ENCYCLOPEDIA OF FAMILY HEALTH

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Education of Nursing Health Care Providers in Family Health

Nursing is a very visible and valued health profession. At a workforce of 2.5 million, registered nurses are the largest health care occupation. Each year, in Gallup's annual Honesty and Ethics of Professions poll, nursing is voted as the most respected profession in the United States. The impact of nurses on health care and the care of individuals and their families is wide-reaching. Nurses coordinate and provide care in nearly every aspect of the health care arena, and the impact that the nurse has on the family is immense. Some examples of nurse-family interaction include inpatient hospital care, nursing homes, outpatient primary care clinics, specialty practice, schools, prisons, homeless shelters, public health, and home health care.

Educational preparation for nursing is variable. This entry provides a description of the different types of nursing health care providers. An overview of the general education and philosophical perspectives of nursing health care providers is given. Last, family nursing theory and the preparation of nursing health care providers in family health are highlighted.

The Nursing Workforce: An Overview

Nursing education exists at many different levels in the United States, ranging from the most basic 75 hours of education for a nursing assistant to the doctor ally prepared registered nurse with up to, or exceeding, 8 years of education following high school graduation. The wide variety and range for entry into nursing provides for a rich diversity of the workforce and unending opportunities within the profession. However, an unintended consequence to the public and indeed to other health care professionals is confusion over the wide array of certifications, licenses, and educational preparations for nurses. Although there is a common ground, a nurse is not always just a nurse.

The registered nurse (RN) license is granted by a state once an individual has graduated from an approved program and successfully passed the national nursing board examination. There are three educational pathways for entry into practice as an RN. The 4-year bachelor's degree (BSN) and the 2-year associate's degree (ADN) from a community college are the two most common educational preparations.

In 1965, an American Nurses Association position statement stated that professional nursing education begins with a bachelor's degree. In a 2004 survey of RNs in the United States, 34.2% were BSN graduates and 33.7% were ADN graduates. Hospital-based diploma program graduates comprised 17%, and 13% of RNs were prepared at the master's or doctorate level. A baccalaureate nursing education provides the RN with a well-rounded liberal arts education as well as the science, theoretical, and clinical coursework needed to begin a professional nurse career. One distinction between the BSN and ADN preparations is the amount of time spent in community health or public health rotations and the amount of time devoted to understanding family health care theory and practice. The BSN education requires students to have content in community health and family health theory and practice. These experiences are not required for the ADN graduate.

The licensed practical nurse (LPN) is a license granted by the state to a graduate of a technical nursing program who successfully passed the LPN board examination. There are approximately 700,000 LPNs in the United

States. The LPN educational program is generally 1 year with a combination of classroom and clinical education. The preparation is more basic and abbreviated than that of an RN. LPNs work in all types of health care settings, and the tasks include personal care, medication administration, and patient care supervision. Their activities are directed by physicians or RNs as stipulated in their scope of practice statement. The nursing assistant (NA) has 75 hours of education and training to be a direct assistant to the nurse. NAs who are certified are referred to as certified nursing assistants (CNAs). NAs work in all areas where nursing care is given, and their tasks include activities such as taking vital signs, assisting with personal care (such as bathing, grooming, and toileting), and feeding. Actions of an NA are directed and supervised by either an RN or LPN and guided by the nursing plan of care.

The advanced practice registered nurse (APRN) is an RN who is prepared at the graduate level with either a master's or doctoral degree to provide advanced nursing care. The APRN role preparations include the nurse practitioner (NP), the certified nurse midwife (CNM), the certified registered nurse anesthetist (CRNA), and the clinical nurse specialist (CNS). APRNs are nationally board certified in their specialty and provide functions similar to that of a doctor, including diagnosing and treating common acute and chronic illnesses, focusing on health promotion and disease prevention, ordering and interpreting diagnostic tests, and prescribing medication and other treatments. APRNs receive reimbursement from insurance companies for their direct patient care activities. APRNs practice in a variety of settings depending on their preparation. CRNAs are mainly found in hospitals and outpatient surgical settings where anesthesia and pain control are provided. The CNS usually works in a hospital and provides nursing care and specialty education needs to patients and nursing staff. The CNM is educated to provide expert care for women, particularly childbearing women, and newborns up to 1 month of age. Within the APRN role preparation of NP, there are six population foci: family, pediatric, women's health, adult and geriatric, psychiatric-mental health, and neonatal. The NP provides direct health care to individuals and families within a population focus. The NP is found in many different settings, generally ambulatory and usually primary care. NPs are able to prescribe medications, though the degree of physician involvement varies from state to state.

Nurses are also prepared at the doctoral level. The educational level for NP preparation has shifted from a master's degree to a doctor of nursing practice (DNP) degree with an implementation goal date of 2015. In addition, there are nurses prepared with a doctor of philosophy (PhD) in nursing. The PhD RN is educated with a focus on generating and testing nursing knowledge. The PhD nurse is an expert researcher and is a professor in a university setting conducting research and teaching students.

Nursing Philosophy and Nursing Family Theory

Nursing's Theoretical Foundation

Nursing health care providers have a unique philosophical base and perspective, which forms the basis of their care. The first nursing theorist and founder of professional nursing was Florence Nightingale. During the mid-1800s, Nightingale felt a divine call to forgo her privileged life and serve humankind. After extensive travel and study of religious order nursing care facilities, she began the first professional school of nursing for lay-women in 1853 in London, England.

Nightingale is most widely known for her prompt response to a call to lead a contingent of nurses to the Crimea, where England was ensconced in a battle. When the nurses arrived, they found that the battlefield was strewn with seriously ill and injured soldiers and the conditions were beyond filthy. Men were lying in crowded conditions, covered in lice, with human waste covering the floors. Nightingale led her nurses to restore the environment into a setting where a person could heal and where further disease would be prevented. It was Nightingale's observance of the patient-environment interaction and the importance of the environment in healing that form the basis of her theoretical framework. In fact, the patient-environment relationship continues to be a foundational theoretical pillar in nursing theory. In the most basic of terms, nursing is concerned with

the lived experience of the human-environment interaction in relation to health.

Environment is a major nursing philosophical concept and can be defined to include things such as pollution, quality drinking water, and safe city streets. One's immediate surroundings can also be included in this definition, for example, the physical location of the person, such as their home or hospital room. Nurses also consider the family, work setting, or even the internal milieu of the person in the assessment of the environment.

Human/person or patient/client under nursing care is another important nursing philosophical concept. Nursing views the person as a holistic, multidimensional being. Only addressing the physiological or biological or psychological component of the person would not be consistent with a holistic nursing perspective. A holistic view of the person includes consideration of the person as a member of a family. In addition, the family unit itself may be the patient/client in need of nursing care.

Family Nursing Theory

Family nursing theory is a blend of nursing conceptual frameworks with theories from social science and family therapy. Nurses gain valuable perspectives through the incorporation of family nursing theory into their practice. Family nursing theory provides the nurse a lens through which to understand the family as a system with inherent structure, the role of family in society, the impact of society/environment on the family, developmental tasks of the family, and family communication styles. Incorporating these perspectives enables nurses to care for families and/or to better understand and care for the person as a member of a family.

Integrated nursing family theory models, largely informed by nursing theory, social science theory, and family therapy theory, have been developed that assist nurse clinicians and researchers. The integration of several different theories allows for a wide perspective with which to frame the family health problem and from which to develop a comprehensive and creative treatment plan. Three nursing family assessment models that have been developed by family nurses will be described: (1) the Calgary Family Assessment Model, (2) the Friedman Family Assessment Model and Form, and (3) the Family Assessment and Intervention Model and the Family Systems Stressor-Strength Inventory. The nursing family assessments overlap to a certain degree, but each has different strengths for assessing families and guiding care.

The Calgary Family Assessment Model was developed by Lorraine Wright and Maureen Leahey. The model has a foundation in nursing and family therapy theories, systems theory, cybernetics theory, and communication theory. This model offers a strong assessment of the family communication, especially the emotional content.

The Friedman Family Assessment Model and Form has a strong grounding in three social sciences: structural-functional, developmental, and systems theory. The assessment looks at family values; family functions in the domains of affective, social health care; and stress and coping. The Friedman model also looks at the environmental aspects of the family and is useful when the nurse is assessing the family from a public health or community-based perspective.

The Family Assessment and Intervention Model is grounded in Betty Neuman's health care systems model. Neuman is a nursing theorist, and her nursing theory was adapted from individuals to families by Karen Berkey and Shirley Hanson. The theory is grounded in a systems perspective in which the family is seen as a system with subparts in interaction with each other. An assessment tool, the Family Systems Stressor-Strength Inventory (FS^3I) was developed from the Neuman model and assesses general and specific family stressors as well as the family system strengths.

Family Health: Nursing Care and Practice

Historically, family nursing was thought to be a specialty of nursing that took place in the context of maternal-child nursing and was meant to view the child only in the context of his or her family. A more recent view of

family health nursing is that of a specialty that cuts across all areas of nursing practice. Family health nursing is defined as the process of providing nursing care to families, and it includes viewing the family as context, the family as a unit/system, or the family as a segment of society.

Every member of the nursing health care team, from a nursing assistant implementing the nursing plan of care to the PhD prepared nurse researcher evaluating the effectiveness of the nursing care on the outcome of a population of individuals, has a role in the care of the family. Different educational levels prepare graduates to care for the family in a unique manner that complements the nursing team and that individual's background.

Nursing care of the family as context involves caring for the individual in the context of his or her family. This model is seen as a beginning-level view of family nursing care, and it is a competency met by a nursing generalist prepared with a BSN. The individual receiving care, the care recipient, is at the forefront of the care, and the family is assessed as part of the care recipient's environment and as context for understanding the care recipient and his or her health concerns. For example, “You tell me that your mother, who is in frail health and requires much care, lives with you. Have you thought about getting help with her care while you are recovering from surgery?”

Competencies with nursing care of the family increase as nurses gain more education and experience. Thus, the master's prepared nurse is competent in the care of the family as context and also is educated in the family as a unit or system. This nurse views the family as a unit in the foreground and each individual as a component of the family unit. The family nurse practitioner (FNP) is an example of the nurse prepared to assess the family as a unit or system. Typically the FNP is employed in a family practice setting where there is the opportunity to care for many members of the same family. These expert nurses view the family as a system whose parts are in constant interaction with one another and in constant interaction with the larger world. For example, if the main wage earner for the family is seriously ill, the FNP understands this impact and its ripple effect through the family. The FNP would include the family system in the assessment and might ask questions such as “How will the family provide food for the members?” and “How will health services be paid for?” The FNP would also consider the impact that the loss of occupational identity and associated stress might have on each family member.

The family nursing care competencies build upon one another, so doctorally prepared nurses, both PhD and DNP, are skilled in care of the family as context and the family as unit/system. The PhD and DNP prepared nurses are expert nurses who are able to care for the family as a system located within a larger community system. The family is a unit of a larger system of society. Examples of units of society include religious, education, and economic institutions. The nurse addressing the health care needs of the family at this systemic level functions in community health, with social services, or in the policy arenas. The PhD prepared nurse conducts family nursing research and develops and tests family nursing theory. The hallmark of the DNP prepared nurse would be in the implementation of and translation of family nursing research into practice.

Family nursing theory is integrated into nursing curriculums in a variety of ways. Some nursing schools may adopt family nursing as a major theoretical perspective that guides the school's curriculum. Other schools offer a required course on family nursing theories while most schools integrate the concepts of family nursing into existing courses. This pattern has historically been the case for courses dealing with maternal-child health, community, and psychiatric-mental health content. All specialties within nursing view the family as a partner in care, however, and so increasingly family nursing theory is embedded across the nursing curriculum. It is emphasized that nursing has a philosophical tradition, starting with Nightingale, of including families in the care of the person and in viewing the nurse and family as a team for care. This perspective has become even more of a reality now that hospital stays are shorter and patients are sicker and require more care when they leave the hospital.

The roles that the family nurse assumes depend in part on the health care setting, and these roles are evolving.

The nurse in family health uses the holistic nursing background, expertise, and creativity to engage with the family as advocate, educator, technical expert, counselor, consultant, health interpreter, health care provider, coordinator/liaison, role model, and researcher.

—Tess Judge-Ellis

Further Readings

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Entry Citation:
Judge-Ellis, Tess. "Education of Nursing Health Care Providers in Family Health." *Encyclopedia of Family Health.* Ed. Martha Craft-Rosenberg and Shelley-Rae Pehler. Thousand Oaks, CA: SAGE, 2011. 379-83. *SAGE Reference Online*. Web. 30 Jan. 2012.

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