Chapter Objectives

1. Describe the nature of individual-nurse-family relationship and its importance in family nursing practice.

2. Describe the characteristics of a family practice model.

3. Discuss family nursing skills used to provide family nursing care.

4. Demonstrate use of a family nursing model and nursing actions to provide family nursing care.

5. Discuss other family nursing approaches/models used in family nursing care practice.

Chapter Introduction

This chapter does several important things linked with family focused nursing practice. First, it describes the development of an individual-nurse-family relationship. By forging relationships, nurses can then work towards building collaborative partnerships with those seeking care. Next it considers the following three things:

• the importance of using practice models to guide clinical work with families

• clinical skills used in family nursing practice

• application of a family nursing model in planning care for individual families

Being ready to provide nursing care using a family unit perspective is challenging and exciting. It is critical that the family and the nurse become true partners in care. When nurses give family care, the health or illness concerns are addressed with the understanding that each individual is part of a family network. The family often involves stresses, difficulties and worries
They know what is and is not working. Family nurses work with families that need help dealing with changes, family development, and during family transitions (Anderson, 2000). Family nursing focuses on ways to enhance the awareness, meaning, and potentials of health, health patterns, and experiences (Hartwick, 1998). Family nursing practice appraises the ways unique family units function and aims at strengthening, maintaining, or restoring the family’s ability to manage health and illness.

Nurses develop and use nursing actions in ways that empower care recipients. They use clinical skills in ways that involve individuals and their family members. Nurses provide information, share knowledge, offer support, and assist care seekers. As nurses interact with and care for families, they aim to improve and maintain the health of the family and its members.

Sections of this chapter address:

- the nature and development of the individual-nurse-family relationship with family nursing practice
- selection of a family nursing model to guide your care
- family nursing skills helpful in working with families
- family nursing process

A case example of family nursing care using the Family Health System model is provided (Anderson, 2000). Also, brief explanations of a few select family nursing models is provided.

The chapter ends with a brief look at family nursing across the world and some consideration of where family nursing practice is headed.

Most individuals have relationships with others and even some dependence upon others. Unfortunately nurses too often fail to affirm these relationships and identify their unique implications for individuals and family care. Theoretical models can be intentionally used to guide individual-nurse-family relationships. Models of care an guide nursing actions that are...
collaborative in nature and identify potential modes for intervention. Clinical skills and the tools described in the textbook chapter can be used for individual and family assessments and useful interventions that will address intended goals. This textbook chapter describes practice skills that nurses can develop and use. Nursing actions can be taken to satisfy individual needs, empower, provide information and knowledge, offer support, reduce suffering, maximize resources, and improve the general health of the family unit.

Using Questions in Family Nursing

As the family tells their stories, family nurses make sure that things are heard correctly and are interpreted accurately. Things can be easily double checked asking questions and validating key concerns. It is important for students and nurses to learn ways to ask questions of the family to provide needed clarification on a health problem or family issues that emerges in a clinical situation. The nurse then ties the information received from the genogram, ecomap, or other assessment and uses questions to clarify, confirm, obtain opinions or ideas from other family members, or acquire additional information. Nurses then incorporate critical thinking, clinical judgment, and expert nursing knowledge into an analysis of the situation. Family nurses help the individual and family build a plan that uses their family strengths and supports family needs. The genogram, ecomap, and various forms of questions are tools to engage the family as full participants in the delivery of family nursing care. Use of questions is a primary family nursing intervention strategy.

Therapeutic questions are open-ended and seek to elicit information that goes beyond mere facts and reporting details. Gathering the family health story through an interview process can be facilitated through interventive questioning skill strategies (Tomm, 1987, 1988; Loos &
Questions can be used to obtain different forms of information and accomplish various purposes such as:

- get a straight answer
- direct the response of the individual-family
- facilitate family’s reflection about their lives
- explain beliefs and behaviors
- encourage family members to consider alternative ways to view or solve a problem

Interventive questions help the nurse identify the family’s cognitive and emotional experiences with health or illness conditions. These questions provide an avenue to view member differences and similarities. Examples of interventive questions are:

- How is this illness affecting your family?
- Tell me about the ways (name a person) is managing the extra caregiving tasks.
- What seems to be the most troubling thing for your family in managing this situation?
- How does this illness situation most interfere with family life?
- When Mom is doing caregiving tasks, what do you think she is thinking about?
- While your Dad is struggling to walk with the walker, what changes in the household are each of you thinking are needed for his safety?

Interventive questions are interpreted by the listener and responses are often more emotional and less clinical, but provide a wealth of information and can move the family to think about an issue from a different view. Families often hold facilitating and constraining beliefs about their illness that can be linked with suffering, emotional pain, or how families respond to the illness or family situation (Wright, Watson, & Bell, 1996; Wright & Bell, 2009). This form of questions can be a useful approach to discuss topics as families complete a genogram or during
other interactions. Questions can be used to help families share their emotions and concerns. It is a skill to know what type of question to ask when and students need practice with this in order to gain some self-confidence. Skills in using questions improves with practice and soon becomes more natural. Effective use of questions can facilitate member interaction, family understandings about issues, identify new views of old patterns, help members think differently, and use different problem-solving techniques (Loos & Bell, 1990; Tomm, 1988; Wright & Leahey, 1994).

Family Nursing Practice Models

It is useful to apply family nursing models as guides for the care, ways that can emphasize that the family is the unit of care and consider ways individuals affect the health of the whole family and how families affect individual members (Anderson, 2000; Wright & Leahey, 1984; 2009). Nurses that think family intentionally include the family unit when members are physically present, as well as when they are not. To optimize family care delivery, whether the target is health promotion, disease prevention, care maintenance, or restoration, nurses need to identify individual needs with family unit needs. This is different approach to thinking than what occurs when nurses only consider individual care needs. Students need to learn therapeutic communication skills and techniques to work successfully with families. Even mature nurses may not have learned ways to effectively include multiple related persons as individual care is provided.

Numerous family nursing practice models have been developed and used over the past years in the nursing care of families. In the 1980s, Clements and Roberts (1983) introduced many of the major nursing theorists and theoretical models in practice from a family perspective. Several nurse theorists whose models for family care derived from their individual care models...
Once you identify the family nursing model that most fits your personal beliefs about approaches to the family, then it is time to pay attention to the ways the selected model serves as a guide for the work to be accomplished through the individual-nurse-family relationship. A guiding intent of a relationship approach to family nursing is to recognize and attend to the similarities and differences in families (Doane & Varcoe, 2005). As we learn more about the families we work with, then we can pay closer attention to their life factors and family dynamics influencing their lives. As nurses gain more experience, they might use more than a single theoretical perspective in their family work. However, as a novice family nurse, it seems best to work from one theoretical approach.

**Components of Family Nursing Models**

Components of family nursing practice models are similar to those of other nursing models, but the family is the focus of nursing action and collaboration. These components include a purpose description of the model that regard the family as client. Part of this purpose identifies whether the recipient of care focuses on the *family as a unit* or the *family as context*. Authors of practice models generally state the assumptions that have guided their thinking as the model was developed. Assumptions are generally statements of beliefs and values that were used as the guiding criteria in the formulation of a particular model. Concepts are generally the key
In a family model, ideas underlying a family nursing practice are each named, explained and their relationships to one another are often presented in a visual model. The visualization can help you see how the concepts used are connected. It is useful to examine a model’s concepts to determine if the model is consistent with your perspective about family. Family concepts highlight what the theorist believes is important and they reflect specific family dynamics to assess and use in developing family interventions. Models generally explain how the concepts can be used to complete a family assessment, guide, or explain family dynamics that are connected with family health and/or illness. Family nursing practice models can provide understandings about health within families and the ways family health and illness are defined or treated. Most importantly, concepts provide ideas about assessment and nursing actions to facilitate the health or manage illness in a the family. Thinking family involves the development of the individual-nurse-family relationship, use of a selected family nursing model to guide your care strategies, and family communication skills.

**Family Models Provide Different Points-of-view**

Most recent family models emphasize the importance of understanding the family’s view of their world as a guide for nursing care. Using theoretical and clinical expertise, the nurse listens to the family and works with them to achieve goals aligned with family wishes that are collaborated with health professionals. Each model describes unique ideas about the processes pertinent to achieving a family focus relevant to health and illness and may include concepts adopted from other theories. For example, the seminal resiliency work of Aaron Antonovsky...
Family-Focused Nursing Care: *Think Family* and Transform Nursing Practice  
Denham, Eggenberger, Young, & Krumwiede  
Instructor Guide Chapter #8: Developing a Family Focused Nursing Practice  
(1994) and McCubbin and McCubbin (1987) advocated for the importance of addressing family strengths and family resilience as factors that strongly influenced the health and lives of families and their members. Their emphasis on family strengths and resilience is incorporated into most family nursing models now.

Friedman (1998) and Friedemann (1995) presented cultural views of the family as essential to consider in their models of family care. Friedman (1998) led nursing by focusing on the impact of culture on families and outlined the usual health beliefs and practices found in African-American, Hispanic, American Indian, and Asian American families. Culture was described in terms of ways it influenced family history, forms of family, values and coping, socialization functions, and health care functions. On the other hand, Friedemann (1995) explained the importance of considering the culture of each individual family by recognizing the contextual influences of culture and history on the family, while exploring how cultural heritage, beliefs, and values in achieving their family health goals were influencing factors. More recent work outlines essentials for cultural considerations in family nursing research with ethnically diverse families (Friedemann, 2003, 2013).

**Using the Family Health System Model**

Use of a family nursing theory should be consistent with one’s personal beliefs and values as it is to be used to guide personal clinical practice. The *Family Health System* (FHS) model is used as an exemplar to demonstrate one approach to family nursing (Anderson, 2000; Anderson & Tomlinson, 1992). Much more can be seen about this model in the textbook, but it is useful to think about some of the assumptions of the model (Box 8.1). Box 8.2 describes a case study example to demonstrate ways the model can be used for family assessment and
Box 8.1 Assumptions of the Family Health Systems Model

Maria has been discharged recently from the hospital where she experienced life-threatening hyperglycemia linked with her type 2 diabetes. She lives in a multi-family household with extended family members. Her husband and the father of her children is a migrant worker and is away from home. This plan of care uses the FHS Model to consider outcomes hoped to be achieved and suggests some the nursing interventions addressed with this family.

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<tr>
<th>Anticipated Outcomes</th>
<th>Family Interventions</th>
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Concern 1.
1. With family support, Maria will resume diabetic diet routine and exercise program. (Health realm)
2. BP and A1c value will return to an acceptable level determined by medical provider (Health realm).
3. Maria and her daughter will talk with other family members and plan needed dietary changes.

Concern 2.
1. Family meals will reflect Maria’s dietary needs. (Health/Interactive)
2. Household tasks will be divided among members and completed as determined. (Integrity/Developmental)
3. At least one family member accompanies Maria for evening walk. (Coping/Interactive)
4. Financial contributions to family life occurring. (Interactive)

Concern 3.
1. Family is talking about stress linked with husband/father’s absence as he is a migrant worker and living separate from them in a distant place.
2. Family roles are redistributed to address absent father and two families living together.

Address family concerns through **individual-nurse-family interaction**:
1. Discuss specific dietary changes and exercise needs to manage type 2 diabetes with Maria and daughter.
2. Plan with Maria ways to organize tasks associated with diabetes management and ways the family can support her. Maria wants to meet with clinic dietitian to review her dietary plan and learn more about reading labels.
3. Identify strategies to organize household tasks and ways to involve multiple household members so the stress of household work load is more evenly distributed.
4. Discuss supports and risks linked with establishing a daily activity plan.
5. Discuss with Maria and her oldest daughter other stressors they believe are affecting the family that might be interfering with successful management of type 2 diabetes.
6. Discuss with family ways they can remain connected with the husband/father, make a plan of things the family can do to involve children and adult family members.

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**Box 8.2 Family Assessment and Interventions Using the FHS Model**

<table>
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<tr>
<th>Family and Individual Information gathered during an Individual-Nurse-Family Interaction</th>
<th>Nurse Actions</th>
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Maria’s laboratory tests indicated that she has a hemoglobin A1c of 12.7%, indicating that she is having difficulty controlling her blood glucose level. At her previous visit four months earlier when the level was 11.4%, she was informed that she was at high risk for complications because her diabetes is not being managed. At her visit eight months ago, her hemoglobin A1c was 7.6%. Today, her admission blood pressure (BP) was 187/98. The nurse begins to hypothesize about what is happening that might have caused this change from previous results. (Health realm)

Maria has insurance for her family that she carried through her employment (daily intake form). Nurse knows that Maria has insurance through her work and knows she needs to be able to work to keep this insurance in force. (Health realm)

The family nurse greets Maria and her daughter and introduces herself. The nurse has a clipboard with the blank genogram and ecomap ready to engage the family.

The nurse asks Maria what brings her to the office today. Maria says she has headaches that are getting so painful and aspirin no longer helps her. The headaches are affecting her ability to concentrate at work and she feels tired all the time. The nurse asks the daughter, “What are your concerns for your mother?” The daughter says she is worried that her mother is doing too much and not taking care of herself. She has diabetes and is not watching her diet. (Health realm, Interaction realm, Coping realm)

Family nurse examines Maria’s lab work before the clinic office visit. Nurse knows two medical issues of concern need to be addressed (i.e., A1c, B/P). The nurse begins to hypothesize about what is happening that might have caused this change from previous results. (Health realm)
The nurse summarizes what Maria and her daughter have told her and asks if she has it correct.

The nurse is validating and affirming the family member’s perceptions and further I-N-F relationship.

While constructing the genogram, Maria and her daughter actively provide needed details about family and history. In the last six months, Maria’s husband died in a car accident, her oldest son lost his job, and his family of three children (ages 6, 3, and 1½) have moved in with her. Maria increased her work to full time for additional income and health insurance coverage. She has two teenage children at home, besides the married daughter who came with her today and lives one block away with her husband. (Health realm, Developmental realm, Coping realm, Integrity Realm, & Interactive Realm)

Nurse continues the family assessment by constructing the genogram with the family. She finds out who is in the family, recent critical family life events (death of husband & moving in of son and his family into family home). The family nurse continues to hypothesize about how all these family events have affected family dynamics and Maria’s health responses.

Maria shares that she has not been watching her diet, eating what she wants, and adjusting her blood sugar levels with regular insulin as needed. She comes home to cook for the whole family after working all day and it is easier to cook the “old way of the family with lots of deep frying because that is what everyone wants.” When asked about her diabetic knowledge, it was clear that she knew what is recommended, but since her husband died, she stopped doing the daily mile walk they used to do together after supper each night.

The nurse asks for further information about Maria’s management of her diabetes in relation to recent family life events. The nurse also asks a question to clarify her hypothesis about the connection between the diabetes management and recent life events.
<table>
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<tr>
<th>Traditional Individual Care Focused Questions:</th>
<th>Family Focused Interventive Questions:</th>
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<tbody>
<tr>
<td>What aspects of care might the nurse focus on with the individual illness impact only:</td>
<td>What aspects of care might the nurse say to Maria and her daughter after she learned about the headaches, current diabetes management, and stress in her life.</td>
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<tr>
<td>1. Tell me about the frequency of your headaches and what you do to try to make the headache lessen?</td>
<td>1. The nurse listens and says to Maria and her daughter. “From what you tell me, there seems to be a connection between the stresses in your life, such as the loss of your husband and children’s father, your son and his family moving in, your extra working, and the time to take care of yourself Maria with cooking and exercise that may be affecting you are having headaches? How do you see those connections impacting you?”</td>
</tr>
<tr>
<td>2. What can you do to help you eat a more nutritious diet and follow your diabetic diet?</td>
<td>2. To the daughter, she might ask her to comment on what she are her observations about the impact of those stressors on Maria?</td>
</tr>
<tr>
<td>3. What can you get your family to do to help you get your diabetes under control?</td>
<td>3. Based on what the daughter answers, What kinds of things might your family do to rearrange things to help relieve some of the stress for Maria?”</td>
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<tr>
<td>4. How can you lower the stress in your life?</td>
<td>1. What do you think a family plan might look like that would be healthier for all members of your family?</td>
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<tr>
<td>5. Do you understand the connections of having headaches to your blood pressure and relationship to your diabetes and heart health management? With the need to get the A1c levels down, adjusting your diabetes medication will be probably needed, you will need to return to your ADA diet guidelines, and return to your previous exercise program. The rest of the session would focus on the education for management of BP and diabetic management and then move on next to see the MD or NP for medication adjustment.</td>
<td>2. What would have to change in the way things are happening after you get home from work, so that the food you make is healthy for you? Who can help you? How can you tell the family what you need to manage your diabetes?</td>
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<td></td>
<td>3. The family nurse would also provide the education to reinforce the connection of BP and headaches, and increased A1c and the need for intensive attention to diabetes &amp; BP management, prepares the family for the visit with the MD or NP, but also discusses with the family the family factors that impact the health of Maria.</td>
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</table>
Examples of information received from family assessment using the FHS model to guide practice, this listed is a guide and not totally inclusive.

<table>
<thead>
<tr>
<th>FIVE REALMS</th>
<th>Interactive Processes</th>
<th>Developmental Processes</th>
<th>Coping Processes</th>
<th>Integrity Processes</th>
<th>Health Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Strengths</td>
<td>Family are in close proximity</td>
<td>Launching Family Stage</td>
<td>Daughter supportive and willing to attend appointments assist mother</td>
<td>Beliefs about helping family</td>
<td>Maria has needed knowledge of how to manage diabetes</td>
</tr>
<tr>
<td></td>
<td>Family is willing to support members</td>
<td>Helping adult children in need</td>
<td>Successfully launching children</td>
<td>Believe in working together to make your way</td>
<td>Utilizes medical system</td>
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<tr>
<td></td>
<td>Caring demonstrated</td>
<td></td>
<td></td>
<td></td>
<td>Has health insurance</td>
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<td></td>
<td></td>
<td></td>
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<td>Family members very concerned about family member health</td>
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</tbody>
</table>
### Areas of Concern

<table>
<thead>
<tr>
<th>Concern</th>
<th>Details</th>
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<tbody>
<tr>
<td>Not communicating much about husband’s absence</td>
<td>Return of son’s family to live with mother is not viewed as a problem, but needed help with extra household upkeep and cooking is stressful</td>
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<tr>
<td>No discussion about impact of son’s family moving in</td>
<td>Changes in family with absent family leader</td>
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<tr>
<td>Did not discuss with son Maria’s ideas of household contributions</td>
<td>Teenage daughter staying with friends more</td>
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<td>Family adult rules &amp; roles shifting</td>
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<td></td>
<td>In past, father initiated family discussions, now Maria is hesitant to do so, stress over continuing changes in home functioning</td>
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<td></td>
<td>Additional stress with new responsibilities at work</td>
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<td></td>
<td>Daughter worried about mother and angry with her son</td>
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<td></td>
<td>Maria’s belief that her adult son should know she needs help and offer without her asking</td>
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<td></td>
<td>Home is in disarray because of son’s family belongings in the house</td>
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<td></td>
<td>Routines off schedule</td>
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<tr>
<td></td>
<td>Maria’s elevated BP &amp; A1c levels</td>
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<tr>
<td></td>
<td>Returned to old cooking ways to please son &amp; family</td>
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<tr>
<td></td>
<td>Stopped usual exercise because husband not there to do it with her</td>
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<tr>
<td></td>
<td>Maria doing most of household work without help from son &amp; his wife</td>
</tr>
</tbody>
</table>

### The Calgary Family Nursing Assessment and Intervention Model

The Family Nursing Unit (FNU) was a unique outpatient faculty practice unit at the University of Calgary from 1982-2007. The purpose of the unit was to create and disseminate practice knowledge about how to helpful families experiencing serious illness. Lorraine Wright and a clinical team consisting of master’s students from the first group of graduate students admitted to the Faculty of Nursing offered the first therapeutic conversation with the first family in January 1982 and the last family was seen December 2007. Clinical practice was offered by a team of faculty and graduate students to families who supervised the clinical work of students and nurses as families suffering in their experience of serious illness. The theoretical basis for the Family-Focused Nursing Care ©2015
Family Nursing Unit clinical, educational, and research work between nurses and families was the Calgary Family Assessment Model (CFAM) and the Calgary Family Intervention Model (CFIM).

The care model used in FNU included a clinical team and live supervision for every therapeutic conversation and the focus was on advanced nursing practice with families. A total of 134 master's students and 8 doctoral students, and one family physician completed one or more clinical practicums within the unit. During their final practicum, students focused on clinical work with their population of families and were supervised by one of our graduates or another helping professional in the practice setting. The doctoral curriculum required one practicum and students specializing in Family Systems Nursing completed at least one practicum in the Family Nursing Unit and sometimes more. This detail about the FNU is provided because this Canadian program lasting 25 years has been the most robust program successfully producing nurse clinicians who have become leaders in Canada and around the world in family nursing.

The majority of students educated in the FNU were Canadian and from the geographic area. However, well over 250 international students and faculty visited the unit and observed the clinical practice with families and the education of graduate students. Some participated in research being conducted by the Calgary teams and others conducted their research with the students related to family nursing education. The visits ranged from a single day observational experience on a clinical day to a year or postdoctoral stay.

The FNU also offered the first Family Nursing Externship at the University of Calgary in the summer of 1987. The first externships were two weeks long with education about family theory and practice with families and included live sessions with families in the Family Nursing Unit. Videotaped examples of therapeutic conversations with families experiencing illness were
used in teaching. In the 1990s, the Externship was reduced to one week, offered once a year, and focused on the clinical models which were being developed and evolving. A Level II Externship was eventually added for those interested in more advanced clinical practice and research knowledge. Participants came from all over the world (e.g., Australia, Brazil, Canada, Chile, Denmark, Finland, Japan, Hong Kong, Iceland, Italy, Israel, Germany, New Zealand, Norway, Portugal, Poland, Singapore, Scotland, Spain, Sweden, Switzerland, Taiwan, Thailand, Viet Nam, United States). Invitations to take the Externship workshop "on the road" taught a similar format of workshop in Japan, United States, Canada, Iceland, Sweden, Switzerland, and many other countries. In all learning through the Family Nursing Externships has been extended to over 3500 graduate students, academics, and practicing nurses. The leadership provided by Drs. Wright, Bell, and Leahey for family nursing practice, education, and research has continued across the world after the closure of the Family Nursing Unit.

Dr. Lorraine Wright and Dr. Janice Bell used the Family Nursing Unit to teach and supervise students and nurses in use of the *Calgary Family Assessment Model* (CFAM) and the *Calgary Family Intervention Model* (CFIM). These models can guide nurses to use therapeutic conversations to support the work of the family systems nurse as needs of families are addressed. Assessment involves evaluation of the structural, developmental, and functional aspects of family life at particular times to address the suffering from illness, loss or serious disability (Wright & Leahey, 2009). In the CFAM, family structure includes family composition, sex, sexual orientation, rank order, subsystems, and family boundaries. Family development includes assessment of the family states, tasks, and attachments. Family function focuses on activities of daily living, communication, problem solving, power, beliefs, alliances, and coalitions. The CFAM and CFIM models continue to be used and taught by nurse educators across the world.

Family-Focused Nursing Care ©2015
The CFIM is the organizing framework for conceptualizing the intersection between a particular domain of family functioning and the specific interventions offered by the nurse (Wright & Leahey, 2009). Nursing actions can be used to promote, improve, and sustain effective family functioning in cognitive, affective, and behavioral domains. Through therapeutic conversations with the family, a collaboration to address pertinent family aspects occurs.

References


Retrieved from [http://www2.fiu.edu/~friedemm/](http://www2.fiu.edu/~friedemm/)


