

**A Global Snapshot of Family Nursing Practice:
Findings of the IFNA Family Nursing Practice Survey 2011**

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The International Family Nursing Association (IFNA) was launched in June 2009. In 2010, a structure of Standing Committees was proposed by the IFNA Board of Directors and co-chairs for each committee were selected by the IFNA Board of Directors. The IFNA Family Nursing Practice Committee began its work in early 2011 and was charged with the purpose of identifying and disseminating the best practice family nursing models used internationally. The first major committee task was to develop and conduct a survey to assess the nature of family nursing practice across the world with particular emphasis on identifying practice models, assessment and intervention strategies, and practice implementation outcomes. The IFNA Practice Committee generated seven survey questions (see Table 1) and distributed the IFNA Family Nursing Practice Survey 2011 through the IFNA listserv that targeted IFNA members and non-members with an interest in family nursing. At the time of the survey, the IFNA membership was 110 members. Participants were requested to: 1) report about family nursing practice in one's own geographic area/country; and 2) share the survey with family nurses who were not involved in IFNA, but were known to be involved in family nursing practice in some way. Only a limited number of individual surveys were returned from the listserv request and so the IFNA Practice Committee members personally recruited participation from a variety of international family nursing leaders. In total, 22 surveys from 12 countries were received from: Austria (1), Australia (2), Belgium (1), Canada (5), Japan (2), New Zealand (1), Portugal (1), Slovenia (1), Spain (1), Taiwan (1), Thailand (2), and the United States (4). Later, to increase representation from other geographic areas, articles published in the *Journal of Family Nursing* that described family nursing practice were mined by Committee members for additional answers to the survey questions: Brazil (Angelo, 2008); Finland (Åstedt-Kurki, 2010); Iceland

(Svavarsdottir, 2008); Japan (Moriyama, 2008); Scotland (O'Sullivan Burchard, Claveirole, Mitchell, Walford, & Whyte, 2004); Sweden (Saveman, 2010; Saveman & Benzein, 2001); and Thailand (Wacharasin & Theinpichet, 2008). The final data pool reflected representation predominantly from North America and also included responses from Europe, Asia, and Australia/Oceania.

The task of analyzing the survey data was divided among committee members. Teams consisting of two committee members were assigned the analysis of two survey questions as a way to enhance the rigor and reliability of the thematic analysis. Each team member individually completed a thematic analysis, then the team of two met online to discuss their reflections and develop summary statements of the findings for each of their assigned survey questions. The findings generated by the teams were then reviewed by the entire IFNA Practice Committee and reflections and impressions about the survey findings as a whole were discussed.

Findings

The IFNA Family Nursing Practice Survey 2011 included seven survey questions. Summary results for each survey question are described below.

Question 1: Describe your approaches to Family Nursing assessment and intervention. There was a consistency of responses across the international participants that grouped into five foundational assumptions about family nursing practice: 1) the family should be actively involved in defining needed health care; 2) family health and illness are best addressed through the family system; 3) “family as unit” and family-centered care (FCC) are major focal perspectives emphasized in family nursing; 4) there is a clear difference between providing family care and family nursing care; and 5) family assessment and intervention should be based on empirical knowledge.

Question 2: What concepts and theories are included to form a basis for a Family Nursing approach? Participants reported an integration of various theories and models were used to inform family nursing practice. The most commonly cited family nursing practice models included: the Calgary Family Assessment Model and Calgary Family Intervention Model [CFAM/CFIM] (Wright & Leahey, 2009); Friedman's Family Nursing Model (Friedman, Bowden, & Jones, 2003); a Community Health/Family Model (Murray, 2008), and a family-nurse relational model (Doane & Varcoe, 2005; Litchfield, 2011). Many other specific theories and practice models were also mentioned such as family stress theory (Boss, 2002); family development theory (Carter & McGoldrick, 2004); family systems theory (von Bertalanffy, 1968); Swanson's caring theory (Swanson, 1993); Family Systemic Organization Model (Friedemann, 1995); Illness Beliefs Model (Bell & Wright, 2011; Wright & Bell, 2009); Family Health System Model (Anderson, 2000); Family Process & Contextual Model (Siamak, 2010); Family Health Model (Denham, 2003); International Council of Nurses (ICN) Model of Family Nursing (International Council of Nurses, 2002; Schober & Affara, 2001); Nurse Presence Model (Iseminger, Levitt, & Kirk, 2009); Trinity Model (Wright, 2005); and the World Health Organization (WHO) Model of Family Health Nursing (World Health Organization, 2000).

Question 3: Do the conceptual ideas have a name? Is it connected to the scholarship of others? Share any ownership information? Is it published? Provide citations. Have any instruments been developed using these conceptual ideas? The first four sub-questions of Question 3 were largely ignored by the respondents perhaps because the questions lacked clarity or relevance. Respondents linked the use of "instruments" to the use of conceptually based tools for nursing assessment of the whole family or assessment of a particular concept. Tools that were used to measure overall family dynamics or family functioning included family assessment tools

developed by Friedman and colleagues (2003), Friedemann (1995), and Berkey and Hanson (1991). Several instruments were identified for use in practice and research: Feetham Family Functioning Scale [FFFS] (Roberts & Feetham, 1982); Assessment of Strategies in Families [ASF-E] (Friedemann, Cardea, Harrison, & Lenz, 1991); Family Presence Instrument (Twibell et al., 2008); Family Routines and Dietary Routine Scale (Denham, 2003); and Family Decision-Making Scale (Nolan et al., 2009).

Question 4: How do family nurses measure the impact of their family nursing practice in their assessment and intervention work with families? There was agreement among respondents that, to date, measurement of the impact of family nursing practice is primarily informal. It is often carried out through interviews by directly asking the family about the outcomes of the interactions with the family nurse from the family's perspective. Use of formal instruments or questionnaires were occasionally reported. Respondents offered that some countries keep statistical reports about family outcomes; those seemed to be where the Omaha (Martin, 2005) or the OASIS documentation system (cms.org, 2011) was used which has the capacity to track family outcomes related to the patient's care experiences as part of the formal documentation system.

Question 5: How does family nursing fit into your health care system? Family nursing was not reported to be an active component in the health care systems of the respondents' countries. A few respondents reported that they had tried to integrate family nursing into their country's health care system. Several reported family nursing to be part of their country's community health care delivery where care of families is considered a priority, but indicated that family nursing is often provider dependent and situational rather than a consistent practice. Almost all respondents identified their country's health system to be primarily focused

on the individual. In addition, family nursing was taught in select schools with wide variation in how it is integrated into practice. Specialist ‘family nurses’ were reported to exist in some countries, but there is inconsistency in education, practice responsibilities, and family nursing theory to support practice.

Question 6: What is the scope of action in your country for family nursing, i.e., is it limited to nursing practice/others and what is the focus of the care provided? The scope of action for family nurse practice in many countries is in community care, maternity care, oncology/palliative care, or chronic child care. Nurses from the USA mentioned the family nurse practitioner role in primary care, but reported the primary focus is caring for family members across the lifespan and is more individually focused rather than directed to nursing care of the family. This finding is consistent with findings from the recent survey of family nurse practitioner educational programs in the USA (Nyirati, Denham, Raffle, & Ware, 2012). Respondents also reported that the education of family nurses for advanced practice varies from nurses learning from on-the-job-training (specific or not) to a requirement for master’s level preparation, with no consistent educational standard for the practice of family nursing. Family nursing care is also provided by any registered nurse who has a unique interest in families, but again with inconsistent educational and personal preparation. Family nursing seems to be dependent on the beliefs, values, and theoretical orientation of the organization, administrators, and nurses regardless of whether the setting is a hospital, clinic, or within primary care sector.

Question 7: Are you aware of Centers of Excellence in family nursing? If so, where? Describe the goals and activities of the center. Most survey respondents indicated that they did not understand the meaning of a “Center of Excellence” in family nursing. Those who answered the question, identified their own organization as a Center of Excellence in family nursing:

Canada (3), USA (2), Japan (1), Sweden (1), Spain (1), and Portugal (1). Practice units for research and education in family nursing that have been documented in the literature include: the Family Nursing Unit, University of Calgary, Canada (Bell, 2008; Wright, Watson, & Bell, 1990), a family nursing practice unit at the University of California, San Francisco, USA (Chesla, Gilliss, & Leavitt, 1993); the Family Nursing Center for Families with Chronic Illness, University of Wisconsin-Eau Claire, USA (Anderson & Valentine, 1998); the Center for Excellence in Family Nursing, University of Montreal, Canada (Duhamel, Dupuis, & Girard, 2010); and the Family-Focused Nursing Unit, Linnaeus University, Sweden (Saveman, 2010; Saveman & Benzein, 2001).

Discussion

Overall, the IFNA Family Nursing Practice Survey 2011 revealed that family nursing is still a work in progress. Models and theories to guide family nursing practice are well developed and used with success. Publications that support the description and benefits of family nursing practice are growing. Family as unit, family-centered care, and community care focused on families is successfully implemented in numerous settings by nurses, but often support for care and attention to the family is dependent on the government care model and leadership in the practice setting rather than an accepted care imperative. Even in cultures where family is the focus of life, care often remains an individual patient matter. Consistent support for education of nurses to care for the family is in place, but educational efforts vary, family nursing competencies and standards have yet to be developed, and these limitations influence educational preparation, standards of practice, and reimbursement structures that support family nursing practice. Survey data reflect a beginning interest in evaluation of clinical outcomes with families and more research is needed to evaluate the efficacy of the family interventions. Nurses asking

questions about family satisfaction and clinical outcomes remains the most common evaluation measure of family nursing practice. Families identify how family nurses help them during illness and health events.

The findings of the IFNA Family Nursing Practice Survey 2011 have implications for further development of family nursing science. For clinicians, researchers, and educators, the distinctions between generalist and specialist practice as it relates to nursing assessment and intervention need to be clarified. The scientific knowledge for family nursing practice needs to be advanced through clinical research and instrument development where the efficacy of family interventions needs to be examined and communicated to the practice community. Governmental health policies to date focus on individual care and an illness focus continues to dominate health care overall, despite recognition that inclusion of families in patient care provides better outcomes for patients and families (Chesla, 2010; Martire, 2005; Martire, Lustig, Schulz, Miller, & Helgeson, 2004; Martire, Schulz, Helgeson, Small, & Saghafi, 2010; Mattila, Leino, Paavilainen, & Åstedt-Kurki, 2009; Nelms & Eggenberger, 2010). More efforts are also needed to examine how family nursing knowledge is best translated to practice settings.

The findings of the IFNA Family Nursing Practice Survey 2011 direct the IFNA and its members to transform family nursing practice around the world by directing leadership and resources to support further scientific development of family nursing interventions, clarify family nursing education for generalist and specialist roles, identify practice competencies, conduct knowledge translation research, and courageously advocate for family focused nursing care to become a reality in health care settings around the world.

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Table 1. Itemized Questions of the IFNA Family Nursing Practice Survey 2011

1. Describe your approaches to Family Nursing assessment and intervention.
2. What concepts and theories are included to form the basis for a Family Nursing approach?
3. Do the conceptual ideas have a name? Is it connected to the scholarship of others? Share any ownership information? Is it published? Provide citations. Have any instruments been developed using the conceptual ideas?
4. How do nurses measure the impact of their family nursing practice in their assessment and intervention work with families?
5. How does family nursing fit into your health care system?
6. What is the scope of action in your country for family nursing? – i.e. it is limited to nursing practice/others and what is the focus of the care provided?
7. Are you aware of Centers of Excellence of family nursing? If so where? Describe goals and activities of the center.