

Application of Biopsychosocial Model in Nursing Care for a Child with Oral Facial Clefts

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Abstract

OFC (Oral Facial Clefts) is a group of conditions that includes cleft lip, cleft palate and both together. The cause of cleft lip and palate is complex and viewed to be result of both genetic and environmental factors. It results in feeding, speech and hearing problems. The visual appearance of child can affect parents perceptions of success for their child as well as child's self-image, which can cause psychological problems. As children with this deformity grow older and begin to mix with other children they may be teased and ridiculed. In this scenario the complete care of a child with OFC requires multidisciplinary help and frequent assessment. Such as coordinated effort can be implemented through bio psychosocial model which enables the child to attain optimal habilitation, allows him or her to feel and be a useful member of society and ensures optimal functioning of the family.

Keywords: OFC; Biopsychosocial Model.

Introduction

Cleft lip and cleft palate, also known as oral facial clefts. It is a group of conditions that includes cleft lip, cleft palate and both together. A cleft lip contains an opening in the upper lip that may extend into the nose. The opening may be on one side, both sides or in the middle. A cleft palate is when the roof of the mouth contains an opening into nose. These disorders can result in feeding problems, speech problems, hearing problems, and frequent ear infections.

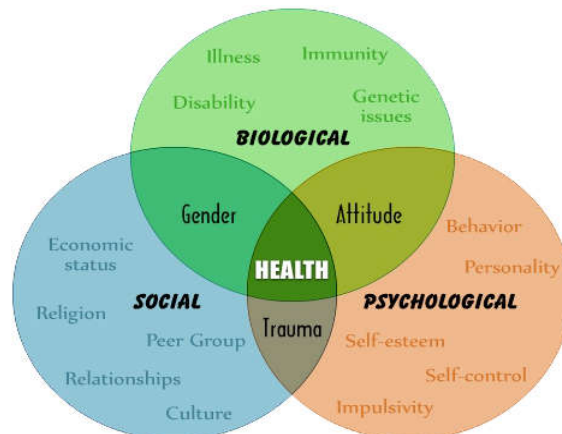
Cleft lip and palate child's long term health condition are biological in origin, but the impact has been felt physically, psychologically and socially. Their long term health condition can't be treated just through the biological medical model alone. So it is very important to implement the bio psychosocial model in cleft lip and palate condition.

"The medical support keep the child alive, but it is the psychological and social support that enables the child to live"

Bio Psychosocial Model

The bio psychosocial model of health and illness is a frame work developed by George. L. Engle. It is the broad view that attributes diseases causation or disease outcome to the intricate, variable interaction of biological factors, psychological

Biopsychosocial Model of Health



factors and social factors. Engle states that interaction between biological, psychological and social factors determine the cause, manifestation and outcome of wellness and disease. The model argues the interplay between peoples genetic makeup (biology), mental health and behaviour (psychology) and social cultural environment (social world).

Bio psychosocial model contain 3 different components. The biological component explains how the cause of the illness from the functioning of the individual's body. The psychological component describes psychological cause for health problem such as lack self-control, emotional and negative thinking. The social part of the bio psychosocial model investigates how different social factors such, socioeconomic status, culture, religion & technology.

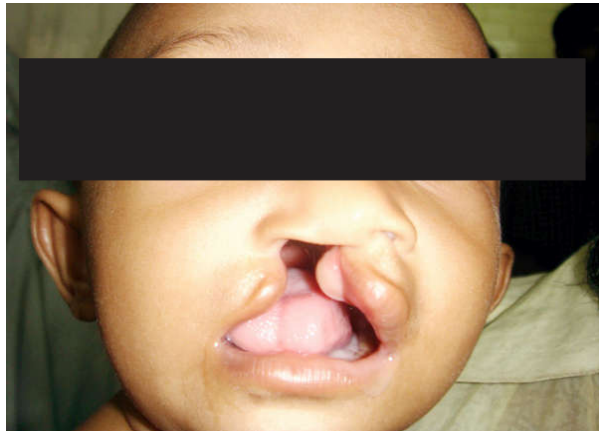


Fig. 2:

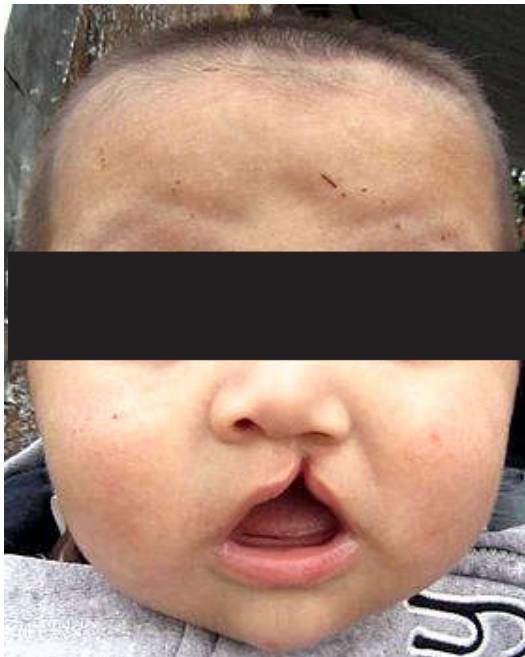


Fig. 3:

Biological Influence

Biological influences on health and illness include genetics, infections, physical trauma, nutrition, hormone and toxins. The cause of cleft lip and cleft palate is complex but it to be result of both genetic and environmental factors and exposure so the component of the birth defect has biological origin. Biological components includes, pathology, disease, symptoms, immunity, disability, genetic issues, test, treatment, it deals with anatomical structural and molecular substrate of disease and effects on biological functioning of child patients. For an oral facial clefts child, there are several physical handicaps which include facial deformity, speech disturbance, feeding problems resulting in poor weight gain.

Psychological Component

The psychological component of the bio psychosocial model includes potential psychological factors that may contribute to the development of health problems. Psychological system deals with effect of psychodynamic factors like motivation, personality or reaction to illness these include lack of self-control, emotional, negative thinking. That puts them into depression. The location of cleft and visual appearance of a child can affect parent's perceptions of success for their child as well as a child's image. Which are the psychological impacts. It includes anxiety about the appearance, unity feeling, and anxiety about the outcome of surgery, economical burden, blaming or praying to god. It will influence the identity, attitude, behaviour, personality of a child. It also destructs the self-esteem, self-control of the person.

Social Components

The social part of bio psychosocial model investigates how different social factors such as socio economic status, culture, technology, & religion that can influence the health. The physical problems & psychological problems cause the impact of social factors. The fashion industry & media promote the standard of beauty. The social pressure always influenced in the child's life. Due to the body image alteration, it also possible that the presence of scarring or speech delays may require a child to learn how to navigate social interactions at school and among peers. The social factors are always associated with hobbies, family, friends, career, and isolation from society. The role of the psychologist and social worker on the medical team is to provide a safe space for families to verbalize their range of

emotion, normalize those reactions and provide supportive counselling in the moment. These acts of empathy can occur simultaneously during completion of a bio psychosocial assessment in an attempt to meet families at their point of need. The completion of bio psychosocial can reveal how parental reaction may influence the child perception of having a cleft diagnosis. The psychologist, social worker and genetic counsellor's roles are to be liaisons between families and the relevant members of the medical team to assist with advocating for the needs of the patient & the family.

Conclusion

The physician's approaches and the problems they present are much influenced by the conceptual models around which their knowledge is organized. In this paper the implications of the bio psychosocial model for the study and care of a patient with an oral facial clefts are presented and contrasted with approaches used by adherents of the more traditional biomedical model. When diagnosis of a baby having the cleft lip occurs, education regarding the disorder and its impacts ideally would

begin immediately. This is important have a multidisciplinary team who can address the genetic, medical, psychological and social aspects of clefts diagnosis. A medical rather than psychiatric patient was selected to emphasize the unity of medicine and to help define the place of psychiatrists in the education of physicians of the future.

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