

Creating a Family-Focused Curriculum Grounded in the Science of Nursing and Nursing Education

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Background

- Transform nursing practice from an individual to family-focused (Denham, Eggenberger, Young, Krumwiede, 2016; Institute of Medicine, 2010; Young, 2008).
- Nursing students learn to *Think Family* in all care settings (Denham, Eggenberger, Young, Krumwiede, 2016).
- Research findings suggest this paradigm has potential to improve health outcomes of individuals, families, and communities (Chesla, 2010).

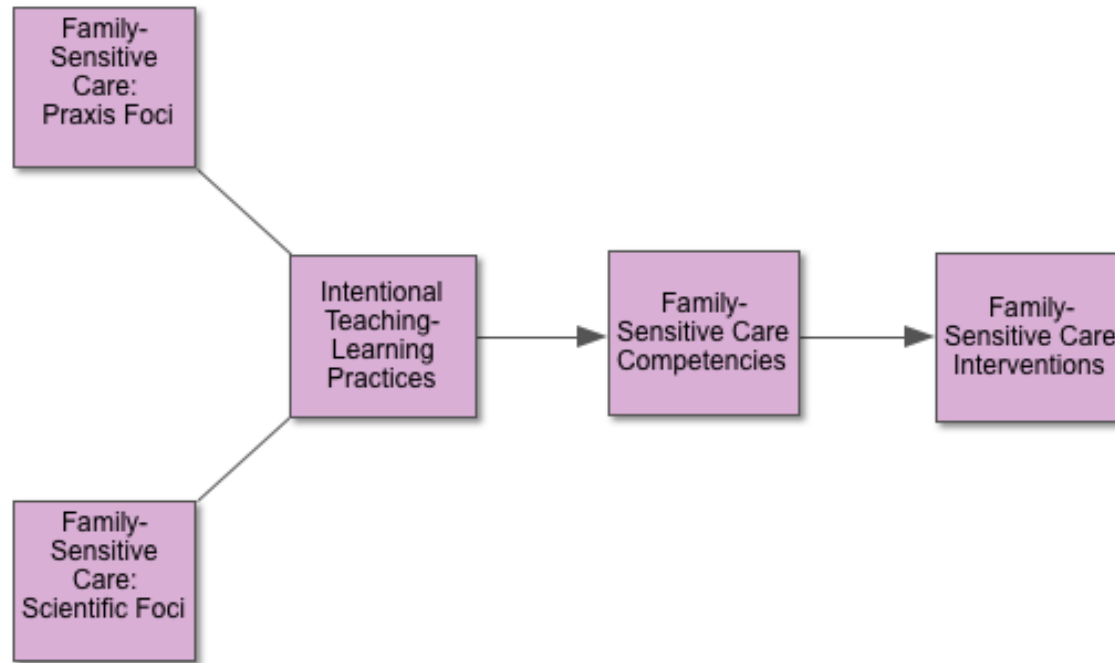
Call to Action

- Few nursing programs have formally incorporated family-focused nursing practice throughout an undergraduate curriculum (Osergaard & Wagner, 2014).
- Given the significance of family to health in nursing education curricula (Duhamel, Dupuis, & Girard, 2010; Nyriati, Denham, & Ware, 2012) .
- Nurse educators have the responsibility to develop significant learning experiences (Fink, 2013) centered on the scientific and praxis research of the nursing discipline that will transform nursing practice with families and society.

Our Response to the Call to Action

- Revise the baccalaureate curriculum
- Shift from a medical model to nursing model
- Incorporate competencies, standards and guidelines
- Concept rich nursing curriculum
- Emphasize the science and practice of family focused nursing care

Family Nursing Pedagogy Model



Meiers, 2005

Family Nursing Competencies

- 16 Family Sensitive Care Competencies are expected of graduates.
- Achievement of these outcomes will enable graduates to practice within complex family and healthcare systems to deliver family-focused nursing actions.

Competency Examples

- Develop therapeutic relationships with families during health and illness experiences.
- Integrate the belief that nurses have a commitment and moral obligation to support family and societal health.
- Research and use current evidence related to family-focused nursing actions.
- Empower the family with knowledge and self-efficacy to make informed health care decisions.

International Family Nursing Association's Generalist Competencies for Nursing Practice

- Provides competencies for undergraduate or generalist level nurses to guide nursing practice when caring for families.
- Provides a focus for nursing education.



Further Response

- Nurse educators who value a family-focused curriculum believe that it fosters family-focused nursing once a student enters practice.
- This School of Nursing developed a **Family Nursing Constructs Framework** to guide faculty in using family nursing evidence and encourage undergraduate nursing students to care for families and improve the health of society.

Process

- Formed faculty research teams
- Completed Integrated Research Reviews and Concept Analysis
- Illuminated family care scientific foci necessary to transform practice
- Developed the family nursing constructs framework

Curriculum Revision

- Faculty committed their expertise, energy, and several academic years to developing a curriculum that would use family nursing research and theory to advance family nursing practice.
- This work was based on the premise that some family nursing knowledge and selected family practices could be appropriately taught in pre-licensure education to improve family health and close the gap between research and practice.

Family Nursing Constructs Framework

- Situates the science of family nursing and practice together.
- Guides teaching family focused nursing actions.
- Continues to examine and revise the curricula.

Family Construct	Family Assessment	Family Nursing Action
Family Vigilance	<ul style="list-style-type: none"> • Observe absence or presence of family member • Family actions at bedside 	<ul style="list-style-type: none"> • Encourage family presence • Invite family involvement • Use nurse presence • Explain actions, technology • Interpret information to family
Family Uncertainty	<ul style="list-style-type: none"> • Explore family support • Assess family members' understandings • Ask family members about perceptions and beliefs 	<ul style="list-style-type: none"> • Seek family input • Provide information • Update family • Offer accurate time increments • Provide support
Nurse-Family Partnership	<ul style="list-style-type: none"> • Explore and discuss family genogram and ecomap data • Identify family beliefs 	<ul style="list-style-type: none"> • Introduce self to family • Develop connections • Support facilitating beliefs • Reassure family of care • Conduct family meetings

Curriculum Transformation

- Faculty engaged in intensive dialogue about the direction, intent, and strategy of curriculum transformation.
- A decision was made to concentrate on nursing practice with a focus on family care and family health, rather than traditional medical approaches that emphasize individuals and health conditions or medical diagnoses.
- Scholarship of ongoing literature reviews and faculty research programs continue to inform the curriculum.

Family Nursing Course Series

- Family Infrastructure
 - Family as context
- Family Development
 - Family as client
- Family Integrity
 - Family as society
- Family Coping
 - Family crisis

<p>Family & Societal Nursing Inquiry N335</p> <p>Family Infrastructure (family as context)</p> <ol style="list-style-type: none"> 1. Introduction to Family Nursing 2. Family as: Context, Unit of Care, System, Component of Society 3. Family - Relationships, Structure, Culture 4. Family - Tasks, Function, Routines 5. Family Communication 6. Family Core Processes (Denham) – Dynamic & Cyclical (caregiving, cathexis, celebration, change, communication, connectedness, coordination) 7. Family – Nursing Models & Theories 	<p>Nursing Care of Families in Transition II N 435</p> <p>Family Integrity</p> <ol style="list-style-type: none"> 1. Adult, Older Adult, End of Life 2. Family Illness Experience 3. Family Experience – Past/Present/Future 4. Family Suffering 5. Family Resiliency 6. Family Vigilance 7. Family Violence 8. Family – Nurse Interaction 9. Family – Caring Strategies 10. Promotion of Health 11. Chronic Illness
<p>Nursing Care of Families in Transition I N365</p> <p>Family Development (family as client)</p> <ol style="list-style-type: none"> 1. Family Transitions 2. Family Developmental Process 3. Developmental Life Cycle Theory 4. Family Tasks – Protect, Routines, Risk, Nurturing 5. Family Function 6. Normalization 7. Physiologic / Psychosocial 8. Childbearing Family Management 9. Childrearing/ Parenting 	<p>Nursing Care of Families in Crisis N465</p> <p>Family Coping</p> <ol style="list-style-type: none"> 1. Family Stress and Family Crisis 2. Family Uncertainty in Crisis 3. Family Dynamics During Crisis 4. Health Beliefs / Coping Strategies / Significance (meaning) 5. Constraining and Facilitating Beliefs (Bell) 6. Alterations in Physiologic & Psychosocial Integrity 7. Ethical Framework & Social Policies 8. Family Concepts (Resiliency, Strength, Vulnerability, Threat, Anxiety, Stress, Stress Management) 9. Family Dimensions of Care 10. Family Caring Strategies 11. Family Empowerment and Self-Efficacy

First Semester

Junior Year Fall

- NURS 333 Professional Nursing (3)
- NURS 334 Physiologic Integrity I (4)
- **NURS 335 Family & Societal Nursing Inquiry (3)**
- NURS 336 Assessment and Nursing Procedures (5)

Total Credits – 15



Second Semester



Junior Year Spring

- NURS 363 Critical Inquiry in Nursing (2)
- NURS 364 Physiologic Integrity II (4)
- **NURS 365 Nursing Care of Families in Transition I (7)**
- NURS 366 Quality, Safety & Informatics in Nursing Practice (3)

Total Credits – 16

Third Semester

Senior Year Fall

- NURS 433 Community Oriented Nursing Inquiry (4)
- NURS 434 Physiologic Integrity III (4)
- **NURS 435 Nursing Care of Families in Transition II (3)**
- NURS 436 Psychosocial Integrity (5)



Total Credits – 16

Fourth Semester

Senior Year Spring

- NURS 463 Nursing Leadership and Management (3)
- NURS 464 Physiologic Integrity IV (3)
- **NURS 465 Nursing Care of Families in Crisis (2)**
- NURS 466 Professional Role Integration (4)



Total Credits – 12

Family Constructs Example

- Family anxiety
- Family balancing
- Family burden
- Family coordination
- Family engagement
- Family inquiry
- Family protection
- Family resiliency
- Family uncertainty



Family Construct Project

- Review the literature
- Define construct and relate why it's important
- Provide exemplar case(s) that shows all facets
- Summarize research findings related to the construct
- Make recommendations for nursing practice
- Pose questions that still need to be answered
- Provide a reference list

Family Crisis: Substance Abuse

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Introduction and Purpose

Substance abuse, the compulsive use of drugs or alcohol, negatively impacts the health and well-being of not only the abuser, but their family, placing a family in crisis. Crisis, defined as intense danger or trouble, impacts the family emotionally, mentally, physically, socially, spiritually, and financially.

Promotion of substance abuse and family crisis helps nurses to recognize the effects of substance abuse, offering advice and referral to support services and treatment for the abuser and their family.

Method

CINAHL search: Family Crisis: 1,628
 • 2nd Criteria: 2000-2015, Full Text: 370
 CINAHL search: Alcohol, drug misuse: 449
 • 2nd Criteria: Family, 2000-2015, Full text: 24
 EBSCO MegaFILE search: Alcohol and Drug Abuse: 28,199
 • 2nd Criteria: Full text, Peer Reviewed, 2000-2015: 8,653
 • 3rd Criteria: Family, Nursing: 85
Total Applicable articles: 10

Literature Review

Family crisis due to family member substance abuse induces stress and an inability to cope for all family members:

- Poor work performance and/or attendance resulting in job loss or reduced pay by family members.
- Poor communication resulting in negative circular patterns, arguments, silence, and missing intimacy.
- Reduced social and spiritual activities such as church, school functions, and community participation.
- Lack of exercise and poor nutrition increase susceptibility to disease.

Results

- Substance abuse affects all aspects of the family including work performance, finances, family-of-origin relationships, and current family relationships; the intimacy of these relationships is harmed (Schafer, 2011).
- Substance abuse promotes intense stress that affects the user and family members emotionally, socially, and financially which impacts the family's overall health and well-being (Copello, 2010).
- A systematic review of family interventions that focused on individual family members' needs resulted in positive change in coping, stress, relationship satisfaction, life satisfaction, and health (Templeton, Velleman & Russell, 2010).
- Family members may present with mental or physical illness due to their inability to cope or find social support while living with a substance abuser; using the 5-step intervention tool, may be an appropriate intervention for families in crisis to help families cope (Templeton, 2009).
- Behavioral Couples Therapy (BCT) that increases positive feelings, good will, and commitment as well as teaching effective communication tools to resolve conflicts and problems may be an effective tool for families in crisis due to substance abuse.
- Australian Family Strengths Template (AFST) is a revolutionary approach that focuses on strengths of the family, rather than weaknesses. The goal is to increase hope and unity within the family to encourage development and dissolve crises (p. 213, Usher, Jackson & O'Brien, 2005).
- To advocate for health and well-being, nurses should address substance abuse and provide patients with treatment options; knowledge of resources and common abuse and misuse of prescription drugs helps nurses to identify substance abuse signs and symptoms in their patients (Felicilda-Reynaldo, 2015).



- High-risk group: male, low socioeconomic status, unemployment, inner city or rural area residents. At-risk drinker: occasionally exceed recommended guidelines for use. High-risk factors: childhood trauma, sexual abuse, poor communication within the family, parental substance abuse, and family disruption (Usher, Jackson & O'Brien, 2005).

Recommendations for Nursing Practice

- Recognize high-risk groups
- Seek knowledge of common abuse/misuse of drugs to help identify signs/symptoms in patients
- Promote safe consumption limits
- Provide substance abuse family resources and strategies for change
- Consult with a primary care provider and internal support teams

Questions for Consideration

- How do nurses encourage families to participate in interventions when they lack financial support or insurance?
- How do nurses recognize families in crisis with a substance abuser in the family, and how should nurses approach the family members ethically?
- How do nurses promote prevention for substance abuse in families?

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THE GLEN TAYLOR NURSING INSTITUTE FOR FAMILY AND SOCIETY



The Glen Taylor
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Family Caregiving

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Introduction and Purpose

The family care giving construct is important because:

- Family caregivers are advocates and provide physical, emotional and financial support
- Involvement of families improves quality of life for the patient, eases the family's burden and encourages the patient's ability to perform self-care
- By having the family be the focus of care, the patient will be able to focus more on their recovery (Goldberg & Ficker, 2011)

The purpose of this presentation is to provide a view of the family care giving construct.

Literature Review

There are many advantages to having family members provide care for both the family as well as the patient. According to a research study, family members are more likely to learn how to care for their loved one (Goldberg & Ficker, 2011).

The most common intervention for family caregivers is emotional support (Goldberg & Ficker, 2011). Nurses should assess for emotional and emotional needs of the caregiver.

Our research...

Family Caregiving Findings

Family caregiving occurs when a family member or friend attends to the needs of a chronically ill loved one (Caregiving Action Network, 2013).

Facts & Statistics

- As of 2009, there were over 65.7 million family caregivers in the United States.
- Family caregivers are predominantly female.
- Family caregivers have been in their role for an average of 4.5 years.
- The typical recipient of care is female and averages 61 years of age.
- The main reason for recipient needs are Alzheimer's, old age, and chronic illness.
- 75% of family caregivers feel their health has gotten worse as a result of caregiving (National Alliance For Caregiving, 2009).

Example of Family Caregiving

Amanda have a 12-year-old daughter, Jennifer, who suffers from a chronic illness. Amanda makes sure that Jennifer gets her medication on time and transports her to appointments. As caretakers, Amanda and Jack help Jennifer with activities of daily living. They communicate well and spend quality time together. Their goal is to stay up-to-date with the specific needs that correlate with Jennifer's illness in order to help with caretaking for about six hours a day, while Jennifer takes a break, or takes care of the home. Once every four months, Amanda gets a longer break. Hired caretakers stay with Jennifer at the hospital. This is a complex, yet beneficial for all involved.

Dependent Family Member

Position

Nursing Practice Recommendations

- Commend family strengths and praise them for meeting their loved one's needs (Eggenberger, 2007).
- Recognize and acknowledge the family role strain. The nurse should make sure the caregiver understands the importance of self-care (Eggenberger, et al, 2012).
- Provide education on care-taking skills and resources.
- Assist the family in negotiating responsibilities (Eggenberger, 2007).
- Explore the self-defined membership of the family to assist in identifying extended family needs (Eggenberger, 2007).

Questions for Consideration

1. We have learned that many family members are not trained to be cared for by their relatives and we would like to know what happens when the family care giver is inadequate to meet the health-related needs.

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International Family Nursing Association

- <http://internationalfamilynursing.org/resources-for-family-nursing/education/>



Lessons Learned



Reflection



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