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A system-based conceptualization of family nursing is suggested, with family nursing practised on three system levels. The level of individual family members views the family as the context of the individuals. The interpersonal level addresses dyads and larger units and the family system level includes the structural and functional system components interacting with the environment. Intervention on a higher system level includes the lower levels. While family nursing falls within the practice scope of all nurses, intervention aimed at system change requires holistic understanding of the intricate relationships between family system components and the skills of clinical specialists.

INTRODUCTION

The aim of this paper is to propose a new working definition of family nursing that integrates the differing nursing views of the family without creating a conflict. The family is seen as a human social system with distinct characteristics that is composed of individuals whose characteristics are equally distinct.

Family nursing has been taught in nursing schools since the early days of our profession. Public health nurses first recognized the family as an important factor in an individual's growth and development or recovery from illness (Ford 1973). With the advent of systems theory that was adapted to living systems in the 1930s by von Bertalanffy (1966) and introduced into nursing in the 1960s, the concept of family nursing has been generally understood as nursing care given to the total family system or unit (Miller-Ham & Chamings 1983). Consequently, family nursing practice has accepted as a fact the understanding that the client of a family nurse is the family system rather than the individuals in the family. However, nursing scholars have encountered problems in integrating the concept of family nursing into their conceptual thinking.

Nursing conceptual thinking has been advanced considerably by the recent formulation of a nursing metaparadigm (Fawcett 1983). In the term metaparadigm 'meta' describes that which is beyond the ordinary dimensions, the global and most abstract understanding of phenomena. The term 'paradigm' is synonymous with the word model that is defined as a configuration of integrated concepts. The development of a metaparadigm in nursing is based on a common understanding that the concepts of person, environment, health and nursing are the essential components of the discipline (Fawcett 1984). This understanding has existed throughout nursing history and has led nursing leaders to single out the four concepts to define the phenomena of their interrelationship in the most abstract and general nature (Kuhn 1977). In fact, the most central proposition in nursing and the essence of the metaparadigm is nursing's concern with the health of the person who is continuously interacting with the environment (Donaldson & Crowley 1978). Consequently, Fawcett (1984) suggests a 'structural hierarchy of knowledge' that places the metaparadigm at the top in order to provide general direction. The nursing discipline, while subscribing to the metaparadigm, is free to develop multiple conceptual models and numerous theories that aim at describing nursing phenomena in detail.

Family nursing scholars have successfully formulated family theories for a multitude of nursing situations. In addition, they have made significant progress in applying to families the most widely used nursing conceptual frameworks originally proposed for nursing of individuals

(Clements & Roberts 1983, Fawcett 1975, Whall 1986). However, family theorists have encountered serious problems in reconciling the concepts of family and family nursing with the nursing metaparadigm (Murphy 1986).

FAMILY, FAMILY NURSING AND THE NURSING METAPARADIGM

The main problem rests on the question of whether the family should be viewed as part of the concept of person (client who receives the nursing intervention) or the concept of environment (context that influences the individual's health), a combination of the two, or a separate concept (Murphy 1986). Nursing theorists maintain differing views of the family and family nursing. According to Whall (1981) there are four ways in which the concept of family has been defined by nurses: the family as the environment for individuals; the family as a group of interacting dyads, triads and larger groups; the family as a single unit with defining boundaries; and the family as a unit transacting with the environment.

Orem (1985) subscribes to Whall's (1981) first definition of the family. She maintains that nurses direct their care towards individuals, that the concept of self-care is applicable to individuals only, and that the family serves as a context or environment for these individuals. Her understanding of family nursing implies that if individuals are nursed with the goal of strengthening their self-care agency, the system in which these individuals function will be equally enhanced. Based on these assumptions, some nursing leaders have begun to question the existence of family nursing or whether actual nursing practice is in fact family oriented (Barnard 1980).

In contrast, King (1983) sees the family as interacting individuals or groups and assumes that family nursing consists of helping these individuals to reach goals through improved interaction or communication. This definition of family nursing differs from Orem's in that it includes interpersonal issues on the nurse's problem and goal list. The nurse is encouraged to define interpersonal conflicts such as those based on role conflicts, parenting issues and developmental changes.

The last two family concepts on Whall's (1981) list, the family as a single unit and the family transacting with the environment are most clearly represented by Martha Roger's theory (Johnston 1986). The family nurse is seen as an energy field, one with the environment, and continuously interacting with the family and the environmental fields.

It is the belief of this author that all four definitions of the concept of family are applicable and necessary. If the whole family system is viewed as the 'person' who receives the care, the focus on each individual in the family is lost. In contrast, the view of the family as the 'environment' of the person who is the client precludes nursing interventions directed at the total family system. The family needs to be understood as part of both, the concepts of person and of environment, or the nursing metaparadigm could be expanded to include two more concepts, family and family nursing.

DEFINITION OF FAMILY NURSING

The concept of family nursing encompasses three levels of the family system: nursing of the system of individuals, the system of dyads, triads and larger groups, and the entire family system. The system of individuals and the interpersonal system of multi-person units can be conceptualized as subsystems of the total family system. The following attempts to clarify the concept of family nursing on all three system levels as well as the links between the system levels. However, before family nursing can be described clearly, one needs to address the issue of the scope of family nursing.

The scope of family nursing

It is generally accepted that the nurse generalist practises family nursing when treating individuals and includes to some extent the interpersonal communication process. Each nurse at graduation is expected to exhibit proficiency in communication techniques, family and group processes. Interpersonal family nursing, however, can be practised only by a nurse who sits together with more than one family member and guides the communication process through appropriate channels. The nurse leads family members to express thoughts, and guides them towards workable goals and necessary strategies. Such interventions are clearly within the scope of community health nurses, nurses in maternal-child health settings, and hospice nurses, and should be practised by all nurses who have access to their patients' family members.

The depth of family interventions, however, varies greatly and seems positively correlated with the five levels of proficiency outlined by Benner (1984). Benner describes the 'novice' nurse (1) as an inexperienced nurse who functions by following rules, and the 'advanced beginner nurse' (2) as a nurse with some experience who is able to detect and predict repetitive patterns in nursing situations. The 'competent' nurse (3), according to Benner, is one who can define the difference between significant and insignificant aspects of nursing care and begins to feel a sense of

mastery, and the 'proficient' nurse (4) is a professional who is able to perceive situations holistically and understands the relative importance of the variables involved. The 'expert' nurse (5) is one who has acquired an intuitive comprehension of situations and can unerringly identify the most essential factors.

Benner's (1984) framework is helpful in defining the scope of family nursing. The nurse generalist with a baccalaureate degree, namely the 'novice', the 'advanced beginner' and the 'competent' nurse, directs nursing actions mainly towards individuals in a family and towards individual and family goal achievement through the interpersonal process. Total system changes in this process are not brought on intentionally. Nurses in these stages of professional development do not yet have the ability to predict reactions of complex family systems that result from the change induced by nursing actions. Instead, system change is a byproduct of improved individual health and well-being of family members, and of improved interpersonal communication between family members.

A cut-off between family nursing as practised by a generalist versus a specialist may fall within the category of a 'competent' nurse. High level 'competent', 'proficient' or 'expert' nurses who perceive nursing situations in a holistic way and are willing to explore and gain understanding of the relationships between individual, family and environmental factors can practise interactional family nursing with the intention to change family patterns and the total family system. To accomplish this goal, they predict, at least with some confidence, how changes at the individual and interpersonal system levels and changes in the environment might influence the family system and its structure.

Taking these differences in skills into account, the following are attempts to clarify the concept of family nursing as well as the links between the system levels by focusing on the role of the family nurse.

Individually focused family nursing

The nurse establishes a relationship with each individual in the family and treats each individual as a client. Individuals are seen as subsystems of the total family system. The family system is the immediate, joint environment of each client subsystem. Nursing goals are focused on the individuals (i.e. improved diet or exercise, effective home care of an ill person). While one individual is seen as the client, the function of the other individual subsystems is one of a supportive network in helping the client to make changes. All family member subsystems can become clients at various times, depending on their needs. For example, in the case of ill family members, these patients are clients when the nurse teaches them to care for themselves and counsels them in coping with their illness. Other family members become clients when they are taught to perform caretaking tasks or to attend to their physical and emotional needs in order to prevent excessive stress and illness. The ultimate goal of individually based family nursing is personal well-being of the individuals in the family.

In order to assure congruence between individual subsystems and the family system as a whole, all family members are involved together with the nurse in mutual goal setting for each family member so that they understand the treatment plan and provide support. The use of environmental systems may also fall within individually focused nursing if through nursing care the family gains access to new resources, for example medical equipment or supportive care, which enhance individual well-being.

This level of intervention assumes a well functioning family system. Information is fed to individual subsystems who will accommodate the change. Change at the subsystem level is likely to effect change at the family interpersonal level and the family system as whole, but such change will not be the focus of nursing interventions as long as the system maintains crisis free functioning. Helpful theories for family nurses practising on the individual level are stress and coping theories and psychosocial and physical developmental theories.

Interpersonal family nursing

Family nursing on the interpersonal level involves the use of communication techniques and addresses family processes such as decision-making, limit setting, and defining family roles. The interpersonal system is considered a subsystem of the total family system and becomes the client for nursing intervention. The interpersonal system consists of two or more individual systems depending on the number of family members interacting with each other at a given time. The need for intervention on the interpersonal level comes about when there is conflict between individuals, a difference in opinion about a nursing issue, or a misunderstanding between family members.

In order to clarify nursing goals and to respect all family members' opinions, the nurse plays the role of a moderator by intervening with the family interaction system. The ultimate nursing goal in addition to individual subsystem changes is mutual understanding and support among family members. This state of interactional harmony provides for the environment in which the individuals can learn and grow.

Thus, family interactional nursing aims at changing the interpersonal system through direct interventions. Nurses must understand the linkages between individuals and primary groups. Theories helpful in conceptualizing interpersonal nursing are parenting theories, theories addressing attachment and bonding, social support, marital relationship, verbal and non-verbal communication, roles, caregiving, and for the advanced practitioner theories in family therapy.

By changing interpersonal relationships nurses anticipate certain individual changes. Prediction of individual reactions related to interpersonal changes are rooted in complex family systems dynamics. For example, in the case of a mother of a delinquent adolescent the nurse will suggest ways to improve the mother's communication with the boy hoping that he will experience support and understanding from his mother and as a result gain an improved self-concept, experience encouragement to work towards constructive goals and decrease his dependence on peers. In order to link the communication changes with the desired personal outcomes of the boy, the nurse needs to understand among other factors the processes which triggered dysfunction in the relationship, the mother's needs and problems, the boy's and the mother's stages of development and related needs, and the influences of other family members on the relationship.

There is risk involved in nursing interventions which are not solidly founded in knowledge and understanding of the family and its interpersonal processes. In the above example, a nurse's decision to suggest to the mother that she enforce limits and become strict with the boy has to be coupled with the knowledge that the mother has the ability to follow the nurse's advice in a consistent manner and knows how to convey to her son that the change in parenting is based on love rather than on revenge. Only then can the nurse predict a change in the son's behaviour without risking harmful consequences.

This example illustrates that family nursing at the interpersonal level is often more than a nurse generalist can handle. The complexity of the subsystem interface surpasses the limited scope in which nurses without advanced education are able to practise family nursing.

Family system nursing

Nursing of the whole family or transactional nursing of family and environment are creative processes, according to Rogers (Johnston 1986), but such ideas are still hazy and lack consensus (Whall 1981). Family system nursing is practised at the level at which the client becomes the total system. Nursing goals are aimed at changes in the system processes or structure. Nursing actions may also involve the environment within which the system interacts with the purpose of subsequent deliberate change within the family system. Since it is the individuals in the family who act and behave and it is the interpersonal systems that exhibit repeated patterns of behaviour sequences or strategies, nursing actions at the system level alone are not possible. Family system nursing arrives at system changes through interventions which are directed at the individuals and the family interactional system. Contrary to interpersonal family nursing which anticipates system change as a byproduct of interpersonal change, family system nursing plans interpersonal and personal changes as parts of a master system plan. Family development theories, family functioning and therapy theories, including family systems and ecological theories, are helpful in family systems nursing. Theories related to the environment include the community mental health ideology, education and learning theories, sociological theories, administration and work environment theories, peer group and social support theories, and others.

While nursing interventions on the previous two levels are relatively easy to envision, family system nursing is a difficult concept. Family system nursing includes all actions aimed directly at positive system change. Some family therapy techniques are acquired with extensive training and supervision, but family nursing is not a psychiatric nursing concept. Instead, it is practised by experts of all nursing disciplines. Nurses who carry a holistic understanding of families are able to practise interactional nursing interventions on the system level by first assessing a need for system change. For example, in the case of a family giving care to a terminally ill member, there may be a need for reorganization of the system's internal resources and acceptance of external assistance in order to accomplish the difficult task. The design of strategies includes teaching the nursing tasks to family members, setting up a schedule for caring that accommodates the individuals' willingness to help as well as their need to pursue their own interests, counselling the family to accept help from professionals, friends and neighbours and ask for it if they need it. While interventions such as teaching procedures pertain to individually focused family nursing and strategies like joint negotiation of responsibilities are interpersonal nursing actions, the anticipated goal of all interventions is system change.

Change is evaluated continuously at all system levels. Feedback from individuals, interpersonal units and the environment is monitored. Corrections in the master plan are necessary if unhappiness or tension is expressed by

family members or the family rejects or is dissatisfied with external resources.

Family system nursing includes the immediate environment. Rogers (1980) describes nursing as creative acts of interchange with the environment. Family system interventions go beyond simple referrals of family members to a support group or a medical clinic. With a system change in mind a nurse specialist negotiates with the family an approach tailored to the family's needs. For the family to follow the approach, the plan needs to be consistent with the general strategies the family uses in daily coping.

For example, the nursing assessment of a family with a alcoholic member includes (1) family system processes — power structure, individual roles and behaviour patterns, emotional bonds; (2) interactional processes — individual reaction to the drinking behaviour, enabling behaviours, compensating behaviours, and family members' perceptions of an ideal interactional system; and (3) individual factors — the individual's motivation to change the drinking behaviour, developmental stages, physical health, individual needs and desires. In addition, the assessment includes the interpersonal and the family system as they interact with the environment. These data are collected through direct questioning of family members and observations of interpersonal dynamics, support systems of the extended family and friends, spacial arrangements, physical surroundings, and use of family time. The analysis and synthesis of the data will lead to a definition of goals.

Effective nurses are aware of their values and avoid formulating goals which are based on their own norms rather than the family's needs and values. Initially, nursing goals often cannot be mutually negotiated due to problem denial or problem misperception. As soon as family members are ready to accept them, however, goals need to be verified with them. The timing of goal-sharing is carefully evaluated. Prior to enacting goal directed interventions, the nurse may have to spend time on individually focused actions for the purpose of improving an individual's self-concept and motivation for positive change. Depending on the family's needs, goal directed actions involving the environment in the above example may include inpatient treatment of the substance abuser, support groups for family members, and collaboration with the children's teacher. Often families have serious economic or health problems which are foremost on their minds. A sensitive family nurse specialist will help the family to receive from the environment what it needs to survive, reinforce its positive interaction patterns with environmental systems and learn new interaction patterns in order to sustain better system functioning. All these actions are part of a master plan that leads ultimately to a system which is in better harmony with its members and its surroundings.

IS FAMILY NURSING UNIQUE?

Most family interventions are not unique to nursing but instead are shared with other disciplines. This is understandable since the basic family understanding is also shared. There is no question that experts as defined by Benner (1984) exist in other disciplines as well and that they also give holistic care. For example, the family therapist Salvador Minuchin demonstrates and makes visible on video-tape expert intuition which leads to an almost instant diagnosis of actual family problems, irrespective of the problem presented by the family.

There are two premises, however, that are basic to nursing practice. The first is the basic focus of nursing on health rather than pathology. Families are extremely sensitive to becoming a target of blame. While family therapy was derived from the assumption that individual pathology is directly related to system pathology, nursing need not subscribe to the same thinking. Even an explanation of shared blame for emotional or physical symptoms is counterproductive in gaining families' cooperation. All family nursing needs to be rooted in an attitude of acceptance and genuine concern for each family member. Family nursing must consist of actions that reinforce the family's strengths and changes can be brought about by increasing the use of existing positive family strategies as well as adopting new strategies the family recognizes as beneficial.

The second premise involves the access nurses have to families. Historically, nurses have gained entry into homes which have refused access to any other professionals, sometimes even physicians. Many families respond to social workers with anger and feelings of being intruded upon and to other mental health professionals with mistrust; they see nurses as helpers who truly understand their situation.

Nurses do have an additional advantage over other professionals in that their education includes exposure to the most significant events in human life, namely birth, tragedy and death, human development at all stages of life, the states of health and illness, and the most basic emotions of joy, anxiety and sorrow. This exposure to physical and emotional human events gives nurses a greater scope of human understanding and makes it easier for them to become experts. Such family experts may use some of the same interventions as other disciplines, but always with a focus on health. For example, the family therapy technique of refraining can be useful in nursing in that it provides positive interpretations of individual and family dynamics

and eliminates guilt. While family system nursing is practised with clearly dysfunctional families, dysfunction is believed to diminish if positive system changes elicit subsystem feedback which encourages further positive changes.

While the above supports the legitimacy of the concept of family nursing, more work is needed in incorporating the concept in nursing conceptual models. The most comprehensive work in synthesizing family therapy theory and practice from nursing models with a focus on individuals has been recently published by Whall (1986). In contrast, this article has attempted to describe family nursing by using an inductive thinking process based on clinical experience. In order for family nursing interventions to become unique to the nursing profession, the concept of family nursing has to be made congruent with a nursing conceptual model that is applicable to all possible nursing situations. The construction of a framework for families is beyond the scope of this article, but it is hoped that the suggested definition will become a basis for professional discussion.

CONCLUSIONS

Family nursing can and should be practised by all nurses. Nurse generalists are equipped to nurse relatively well functioning families at the individual level and the interpersonal level. Family system nursing and advanced interpersonal nursing of families with dysfunctions are reserved for advanced clinical specialists of all nursing specialties who have knowledge and skills in family theory and practice.

Family nursing is practised on three levels, the individual level with the family seen as the context of the individual; the interpersonal level with the family consisting of dyads, triads and larger units; the system level on which the family is a system with its own structural and functional components interacting with environmental systems and its own subsystems. A family nurse who practices on a higher level also includes the lower level(s).

The goal for practice on the individual level is physical health and personal well-being of family members. Interpersonal change and system change are by-products. The family nurse at the interpersonal level has as the main goal mutual understanding and support of the family members. Personal change is anticipated and the interaction between personal and interpersonal factors is understood and included in the nursing care plan. System change is anticipated by advanced practitioners so that harmful situations are avoided.

The goal for the nurse who practises at the system level consists of change in the family system as a whole and increased harmony between system and subsystems as well as between system and environment. Changes at all system levels are carefully predicted, monitored and corrected if the need arises. Nursing practice at the system level is focused on family health and strengths, is holistic and implies knowledge of complex interactions of a multitude of family factors at all system levels.

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