



International Family Nursing Association (IFNA)

POSITION STATEMENT ON PRE-LICENSURE FAMILY NURSING EDUCATION



Family Nursing Education in Action: Iceland

Background

The promotion of family health and healing are values many nurses share globally. This position paper aims to assist international nurse educators by defining family, family nursing education, and the International Family Nursing Association (IFNA) positions on the inclusion of family nursing education in all pre-licensure nursing education programs worldwide. A major assumption of family nursing is that health and illness concerns experienced by an individual have an impact on the entire family (Kaakinen, Hanson, & Denham, 2010). In other words, health and “illness is a family affair” (Wright & Bell, 2009, p. ix). As a relational experience of a group of people, ‘family’ is characterized by affectional bonds (Claveirole et al., 2001; Hartrick Doane & Varcoe, 2005). A family’s life world is; therefore, an integrative experience of individual and collective health and illness. In response, nurses must accommodate both an individual and collective focus to meet health and illness needs. There is a reciprocal relationship between family and illness; the family influences the illness and vice versa. Family nursing requires the ability to continually integrate

conceptual, perceptual, and executive competencies to meet the demands for both person-centered and family-centered care (O’Sullivan Burchard, 2013; Wright & Leahey, 2013). The importance of including family while, at the same time, providing nursing care to individuals is fundamental to the holistic nursing care of persons of all ages and in all settings (Abraham & Moretz, 2012). Family-focused nursing occurs across the spectrum of nursing specialties and settings of care, from perinatal (deMontigny, Devault, & Gervais, 2012), to pediatrics (Sanjari et al., 2009) to end-of-life, home care (Gjerberg, Forde, & Bjorndal, 2011), trauma, (Clukey, Hayes, Merrille, & Curtis, 2009) and public health nursing (Stanhope & Lancaster, 2012) – indeed wherever nurses interact with families. The IFNA position is that all pre-licensure nursing students worldwide should be taught curricula that identify family as an essential aspect of all persons’ lives. 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.



Family Nursing Education in Action: Canada [Photo credit: University of Saskatchewan]

Definition of Family Nursing, and Family Nursing Education

Many definitions of family nursing exist in nursing literature and practice. However, one common attribute, apparent when appraising these various definitions of family nursing, is the integration of nursing care to both the family as a whole and individual family members, with attention to relationships among members (Denham, 2003; Friedman, Bowden, & Jones, 2003; Wright & Leahey, 2013). Family nursing education encompasses the teaching of practice based and evidence informed theoretical knowledge and skills, which are then clinically developed through supervised practical experiences (Bell, 2010; Eggenberger & Reagan, 2010; Fast Braun, Hyndman, & Foster, 2010; Holtslander, Solar, & Smith, 2013; Lindh et al., 2013; Moules & Johnstone, 2010; Moules & Tapp, 2003). In this way, student competence and confidence in effectively supporting the health of family members and their relationships is nurtured. Components of family

nursing education not only include the definition of family, but also family-centered theories encompassing the reciprocal relationship among individuals, family, community, health, and illness. Additionally, implementation of a collaborative relationship focused family nursing practice includes assessment, planning, nursing actions or interventions, and outcome evaluation. Use of an evidence-informed practice model to guide and direct family nursing approaches to care is required. Learning successful therapeutic communication strategies with families and how to develop and implement intervention strategies with families to achieve family-centered goals are critical elements. Strong emphasis is placed on attending to and engaging with diverse individual and family needs in all types of health care settings and in meeting health promotion and illness care needs.



Family Nursing Education in Action: Portugal

Position Statement

The promotion and advancement of family nursing around the world is the overall concern of IFNA, whose mission is to foster the individual and collective development of all nurses involved in health and illness care. IFNA provides a unique international forum for shared responsibility in advancing family nursing across the globe. 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 pre-licensure nursing education. This focus on family should not be isolated to a single course, but be integrated throughout the nursing curricula in ways that influence the critical thinking and clinical judgment associated with the delivery of all nursing actions. 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 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 wellbeing of the family unit. Nursing curricula should include a systematic and progressive introduction to family-focused health care supported by evidence informed family-derived theoretical frameworks that enable students to not only practice nursing actions but also collectively reflect upon their actions. We believe that the critical engagement with family health care perspectives is strengthened through integrated student learning that uses a multidisciplinary focus and addresses coordinated care that reaches from acute settings to family households. Use of family-derived theoretical frameworks should be used to promote discipline-specific and interdisciplinary dialogue about family health care practice. Family-focused nursing education should build on foundational competencies in relational practices and include the following activities and outcomes:



Family Nursing Education in Action: Canada

- therapeutic communication skills with families and groups as the means to enact family nursing assessment and intervention
- appreciation of multiple forms of diversity
- critical reflection about the nurse's beliefs about families, health, family nursing
- approaches to effective partnering or collaboration
- integration of family needs and desires for health and in illness
- collaborative goal setting and outcome measurement
- individual and family empowerment
- intentionally family-focused actions
- links between individual, family, community, and health systems
- coordinated care that includes the lived experiences of individuals and families
- critical reflection that weighs the value of individual and family outcomes, and
- policies that address individual and family care needs.

The IFNA website has a dynamic collection of evidence and practice based resources to support the education and development of competent and confident family-focused nurses. These resources can be accessed globally by IFNA members at <http://internationalfamilynursing.org/resources-for-family-nursing/education/>



Family Nursing Education in Action: USA

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 pre-licensure

education, should have access to systematic and consistent education that ensures they are prepared with competencies in family-focused care as they enter nursing practice.



Family Nursing Education in Action: Canada

References

- Abraham, M., & Moretz, J. (2012). Implementing patient- and family-centered care: Part I – Understanding the challenges. *Pediatric Nursing*, 38(1), 44-47.
- Bell, J. M. (2010). Family nursing education: Faster, higher, stronger [Editorial]. *Journal of Family Nursing*, 16(2), 135-145. doi: 10.1177/1074840710368936
- Claveirole, A., Mitchell, R., & Whyte, D. A. (2001). Family nursing network: Scottish initiative to support family care. *British Journal of Nursing*, 10(17), 1142-1147.
- Clukey, L., Hayes, J., Merrill, A., & Curtis, D. (2009). "Helping them understand": Nurses' caring behaviors as perceived by family members of trauma patients. *Journal of Trauma Nursing*, 16(2), 73-81. doi: 10.1097/JTN.0b013e3181ac91ce
- deMontigny, F., Devault, A., & Gervais, C. (2012). La naissance d'une famille: Accompagner les parents et les enfants en période périnatale [The birth of a family: Collaborating with parents and their children in the perinatal period]. Montreal, Quebec, Canada: Chenelière Education.
- Denham, S. (2003). *Family health: A framework for nursing*. Philadelphia, PA: F. A. Davis.
- Eggenberger, S. K., & Regan, M. (2010). Expanding simulation to teach family nursing. *Journal of Nursing Education*, 49(10), 550-558. doi: 10.3928/01484834-20100630-01
- Fast Braun, V., Hyndman, K., & Foster, C. (2010). Family nursing for undergraduate nursing students: The Brandon University Family Case Model approach. *Journal of Family Nursing*, 16(2), 161-176. doi:10.1177/1074840710366565
- Friedman, M. M., Bowden, V. R., & Jones, E. G. (2003). *Family nursing: Research, theory and practice* (5th ed.). Upper Saddle River, NJ: Pearson Education.
- Gjerberg, E., Førde, R., & Bjørndal, A. (2011). Staff and family relationships in end-of-life nursing home care. *Nursing Ethics*, 18(1), 42-53. doi: 10.1177/0969733010386160.
- Hartrick Doane, G., & Varcoe, C. (2005). *Family nursing as relational inquiry: Developing health-promoting practice*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Holtlander, L., Solar, J., & Smith, N. R. (2013). The 15-Minute Family Interview as a learning strategy for senior undergraduate nursing students. *Journal of Family Nursing*, 19(2), 198-229. doi:10.1177/1074840713483922
- Kaakinen, J. R., Hanson, S. M., & Denham, S. A. (2010). Family health care nursing: An introduction. In J. R. Kaakinen, V. Gedaly-Duff, D. P. Coehlo, & S. M. Hanson (Eds.), *Family health care nursing: Theory, practice & research* (4th ed., pp. 3-33). Philadelphia, PA: F.A. Davis.
- Moules, N. J., & Johnstone, H. (2010). Commendations, conversations, and life-changing realizations: Teaching and practicing family nursing. *Journal of Family Nursing*, 16(2), 146-160. doi: 10.1177/1074840710365148
- Moules, N. J., & Tapp, D. M. (2003). Family nursing labs: Shifts, changes, and innovations. *Journal of Family Nursing*, 9(1), 101-117. doi: 10.1177/1074840702239493
- O'Sullivan Burchard, D. J. H. (2013). *Family health assessment in community nursing practice*. Saarbrücken, Germany: Scholars' Press. Retrieved from <https://www.scholars-press.com/catalog/details/store/fr/book/978-3-639-51054-6/family-health-assessment-in-community-nursing-practice?search=Family%20health%20assessment>
- Sanjari, M., Shirazi, F., Heidari, S., Salemi, S., Rahmani, M., & Shoghi, M. (2009). Nursing support for parents of hospitalized children. *Issues in Comprehensive Pediatric Nursing*, 32(3), 120-130. doi: 10.1080/01460860903030193
- Stanhope, M., & Lancaster, J. (Eds.). (2012). *Public health nursing: Population-centered health care in the community* (8th ed.). Maryland Heights, MO: Elsevier Mosby.
- Wright, L. M., & Bell, J. M. (2009). *Beliefs and illness: A model for healing*. Calgary, Alberta, Canada: 4th Floor Press.
- 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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Family Nursing Education in Action: Thailand

Translations of this IFNA Position Statement are available in other languages on the IFNA website:
<http://internationalfamilynursing.org/2015/07/25/ifna-position-statement-on-pre-licensure-family-nursing-education-2/>

<http://internationalfamilynursing.org/association-information/position-statements/>

Financial support is gratefully acknowledged for the design of this IFNA Position Statement from the Glen Taylor Nursing Institute for Family and Society at Minnesota State University, Mankato.