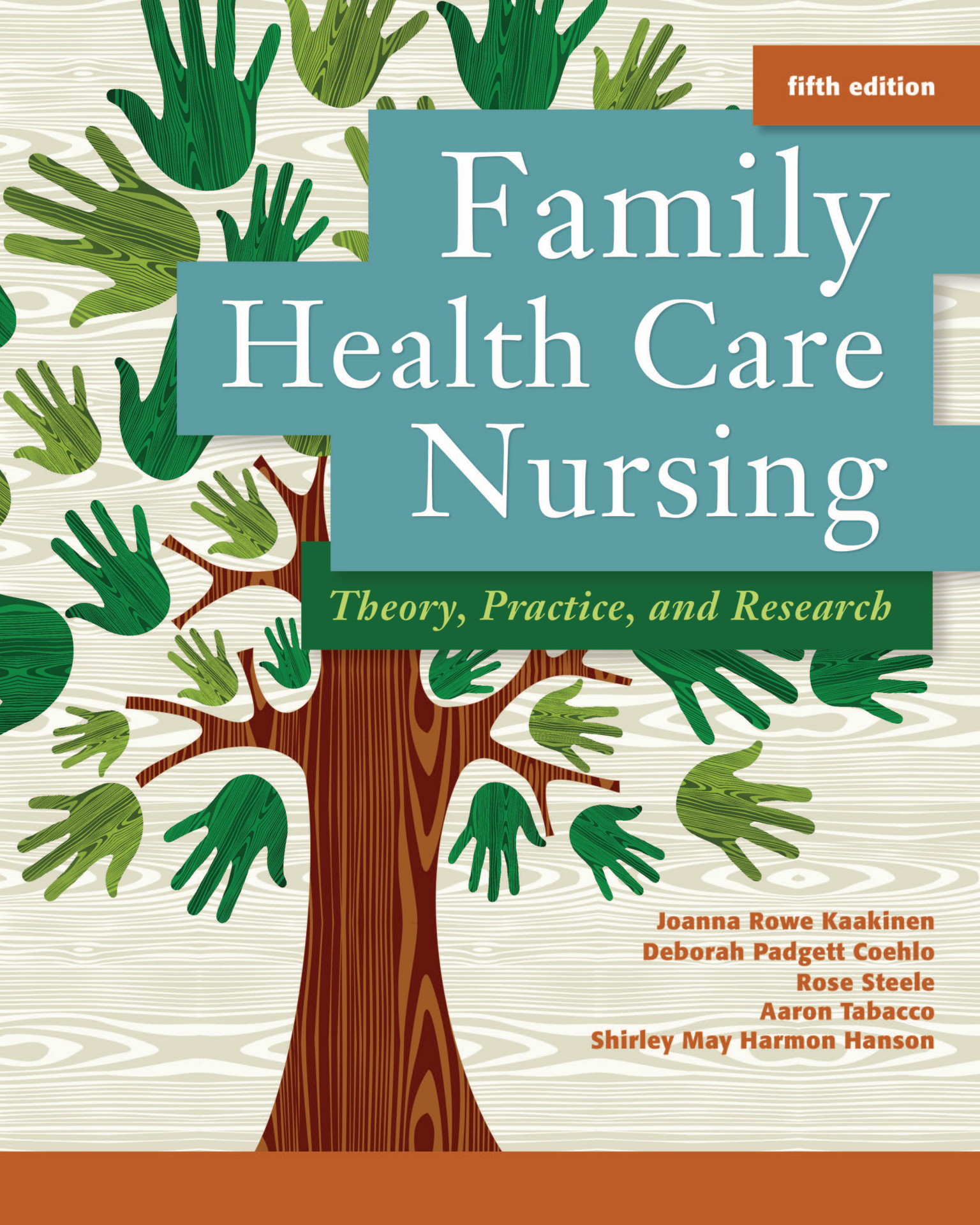
fifth edition
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Theory, Practice, and Research
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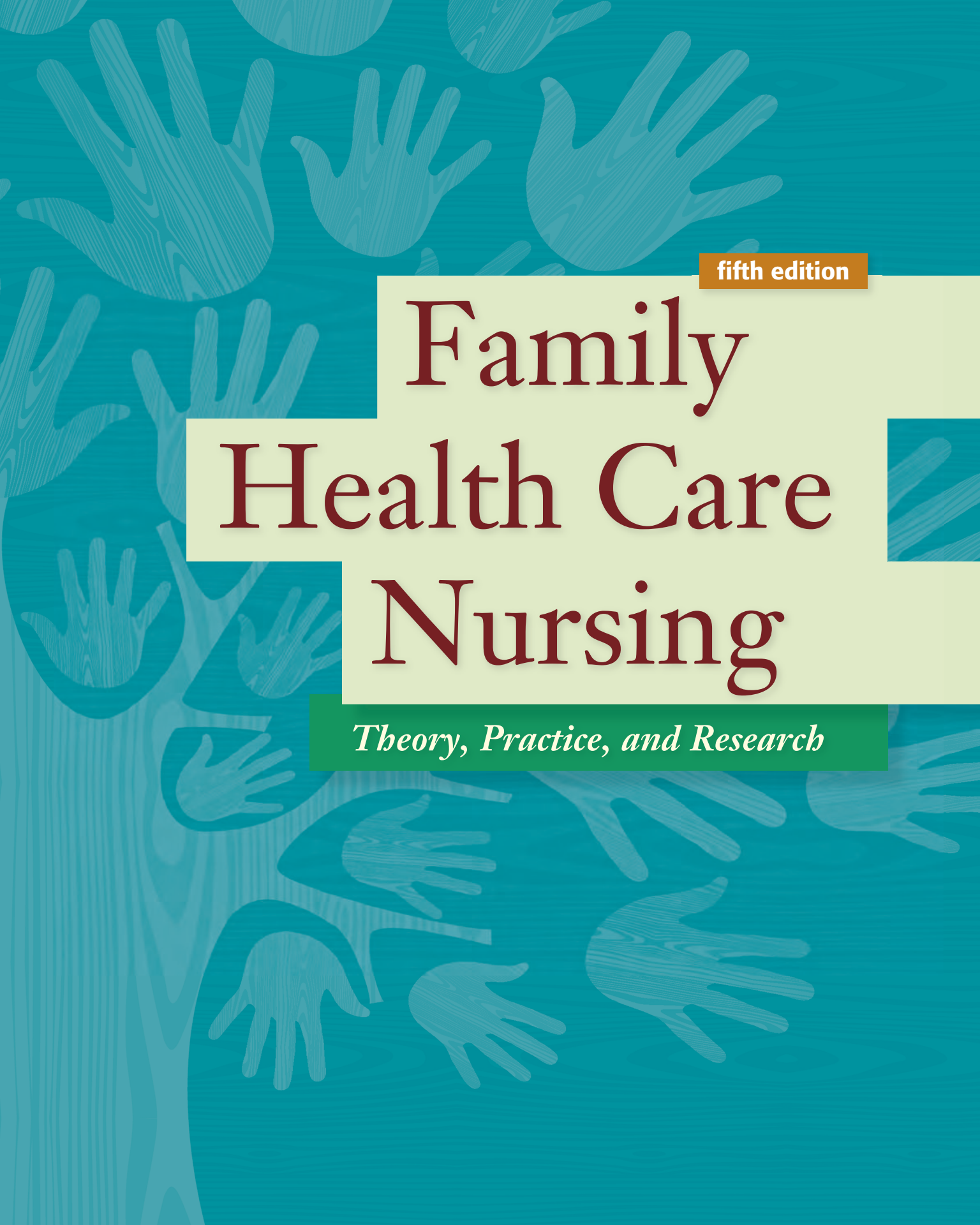

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Family Health Care Nursing

Theory, Practice, and Research

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dedication

Vivian Rose Gedaly-Duff, RN, DNS

Family nursing lost an exemplary family nurse and nursing scholar in September 2012: Vivian Rose Gedaly-Duff, our esteemed colleague and friend. As one of the editors of Family Health Care Nursing: Theory, Practice, and Research *for the third and fourth editions, Vivian worked tirelessly to elevate our collective thoughts and work. Even as Vivian courageously battled breast cancer, she always asked about this edition of this textbook, offering her wisdom and insight to us. Our work in family nursing, and family nursing itself, is infinitely better because of Vivian.*

We dedicate this fifth edition of Family Health Care Nursing: Theory, Practice, and Research *to Vivian Rose Gedaly-Duff. Vivian, we miss you and think of you often.*

—Editorial Team

Joanna, Deborah, Rose, Aaron, and Shirley

foreword

I am proud to have been the founder of *Family Health Care Nursing: Theory, Practice, and Research* with the first edition published in 1996. I am honored to be asked to write this particular foreword, as this fifth edition of this textbook attests and gives credence to the ongoing evolution and development in the field of family nursing. This edition also marks the end of my long nursing, academic, and writing career. It is time to retire and step aside for the younger generation of family nurses to take over. It is exciting to think about what family nursing will look like in the future.

Family Health Care Nursing: Theory, Practice, and Research (I–V) is an ever changing and comprehensive textbook originally developed to reflect and promote the art and science of family nursing. This all-inclusive far-reaching compendium of integrating theory, practice, and research continues in this fifth edition of this textbook.

All editions of this distinctive textbook were published by F. A. Davis. I am grateful for their faith, trust, and support in carrying the legacy of family nursing forward. This book originated when I was teaching family nursing at Oregon Health and Science University (OHSU) School of Nursing in Portland, Oregon. At that time there was no comprehensive or authoritative textbook on the nursing care of families that matched our program of study. This was the impetus I needed to write and edit the first edition of *Family Health Care Nursing: Theory, Practice, and Research* (Hanson and Boyd, 1996). The first edition met a need of nursing educators in many other nursing schools around the world, so F. A. Davis invited me to revise, update, and publish the second edition, which came out in 2001. For the third edition, I asked two additional scholars to join me in writing and editing this edition: the late Dr. Vivian Rose Gedaly-Duff from OHSU (see Dedication) and Dr. Joanna Rowe Kaakinen, then from the University of Portland and now from Linfield College Portland campus. A separate *Instructors' Manual*, a new feature of the third edition, was developed by Dr. Deborah Padgett Coehlo when she was on faculty at Oregon State University (Bend, OR). This wonderful infusion of nursing colleagues and scholars elevated this textbook to a whole other level.

After my retirement from active full-time teaching and professional practice, the capable Dr. Joanna Rowe Kaakinen assumed the leadership for the fourth edition (2010). Along with Drs. Vivian Gedaly-Duff, Deborah Padgett Coehlo, and myself, we produced the fourth edition of this cutting-edge family nursing textbook that included some Canadian-specific family content. For the fourth edition Dr. Deborah Padgett Coehlo wrote the first online teachers' manual that accompanied this edition; two other online chapters were added to this fourth edition: research in families/family nursing and international family nursing. Dr. Joanna Rowe Kaakinen is the lead editor of this fifth edition. In thinking about the sixth edition and the future of the text, a younger family nursing scholar Aaron Tabacco (PhC) was added to the editorial team. Dr. Rose Steele, our Canadian colleague from Toronto, joined our writing team. Dr. Deborah Coehlo continues as editor and now brings the perspective of family nursing from her pediatric practice as a PNP in Bend, Oregon. My last contribution to this book is as editor on this fifth edition. This edition has taken on a much more international flair, especially for North America, as Canadian authors were added to many of the writing teams.

The first three editions of this textbook received the following awards: the American Journal of Nursing Book of the Year Award and the Nursing Outlook Brandon Selected Nursing Books Award. Every new edition has been well received around the world and every edition has brought forth new converts to family nursing. Previous editions of the text were translated or published in Japan, Portugal, India, Pakistan, Bangladesh, Burma, Bhutan, and

Nepal. I anticipate even more international interest for this fifth edition as the message of family nursing continues to spread across the globe. It is also interesting to note that online sales of the book come from many countries.

Contributors to this edition were selected from distinguished practitioners, researchers, theorists, scholars, and teachers from nursing and family social scientists across the United States and Canada. Like any good up-to-date textbook, some subject matter stayed foundational and other subject matter changed based on current evidence. As family nursing evolved, different authors and editors were added to the writing team. This textbook is a massive undertaking involving 30 committed nurses and family scholars, not to mention the staff of F. A. Davis. The five editors of this fifth edition are grateful for this national and international dedication to family nursing. Together we all continue to increase nursing knowledge pertaining to the nursing care of families across the globe.

This fifth edition builds on the previous editions. The primary shift in the direction of this edition is to make family nursing practice meaningful and realistic for nursing students. The first unit of the book addresses critical foundational knowledge pertaining to families and nursing. The second unit concentrates on theory-guided, evidence-based practice of the nursing care of families across the life span and in a variety of specialties. In addition to the large increase of Canadian contributors, substantial updates took place in all chapters. A new chapter, Trauma and Family Nursing, was added. Other new or updated features of this edition include the following:

- A strong emphasis on evidence-based practice in each chapter.
- Five selected family nursing theories interwoven throughout the book.
- Family case studies that demonstrate the practice of family nursing.
- Content that addresses family nursing in both Canada and the United States (North America).

Family nursing, as an art and science, has transformed in response to paradigm shifts in the profession and in society over time. As a nursing student in the United States during the 1950s, the focus of care was on individuals and centered in hospitals. As time passed and the profession matured, nursing education and practice expanded and shifted to more family-centered care and community-based nursing. The codified version of family nursing really emerged and peaked during the 1980s and 1990s in the United States and Canada, where the movement was headquartered. Even though this initial impetus for family nursing came from North America, the concept spread quickly around the world. Asian countries, in particular, have embraced family nursing, and though they initially translated books coming from the United States or Canada, they have matured to creating their own books and theories for family nursing. The Scandinavian countries have expanded their own scholarship and tailored family nursing to their own unique countries and populations. Today, it could be said that family nursing is without borders and that no one country owns family nursing.

The International Family Nursing Association (IFNA) was established in 2009 for the purpose of advancing family nursing and creating a global community of nurses who practice with families. The 11th International Family Nursing Conference (and the first official conference of IFNA) took place June 19–22, 2013, in Minneapolis, Minnesota, USA. This new professional body (IFNA) is assuming the leadership for keeping family nursing at the forefront of theory development, practice, research, education, and social policy across the globe.

Family nursing has become more than just a "buzzword" but rather an actual reality. Family nursing is being taught in many educational institutions, practiced in multiple health care settings, and globally actualized by many nurses. Nursing care to individuals, regardless of place, occurs within the context of families and communities—all of which can be called "family nursing." Most everyone in the nursing profession agrees that a profound, reciprocal relationship exists between families, health, and nursing.

This book and current edition recognizes that nursing as a profession has a close alignment with families. Nurses share many of the responsibilities with families for the care and protection of their family members. Nurses have an obligation to help families promote and advance the care and growth of both individual family members and families as a unit. This textbook provides nursing students the knowledge base and the processes to become effective in their nursing care with families. Additionally, families benefit when already practicing registered

nurses use this knowledge to reorganize their nursing care to be more family centered and develop working partnerships with families to strengthen family systems. *Family Health Care Nursing: Theory, Practice, and Research* was written by nurses for nurses who practice nursing care of families. Students will learn how to tailor their assessment and interventions with families in health and illness, in physical as well as mental health, across the life span, and in all the settings in which nurses and families interface. I firmly believe that this fifth edition of this textbook is at the cutting edge of this practice challenge for the next decade, and will help to marshal the nursing profession toward improving nursing care of families.

—Shirley May Harmon Hanson, RN, PhD, PMHNP/ARNP, FAAN, CFLE, LMFT
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Overview of the Fifth Edition

Ask anyone about a time they were affected by something that happened to one of their family members, and you will be overwhelmed with the intensity of the emotions and the exhaustive details. Every individual is influenced significantly by their families and the structure, function, and processes within their families. Even individuals who do not interact with their families have been shaped by their families. The importance and connection between individuals and their families have been studied expansively in a variety of disciplines, including nursing.

As such, the importance of working in partnerships with families in the health care system is evident. Yet many health care providers view dealing with patients' families as an extra burden that is too demanding. Some nurses are baffled when a family acts or reacts in certain ways that are foreign to their own professional and personal family experiences. Some nurses avoid the tensions and anxiety that exist in families during a crisis situation. But it is in just such situations that families most need nurses' understanding, knowledge, and guidance. The purpose of this book is to provide nursing students, as well as practicing nurses, with the understanding, knowledge, and guidance to practice family nursing. This fifth edition of the textbook focuses on theory-guided, evidence-based practice of the nursing care of families throughout the family life cycle and across a variety of clinical specialties.

Use of the Book

Family Health Care Nursing: Theory, Practice, and Research, fifth edition, is organized so that it can be used on its own and in its entirety to structure a course in family nursing. An alternative approach for the use of this text is for students to purchase the book at the beginning of their program of study so that specific chapters can be assigned for specialty courses throughout the curriculum. The fifth edition complements a concept-based curriculum design. For example, Chapter 16, Family Mental Health Nursing, could be assigned when students take their mental health nursing course, and Chapter 13, Family Child Health Nursing, could be studied during a pediatric course or in conjunction with life-span–concept curriculum for chronic illness and acute care courses. Thus, this textbook could be integrated throughout the undergraduate or graduate nursing curriculum.

Canadian Content

Moreover, this fifth edition builds on successes of the past editions and responds to recommendations from readers/users of past editions. Because of the ever-evolving nature of families and the changing dynamics of the health care system, the editors added new chapters, consolidated chapters, and deleted some old chapters. Importantly, this fifth edition incorporates additional Canadian-specific content. Though it is true that the United States and Canada have different health care systems, so many of the stressors and challenges for families overlap. One of the editors for this fifth edition, Rose Steele, is from Toronto and helped expand our concepts about Canadian nursing. Moreover, a number of chapters in the text have a combined author team of scholars from both Canada and the United States: Chapter 5, Family Social Policy and Health Disparities; Chapter 12, Family Nursing With Childbearing Families; and Chapter 17, Families and Community/Public Health Nursing. Two chapters in this edition were written by an all-Canadian team: Chapter 6, Relational

Nursing and Family Nursing in Canada and Chapter 10, Families in Palliative and End-of-Life Care. All of the chapters in this edition include information, statistics, programs, and interventions that address the individual needs of families and family nurses from both Canada and the United States.

Additions and Deletions

This edition contains one new chapter: Chapter 11, Trauma and Family Nursing. Between the advanced understanding of brain function and general physiology; the mind and body response to severe and/or prolonged stress; and the increase in trauma experienced by families through war, natural disasters, and family violence, the need to understand, prevent, treat, and monitor the effects of trauma on individuals and families has never been more vital. Therefore, we felt it was essential to include ways family nurses could work with these families. All chapters have been changed and updated significantly to reflect the present state of "family," current evidence-based practice, research, and interventions. Many of the chapters now include a second family case study to illustrate further the evidence discussed throughout that specific chapter. We deleted the chapter on the future of families and family nursing because changes in health care reform, social policy, and families are occurring at such a rate that it is impossible to predict what the future will hold.

Structure of the Book

Each chapter begins with the critical concepts to be addressed within that chapter. The purpose of placing the critical concepts at the beginning of the chapter is to focus the reader's thinking and learning and offer a preview and outline of what is to come. Another organizing framework for the book is presented in Chapter 3, Theoretical Foundations for the Nursing of Families. This chapter covers the importance of using theory to guide the nursing of families and presents five theoretical perspectives, with a case study demonstrating how to apply these five theoretical approaches in practice. These five theories are threaded throughout the book and are applied in many of the chapter case studies. As stated earlier, most of the chapters include two case studies; all of the case studies contain family genograms and ecomaps.

The main body of the book is divided into three units: Unit 1: Foundations in Family Health Care Nursing, which includes Chapters 1 to 5; Unit 2: Families Across the Health Continuum, which includes Chapters 6 to 11; and Unit 3: Nursing Care of Families in Clinical Areas, which includes Chapters 12 to 17. The *Family Health Care Nursing Instructors' Guide* is an online faculty guide that provides assistance to faculty using/teaching family nursing or the nursing care of families in a variety of settings. Each chapter also includes a PowerPoint presentation, Case Study Learning Activities, and other online assets, which can be found at www.DavisPlus.com.

UNIT 1

Foundations in Family Health Care Nursing

Chapter 1: Family Health Care Nursing: An Introduction provides foundational materials essential to understanding families and nursing. Two nursing scholars have worked on this chapter now for three editions: Joanna Rowe Kaakinen, PhD, RN, Professor at the Linfield College School of Nursing and Shirley May Harmon Hanson, RN, PhD, PMHNP/ARNP, FAAN, CFLE, LMFT, Professor Emeritus at Oregon Health and Science University School of Nursing. The chapter lays down crucial foundational knowledge about families and family nursing.

The first half of the chapter discusses dimensions of family nursing and defines family, family health, and healthy families. The chapter follows with an explanation of family health care nursing and the nature of interventions in the nursing care of families, along with the four approaches to family nursing (context, client, system, and component of society). The chapter then presents the concepts or variables that influence family nursing, family nursing roles, obstacles to family nursing practice, and the history of family nursing. The second half of the chapter elaborates on theoretical ideas involved with understanding family structure, family functions, and family processes.

Chapter 2: Family Demography: Continuity and Change in North American Families provides nurses with a basic contextual orientation to the demographics of families and health. All three authors are experts in statistics and family demography. Three sociologists joined to update and

write this chapter: Lynne M. Casper, PhD, Professor of Sociology and Director of the South California Population Research Center, University of Southern California (USC); Sandra M. Florian, MA, PhD Candidate, who is a graduate student/research assistant, Population Research Center at USC Department of Sociology; and Peter D. Brandon, PhD, Professor, Department of Sociology, The University at Albany (SUNY), New York. This chapter examines changes and variations in North American families in order to understand what these changes portend for family health care nursing during the first half of this century. The subject matter of the chapter is structured to provide family nurses with background on changes in the North American family so that they can understand their patient populations. The chapter briefly touches on the implications of these demographic patterns on practicing family nursing.

Chapter 3: Theoretical Foundations for the Nursing of Families is co-authored by two of the editors of this textbook: Joanna Rowe Kaakinen and Shirley May Harmon Hanson. This chapter lays the theoretical groundwork needed to practice family nursing. The introduction builds a case for why nurses need to understand the interactive relationship among theory, practice, and research. It also makes the point that no single theory adequately describes the complex relationships of family structure, function, and processes. The chapter then continues by delineating and explaining relevant theories, concepts, propositions, hypotheses, and conceptual models. Selected for this textbook, and explained in this chapter, are five theoretical/conceptual models: Family Systems Theory, Developmental and Family Life Cycle Theory, Bioecological Theory, Rowland's Chronic Illness Framework, and the Family Assessment and Intervention Model. Using basic family case studies, the chapter explores how each of the five theories could be used to assess and plan interventions for a family. This approach enables learners to see how different interventions are derived from different theoretical perspectives.

Chapter 4: Family Nursing Assessment and Intervention is co-authored by Joanna Rowe Kaakinen and Aaron Tabacco, BSN, RN, Doctoral Candidate, who is a Student Instructor, Undergraduate Nursing Programs at Oregon Health Sciences University, Portland, Oregon. The purpose of this chapter is to present a systematic approach to develop a plan of action for the family, *with* the family, to address its most pressing needs. These authors built on the traditional nursing process model to create a dynamic systematic family nursing assessment approach. Assessment strategies include selecting assessment instruments, determining the need for interpreters, assessing for health literacy, and learning how to diagram family genograms and ecomaps. The chapter also explores ways to involve families in shared decision making, and explores analysis, a critical step in the family nursing process that helps focus the nurse and the family on identification of the family's primary concern(s). The chapter uses a family case study as an exemplar to demonstrate the family nursing assessment and intervention.

Chapter 5: Family Social Policy and Health Disparities exposes nurses to social issues that affect the health of families and strongly challenge nurses to become more involved in the political aspects of health policy. This chapter is co-authored by two experienced nurses in the social policy arena and a sociology professor: Isolde Daiski, RN, BScN, EdD, Associate Professor, School of Nursing, from York University, Toronto, Ontario, Canada; Casey R. Shillam, PhD, RN-BC, Director of the BSN program at Western Washington State University, Bellingham, Washington; Lynne M. Casper, PhD, Professor Sociology at the University of Southern California; and Sandra Florian, MA, a graduate student at the University of Southern California. These authors discuss the practice of family nursing within the social and political structure of society. They encourage the readers to understand their own biases and how these contribute to health disparities. In this chapter, students learn about the complex components that contribute to health disparities. Nurses are called to become politically active, advocate for vulnerable families, and assist in the development of creative alternatives to social policies that limit access to quality care and resources. These authors present the difficulties families face in the current political climate in both the United States and Canada, as the legal definition of family is being challenged and family life evolves. The chapter touches on social policies, or lack of them, specifically policies that affect education, socioeconomic status, and health insurance. The chapter also explores determinants of health disparities, which include infant mortality rates, obesity, asthma, HIV/AIDS, aging, women's issues, and health literacy.

UNIT 2

Families Across the Health Continuum

Chapter 6: Relational Nursing and Family Nursing in Canada is co-authored by Canadian nursing scholars Colleen Varcoe, PhD, RN, Associate Professor and Associate Research Director at the University of British Columbia, School of Nursing in Vancouver, British Columbia, Canada; and Gweneth Hartrick Doane, PhD, RN, Professor, School of Nursing, University of Victoria, British Columbia, Canada. Relational inquiry family nursing practice is oriented toward enhancing the capacity and power of people/families to live a meaningful life (meaningful from their own perspective). Understanding and working directly with context provides a key resource and strategy for responsive, health-promoting family nursing practice. Grounded in a relational inquiry approach, this chapter focuses specifically on the significance of context in family nursing practice in Canada. The chapter highlights the interface of sociopolitical, historical, geographical, and economic elements in shaping the health and illness experiences of families in Canada and the implications for family nursing practice. The chapter covers some of the key characteristics of Canadian society, and how those characteristics shape health, families, health care, and family nursing. Informed by a relational inquiry approach to family nursing, the chapter turns to the ways nurses might practice more responsively and effectively based on this understanding.

Chapter 7: Genomics and Family Nursing Across the Life Span is authored by a nursing expert in nursing genomics, Dale Halsey Lea, MPH, RN, CGC, FAAN, Consultant, Public Health Genomics and Adjunct Lecturer for University of Maine School of Nursing. The ability to apply an understanding of genetics in the care of families is a priority for nurses and for all health care providers. As a result of genomic research and the rapidly changing body of knowledge regarding genetic influences on health and illness, more emphasis has been placed on involving all health care providers in this field, including family nursing. This chapter describes nursing responsibilities for families of persons who have, or are at risk for having, genetic conditions. These responsibilities are described for families before conception, with neonates, teens in families, and families with members in the middle to elder years. The goal of the chapter is to describe the relevance of genetic information within families when there is a question about genetic aspects of health or disease for members of the family. The chapter begins with a brief introduction to genomics and genetics. The chapter then explains how families react to finding out they are at risk for genetic conditions, and decide how and with whom to disclose genetic information, and the critical aspect of confidentiality. The chapter outlines the components of conducting a genetic assessment and history, and offers interventions that include education and resources. Several specific case examples and a detailed case study illustrate nurses working with families who have a genetic condition.

Chapter 8: Family Health Promotion is written by Yeoun Soo Kim-Godwin, PhD, MPH, RN, Professor of Nursing; and Perri J. Bomar, PhD, RN, Professor Emeritus, who are both from the School of Nursing at the University of North Carolina, Wilmington. Fostering the health of the family as a unit and encouraging families to value and incorporate health promotion into their lifestyles are essential components of family nursing practice. The purpose of this chapter is to introduce the concepts of family health and family health promotion. The chapter presents models to illuminate these concepts, including the Model of Family Health, Family Health Model, McMaster Model of Family Functioning, Developmental Model of Health and Nursing, Family Health Promotion Model, and Model of the Health-Promoting Family. The chapter also examines internal and external factors through a lens of the bioecological systems theory that influence family health promotion. It covers family nursing intervention strategies for health promotion, and presents two family case studies demonstrating how different theoretical approaches can be used for assessing and intervening in the family for health promotion. The chapter also discusses the role of nurses and intervention strategies in maintaining and regaining the highest level of family health. Specific interventions presented include family empowerment, anticipatory guidance, offering information, and encouraging family rituals, routines, and time together.

Chapter 9: Families Living With Chronic Illness is co-authored by Joanna Rowe Kaakinen and Sharon A. Denham, DSN, RN, Professor, Houston J. and Florence A. Doswell Endowed

Chair in Nursing for Teaching Excellence, Texas Woman's University, Dallas, Texas. The purpose and focus of this chapter is to describe ways for nurses to think about the impact of chronic illness on families and to consider strategies for helping families manage chronic illness. The first part of this chapter briefly outlines the global statistics of chronic illness, the economic burden of chronic diseases, and three theoretical perspectives for working with families living with chronic illness. The majority of the chapter describes how families and individuals are challenged to live a quality life in the presence of chronic illness and how nurses assist these families. Specific attention is drawn to families with children who have a chronic illness and families with an adult member living with a chronic illness. The chapter addresses adolescents who live with a chronic illness as they transition from pediatric to adult medical care, siblings of children with a chronic illness and their specific needs, and the needs of young caregivers who provide care for a parent who has a chronic illness. The chapter presents two case studies: one a family who has an adolescent with diabetes and one a family helping its elderly parent and grandparent manage living with Parkinson's disease.

Chapter 10: Families in Palliative and End-of-Life Care is written by Rose Steele, PhD, RN, Professor, York University School of Nursing, Toronto, Ontario, Canada; Carole A. Robinson, PhD, RN, Associate Professor, University of British Columbia, Okanagan School of Nursing, British Columbia, Canada; and Kimberley A. Widger, PhD, RN, Assistant Professor, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Ontario, Canada. This chapter details the key components to consider in providing palliative and end-of-life care, as well as families' most important concerns and needs when a family member experiences a life-threatening illness or is dying. It also presents some concrete strategies to assist nurses in providing optimal palliative and end-of-life care to all family members. More specifically, the chapter begins with a brief definition of palliative and end-of-life care, including its focus on improving quality of life for patients and their families. The chapter then outlines principles of palliative care and ways to apply these principles across all settings and regardless of whether death results from chronic illness or a sudden or traumatic event. Two evidence-based, palliative care and end-of-life case studies conclude the chapter.

Chapter 11: Trauma and Family Nursing is written by Deborah Padgett Coehlo, PhD, C-PNP, PMHS, CFLE, Developmental and Behavioral Specialist, Juniper Ridge Clinic, Bend, Oregon, and adjunct faculty at Oregon State University. Dr. Coehlo has been on the editorial team for two editions of this text. Using theory-guided practice, this chapter helps nurses develop knowledge about trauma and family nurses' key role in the field of trauma. It emphasizes the importance of prevention, early treatment, encouraging family resilience, and helping the family to make meaning out of negative events. This chapter also stresses an understanding of secondary trauma, or the negative effects of witnessing trauma of others. This discussion is particularly salient for family nurses, because they are some of the most likely professionals to encounter traumatized victims in their everyday practice. Two case studies explicate family nursing when working with families who are experiencing the effects of traumatic life events.

UNIT 3

Nursing Care of Families in Clinical Areas

Chapter 12: Family Nursing With Childbearing Families is written by Linda Veltri, PhD, RN, Clinical Assistant Professor, Oregon Health Science University, School of Nursing, Ashland, Oregon, Campus; Karline Wilson-Mitchell, RM, CNM, RN, MSN, Assistant Professor, Midwifery Education Program, Ryerson University, Ontario, Canada; and Kathleen Bell, MSN, CNM, AHN-BC, Clinical Associate, School of Nursing, Linfield College, Portland, Oregon. The focus of childbearing family nurses is family relationships and the health of all family members. Therefore, nurses involved with childbearing families use family concepts and theories as part of developing the plan of nursing care. A review of literature provides current evidence about the processes families experience when deciding on and adapting to childbearing, including theory and clinical application of nursing care for families planning pregnancy, experiencing pregnancy, adopting and fostering children, struggling with infertility, and coping with illness during the early postpartum period. This chapter starts by presenting theoretical perspectives that guide nursing practice with childbearing families. It continues with an exploration of

family nursing with childbearing families before conception through the postpartum period. The chapter covers specific issues childbearing families may experience, including postpartum depression, attachment concerns, and postpartum illness. Nursing interventions are integrated throughout this chapter to demonstrate how family nurses can help childbearing families prevent complications, increase coping strategies, and adapt to their expanded family structure, development, and function. The chapter concludes with two case studies that explore family adaptations to stressors and changing roles related to childbearing.

Chapter 13: Family Child Health Nursing is written by Deborah Padgett Coehlo. A major task of families is to nurture children to become healthy, responsible, and creative adults who can develop meaningful relationships across the life span. Families experience the stress of normative transitions with the addition of each child and situational transitions when children are ill. Knowledge of the family life cycle, child development, and illness trajectory provides a foundation for offering anticipatory guidance and coaching at stressful times. Family life influences the promotion of health and the experience of illness in children, and is influenced by children's health and illness. This chapter provides a brief history of family-centered care of children and then presents foundational concepts that will guide nursing practice with families with children. The chapter goes on to describe nursing care of well children and families with an emphasis on health promotion, nursing care of children and families in acute care settings, nursing care of children with chronic illness and their families, and nursing care of children and their families during end of life. Case studies illustrate the application of family-centered care across settings.

Chapter 14: Family Nursing in Acute Care Adult Settings is written by Vivian Tong, PhD, RN, and Joanna Rowe Kaakinen, PhD, RN, both professors of nursing at Linfield College-Good Samaritan School of Nursing, Portland, Oregon. Hospitalization for an acute illness, injury, or exacerbation of a chronic illness is stressful for patients and their families. The ill adult enters the hospital usually in a physiological crisis, and the family most often accompanies the ill or injured family members into the hospital; both the patient and the family are usually in an emotional crisis. Families with members who are acutely or critically ill are seen in adult medical-surgical units, intensive care or cardiac care units, or emergency departments. This chapter covers the major stressors that families experience during hospitalization of adult family members, the transfer of patients from one unit to another, visiting policies, family waiting rooms, home discharge, family presence during cardiopulmonary resuscitation, withdrawal or withholding of life-sustaining therapies, end-of-life family care in the hospital, and organ donation. The content emphasizes family needs during these critical events. This chapter also presents a family case study in a medical-surgical setting that demonstrates how the Family Assessment and Intervention Model and the FS^{3}I can be used as the framework to assess and intervene with a particular family.

Chapter 15: Family Health in Mid and Later Life is co-authored by Diana L. White, PhD, Senior Research Associate in Human Development and Family Studies, Institute of Aging at Portland State University, Portland, Oregon, and Jeannette O'Brien, PhD, RN, Assistant Professor at Linfield College–Good Samaritan School of Nursing, Portland, Oregon. The chapter employs the life course perspective, family systems models, and developmental theories as the guiding organizational structure. The chapter presents evidence-based practice on working with adults in mid and later life, including a review of living choices for older adults with chronic illness, and the importance of peer relationships and intergenerational relationships to quality of life. This chapter includes extensive information about family caregiving for and by older adults, including spouses, adult children, and grandparents. Two case studies conclude the chapter. One family case study illustrates the integrated generational challenges facing older adults today. The second case study addresses care of an elderly family member who never married and has no children. This case presents options for caregiving and the complexity of living healthy.

Chapter 16: Family Mental Health Nursing has been completely revised for this edition. It is written by Laura Rodgers, PhD, RN, PMHNP, Professor of Nursing at Linfield College–Good Samaritan School of Nursing, Portland, Oregon. Dr. Rodgers brings to her writing both her scholarly perspective and clinical practice as a psychiatric nurse practitioner in private practice. The chapter begins with a brief demographic overview of the pervasiveness of mental health conditions (MHCs)

in both Canada and the United States. The remainder of the chapter focuses on the impact a specific MHC can have on the individual with the MHC, individual family members, and the family as a unit. Although the chapter does not go into specific diagnostic criteria for various conditions, it does offer nursing interventions to assist families. One case study explores the impact and treatment of substance abuse. The second presents how a family nurse can work with a family to improve the health of all family members when one family member lives with paranoid schizophrenia.

Chapter 17: Families and Community/Public Health Nursing is co-authored by a North American writing team: Linda L. Eddy, PhD, RN, CPNP, Associate Professor, Washington State University Intercollegiate College of Nursing, Vancouver, Washington; Annette Bailey, PhD, RN, Assistant Professor, Daphne Cockwell School of Nursing, Ryerson University, Toronto, Ontario, Canada; and Dawn Doutrich, PhD, RN, CNS, Associate Professor, Washington State University Intercollegiate College of Nursing, Vancouver, Washington. Healthy communities are comprised of healthy families. Community/public health nurses understand the effects that communities can have on individuals and families, and recognize that a community's health is reflected in the health experiences of its members and their families. This chapter offers a description of community health nursing promoting the health of families in communities. It begins with a definition of community health nursing, and follows with a discussion of concepts and principles that guide the work of these nurses, the roles they enact in working with families and communities, and the various settings where they work. This discussion is organized around a visual representation of community health nursing. The chapter ends with discussion of current trends in community/public health nursing and a family case study that demonstrates working with families in the community.

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Foundations in Family Health Care Nursing

UNIT 1

chapter 1

Family Health Care Nursing
An Introduction

Joanna Rowe Kaakinen, PhD, RN

Shirley May Harmon Hanson, PhD, PMHNP/ARNP, FAAN, CFLE, LMFT

Critical Concepts

- Family health care nursing is an art and a science that has evolved as a way of thinking about and working with families.
- Family nursing is a scientific discipline based in theory.
- Health and illness are family events.
- The term *family* is defined in many ways, but the most salient definition is, *The family is who the members say it is.*
- An individual's health (on the wellness-to-illness continuum) affects the entire family's functioning, and in turn, the family's ability to function affects each individual member's health.
- Family health care nursing knowledge and skills are important for nurses who practice in generalized and in specialized settings.
- The structure, function, and processes of families have changed, but the family as a unit of analysis and service continues to survive over time.
- Nurses should intervene in ways that promote health and wellness, as well as prevent illness risks, treat disease conditions, and manage rehabilitative care needs.
- Knowledge about each family's structure, function, and process informs the nurse in how to optimize nursing care in families and provide individualized nursing care, tailored to the uniqueness of every family system.

Family health care nursing is an art and a science, a philosophy and a way of interacting with families about health care. It has evolved since the early 1980s as a way of thinking about, and working with, families when a member experiences a health problem. This philosophy and practice incorporates the following assumptions:

- Health and illness affect all members of families.
- Health and illness are family events.
- Families influence the process and outcome of health care.

All health care practices, attitudes, beliefs, behaviors, and decisions are made within the context of larger family and societal systems.

Families vary in structure, function, and processes. The structure, functions, and processes of the family influence and are influenced by individual family

member's health status and the overall health status of the whole family. Families even vary within given cultures because every family has its own unique culture. People who come from the same family of origin create different families over time. Nurses need to be knowledgeable in the theories of families, as well as the structure, function, and processes of families to assist them in achieving or maintaining a state of health.

When families are considered the unit of care—as opposed to individuals—nurses have much broader perspectives for approaching health care needs of both individual family members and the family unit as a whole (Kaakinen, Hanson, & Denham, 2010). Understanding families enables nurses to assess the family health status, ascertain the effects of the family on individual family members' health status, predict the influence of alterations in the health status of the family system, and work with members as they plan and implement action plans customized for improved health for each individual family member and the family as a whole.

Recent advances in health care, such as changing health care policies and health care economics, ever-changing technology, shorter hospital stays, and health care moving from the hospital to the community/family home, are prompting changes from an individual person paradigm to the nursing care of families as a whole. This paradigm shift is affecting the development of family theory, practice, research, social policy, and education, and it is critical for nurses to be knowledgeable about and at the forefront of this shift. The centrality of family-centered care in health care delivery is emphasized by the American Nurses Association (ANA) in its publication, *Nursing's Social Policy Statement* (ANA, 2010a). In addition, *ANA's Nursing: Scope and Standards of Practice* mandates that nurses provide family care (ANA, 2010b). "Nurses have an ethical and moral obligation to involve families in their health-care practices" (Wright & Leahey, 2013, p. 1).

The overall goal of this book is to enhance nurses' knowledge and skills in the theory, practice, research, and social policy surrounding nursing care of families. This chapter provides a broad overview of family health care nursing. It begins with an exploration of the definitions of family and family health care nursing, and the concept of healthy families. This chapter goes on to describe four approaches to working with families: family as context, family as client, family as system, and family as a component of society. The chapter presents the varied, but ever-changing, family structures and explores family functions relative to reproduction, socialization, affective function, economic issues, and health care. Finally, the chapter discusses family processes, so that nurses know how their practice makes a difference when families experience stress because of the illness of individual family members.

THE FAMILY AND FAMILY HEALTH

Three foundational components of family nursing are: (1) determining how family is defined, (2) understanding the concepts of family health, and (3) knowing the current evidence about the elements of a healthy family.

What Is the Family?

There is no universally agreed-upon definition of family. Now more than ever, the traditional definition of family is being challenged, with Canadian recognition of same-sex marriages and with several states in the United States giving same-sex families the freedom to marry. Family is a word that conjures up different images for each individual and group, and the word has evolved in its meaning over time. Definitions differ by discipline, for example:

- *Legal:* relationships through blood ties, adoption, guardianship, or marriage
- *Biological:* genetic biological networks among and between people
- *Sociological:* groups of people living together with or without legal or biological ties
- *Psychological:* groups with strong emotional ties

Historically, early family social science theorists (Burgess & Locke, 1953, pp. 7–8) adopted the following traditional definition in their writing:

> *The family is a group of persons united by ties of marriage, blood, or adoption, constituting a single household; interacting and communicating with each other in their respective social roles of husband and wife, mother and father, son and daughter, brother and sister; and creating and maintaining a common culture.*

Currently, the U.S. Census Bureau defines *family* as two or more people living together who are related by birth, marriage, or adoption (U.S. Census Bureau, 2011). This traditional definition continues to be the basis for the implementation of many social programs and policies. Yet, this definition excludes many diverse groups who consider themselves to be families and who perform family functions, such as economic, reproductive, and affective functions, as well as child socialization. Depending on the social norms, all of the following examples could be viewed as "family": married or remarried couples with biological or adoptive children, cohabitating same-sex couples (gay and lesbian families), single-parent families with children, kinship care families such as two sisters living together, or grandparents raising grandchildren without the parents.

The definition of *family* adopted by this textbook and that applies from the previous edition (Kaakinen et al., 2010) is as follows: *Family refers to two or more individuals who depend on one another for emotional, physical, and economic support. The members of the family are self-defined.* Nurses who work with families should ask clients who they consider to be members of their family and should include those persons in health care planning with the patient's permission.

What Is Family Health?

The World Health Organization (2008) defined *health* to include a person's characteristics, behaviors, and physical, social, and economic environment. This definition applies to individuals and to families. Anderson and Tomlinson (1992) suggested that the analysis of family health must include, simultaneously, health and illness, the individual and the collective. They underscored evidence that the stress of a family member's serious illness exerts a powerful influence on family function and health, and that familial behavioral patterns or reactions to illness influence the individual family members. The term *family health* is often used interchangeably with the terms *family functioning*, *healthy families*, or *familial health*. To some, family health is the composite of individual family members' physical health, because it is impossible to make a single statement about the family's physical health as a single entity.

The definition of *family health* adopted in this textbook and that applies from the previous edition (Kaakinen et al., 2010) is as follows: *Family health is a dynamic, changing state of well-being, which includes the biological, psychological, spiritual, sociological, and culture factors of individual members and the whole family system.* This definition and approach combines all aspects of life for individual members, as well as for the whole family. An individual's health (on the wellness-to-illness continuum) affects the entire family's functioning, and in turn, the family's ability to function affects each individual member's health. Assessment of family health involves simultaneous data collection on individual family members and the whole family system (Craft-Rosenberg & Pehler, 2011).

What Is a Healthy Family?

While it is possible to define family health, it is more difficult to describe a healthy family. Characteristics used to describe healthy families or family strengths have varied throughout time in the literature. Krysan, Moore, and Zill (1990) described "healthy families" as "successful families" in a report prepared by the U.S. Department of Health and Human Services. They identified some

of the ideas put forward by many family scholars over time. For example, Otto (1963) was the first scholar to develop psychosocial criteria for assessing family strengths, and he emphasized the need to focus on positive family attributes instead of the pathological approach that accentuated family problems and weaknesses. Pratt (1976) introduced the idea of the "energized family" as one whose structure encourages and supports individuals to develop their capacities for full functioning and independent action, thus contributing to family health. Curran (1985) investigated not only family stressors but also traits of healthy families, incorporating moral and task focus into traditional family functioning. These traits are listed in Box 1-1.

For more than three decades, Driver, Tabares, Shapiro, Nahm, and Gottman (2011) have studied the interactional patterns of marital success or failure. The success of a marriage does not depend on the presence or the amount of conflict. Success of a marriage depends primarily on how the couple handles conflict. The presence of four characteristics of couple interaction was found to predict divorce with 94% accuracy (Carrere, Buehlman, Coan, Gottman, & Ruckstuhl, 2000):

1. *Criticism:* These are personal attacks that consist of negative comments, to and about each other, that occur over time and that erode the relationship.
2. *Contempt:* This is the most corrosive of the four characteristics between the couple. Contempt includes comments that convey disgust and disrespect.
3. *Defensiveness:* Each partner blames the other in an attempt to deflect a verbal attack.
4. *Stonewalling:* One or both of the partners refuse to interact or engage in interaction, both verbally and nonverbally.

In contrast, conflict is addressed in three ways in positive, healthy marriages. *Validators* talk their problems out, expressing emotions and opinions, and are skilled at reaching a compromise. *Volatiles* are two partners who view each other as equals, as they engage in loud, passionate, explosive interactions that are balanced by a caring, loving relationship. Their conflicts do not include the four negative characteristics identified earlier. The last type of couple is the *Avoiders.* Avoiders simply agree not to engage in conflicts, thus minimizing the corrosive effects of negative conflict resolution. The crucial point in all three styles of healthy conflict is that both partners engage in a similar style. Thus how conflict is used and resolved in the parental or couple dyad relationship suggests the health and longevity of the family unit.

The described positive interactions occur far more often than the negative interactions in happily married couples. These healthy family couples find ways to work out their differences and problems, are willing to yield to each other during their arguments, and make purposeful attempts to repair their relationship.

Olson and Gorall (2005) conducted a longitudinal study on families, in which they merged the concepts of marital and family dynamics in the Circumplex Model of Marital and Family Systems. They found that the ability of the family to demonstrate flexibility is related to its ability to alter family leadership roles, relationships, and rules, including control, discipline, and role sharing. Functional, healthy families have the ability to change these factors in response to situations. Dysfunctional families, or unhealthy families, have less ability to adapt and flex in response to changes. See Figures 1-1 and 1-2, which depict the differences in functional and dysfunctional families in the Circumplex Model. Balanced families will function more adequately across the family life cycle and

BOX 1-1
Traits of a Healthy Family

- Communicates and listens
- Fosters table time and conversation
- Affirms and supports each member
- Teaches respect for others
- Develops a sense of trust
- Has a sense of play and humor
- Has a balance of interaction among members
- Shares leisure time
- Exhibits a sense of shared responsibility
- Teaches a sense of right and wrong
- Abounds in rituals and traditions
- Shares a religious core
- Respects the privacy of each member
- Values service to others
- Admits to problems and seeks help

Source: From Kaakinen, J. R., Hanson, S. M. H., & Denham, S. (2010). Family health care nursing: An introduction. In J. W. Kaakinen, V. Gedaly-Duff, D. P. Coehlo, & S. M. H. Hanson (Eds.), *Family health care nursing: Theory, practice and research* (4th ed.). Philadelphia, PA: F. A. Davis, with permission.

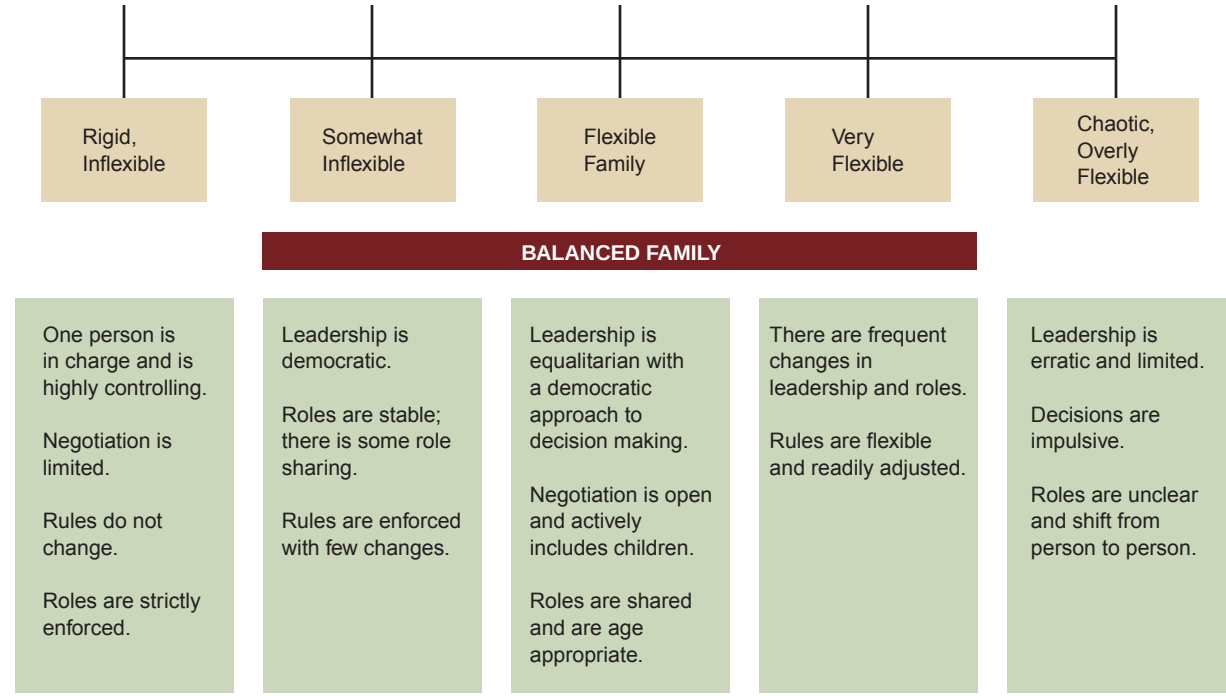

FIGURE 1-1 Family flexibility continuum.

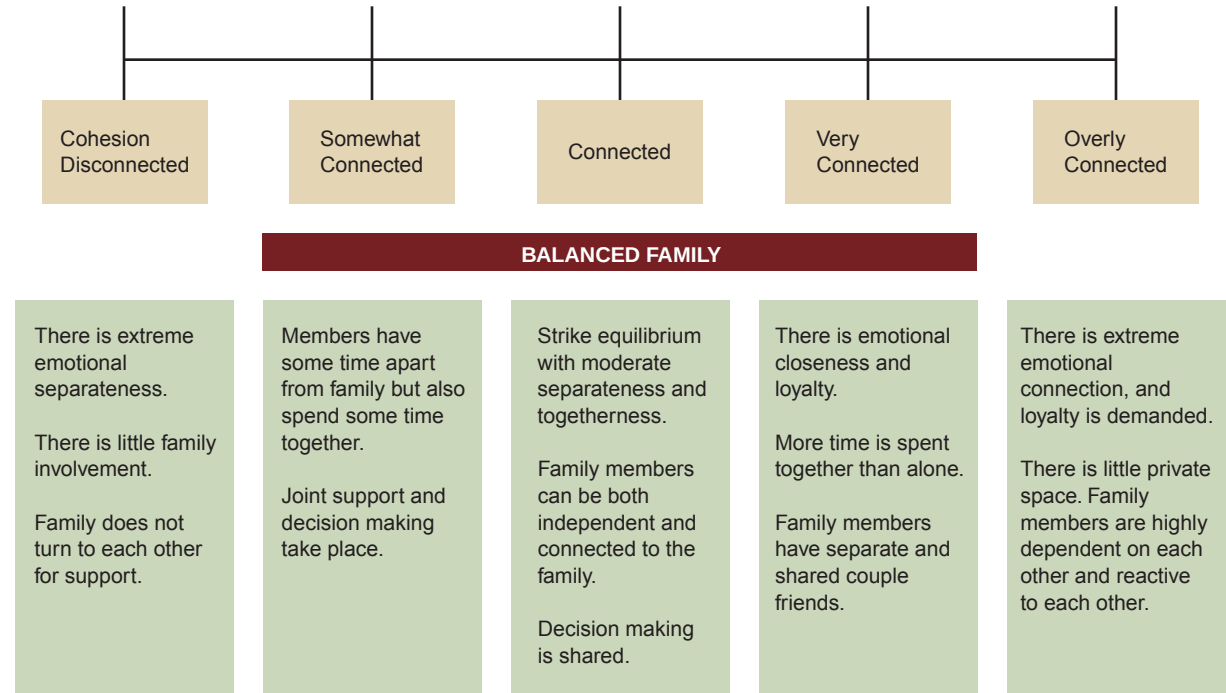

FIGURE 1-2 Family cohesion continuum.

tend to be healthier families. The family communication skills enable balance and help families to adjust and adapt to situations. Couples and families modify their levels of flexibility and cohesion to adapt to stressors, thus promoting family health.

FAMILY HEALTH CARE NURSING

The specialty area of family health care nursing has been evolving since the early 1980s. Some question how family health care nursing is distinct from other specialties that involve families, such as maternal-child health nursing, community health nursing, and mental health nursing. The definition and framework for *family health care nursing* adopted by this textbook and that applies from the previous edition (Kaakinen et al., 2010) is as follows:

> *The process of providing for the health care needs of families that are within the scope of nursing practice. This nursing care can be aimed toward the family as context, the family as a whole, the family as a system, or the family as a component of society.*

Family nursing takes into consideration all four approaches to viewing families. At the same time, it cuts across the individual, family, and community for the purpose of promoting, maintaining, and restoring the health of families. This framework illustrates the intersecting concepts of the individual, the family, nursing, and society (Fig. 1-3).

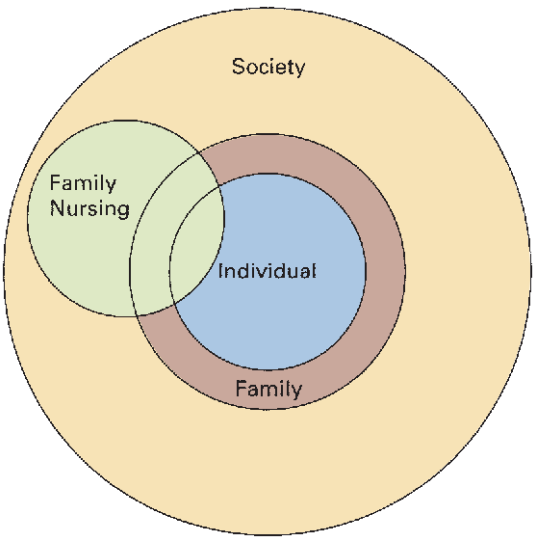

FIGURE 1-3 Family nursing conceptual framework.

Another way to view family nursing practice is conceptually, as a confluence of theories and strategies from nursing, family therapy, and family social science as depicted in Figure 1-4. Over time, family nursing continues to incorporate ideas from family therapy and family social science into the practice of family nursing. See Chapter 3 for discussion about how theories from family social science, family therapy, and nursing converge to inform the nursing of families.

Several family scholars have written about levels of family health care nursing practice. For example, Wright and Leahey (2013) differentiated among several levels of knowledge and skills that family nurses need for a generalist versus specialist practice, and they defined the role of higher education for the two different levels of practice. They propose that nurses receive a generalist or basic level of knowledge and skills in family nursing during their undergraduate work, and advanced specialization in family nursing or family therapy at the graduate level. They recognize that advanced specialists in family nursing have a narrower focus than generalists. They purport, however, that family assessment is an important skill for all nurses practicing with families. Bomar (2004) further delineated five levels of family health care nursing practice using Benner's levels of practice: expert, proficient, competent, advanced beginner, and novice. See Table 1-1, which describes how the two levels of generalist and advanced practice have been delineated further with levels of education and types of clients (Benner, 2001).

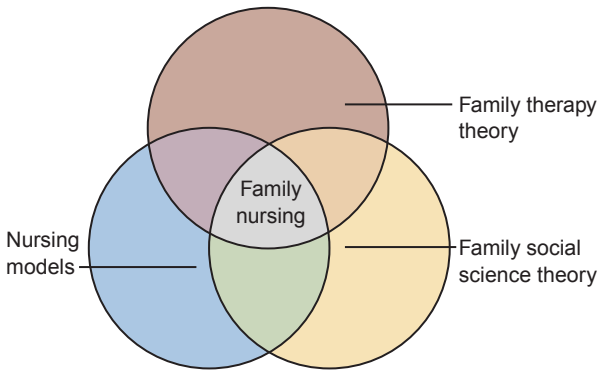

FIGURE 1-4 Family nursing practice.

Table 1-1 Levels of Family Nursing Practice

Level of Practice	Generalist/Specialist	Education	Client
Expert	Advanced specialist	Doctoral degree	All levels
			Family nursing theory development
			Family nursing research
Proficient	Advanced specialist	Master's degree with added experience	All levels
			Beginning family nursing research
Competent	Beginning specialist	Master's degree	Individual in the family context
			Interpersonal family nursing
			Family unit
			Family aggregates
Advanced beginner	Generalist	Bachelor's degree with added experience	Individual in the family context
			Interpersonal family nursing (family systems nursing)
			Family unit
Novice	Generalist	Bachelor's degree	Individual in the family context

Source: Bomar, P. J. (Ed.). (2004). *Promoting health in families: Applying family research and theory to nursing practice* (3rd ed.). Philadelphia, PA: Saunders/Elsevier, with permission.

NATURE OF INTERVENTIONS IN FAMILY NURSING

The following 10 interventions family nurses use provide structure to working with families regardless of the theoretical underpinning of the nursing approach. These are enduring ideas that support the practice of family nursing (Gilliss, Roberts, Highley, & Martinson, 1989; Kaakinen et al., 2010):

1. Family care is concerned with the experience of the family over time. It considers both the history and the future of the family group.
2. Family nursing considers the community and cultural context of the group. The family is encouraged to receive from, and give to, community resources.
3. Family nursing considers the relationships between and among family members, and recognizes that, in some instances, all individual members and the family group will not achieve maximum health simultaneously.
4. Family nursing is directed at families whose members are both healthy and ill regardless of the severity of the illness in the family member.
5. Family nursing is often offered in settings where individuals have physiological or psychological problems. Together with competency in treatment of individual health problems, family nurses must recognize the reciprocity between individual family members' health and collective health within the family.
6. The family system is influenced by any change in its members. Therefore, when caring for individuals in health and illness, the nurse must elect whether to attend to the family. Individual health and collective health are intertwined and will be influenced by any nursing care given.
7. Family nursing requires the nurse to manipulate the environment to increase the likelihood of family interaction. The physical absence of family members, however, does not preclude the nurse from offering family care.
8. The family nurse recognizes that the person in a family who is most symptomatic may change over time; this means that the focus of the nurse's attention will also change over time.