

International Family Nursing Association (IFNA)

POSITION STATEMENT ON GRADUATE FAMILY NURSING EDUCATION



Graduate Family Nursing Education in Action: USA

Background .

This International Family Nursing Association (IFNA) Position Statement on Graduate Family Nursina Education outlines the standards for graduate family nursing education and encourages nurse educators to develop graduate programs that promote the care of families. This document provides a guide for graduate level family nursing education and is built upon the IFNA Position Statement on Pre-Licensure Family Nursing Education (2013) and is complementary to the IFNA Position Statement on Advanced Practice Competencies for Family Nursing (2017). This document

further advances the teaching and learning of graduate level nursing education worldwide. Graduate education prepares all nurses for an advanced level of nursing practice. Some graduate programs prepare nurses for direct patient care roles (often referred to as advanced practice nurses). Advanced practice nurses include clinical nurse specialists, nurse practitioners, nurse midwives, and nurse anesthetists (Canadian Nurses Association, 2008, 2010; DiCenso et al., 2010; Hamric, Hanson, Tracy, & O'Grady, 2014; IFNA Position Statement on Advanced Practice Competencies for Family Nursing, 2017; Martin-Misener et al., 2010; Moules, Bell, Paton, & Morck, 2012). In addition, other programs prepare nurses for advanced indirect practice roles such as nurse educator, nurse administrator, and nurse researcher. This document addresses preparation of all graduate nursing students to accomplish the vision of IFNA which is "to transform health for families worldwide" (https://internationalfamilynursing. org/association-information/mission/).

The family unit is self-defined, "the family is who they say they are" (Wright & Leahey, 2013, p. 55). As a relational experience of a group of people, 'family' is characterized by affectional bonds (Claveirole, Mitchell, & Whyte, 2001; Hartrick Doane & Varcoe, 2005). A family's life world is, therefore, an integrative experience of individual and collective health and illness.



Graduate Family Nursing Education in Action: Thailand

Family-focused nursing is a mindset or philosophical approach to care that recognizes the importance of families and supports families in health and illness (Denham, 2003; Denham, Eggenberger, Young, & Krumweide, 2016; Friedemann, 1989; Miller & Janosik, 1980). A family-focused nurse will view all health care issues by "'thinking' family, demonstrating 'intentional actions' with individuals and family unit" (Denham et al., 2016, p. vii). A family-focused nurse adopts a lens of seeing families as the unit of care and then develops family-focused interventions to implement in practice.

There is a need for interdisciplinary and interprofessional dialogue, which can be led by family-focused educated nurses, to advance family health and family care across all settings and delivered by all health care professionals. Family-focused nurses are part of an interdisciplinary health care team whose members such as physicians, social workers, and other allied health professionals collaborate, share knowledge and skills to solve problems or provide services, and produce outcomes that would not be achievable if practicing independently. This collaboration to provide family-focused care is essential in light of the complex nature of the modern health care system.

Family nursing education at the graduate level encompasses the teaching of practice-based and evidence-informed scientific and theoretical knowledge which is essential for all roles—those in direct (advanced practice nurses) as well as in indirect care areas (education, administration, or research) at either the masters or doctoral level. Nurses prepared at the graduate level should be able to function as described by The Swedish Council for Higher Education (2012):

Complex phenomena, issues and situations also demonstrate the ability to identify and formulate issues critically, autonomously and creatively as well as to plan and, using appropriate methods, undertake advanced tasks within predetermined time frames contributing to the formation of knowledge as well as the ability to evaluate this work.

Graduates of family nursing focused graduate education programs have the enhanced capacity to expand family nursing through the way in which they conceptualize the world and the nursing discipline. Thus, all members of a community can contribute to the base of knowledge within the community through critical reflection and reflective discourse. The translation of family research to practice and the development of nursing knowledge

related to family nursing science are critical components of the role of graduate level nurses.

Advanced practice family nurses provide direct care that requires the nurse to continually integrate conceptual, perceptual, and executive competencies to meet the demands for both person-centered and family-centered care (Wright & Bell, 2009; Wright & Leahey, 2013). The importance of including family while providing nursing care to individuals is fundamental to the holistic nursing care of persons of all ages and in all settings (Abraham & Moretz, 2012). Advanced family-focused nursing occurs across the spectrum of nursing specialties and settings of care, from perinatal (Veltri, Wilson-Mitchell, & Bell, 2015), to pediatrics (Butler, Copnell, & Willetts, 2013; Position Statement on Family-Centered Care Content in the Nursing Education Curriculum, 2009), to end-of-life, home care (Gjerberg, Førde, & Bjørndal, 2011), to trauma, (Clukey, Hayes, Merrill, & Curtis, 2009), to acute care (Holtslander, Solar, & Smith, 2013), and to public health nursing (Stanhope & Lancaster, 2012). Regardless of the advanced practice role or setting, wherever nurses interact with individuals and families there is a need to foster the health and healing of the family by providing effective graduate nursing education.



Graduate Family Nursing in Action: Canada.

Graduate Family Nursing Education Model

Graduate family nursing education can be best conceptualized using the IFNA Graduate Family Nursing Education Model (Figure 1) which is based on six core curriculum components: family nursing competencies, mission and philosophy statement, program and student outcomes, family nursing content, teaching-learning strategies, and evaluation strategies. A graduate curriculum should include a *philosophy* that is family focused and driven by established *competencies* such as those described in the IFNA Position Statement

on Advanced Practice Competencies for Family Nursing (2017) as well as others identified by professional nursing and other health care education organizations. Family-focused program and student learning outcomes are identified which drive both the content and teaching-learning strategies. As in all curricula, evaluation is based on identified student outcomes, which allows for validation of learning or revision of content, clinical experiences, and teaching-learning strategies.

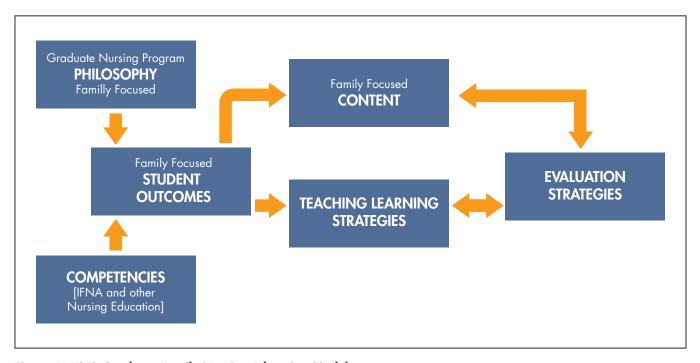


Figure 1. IFNA Graduate Family Nursing Education Model

Because the IFNA Graduate Family Nursing Education model contains core curriculum components specific to family nursing, the model can be incorporated for all types of graduate nursing education – masters or doctoral.

Graduate nursing education builds on the experienced nurse's competence and confidence in effectively supporting the health of family members. Additional content is necessary for graduate programs with a family nursing focus, which produce direct care providers whose practice includes patients and families. For nurses in these advanced practice nursing graduate programs,

having a patient population specialization as well as knowledge and skills related to family assessment and family intervention are essential. Knowledge and skills are clinically developed through supervised practice experiences and simulations (Anderson & Friedemann, 2010; Astedt-Kurki, Paavilainen, Paunonen, & Nieminen, 1998; Bell, 2010; Eggenberger & Reagan, 2010; Holtslander et al., 2013; Moriyama, 2008; Moules et al., 2012; Nyirati, Denham, Raffle, & Ware, 2012; Wacharasin & Theinpichet, 2008; Wright & Bell, 2009). Advanced practice nurses are prepared to provide complex care for families.

Position Statement _

This document provides a vision for graduate family nursing education and was developed with acknowledgment of the different institutional, governmental, and cultural influences on nursing education across the world. This position statement advocates that all graduate nursing education programs be based on the following core curriculum components: family nursing competencies, mission and philosophy statements, program outcomes, student learning outcomes; family nursing content teaching-learning strategies, and evaluation strategies.

The International Family Nursing Association (IFNA) Position Statement on Graduate Nursing Education:

 Supports nurse educators in the design of nursing curriculum in all graduate nursing programs to recognize the family unit as an essential focus of nursing care.

- Advocates the use of family science, family nursing, and theoretical frameworks to guide discipline-specific and interdisciplinary dialogue regarding graduate family nursing education outcomes, family-focused practice, family healthcare, and reflective practice with families.
- Recognizes that the graduate level family nursing education is strengthened through integrated teaching-learning strategies that use an interprofessional approach to the healthcare team.
- Recognizes that graduate family nursing education should build on both foundational and family nursing competencies at an advanced level.
- Supports the integration of professional responsibility, accountability, and leadership in the ethical conduct of the care of families across the life span and in any setting.



Graduate Family Nursing in Action: Canada

Graduate Family Nursing Education Program Content.

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 content during all aspects of graduate nursing education. This can be ensured by incorporating this in the mission or philosophy statements of the program curriculum. A focus on family nursing should extend beyond a single course to be integrated throughout the nursing curricula, in ways that influence the critical thinking and clinical judgment associated with the delivery of all nursing actions.

Graduate programs focused on preparing nurses for indirect roles such as nursing education and administration, can include family nursing content to meet an outcome such as: "applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations" (American Association of Colleges of Nursing, Essential VII: Clinical Prevention and Population Health for Improving Health, 2011, p. 5).

The IFNA Position Statement on Advanced Practice Competencies for Family Nursing (2017) identifies competencies specifically applicable to graduate nursing programs preparing advanced practice nurses. This Position Statement contains four core competency domains that can be used to guide curriculum development: (a) advanced practice family nursing care; (b) collaboration and leadership; (c) evidence-based family nursing; and (d) professional responsibility and accountability. These competencies for family nursing practice would guide the desired learner outcomes in the curriculum.

Graduates of this program would be equipped to:

- Establish a relationship with the family for health promotion, disease prevention, and symptom management during complex health transitions.
- 2. Collect comprehensive data pertinent to the family's health status.
- Determine the family's response to health and disease conditions during complex health transitions.
- 4. Systematically use evidence and informed clinical reasoning to formulate family nursing judgments in practice.
- 5. Consistently intervene *with* the family in preventing, maintaining, and restoring well-being during complex health transitions.
- 6. Facilitate family health within family responses to complex health transitions.
- 7. Actively engage in deliberate family nursing practice.
- 8. Draw on a formal approach to monitor and evaluate family responses to interventions.



Graduate Family Nursing in Action: Switzerland

In turn, the content in graduate nursing curricula should be included to facilitate students to achieve competencies and to meet program and student learning outcomes. Content is evidence informed and derived from family science frameworks. Teaching-

learning strategies and practicum experiences can enable students to learn reflective family-focused practice within three domains: the individual with family as context, the family as client, and the family focused healthcare system (as illustrated in Figure 2).

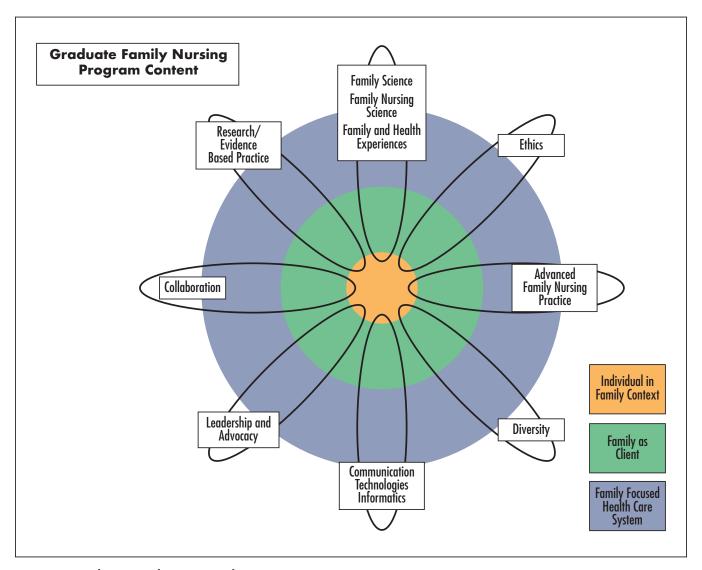


Figure 2. Graduate Family Nursing Education Program Content

IFNA believes that all graduate nursing students must be engaged in learning about the importance of the family to individual health and well-being, and to assess, plan, implement, and evaluate family-focused interventions during didactic and clinical learning. Quality individual nursing care is intricately linked to assessment and intervention with

families in ways that promote and preserve the health and well-being of the family unit. 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.

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 graduate education, should have access to systematic and consistent education that ensures they are prepared with the appropriate advanced competencies in family-focused care as they develop their expertise in nursing. The quest for discovering, analyzing, synthesizing, and

disseminating knowledge regarding family nursing offers a new way of thinking and embraces the transformation of education and the capacity of nurses to deal with complex family nursing situations. The implementation of this Position Statement will require graduate nursing education programs to revise and periodically update their curriculum towards desired goals that evolve over time to meet the changing needs of families.



Graduate Family Nursing Education in Action: Portugal

References

- Abraham, M., & Moretz, J. (2012). Implementing patient- and family-centered care: Part I Understanding the challenges. *Pediatric Nursing*, 38, 44-47.
- American Association of Colleges of Nursing. (2011). *The Essentials of Master's Education in Nursing*. Retrieved from http://www.aacnnursing.org/Portals/42/Publications/MastersEssentials11.pdf
- Anderson, K. H., & Friedemann, M.-L. (2010). Strategies to teach family assessment and intervention through an online international curriculum. *Journal of Family Nursing*, 16, 213-233. https://doi.org/10.1177/1074840710367639
- Astedt-Kurki, P., Paavilainen, E., Paunonen, M., & Nieminen, H. (1998). Education of family nursing specialists at the University of Tampere, Finland. *Journal of Family Nursing*, 4, 350-357. https://doi.org/10.1177/107484079800400402
- Bell, J. M. (2010). Family nursing education: Faster, higher, stronger [Editorial]. *Journal of Family Nursing*, 16, 135-145. https://doi.org/10.1177/1074840710368936
- Butler, A., Copnell, B., & Willetts, G., (2013). Family-centred care in the paediatric intensive care unit: An integrative review of the literature. *Journal of Clinical Nursing*, 23, 2086-2100. https://doi.org/10.1111/jocn.12498
- Canadian Nurses Association. (2008). Advanced nursing practice: A national framework. Ottawa, Ontario, Canada: Author. Retrieved from http://www.cna-nurses.ca/CNA/documents/pdf/publications/ANP_National_Framework_e.pdf
- Canadian Nurses Association. (2010). *Position statement: Advanced nursing practice*. Ottawa, Ontario, Canada: Author. Retrieved from http://www.cna-aiic.ca
- Claveirole, A., Mitchell, R., & Whyte, D. A. (2001). Family nursing network: Scottish initiative to support family care. *British Journal of Nursing*, 10, 1142-1147. https://doi.org/10.12968/bjon.2001.10.17.9954
- 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, 73-81. doi: 10.1097/JTN.0b013e3181ac91ce
- Denham, S. (2003). Family health: A framework for nursing. Philadelphia, PA: F. A. Davis.
- Denham, S., Eggenberger, S., Young, P. & Krumweide, N. (Eds.). (2016). Family-focused nursing care. Philadelphia, PA: F. A. Davis.
- DiCenso, A., Martin-Misener, R., Bryant-Lukosius, D., Bourgeault, I., Kilpatrick, K., Donald, F.,... Charbonneau-Smith, R. (2010). Advanced practice nursing in Canada: Overview of a decision support synthesis. *Nursing Leadership*, 23, 15-34.
- Eggenberger, S. K., & Regan, M. (2010). Expanding simulation to teach family nursing. *Journal of Nursing Education, 49,* 550-558. doi: 10.3928/01484834-20100630-01
- Friedemann, M.-L. (1989). The concept of family nursing. *Journal of Advanced Nursing 14*, 211–216. https://doi.org/10.1111/j.1365-2648.1989.tb01527.x
- Gjerberg, E., Førde, R., & Bjørndal, A. (2011). Staff and family relationships in end-of-life nursing home care. Nursing Ethics, 18, 42-53. https://doi.org/10.1177/0969733010386160
- 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.
- Hartrick Doane, G., & Varcoe, C. (2005). Family nursing as relational inquiry. Developing health-promoting practice. Philadelphia, PA: Lippincott Williams & Wilkins.
- Holtslander, 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, 230-248. https://doi.org/10.1177/1074840712472554

- International Family Nursing Association (IFNA). (2013). IFNA Position Statement on Pre-Licensure Family Nursing Education. Retrieved from https://internationalfamilynursing.org/2015/07/25/ifna-position-statement-on-pre-licensure-family-nursing-education-2/
- International Family Nursing Association (IFNA). (2017). IFNA Position Statement on Advanced Practice Competencies for Family Nursing. Retrieved from http://internationalfamilynursing.org/2017/05/19/advanced-practice-competencies
- Martin-Misener, R., Bryant-Lukosius, D., Harbman, P., Donald, F., Kaasalainen, S., Carter, N.,... DiCenso, A. (2010). Education of advanced practice nurses in Canada. *Nursing Leadership*, 23, 61-84.
- Miller, J. R., & Janosik, E. H. (1980). Family-focused care. New York, NY: McGraw Hill.
- Moriyama, M. (2008). Family nursing practice and education: What is happening in Japan? *Journal of Family Nursing*, 14, 442-455. https://doi.org/10.1177/1074840708327514
- Moules, N. J., Bell, J. M., Paton, B. I., & Morck, A. C. (2012). Examining pedagogical practices in Family Systems Nursing: Intentionality, complexity, and doing well by families. *Journal of Family Nursing*, 18, 261-295. https://doi.org/10.1177/1074840711435508
- Nyirati, C., Denham, S., Raffle, H., & Ware, L. (2012). Where is family in the family nurse practitioner program? Results of a U.S. Family Nurse Practitioner Program Survey. *Journal of Family Nursing*, 18, 378-408. https://doi.org/10.1177/1074840712443872
- Position Statement on Family-Centered Care Content in the Nursing Education Curriculum (2009). *Journal of Pediatric Nursing*, 24, 231-232. https://doi.org/10.1016/j.pedn.2009.02.020
- Stanhope, M., & Lancaster, J. (Eds.). (2012). *Public health nursing: Population-centered health care in the community* (8th ed.). Maryland Heights, MO: Elsevier Mosby.
- The Swedish Council for Higher Education (2012). *Qualifications Ordinance*. Retrieved from https://www.uhr.se/en/start/laws-and-regulations/Laws-and-regulations/The-Higher-Education-Ordinance/Annex-2/ [identifies requirements for Degree of Bachelor of Science in Nursing and Degree of Master and Degree of Doctor]
- Veltri, L., Wilson-Mitchell, K., & Bell, K. (2015). Family nursing with childbearing families. In J. R. Kaakinen, D. P. Coehlo, R. Steele, A. Tabacco, & S. M. H. Hanson (Eds.), Family health care nursing: Theory, practice, and research (5th ed., pp. 353-385). Philadelphia, PA: F.A. Davis.
- Wacharasin, C., & Theinpichet, S. (2008). Family nursing practice, education, and research: What is happening in Thailand? *Journal of Family Nursing*, 14, 429-435. https://doi.org/10.1177/1074840708327515
- 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



Graduate Family Nursing Education in Action: Canada



Graduate Family Nursing Education in Action: Japan.

Developed by the IFNA Family Nursing Education Committee

Authored by:

Donna Miles Curry, PhD, PCNS-BC, Professor Emerita, College of Nursing & Health, Wright State University, Dayton, Ohio, United States

Sub-committee on Graduate Education for Family Nursing, IFNA Family Nursing Education Committee

Donna Miles Curry,

PhD, PCNS-BC, Professor Emerita, College of Nursing & Health, Wright State University, Dayton, Ohio, United States

Norma Krumwiede,

EdD, RN, Professor, School of Nursing, Minnesota State University, Mankato, Mankato, Minnesota, United States

Kristin F. Lutz,

PhD, RN, Associate Professor, School of Nursing, Oregon Health & Science University, Portland, Oregon, United States

Jane Karpa,

RPN, MMFT, Assistant Professor, Department of Psychiatric Nursing, Brandon University, Winnipeg, Manitoba, Canada

Lorraine Holtslander,

RN, PhD, CHPCN(c), Professor, College of Nursing, University of Saskatchewan, Saskatoon, Canada; Honorary Associate Professor, University of the Witwatersrand, Johannesburg, South Africa

International Family Nursing Expert Reviewers:

Sandra K. Eggenberger,

PhD, RN, Professor, School of Nursing, Minnesota State University, Mankato, Mankato, Minnesota, United States

Bobbe Ann Gray,

PhD, RNC-OB, CNS-BC, Associate Professor, College of Nursing & Health, Wright State University, Dayton, Ohio, United States

Elaine Haycock-Stuart,

PhD, Senior Lecturer, School of Health in Social Science, The University of Edinburgh, Edinburgh, Scotland, United Kingdom

Susanne Kean,

PhD, Lecturer, Nursing Studies, School of Health in Social Science, The University of Edinburgh, Edinburgh, Scotland, United Kingdom

Viveca Lindh.

PhD, Researcher, Department of Nursing, Umeå University, Umeå, Sweden.

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.

HOW TO CITE THIS POSITION STATEMENT:

International Family Nursing Association (IFNA). (2018). IFNA Position Statement on Graduate Family Nursing Education. https://internationalfamilynursing.org/2018/06/28/graduate-family-nursing-education/