

## Editorial

### Editor's Note

In June 2005, the 7th International Family Nursing Conference was held in Victoria, British Columbia, Canada. The conference chair, Dr. Virginia Hayes, and the Planning Committee were open to the idea of honoring those who have contributed to the growth and development of family nursing. As editor of the *Journal of Family Nursing*, I assumed responsibility for creating the categories of awards, choosing the first recipients, and hosting the presentation of awards and gifts to each honoree. At the 5th International Chicago conference in 2000, the conference chairpersons from previous conferences were recognized, but the Victoria conference marked the first time that formal family nursing awards were offered at an International Family Nursing Conference. I am hoping that an awards ceremony will become a ritual at every International Family Nursing Conference.

A detailed description of each of the 10 recipients of the 2005 Innovative Contribution to Family Nursing Award was published previously (Bell & Moules, 2005). This editorial is the first of two that will publish the tributes offered to the 5 nurses who received the 2005 Distinguished Contribution to Family Nursing Award. The award recognizes persons for outstanding contribution to family nursing through either cumulative career achievement or a single contribution that has played a seminal role in the field. This award, offered for the first time in 2005, focused on substantive publication in family nursing and acknowledged the sustained efforts of authors/editors of family nursing textbooks that have been published in more than a second edition (see Bell, 2005).

### Distinguished Contribution to Family Nursing Award

**Dr. Lorraine M. Wright and Dr. Maureen Leahey for: Wright, L. M., & Leahey, M. *Nurses and families: A guide to family assessment and intervention* (1984, 1994, 2000, 2005).**

#### **Tribute to Dr. Lorraine M. Wright offered by Janice M. Bell, RN, PhD**

There are many international nurses who have firsthand stories to tell about the ways that Dr. Lorraine Wright has changed them and their family nursing practice for the better. I would like to pay tribute to Dr. Lorraine Wright's outstanding efforts to create and disseminate knowledge about caring practices with families experiencing illness. Dr. Wright's clinical scholarship has changed the face of family nursing with important contributions to theory, practice, and research. Her work has been valued by an international community of nurses and by a variety of health professionals who encounter families in their clinical practice.

When I reflect on Lorraine's leadership in family nursing, I am reminded of Robert Frost's (1916) poem, "The Road Not Taken": "Two roads diverged in a yellow wood . . . And I-I took the one less traveled by." Lorraine has indeed taken the road "less traveled by" across her career. She has distinguished herself by creating many ideas and by innovatively being the first in many areas within family nursing:

- She, along with her colleague, Dr. Maureen Leahey, are being honored because they co-developed the Calgary Family Assessment Model and the Calgary Family Intervention Model and have co-evolved these ideas across four editions of a family nursing textbook (Wright & Leahey, 1984, 1994, 2000b, 2005) and the related "How To" family nursing DVD/videotapes (Wright & Leahey, 2000a, 2001, 2002, 2003, and 2006). Their book is uniquely about clinical practice, written by two expert clinicians. It situates family nursing practice along the health-illness continuum but is the first family nursing textbook to offer specific ideas to the nurse about how to assess and intervene-in particular when illness arises. It is also ranked as North America's #1 best-selling family nursing textbook!

- In 1982, Lorraine had a vision for creating a clinical practice unit where she could demonstrate what family nursing practice looked like. She established the first Family Nursing Unit at the University of Calgary, an outpatient clinic for the purpose of education and research-and began implementing the ideas of live supervision and conducting clinical sessions with a team (Bell, 2002; Wright, Watson, & Bell, 1990; Wright, Watson, & Duhamel, 1985). This Family Nursing Unit became a place of practice with families out of which her continuing ideas about practice, theory, education, and research in family nursing have evolved.

- She was one of the first nurse clinicians to demonstrate the value of showing her clinical work in classrooms, workshops, and conference presentations through videotapes of actual clinical conversations (for more examples, see Wright & Leahey, 2000a, 2001, 2002, 2003, 2006). She is also one of the best storytellers I know-a gifted teacher who makes the ideas of family nursing come alive in the rich anecdotes of her own clinical encounters with families.

- In 1988, she convened the first International Family Nursing Conference in Calgary, Alberta, Canada (Bell, Wright, Leahey, Watson, & Chenger, 1988) and we are here tonight at the 7th International Family Nursing Conference, some 17 years later, as a testament to the usefulness of the idea of gathering a community together to share ideas and extend our thinking about the nursing of families.

- She was the first to create a unique question called the "One-Question question" that helps families make distinctions about where they most desire change and healing (Wright, 1989).

- She created the term *family systems nursing* to differentiate generalist from advanced practice with families (Wright & Leahey, 1990).

- She coined the term *commendations* to refer to a nursing intervention where the strengths of the family are observed and languaged by the nurse (Bohn, Wright, & Moules, 2003; Limacher & Wright, 2003, 2006; Robinson & Wright, 1995).

- She was the first nurse to become excited about the ideas of Chilean biologist Humberto Maturana, with his theory called the Biology of Cognition (Maturana & Varela, 1992) and offer implications to nursing practice based on her understanding of his ideas and her own application of the concepts in her clinical practice (Wright & Levac, 1992; Wright, Watson, & Bell, 1996).

- She coauthored and created a clinical approach for advanced practice called the Illness Beliefs Model, which was developed by conducting research about nursing practice with families (Wright et al., 1996).
- She is the only colleague I know who lets everyone know that her birthday is approaching and she is expecting it to be noticed and celebrated.
- She has recently created a conceptual framework for understanding the mutual influence of beliefs, suffering, and spirituality and has named this the Trinity Model and published a book about this model (Wright, 2005).
- She is the only person I know who has internalized the skills of engagement so well that when she asks strangers in restaurants for their recommendation about the menu, they even offer her food off their plates!
- She recently created the first course offered at the University of Calgary on spirituality in health and illness.

I state the obvious when I remind you that we are honoring a visionary clinician, teacher, author, consultant, and researcher. She is also a workaholic! Since 2002 when she was awarded a Professor Emeritus appointment at the University of Calgary, she has continued to teach and consult with family nurses in a variety of countries, including one or more visits to Sweden, Iceland, Portugal, Thailand, Hong Kong, Japan, and Singapore; she has written one book and revised another; she continues her private practice; she continues to consult, teach, and do research with the Family Nursing Unit faculty team; and she is building a new home!

I was invited to join Lorraine in her work in 1986, and for the past 19 years, I have been experiencing a career high. It is one thing to like the people you work with, but it is rare to experience synergism. The dictionary defines *synergy* as "cooperative action...that creates an enhanced combined effect" (The American Heritage Dictionary of the English Language, 2005). These past 19 years of working with Lorraine have been stimulating, exhilarating, exhausting, and satisfying experiences of synergy for me. Lorraine's wisdom and advice have sustained me in my own life experiences and suffering, both professionally and personally. I count it as a great privilege to have been invited to join Lorraine in helping her disseminate her ideas about family nursing. The gifts I received in return are too numerous to mention, except that I have been sustained, challenged, carried, and-above all-loved.

Two roads diverged in a yellow wood . . . And I - I took the one less traveled by, and that has made all the difference.

*Frost (1916)*

Thank you, Lorraine, for your distinguished contribution of "firsts" to family nursing. You have made a difference to our nursing practice with families. And your ideas have made a difference to our own relationships, both professionally and personally. You chose the road less traveled and modeled for us that the road is actually about "love"- about being a particular kind of person-respectful, nonjudgmental, curious, and compas-

sionate in clinical work with families and in important relationships. And for this, we are deeply grateful.

Janice M. Bell, RN, PhD, *Editor*

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