into unrealistic fears.

Client needs to learn to accept the positive and negative aspects of relationships without becoming dysfunctional.

Functioning autonomously and capitalizing on own strengths promote client's sense of control over own life/outcomes.

NURSING DIAGNOSIS

May Be Related to:

SELF ESTEEM disturbance [specify]

Lack of positive feedback, repeated negative feedback resulting in diminished self-worth

Dysfunctional family system; unmet dependency needs

Retarded ego development

Unrealistic expectations of self and/or others

Possibly Evidenced by:

Belief that individual should be “perfect”

Not expressing needs directly, lacking self-confidence, being dependent, not verbalizing/not working through negative feelings

Feelings of worthlessness

**Desired Outcomes/Evaluation Criteria—
Client Will:**

Verbalize view of self as a worthwhile, important person who functions well both interpersonally and occupationally.

Demonstrate self-confidence by setting realistic goals and actively participating in life situations.

Experience a decrease in somatic symptoms.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assess client’s strengths and limitations and compare with client’s own assessment of self.

An accurate picture of the client’s sense of self-worth is important in developing the plan of care.

Discuss client’s goals. Are they what the client really wants or are they what the client thinks they “should” or “ought” to be?

Typically tends to ignore own wishes and do what client thinks others expect.

Explain why it is necessary to take risks in order to build self-esteem.

Self-confidence is built on taking risks and learning from success and/or failure.

Encourage client to explore feelings about criticism from others. Discuss ways to cope with these feelings and how to accept disapproval from others without experiencing a sense of failure.

May have unrealistic feelings when criticized and needs to learn how to apply constructive criticism for personal growth rather than becoming devastated. Helps to develop confidence in own abilities and judgment despite what others think.

Identify what needs are being met by preoccupation with neatness and orderliness. Relate these needs to self-esteem needs.

Client more than likely experiences a sense of failure if unable to keep environment perfect.

Discuss possible feelings of ambivalence toward significant other(s) who have been a source of disappointment, rejection, or loss.

Often experiences ambivalent feelings toward significant others, owing to inability to deal with negative feelings directly and having a fear of rejection if negative feelings are expressed.

Explore expectations family and/or significant others hold for client.

Client may be trying to meet unrealistic expectations, further increasing sense of failure and anxiety.

Assist client to identify realistic needs for change in relation to self, family/significant other(s).

Without guidance, may misinterpret/block needs, setting self up for failure.

Reinforce client’s ability to assume responsibility and rely on own abilities.

Needs emotional support and encouragement to become self-reliant.

NURSING DIAGNOSIS**May Be Related to:****Possibly Evidenced by:****Desired Outcomes/Evaluation Criteria—
Client Will:****Client and Family Will:**

ROLE PERFORMANCE, altered

Chronic illness

Situational crisis, conflicts

Developmental crisis regarding values/beliefs

Changes in usual patterns of responsibility; inability (perceived/actual) to resume role

Change in own/other's perception of role

Assumption of dependent role

Verbalize realistic perception of role expectations/obligations.

Assume role-related responsibility.

Initiate plan for conflict resolution.

ACTIONS/INTERVENTIONS**RATIONALE**

Independent

Determine client's usual role within the family system. Identify roles of other family members.

Assess specific disabilities related to role expectations. Note relationship of disability to actual physical condition.

Encourage client to discuss conflicts evident within the family system. Identify how client and other family members have responded to this conflict.

Assist client to identify feelings associated with family conflict, the subsequent exacerbation of physical symptoms, and the accompanying disabilities.

Help client identify changes he or she would like to occur within the family system.

Encourage family participation in effort to resolve the conflict for which the client's sick role provides relief.

Involve all family members in the plan for change as well as knowledge of benefits, consequences, selection, and methods for implementation of alternatives.

Accurate data base is required to formulate appropriate plan of care for client.

It is necessary to determine the validity of the client's/family's role expectations in light of client's physical ability to make realistic plans to modify role and encourage adaptation.

Identifies specific stressors, as well as adaptive and maladaptive responses within the system, so that individualized assistance can be provided in an effort to initiate change.

Client may be unaware of the relationship between physical symptoms and emotional problems. An awareness of the correlation is the first step toward effecting change.

Involving client helps to focus thinking on positive ways to adapt to problems in the family.

Input from the individual(s) who will be directly involved in the change will increase the likelihood of a positive outcome. (Refer to ND: Family Coping, ineffective: compromised/disabling.)

Family may require assistance with this problem-solving process. When all members are involved, chances for success are enhanced.

Ensure that client has accurate perception of role expectations within family system. Use role-play to practice areas associated with role that client perceives as painful.

Discuss more adaptive coping strategies that may be used to prevent interference with performance of role during times of stress.

Repetition through practice may help to desensitize client to the anticipated distress.

As client is able to understand the relationship between exacerbation of physical symptoms and existing conflict, more effective skills can be used.

NURSING DIAGNOSIS**May Be Related to:****Possibly Evidenced by:****Desired Outcomes/Evaluation Criteria—
Family Will:****FAMILY COPING, ineffective: compromised/disabling)**

Inadequate or incorrect information or understanding by a primary person

Prolonged disease progression that exhausts supportive capacity of significant other(s)

Significant person with chronically unexpressed feelings of guilt, anxiety, hostility, despair

Client providing little support for primary person

Client expresses despair regarding family reactions/lack of involvement

Intolerance/abandonment; psychosomatic tendency

Taking on illness signs of client

Distortion of reality regarding the client's health problem

Significant other(s) display protective behavior disproportionate (too little or too much) to client's abilities or need for autonomy

Identify/verbalize resources within themselves to deal with situation.

Interact appropriately with the client and each other, providing support and assistance as indicated.

Verbalize knowledge and understanding of illness.

Participate actively in treatment program.

ACTIONS/INTERVENTIONS**Independent**

Explore past relationships and feelings about successes and failures.

Discuss precipitating stresses regarding real or feared threats to significant personal relationships.

RATIONALE

May help identify a pattern of interacting that may be counterproductive and lead to failure.

Unrealistic fears may be dictating relationships.

Determine extent of “enabling” behaviors evidenced by family members; explore with family/client.

Help client develop communication skills that enable needs to be met by using assertive expressions (e.g., “I-messages”).

Explore possible negative feelings or fears caused by feeling compelled to meet demands of others.

Discuss ways of handling troublesome situations by using newly learned coping skills.

Give positive feedback for efforts toward using constructive new behaviors.

Collaborative

Refer to support groups, family therapy, if indicated.

“Enabling” is doing for the client what he or she needs to do for own self. People want to be helpful and do not want to feel powerless to help their family member to be well. When the family members’ roles are to “help” the client stay ill, they need to learn new ways of interacting to attain/maintain health for each individual.

Using assertive, direct communication can make significant differences in communicating needs and having these needs met in more effective ways.

May frustrate own wishes to please others owing to fear of rejection or loss of the relationship.

Having a plan for handling situations before they arise helps increase successful interactions.

Client/family members may lack self-confidence and require emotional support and assurance of capability.

May need additional assistance to promote healthy ways of interacting and assist client/family members to deal effectively with illness/improve quality of life.