



The Cutting Edge OF FAMILY NURSING

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Edited by

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Family Nursing Unit Publications
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Calgary, Alberta,
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Chapter 3

This chapter will appear in Whall, A. and Fawcett, J. (Eds.). *Family Theory Development in Nursing*. Philadelphia: F. A. Davis (in press). Reprinted with permission.

Chapter 5

This chapter will appear in Whall, A. and Fawcett, J. (Eds.). *Family Theory Development in Nursing*. Philadelphia: F. A. Davis (in press). Reprinted with permission.

Chapter 6

This chapter has appeared in the *Journal of Pediatric Nursing*, 1990, New York: Brunner/Mazel. Reprinted with permission.

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Family Nursing Unit Publications
Faculty of Nursing
The University of Calgary
Calgary, Alberta
CANADA T2N 1N4

ISBN #0-88953-131-5

Printed in Canada

Foreword

Catherine L. Gilliss, RNC, DNSc

Nursing science consists of systematized knowledge about the phenomena of interest and practice of nursing. As such, nursing science, a body of knowledge, has been distinguished from nursing research, the process through which knowledge is developed (Gortner, 1980). Nursing science has continued to grow in the last decade, particularly as the opportunities for conduct of nursing research have increased. Within that growth we have seen, and contributed to, the growth of family nursing science.

Criteria have been enumerated by which to judge that a field is a science: 1) science is an intellectual discipline, requiring educated researchers, knowledgeable about a particular field; 2) the field has some cumulative knowledge and competing paradigms providing direction to research; 3) the phenomenological focus of the field is specified in the paradigms; 4) the field employs some system of classification of phenomena; 5) the field employs strategies of measurement in discovery; and 6) the field employs a set of cultural values or norms to govern the scientific activities (Morton, 1968; Peplau, 1987). Peplau (1987) has discussed how these criteria apply to nursing science, in general. I would like to offer comment on how these criteria apply in the particular case of family nursing science.

The first criterion addresses the development of a critical mass of nurse researchers prepared to contribute to family nursing. Through the development of our graduate programs in family nursing and our efforts to meet and review one another's work, we are developing a community of scholars in family nursing. The first invitational conference for family nurse researchers was held at the Wingspread Conference site in Racine, Wisconsin, in November, 1984. Conceptualized and co-convened by Marie Lobo, this conference brought together 50 family nurse researchers, many of whom had attended special interest group meetings, for two and a half days to present and critique their work and to discuss strategies for the further development of family research in nursing. This group met again in January of 1986. A network of family nurse researchers was formed and these nurses began to shape direction to the future of the family nursing research movement, particularly in the USA. The next significant gathering of family nurses occurred in Calgary in 1988, at the first International Family Nursing Conference. This gathering brought together family nurse researchers and clinicians from all over the world. The community of nurse scholar-clinicians who identified themselves as family nurses was no longer invisible.

The second criteria, specifying cumulative knowledge and competing paradigms, is a major challenge facing family nursing today. The development of family nursing science has been impeded by its non-cumulative

nature. In part, the non-cumulative characteristic results from the failure of our literature to combine, in one place, the work addressing the health of families. Feetham's (1984) seminal chapter in the Annual Review of Nursing Research provided an organization to the knowledge in family nursing. Similarly, *Toward a Science of Family Nursing* (Gilliss, Highley, Roberts, & Martinson, 1989), has attempted to consolidate research and clinical findings relevant to family nursing.

Specific to theory, paradigmatic diversity abounds; however, the usefulness of those paradigms needs closer examination. Many of the paradigms are borrowed from social science and do not adequately address the phenomena of family nursing in health and illness. Many of the nursing theories that address the family have simply replaced "individual" client with "family" client, failing to capture and address the unique complexity presented by the family unit. Clearly, a major advance toward the science of family nursing will be accomplished when we are more attentive to building a cumulative science, and to the development of paradigms and theories that adequately address the nurse and the family together.

The phenomena under study, as specified in criterion three, are gradually emerging but are dependent upon our continued observations of the family as a unit of health and illness. Meleis (1985) has described phenomena as an aspect of reality colored by the perception of the viewer of that reality. To develop the phenomenon, Meleis suggests noting its timing and physical placement, dimensions and boundaries, relationships to other phenomena, variations and related circumstances. She suggests that in addition to describing the phenomenon, we in nursing need to ask whether the phenomenon falls within the domain of nursing.

Progress in paradigm development is inextricably connected to our progress in explication of phenomena. And yet our literature remains confused regarding the very language we use to describe family research and family nursing care. Our work needs to carefully address the distinction between family and family member and we need a nomenclature that addresses these distinctions.

The issue of classification of the phenomena is similarly associated with paradigms and phenomena. Thus, we see that progress is impeded by confusion or disagreement over the phenomena under study and by the theoretical explication. As our defined phenomena progress to concepts, we remain confused about basic distinctions of what is empirically based in the family and what is empirically based in the individual. Explication of family phenomena into a suitable classification scheme is an area where major efforts must be undertaken.

Measurement is an area of growing interest among family nurse researchers. And to our benefit, we have a number of able contributors, notably

Feetham, Ellison, Woods, Germino. New techniques for self report have been presented, as have strategies for clinical and non-clinical observation. Increasingly, we see nurses turning to interpretative methods to understand the phenomena of interest in family nursing. It is important to be aware of the contributions of other non-nurse scientists to measurement, and where possible to employ their creations. However, we have begun to learn that their methods are often not sensitive to the detail we wish to capture, or so biased by their own philosophical perspectives on the family that they do not serve us well in nursing inquiry.

Finally, there seems little doubt that family nurse researchers hold each other accountable for the highest standards in the execution of their research. These norms will continue to guide research and reporting practices, and, we hope, be appropriately responsive to changes in society.

This brief review of the status of family nursing science, suggests that the field is developing as a science. Clearly there are several areas to be emphasized in our advancement efforts: 1) we must continue to elaborate the phenomena of interest in family nursing and to work to conceptualize and classify these observations; 2) we must continue to build a science that is cumulative, rather than isolated; and 3) we must continue to develop theories that explain the interactions of nurse and family in health and illness, and appreciate the role of clinical work in theory building.

The first International Family Nursing Conference, the source of these collected papers, was a landmark in the development of family nursing science. The papers address the issues raised by the six criteria. Our careful review of the issues and the solutions proposed by these scholars will advance the field of family nursing.

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Preface

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.

(Little Gidding, T.S. Eliot)

Nurses have always recognized the importance of the family in health care. This book is an invited collection of outstanding conference presentations made by family nurses at the historic first International Family Nursing Conference, conceived and chaired by Dr. Lorraine M. Wright and held in Calgary, Alberta, Canada, May 1988. These chapters provide a state-of-the-art description of the development of family nursing from a theory, research, clinical practice, education, and policy perspective.

Nurses from around the world converged in Calgary to celebrate the importance of the family in nursing care. The conference was a strong statement by nursing for reclaiming the territory of the family that previously had been abandoned. As this was the first time that family nursing clinicians, educators, policy-makers, theorists and researchers had convened on an international level, conference participants were curious to discover: Were we talking the same language when we talked about "family nursing"? How did we view the "family"? What family nursing research and clinical practice was happening? What theories were we using? Were nurses influential in shaping policy about family health care? How were we addressing the complexities of various cultures and variant family forms? In what contexts was family nursing most/least successful?

This book was conceived due to the historic nature of the conference presentations and the need to capture the development of thinking about family nursing from an international perspective. A wide variety of conference sessions emphasized the description and assessment of family responses to health and illness. A continuum of descriptions of "the family as context" to "the family as the unit of care" emerged. Very few presentations focused on family interventions or reported research which tested the effectiveness of family interventions. The process of exploring these distinctions was an intervention on the conference participants themselves!

The chapters in this book were papers presented at the first International Family Nursing Conference. Following the conference, authors of some of the outstanding presentations were invited to submit a manuscript for inclusion in this book. This book is a picture of the cutting edge of knowledge in family nursing in 1988. The snapshot begins in Chapter 1 with the

stimulating opening address of the conference presented by Dr. Joy Calkin. In 1988, Dr. Calkin was the Dean of the The Faculty of Nursing, University of Calgary.

In Chapter 2, Drs. Lorraine Wright and Maureen Leahey provide an overview of the field of family nursing. They focus on trends in family nursing practice, research and education and predict future implications of these trends. Their paper was presented as one of the plenary sessions and was highly rated by conference participants.

Chapter 3 analyzes family theory development in nursing. Drs. Jacqueline Fawcett and Ann Whall conclude that several existing paradigms of nursing can serve as starting points for the development of nursing theories dealing with the family unit as a whole.

In Chapter 4, Dr. Heather Clarke, former Chief, Family and Child Health, Health and Welfare Canada, focuses on family policy. She reports the use of research utilizing the Delphi process to guide family policy development.

Chapter 5 takes a meta-perspective to nursing research of families. Dr. Suzanne Feetham outlines specific theoretical, methodological and data analysis issues in family nursing research.

In Chapter 6, Dr. Marilyn Friedman, author of the most frequently used family nursing textbook, offers a transcultural perspective of family nursing. She highlights the importance of integrating knowledge of cultural beliefs and values into family nursing assessment and intervention.

Chapter 7 captures the unique knowledge of a variant family form - the gay father family. Dr. Frederick Bozett summarizes what is known about gay fathers and their children and offers implications for additional theory development and research.

In Chapter 8, Drs. Joan Bowers and Duane Pennebaker present one of the first empirical descriptions of family nursing practice. Data were provided by interviews with a small sample of nurses in acute care settings from Australia and the United States.

In Chapter 9, the co-editors offer a systemic view of family nursing. The unique combination of clinical practice, education and research at the Family Nursing Unit, University of Calgary is described. We provide a case example to highlight the family systems nursing approach we use with families who are experiencing difficulties with health problems.

The strength of this book is the collective description these papers make

about the exciting evolution of family nursing. **The Cutting Edge of Family Nursing** records our history and invites a future vision.

JANICE M. BELL

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Calgary, Alberta

March, 1990

Acknowledgments

We would like to acknowledge the contributors who willingly responded to our invitation to add their papers to this collection. We are grateful to the Faculty of Nursing, University of Calgary for providing the support to enable the fulfillment of the first International Family Nursing Conference. We are indebted to the foundations, governments, corporations and The University of Calgary for their monetary support and to our many colleagues whose hard work, enthusiasm and vision made the historic first conference a success.

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Escape Into A Higher Order

Joy D. Calkin, R.N, Ph.D.

In descriptions of Florence Nightingale's work at Scutari we learn of her attention to the families of the soldiers who had died. Her letters to families were based on her personal knowledge of these men and often contained final messages from them. Her awareness of the meaning of family was clear in her actions. She not only provided care, she also gave a gift of caring which included the family.

During the more than one hundred ensuing years nursing has, like Nightingale, seen the need to recognize the family and relationships between family members such as the attachments between newborn and parents as an element of care and the subject of research. In my own field of care of chronically ill children, the family is often seen as the context within which care is given...indeed family members become care givers. More recently the family and its interrelationships are the direct focus of care - that is, the whole family is seen as the unit of care.

We recognize that many other disciplines have also raised questions and sought interventions that assist in our understanding of families. Growth in family science, Broderick (1971) noted, has moved from the study of the static structure and function of the family to a dynamic, holistic and systemic view.

Murphy (1986) in her overview of "Family Study and Nursing Research" urged that family-focused nursing researchers as well as family scientists develop a strong collaborative relationship on family questions. The issues being studied such as the impact of public policy on families and the methods of research used would benefit from many perspectives, she argued.

As you look at the program for this first International Family Nursing Conference, you will see the tremendous range of topics of interest to nurse scientists, nurse practitioners and a small but growing group of nurse scientist/practitioners. You will see that some presenters focus on the family as foreground for their work with individual family members as background - while others have the individual as foreground and family as background.

As you look at the program with the eyes of one interested in research methodology other patterns appear. There are a number of papers using the empirical - analytical approach. These presenters are looking at families to study regularities or universals through a clearer definition of dependent and independent variables related to family behaviour. Questions arise such as - do we really measure "family behaviour" when we

aggregate or add up individual family members scores on some variable? There are other papers using the phenomenological - interpretive model of science. Rather than control and prediction, these scientists study families with the primary goal of understanding the experience of families and interpreting their behaviour. Rather than studying regularities of family behaviour, these scientists focus on discovering the variabilities in families behaviour in dealing with an event. For them, questions arise such as - how do we select a sample of families with sufficient variability in behaviour to understand a range of and variety of experiences?

There are almost no papers by scientists of family nursing using critical social theory. These scientists help us by identifying areas of conflict and disagreement and by questioning how we think about problems of family care. For example, Allen (1986) suggests that neophyte nurses "are encouraged to support and maintain the family intact". They are not given the tools to analyze and to help their clients analyze whose interests are served by keeping the family together or whose interests are really harmed. Critical social analytic methods require the scientist to be as objective as the empirical - analytic students of families. But they must focus on the question of whether our current social systems distort the power balances among participants and hence distort our research and practice. Questions arise such as - are family nursing interventions successful when the nurse successfully alters the family system dynamics, or are they successful when the family gains insight about their own dynamics and move beyond the therapist by gaining the power to change family dynamics themselves?

Nurses practicing in the field of family care are dealing with yet other issues. Some are presenting papers about where they practice family nursing - or settings. Others are describing how they practice. As we review the work of practitioners, questions also arise. For example, why is it that we have such a heavy focus on assessment of families and so few papers devoted to descriptions of interventions and fewer yet on the effectiveness or efficacy of interventions?

Thus far I have noted the increasing complexity of the topics of study and practice of family nursing. I have drawn attention to Murphy's reflections on the need for interdisciplinary work in this field. I have given examples of the challenges with which we must deal with in methodology and in practice. I hope that I have underlined the number and complexity of issues in the field of family nursing since Nightingale's letters home.

Let me turn to a rather different science - that of chemistry. In 1977 Ilga Prigogine, a Belgian physical chemist, received the Nobel Prize in Chemistry. His work dealt with the question of where in the old universe or the current world is there room for becoming something new. He gave us a basis for understanding the process of "escaping into a higher order".

As we now know our world is filled with systems in which patterns are constantly moving - within which energy is flowing. Prigogine explained that this flowing wholeness is held together at many points and energy is used up to maintain these connections. The more complicated the pattern - the more likely it is to be sensitive to internal fluctuations. He explained further that the movement of energy from one connection to another leads to fluctuations. If these fluctuations or changes are small the system dampens them down (much the way that sitting in the centre of a small boat helps stabilize the boat in waves). But if fluctuations or waves reach a critical size they perturb the system — they shake the system up to such an extent that old patterns touch each other in new connections. As Ferguson (1980) notes, "The parts reorganize into a new whole. The system escapes into a higher order".

This new structure with its new connections is even less stable as multiple factors act all at once to create more complex patterns. The new structure is therefore even more ready to become something new - something much more complex - a higher order than existed before the shake up occurred.

We understand from the Israeli scientist Katchalsky that your brain is only about 2% of your body weight. Yet it uses 20% of your available oxygen. He noted how sudden transformations or flashes of understanding occur in human thought. It may be that with all of its energy and connections, our minds can be shaken up or perturbed so much that they develop new understandings and insights.

This conference is intended to increase the complexity of ways we *think* about family nursing. I began by touching upon a few of these complexities. The conference is intended to create new connections in your mind and to move energy rapidly by means of the exchange of ideas among participants.

The field of family nursing demonstrates many trends and patterns. However, one is left with the sense that there is a need for a new wholeness - a higher order of integration and understanding. A flow of energy to new connections. We do not seek closure or perfect solutions. We do seek a willingness to move to a place different from our current work in the field of family nursing.

Whatever patterns you brought with you, whatever structures of thought about family nursing you have in your mind - seek out ways of shaking them up. Learn from other cultures how they think about the health problems confronting families in their culture. Question yourself carefully about whether your interventions are really directed at having power to control and influence family dynamics or if they are directed toward empowering families to understand ways of making their own dynamics more healthy. Ask yourself where the methods of research you are using

are going to take you in learning about care of families and family caring. Select conference papers that take a perspective different from your own. Don't dampen down new thoughts - let them wash over you.

My hope for each of you is at once simple and complex. Perturb yourself. Disturb your thoughts. Shake up your ways of thinking and acting. Lend your energy to others - borrow their energy to help you. If my hope is translated into your action, our current thinking and practice of family nursing may escape into a higher order.

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