Economic constraints, the aging population, an increase in chronic health problems and major technological advances in treating illness are all putting greater demands on families today. Changes in the delivery of health care – combined with funding cuts – are producing new risks to families. Early discharges from institutions result in families – especially women – being called upon to provide more, and often complex, care for their family members at home. Some claim that the expense of caring for the elderly is being transferred from government budgets to family budgets. While in health care facilities, families are undertaking aspects of care that were carried out by health care professionals until recently.

Registered nurses have a long tradition of caring for families, as well as the knowledge and skill to make a difference to family health. It is unlikely that there is a nurse in Canada whose practice doesn’t involve the family. Putting both their knowledge of the broader determinants of health and their community development skills to work, nurses can help families make healthy choices during these challenging times.

To increase their involvement and establish collaborative relationships with families, many nurses have indicated that they need additional knowledge, skills and support to assist families in the current health care environment. Nurses who have participated in family nursing educational programs report increased job satisfaction related to their new knowledge and skills, and from the positive responses of families and their nursing colleagues.

This resource has been prepared to highlight issues concerning the nursing of families, encourage nurses to explore how they involve families in their practice, and suggest resources for increasing competency in the nursing of families.

Many terms have been used to describe nurses’ involvement with families including:
- family-centered care;
- family-focused care;
- family nursing; and,
- the nursing of families.

The terms “nursing of families” and “family nursing” are used interchangeably on the following pages. The concept of family-centered care emerged from the efforts of parents and health care professionals to bring a family perspective to the care of children. Today, a family-centered approach is the goal of nursing practice with clients in all settings. Such practice is guided by the CNA Code of Ethics for Registered Nurses (1997), provincial and territorial nursing standards, and health service accreditation standards.

In the past, doctors and nurses were regarded as the experts who should determine what was best
CNA considers a family as those persons who are identified by the client as providing familial support, whether or not they are biologically related.

Nursing practice that emphasizes family as context has been described as the nursing of families and all nurses should be competent at this level of practice.

Family as client

The nurse focuses on the whole family as the unit of care. Rather than concentrating on either the individual or the family, the nurse concentrates on both the individual and the family at the same time. The emphasis is on interaction among family members.

Nursing practice that focuses on the family as client is called family systems nursing. This requires extensive knowledge about family dynamics, family systems theory and family assessment and intervention. Nurses practising family systems nursing usually have master’s or doctoral degrees and have advanced knowledge and clinical practice skills that allow them to “think interactionally” and deal with several systems at the same time. A clinical nurse specialist with a specific focus on families is an example of a nurse practising at this level.

The nursing of families and family systems nursing represent different types of practice that are distinct in theory. The approach is determined by the situation and by the knowledge and skill of the nurse involved.

What knowledge and skills are involved in the nursing of families?

Nurses need knowledge and skills to be family-centered – to help families change in ways they want to change. As a result of increased research and theory development about family nursing, there are now models of family nursing that integrate theory and practice to provide nurses with a framework for family assessments and nursing interventions. As a first step, all nurses need to be able to conduct a family interview or meeting and complete a family assessment.

Family assessment

Nursing has tended to adopt a variety of family assessment models from other disciplines. A Canadian contribution to family assessment frameworks is the Calgary Family Assessment Model, which guides nurses in assessing structural, developmental and functional dimensions of the family. Within this model, tools such as genograms and ecomaps are used to help nurses increase their understanding of the whole family. Genograms are diagrams...
Family intervention

Intervening with families to help them meet the needs they have identified is the essence of clinical nursing practice. A wide range of family nursing interventions has been identified that can be offered to families. Some – such as family support, caregiver support, and parent education – are general; others are more specific and often involve therapeutic communication and family interviewing skills.

The development of frameworks to guide interventions with families has been an important advance in family nursing. The Calgary Family Intervention Model, the first framework of its kind, “is focused on promoting, improving, and/or sustaining effective family functioning in three domains: cognitive, affective, and behavioral.” For example, offering information about educational and support programs to a family with a member newly diagnosed with diabetes enables the family to discover new solutions to this health problem. This intervention is directed at the cognitive level of family functioning.

Family interviewing skills

Interviewing a family is more complex than interviewing individuals. Nurses build upon their therapeutic communication skills to become comfortable and competent conducting family interviews, posing “interventive” questions such as circular questions.

Linear questions provide the nurse with information. Circular questions effect change by encouraging reflection and lead to a cycle of questions and answers between families and nurses. A linear question might be: “How do you help your wife when her arthritis prevents her from taking the lids off her pill bottles?” A circular question asked in the same situation might be: “What do you find yourself thinking when you watch your wife struggling to open the lids on her pill bottles?” Using circular questions is just one of many skills needed for family interviewing.

Families as resources

For some nurses, acknowledging families as resources as well as clients means adopting a new outlook. Family members can be experts in maintaining health and dealing with health problems, especially chronic illnesses. Consequently, families can help nurses learn about effective ways of promoting health and coping with health problems. In situations where clients are unable to communicate directly with nurses, families provide important biographical information about clients and indications of their values and preferences. Nurses can also encourage families to share their expertise with other families through participation in self-help and support groups.

Is nursing the family always appropriate?

“Thinking family” is always important; acknowledging the individual client as a member of a family is always appropriate even when the nurse has no opportunity to involve the family. From time to time, issues raised by family members may differ from those of the client. Nurses work with the client and family members to help them clarify perspectives and find solutions. In such situations, nurses may
wish to seek guidance from the Code of Ethics for Registered Nurses and consult with nursing colleagues, health team partners and members of interdisciplinary ethics committees.

**What facilitates family nursing within the work setting?**

A variety of administrative, clinical and educational supports can help to move family-focused care from a stated ideal to reality. These include:

1. **Policies** such as those about family visiting within health care facilities, that are congruent with the organization’s commitment to family-centered care.

2. **Organizational commitment** to nurses having time to develop meaningful relationships with families and physical space for family meetings.

3. **Advocacy** for families through family resource centres, resource guides for referrals to community services and interdisciplinary family conferences.

4. **Family nursing education programs** with skilled role models demonstrating family assessment and intervention skills in the clinical setting and teaching methods, such as live supervision, to validate existing and newly acquired family nursing skills.

### Advocacy for families

Becoming more involved with families means being an advocate — not only for appropriate health care — but also for such basic requirements as food, shelter and employment. Nurses know that cuts in health and social services have placed many families in jeopardy and are lobbying, through their professional associations, for policy changes that support the determinants of health. CNA proposes a back to basics approach using cost-effective community-based health promotion strategies such as home visiting, especially for families at risk, and comprehensive school health. Contact your professional associations for information on effective lobbying.

### RESOURCES TO LEARN MORE ABOUT THE NURSING OF FAMILIES

- **Network with nurses whose practice involves a focus on families.**
- **Ask the Canadian Association of University Schools of Nursing (CAUSN) for information about continuing education (on the Internet at www.causn.org).**
- **Contact the nursing libraries of associations, colleges and universities and CNA’s Helen K. Mussallem Library (e-mail address: hkm@cna-nurses.ca) for literature under headings such as family, family health, family health and hygiene, and family-nurses’ instruction.** The *Journal of Family Nursing*, a peer-reviewed journal publishing scholarly work on nursing research, practice, education and policy issues related to families in health and illness, is published quarterly by Sage publications in cooperation with the Faculty of Nursing, University of Calgary. It includes interdisciplinary, collaborative and international perspectives.

 Consider attending the International Family Nursing Conference, held every three years, which brings together nurses and professionals from other disciplines who share an interest in family health. (The next conference will be held November 11-14 1997 in Valdivia, Chile. For information, contact: Dr. Luz Angélica Muñoz González, Telephone/Fax: 56 (63) 21 33 52. E-mail: lmunoz@valdivia.uach.cl)

 Consider web sites on the Internet such as Child & Family (www.cfc-efc.ca). CNA is a partner in this site developed by the Canadian Child Care Federation in cooperation with over 40 national, provincial and territorial health and social service organizations. It provides relevant and timely information to families and those who work with children and families, and serves as a communications network for information sharing among organizations and health and social service professionals.

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1 Subsequent use of “nurse” refers to registered nurse.
7 Wright & Leahey. (1994): 99

CANADIAN NURSES ASSOCIATION, 50 DRIVEWAY, OTTAWA ON K2P 1E2

TEL: (613) 237-2133 1-800-361-8404 FAX: (613) 237-3520 www.cna-nurses.ca E-MAIL: nhp@cna-nurses.ca