

國際家庭護理協會 (IFNA)

護理學生家庭護理教育立場聲明

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國際家庭護理協會關於護理學生家庭護理教育的立場聲明

背景

促進家庭健康和康復是許多護士在全球範圍內分享的價值。這份立場文件旨在通過界定家庭，家庭護理教育和國際家庭護理協會(IFNA) 將家庭護理教育納入全世界所有護理學生護理教育計劃的立場 (Kaakinen, Hanson, & Denham, 2010). 家庭護理的一個主要假設是個人經歷的健康和疾病問題對整個家庭都有影響。換句話說，健康和“疾病是家庭事務” (Wright & Bell, 2009, p. ix). 作為群體的關係經驗，“家庭”的特徵是情感聯繫 (Claveirole et al., 2001; Hartrick Doane & Varcoe, 2005). 因此，家庭的生活世界是個人和大家健康和疾病的綜合體驗。作為回應，護士必須兼顧和關注個人和大家，以滿足健康和疾病的需要。家庭與疾病之間有相互關係；家庭影響疾病，反之亦然。家庭護理需要持續整合概念，感知和管理的能力以滿足以人為本和以家庭為中心的護理的需求的能力 (O'Sullivan Burchard, 2013; Wright & Leahey, 2013). 為個人提供護理的同時包括家庭，它的重要性是對所有年齡層和所有環境的人的整體護理的基礎 (Abraham & Moretz, 2012). 以家庭為主的護理遍佈于各種護理專業和護理環境，從圍產期 (deMontigny, Devault, & Gervais, 2012)，兒科 (Sanjari et al., 2009)，姑息治療和家庭護理 (Gjerberg, Forde, & Bjomdal, 2011)，外傷 (Clukey, Hayes, Merrille, & Curtis, 2009)，到公共衛生護理 (Stanhope & Lancaster, 2012) - 確實在護士與家人互動的地方。 IFNA 的立場是，所有世界各地的護理學生的課程應該教授家庭是所有人生的重要方面。家庭成員和家庭關係應納入評估過程，提供護理行為的計劃和護理結果的評估。

家庭護理和家庭護理教育的定義

護理文學和實踐中存在許多家庭護理的定義。然而，在評估家庭護理的這些各種定義時，顯而易見的一個共同特徵是護理對整個家庭和個人家庭成員結合，注意成員之間

經董事會批准 June 13, 2013

的關係 (Denham, 2003; Friedman, Bowden, & Jones, 2003; Wright & Leahey, 2013). 家庭護理教育包括基於實踐的教學和基於證據理論知識和技能，它的發展是通過監督臨床實踐經驗 (Bell, 2010; Eggenberger & Reagan, 2010; Fast Braun, Hyndman, & Foster, 2010; Holtslander, Solar, & Smith, 2013; Lindh et al., 2013; Moules & Johnstone, 2010; Moules & Tapp, 2003). 這樣，培養學生有效的支持家庭成員的健康和關係的信心和能力。家庭護理教育的內容不僅包括家庭的定義，還包括以家庭為中心的理論，包括個人，家庭，社區，健康和疾病之間的相互關係。此外，實施以家庭護理實踐為重點的合作關係包括評估，規劃，護理行為或乾預措施以及結果評估。需要使用循證實踐的模式來指導家庭護理方法。學習成功的治療溝通策略，以及如何制定和實施干預策略與家庭實現以家庭為中心的目標是至關重要的因素。強調在所有類型的醫療機構中參與和參與各種個人和家庭需求，並滿足促進健康和疾病護理需求。

立場聲明

促進和推進世界各地的家庭護理是國際舞台教育協會的全面宗旨，其使命是促進參與健康和疾病護理的所有護士的個人和集體發展。IFNA 提供了一個獨特的國際論壇，分擔責任推動全球家庭護理。培養有效的提供以家庭為重點的護理所需的知識和技能的主要機制之一是在護理學生教育的各個方面明確和有意識地納入家庭。這個對家庭的關注不應該孤立到一個單一的課程，而是整個護理課程，在方式上產生對所有護理行為相關的批判性思維和臨床判斷影響。所有護理學生必須了解家庭對個人健康和幸福的重要性，並在教學和臨床學習過程中評估，規劃，實施和評估以家庭為重點的干預措施。我們認為，優質的個人護理與家庭的評估和乾預密切相關，以促進和維護家庭單位的健康和幸福。護理課程應包括系統和循序漸進的介紹以家庭為重點的醫療保健，其依據是家庭導向的理論框架，使學生不僅可以進行護理行為，還可以集體反思自己的行為。我們認為，通過綜合學生學習，通過多學科重點加強與家庭醫療保健觀點的主要參與，並解決從緊急環境到家庭住戶的協調護理。應使用家庭理論框架來促進關於家庭醫療保健實踐的學科和跨學科的對話。以家庭為重點的護理教育應建立在有關實踐的基礎上，包括以下活動和結果：

- 與家庭和團組的治療溝通能力，作為製定家庭護理評估和乾預的手段

- 欣賞多種形式的多樣性
- 護士關於家庭，健康，家庭護理的信念的批判性反思
- 有效合作或協作的方法
- 整合家庭需求和健康與疾病的願望
- 設定協作目標和評估結果
- 個人和家庭賦權
- 有意識以家庭為重點的行動
- 個人，家庭，社區和衛生系統之間的聯繫
- 協調的護理，包括個人和家庭的生活經驗
- 考慮個人和家庭價值觀的批判性反思
- 倡導滿足個人和家庭護理需求的政策。

IFNA 網站動態收集證據和實踐資源，以支持有能力和自信的以家庭為重心的護士的教育和發展。這些資源可以由 IFNA 成員全球諮詢：

<http://internationalfamilynursing.org/resources-for-family-nursing/education/>

結論

IFNA 認為，考慮到文化，精神，種族和個人偏好，以家庭為重點的護理應該是整個生命週期的實踐標準。在護理學生教育期間，所有護士都應該有機會進行有系統和連貫的教育，確保在進入護理實踐時，他們能夠以家庭為重的護理能力做好準備。

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