



International Family Nursing Association (IFNA)

POSITION STATEMENT ON GENERALIST COMPETENCIES FOR FAMILY NURSING PRACTICE

Introduction

This IFNA Position Statement provides competencies for undergraduate level or generalist level nurses to guide nursing practice when caring for families and provide a focus for nursing education. These competencies are based on the following assumptions/beliefs about family nursing.

Health

- Human health is a dynamic process experienced by families in a reciprocal manner.
- Human health includes the interaction of health and illness.
- Family health incorporates the health of the collective and the interaction of the health of the individual with the collective, and reflects an interaction of biopsychosocial and contextual phenomena.

Nursing

- Nurses have a commitment and moral obligation to support family and societal health.
- Families and nurses hold health beliefs that influence health behaviors.
- Family nurses develop as they co-evolve a sense of their experience and that of the family through relationships.
- The interaction of the caring and informed family nurse and the family working together will facilitate movement toward family health.
- Family Nursing practice acknowledges the reciprocity between family and health; the multiple levels of impact in family health dynamics; and the consideration of the relationships between the family, family members, and nurses, and between families and society (context).
- Family nurses attend to and engage with diverse individual and family needs in all types of health care settings in meeting health and illness care needs.

Families

- Families have inherent competencies, strengths, and unique interactional processes that influence family health beliefs, goals, and actions.
- All families have the capacity for transforming their quality of life and family health.
- All verbal & non-verbal family communication is meaningful.
- All families possess a cultural heritage that is integral to family health and family life.

Essential Theoretical/ Knowledge Background:

- Family nursing theories
- Family Development theory
- Family Systems theory
- Reciprocal nature (mutual influence) of the individual-family health experience
- Nurse-family relationship development
- Family interventive questioning skills
- How to have a therapeutic conversation
- Clinical assessment, decision-making, and intervention skills with families
- Use of current evidence-based and practice-based literature related to the family health experience and family nursing interventions
- Culturally sensitive approach that incorporates each family's context and cultural practices

Family Nursing Competencies: Generalist

1. Enhance and promote family health.
2. Focus nursing practice on families' strengths; the support of family and individual growth; the improvement of family self-management abilities; the facilitation of successful life transitions; the improvement and management of health; and the mobilization of family resources.
3. Demonstrate leadership and systems thinking skills to ensure the quality of nursing care with families in everyday practice and across every context.
4. Commit to self-reflective practice based on examination of nurse actions with families and family responses.
5. Practice using an evidence-based approach.

| Core Competency | 1) Enhance and promote family health. |
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| 1.1 | Demonstrate background knowledge of family theories, family nursing theories, family dynamics, health and illness dynamics; |
| 1.2 | Evaluate how family responses to health and illness are interactional; identify reciprocal influence between health/illness and family response; |
| 1.3 | Demonstrate importance of family nursing beliefs and their impact in family health promotion, illness management, and restoration of health; |
| 1.4 | Take into consideration the cultural and contextual nature of families in the societal environment; |
| 1.5 | Demonstrate nurse/family partnership to achieve family and patient health and care goals; |
| 1.6 | Integrate individual health and illness background, needs, and goals into family assessment; |
| 1.7 | Incorporate health promotion and illness management principles/actions in clinical decision-making with families; |
| 1.8 | Empower the family with knowledge and self-efficacy to make informed health care decisions; |
| 1.9 | Develop with the patient and family, interventions that promote individual and family health to address identified goals; |
| 1.10 | Evaluate family outcomes with families for ongoing care direction and communication within health care system and community environment; |
| 1.11 | Act by safeguarding the fundamental rights of the patient and family; |
| 1.12 | Ensure family's right of privacy and confidentiality. |

| Core Competency | 2) Focus family nursing practice on families' strengths; the support of family and individual growth; the improvement of self-management-abilities; the facilitation of successful life transitions; the improvement and management of health; and the mobilization of family resources. |
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| 2.1 | Care for patients using family as the unit of analysis; |
| 2.2 | Engage and include family members in therapeutic conversations/communication and care; |
| 2.3 | Utilize therapeutic communication techniques that include family nursing skills in family assessment and intervention; |
| 2.4 | Incorporate useful questions: both linear and interventive questions; |
| 2.5 | Integrate conceptual, perceptual, and executive competencies to meet the demands for both individual and family nursing care; |
| 2.6 | Perform family assessment that includes health issues, family beliefs, and family dynamics, considering family strengths; |
| 2.7 | Incorporate health promotion and illness management principles/actions in clinical decision-making with families; |
| 2.8 | Involve families in developing concrete interventions such as mobilizing of resources, arranging of care needs, helping them to communicate about health and illness concerns, and developing solutions to address health and illness; |
| 2.9 | Offer commendations and referrals that address follow-up needs; |
| 2.10 | Evaluate with families the adequacy and success of family interventions over course of care; |
| 2.11 | Document pertinent information and data related to family nursing care in case record/database according to professional standards; |
| 2.12 | Facilitate safe and effective transitions across levels of care and care sites, including acute, community-based, and long-term care for individuals and families. |

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| Core Competency | 3) Demonstrate leadership and systems thinking skills to ensure the quality of nursing care with families in everyday practice and across every context. |
| 3.1 | Advocate for families within health care settings and communities during health and illness experiences; |
| 3.2 | Act as a role model or as a resource (mentoring); |
| 3.3 | Engage in a variety of different activities to promote Family Nursing at the organizational and community level (preceptorship, orientation new nurses, support educational opportunities for family care, documentation systems) in all care settings; |
| 3.4 | Implement actions that develop and lead family nursing practices in health care systems. |

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| Core Competency | 4) Commit to self-reflective practice with families. |
| 4.1 | Reflect about one's own process: Identify one's own expectations with regard to families in health and illness, including beliefs, values, attitudes, judgments, strengths, and limitations; |
| 4.2 | Recognize that family nursing happens in relationships, which co-evolve through the nurse's and the family's contributions/interactions; |
| 4.3 | Evaluate by asking for feedback from the family on success of intervention strategies and family progress to allow self-reflection on nurse activities. |

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| Core Competency | 5) Practice using an evidence-based approach. |
| 5.1 | Apply a nurse-family practice model that recognizes the significance of family and societal systems in health; |
| 5.2 | Utilize research and practice based evidence to support family assessment, interventions, and care with families. |

These generalist/undergraduate family nursing competencies are consistent with the position statement from the *International Family Nursing Association Position Statement on Pre-Licensure Family Nursing Education* (Leibold et al., 2013, p. 4): "All pre-licensure nursing students must be engaged in learning about the importance of the family to individual health and wellbeing, and to assess, plan, implement and evaluate family-focused interventions."

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