Nurses’ Perceptions of Family Dynamics in Caring for Children with Anorexia Nervosa: Reports of Care Experiences

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ABSTRACT
The research in this study sought at nurses’ perspectives on family dynamics in caring for children with anorexia nervosa in the clinical setting. The purpose of this exploratory investigation was to determine the role of the common family dynamics for families with a child with Anorexia Nervosa (AN) from nurses’ perspectives in a variety of clinical settings. The research questions included: How do nurses describe parent and teen relationships? How do nurses observe interrelationships between the family members? How do mothers or fathers and teen relationships differ between those with AN and those without? The participants included nurses working in the Bay Area in pediatrics. The exploratory investigation consisted of using surveys that would collect both demographic and open-ended information. The study concluded that the nursing experiences collected, all of them shared some family dysfunction that contributed to the development of AN. Nurses also agreed that caring for a child with AN was consistently more difficult than it was to care for a child on a medical/surgical floor in the hospital setting.

METHOD
The purpose of this exploratory investigation was to identify common family dynamics for families with a child with anorexia nervosa from nurses’ perspective in a variety of clinical settings.

For this proposed study, nurses in a variety of clinical settings in the Bay Area were asked to participate. Nurses were encouraged to pass the survey to other nurses using the model: Reducing Negative Body Esteem and Disordered Eating Attitudes and Behaviours aimed at the treatment of six women with severe and chronic anorexia nervosa. Overall, this study concluded that it is common for a patient with AN to have a dysfunctional family, although no correlation was found as to whether having a dysfunctional family caused AN or vice versa. Regardless of the eight nurses who responded to the survey, they all shared similar experiences when caring for a child with AN in the different clinical settings at which they practiced. The present study has several limitations as it only yielded a twenty-six percent return rate and may not broadly identify nurses’ perspectives nationally or internationally. However, the author was able to make connections that supported the purpose of the study, to identify common family dynamics for families with a child with AN from nurses’ perspectives in a variety of clinical settings.

RESULTS
Narratives on Memorable Experiences
1. “Witness a dad yelling at a patient to ‘just eat more so we can leave this place!’”
2. “Sad case. She was never given treatment for AN at acute hospital, but treated elsewhere.
3. “The client presented as frankly anorexic and emaciated…”
4. “…I felt like she knew how sick she was but she continued to fight with us not eat…”
5. “…A fragile fragile…shook about suicide to send her pain…”
6. “Tell me privately she was trying to kill herself & got away from her broken home…”
7. “Eliciting a patient and her mother have a frank discussion about body image…”
8. “Unusual in that he was non-traditional parents in the Bay Area.”

Nurses of Care Challenge
1. “Children are crafty and will invent many new ways to work the system…”
2. “…They may get treatment and their family may be in therapy but relapses are inevitable…”
3. “…The client presented as frankly anorexic and emaciated…”
4. “…Witness a dad yelling at a patient to ‘just eat more so we can leave this place!’”
5. “Children are crafty and will invent many new ways to work the system…”
6. “Resilience to changing self pictures which is way distorted…”
7. “Getting them to understand that the disease is potentially deadly.”
8. “…Eating a beautiful young lady who suddenly due to poor wound care and respiratory…
9. “Stare in admiration with a smile…”
10. “The mother was convinced that her child had a rare heart disease…”
11. “Realization and sharing the fact that it will take a long time to achieve weight…”

CONCLUSIONS
Overall, this study concluded that it is common for a patient with AN to have a dysfunctional family, although no correlation was found as to whether having a dysfunctional family caused AN or vice versa. Regardless of the eight nurses who responded to the survey, they all shared similar experiences when caring for a child with AN in the different clinical settings at which they practiced. The present study has several limitations as it only yielded a twenty-six percent return rate and may not broadly identify nurses’ perspectives nationally or internationally. However, the author was able to make connections that supported the purpose of the study, to identify common family dynamics for families with a child with AN from nurses’ perspectives in a variety of clinical settings.

REFERENCES

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