

[IFNA Position Statement on Advanced Practice Competencies for Family Nursing](#)

This IFNA Position Statement outlines the advanced practice competencies for family nurses (FN-AP) to guide the care of families in all settings and provide a focus for nursing education, theory and research related to family nursing in advanced practice (FN-AP).

Preamble: The International Family Nursing Association (IFNA) is the principal organization of family nurses globally. IFNA members practice in a variety of settings, including traditional health care organizations, academia, governments, independent private practices, international health organizations, and others. IFNA brings together nurses to promote the health for families worldwide through family nursing practice, education, research, and advocacy to advance the health care delivery for families. IFNA recognizes that international variation exists between countries regarding advanced practice educational preparation and roles related to advanced practice nursing with families. The intent of this document is to formulate a clear vision of Advanced Practice Competencies for Family Nursing and to provide a foundational standard for family nurse leaders to draw from to shape the future direction for enactment of the role, dependent on regulations in each country.

The IFNA Position Statement on Generalist Competencies for Family Nursing Practice was introduced in 2015 to guide generalist family nursing care by registered nurses and provide a focus for pre-licensure family nursing education for generalist practice (International Family Nursing Association, 2015). Subsequently, to address the complex practice of advanced family nurses, the IFNA Practice Committee developed the competencies to guide advanced practice in family nursing. This document defines the **Advanced Practice Competencies for Family Nursing (APC-FN)** based on clinical practice and empirical evidence. These competencies are designed to serve as an operational framework to guide advanced practice care for families and individuals within families. The competencies outline the family nursing knowledge, skills, attitudes, and values requisite for family nurses in advanced practice to provide effective family nursing care, regardless of role or setting.

Family Nursing-Advanced Practice (FN-AP) is defined as a focused application of an expanded range of nursing competencies to improve health outcomes for patients and families in the larger discipline of nursing. It involves patient and family focused care designed to maximize the use of graduate educational preparation, in-depth nursing knowledge, and expertise in meeting the health needs of families and family members in communities and populations (adapted from Hamric, Hanson, Tracy, & O'Grady, 2014). Mastery of the generalist competencies for family nursing practice is foundational to the advanced practice competencies, with preparation at the graduate level with masters, doctoral, or equivalent postgraduate education underpinning the preparation for an expanded scope of practice in the provision of care to families. Family nursing-advanced practice goes beyond generalist practice to integrate scientific knowledge of family nursing from practice, research, and formal education to address complex nursing care of families.

Central to the role of the FN-AP is the ability of the nurse to act within a collaborative, non-hierarchical relationship between families and nurses, to offer a focus on strengths rather than pathology, and to support a belief in the legitimacy of multiple realities (Friedemann, 1995; Wright & Bell, 2009). The APC-FN outline family nursing-advanced practice actions and activities that integrate family information into pre-existing knowledge, and transfer family and scientific knowledge into systemic family nursing interventions. The APC-FN guide the multifaceted nursing care of the family as a unit, while attending to the reciprocal relationships between the health of family members and the health of the family unit, as well as the influence of the wider social context. APC-FN are enacted within a therapeutic relationship between the family and the nurse. The APC-FN guide the nurse to employ advanced practice skills to explore the family's experience of health and illness, identify meanings families attribute to certain events, behaviors, experiences, or words, and support clinical reasoning and judgment to implement family nursing advanced practice interventions. The FN-AP offers a unique perspective in nursing care in facilitating family health goals, while navigating complex health and family experiences. The APC-FN may intersect with other generalist or advanced competencies in caring for specific populations of families such as nursing of adults, children, mental health, community health, and others.

The APC-FN guide the nurse to interact with families to promote, maintain, restore, and strengthen the health of the family unit and family members at the relational and systemic level. Family nurses in advanced practice use their knowledge about the interplay of health dynamics of family members, the relational interactions within the family unit, and the complex interaction between the family's biopsychosocial and environmental risks, to assess and facilitate family health (Anderson & Tomlinson, 1992). They work in partnership with the family in developing and attaining the family's desired health goals and outcomes. FN-APs also promote improvement in family health outcomes through collaboration, ethical practice, consultation with other providers and organizations, leadership behaviors, and through the promotion, conduct, and dissemination of family health research, including family intervention research. They are committed to "deliberate practice" (Ericsson, 2008), seek continuous learning and supervision for growth in their advanced practice, and consistently ask for feedback from families (Bell, 2014).

All FN-AP care is offered within a family-nurse relationship, attentive to addressing family health needs, identifying family patterns, promoting family health, managing the family health experience, and addressing challenges or alleviating illness suffering through family nursing interventions (Gisladottir, Treasure, & Svavarsdottir, 2017; Hohashi & Honda, 2015, Östlund, Bäckström, Saveman, Lindh, & Sundin, 2016; Wacharasin, Phaktoop, & Sananreangsak, 2015; West, Bell, Woodgate, & Moules, 2015). FN-APs' and families' beliefs about family life, family health, and family healing are important to consider in FN-AP care (Duhamel, Dupuis, Turcotte, Martinez, & Goudreau, 2015; Wright & Bell, 2009). In providing advanced practice family care, a partnership relationship with families brings together the families' expertise on their life and health care management, and the nurse's clinical and relationship skill expertise (Anderson, 2000; Litchfield, 2011; Voltelen, Konradsen, & Østergaard, 2016).

Assumptions:

Assumptions about the Advanced Practice Competencies for Family Nursing are grounded in the metaparadigm concepts foundational to the discipline of nursing. The APC-FN assumptions build on those in the Generalist Competencies for Family Nursing.

Health

- Human health is a dynamic process experienced by families.
- Human health includes the interaction of health/wellness and illness/disease, reflecting a holistic health paradigm.
- Family health incorporates an understanding that relationships are central to health in the family.
- The health of the family embraces more than the health of individuals as parts of a family, and recognizes the health of the family system and of the family within its environment as the central phenomenon of family nursing care.
- Family health incorporates the health of the family unit and the interaction of the health of the individual with the family, and reflects an interaction of biopsychosocial, spiritual, and contextual phenomena.

Nursing

- FN-APs have a commitment and obligation to support family health in society.
- Family nursing-advanced practice happens in relationships that co-evolve through the FN-APs' and the families' contributions and interactions in promoting family health.
- Families and FN-APs hold beliefs about health that influence family health.
- FN-APs attend to family health care needs and engage with diverse families and individuals in all types of health care conditions and settings in meeting these needs across biological, psychological, social, spiritual, and family domains.
- FN-APs and families each bring strengths and resources to the relationship and have specialized expertise in maintaining health and managing health problems experienced by the family.
- FN-APs create and sustain transformative healing relationships with families.
- FN-APs integrate the complexity of family health risk, resilience, and resources in sustaining or improving family health.
- FN-APs are able to think simultaneously about multiple systems levels in their nursing assessment and interventions including the interactions between the individual family members, the relational interactions within the family, and the influences of the larger social context including health care providers and health care systems.
- FN-APs target interventions at the systems level where there is greatest influence for change.

Family

- Family is a group of individuals who are bound by strong emotional ties, a sense of belonging, and a passion for being involved in one another's lives.
- Families have inherent competencies, strengths, and unique interactional processes that influence family health beliefs, goals, and actions.
- All families have the capacity for optimizing their quality of life and family health.
- A family includes individual family members who each have their own unique bio-psycho-social-spiritual experience.
- All verbal and non-verbal family communication is meaningful.
- All families possess a cultural heritage and history that is integral to family health and family life.
- The family perspective and meaning of health, experience of illness, culture, and developmental changes are unique.

Environment

- Family health is influenced as members interact with one another within shared environmental contexts.
- Families in all their biopsychosocial, spiritual, and cultural complexity interact with the environment, progressively transforming the environment and being transformed over time.
- FN-APs collaborate with families to create environments that support family health promotion, health maintenance, symptom management, disease prevention, and health restoration.

Essential Theoretical/Knowledge Background

The FN-AP is knowledgeable about and articulates the theoretical, practice, and evidence background for this advanced practice nursing role.

In collaboration with family nursing colleagues across the world, this document was developed with the acknowledgement of the different institutional, governmental, and cultural influences on advanced practice in family nursing. It also reflects consideration for differences across the world in the focus of graduate education and the emphasis at the graduate level related to practice and research outcomes. IFNA recognizes the processes to establish this designation related to family nursing in advanced practice (FN-AP) need to be implemented within the context of each country's regulatory bodies prior to the initiation of the Family Nursing-Advanced Practice role. This visionary document informs organizations, regulatory bodies, and policies in movement toward a designation focused on family nursing in advanced practice. The ICN definition and characteristics for the Advanced Practice Nurse (ICN, 2009) were considered in the APC-FN development. The following competencies, domains, and indicators reflect the vision for Advanced Practice Competencies for Family Nursing based on theory, research and practice evidence, and discussion and review of nurse experts in family nursing-advanced practice. These competencies serve as a foundation to enact the vision of family nursing-advanced practice across the world.

Advanced Practice Competencies for Family Nursing

COMPETENCY DOMAIN	COMPETENCY DESCRIPTION	COMPETENCY INDICATORS
I. Family Nursing - Advanced Practice Care	1. Establishes a relationship with the family for health promotion, disease prevention, health restoration, and symptom management during complex health transitions.	1. Approaches the family with curiosity and maintains openness to the family needs and responses throughout the nurse-family relationship. 2. Elicits the family’s health beliefs, strengths, challenges, and desired outcomes. 3. Promotes family conversations that support the family in defining health goals and outcomes. 4. Focuses on family strengths in all health interactions. 5. Engages with the family in designing interventions to promote, maintain, restore, and strengthen the health of the family.
	2. Collects comprehensive data pertinent to the family’s health status.	1. Solicits current health and family symptoms, family history, health and genetic history, family structure and functioning, and environmental risk factors affecting health status. 2. Integrates data from multiple sources in assessment, including interaction/observation, verbal, non-verbal, and written data. 3. Employs family assessment instruments & other inventories as appropriate. 4. Explores the family’s culture and beliefs to understand their impact on health behaviors and decision-making. 5. Assesses the family’s ability to maintain the family, institute change processes, support all members, and interact with the environment. 6. Identifies family strengths and resilience responses to acute and chronic illness experiences, stress, and situational crises.
	3. Continually assesses and processes with the family the family’s response to health and disease conditions during complex health transitions.	1. Applies knowledge from family nursing and other sciences for clinical reasoning pertaining to health transitions. 2. Analyzes comprehensive data about family’s background and relationships, health status, and family response patterns to complex health transitions. 3. Incorporates how family and individual developmental stages and tasks, cultural/spiritual beliefs and practices, environmental factors, and family resources influence the family response to complex health transitions. 4. Appraises the complex reciprocity among individuals, the family, health, and the environment.
	4. Systematically uses evidence and practice informed clinical reasoning to develop	1. Collaborates with families through co-created conversations to set goals and outcomes to strengthen family health. 2. Cultivates a safe environment for discussion of difficult topic.

family nursing judgments.	<ol style="list-style-type: none"> 3. Uses systemic thinking and hypothesizing to allow multiple understandings of the family and expand the focus of family nursing assessments and interventions. 4. Synthesizes how family dynamics, health/illness dynamics, environmental, and health system dynamics impact family care and shares insights with family. 5. Collaborates with the family to develop a plan of care based on evidence to address identified family health goals with ongoing review to achieve desired outcomes.
5. Consistently intervenes <i>with</i> the family in preventing, maintaining and restoring wellbeing during complex health transitions	<ol style="list-style-type: none"> 1. Engages the family through in-depth family-nurse conversations to facilitate progress toward family health outcome achievement. 2. Utilizes interventive questioning, motivational interviewing and other communication modalities as purposeful interventions with families. 3. Co-develops and evaluates family nursing interventions to make changes defined by the family during complex health transitions. 4. Incorporates biopsychosocial, physical, affective, spiritual, cognitive, and behavioral responses of the family in family nursing interventions. 5. Integrates research and practice evidence into family nursing interventions. 6. Strategizes with the family ways to resolve conflicts, deal with difficult emotions, and reduce harm in areas of family health interactions. 7. Ensures safety and quality of care in complex health transitions. 8. Advocates for safe and healthy environments for all families, including reduction of environmental and lifestyle related health risks.
6. Facilitates the resolution of family responses to complex health transitions.	<ol style="list-style-type: none"> 1. Encourages the family to relate their health narratives. 2. Facilitates awareness, supports family strengths, and assists them to identify opportunities for growth and change. 3. Clarifies family dynamics that support, maintain, and change the family, create difficulties in family functioning, and facilitates supportive interactions that resolve these difficulties. 4. Identifies and analyzes dynamic linkages among individual, family, health system, community, and population systems to influence change. 5. Explores strategies to enhance existing family dynamics and identifies with the family new strategies towards goal attainment. 6. Addresses with family the resources required to meet family health needs and facilitates acquisition of needed resources. 7. Provides feedback to families that focuses on family strengths and competencies during all phases of nurse-family relationship. 8. Regularly discusses with the family their progress toward family health goals, analyzes challenges to goal achievement, shares positive growth observations, and invites family feedback. 9. Documents plan of care, care provided, family progress and achievement of outcomes, and integration of health, family, and environmental resources.

	<p>7. Actively engages in deliberate family nursing practice.</p>	<ol style="list-style-type: none"> 1. Seeks consultation and supervision to enhance one's own advanced practice in family nursing. 2. Continuously evaluates and acquires knowledge regarding the consistent performance of advanced practice of family nursing. 3. Reflects on nurse-family interactions, and evaluates their overall effectiveness regarding progress toward family goals and outcomes. 4. Practices family nursing according to performance standards. 5. Deliberately constructs and seeks out family nursing educational situations and personal study to exceed current level of FN-AP performance. 6. Displays competence in reporting thought processes and critical aspects of family nursing encounters 7. Collaborate with colleagues to address complex family nursing problems.
	<p>8. Draws on a formal approach to monitor and evaluate family responses to interventions</p>	<ol style="list-style-type: none"> 1. Seeks opportunities to invite family feedback about satisfaction with the nurse-family relationship and family nursing interventions offered. 2. Enacts evaluation processes that measure the efficacy of practice to achieving family goals and outcomes. 3. Integrates research and practice evidence into planning family nursing interventions.
<p>II. Collaboration and Leadership</p>	<p>1. Collaborates with inter-professional health teams to mobilize resources to support family care provision.</p>	<ol style="list-style-type: none"> 1. Facilitates interdisciplinary health team collaboration in delivery of family care. 2. Refers families to other health care professionals and community resources as appropriate. 3. Provides consultation to enhance quality and cost-effective services for families and to influence change in organizational systems. 4. Manages continuity of care with other providers (with family permission). 5. Provides mentorship, coaching and education to support interdisciplinary team members in improving family care outcomes.
	<p>2. Champions family health care at the larger systems levels</p>	<ol style="list-style-type: none"> 1. Leads and participates in the planning, development, and implementation of organization, public and community health programs and policy related to family health. 2. Fosters an organizational culture of continuous inter-professional education, practice, research, and policy development for family care. 3. Utilizes available information systems and technologies to improve family healthcare outcomes. 4. Creates and sustains a shared vision for family nursing in varied practice systems. 5. Assumes leadership in legislative and social policy development related to family health and family rights. 6. Uses technology, informatics, and social media to promote family nursing knowledge and visibility.
<p>III. Evidence-based family nursing</p>	<p>1. Integrates practice-based research and evidence-based practice into FN-AP</p>	<ol style="list-style-type: none"> 1. Leads and facilitates nurses in the design, implementation, and evaluation of care of the family based on family nursing and other scientific knowledge. 2. Develops models of family nursing care delivery, standards of family care, educational programs to facilitate the growth of nurses and health professionals.

	care provided to families.	<ol style="list-style-type: none"> 3. Maintains a solid foundation in evidence based practice and research to provide safe and competent care to families. 4. Designs and implements research studies of family health and illness phenomena and outcomes. 5. Takes a systematic approach to evaluating quality of care and family nursing interventions through research.
IV. Professional responsibility and accountability	1. Provides leadership in ethical conduct in the care of families at the systems level	<ol style="list-style-type: none"> 1. Interprets principles from professional ethical codes to analyze ethical problems and resolve moral dilemmas in the provision of family health care. 2. Advocates at all system levels for the rights of families, equity, justice, solidarity, quality of care, and access to care for all families. 3. Works within multiple systems to eliminate practices that may harm families and violate their fundamental rights. 4. Sets and maintains standards for cultural sensitivity and linguistic competence for safe and effective care of families. 5. Promotes community environments that safeguard the health of families. 6. Seeks to understand the impact of race, class, gender, sexual orientation, religion, and national origin on families functioning and family nursing. 7. Establishes and upholds standards of professional accountability in nursing practice, research, education, and management.
	2. Engages in reflective practice with families	<ol style="list-style-type: none"> 1. Commits to self-reflective evaluation of care and peer feedback with each family to determine personal beliefs, biases, and areas of needed growth or change. 2. Continuously identifies personal beliefs, values, attitudes, and judgments; as well as strengths and limitations regarding responses to families. 3. Demonstrates willingness to challenge own beliefs. 4. Adopts a world view that acknowledges multiple realities and the legitimacy of family beliefs, even when they differ from those of the nurse. 5. Seeks feedback from families and colleagues on one's own practice with families. 6. Revises responses to families as a result of self-reflection. 7. Engages in professional development activities to improve family nursing practice.

References

- Anderson, K. H. (2000). The Family Health System approach to family systems nursing. *Journal of Family Nursing*, 6(2), 103-119. doi: 10.1177/107484070000600202
- Anderson, K. H., & Tomlinson, P. S. (1992). The Family Health System as an emerging paradigmatic view for nursing. *Journal of Nursing Scholarship*, 24(1), 57–63. doi: 10.1111/j.1547-5069.1992.tb00700.x
- Bell, J. M. (2009). Family Systems Nursing re-examined [Editorial]. *Journal of Family Nursing*, 15(2), 123-129. doi: 10.1177/1074840709335533
- Bell, J. M. (2014). Creating a culture of feedback in family nursing [Editorial]. *Journal of Family Nursing*, 20(4), 383-389. doi: 10.1177/1074840714559505
- Duhamel, F., Dupuis, F., Turcotte, A., Martinez, A., & Goudreau, J. (2015). Integrating the Illness Beliefs Model in clinical practice: A Family Systems Nursing Knowledge Utilization Model. *Journal of Family Nursing*, 21(2), 322-348. doi: 10.1177/1074840715579404
- Ericsson, K. A. (2008). Deliberate practice and acquisition of expert performance: A general overview. *Academic Emergency Medicine*, 15(11), 988-994. doi: 10.1111/j.1553-2712.2008.00227.x
- Friedemann, M. L. (1995). *Framework of Systemic Organization: A conceptual approach to families and nursing*. Thousand Oaks, CA: SAGE.
- Gisladottir, M., Treasure, J., & Svavarsdottir, E. K. (2017). Effectiveness of therapeutic conversation intervention among caregivers of people with eating disorders: Quasi-experimental design. *Journal of Clinical Nursing*, 26, 735–750, doi: 10.1111/jocn.13412

- Hamric, A. B., Hanson C. M., Tracy M. F., & O'Grady E. T. (2014). *Advanced practice nursing: An integrative approach* (5th ed.). St. Louis, MO: Elsevier/Saunders.
- Hohashi, N., & Honda, J. (2015). Concept development and implementation of Family Care/Caring Theory in Concentric Sphere Family Environment Theory. *Open Journal of Nursing, 5*(9), 749-757. doi: 10.4236/ojn.2015.59078
- International Council of Nurses (ICN). (2009). *Nursing Matters. Nurse Practitioner/Advanced Practice Nurse: Definition and Characteristics*. Geneva: ICN
- International Family Nursing Association (IFNA). (2015). *IFNA Position Statement on Generalist Competencies for Family Nursing Practice*. Retrieved from <http://internationalfamilynursing.org/wordpress/wp-content/uploads/2015/07/GC-Complete-PDF-document-in-color-without-photos-English-language.pdf>
- Litchfield, M. C. (2011). Family nursing: A practice and systemic approach to innovation in health care. In E. K. Svavarsdottir & H. Jonsdottir (Eds.), *Family nursing in action* (pp. 285-387). Reykjavik, Iceland: University of Iceland Press.
- Östlund, U., Bäckström, B., Saveman, B.-I., Lindh, V., & Sundin, K. (2016). A Family Systems Nursing approach for families following a stroke: Family Health Conversations. *Journal of Family Nursing, 22*(2), 148-171. doi: 10.1177/1074840716642790
- Voltelen, B., Konradsen, H., & Østergaard, B. (2016). Family nursing therapeutic conversations in heart failure outpatient clinics in Denmark: Nurses' experiences. *Journal of Family Nursing, 22*(2), 172-198. doi: 10.1177/1074840716643879
- Wacharasin, C., Phaktoop, M., & Sananreangsak, S. (2015). Examining the usefulness of a Family Empowerment Program guided by the Illness Beliefs Model for families caring for a child with thalassemia. *Journal of Family Nursing, 21*(2), 295-321. doi: 10.1177/1074840715585000
- West, C. H., Bell, J. M., Woodgate, R. L., & Moules, N. L. (2015). Waiting to return to normal: An exploration of Family Systems intervention in childhood cancer. *Journal of Family Nursing, 21*(2), 261-294. doi: 10.1177/1074840715576795
- Wright, L. M., & Bell, J. M. (2009). *Beliefs and illness: A model for healing*. Calgary, Alberta, Canada: 4th Floor Press.

Select Additional Family Nursing-Advanced Practice References

- Anderson, K. H., & Friedemann, M. L. (2010). Strategies to teach family assessment and intervention through an online international curriculum. *Journal of Family Nursing, 16*(2), 213-233. doi: 10.1177/1074840710367639.

- Denham, S., Eggenberger, S., Young, P., & Krumwiede, N. (Eds.). (2015). *Family-focused nursing care*. Philadelphia, PA: F. A. Davis.
- Duhamel, F. (Ed.). (2015). *La santé et la famille: Une approche systémique en soins infirmiers* [Families and health: A systemic approach in nursing care] (3rd ed.) Montreal, Quebec, Canada: Gaëtan Morin editeur, Chenelière Éducation. [In French]
- Elsen, I., Marcon, S., & Souza, A. (2011). *Enfermagem à família: Dimensões e perspectivas* [Family nursing: Dimensions and perspectives]. Maringá: Eduem. [In Portuguese]
- Figueiredo, M. H. (2012). *Modelo dinâmico de avaliação e intervenção familiar. Uma abordagem colaborativa em enfermagem de família* [Dynamic model of family assessment and intervention . A family nursing collaborative approach]. Loures: Lusociência [In Portuguese]
- Gudnadottir, M., & Svarvarsdottir, E. K. (2014). Advanced nursing intervention for families of children and adolescents with asthma: The father's perspective. *Nordic Journal of Nursing Research*, 34(2), 49-52. doi.org/10.1177/010740831403400210
- Jongudomkarn, D., & Macduff, C. (2014). Development of a family nursing model for prevention of cancer and other non-communicable diseases through an appreciative inquiry. *Asian Pacific Journal of Cancer Prevention*, 15(23), 10367-10374. doi:10.7314/APJCP.2014.15.23.10367
- Lee, H.-J., Lin, E. C.-L., Chen, M.-B., Su, T.-P., & Chiang, L.-C. (2016). Randomized, controlled trial of a brief-family centered care programme for hospitalized patients with bipolar disorder and their family caregivers. *International Journal of Mental Health Nursing*. Advance online publication. doi: 10.1111/inm.12294
- Moch, S. D. (1989). Health within illness: Conceptual evolution and practice possibilities. *Advances in Nursing Science*. 11(4):23-31.
- Robinson, C. A. (2016). Families living well with chronic illness: The healing process of moving on. *Qualitative Health Research*, October, 1-15. doi: 10.1177/1049732316675590
- Robinson, C. A., & Wright, L. M. (1995). Family nursing interventions: What families say makes a difference. *Journal of Family Nursing*, 1, 327-345. doi: 10.1177/107484079500100306
- Rogers, M. E. (1970). *An introduction to the theoretical basis of nursing*. Philadelphia, PA: F. A. Davis.
- Svavarsdottir, E. K., & Sigurdardottir, A. O. (2013). Benefits of a brief therapeutic conversation intervention for families of children and adolescents in active cancer treatment. *Oncology Nursing Forum*, 40(5), E346-E357. doi: 10.1188/13.ONF.E346-E357

- Svavarsdottir, E. K., Tryggvadottir, G. B., & Sigurdardottir, A. O. (2012). Knowledge translation in family nursing: Does a short-term therapeutic conversation intervention benefit families of children or adolescents within a hospital setting? Findings from the Landspítali University Hospital Family Nursing Implementation Project. *Journal of Family Nursing*, 18(3), 303-327. doi:10.1177/1074840712449202
- Thirsk, L. M., & Moules, N. J. (2013). "I can just be me": Advanced practice nursing with families experiencing grief. *Journal of Family Nursing*, 19(1), 74-98. doi: 10.1177/1074840712471445
- Thome, M., & Arnardottir, S. B. (2013). Evaluation of a family nursing intervention for distressed pregnant women and their partners: A single group before and after study. *Journal of Advanced Nursing*, 69(4), 805-816, doi: 10.1111/j.1365-2648.2012.06063.x
- Wacharasin, C. (2007). *Theoretical foundations for advanced family nursing*. Chonburi, Thailand: Faculty of Nursing, Burapha University. [In Thai]
- Wacharasin, C. (2017). *Nursing interventions for families experiencing chronic illness*. Chon-Buri, Thailand: Chonburi Printing. [in Thai]
- Walsh, F. (2016). Applying a Family Resilience Framework in training, practice, and research: Mastering the art of the possible. *Family Process*, 55(4), 616-632. doi: 10.1111/famp.12260
- Wright, L. M., & Leahey, M., (2013). *Nurses and families: A guide to family assessment and intervention* (6th ed.). Philadelphia, PA: F.A. Davis.

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