

Concepts of family nursing theory

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Nurses hold a unique position among healthcare professionals in terms of prolonged proximity to patients during a stay in hospital or while a person with a long-term health problem is being cared for at home. In contemporary context it is necessary to address the needs of the families whose lives may be irrevocably changed by the illness of one member. As Friedman (1992: 29) put it: “ The psychosocial strains on a family with a member suffering a chronic or life-threatening condition can rival the physical strains on the patient.” However, it is not only in relation to chronic illness and disability that families may stand in need of help.

The family developmental life cycle involves natural transitions which may create considerable stress. One example might be a woman trying to deal with an adolescent son who is engaging in risk-taking with drugs and alcohol, to protect her younger son from his brother’s influence, to persuade her busy husband to give more attention to his family while providing some support for her mother who is caring for an increasingly frail husband. There is potential for conflict in all of these relationships as family members attempt to balance their own needs with those of other members of the family, and of the family as a unit.

Such family tensions are likely to influence the health and well-being of each family member, and their ability to deal with unanticipated events such as accidents or unemployment. Wherever families are struggling to maintain or restore equilibrium, to find ways of coping effectively with crisis or with long-term stress, nurses may find themselves in a supportive role.

Frude (1990) identifies that in the literature on families some authors focus upon individuals and regard other members as being the social context of the person. Other authors look at the family unit as a whole with individual members as parts of the whole.

From the contemporary perspective, it is useful to be aware of how family composition is changing in order to have a mind to the wider context of society as a whole. It is possible to be under the impression that the family today is in terminal decline if all that one reads in the popular press is to be believed. A closer look behind the headlines reveals that what is understood to be under threat is the traditional two biological parent household with dependent children, the nuclear family. It is increasingly apparent that a growing minority of children will experience life in a family that is headed by a lone parent, usually the mother, before they reach adulthood. A popular misconception is that the majority of these mothers are single women.

Their numbers are growing faster than other groups, the figures for which seem to have established at the end of the 1990s, but divorced, separated and widowed mothers still constitute the majority. In addition, the divorce rate in remarried couples remains higher than for the general population. There are many factors involved in this but the additional stresses of a reconstituted family may make them more vulnerable to breakdown, for instance the parent-child bond predating the marital bond can lead to step-parents competing with their children for primacy with their spouse.

Dimmock (1992) notes that too often the blended family is cast in the mould or ideal of the nuclear family. Indeed, many of those involved are keen to

view it in that light. Remarried families can often be struggling with unresolved emotional issues at the same time as coping with family transitions. Dimmock (1992) also indicates that society offers the choice of two conceptual models, that of the nuclear family or the wicked step-parent (mostly stepmothers) of fairy tales. The family nursing model allows accommodation of a family with less rigid boundaries. A nurse, perhaps in the role of health visitor, with an understanding of family systems and family nursing could provide valuable support and help for these families to work through some of the issues involved.

There is another group of families which is becoming more prominent, particularly in the United States. Lesbian and gay parenting is currently a topic of hot interest as our society struggles to decide whether it will move forward on human rights issues or attempt to retrench and move back into a mythical past of “family values.” Increasingly in the US this is an area of interest and debate, especially as reproductive technologies have advanced so that it is possible for the lesbian woman to contemplate pregnancy without a male partner.

Gay men wishing to raise a family are also becoming a focus for media interest and debate in this country. The impact of AIDS and HIV infection has also highlighted issues concerning next of kin with gay men, particularly within the health service and in legal terms.

This demonstrates the appropriateness of accepting the notion that, from a nursing perspective, the family is who the individual identifies, although it may not necessarily conform to biological or legal ways of thinking.

From the personal viewpoint, the strongest argument for the appropriateness of family nursing in the United States now is the massive shift of care from hospitals and institutions to the community. Patients in hospital are more acutely ill, with resultant stress for families who need support. In the community families are in the first line of caring for individuals with intractable, often severe, health problems.

At the same time, the purpose of nursing is to provide care for those with continuous needs in partnership with people and with other organizations. Therefore, I totally agree with the purpose of family nursing described by Hanson (1987: 8) which is to promote, maintain, and restore family health. Moreover, family nursing is concerned with the interactions between the family and society and among the family and individual family members.

References

1. Dimmock, B. (1992) A child of our own, *Health Visitor*, 65, 10: 368-370
2. Friedman, M. M. (1992) *Family nursing: Theory and practice*, 3rd edn, Connecticut: Appleton & Lange.
3. Frude, N. (1990) *Understanding family problems: A psychological approach*, Chichester: John Wiley & Sons
4. Hanson, S. M. H. (1987) Family nursing and chronic illness, in Wright, L., Leahey, M. (1987)
5. *Families and chronic illness*, Pennsylvania: Springhouse.