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# International Family Nursing Association: Family Nursing Practice Survey Findings

Kathryn H. Anderson

Georgia Southern University, [khanderson@georgiasouthern.edu](mailto:khanderson@georgiasouthern.edu)

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# International Family Nursing Association: Family Nursing Practice Survey Findings

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The International Family Nursing Association (IFNA) was formally established in June 2009 (Van Riper, 2010) with a vision of “transforming health for families worldwide” (for more information, see IFNA website: <http://www.internationalfamilynursing.org>).

A committee structure was adopted in early 2010 and the IFNA Family Nursing Practice Committee<sup>1</sup> began its work by conducting a survey to gather information about the nature of family nursing practice across the world. Seven survey questions were developed that focused on family nursing practice models, family nursing assessment and intervention strategies, and family nursing practice implementation outcomes. The online survey was distributed in 2011 through the IFNA listserv to target 110 IFNA members and other non-members with an interest in family nursing. A request was included to share the survey with other family nurses known to be involved in family nursing practice. In total, 22 surveys from 12 countries were received from Austria (1), Australia (2), Belgium (1), Canada (5), Japan (2), New Zealand (1), Portugal (1), Slovenia (1), Spain (1), Taiwan (1), Thailand (2), and the United States (4). Publications from the *Journal of Family Nursing* describing family nursing practice in Brazil, Finland, Iceland, Japan, Scotland, Sweden, and Thailand were also mined by Committee members for additional information. Published guidelines that address the nursing of families by the International Council of Nurses (Schober & Affara, 2001) and the World Health Organization (WHO, Regional Office for Europe, 2000) were also consulted.

Analysis of the survey data was divided into groups of committee member teams who were each assigned the analysis of two survey questions as a way to enhance the rigor and reliability of the thematic analysis. The findings generated by each group were then reviewed and discussed by the entire IFNA Practice Committee to elicit reflections, impressions, and conclusions about the survey findings. Highlights of the IFNA 2011 Practice Survey results are described in a full report available from <http://internationalfamilynursing.org/wordpress/wp-content/uploads/2012/09/IFNA.FAMILY-NURSING-PRACTICE-Survey.2011.final-report.pdf>.

Overall, the IFNA 2011 Family Nursing Practice Survey revealed that family nursing is still a work in progress. Publications that support the description and benefits of family nursing practice are growing. Models and theories to guide family nursing practice are well developed and used with success. Family as unit, family-centered care, and community care focused on families are successfully implemented in numerous settings by nurses, but often support for care and attention to the family is dependent on the leadership in the practice setting rather than an accepted care imperative. Thus, family nursing care in responding countries remains an individual nurse–family–patient matter. Family nurses in respondent countries are promoting family nursing in a variety of ways, but family nursing is not a formalized part of the health care system in any country. Formal distinctions between generalist and advanced practice in family nursing are needed. Consistent support for education of nurses to care for the family is in place, but educational efforts vary, family nursing competencies and standards have yet to be developed, and these limitations influence educational preparation, standards of practice, and reimbursement structures that support family nursing practice.

Survey data reflect a beginning interest in evaluation of clinical outcomes with families and the efficacy of the family interventions. Nurses asking questions about family satisfaction and clinical outcomes remain the most common evaluation measure of family nursing practice. Family nursing scholars share families' reports of how they were helped during illness and health events.

The findings of the IFNA 2011 Family Nursing Practice Survey have implications for further development of family nursing science. The distinctions between generalist and specialist practice as it relates to nursing assessment and intervention need to be clarified. The scientific knowledge for family nursing practice needs to be advanced through clinical research, focused on quality designs and efficacy of family interventions. Governmental health policies to date support individual care, despite recognition that inclusion of families in patient care provides better outcomes for patients and families (Chesla, 2010; Martire, Schulz, Helgeson, Small, & Saghafi, 2010; Mattila, Leino, Paavilainen, & Åstedt-Kurki, 2009; Ostlund & Persson, 2014).

The findings of the IFNA 2011 Family Nursing Practice Survey provide direction to the IFNA and its members to advance family nursing practice around the world. Toward this end, one of the mission statements of IFNA calls for “sharing knowledge, practices, and skills to enhance and nurture family nursing practice” (<http://www.internationalfamilynursing.org>). For more information, contact IFNA Practice Committee Chair, Dr. Kathryn Hoehn Anderson, PhD, ARNP, Georgia Southern University, Statesboro, Georgia, USA (email: [khanderson@georgiasouthern.edu](mailto:khanderson@georgiasouthern.edu)).

## Note

1. International Family Nursing Association (IFNA) Family Nursing Practice Committee members who were involved in drafting this report included Kathryn Hoehn Anderson, PhD, ARNP, Georgia Southern University, Statesboro, Georgia, USA (Committee Chair); Janice M. Bell, RN, PhD, University of Calgary, Calgary, Alberta, Canada; Maria do Céu Barbieri Figueiredo, RN, PhD, Escola Superior de Enfermagem do Porto, Porto, Portugal; Francine de Montigny, RN, PhD, Université du Québec en Outaouais, Gatineau, Quebec, Canada; Li-Chi Chiang, PhD, RN, National Defense Medical Center University, Taipei, Taiwan; France Dupuis, RN, PhD, Université du Montreal, Montreal, Quebec, Canada; Norma Krumwiede, PhD, RN, Minnesota State University, Mankato, Minnesota, USA; and Michiko Moriyama, RN, PhD, Hiroshima University, Hiroshima, Japan (Committee Co-Chair).

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