

EDITORIAL

A Tribute to the Calgary Family Nursing Unit: Lessons That Go Beyond Family Nursing

When I received an e-mail from the Calgary Family Nursing Unit announcing its 25th anniversary, my immediate thought was: It can't be. It can't be that the Calgary Family Nursing Unit has been in existence for such a long time! It can't be that this unit has been able to accomplish all that it has in just 25 years! Two opposing reactions yet both true. I immediately dashed off a congratulatory note, but in the back of my mind I knew this would not suffice. The occasion warranted much greater recognition than a mere congratulatory e-mail from me. The Calgary Family Nursing Unit, under the visionary leadership of Lorraine Wright, Janice Bell, and Wendy Watson, deserved much more. These women deserved to be recognized, celebrated, and feted for their work in family nursing both in Canada and worldwide.

In the 15 years that I have been Editor of *CJNR*, I have devoted only one editorial to individual nursing leaders (Gottlieb, 1995). I have shied away from editorializing on specific nursing leaders because I find it difficult to choose from among the riches of talented, committed nurses who have guided Canadian nursing through the second half of the 20th century and into the 21st. On the other hand, the energy, activities, creativity, and experimentation taking place across the country, under the able leadership of so many nursing leaders, cannot be ignored. Over a decade ago we at *CJNR* introduced the feature section *Happenings* to keep readers abreast of innovations taking place across Canada, particularly those related to nursing research. In describing these exciting projects and programs, we have in effect been showcasing the people whose brainchildren they are — our nursing leaders. All this to say that we already had a place to showcase the Calgary Family Nursing Unit. But no, the *Happenings* section would not do.

I leave the historical analysis of the Calgary Family Nursing Unit to the historians. I am writing this editorial to hail the work of Wright, Bell, Watson, and the many others responsible for founding and running the Unit and to celebrate its impact on a whole generation of nurses who now practise from a family nursing perspective. The Unit stands as an

example of what can be achieved when the right people with the right knowledge and skill set come together at the right time. Wright amassed a team of nurses who shared her vision, her passion, and her commitment to families. These nurses believed in families. They knew that families are the heart of and are *at* the heart of what determines our health and well-being, that families experience suffering and are transformed by illness. I write these lines out of deep respect and admiration, having witnessed where we were in family nursing three decades ago and seeing where the Calgary group has taken us.

Cast your mind back to the late 1970s. Very few nurses were trained in family nursing, or nursing the family. Those who believed that families were important were maternal-child nurses, along with some pediatric and public health nurses. Yes, many appreciated families, but few *knew about* families, and even fewer knew how to work effectively with them. Theories that guided nursing research on families were borrowed from family theory, rooted in sociology, family therapy, and the emerging discipline of family studies. Theory and practice skills for assessing and working with families relied heavily on practice guidelines developed in family therapy by psychiatrists and, to a lesser extent, social workers. The few nursing programs that did value families and a family-centred approach to care had little nursing knowledge to impart about family experiences in everyday practice. Those educators who taught nursing with families had few clinical tools and strategies for doing so. Nurses had to obtain additional training by working with families outside nursing and then adapting their knowledge and training to clinical nursing situations.

The Calgary approach to family nursing was begun in such a fashion. Lorraine Wright and Maureen Leahey recognized the inadequacy of taking an approach developed in one discipline and transplanting it to another. They set out to develop family nursing by drawing heavily on the ideas and principles of family therapy and applying them to nursing. If they had waited until they had developed a “unique” family nursing theory and nursing approaches, we might still be waiting today. Wright and Leahey were visionaries, but they were also pragmatists. They began with their own experience and went from there. They taught us an invaluable lesson: Just start.

In 1982 the Calgary Family Nursing Unit was established, and two years later Wright and Leahey published what has become a primer on family nursing: *Nurses and Families: A Guide to Family Assessment and Intervention* (Wright & Leahey, 1984). This book made complex ideas accessible to nurses in everyday practice and gave nurses the foundational knowledge and tools they needed to assess and work with families.

Wright and Leahey followed up this success with three books, published simultaneously, on how to nurse families facing specific health challenges: life-threatening illness, psychosocial problems, and chronic illness. In addressing these issues separately, they showed that family nursing was relevant across nursing situations and throughout the lifespan. In effect, they broke down the barrier that relegated family nursing to nurses working with families of infants and sick children. Lesson two: Demonstrate the relevance and application of fundamental ideas to a wide and diverse range of nursing situations, and nurses will identify the situations that are applicable to them.

Having made a significant contribution to the development of nursing, Wright and Leahey could have rested on their laurels. But no, they were far from done. Their vision was to bring family nursing to all nurses. They transcended the borders of Calgary, Alberta, and Canada long before the word “global” was part of our lexicon. Janice Bell and, later, Wendy Watson joined the team, and together they built a movement — whether by chance or by design — by targeting education, research, and practice and inextricably linking the three missions together. Every belief and conviction was translated into action. Case in point: The team brought together clinicians, educators, and researchers from around the world to learn from each other. And they did so with grace and generosity, blurring any differences that may have existed among the groups. They showed that each group had a significant contribution to make to the mission of promoting and developing family nursing. Lesson three: Be inclusive, value diversity, and build a strong, integrated “family” of clinicians, educators, and researchers.

Wright and colleagues systematically monitored and studied their work with families. They videotaped their own work with families. Video became their signature way of teaching other nurses how to work with families. They reflected on and analyzed their own work and shared their reflections with other nurses. Nurses converged on the Calgary Family Nursing Unit from across Canada and from Europe, Asia, and South America to be trained in family nursing. The team also began to develop a theoretical model for working with families (Wright, Watson, & Bell, 1996).

Today, family nursing is entrenched around the world. The Eighth International Family Nursing Conference was held this past summer in Thailand. The *Journal of Family Nursing* (whose first and only editor is Janice Bell) is in its 13th year of publication. The Calgary team’s Beliefs model is an important theory, taught in many family nursing courses, and is a framework for research and practice. Something else to be learned from this group of nurses is that knowledge can be put to work to

change the profession; practice, research, and education exist not as separate entities in family nursing but as parts of an integrated whole.

I salute Wright, Bell, and their colleagues at the Calgary Family Nursing Unit for their enormous contributions to nursing. They have transformed the health-care landscape by putting families first. Families around the world owe them a debt of gratitude for sensitizing, educating, and training nurses to care for them with knowledge and compassion. Nurses around the world owe them a debt of gratitude because they now have the knowledge, “moves,” and experience to alleviate family suffering when families are at their most vulnerable; nurses no longer feel impotent and helpless around families.

I conclude this editorial with a poem I read at the opening of the Third International Family Nursing Conference in Chile in 1996. This was the first time the conference had been held outside North America, and the event captured the spirit of the new and expanding family nursing movement. The pebble of an idea was that of Lorraine Wright, Janice Bell, and all those who played a role in setting up and supporting the Calgary Family Nursing Unit. In 25 short years they have created avenues of unity for nurses worldwide.

A pebble of an idea
honed
on the whetstone
of women's experience
went skipping
across once-perceived barriers
creating a rippling out,
ever widening,
circles meeting,
becoming one:
and that which once seemed insuperable
through sharing
became
avenues of unity

– Gracie, a friend from Fiji;
poem published in *Women at Work*
(Women's World Banking, 1990)

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