Chapter Objectives

1. Discuss ways nursing theory, family theory, and family science theory guide family nursing practice.

2. Consider differences in the ways nurses personal experiences influence individual and family focused care in nursing practice.

3. Identify several different family theories that nurses can use to guide nursing practice.

4. Describe how the nurse uses knowledge of family coping, family development, family interaction, and family integrity to set goals for nursing care and guide nursing actions.

Chapter Concepts

Calgary Family Intervention Model
Family Coping
Family Development
Family Health Model
Family Health Systems Model
Family Identity
Family Integrity
Family Management Model
Family Science
Family Therapy
Family Theory
Illness Beliefs Model
Stress

Chapter Introduction

Few nurses develop expertise in family theory, as this area is mostly known to those studying the field of family science. While nurses do not need this expertise to provide family focused care, some understandings are useful. Sometimes nurses think that time spent studying theory is wasted and of little use. It is actually surprising to realize how little of nursing practice is based on theory. As the call to develop practice that is more greatly evidence based grows, it becomes
Family-Focused Nursing Care: Using Family Theory to Guide Nursing Practice
Sonja J. Meiers & Sharon A. Denham
Chapter #7: Using Family Theory to Guide Nursing Practice

even more important to understand the scope of our practice and the basis for our actions.

Nursing practice needs to be transferable and understood by those in the discipline. Learning what works through trial and error is not nearly as useful as having a foundation of ideas that guide practice. If thinking family is important, then knowing and understanding theories that can guide nursing practice is also important. Intentional study of family theories and models can assist nurses more fully grasp the complexities of multimember unions, interactive social groups, and factors that influence individual and family health or illness. Theory not only can explain or predict, but also suggest ways nurses can interact as they intentionally care for family units.

Chapter seven of the textbook shares examples of ways various theoretical perspectives can guide family focused nursing actions. Theories offer nurses a variety of ways to think family as they support health, manage treatments, and decrease suffering aligned with illness, disease, and crisis. This chapter shows how existing nursing and family science theories can guide intentional actions that simultaneously influence health and illness of individuals and families. Nurses that think family can use theory to guide delivery of family focused care (e.g., wellness, health promotion, disease prevention, illness management, rehabilitation, end-of-life). Family focused nursing care is a thoughtful art that uses scientific evidence and intentionally designed caring actions to achieve specific measurable outcomes. The chapter discusses differences between family social science and behavioral theories and shows ways they are linked to family nursing.

Family Coping: Managing Family Stress

Family stress is a state where individuals and the family unit are challenged by environments that overtake collective resources and threaten well-being and health (Boss, 2003). Hill (1971), one of the original family stress researchers, proposed the ABCX Model. In Hill’s theory, the “A”
The “A” factor pertains to the stressor or the provoking event that places pressure for change on the family system; illness is often a stressor. The “B” factor represents the strengths and resources of the system that enables the family to deal with various stressors (e.g., financial, cognitive, social support needs). The meaning of the event for the family or their perception is the “C” factor. The meanings that a particular family attaches to an event or their appraisal of stressors influences their perceptions. Families react differently based upon perceptions of causation, what is perceived as occurring, or beliefs about what might occur. In other words, reality is in the eyes of the beholder. This means that the nurses view of a situation can widely differ from individual or family views. The “X” factor is the outcome of the “ABC” process, situations and can be viewed as low to high stress. Family resources, the B factors, are critical because they influence the ways family members manage multiple stress factors (McCubbin & Patterson, 1998). For example, individual and family problem-solving abilities, communication patterns, flexibility, cohesion, and boundary clarity are some of the resources that influence ways families manage stress (Kaaikinen, Gadaly-Duff, Hanson, & Coehlo, 2009). Nurses can use this model to weigh the multiple family factors influencing needs for nursing care.

Figure 7.1 depicts ways the ABCX model might work in a situation where the 23-year-old husband (A.H.) is diagnosed with an aggressive form of acute myelogenous leukemia. Consider what might occur if this young father is hospitalized, but isolated in a bone marrow unit away from his child and other family members, the A factor. The strengths and resources of supportive parents, a worship community, the joy of being a parent to a child (C.H.), and a healthy marriage (B.H.) are positive B factors. However, the lack of full health insurance coverage, worries about high out-of-pocket costs, and loss of income due to missed work are negative B factors. The diagnosis is a threat to this short marriage, new parenting role, and future
plans, dreams, and goals that might not happen are the C factors. These factors combine and suggest a picture of what the outcome, the X or stress factors could be. Nurses are frequently in situations where their daily work involves meeting individuals and family members coping with the X factors. Use of this model can help students understand that making decisions, solving problems, and taking actions are complicated for families. The model can be used to discuss ways collaborative individual-nurse-family interactions can be used to address concerns, identify risks, and plan nursing actions that are aligned with family values.

Table 7.1 Nursing Actions to Support Family Coping Based on Family Models

<table>
<thead>
<tr>
<th>Family Nursing Model</th>
<th>Key Model Concepts</th>
<th>Possible Nursing Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calgary Family Intervention Model</td>
<td>Support the cognitive domain of family functioning</td>
<td>• Provide literature to address uncertainties about care and community resources.</td>
</tr>
<tr>
<td>(Wright &amp; Leahey, 2013)</td>
<td></td>
<td>• Commend family strengths (e.g., “Your family seems to work very well together to meet your challenges.”)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identify specific questions of concern and collaborate to identify possible options for solutions.</td>
</tr>
<tr>
<td>Family Health System Model (FHS)</td>
<td>Support five processes (i.e., interactive, developmental, coping, integrity, health)</td>
<td>• Assist family members to understand why various members might be coping differently.</td>
</tr>
<tr>
<td>(Anderson &amp; Tomlinson, 1992)</td>
<td></td>
<td>• Arrange time for a family conference.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identify ways spirituality or faith may play important roles in healing processes.</td>
</tr>
</tbody>
</table>
| Family Management Style Framework (FMSF) (Knafl, Deatrick & Gallo, 2009) | Identify important aspects of the family’s definition of the situation, management of behaviors, and perceived consequences of the condition on family life. | • Guide the parents in conveying information about family member condition to siblings, friends, church members, and extended family.  
• Discuss perceptions of illness events.  
• Affirm management behaviors.  
• Acknowledge fears and trauma caused by illness events throughout management of the chronic illness. |
| --- | --- | --- |
| Family Health Model (Denham, 2003) | Address core processes (e.g., caregiving and cathexis) | • Provide information about specific pain management techniques, and fatigue management strategies.  
• Listen to concerns of anticipatory grief.  
• Draw on the support of the church community for respite care so that couple time is preserved. |
| Illness Beliefs Model (Wright & Bell, 2009) | Foster conversations of affirmation and affection | • Create a trusting, calm environment that invites open expression of family members’ fears, anger, suffering and sadness and beliefs about the illness experiences.  
• Commend family members for positive actions taken.  
• Invite questions and take time to carefully answer them. |

McCubbin and Patterson (1983) further developed Hill’s (1971) ABCX model by adding the notion that family stressor pileup may come from unresolved aspects of an initial stressor. An accumulation of events may limit a family’s time for resolving one stressor before another occurs, thus depleting individual and family emotional resources. Things seldom happen one at a time and time to resolve one problem before another occurs are often lacking. For example, a child chronically ill with a diagnosis of cystic fibrosis experiences frequent critical exacerbations
requiring hospitalization. While these events occur, an older sibling could experience bullying at school, their mother loses the only job in the family that carries health insurance, and the father figure resumes drinking alcohol and misses work. Pileup factors frequently occur when families manage chronic illnesses. Aging and younger families with chronically ill members can be especially burdened by stressor pileup. In modern society, many families live with stress, uncertainties, and tenuous situations that are heightened when an illness, disease, or accident occurs. These risks might not be clearly visible unless assessment includes family concerns. When family members communicate effectively and have satisfactorily resolved past problems, they are likely to have a bigger toolkit for managing current stressors. Families with fragile communication patterns or those families with ongoing conflict among members may have greater difficulties resolving new stressors.

Teachers can use this theoretical framework to not only describe stress, communication, resources, and problem solving capacities of family units, but also to help students build communication skills and become more aware of personal abilities. Students likely understand family stress from unique personal situations and know the additional challenges studying to become a nurse places upon them. Constructing active classroom and clinical learning activities or assignments using the ABCX Model can help students think about things like communication skills, intentional nursing actions, family empowerment, cultural sensitivity, and moral behaviors.

**Family Development: Supporting Family Transitions**

Ideas about family development is a concern relevant to family focused nursing practice. These theories are about systematic transitions and patterned changes in developing persons over time. While much study has been done about family caregiving of infants, youth, teens, and end-of-
life, far less attention has been given to the ways adult or older families influence health and illness events. More needs to be known about middle-aged and aging families.

Nurses that think family know families are different and individual members are often at various developmental stages. Students learn a number of developmental theories while studying, theories often pertain to individual development. For example, some of these theories are:

- Psychosocial Development: Erickson (1950)
- Psychosexual Development: Freud (1923)
- Cognitive Development: Piaget (1977)
- Stages of Moral Development: Kohlberg (1987)

Considering family life as having fixed stages can result in some flawed assumptions, especially in today’s world where traditional family relationships are being shattered as more families are known to be cohabiting, same-sex, multigenerational, and blended. Some aspects of family life now seem out of order from what was previously viewed as staged. Some stages may be repeated due to divorce, remarriage, or having a last child rather late in life. Families have roles aimed at things like protection, care, safety, nourishment, support, and health. Thinking about stages can help students identify families processes shared across families and recognition that transitional points or non-normative events can add risk factors. Stage ideas have less utility as arguments for what is right or wrong and are most useful for considering role changes, family priorities, and unit processes. Ordering of stages and amount of time spent deviate from family to family. Those providing family focused care note that various family life phases create conditions where intentional care needs may vary.
While much thought has been given to human development at the individual level, less attention has focused on family development. Similar to individual development theory, family development theory has historically described stages or phases with associated tasks to be accomplished (Carter & McGoldrick, 1999; Duvall, 1977). These theories suggest that stages can be successfully accomplished, and that families can continue to grow and develop beyond the birth and nurturance of young children. Table 7.2 reviews the stages proposed by Carter and McGoldrick and general nursing action ideas to support the various stages. Much more needs to be known about families in later life and is an area where nursing research is needed.

Table 7.2 Middle Class North American Family Life Cycle*

<table>
<thead>
<tr>
<th>Stage</th>
<th>Task of Stage</th>
<th>Relational Stance of the Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Leaving home: Single young adults</td>
<td>Accept emotional and financial responsibility for self</td>
<td>Encourage independent decision-making about health, lifestyle choices, intimate peer relationships, work and financial independence.</td>
</tr>
<tr>
<td>2. Joining of families through marriage: The new couple</td>
<td>Commit to new transitional family system</td>
<td>Support the new couple in their process of constructing new family health routines.</td>
</tr>
<tr>
<td>3. Families with young children</td>
<td>Accept new members born or adopted into the family system</td>
<td>Co-construct plans and action strategies with the family that promote healthy family lifestyles that meet unique child and family development needs.</td>
</tr>
<tr>
<td>4. Families with adolescents</td>
<td>Increase flexibility of family boundaries (e.g., children’s growing independence, grandparent’s increasing frailties)</td>
<td>Assist families in negotiating new family goals that integrate independence of adolescents. Counsel families on strategies for safe care of and resources for family elders.</td>
</tr>
<tr>
<td>5. Launching children and moving on</td>
<td>Accept the exits from and entries into the family system</td>
<td>Encourage families to establish new forms of relationships from parent to adult to adult as they consider various health and illness related needs.</td>
</tr>
</tbody>
</table>
Family-Focused Nursing Care: Using Family Theory to Guide Nursing Practice
Sonja J. Meiers & Sharon A. Denham
Chapter #7: Using Family Theory to Guide Nursing Practice

6. **Families in later life**
   - Accept & adapt to the shifting of generational roles
   - Suggest creation of traditions and rituals that help families stay connected through shifting roles and identify ways these might be health or illness related.

   *Adapted from Carter & McGoldrick (1999)*

**Family Nursing Theories and Models**

Much of the textbook uses the *Family Health Model* (Denham, 2003) to identify ecological thinking to enhance understanding about the complexities that influence health and illness of individuals. Some additional discussion about this model and its use are included in this chapter and threaded throughout the textbook. However, other models also viewed as useful when thinking about family focused nursing practice are also discussed in this chapter and in some following chapters. Students are provided with information about the *Calgary Family Intervention Model* (Wright & Leahy, 2013), the *Family Health Systems Model* (Anderson, 2000; Anderson & Tomlinson, 1992), the *Family Management Style Framework* (Knafl & Deatrick, 1990; 2003; 2006), and the *Illness Beliefs Model* (Wright & Bell, 2009). Helping the students understand the value of theory as a way to frame their family focused nursing practice will provide them with clear ways to think family.

**References**


Family-Focused Nursing Care: Using Family Theory to Guide Nursing Practice
Sonja J. Meiers & Sharon A. Denham
Chapter #7: Using Family Theory to Guide Nursing Practice


Family-Focused Nursing Care ©2015