Chapter Objectives

1. Explain core processes from nursing and family perspectives.

2. Describe relationships among family, family context, core processes, and family focused nursing practices.

3. Discuss ways core processes are linked to past, present, and future health and illness outcomes.

4. Identify ways intentional process of thinking family can use core processes to design nursing actions.

5. Explain ways family focused nursing actions lead to care outcomes.

Chapter Concepts

Caregiving
Cathexis
Celebration
Change
Communication
Connection
Coordination
Core processes
Family meetings
Nursing actions

Chapter Introduction

In family focused nursing, actions always involve a family partnership. Thinking family is consistent with intentional interactions that include individuals, families, and communities. Nurses collaborate with individuals, family units, and the health care team during assessment, planning care, identifying nursing strategies, nursing actions, and outcome evaluation. Through the individual-nurse-family relationship, nurses use partnerships as they identify family beliefs, preferences, and care needs. Students need to
learn ways to tailor nursing actions and care delivery so that unique individual and family unit needs are met. Students are generally attuned to making specifically targeted care that meets individuals and illness needs. However, they need knowledge about the benefits and value of nurse-family partnerships and need skills that help them optimize their time use as they consider family health and needs of family households during an illness. Students need guidance in the design and implementation of nursing actions that focus on the family. Active learning opportunities can be crafted to holistically address the needs of persons and family units (e.g., information, skill, emotional, resources).

Chapter fourteen suggests nursing actions for actively thinking family in diverse care settings and partnering with families experiencing various health or illness conditions.

Using Core Process to Guide Nursing Actions

The functional domain of the Family Health Model (Denham, 2003) guides nursing actions so practice always includes the family as the unit of care. This domain identifies the important areas of family member interactions that influence member and unit health and illness. When nurses and other health care professionals meet persons seeking health or medical services, these persons are often facing change due to multiple factors such as, desires to become healthier, a diagnosis for troubling symptoms, disability linked conditions, or catastrophic incidents. The ways families function influences many aspects of how they manage and experience change. For example, personality type, levels of motivation, literacy levels, abilities to organize daily life activities, and communication abilities are just a few of the functional aspects that influence member interactions with one another and those outside the family unit. Students need to understand that family
health is influenced by individuals and their family unit’s capacity to optimally interact and use or access available resources to meet needs and maximize strengths.

The *Family Health Model* describes core family processes as part of the functional domain (Denham, 2003). Desires to gain health or manage some form of illness, disease, or disability are often bundled in needs for change. These changes do not just affect a single person, but the family unit and members’ abilities to manage the demands. Usual and often comfortable individual and family routines can be disrupted when faced with change. As students learn therapeutic communication skills and ways to holistically address needs of family units, the core processes can be an effective framework that provides useful tools for strategically working with families as they gain needed information to make changes, deliberate to make informed decisions, solve problems, communicate and maintain important relationships, provide care for members of their family, and choose plans of action.

The core processes direct attention to family member interaction and are viewed as potential areas of strengths. As students work with individuals and families core processes can be used to assess family unit needs, collaborate with multiple members to set goals, plan strategies tailored to a particular family unit, and identify how family focused nursing actions will be evaluated. Seven core family processes (i.e., communication, caregiving, cathexis, celebration, change, connectedness, coordination) can be used to guide assessments, nursing actions, and outcome evaluations. Students need guidance as they learn to assist families meet changes and demands tied to health and illness. The core processes are fully described in chapter fourteen of the textbook. Learning opportunities can be constructed to help students use the core processes as
action plans are developed and family members are supported. Students need ways to gain self-confidence in abilities to manage unique family situations as difficult life alterations are faced. Core processes provide ways to not only consider family member interactions, but also the ways family health routines are organized and methods to collaboratively plan care. Core processes speak to central aspects of family life and greatly influence individual and family unit health and illness.

**Using Collaborative Processes**

Nurses possess unique knowledge, skills, and abilities to assess family processes. Nurses that *think family* use the individual-nurse-family partnership to identify goals and plan actions directly linked to safe competent care as they aim for quality outcomes. Through careful communication, core family processes can be used to identify strengths, address health concerns, minimize health risks, and maximize potentials linked with health and illness (Denham, 2003). Use of core processes can assist students learn to select and design actions for a particular family’s needs linked with daily routines. Short and long term goals can be identified and plans for achieving them made. Nurses that *think family* realize health and illness cannot be separated from the daily lives shared in family households. Family focused practice involves a partnership that supports family needs in their preferred ways, and assists them to construct healthy routines and useful responses to identified needs (Denham, 2003). Fostering time for students to identify what it means to collaborate and form partnerships is needed. While these terms are generally used during classroom teaching of students, careful examination of what these concepts look like in clinical situations is also important. Working with core processes and clinical cases allows students to discuss various circumstances and what these might
mean as unique families and conditions are faced. Modeling behaviors, mentoring and coaching are useful teaching tools to sensitively guide students in non-threatening ways.

Students need to practice collaboration with various family units and learn to identify existing factors that are similar or different. Helping students recognize that even when situations are extremely stressful, family units often have their own ways to handle situations - ways that can be different from personal approaches. Students need to recognize that care management that occurs following discharge and the self-management that occurs in the family household, community, and is incorporated in daily lifestyles are of supreme importance. Students need to learn ways to prepare individuals and family units for times when nurses and medical personnel are not readily available. In family focused care, true collaboration equips family units to self-manage situations independently. Collaboration entails coordinated care that prepares families to attend to health and illness needs independently in their homes appropriately using all the resources available. Students need times to practice skills to recognize needed resources for self-management and the best ways to provide health instructions, health counsel, coaching, and support.

This chapter suggests ways core processes can be used in caring work as families are empowered and supported as stresses and strains of daily life and illness situations are faced. Designing collaborative learning activities that focus on core processes can assist students to consider their own abilities to address family needs. Taking time to examine and thoughtfully reflect about situations that cause fear, uncertainty, and avoidance from the nurse’s perspective can help students learn about their shared feelings. Student learning experiences that include core processes can be used to teach collaborative
actions, identify steps for planning coordinated care across multiple settings, and manage stressful communication with families.

**Care Models to Guide Nursing Actions**

Evidence supports ideas that family focused nursing actions can improve health and illness outcomes, but family interventions still need to be further developed and implemented more often in nursing practice (Chesla, 2010; Duhamel, 2010). The *Family Health Model* (Denham, 2003) has been referred to repeatedly throughout the textbook and has been used to frame ideas about family care using ecological perspectives. However, four other family models have been repeatedly discussed in this textbook (i.e., *Family Beliefs Model*, *Calgary Family Intervention Model*, *Family Health System Model*, *Family Management Style Framework*) as ways to guide nursing practice. The *Family Beliefs Model* focuses on strengthening facilitative beliefs and challenging constraining beliefs (Wright & Bell, 2009). The *Calgary Family Intervention Model* (CFIM) focuses on cognitive, affective or behavioral domains of family functioning (Wright & Leahey, 2013). The CFIM suggests that nurses offer interventions that promote, improve, or sustain family functioning (Wright & Leahey). The *Family Health System Model* (FHS) uses family realms of development, interaction, coping, integrity, and health processes to suggest nursing strategies in these areas (Anderson, 1997/2000; Anderson & Tomlinson, 1992; Tomlinson, Peden-McAlpine, & Sherman, 2011). The *Family Management Style Framework* (FMSF) originally envisioned the family’s response to childhood chronic illness in three ways: definition of the situation, management behaviors, and perceived consequences (Knafl & Deatrick, 1990/2003). The FMSF model has been used to explore family response to adult chronic illness (Beeber & Zimmerman, 2012; Bousso, Misko,
Mendez-Castillo & Rossato, 2012) and acute illness (Weigand, Deatrick, & Knafl, 2008). All of these models are consistent with family focused nursing care and suggest actions that nurses can take in clinical practice. Nurse educators can guide students in learning various models to guide their family nursing practice.

**Family Focused Relationships Guide Nursing Actions**

Quality nursing practice and use of a family model requires effective individual-nurse-family communication and relationships. Family dialogue and communication are addressed in chapter four. Individual-nurse-family relationships are central to family focused nursing practice, they are discussed throughout this text. Nurse educators must assist students in gaining the knowledge and skills needed to develop healing and therapeutic relationships (Bell, 2011). Using the core processes to guide nursing actions is dependent on a nurse’s ability to communicate and connect with the family unit.

Family conversations and interviews can help students understand a family’s core processes and ways an illness affects them. Questioning techniques and family interviews help students understand family’s experiences, hear family stories and develop trust with families so that nursing actions can be individualized and strategic (Eggenberger & Nelms, 2007). Family interviews are nursing action that provide ways for a nurse and family to reflect on concerns, share beliefs, examine perspectives, exchange information and gain understandings (Eggenberger & Nelms, 2007; Wright and Leahey, 2013).

Family interviews provide a mechanism for initial and ongoing assessments that can be done formally or informally. Family interviews can provide times for students to engage with individuals and multiple family members so that their strengths, needs, and priority concerns are clearly identified and well understood. Family assessments can be
tied to the core family processes and used to reveal the unique nature of individual and family needs (Denham, 2003). Family interviews provide times to gather information needed for tailoring intentionally planned interventions that incorporate family focused nursing actions.

An intentional practice of thinking family while using core processes to identify and design nursing actions is needed. Overcoming fears associated with family interviews, family meetings, and family assessments is important for students to not only gain knowledge of steps to take, but also confidence in their abilities to perform as family interviewers (Nelms & Eggenberger, 2010; Wright & Leahy, 2013). Many students need support as they learn to be courageous in discussing uncomfortable and intimate things. Also, every family is not idyllic and some can even be quite complex and contrary. Students need guidance in understanding the family experience and meanings of their actions. Opportunities to practice interviews with diverse family situations can enhance students’ boldness and readiness to plunge into unfamiliar positions as collaboration with those holding different opinions and values is attempted.

As you guide student learning, keep in mind that thinking family includes aspects of medical management of care, but extends beyond physiological treatments and also includes the human and family responses to perceived needs. Nurse educators must help students acknowledge and understand the shared family illness experience and what being a family during a family member’s illness implies (Eggenberger & Nelms, 2007; Drummond, Looman, & Phillips, 2012; Looman, O’Connor-von, Ferski, & Hildebrand, 2009). Family focused nursing actions honor the reciprocal relationships between individuals, family members and real life context. This type of family focused care is
never a one size fits all kind of practice, families must be approached according to their unique needs. Students need guidance that helps them see that family focused care is work that occurs over time and that actions can build upon the past. Individuals with a shared diagnosis do not have the same family experiences. Care needs differ and it is up to the nurse to untangle a wide web of information, develop nursing actions, and address distinct family processes.

References


