International Family Nursing Association

Position Statement on Graduate Family Nursing Education

Developed by the IFNA Family Nursing Education Committee

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Background

This International Family Nursing Association (IFNA) Position Statement outlines the standards for graduate family nursing education and encourages nurse educators to develop graduate programs that promote the care of families. This document provides a guide for family nursing education, theory, and research related to the advanced practice of family nursing. This document is built upon the IFNA Position Paper on Pre-Licensure Family Nursing Education (2013) and is complementary to the IFNA Position Statement on Advanced Practice Competencies for Family Nursing (2017). This document further advances the teaching and learning of graduate level nursing education worldwide. Graduate education prepares all nurses for advanced nursing practice. Some graduate programs prepare nurses for direct patient care roles (often referred to as advanced practice nurses). Advanced practice nurses include clinical nurse specialists, nurse practitioners, nurse midwives, and nurse anesthetists (Canadian Nurses Association, 2008, 2010; DiCenso et al., 2010; Hamric, Hanson, Tracy, & O’Grady, 2014; Martin-Misener et al., 2010 Moules, Bell, Paton, & Morck, 2012; IFNA Position Statement for Advanced Practice Competencies for Family Nursing, 2017).

The family unit is “self-defined, the family is who they say they are (Wright and Leahey, 2013. As a relational experience of a group of people, ‘family’ is characterized by affectional bonds (Claveirole, Mitchell, & Whyte, 2001; Hartrick Doane & Varcoe, 2005). A family’s life world is; therefore, an integrative experience of individual and collective health and illness.

Family nursing education at the graduate level encompasses the teaching of practice-based and evidence-informed scientific and theoretical knowledge which are essential for all specializations
– those in direct (advanced practice nurses) as well as in indirect care areas (education, administration, or research) at either the masters or doctoral level. Nurses prepared at the graduate level should be able to handle:

Complex phenomena, issues and situations also demonstrate the ability to identify and formulate issues critically, autonomously and creatively as well as to plan and, using appropriate methods, undertake advanced tasks within predetermined time frames contributing to the formation of knowledge as well as the ability to evaluate this work. (The Swedish Council for Higher Education, 2012)

Graduates of family nursing focused graduate education programs have the enhanced capacity to expand family nursing through the way in which they conceptualize the world. The educational perspective is enhanced when the teaching-learning relationship occurs within a community of family nursing scholars. Thus, all members of a community can contribute to the base of knowledge within the community through critical reflection and reflective discourse. The translation of family research into practice and the development of nursing knowledge related to family nursing science are critical components of the role of graduate level nurses. The quest for discovering, analyzing, synthesizing, and disseminating knowledge regarding family nursing reframes a new way of thinking and embraces the transformation of education and the capacity of nurses to deal with complex family nursing situations.

**Graduate Family Nursing Education Model**

Graduate family nursing education can be best conceptualized using the IFNA Graduate Family Nursing Education Model (Figure 1) which is based on six core curriculum components: family nursing competencies, mission and philosophy statement, program and student outcomes, family nursing content, teaching-learning strategies, and evaluation strategies. A graduate curriculum must include a *philosophy* that is family focused and driven by established *competencies* such as the
IFNA Advanced Family Nursing Practice Competencies (under review 2017) as well as others identified by professional nursing education organizations. Family-focused program and student learning outcomes are identified which drive both the content and teaching-learning strategies. As in all curricula, evaluation is done based on identified student outcomes, which allows for validation or revision of content, clinical experiences and teaching-learning strategies.

Figure 1. IFNA Graduate Family Nursing Education Model

Because the IFNA Graduate Family Nursing Education model contains core curriculum components specific to family nursing, the model can be incorporated for all types of graduate nursing education – masters or doctoral.

Graduate nursing education builds on the experienced nurse’s competence and confidence in effectively supporting the health of family members. Additional content is necessary for those graduate programs with a family nursing focus, which produce direct care providers whose practice
includes patients and families. For those in these advanced practice nursing graduate programs, having a patient population specialization, knowledge and skills related to family assessment, and family nursing actions are essential. This knowledge and skills are clinically developed through supervised practical experiences and simulations (Anderson & Friedemann, 2010; Astedt-Kurki, Paavilainen, Paunonen, & Nieminen, 1998; Bell, 2010; Bell, Paton & Morck, 2012; Eggenberger & Reagan, 2010; Holtslander, Solar, & Smith, 2013; Lindh et al., 2013; Moriyama, 2008; Nyirata, Denham, Raffle, & Ware, 2012; Wacharsin & Theinpichet, 2008; Moules et al., 2012). Advanced practice nurses are prepared to provide complex care for families.

POSITION STATEMENT

This document provides a vision for graduate family nursing education and was developed with the acknowledgement of the different institutional, governmental, and cultural influences on nursing education across the world. This position statement advocates that all graduate nursing education programs be based on the following core curriculum components: family nursing competencies, mission and philosophy statements, program outcomes, student learning outcomes; family nursing content teaching-learning strategies, and evaluation strategies.

The International Family Nursing Association:

1. Supports nurse educators in the design of nursing curriculum in all graduate nursing programs to recognize the family unit as an essential focus of nursing care.

2. Promotes the use of family-derived theoretical frameworks to guide discipline-specific and interdisciplinary dialogue regarding graduate family nursing education outcomes, family-focused practice, family healthcare, and reflective practice with families.
3. Recognizes that the critical engagement with family within the context of various healthcare and community settings is strengthened through integrated teaching-learning strategies that use an inter-professional approach to healthcare teams that mobilize resources to support individual and family health.

4. Recognizes that graduate family nursing education should build on both foundational and advanced family nursing competencies by translating research and integrating practice-based evidence into care provided to families. The IFNA Advanced Practice Competencies for Family Nursing (2017) contains four core competency domains that can be used to guide curriculum development: (a) advanced practice family nursing care, (b) collaboration and leadership, (c) evidence-based family nursing, and (d) professional responsibility and accountability.

5. Supports the integration of professional responsibility, accountability, and leadership in the ethical conduct of the care of families across the life span and in any setting.

**Graduate Family Nursing Education Program Content**

One of the primary mechanisms for developing the knowledge and skills necessary to effectively provide family-focused nursing care is the clear and intentional inclusion of family during all aspects of graduate nursing education. This can be ensured by incorporating this in the mission or philosophy statements of the program curriculum. A focus on family nursing should extend beyond a single course to be integrated throughout the nursing curricula, in ways that influence the critical thinking and clinical judgment associated with the delivery of all nursing actions.

Graduate programs focused on preparing nurses for indirect roles such as nursing education and administration, should include family nursing content to meet an outcome such as: “Design patient-centered and culturally responsive strategies in the delivery of clinical prevention and health
promotion interventions and/or services to individuals, families, communities, and aggregates/clinical populations “(AACN Master’s Essential VIII: Clinical Prevention and Population Health for Improving Health, 2011). For advanced practice nurses (those in direct care roles), the following **competencies for family nursing practice** (IFNA, 2017) should be incorporated into the curriculum:

1. Establish a relationship with the family for health promotion, disease prevention, and symptom management during complex health transitions.

2. Collect comprehensive data pertinent to the family’s health status.

3. Determine the family’s response to health and disease conditions during complex health transitions.

4. Systematically use evidence and informed clinical reasoning to formulate family nursing judgments in practice.

5. Consistently intervene with the family in preventing, maintaining, and restoring well-being during complex health transitions.

6. Facilitate the resolution of family responses to complex health transitions.

7. Actively engage in deliberate family nursing practice.

8. Draw on a formal approach to monitor and evaluate family responses to interventions.

In turn, the **content** in graduate nursing curricula should be included to meet **program and student learning outcomes** which builds on a systematic and progressive introduction to family-focused healthcare supported by evidence informed and family-derived theoretical frameworks that enable students to not only practice (**teaching-learning strategies, e.g., clinical experiences**) but also collectively reflect upon their nursing actions.

For advanced practice nurses, **content** in nursing curricula should build on a systematic and progressive introduction to family-focused healthcare supported by evidence informed, family-
derived theoretical frameworks that enable students to not only practice nursing actions (in clinical experiences) but also collectively reflect upon their actions within three domains: the individual with family as context, the family as client, and the family focused healthcare system (as illustrated in Figure 2).

Figure 2. Graduate Family Nursing Education Program Content

Advanced Practice Family Nurses provide direct care that requires the nurse to continually integrate conceptual, perceptual, and executive competencies to meet the demands for both person-centered and family-centered care (Wright & Leahey, 2013). The importance of including family while providing nursing care to individuals is fundamental to the holistic nursing care of persons of all ages and in all settings (Abraham & Moretz, 2012). Advanced family-focused nursing occurs across the spectrum of nursing specialties and settings of care, from perinatal (Veltri, Wilson-
Mitchell, & Bell, 2015), to pediatrics (Baker, Copnell & Willetts, 2013; Curry, 2009), to end-of-life, home care (Gjerberg, Førde, & Bjørndal, 2011), to trauma, (Clukey, Merrill, Hayes, & Curtis, 2009), to acute care (Holtslander, et al 2013), and to public health nursing (Stanhope & Lancaster, 2012).

Regardless of the advanced practice role or setting, wherever nurses interact with individuals and families there is a need to foster the health and healing of the family by providing effective graduate nursing education.

All graduate nursing students must be engaged in learning about the importance of the family to individual health and well-being, and to assess, plan, implement, and evaluate family-focused interventions during didactic and clinical learning. We believe that quality individual nursing care is intricately linked to assessment and intervention with families in ways that promote and preserve the health and well-being of the family unit. Family members, as well as family relationships, should be included in the assessment processes, plans for delivery of nursing actions, and evaluation of care outcomes.

**Conclusion**

IFNA maintains that family-focused nursing care should be a standard of practice across the lifespan, as cultural, spiritual, ethnic, and personal preferences are considered. All nurses, during graduate education, should have access to systematic and consistent education that ensures they are prepared with the appropriate advanced competencies in family-focused care as they develop their expertise in nursing. The implementation of this position statement will require graduate nursing education programs to revise and constantly update their curriculum towards desired goals that evolve over time to meet the changing needs of families.
References


Additional Resources: [add link to toolkit on website/resources and place file with sample family-focused graduate student outcomes there]