**IFNA Position Statement on Advanced Practice Competencies for Family Nursing**

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

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 health for families worldwide through family nursing practice, education, research, and advocacy for improvement in family health care delivery.

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 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 advanced practice family nurses to provide effective family nursing care, regardless of role or setting.

**Advanced practice family nursing****(APFN)**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” (Hamric, Hanson, Tracy, & O’Grady, 2014, p. 71). Mastery of the generalist competencies for family nursing practice is foundational to advanced practice and 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. The advanced practice nurse in family nursing 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 distinctions of APC-FN are the ability of the nurse to act within a collaborative, non-hierarchical relationship between families and nurses, offer a focus on strengths rather than pathology, and support a belief in the legitimacy of multiple realities (Friedemann, 1995; Wright & Bell, 2009). The APC-FN outline advanced practice family nursing actions to integrate family information into pre-existing knowledge, and to transfer this 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 relationship between the health of family members and the family unit and to the influences 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, make meanings visible, and support clinical reasoning and judgment to implement advanced practice family nursing interventions. The APFN 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 level. APFNs 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 outcomes. APFNs 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 APFN 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 & Svavarsdottir, 2016; Hohashi & Honda, 2015, Östlund, Bäckström, Saveman, Lindh, & Sundin, 2016; Wacharasin, Phaktoop, & Sananreangsak, 2015; West, Bell, Woodgate, & Moules, 2015). APFNs’ and families’ beliefs about family life, family health, and family healing are important to consider in APFN 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, & Ǿstergaard, 2016).

**Assumptions:**

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

**Nursing**

* APFNs have a commitment and obligation to support family health in society.
* Advanced practice family nursing happens in relationships that co-evolve through the APFNs’ and the families’ contributions and interactions in promoting family health.
* Families and APFNs hold beliefs about health that influence family health.
* APFNs attend to family health care needs and engage with diverse families and individuals in all types of health care settings in meeting these needs across biological, psychological, social, spiritual, and family domains.
* APFNs 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.
* APFNs create and sustain transformative healing relationships with families.
* APFNs integrate the complexity of family health risk, resilience, and resources in sustaining or improving family health.
* APFNs 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, and target interventions at the systems level where there is greatest leverage 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 & 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 and cultural complexity interact with the environment, progressively transforming the environment and being transformed over time.
* APFNs collaborate with families to create environments that support family health promotion, maintenance, and restoration.

**Essential Theoretical/Knowledge Background**

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

This document provides a vision for the role of the Advanced Practice Family Nurse. 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 in education. 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 advanced practice family nursing.

**Advanced Practice Competencies for Family Nursing**

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| COMPETENCY DOMAIN | COMPETENCY DESCRIPTION | COMPETENCY INDICATORS |
| * + - * 1. Advanced Practice Family Nursing Care | 1. Establishes a relationship with the family for health promotion, disease prevention, 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. Promotes co-construction of 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, and restore 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 their family, institute necessary change processes, support its members, and interact with their environment.   6. Identifies family strengths and resilience responses to previous and current acute and chronic illness experiences, stress, and crises.   7. Incorporates interventive questioning to facilitate family-nurse conversations and achievement of health goals. |
|  | 3. Determines 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. Considers 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 practiced informed clinical reasoning to formulate practice family nursing judgments. | * 1. Collaborates with families to set goals and outcomes to strengthen family health.   2. Facilitates a family-nurse conversation of even the most difficult topics.   3. Uses systemic thinking and hypothesizing to allow multiple understandings of the family and expand the focus of family nursing assessments and interventions.   4. Integrates research and practice evidence into family nursing interventions.   5. Synthesizes how family dynamics, health/illness dynamics, environmental, and health system dynamics impact family care and shares insights with family.   6. Collaborates with the family to formulate a plan of care to address identified family health goals and achieve desired outcomes. |
|  | 5. Consistently intervenes *with* the family in preventing, maintaining and restoring wellbeing during complex health transitions | 1. Engages family through in-depth family-nurse conversations to facilitate progress toward family health outcome achievement. 2. Incorporates interventive questioning 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, cognitive, and behavioral responses of the family in family nursing interventions. 5. Strategizes with the family ways to resolve conflicts, deal with difficult emotions, and reduce harm in areas of family health interactions. 6. Ensures safety and quality of care in complex health transitions. 7. 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. | * 1. Invites the family to relate their health narrative.   2. Makes the family aware of their own strengths.   3. Clarifies family dynamics that support, maintain, and change the family, or 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 leverage change.   5. Promotes positive dynamics the family normally uses and explores with the family new strategies for meeting the goals.   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, 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. |
|  | 7. Actively engages in deliberate family nursing practice. | 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. Self-mediates family nursing performance by cognitive self-monitoring 5. Practices family nursing according to performance standards. 6. Deliberately constructs and seeks out family nursing educational situations and personal study to exceed current level of family nursing performance. 7. Displays competence in reporting thought processes and critical aspects of family nursing encounters 8. Explores the practice of family nursing colleagues who solve difficult, complex family nursing problems. |
|  | 8. Draws on a formal approach to monitor and evaluate family responses to interventions | * 1. Provides leadership in inviting 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. |
| II. Collaboration and Leadership | 1. Collaborates with inter-professional health teams to mobilize resources to support family care provision. | 1. Facilitates interdisciplinary health team collaboration in delivery of family care. 2. Refers family to other health care professionals and community resources. 3. Provides consultation to enhance quality and cost-effective services for families and to effect change in organizational systems. Shares with other providers (with family permission) details of care to allow continuity of care. 4. Provides mentorship, coaching and education to support interdisciplinary team members in improving family nursing care outcomes. |
|  | 2. Champions family health care at the larger systems levels | 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/social media to promote family nursing knowledge and make family nursing more visible. |
| III. Evidence-based family nursing | 1. Develops research and integrates practice-based evidence into APFN practice care provided to families. | * 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.   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 | 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. |
|  | * 1. Engages in reflective practice with families | 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. Shows willingness to challenge own beliefs.  4. Adopts a world view that acknowledges multiple realities and the legitimacy of family beliefs, particularly those the nurse may not embrace or agree with.  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 in Document**

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., & Svavarsdottir, E. K. (2017). The effectiveness of therapeutic conversations intervention for caregivers of adolescents with ADHD: A quasi-experimental design. *Journal of Psychiatric and Mental Health Nursing, 24(1), 15-27.* doi: 10.1111/jpm.12335

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 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-with-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)*.* Reykjavík, 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 Advanced Practice Family Nursing 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 fathers 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

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., 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 Landspitali 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]

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.

**Advanced Practice Competencies for Family Nursing Development**

**IFNA Practice Committee**

**Sub-committee on Advanced Practice Competencies for Family Nursing, Practice Committee**

Kathryn Hoehn Anderson, PhD, ARNP, PMHCNS-BC, LMFT, Committee Co-Chair

Georgia Southern University, Statesboro, GA, USA

Maria Céu do Barbieri Figueiredo, PhD, RN, Committee Co-Chair

Escola Superior de Enfermagem do Porto & University of Porto, Porto, Portugal

Christina Nyirati, PhD, FNP-BC

Heritage University, Toppenish, WA, USA

Lisa Whitehead, PhD, RN

Edith Cowan University, Joondalup, Western Australia

Norma Krumwiede, PhD, RN

Minnesota State University, Mankato, MN, USA

France Dupuis, PhD, RN, Former Committee Chair (2014-2015)

Montreal University, Montreal, Quebec, Canada

**Final Document Editing:**

Catherine Chesla, PhD, RN, FAAN, IFNA Board Liaison

University of California-San Francisco

San Francisco, CA, USA

**Practice Committee Members provided input:**

Janice Bell, PhD, RN

University of Calgary, Calgary, Alberta, Canada

Li-Chi Chiang, PhD, RN

National Defence Medical University, Taipei, Taiwan

Francine de Montigny, PhD, RN

Université du Québec en Outaouais, Gatineau, Canada

Junko Honda, PhD, RN

Kobe University, Kobe, Japan

Romy Maher-Imhoff, PhD, RN

ZHAW School of Health Professions, Zurich, Switzerland

Cristina Vivar-Garcia, PhD, RN

University of Navarra, Pamplona, Spain

Barbara Voltenen, PhD, RN

University College Lillebaelt, Odense, Denmark

**International Family Nursing Expert Reviewers**

Maria do Céu Ameixinha de Abreu, RN, CNS

Unit of Public Health, Braga, Portugal

Eva Benzein, PhD, RN

Linnæus University, Kalmar Sweden

Andreas Büscher, PhD, RN

Applied University of Osnabrüeck, Osnabrüeck, Germany

Donna Curry, PhD, RN

Wayne State University, Dayton, OH, USA

Sandra K. Eggenberger, PhD, RN

Marie-Luise Friedemann, PhD, RN

Florida International University, Miami, FL

Merian Litchfield, PhD, RN

Litchfield Healthcare Associates, Wellington, New Zealand

Ian Murray, PhD, RN

Robert Gordon University, Aberdeen, Scotland, UK

Carole Robinson, PhD, RN

University of British Columbia, Vancouver, BC, Canada

Minnesota State University, Mankato, MN, USA