A FRAMEWORK FOR FAMILY NURSING

Janet Ericksen • Linda G. Leonard

A shortcoming of nursing has been its orientation toward individuals rather than social networks such as the family (Friedman, 1981; Logan, 1978; Schiarillo, 1980). It is generally accepted that health and illness behaviours are learned within the context of the family (Pratt, 1976), that the family unit is often affected when one or more of its members are experiencing a health problem (Logan, 1978), and that the effectiveness of health care can be improved by placing the emphasis on the unit rather than on just one individual (Hymovich & Barnard, 1979). However, the teaching and practice of nursing families has been made more difficult because of lack of frameworks providing direction for family nursing care.

Five years ago, faculty teaching a family course in the third year of the University of British Columbia School of Nursing recognized the need to help students more clearly conceptualize the structure, functioning and health-related needs of their clinically assigned well families. Existing frameworks and models of families were studied but the majority were better applied to families undergoing family therapy for various pathologies; other frameworks, though applicable to the study of the healthy family, were too limited in their scope of focus.

A search of the literature pertaining to groups other than the family uncovered Klein's (1968) framework for studying a community. He defines community as:

> patterned interactions within a domain of individuals seeking to achieve security and physical safety, derive support at times of stress and gain selfhood and significance throughout the life cycle. (p.11)

According to Klein, a community achieves these goals through the utilization of basic elements and processes such as structural characteristics and values; communication and decision-making; systemic linkage (linkage of one system to another and between the parts of the same system) and boundary maintenance (preservation and strengthening of the system itself). (pp.31-71)

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Klein's conceptualization of the community was consistent with what faculty believed and been teaching about families. In addition, it could be utilized when caring for both healthy families and families experiencing health problems. It would also permit the students to make a smooth transition from the model they were using in nursing individual clients (Campbell, Cruise, & Murakami, 1976). It was decided that the Klein framework would become the stepping off point for developing the family nursing framework.* Klein's definition of community became the definition of family because it permitted consideration of the major traditional and nontraditional forms of family, reflected the commonalities shared by families as well as the unique aspects found within each and recognized that families have goals or functions which change according to the maturational or unpredictable events in their lives.

Since its inception, the family framework has undergone a series of revisions; the authors have made further refinements and include these in the paper. The framework to be presented serves as a guide for working with and teaching about many different kinds of families and family situations. The authors will concentrate on providing an overview rather than attempting to be categorically comprehensive. Also, space does not allow a discussion of the variety of techniques used in assessing, planning, implementing and evaluating family nursing care while using this framework.

THE FAMILY FRAMEWORK COMPONENTS

The family as a system is seen in interaction with both the individual and the community systems in Figure 1. Although the main focus of this framework is on the family as a unit, the nurse may, at any given time, make an assessment of and intervene at the individual or community system level. The family, as depicted in Figure 1, has two major components: family processes and family functions. Family processes describe the patterns of interactions seen within the family; family functions represent those which the family is seeking to attain. Processes and functions are not discrete entities. As is consistent with systems theory, system components mutually interact with each other and the potential for overlap between the parts exists; data relating to any given function or process will ultimately affect other functions and processes.

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*The authors acknowledge the contributions of more than twenty third year faculty in creating and revising the framework.

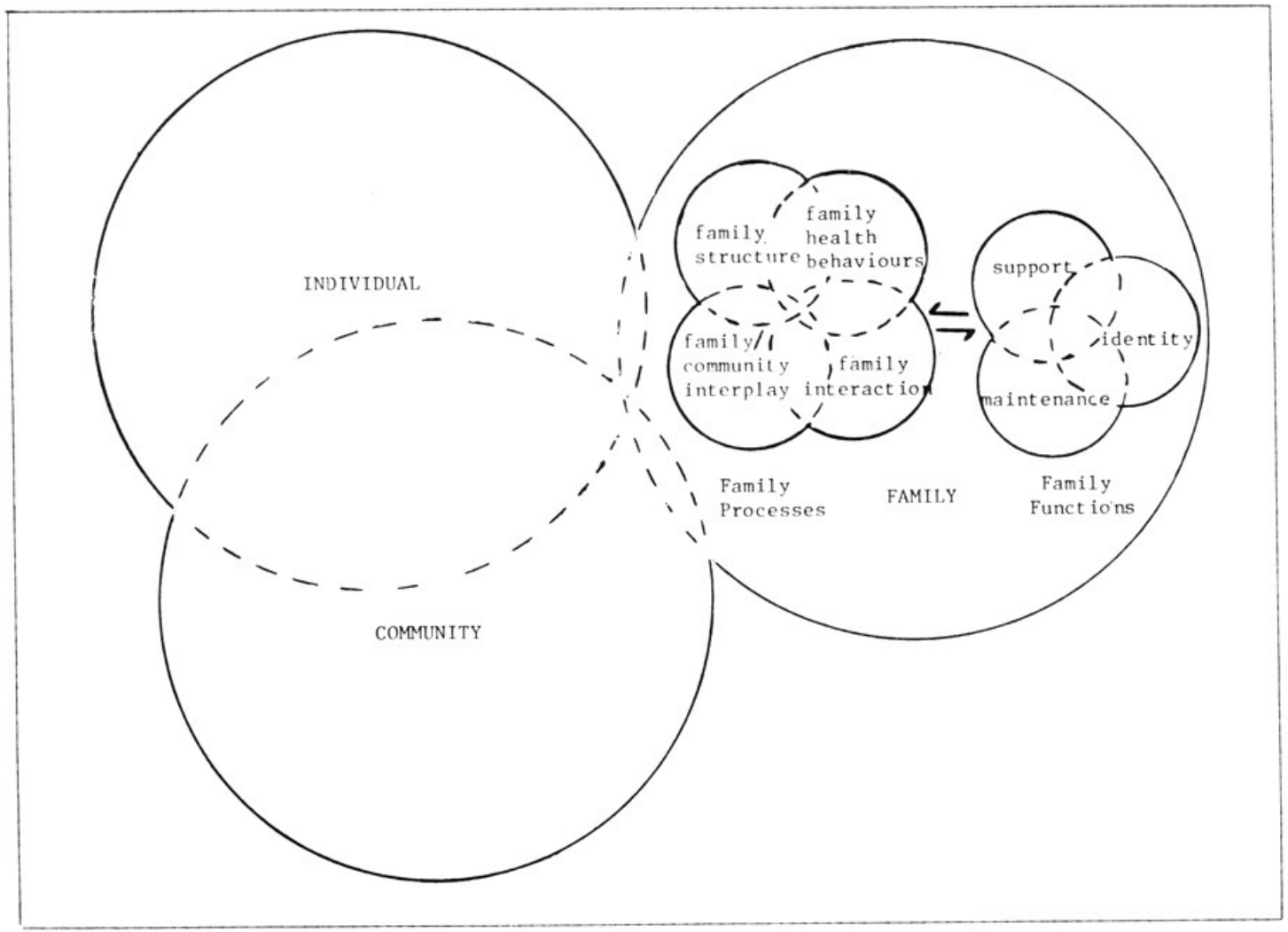

Figure 1. The family and its components. Shown in interaction with two other systems, the community and individual

Family Functions

Just as the individual seeks to achieve its goals, so does the family. Family goals have been termed family functions (Freeman & Heinrich, 1981; Epstein, Bishop, & Levin, 1978), family needs (Otto, 1973), and family tasks by various theorists (Duvall, 1978). Whatever their names, these goals encompass the same broad areas of family functioning throughout the life cycle: food, shelter, developmental nurturance; physical and emotional support; family self-worth and identity (Epstein et al., 1978; Friedman, 1981; Miller & Janosik, 1980). In this framework, goals are synonymous with family functions. The three functions are:

1. Maintenance function. The family is given the responsibility of providing for the physical and emotional safety as well as the security and nurturance of its members on a day to day basis and over time. Thus, the family seeks to provide such necessities as food, shelter, clothing, emotional and social nurturance and intellectual stimulation.
2. Support function. The family is also responsible for furnishing support during times of stress. It needs to respond to and/or plan for the pressures of everyday life, such as the sudden breakdown of the refrigerator, as well as family maturational and unpredictable events (eg. birth, death, loss of income).
3. Identity function. The family needs to establish for itself a sense of significance and selfhood — an identity and sense of social worth which is greater that what could be achieved by its individual members. This function is representative of the idea that a family has a distinctive collective view of itself which will be determined by views held within and outside of the unit. A particular family may see itself as part of a continuing heritage from past generations, a happy close-knit group and/or a unit effectively fulfilling its community responsibilities.

The family functions are regarded as nonhierarchical except as perceived by a particular family, i.e., a family may view one function as more important than the others. Also, a family may value one aspect of a function such as providing food and clothing more than other aspects, as for example, social or intellectual stimulation. What constitutes adequate achievement of a family function in a family's eyes will vary according to the family's values. Each family will have its own definition of satisfactory maintenance, support and identity. Individual family function definitions are an essential requisite of this framework and will be referred to in future sections of this paper.

Each of the functions can be met in a variety of ways both within the same family and among several families. For instance, the support function (support during times of family stress) could be met through an enduring belief that God will help the family weather all storms, effective problem-solving skills utilized by family members, ready access to a good listener outside the family and/or by asking for professional health assistance during a serious crisis period.

Family Processes

The various ways in which families operationalize their functions can be categorized; there are four categories which have been termed processes.

1. Family structure. This is defined as the relationship or organization of component parts of a family and includes, among others, members of the family, family subgroups, values and beliefs, roles and history together as a family. Each of the structural elements, as is the case with the elements of the other three family processes to be presented, will play a role in the achievement of one or more of the family functions. For example, a mother-daughter subgroup may surface when the family meals must be prepared (maintenance function), again during those times when the family has to decide how to cope with the abusive behavior of an inebriated husband-father (support function) and once again in the recognition that they are a family whose strengths rest in the female members (identity function).
2. Family interaction. This is the systematic and patterned exchange of verbal/nonverbal information of feelings. Included are the emotional climate, time spent together, communication, decision-making and problem solving patterns of the entire family and the family subgroups. Democratic decision-making may help one family decide how it is going to spend vacation time (maintenance function), comfortable and open discussions between husband and wife may help them plan for the financially troubled times which lie ahead (support function), and family get-togethers may reinforce the sense of family (identity function).
3. Family/Community interplay. This process represents the relationship between the family and the community. Elements of this process include the nature of neighbourhood and community involvements, use of services outside the family and environmental, community and neighbourhood factors which influence how a family behaves. A mother's part-time employment in the community may increase the amount of money available for family

necessities (maintenance function), attendance at a local parenting group may ease the pressures of childrearing (support function), and living in a crime-ridden neighbourhood may result in a collective feeling of vulnerability for the family (identity function).

4. Family health behaviours. These are the behaviours used by the family to maintain and promote its health, respond to daily stress and cope with maturational and unpredictable events. Health behaviours include the current health practices at the primary level (health promotion and prevention), secondary level (detection of health problems), and tertiary level (health practices for existing health problems); utilization of health services and support systems; health-related knowledge and skills. A family who gets adequate sleep may be better prepared to provide emotional security to its members (maintenance function); learning new ways to cope with a stressful family situation may help the members to support one another through the crisis (support function); and care of a dying family member in the home may give rise to family feelings of pride and dignity (identity function).

THE NURSE AND THE FAMILY

What follows is a description of how the family framework is used in conjunction with the nursing process. A summary of the key considerations in each phase of the process is contained in Figure 2. The ultimate goal in working with families is to assist them to achieve effective and desirable levels of functioning. Therefore, all steps of the nursing process are directed toward helping families attain this end.

Data are collected about 1) the four processes used by the family to meet the three functions, 2) the family's definition of the three functions, and 3) the family's satisfaction with how well it is functioning as a unit (Figure 2). A complete list of the data to be collected is contained in the Appendix. The guide, developed by the authors, was tested by their students and found to be helpful in providing concrete direction for data collection and in stimulating family self-exploration. Some situations, such as a family in the acute stages of a crisis, require assessment in a short space of time. In these circumstances, modifications in the type and amount of data to be collected can and must be made by the nurse.

In order to appreciate what underlies family behaviour and the family's degree of satisfaction, a careful assessment of the most pervasive family values is completed. Even though all families perform certain functions, they do so in accordance with their own values.

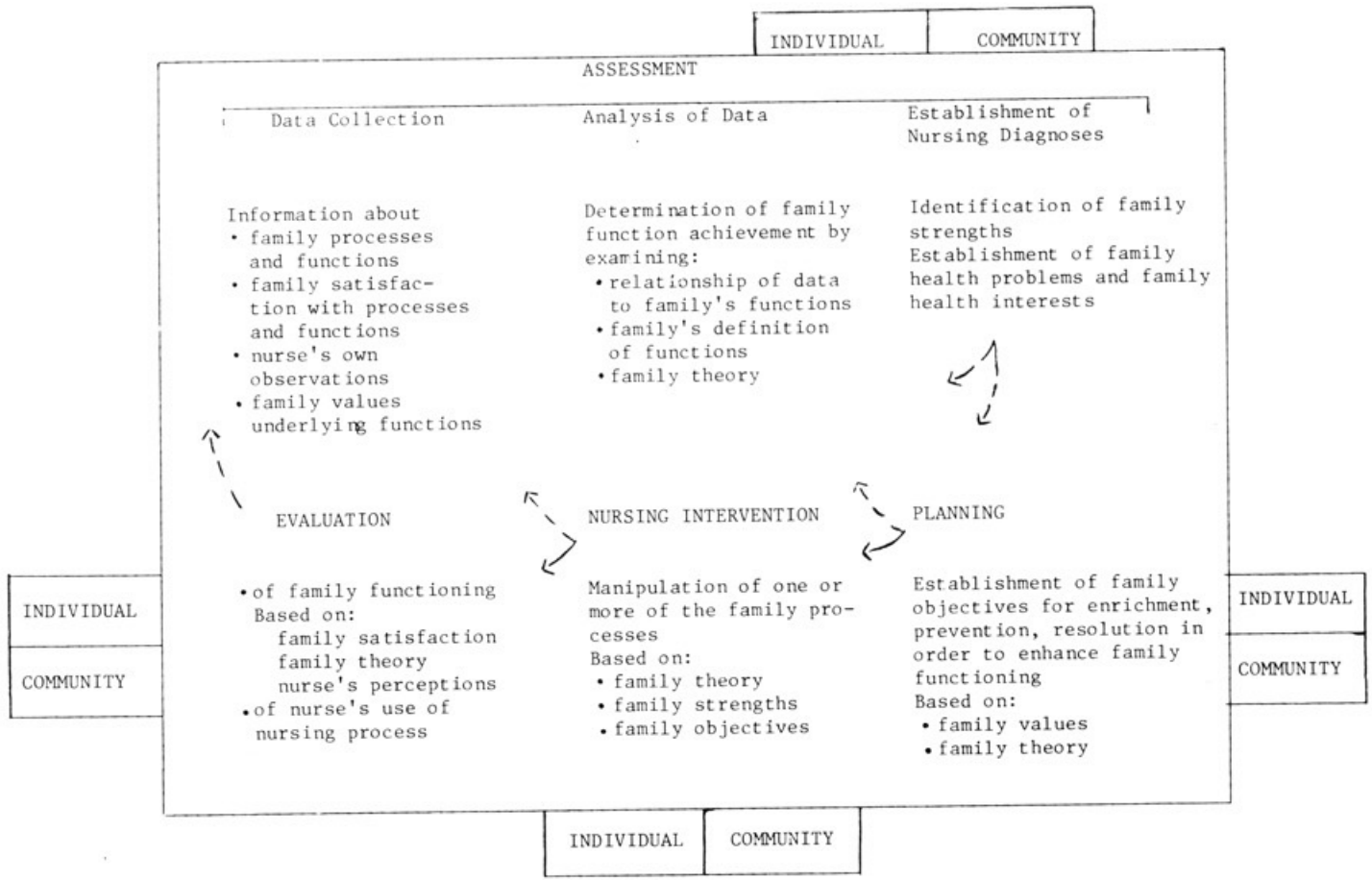

Figure 2. Use of the nursing process with the family framework. The points in the nursing process at which the nurse may direct attention to the Individual or Community System are also included.

These values influence how each family defines adequate functioning for itself. For example, a family may believe that one part of adequate maintenance is just enough money to feed, clothe and shelter its members while another sees that aspect of maintenance as enough money to eat out in expensive restaurants, dress in designer clothes and take yearly vacations to Europe. Values also influence how a family will perform the functions. One family may believe that it is important for all adolescent and adult members to contribute to the maintenance of the family, hence all members hold jobs and donate a portion of their salary to household costs. Another family may believe that it is important for the father to be the sole financial supporter; the money from any jobs held by other family members is, therefore, not used for family maintenance purposes.

The next step, analysis of data, involves the determination of how well a family is functioning. The collected data are examined by considerating 1) the family's definition of each of its functions, 2) how the data on the four processes relate to the functions, and 3) the significance of family data according to the literature on health and families. Stated another way, "Within the context of the four family processes, how does the family go about achieving its maintenance, support and identity functions?" "Does the family health literature support the way in which functions are achieved and the level of function achievement?" Literature utilized will include a wide variety of topic areas such as family maturational stages (Murray & Zentner, 1979; Hymovich & Barnard, 1979; Troll, Miller, & Atchley, 1979), family coping strategies (Friedman, 1981; Aguilera & Messick, 1979), health attitudes and practices (Miller & Janosik, 1980; Pratt, 1976), family communication patterns (Satir, 1967; Paolucci, Hall, & Axinn, 1977), and families at risk (Johnson, 1979; Schwartz & Schwartz, 1977).

At first glance, the analysis of data stage may appear ponderous as, conceivably, each piece of process data could be analyzed in relation to each of the functions. Practically, this is both impossible and unnecessary. Guidance as to what data should be focused upon is provided by considering the maturational and unpredictable family events and/or the health-related concerns deemed to have priority in the eyes of the family and the nurse.

After analyzing the data, the nurse, in conjunction with the family, makes diagnoses related to family function achievements. There are three broad categories of diagnoses that can be established: family strengths, family health problems, and family health interests. Family strengths come into play when family health problems require solutions or when families wish to pursue an interest related to family health. Family health problems consist of diagnoses related to lack of

or potential lack of family function achievements and family health interests are diagnoses related to areas of family functioning which are not problematic but instead are ones which families want to enhance in order to enrich their lives.

During the planning phase, objectives for enrichment of family functioning, prevention of diminished functioning and resolution of existing problems in functioning are established in accordance with the family's values. The interventions used to achieve family objectives involve manipulating one or more of the four family processes directing attention to pertinent elements of the family's structure; family interactions; interplay with the community; and/or the family's health behaviours. In addition to being built upon the objectives, interventions are based on the family's values, its strengths, and relevant family theories. The selection of objectives and interventions is a co-operative process involving the family and the nurse.

Evaluation of family functioning is an ongoing nursing task and may occur at any point when working with a family. It is based on the family's satisfaction with the status quo, the nurse's and the family's observations of what appears to be happening in the family unit, and the indicators of desirable and effective family functioning contained in the literature.

Also built into the evaluation portion of the nursing process is an assessment of how well the nurse is implementing the various phases of the process while working with a particular family. This gives the nurse the opportunity to review the appropriateness and effectiveness of his/her assessment, planning, intervention and evaluation skills.

It should be noted that the nurse may have occasion, while caring for the family, to direct attention to the individual family member system or the community system; this can occur during any phase of the nursing process, as is shown in Figure 2.

USE OF THE FAMILY NURSING FRAMEWORK AT UBC

The current family nursing course consists of 156 hours of family nursing content and clinical practice. Each student is responsible for using this framework while providing the nursing care to a minimum of two families who volunteer for the experience. The framework has also been utilized, though less extensively, by fourth year students while they work with families in a hospital setting or families in the community who have acute or long term health problems. In addition, components of the framwork have been incorporated into the clinical research projects of several faculty.

The preceding family nursing framework has served as a useful guide for working with and teaching about many different kinds of families and family situations. The knowledge, skills and perspective needed for nursing families differs from that required for nursing individuals. This framework allows the nurse to consider these differences.

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RÉSUMÉ

Programme de soins infirmiers en milieu familial

Pour répondre aux besoins d'orientation de l'enseignement et de l'exercice des soins infirmiers en milieu familial, les professeurs de l'École des sciences infirmières de l'Université de Colombie-Britannique ont mis au point une structure de programmes de soins infirmiers en milieu familial. Les fonctions communes à toutes les familles ont été déterminées: entretien de la famille, soutien familial et identité familiale. Les familles tentent d'exercer ces fonctions à partir de quatre catégories de processus: structure, interaction, rapports famille-collectivité, et attitudes face à la santé. La façon dont les infirmiers et les infirmières élaborent le programme familial dans les étapes et l'application de soins infirmiers fait l'objet de la discussion; un guide d'évaluation familiale qui s'est révélé un complément précieux dans l'enseignement et la pratique auprès des familles, est inclus.

Appendix: Family Assessment Guide

I. Data Collection

A. Family Functions

- family definition of and satisfaction with 3 functions.

B. Family Processes

1. Family Structure

- Household Members

Name	Birthdate/ place Age Sex	Occupation	Education (Grade in School if Child)	Ethnic Back- ground	Languages spoken	Religion Practiced
1.						
2.						
3.						

Relationship other than by birth/marriage eg. adoption, boarder, friend, etc.

Members Living Outside Household
Pets
Family Tree
- Drawing of Family Tree
- Family Member's Perception (collectively or individually) of who constitutes family

- Finances

- Subgroups
  - nature of and circumstances under which they form
  - family satisfaction with these groups

- Family Dwelling
  - number and size of rooms
  - purpose and use of rooms by family
  - furnishings
  - state of repair
  - nature of outside space eg. yard, garden
  - comfort and safety (See also Health Behaviours)
  - family satisfaction with home

- Family History
  - how family came together
  - length of time together as a family
  - significant events in past to present
  - coping strategies used to deal with significant events

- Values, beliefs, expectations, rules
  a) in this family)
  b) those of significance in families of origin) about:

education	health/illness
religion	occupation/work
marriage	money
parenting/childrearing	emotions
friendship	day to day living
mankind	families
sexuality	others significant for family

  - important values
  - conflicts over values, beliefs, etc.

- Roles

  positions occupied by each member
  competence of and satisfaction with performance
  acceptance of roles by family members
  flexibility in roles
  role conflicts
  current and past significant role models
  who "runs" the family?

- How does family describe themselves as a family regarding their structure e.g. large, flexible, complete, educated, multilingual, fragmented, etc.

- Significant values underlying this family process

- Nurse's observations

2. Family Interaction

- Activities and tasks
  - typical day or week for family

    - who participates in household tasks
    - times and activities when family is together
    - what happens when family member is missing for a period
    - who decides on family activities and tasks (See also Family Structure)

    - Communication (examine in relation to marital dyad; parent-child, child-child, family-extended family, family members-friend relationships; family group as a whole; other significant subgroups).

      - Content

        - communication patterns
          - topics of conversation allowed, disallowed
          - emotions openly displayed, covertly displayed
          - congruency of verbal and non-verbal messages
        - problem solving
          - what does family consider as major issues/problems in e.g. past year? those pending in near future?
          - degree of agreement amongst members that these are the issues

      - Process

        - communication patterns
          - who "talks" to whom, in what manner, about what and where?
          - ability of family members to listen and respond to messages
          - developmental appropriateness of messages
          - conducive or distracting environmental stimuli e.g. loud/soft music, TV
          - dysfunctional patterns e.g. scapegoating, triangling, physical and/or emotional abuse

        - problem solving (major problems and day to day issues)
          - how does family know there is an issue to be dealt with?
          - process used to deal with issues/problems
          - who is involved in solving problems/issues
          - satisfaction with process and solution
          - what happens when there is disagreement with process/solution?
          - does family follow through on decisions?

        - emotional climate
          - atmosphere transmitted by family e.g. comfort, tension, superficiality, depression, formality, suspiciousness, lightness, etc.
          - degree of mutual respect, support to one another, intimacy
          - degree of cohesiveness 29
          - Family Life Space Diagram

        - How does family describe themselves as a family regarding interaction e.g. close, self-sufficient, conflictual, open, honest, etc.

        - Significant values underlying this family process

        - Nurse's observations

3. Family/Community Interplay

Neighbourhood/Community
- length of time lived in community/neighbourhood
- knowledge of community
- family's perception of community
- family access to community e.g. car
- characteristics
  - physical e.g. topography, roads, open space, types and conditions of dwellings, properties, noise
  - population e.g. cultural-ethnic, maturational stages, density, transiency, crime level

- community services available	Who Uses and Frequency of Use
• food/restaurant • recreation /entertainment • educational/spiritual • shopping and general services (e.g. banks, mail) • child care • media (e.g. newspapers, T.V.) • transportation • community protection (e.g. police, pollution control, sanitation services) • other services (e.g. garbage disposal, post office) • health facilities/services (e.g. Meals on wheels)(See Family Health Behaviours)	

- Other support systems utilized, reasons for use, frequency of use (friends, extended family, neighbours)

- Family dwelling
  - indicators of psychological contact with community e.g. curtains open, view from major windows

- Family's participation in community life

- How does family describe themselves as a family regarding their interplay with the community e.g. actively involved, discriminated against, aware and interested, accepted part of community, reluctant/not reluctant to utilize community services, private, etc.

- Significant values underlying this family process

- Nurse's observations

4. Family Health Behaviours

Family Health History	Family Management, Satisfaction with Management	Health Resources Used and Satisfaction with Use
- health problems (diseases, illnesses, congenital, genetic, accidents) - other health related events (e.g. pregnancies, deaths) - in addition to above, other health concerns of past year (e.g. colds, fatigue)		

Family Health Practices	Family Members Responsible for	Knowledge and Skills Possessed by Family and Developmental Appropriateness of Health Teaching/ Interventions	Satisfaction with Practices	Health Services/ Support Systems Used Degree of Compliance/Involvement in Health Care
- Primary (health promotion and prevention) • nutrition • dental • smoking, alcohol, drug use • medications (prescribed and over-the counter) • hygiene • sleep, rest • stress management • recreation/leisure/ exercise • sanitation • emotional nurturance • safety within and outside home • sexuality/ reproduction (e.g. birth control, pregnancy) • immunization				

Family Health Practices	Family Members Responsible for	Knowledge and Skills Possessed by Family and Developmental Appropriateness of Health Teaching/ Interventions	Satisfaction with Practices	Health Services/ Support Systems Used Degree of Compliance/Involvement in Health Care
- Secondary (detection of health problems) • periodic examinations • developmental screening • self examination - Tertiary (health practices for existing health problems)				

- Effect of significant health related events, illnesses, practices, etc. on other processes
- How does family describe themselves as a family regarding health e.g. healthy, fit, always somebody sick, desperately trying to cope, etc.
- Significant values underlying this family process
- Nurse's observations

II. Analysis of Data

- role each process plays in achievement of maintenance, support, identity function

III. Nursing Diagnoses (family strengths, family health interests, family health problems)