

**Growing the Science of Family Systems Nursing: Family Health Intervention Research
Focused on Illness Suffering and Family Healing**

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conducted research, taught and mentored, and offered live supervision focused on this advanced nursing practice. The seeds of knowledge about Family Systems Nursing that she sowed across North America, Asia, and Europe have blossomed into a global community of Family Systems Nursing practitioners, educators, and researchers around the world who are transforming nursing practice with families. In 2008, the University of Montreal awarded Dr. Lorraine Wright an honorary doctorate for her pioneering influence in the development of Family Systems Nursing science in Canada and beyond. In 2012, Linnaeus University awarded Dr. Lorraine Wright an honorary doctorate for her role in helping to grow Family Systems Nursing science in Sweden.

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Brief biographical paragraph:

Janice M. Bell, RN, PhD, is an Associate Professor Emeritus of Nursing, University of Calgary. She is devoted to bold, inspired efforts that transform practice with families. As the Founding Editor of the *Journal of Family Nursing* (<http://jfn.sagepub.com>) and Founding Member and Co-chair of the Communications Committee of the International Family Nursing Association (<http://internationalfamilynursing.org>), Janice connects health care professionals to a global community of scholars who share a passion for family-focused care. She co-developed a model for practice with families experiencing serious illness called the “*Illness Beliefs Model*” (<http://www.illnessbeliefsmodel.com>). She speaks and consults with health care professionals about how to be helpful to individuals and families experiencing illness and is involved in translation research related to the implementation of family-focused practice in health care settings. Website: <http://www.janicembell.com>

Abstract

The purpose of this book chapter is to review the current science of Family Systems Nursing (FSN) and describe programs of family health intervention research that have contributed unique knowledge about FSN nursing interventions with families experiencing illness. All of these programs of FSN intervention research have boldly challenged the predominant belief within “good science” that before intervention research can be designed and conducted, there first must be a thorough understanding of the phenomenon, i.e., an in-depth knowledge of the variables that mediate families’ response to health and illness. Since the early 1980’s, FSN researchers have been courageously immersed in actual nursing practice with families experiencing illness while researching, mentoring, supervising, examining, and evaluating advanced nursing practice with families. They felt called to answer two central questions: “What are nurses actually doing and saying that is helpful to families in their experience of illness suffering?” and “How can FSN knowledge be implemented by practicing nurses in health care settings?” In the process, they uncovered a circular interactional relationship between practice and research with each informing and enhancing the other.

This chapter offers exemplars of programs of FSN intervention research from around the world that used “*going inside FSN interventions*” to describe and evaluate the nursing actions that diminish or soften illness suffering in families. Programs of FSN intervention research have also focused on “*translating FSN interventions*” in practice settings. Recommendations for future research are offered that include an even greater commitment to research focused on actual nursing practice with families and a broader, larger systems focus that uses knowledge translation methodology to examine multisystemic variables that influence how FSN knowledge can be better translated and sustained in the practice of health care with families.

Introduction

Family nursing science is built on the premise that relationships matter (Bell, 2011). There is mounting evidence that close supportive relationships as well as conflict-ridden relationships influence health (Fagundes, Bennett, Derry, & Kiecolt-Glaser, 2011; Kiecolt-Glaser et al., 2011; Umberson, & Montez, 2010; Wiehs, Fisher, & Baird, 2002); and, reciprocally, that illness diagnosis and treatment impacts close relationships and the ways that illness is managed (Knafl et al., 2013; Naranjo, Hessler, Rupinder, & Chesla, 2012; Rosland, Heisler, & Piette, 2011; Saveman, 2010). Over the past four decades, nurses have been changing their usual patterns of clinical practice as they shift from caring for only the “individual patient” to considering the “family as the patient” as they increasingly welcome, include, and involve families in their practice (International Council of Nurses, 2002; Registered Nurses’ Association of Ontario, 2006; Schober & Affara, 2001). Involving families in health care requires a conceptual shift, even a paradigm shift, as nurses consider the interaction and reciprocity between health/illness and family functioning, the interaction between nurses and the families in their care, and the larger systems within which families and nurses exist.

Family Systems Nursing Defined

Family Systems Nursing (FSN) is a conceptual systemic lens that accounts for the interaction, reciprocity, and relationships between multiple systems levels that range from the smallest level of the cell to the largest level of society (Bell, 2009; Wright & Bell, 2009; Wright & Leahey, 2013). These include the illness, the ill individual, the family, the health care providers, and the larger systems within which they are nested (i.e., health care system, culture, society, etc.). This focus on interaction and reciprocity was named “Family Systems Nursing”, a term first coined by Lorraine Wright (Wright & Leahey, 1990) and operationalized in two family

nursing practice models: the Calgary Family Assessment and Intervention Models for generalist practice (Wright & Leahey, 2013) and the Illness Beliefs Model for advanced practice (Bell & Wright, 2011; Wright & Bell, 2009; Wright, Watson, & Bell, 1996). The nurse, using FSN, is adept at assessing multiple systems levels and choosing interventions that target the systems level that offers the greatest possibility for health and healing, that is, the intervention might target the individual, the relationship between two or more family members, the relationship between the family and the health care provider(s), the health care system, society and/or culture.

FSN is operationalized within a therapeutic relationship and conversation, usually between a patient/family and a nurse. FSN directs the nurse's acquisition of conceptual, perceptual, and executive skills (Wright & Leahey, 2013) to focus on relationships, inquire about interactional patterns, and offer assessment and interventions directed toward healing relationships even if there is only one individual involved in the therapeutic conversation. FSN involves collaborative, nonhierarchical relationships between the patient/family and health care provider and a belief in structural determinism and the legitimacy of multiple realities (Maturana & Varela, 1992). A strengths-based orientation of the health care provider moves the therapeutic conversation toward individual and family competencies and strengths rather than deficits and pathology (Houger Limacher, 2008). The proponents of family-centered care argue that respect, information, and partnership with families in decision making are hallmarks of "good" practice with families; however, what a FSN adds to this practice philosophy is a willingness and competence to address and soften illness suffering in patients and their families (Bell, 2013, 2014).

For a list of all of the known research reports as well as the conceptual and pedagogical literature related to FSN see: <http://janicembell.com/bibliography-family-systems-nursing/>. FSN

makes it possible to think interactionally to lift the delivery of health care from a linear, individual focus to a family, relational, multisystemic level. FSN makes it possible conduct intervention research about health/illness, suffering, families, and nurses in combination rather than as separate entities. At the heart of the matter, FSN intervention research seeks to transform practice with families by softening illness suffering and inviting family healing.

The Development of Family Health Intervention Research

Family health intervention research developed from a rich mosaic of cross-disciplinary conversations that began more than four decades ago among health care professionals and family scientists (Doherty, McDaniel, & Hepworth, 2014; Fisher, 2006; Fisher, Terry, & Ransom, 1990; Hodgson, Lamson, Mendenhall, & Crane, 2014; Kazak 2002; Weihs et al., 2002). Family nurses have participated in these family intervention research conversations. Suzanne Feetham (1984, 1991) and Catherine Gilliss (Gilliss, 1983, 1989, 1991; Gilliss & Davis, 1992) were among the first family nurses to provide a conceptual map for shifting nursing research from individual family members to the family unit. Craft and Willadsen (1992) were the first to use research to identify and define nine family nursing interventions using a two-round Delphi method with a sample of 54 nurse academics and clinicians in the USA. While the number of family nursing intervention research publications still lag far behind the more numerous descriptive research reports about the family experience of illness, Ganong's (2011) critique of family nursing research noted, "A vigorous movement to promote research to practice initiatives and greater attention to family interventions are exciting developments" (p. 416).

An early integrative review of family health intervention research was conducted by family nurses, Catherine Gilliss and Linda Davis (1993). They found 59 family health intervention studies in their review of the literature from 1985-1989 (they excluded mental health

intervention and/or therapy). Family health interventions were most frequently directed to individual members or subsets of members within families (patient and caregiver) rather than whole family units. The type of intervention provided in these studies was either education (cognitive) or a mix of education and support (cognitive and affective) that was frequently provided in family groups. Behavioral interventions were not described in any of the studies. Outcome measures included patient's and/or family caregiver's self-reports of stress, coping, family functioning, or social support. Despite the limitations in capturing family as unit data, meta-analysis across five studies for which there were adequate data, demonstrated that family health interventions had a positive effect on family outcomes.

Weih's and colleagues (2002) reported the efforts of a multidisciplinary invited group of family researchers including family nurses (Janice Bell, Kit Chesla, Catherine Gilliss), who helped to collate existing literature about interventions for families experiencing chronic illness. Analysis of this body of literature by Weih's et al. (2002) involved the identification of risk factors and protective factors that mediate the impact of chronic illness in various populations of families. Three general goals for family-focused interventions were recommended that included helping families cope with the challenges of chronic illness management, mobilizing family support, and reducing intrafamilial hostility and suffering.

Finnish nursing researchers Mattila, Leino, Paavilainen, and Åstedt-Kurki (2009) conducted a systematic literature review that examined family nursing intervention studies with patients and family members (published between 2001-2006). They chose studies using a set of criteria for evaluating evidence-based interventions that prioritized meta-analysis and quasi-experimental research over qualitative research and case study research. Their analysis of 31 family nursing intervention studies found trends similar to the earlier Gilliss and Davis (1993)

integrative review. Family interventions were primarily focused on adult patients with chronic illnesses and individual family members who were care providers. Family nursing interventional content was categorized into four “support interventions”: support through peer groups facilitated by a health care professional and peer leader; support and teaching interventions directed to problem-solving and coping; support involving a counselling component to strengthen family coping; and education involving a support component focused on teaching about illness management. These interventions appeared to be more focused on psychoeducation rather than on relational family-level interventions. Support was found for the efficacy of these family interventions in relieving burden and depressive symptoms in family members experiencing chronic illness and in increased quality of life and coping.

The Shift to Family-Level Relational Interventions

Over the past decade, a number of published meta-analyses and integrative reviews have also offered a convincing argument for family-level relational interventions with families experiencing illness, i.e., inclusion of the whole family unit or part of the family unit in the intervention protocol versus individual interventions directed to either the patient or one family member and distinct from psychoeducational family interventions which focus on providing information and/or family support (Campbell, 2003; Kazak, 2005; Lister, Fox, & Wilson, 2013; Martire, Schulz, Helgeson, Small, & Saghafi, 2010; Meyler, Guerin, Kiernan, & Breatnach, 2010; Shields, Finley, Chawla, & Meadors, 2012; Torenholt, Schwennesen, & Willaing, 2014). Even when there is a lack of consistency between the theoretical frameworks, interventions, and measured outcomes used in these studies, support for the usefulness of family-level relational interventions has been documented.

Family nursing scholar, Kit Chesla (2010), recently published a review of five meta-analyses of family interventions in health care and chose an intriguing title for her publication, “Do Family Interventions Improve Health?” Randomized controlled trials included within the five meta-analyses focused on adults and children experiencing chronic illnesses provided evidence that family interventions are more effective than usual medical care for individual patient and family member health and well-being (Armour, Norris, Jack, Zhang, & Fisher, 2004; Hartmann, Bazner, Wild, Eisler, & Herzog, 2010; Martire, 2005; Matire, Lustig, Schulz, Miller, & Helgeson, 2004; McGovern et al., 2008). In addition, family-level interventions for families experiencing illness that addressed the relationship between family members seemed to be more helpful to family members than educational interventions that focused solely on information about the illness or offered strategies for managing the illness. Only 33% of the studies reported nursing involvement.

The first integrative review of FSN intervention research has just been published by Ulrika Östlund and Carina Persson (2014) and will likely be of great interest to FSN researchers and practitioners. The search criteria chosen for this review resulted in 17 FSN research reports published between 1994-2010 and accounted for quantitative, qualitative, and mixed-methods studies. Östlund and Persson (2014) focused their analysis on the three domains of family functioning (cognitive, affective, and behavioral) described in the Calgary Family Intervention Model (Wright & Leahey, 2013). Within these three domains of family functioning, 8 major categories were found that appear to strongly account for family-level relational interventions which are the hallmark of FSN interventions: improved understanding and capability, enhanced family coping, caring more about each other and the family, improved family emotional well-being, improved individual emotional well-being, improvement in interactions within and

outside the family, and healthier individual behavior (Östlund & Persson, 2014). It is thrilling to finally have an integrative review that focuses exclusively on the growing number of FSN intervention research reports.

Family Systems Nursing Intervention Research: Conceptual and Methodological Issues

How nurses define an intervention has implications for the intervention research nurses conduct. A preferred definition for FSN intervention is “any action or response of the clinician which includes the clinician’s overt therapeutic actions and internal cognitive-affective responses, that occur in the context of a clinician-client relationship offered to effect individual, family, or community functioning for which the clinician is accountable” (Wright et al., 1996, p. 120). Interventions are normally purposeful and conscious and usually involve observable behaviors of the nurse. All nursing interventions are *only* actualized in a relationship. That is, *all* nursing interventions are interactional: the responses of a nurse (interventions) are invited by the responses of the client/family (outcome) that in turn are invited by the responses of a nurse (Wright et al., 1996; Wright & Bell, 2009; Wright & Leahey, 2013;). Therefore, intervention studies that only focus on family behaviors or nurse behaviors do not take into account the relationship between nurses *and* families.

One of the hallmarks of good family research is the consistent linkages shown between the how family is defined, the theoretical framework used, the research question(s) asked, the family level data collected, and the way the data is analyzed (Fisher, Terry, & Ransom, 1990; Larsen & Olson, 1990; Miller & Johnson, 2014). In addition to accounting for family-level phenomena, there are several unique conceptual issues arising from the Biology of Cognition (Maturana & Varela, 1992)--a worldview that is at the core of FSN intervention.

Accounting for Structural Determinism in Family Systems Nursing Intervention Research

How nurses conceptualize change in families' influences whether research focuses on the results or outcome of change, the process of change, or both. Every family nursing intervention is intended to effect change. Not all interventions accomplish this goal. Influenced by the ideas of structural determinism (Maturana, 1988; Maturana & Varela, 1992), effective interventions are those where a "*fit*", or meshing exists between the intervention offered by the nurse and the unique biopsychosocial-spiritual structure of the family members (Wright & Leahey, 2013; Wright & Bell, 2009; Wright & Levac, 1992). The Calgary Family Intervention Model (Wright & Leahey, 2013) and the Illness Beliefs Model (Wright & Bell, 2009) are FSN practice models that attend to the ideas of structural determinism. Nurses are not change agents; we cannot and do not change anyone (Wright & Levac, 1992). Changes in family members are determined by their own biopsychosocial-spiritual structures, not by others (Maturana, 1988; Maturana & Varela, 1992). Nurse researchers or clinicians who predict the outcome in advance of the intervention fall into the trap of being invested in a particular direction of change, without regard to the unique structure of the client (Maturana & Varela, 1992). Conceptualizing change in this manner suggests that FSN intervention research needs to account for change across time and give language to the ways that nurses invite this structural change in family members.

Examining Outcome and Process in Family Systems Nursing Intervention Research

Studying interventions offered to families in health care settings is often a complex and often messy process (Kazak, 2002). Examining the *outcome* of the family intervention is often the focus of this work because there are "rules" from science to deal with the messiness. In its long and productive history of examining "talking cures", psychotherapy research has developed methods ranging from sophisticated and expensive randomized clinical trials to single case designs. The typical form of these outcome studies is to quantitatively gather baseline data,

administer the standardized family intervention, and collect follow-up data while controlling for extraneous variables and comparing the results to no treatment or to other “talking cures”. The intent is to demonstrate causality, i.e., that the intervention changed some aspect of client/family behavior to the extent that a significant difference is found between the experimental and control groups on the outcome measure.

Distinctions between *outcome* and *process* in family intervention research (Greenberg, 1986, 1991; Greenberg & Pinsof, 1986; Pinsof, 1989; Pinsof & Chambers, 2010; Pinsof & Wynne, 2001) have led to many other creative research methods for examining family interventions (Miller & Johnson 2014; Sexton & Datchi, 2014; Sprenkle, 2012; Sprenkle & Piercy, 2005). Nursing researchers are joining the call for more mixed methods studies that examine not only the outcome of interventions but uncover the change processes within the interventions (Griffiths & Norman, 2013; Rohrbaugh, 2014).

The models and methods for conducting exploratory family intervention process research are frequently considered inferior to the randomized clinical trial, which is held as the gold standard of biomedical intervention research. It would be much easier, and likely more rewarding within our present academic structures, to join the majority of nurses who conduct descriptive research about family phenomena with the intent of eventually accumulating enough evidence to attempt intervention research (Whittemore & Grey, 2004). However, nursing is a practice profession and our practice interventions need to be clarified and refined through “work on the complex issues of measurement, exploration of new analytical strategies, clarification of the dynamics of interventions, determination of critical dimensions for tailoring family interventions, and establishment of links between family system characteristics and individual outcomes” (Loveland-Cherry, 2006, p. 5). Family intervention research is complicated research

to design and implement because it is discovery oriented, strives to account for a relational process which involves both the nurse and family members, and focuses data collection on more than one individual. Any clinician/researcher who attempts family intervention research is to be commended for their risk-taking, innovation, and creativity.

Programs of Family Systems Nursing Intervention Research

In the mid 1980's, FSN intervention research began by focusing primarily on actual FSN practice using multiple case study design, hermeneutic inquiry, and grounded theory—methods that honor the complexity of relational nursing practice with families. The focus of these investigations was on growing knowledge about FSN by “going inside the FSN interventions” to examine advanced nursing practice with families. One of the key developments in the history of FSN that made this possible was the creation of faculty practice units/outpatient clinics in academic settings developed for FSN research and FSN education of graduate students. These units provided significant learning opportunities for learners across many disciplines and rich dissemination opportunities for multisystemic practice knowledge and practice research (Anderson & Valentine, 1998; Bell, 2008; Chesla, Gilliss, & Leavitt, 1993; Duhamel, Dupuis, & Girard, 2010; Gottlieb, 2007; Saveman, 2010; Saveman & Benzein, 2001; Wright, Watson, & Bell, 1990). Therapeutic conversations focused on the experience of illness occurred between the nurse, family, and clinical team. The videotapes of these therapeutic conversations became a primary data set for FSN intervention research in conjunction with research interviews involving families and nurses who participated in the FSN therapeutic conversation. These studies used small samples and yet have offered richly detailed insight about the processes of therapeutic change in families experiencing serious illness (Bell & Wright, 2007).

Developmentally, once a description of the FSN interventions became more refined, the next generation of FSN courageous researchers became curious about how this knowledge could be implemented in everyday nursing practice in health care settings outside of the cocoon of the research and education unit. “Translating the intervention” into busy real world settings of nursing practice became a priority.

While many scholars around the world have contributed to the development of the science of FSN through conceptual knowledge development and research findings, a summary of four pioneering programs of FSN intervention research in Canada, Sweden, and Iceland are highlighted below.

Family Nursing Unit, University of Calgary, Canada

The *Family Nursing Unit* (FNU) was a unique outpatient clinic, situated within the Faculty of Nursing, University of Calgary, which focused on clinical scholarship and advanced nursing practice with families suffering with serious illness (Bell, 2008; Gottlieb, 2007; Wright, Watson, & Bell, 1990). It was established in January 1982 under the direction of Lorraine M. Wright and closed in December 2007 after 25 years of operation. Families who were seen at the FNU were experiencing difficulties with serious illness. Faculty and graduate students collaborated and consulted with families to alleviate emotional, physical, relational, and/or spiritual suffering. The primary purpose of each therapeutic conversation with a family was not for research alone but rather to soften illness suffering. Direct involvement with nursing care of families enabled a focus of inquiry on examining the practice, offering descriptions of the practice, and continuously learning from families resulting in the discovery, organization, analysis, synthesis, and transmission of knowledge about caring practices with families experiencing illness. The relationship between practice scholarship and research became a

circular interactional phenomenon where new understanding changed practice and changed practice invited new research questions. This work was first named “advanced practice” in FSN and eventually became identified as the Illness Beliefs Model (Wright & Bell, 2009) and the Trinity Model (Wright, 2005).

Over 25 years, the clinical team, under the direction of Dr. Lorraine Wright, developed a rich data set of videotaped therapeutic conversations and extensive clinical documentation about each therapeutic conversation with families who were suffering in their experience of serious illness. Viewing the videotaped therapeutic conversation and trying to account for the complexity what was happening “inside the intervention” was challenging and exciting work. Interpretive inquiry (Chesla, 1995; Gadamer 1960/1989, 1976; Packer & Addison, 1989) was primarily used to account for what was happening inside the therapeutic conversation.

Therapeutic change. The program of research at the FNU began with an internally funded FNU Outcome Study (each family was interviewed 6 months after the completion of the therapeutic conversations by a graduate student who had not participated in the therapeutic conversations). Interview questions on the FNU Outcome Study included family member satisfaction with the nursing services they received and family member perceptions of therapeutic change in the whole family system, marital subsystem, parental-child subsystem, sibling subsystem, and individual family members. Specific feedback about characteristics of family nurse clinician/clinical team was also invited (engagement, neutrality, etc.). The majority of family members reported being satisfied to very satisfied with the therapeutic conversations with numerous perceived changes at the various systems levels.

FNU Outcome Study findings were used to choose a data set for the an externally funded FSN intervention research project in the FNU of analyzing the videotaped therapeutic

conversations with five “exemplary” families who had experienced dramatic therapeutic change during the FSN interventions offered to them. Because the purpose of FSN intervention is change, a beginning step in the FNU program of research was to focus on significant change events (Wright et al., 1996). “Exploring the process of therapeutic change in family systems nursing practice: An analysis of five exemplary cases” was the name of this first funded project and the investigators were Janice Bell, Lorraine Wright, and Wendy Watson with Kit Chesla serving as the research consultant. The research question was: “How does therapeutic change occur?” The research team reviewed all the families seen in the FNU from 1988-1992 and chose to examine the 93 videotaped segments of therapeutic conversations offered to five families who showed dramatic cognitive, affective or behavioral change during FSN interventions which ranged from 2 to 5 therapeutic conversations. Direct observation of the previously videotaped therapeutic conversations with each family constituted the data set.

The research team first viewed each videotape to get an understanding of the whole of the clinical work with the family. Next, each member of the research team selected segments of the interview she considered salient to the process of therapeutic change (Gale, Chenail, Watson, Wright, & Bell, 1996). Each therapeutic conversation was examined to see how the nurse clinician responded to the family and how the family responded to the nurse. The members of the research team then convened to discuss their choice of change segments to see if consensus among team members could be reached. The change segments were then transcribed and interpretive analysis was done on the text of the change segments. Questions were asked of the data such as: What is happening here from the nurse’s perspective and from the family’s perspective? Is this move or intervention unique or is it similar to another? Has it happened before? Do we have a usual name for this move? What else could we call it? This process

uncovered the personal, contextual, and cognitive processes that form the clinician's formulation of any given case and the overall model of intervention which later became known as the Illness Beliefs Model (Wright & Bell, 2009; Wright et al., 1996).

Therapeutic failure. Unfortunately, not all relationships and interventions with families result in therapeutic change and consequently do not soften suffering. To understand more about what happens in the therapeutic conversations when family healing does not occur, the next internally funded FNU study examined the process of therapeutic failure (Bell, 1999; Wright & Leahey, 2005). The investigators were Lorraine Wright and Janice Bell. The focus of this study was to analyze the clinical practice with three families who reported negative responses on the Outcome Survey. The most helpful finding was that the skilled work of "Creating a Context for Change" was either ignored or neglected. Curiosity was absent on the part of the nurse clinician or the clinical team began "married" to a particular view of the family. Results of this research project provided helpful feedback that immediately was used to improve FSN practice.

Family Systems Nursing interventions in chronic illness. One of the first family intervention projects conducted by a graduate student in the FNU involved recruiting families who were experiencing hypertension. Fabie Duhamel, who was a member of the first class of Master's of Nursing graduates from the University of Calgary with specialization in Family Systems Nursing, was interested in focusing her doctoral research on therapeutic conversations with families experiencing hypertension. She used a multiple case study design and found that families who received Family Systems Nursing interventions reported a decrease in symptoms in the hypertensive family member and improved family relationships (Duhamel, 1994; Duhamel, Watson, & Wright, 1994), leading her to hypothesize about the usefulness of family systems interventions as a method of stress reduction.

A qualitative grounded theory study was conducted by Carole Robinson (1994, 1998). This externally funded doctoral dissertation by the first special case doctoral student in the Faculty of Nursing, University of Calgary, explored the processes and outcomes of nursing interventions offered families experiencing difficulties with chronic illness (supervision by Lorraine Wright). The families reported the FNU clinical nursing teams' "orientation to strengths, resources, and possibilities to be an extremely important facet of the [therapeutic] process" (Robinson, 1994, p. 284). Another learning of this study was that all conversations between nurses and families, regardless of time, have the potential for healing through the very act of bringing the family together (Robinson & Wright, 1995). Robinson (1998) also uncovered that even though illness affects all family members, it does not affect all family members equally. It was the women in this study who were suffering the most regardless if they were the one with the diagnosis, or their spouse or child. The research findings of this project published by Robinson and Wright (1995) in the *Journal of Family Nursing* continues to rank as one of the most frequently cited publications in the 20-year history of the journal.

Family Systems Nursing interventions in cardiac illness. Another qualitative study in the FNU with a specific clinical population was conducted by Dianne Tapp (1997, 2000, 2001, 2004) as an externally funded doctoral dissertation with supervision by Janice Bell. Gadamer's hermeneutic philosophy (1960/1989, 1976) was used to examine what occurs in therapeutic conversations between nurses and families when one family member is experiencing ischemic heart disease. Family members who initially reported feeling constrained from having illness conversations with each other or with other health care providers were able to engage in particular therapeutic conversations with the nurse clinician and the clinical team in the FNU. Tapp's (1997) reflections about the distinctive nature of these therapeutic conversations led her

to ask, “where in the world can illness conversations occur? (p. 262); what in the world are illness conversations about? (p. 263); with whom in the world can one have illness conversations?” (p. 262). Openness to particular FSN interventions was profoundly influenced by a particular therapeutic relationship between the nurse and the family (Tapp, 1997, 2000). Through therapeutic conversations, the family and the nurse collaborated and co-evolved to discover the most useful interventions that softened family suffering in the presence of cardiac illness (Tapp, 1997, 2001).

Examining specific Family Systems Nursing interventions: Therapeutic letters. A qualitative study informed by Gadamer’s hermeneutic philosophy (1960/1989, 1976) was conducted by Nancy Moules (2000, 2002, 2003, 2009a, 2009b) as an externally funded doctoral thesis with supervision by Janice Bell. Therapeutic letters were routinely used as a FSN intervention in the FNU (Bell, Moules, & Wright, 2009) and Moules’ research was the first formal research study in the world to examine the intervention of therapeutic letters written to families. Therapeutic letters served as a healing balm for illness suffering and was reapplied when suffering re-emerged. Families reported that they often went back to these letters and reread them when they felt the need. Letter writing also provided an opportunity for clinicians to reflect and then offer the family another perspective on their suffering in order to bring forth hope.

Helpful guidelines for writing therapeutic letters emerged from Moules’ findings: recognize the “cries of the wounded” in the letters to acknowledge that the family’s suffering has been heard; write therapeutic letters that are attuned to the relationship, in tone and context with the relationship of the writer and reader; offer enough news of difference to make a difference but not so much that the letter cannot be heard; ask enough questions to invite reflections but not

so many that they are intrusive or are overwhelming and close off reflection; and leave enough room in any letter for the legitimization of all beliefs and write tentatively in ways that open room for other ideas (Moules, 2009a).

Examining specific Family Systems Nursing interventions: Commendations.

Commendations highlight individual and family members' strengths, competencies, and resources (Bohn, Wright, & Moules, 2003; Houger Limacher & Wright, 2003; Wright, 2005; Wright & Leahey, 2013; Wright & Bell, 2009) and were already a distinct practice of the early therapeutic conversations at the FNU. Externally funded doctoral thesis research conducted by Lori Houger Limacher (2003, 2008) using Gadamer's hermeneutic philosophy (1960/1989, 1976) with supervision by Lorraine Wright, focused on unpacking the intervention of commendations. A key discovery was that both families and nurses reported and reiterated the value and power of commendations that brought forth "goodness" and helped soften their suffering (Houger Limacher, 2003; Houger Limacher & Wright, 2006).

This bringing forth of goodness becomes a relational phenomenon in the context of nurse-patient and nurse-family relationship. The routine practice by nurses of commending family and individual strengths is a particular way of being in clinical practice. This particular kind of nurse and way of being in clinical practice are best represented by a person who looks for strengths amid suffering, hope amid despair, and meaning amid confusion.

Examining specific Family Systems Nursing processes: Spirituality. Debbie McLeod's (2003) externally funded doctoral thesis research used hermeneutic inquiry, with supervision by Lorraine Wright, and explored the meaning of spirituality and spiritual care practices in FSN as practiced in the FNU. She concluded from this study that spiritual care practices must include conversations about beliefs and the meaning of illness in families' lives

and relationships, conversations about suffering, plus mentoring and life experiences (McLeod & Wright, 2008). The influence of McLeod's research (2003) has had on FSN practice includes: recognize that suffering embodies an obligation to respond to the spiritual; and recognize that practices to create space for spiritual conversations include creating a sanctuary for stories of suffering to be heard and the use of rituals in acknowledging the sacred.

Examining specific Family Systems Nursing intervention processes: Grief and beliefs. Family intervention processes related to grief and family beliefs were examined by Nancy Moules (Moules, 1998, 2009c; Moules, Prins, Angus, & Bell, 2004). This externally funded study was conducted in two phases: examining videotapes of clinical work at the FNU with families experiencing grief to uncover constraining and facilitating beliefs that are held around the experience of grief; and secondly, interviewing clinicians and families who delivered and received bereavement care at a local hospital support group with a focus on intervention with families to diminish the suffering that accompanies grief.

Nancy Moules supervised the externally funded research of doctoral thesis of Lorraine Thirsk (2009) who also examined how grief was explored with therapeutic conversations with families at the FNU (Thirsk & Moules, 2012, 2013). Both of these studies about grief and families have helped FSN practitioners: to recognize that grief is a lifelong experience that does not result in resolution as measured by the absence of feelings of grief; and recognize that grief involves both saying goodbye to the lost person and greeting a new and changed relationship with the loved one who is no longer present, but still fundamentally a part of the family.

Examining specific Family Systems Nursing intervention processes: Illness suffering. The first FSN research project to focus specifically on illness suffering was externally funded by the Social Sciences and Humanities Research Council of Canada and involved the

examination of therapeutic conversations of illness suffering between nurses and families. Members of the research team were Lorraine Wright, Janice Bell, and Nancy Moules. The study used interpretive inquiry based on the philosophical hermeneutics of Hans-Georg Gadamer (1960/1989; 1976). The implications of these research findings for practice have been more fully developed by Lorraine Wright in a practice model named the Trinity Model which links beliefs, illness suffering, and spirituality: routinely ask questions about illness suffering in therapeutic conversations with families; fully witness and acknowledge suffering; be prepared to hear and enter into difficult conversations of suffering; and avoid the pitfalls of trying to rescue, cheer up, or ignore suffering (Wright, 2005).

Christina West (2011) embarked on an externally funded doctoral thesis that examined illness suffering in families experiencing childhood cancer. Supervised by Janice Bell, this research used hermeneutic phenomenology and family process research methods to analyze videotaped therapeutic conversations conducted in the FNU and included post-intervention family and clinician interviews. Findings suggest that illness suffering of families is characterized in part by loss of family normalcy and particular FSN interventions were reported to lessen illness suffering: offering new interpretations of suffering within a reflecting team; commending family strengths; acknowledging illness suffering; and eliciting the experiences of family members in the presence of other family members (West, Bell, Woodgate, & Moules, in press).

In summary, a consistent research focus was prioritized over two decades in the FNU, University of Calgary on conducting FSN intervention research that involved “going inside the intervention” using videotaped therapeutic conversations with families experiencing illness as the primary data set. The findings from this program of FSN intervention research grew the

science of FSN by: 1) creating a common language for FSN interventions; 2) offering a rich description about the FSN interventions themselves; 3) identifying the mechanisms of therapeutic change; and 4) describing the usefulness of the interventions from the perspective of the nurses and families experiencing illness. Based on the FNU, a “sister” FSN practice unit emerged in Eastern Canada where therapeutic conversations with families and education of graduate students are offered in the French language.

Center of Excellence in Family Nursing: University of Montreal, Canada.

At the beginning of her academic appointment at the University of Montreal in the early 1990s, Fabie Duhamel established a FSN practice unit called the *Denise Latourelle Family Nursing Unit*, for research and education (modeled after the Family Nursing Unit, University of Calgary) where clinical teams of graduate students and faculty participate in therapeutic conversations in the French language with families experiencing illness. Live supervision and video recordings of the therapeutic conversations provide students and faculty an opportunity to expand their FSN assessment and intervention skills. Annual Family Nursing Externship workshops conducted by Fabie Duhamel have allowed the ideas of FSN to be spread throughout the international French-speaking nursing community.

However, Fabie Duhamel has long held a passion for increasing the capacity of practicing nurses to care for families using FSN practice models. She bravely began a much-needed shift in FSN intervention research by using qualitative research methods to examine the processes and outcomes of offering a FSN educational intervention to practicing nurses in busy health care settings. She and her colleagues pioneered FSN knowledge translation research in neighboring hospitals by teaching and mentoring practicing nurses in perinatal care (Goudreau & Duhamel, 2003); pediatric bone marrow transplant care (Noiseux & Duhamel, 2003); cancer care

(Duhamel & Dupuis, 2004); psychiatric care (Goudreau, Duhamel, & Ricard, 2006); and cardiac care (Duhamel, 1997; Duhamel, Dupuis, Reidy, & Nadon, 2007). This foundational work has led to the development of a Knowledge Utilization Model for applying FSN to practice settings (Duhamel, Dupuis, Turcotte, Martinez, & Goudreau, in press).

In a more indepth discussion of one such FSN knowledge translation research project, Duhamel and Talbot (2004) examined and evaluated the process of offering a FSN educational intervention to practicing nurses who cared for individuals and families with cardiovascular and cerebrovascular diseases. Participatory Action Research (PAR) allowed for continuous feedback and improvement of the FSN interventions throughout the study as the nurses learned how to offer brief therapeutic conversations informed by the Calgary Family Assessment (CFAM) and Intervention Models (CFIM) (Wright & Leahey, 2013). Family members reported “the humanistic attitude of the nurse, constructing a genogram, interventive questioning, offering educational information, normalization, and exploring the illness experience in the presence of other family members” (Duhamel & Talbot, 2004, p. 21) as the most useful FSN interventions. The study also had a positive impact on the nurses involved as co-investigators in the study. These nurses reported that not only did they gain a better understanding of the impact of the illness on the family members’ relationships, but also they immediately integrated newly learned FSN interventions into their own practice.

Fabie Duhamel has developed a practical “Genograph” family nursing tool for use by practicing nurses and students to help them “think family” in busy practice environments (for more information see website: <http://www.familynursingresources.com/genogram.htm>).

With the establishment of a *Center of Excellence in Family Nursing* at the University Montreal in 2010 (Duhamel, Dupuis, & Girard, 2010), Duhamel and her colleagues have

continued to lead the design and evaluation of unique FSN knowledge translation methods. They currently invite selected nurse practice leaders from four hospitals in Montreal to participate as clinical team members in the FSN practice unit at the Center for Excellence in Family Nursing who then return to their hospital settings to coach and mentor practicing nurses' ability to care for families using brief therapeutic conversations (Duhamel, 2010; Duhamel et al., in press). A model for this unique FSN knowledge translation work has been named the "Trilogy Model" of FSN knowledge utilization (Duhamel & Dupuis, 2011) and Fabie Duhamel is now leading an international research collaboration of FSN scholars focused on translating FSN interventions to practice settings (Bell, 2014; Duhamel, 2013b).

Family-Focused Nursing, Linnaeus University, Sweden

In 2000, Britt-Inger Saveman and Eva Benzein were a dynamic team of nurse academics and researchers at Kalmar University (later named Linnaeus University) who shared an exciting and determined vision for introducing family nursing in Sweden. "Family-Focused Nursing" was the term they chose to name this practice with families that included both family as unit (individual family members and the family unit are the focus simultaneously) and family as context (individual family members are foreground with the family unit as background or context) based on a conceptualization first offered by Wright and Leahey (1990).

They had visited the FNU, University of Calgary in 1998 and had witnessed, firsthand, the synergy of combining research, education, and clinical practice to advance the science of family nursing. They returned to Sweden and developed a strategic plan that was supported by the vice chancellor at Kalmar University to obtain funds for a full professor in Family-Focused Nursing, establish a Swedish national network for Family-Focused Nursing, and recruit master's and doctoral students. They revised their entire undergraduate curriculum to include concepts of

family nursing across all years, and in 2002, they hosted the First Nordic Conference in Family-Focused Nursing, followed by the Second Nordic Conference in 2006, and the Third Nordic Conference in 2010. A *Journal of Family Nursing* report about their determined and well-funded strategic plan proclaimed, “Here comes the Swedes! A report on the dramatic and rapid evolution of Family-Focused Nursing in Sweden” (Saveman & Benzein, 2001).

In 2004, their dream of providing a space where families could be seen for research and education purposes was realized with the opening of a new building at Kalmar University that housed the Family-Focused Nursing Unit [Omvardnadmottagning foer familjer]. This unit provided a space and equipment to videotape conversations with families who participated in a program of research focused on understanding families experience of illness in intensive care contexts, palliative care, psychiatric care, elderly care, and with adults experiencing learning disabilities. FSN interventions such as inviting the illness narrative, asking interventive questions, and offering commendations were included in the semi-structured research interviews. Research teams were formed to include senior researchers as well as doctoral students, master’s students, and academics from other disciplines with an interest in family health. In 2009, the *Center for Research on Family Health* was established at Linnaeus University. This program of research continues to examine the efficacy of family nursing interventions and translate this knowledge to practice settings.

What began as research interviews with families experiencing illness shifted attention to the fascinating interventive process and outcomes of the semi-structured, FSN-influenced, research conversations. Research publications began to appear in the literature from teams at Linnaeus University and Umeå University (where Britt-Inger Saveman is now employed) which offered a qualitative analysis and commentary focused on families’ responses to these

therapeutic/research conversations guided by FSN interventions (Benzein, Hagberg, & Saveman, 2008; Benzein, Olin, & Persson, 2014; Benzein & Saveman, 2008; Östlund, Bäckström, Saveman, Lindh, & Sundin, in press; Persson & Benzein, 2014). An edited book has recently been published (Benzein, Hagberg, & Saveman, 2012) and a new name has been created for the advanced FSN practice model, “Family Health Conversations” that has evolved from this unique program of research and clinical scholarship.

There are two other exciting developments from this exemplary work in Sweden that are advancing FSN science. “Families Involvement in Nursing Care – Nurses’ Attitudes” [FINC-NA] is a new research instrument (Benzein, Johansson, Årestedt, Berg, Saveman, 2008; Saveman, Benzein, Engstrom, & Årestedt; 2011) that is currently being used in several family nursing research projects around the world.

The second development is a multi-million dollar award (2012-2017) that Eva Benzein was invited to accept from the Kamprad Family Foundation to establish a *Center for Collaborative Palliative Care* in Sweden with an emphasis on Family-Focused Care. She and her team are now in the process of offering university courses in palliative care at the bachelor and doctoral levels; educating palliative care health professionals who are working in communities; and designing a program of research, “To live a worthy life – possibilities and challenges in palliative care”. The first study will interview patients, family members, families, and staff about what it means to live a worthy life. Then family-focused interventions will be implemented to support a worthy life in families who have a member receiving palliative care.

Harriet Tubman has been quoted as saying, “Every great dream begins with a dreamer. Always remember, you have within you the strength, the patience, and the passion to reach for the stars and change the world”. In only 15 years, these dynamic family nursing leaders have

ignited a family nursing movement in Sweden that is flourishing.

Landspítali University Hospital Family Nursing Implementation Project, Iceland

There is growing research evidence about the benefits of brief FSN therapeutic conversations with families by nurses in busy practice settings where time is limited and also in settings where time and advanced clinical expertise in developing collaborative relationships with families is valued. Perhaps some of the strongest scientific evidence for the usefulness of brief FSN interventions comes from the recent research findings of the carefully designed Landspítali University Hospital Family Nursing Implementation Project in Iceland (2007 – 2011) led by Dr. Erla Svavarsdóttir at the University of Iceland.

In a collaborative effort between nursing administration and academia, an educational intervention for generalist practice in FSN, influenced by the Calgary Family Assessment and Intervention Models (Wright & Leahey, 2013), was systematically implemented on *every* unit with *every* nurse in a large 900-bed university hospital in Reykjavik (Svavarsdóttir, 2008). Within the international family nursing scientific community, the Landspítali University Hospital FSN knowledge translation project is unprecedented in terms of its scope and design. The research design was quasi-experimental, using pre-post measures with a control group who received usual nursing care and the experimental group who received a brief FSN therapeutic conversation from a nurse. Outcome measures included family perceived support from nurses, expressive family functioning, and general well-being. Nurses' attitudes about involvement with families were also measured before and after the FSN educational intervention using an instrument developed by Swedish FSN researchers (Saveman, Benzein, Engstrom, & Årestedt, 2011) and follow-up survey was conducted with 812 nurses to more fully understand their FSN knowledge and confidence in clinical practice with families with after they had completed the

study (Blöndal et al., 2014; Svavarsdottir et al., in press; Sveinbjarnardottir, Svavarsdottir, & Saveman, 2011).

A Steering Committee of practice leaders developed and implemented the FSN educational intervention that taught practicing nurses the knowledge and skills of offering a brief therapeutic conversation to families (Konradsdottir & Svavarsdottir, 2013). Nurses were offered an 8-hour FSN educational intervention and mentored by FSN advanced practice nurses as they practiced applying the FSN interventions of a brief therapeutic conversation (conducting family genograms and ecomaps, asking intervention questions, and drawing forward family strengths and offering commendations) in family skills lab training experiences. That there were a sufficient number of master's-prepared clinical nurse specialists who were competent in FSN interventions and could mentor the practice of others is a testament to years of FSN foundational knowledge-building that Erla Svavarsdottir has led in Iceland for two decades with impressive devotion.

The context of a 900-bed hospital allowed sampling of a wide variety of family illness experiences (e.g., families experiencing childhood or adolescent illness), acute vs. chronic health concerns (e.g., asthma, diabetes, cancer, mental illness) and both in-patient and out-patient settings. The intervention always consisted of a brief therapeutic conversation across all of these conditions with some families receiving one brief therapeutic conversation and others receiving between 2 and 5 brief therapeutic conversations.

Across all of varied conditions described above, the findings suggest that family members often reported increased cognitive and emotional support from nurses with fewer family members reporting improved expressive family functioning following the brief therapeutic conversation(s) intervention (Halldorsdottir & Svavarsdottir, 2012; Kamban &

Svavarsdottir, 2013; Konradsdottir & Svavarsdottir, 2011, 2013; Sigurdardottir, Svavarsdottir, Rayens, & Adkins, 2013; Svavarsdottir & Sigurdardottir, 2013; Svavarsdottir, Sigurdardottir, & Tryggvadottir, 2014; Svavarsdottir, Tryggvadottir, & Sigurdardottir, 2012; Sveinbjarnardottir, Svavarsdottir, & Wright, 2013). This was particularly true for mothers in the experimental group. Mothers in some research reports reported higher expressive family functioning and increased cognitive and emotional support from nurses following the intervention than mothers in the control group. Differences between mothers and fathers were noted with mothers reporting more emotional and cognitive support from nurses than fathers. In some samples there was no significant difference in perceptions of support from the nurses or significant difference in perceived expressive family functioning between fathers in the experimental group and father's in the control group who received usual care. In some samples, difference was also noted between family members and patients on expressive family functioning and emotional and cognitive support from the nurse, with family members reporting higher scores than patients. Differences were also reported between acute illness and chronic illness conditions.

One of the added benefits of this carefully designed program of FSN research was the development of three new measurement tools that use the Calgary Family Assessment and Intervention Models (Wright & Leahey, 2013) as theoretical frameworks. The Iceland-Expressive Family Functioning Questionnaire (ICE-EFFQ) measures families perception of their family functioning (Sveinbjarnardottir, Svavarsdottir, & Hrafinkelsson, 2012a) and the Iceland-Family Perceived Support Questionnaire (ICE-FPSQ) measures family member's perceptions of cognitive and emotional support received from the nurse (Sveinbjarnardottir, Svavarsdottir, & Hrafinkelsson, 2012b). The Nurses Knowledge and Confidence Scale (NKC) measures knowledge about the Calgary Family Assessment and Intervention Models and confidence in

applying FSN interventions (Landspítali University Hospital Family Nursing Steering Committee, 2007). More recently, Erla Svavarsdóttir and her colleagues (Svavarsdóttir, Gísladóttir, & Vilhjálmsón, 2014) have developed a new instrument to measure beliefs (ICE-Beliefs), based on the Illness Beliefs Model (Wright & Bell, 2009).

Overall, this ambitious program of research found support for the usefulness of the brief FSN therapeutic conversation intervention that included the 5 essential elements of manners, therapeutic conversation, family genogram, therapeutic questions, and commendations (Wright & Leahey, 1999, 2013). Learning how to offer a brief therapeutic conversation and participating in clinical skills lab training sessions positively shifted nurses' attitudes toward involvement of families in their care and invited a sense of competence and confidence in family assessment and intervention which resulted in nursing perceiving families as less burdensome (Blöndal et al., 2014; Svavarsdóttir et al., in press; Sveinbjarnardóttir, Svavarsdóttir, & Saveman, 2011).

The Landspítali University Hospital Family Nursing Implementation Project (2007-2011) is a testament to what is possible in FSN intervention research when one has a courageous vision, strong administrative support, and a team of nursing leaders who are educationally prepared in FSN and committed to growing capacity in family nursing throughout a large health care system. This pioneering work has provided the methods and experiential knowledge that will support FSN knowledge translation research in other places around the globe. The hope is that this intensive effort in FSN knowledge translation in Iceland that significantly increased skilled family nursing practice in one major hospital can be sustained and replicated.

Conclusion

FSN scholars, practitioners, and researchers around the world envision health care where family care is “usual care”, where families are included and welcomed, where family preferences

are invited, and where family illness suffering is softened. While there are many more FSN research reports and international research initiatives that could have been featured in this book chapter, several observations can be offered about the growth of FSN science: 1) FSN interventions do exist and can be clearly articulated, replicated, and documented; 2) FSN interventions make a difference to families experiencing illness by improving domains of cognitive, affective, and behavioral family functioning; 3) learning how to offer FSN interventions makes a difference to nurses by positively changing their attitudes about families and increasing their confidence in caring for families; 4) knowledge development about interventions has been informed primarily from a “bottom up” approach of studying actual practice with families, being immersed in practice with families, and learning from families about what interventions are useful; 5) a circular interactional relationship exists between practice scholarship and research with each informing and enriching the other; 6) “going inside the intervention” has been a calculated, time-intensive, and strategic move that has grown FSN knowledge exponentially; 7) advancement in FSN science has benefited from the synergy of linking research, education, and clinical practice in “practice units” dedicated to advancing FSN intervention; and 8) FSN interventions are not yet routinely visible in health care settings.

Clearly there is a need for more comparative studies of FSN interventions and more rigorous designs to fully satisfy the “evidence-based” conversation and dogma that exists in science and health care. Unfortunately this paradigm that ultimately seeks prediction and control will never fully explain “effectiveness” of the therapeutic conversation. There is consistent evidence from studies on therapeutic alliance that the therapeutic relationship accounts for a significant portion of therapeutic change that takes place (Norcross, 2010). What is less tangible, but woven throughout FSN research reports is an appreciation for the healing power of the

relationship that every FSN nurse uniquely brings to each family encounter. Beliefs about “good science” and about “effectiveness” of family nursing intervention being limited solely to randomized controlled trials (RCT) does not always translate well to measuring, evaluating, and controlling relational practice. Moules (2009) eloquently offers,

At the heart of this research [about the FSN intervention of therapeutic letters] is the substantiation that words are powerful, therapeutic, and interventive and yet ultimately meaningless unless they are sustained by a relationship that holds them up. The fragile yet compelling, the delicate yet precocious nature of therapeutic relationships is cultured and culled within a context of many factors: need, expertise, situation, trust, faith, hope, and suffering. The words in the middle of the dialogue of therapy and nursing must always be big enough to allow a meeting. In this meeting, suffering is recognized and honored, differences are often subsumed but always acknowledged... and the legitimacy of varying beliefs is gently cradled in a language of tentativeness, curiosity, and a suspension of “Truth.” (p. 44)

Continued emphasis on the circular interactional relationship between family intervention research and practice is needed (Rohrbaugh, 2014; Sexton & Datchi, 2014). Clinical practice with families informed by research findings and thoughtful reflection about therapeutic conversations with families about illness suffering informs and directs research questions. The importance of examining actual FSN practice with families is needed along with more emphasis on FSN intervention research that attends to the method that best fits the research question(s) being asked. How to conduct research rigorous enough for the scientific community and how to keep research relevant to practice is a challenge in FSN and in all family intervention research. While an innovative RCT is currently being used to examine FSN interventions offered in heart

failure clinics in Denmark (Birte Ostergaard, principal investigator), the results are still unknown and it not clear about whether the findings from this important, ground-breaking study will yield valuable insights about practice with families that can be generalized to other nurses and other populations of families.

“Translating FSN interventions” holds the greatest challenge and promise for future FSN intervention research. The multisystemic nature of knowledge translation research seems like a natural fit for the FSN researcher who is used to thinking about multiple systems levels. A growing number of models and frameworks that map the complexities of knowledge translation have recently been outlined by Rycroft-Malone and Bucknall (2010). Knowledge translation, as we are coming to understand, involves more than offering a well-designed FSN educational intervention to an experimental group of practicing nurses and then skillfully measuring the outcomes of the intervention by collecting data about nurse and family variables and comparing them with usual care.

The science of translating knowledge in health care settings for the purpose of practice change in a specific context is complex and attempts to systematically account for multiple processes when implementing and sustaining practice change (Chesla, 2008; Duhamel, 2010; Duhamel & Dupuis, 2011; Graham & Tetroe, 2010; Kitson, 2009). At the heart of knowledge translation science is a collaborative effort co-led by knowledge users and researchers, which attempts to account for various kinds of knowledge translation strategies used to change practice which influence and are influenced by the multiple systems levels within which they occur, that is, the patient/family, nursing practice, interprofessional practice, and the health care organization (Duhamel, 2013a; Pentland et al., 2011).

Perhaps what is needed, in addition to carefully designed, sophisticated FSN intervention

research using multiple methods that involve “going inside the intervention” and/or “translating the intervention” is to encourage all nurses to routinely ask families for feedback, “How have I been most helpful to you today? How could I improve my care of your family?” (Wright & Leahey, 2013). All of these approaches offer the possibility of moving us closer to our goal of softening illness suffering in families and transforming nursing care with families.

References

- Anderson, K. H. (2000). The Family Health System approach to Family Systems Nursing. *Journal of Family Nursing*, 6(2), 103-119. doi: 10.1177/107484070000600202
- Armour, T. A., Norris, S. L., Jack, L., Jr., Zhang, H., & Fisher, L. (2004). The effectiveness of family interventions in people with diabetes mellitus: A systematic review. *Diabetes Medicine*, 22, 1295-1305. doi: 10.1111/j.1464-5491.2005.01618.x
- Bell, J. M. (1995). Wanted: Family nursing interventions [Editorial]. *Journal of Family Nursing*, 1(4), 355-358.
- Bell, J. M. (1999). Therapeutic failure: Exploring uncharted territory in family nursing [Editorial]. *Journal of Family Nursing*, 5(4), 371-373.
- Bell, J.M. (2003). Clinical scholarship in family nursing [Editorial]. *Journal of Family Nursing*, 9(2), 127-129. doi: 10.1177/1074840703009002001
- Bell, J. M. (2008). The Family Nursing Unit, University of Calgary: Reflections on 25 years of clinical scholarship (1982-2007) and closure announcement [Editorial]. *Journal of Family Nursing*, 14(3), 275-288. doi: 10.1177/1074840708323598
- Bell, J. M. (2009). Family Systems Nursing re-examined [Editorial]. *Journal of Family Nursing*, 15(2), 123-129. doi:10.1177/1074840709335533
- Bell, J. M. (2011). Relationships: The heart of the matter in family nursing [Editorial]. *Journal of Family Nursing*, 17(1), 3-10. doi: 10.1177/1074840711398464
- Bell, J. M. (2013). Family nursing is more than family centered care [Editorial]. *Journal of Family Nursing*, 19(4), 411-417. doi:10.1177/1074840713512750
- Bell, J. M. (2014). Knowledge translation in family nursing: Gazing into the Promised Land [Editorial]. *Journal of Family Nursing*, 20(1), 3-12. doi:10.1177/1074840714521731

- Bell, J. M. (2014). Family centered care and family nursing: Three beliefs that matter most [Guest Editorial]. *Pflege*, 27(4), 213-217. doi:10.1024/1012-5302/a000369
- Bell, J. M., Moules, N. J., & Wright, L. M. (2009). Therapeutic letters and the Family Nursing Unit: A legacy of advanced nursing practice. *Journal of Family Nursing*, 15(1), 6-30. doi: 10.1177/1074840709331865
- Bell, J. M., & Wright, L. M. (2007). La recherche sur la pratique des soins infirmiers à la famille [Research on family interventions]. In F. Duhamel (Ed.), *La santé et la famille: Une approche systémique en soins infirmiers* [Families and health: A systemic approach in nursing care] (2nd ed., pp. 87-105). Montreal, Quebec, Canada: Gaëtan Morin editeur, Chenelière Éducation. [In French] English version retrieved from <http://dspace.ucalgary.ca/handle/1880/45247>
- Bell, J. M., & Wright, L. M. (2011). The Illness Beliefs Model: Creating practice knowledge for families experiencing illness suffering. In E. K. Svarvarsdottir & H. Jonsdottir (Eds.), *Family nursing in action* (pp. 15-51). Reykjavik, Iceland: University of Iceland Press.
- Benzein, E., Johansson, P., Årestedt, K. F., Berg, A., Saveman, B.-I. (2008). Families' Importance in Nursing Care: Nurses' Attitudes—An instrument development. *Journal of Family Nursing*, 14, 97-117. doi:10.1177/1074840707312716
- Benzein, E., Hagberg, M., & Saveman, B.-I. (2008). 'Being appropriately unusual': A challenge for nurses in health-promoting conversations with families. *Nursing Inquiry*, 15(2), 106-115. doi: 10.1111/j.1440-1800.2008.00401.x
- Benzein, E., Hagberg, M., & Saveman, B.-I. (2012). *Att möta familjer inom vård och omsorg* [Meeting with families in health and community care] Stockholm, Sweden: Studentlitteratur. [in Swedish]

- Benzein, E., Olin, C., & Persson, C. (2014). 'You put it all together' – families' evaluation of participating in Family Health Conversations. *Scandinavian Journal of Caring Sciences*. Advance online publication. doi: 10.1111/scs.12141
- Benzein, E. G., & Saveman, B. I. (2008). Health-promoting conversations about hope and suffering with couples in palliative care. *International Journal of Palliative Nursing*, 14(9), 439-445. Retrieved from <http://dx.doi.org/10.12968/ijpn.2008.14.9.31124>
- Blöndal, K., Zoëga, S., Hafsteinsdóttir, J. E., Olafsdóttir, O. A., Thorvardardóttir, A. B., Hafsteinsdóttir, S. A., & Sveinsdóttir, H. (2014). Attitudes of registered and licensed practical nurses about the importance of families in surgical hospital units: Findings from the Landspítali University Hospital Family Nursing Implementation Project. *Journal of Family Nursing*, 20(3), 355-375. doi:10.1177/1074840714542875
- Bohn, U., Wright, L. M., & Moules, N. J. (2003). A Family Systems Nursing interview following a myocardial infarction: The power of commendations. *Journal of Family Nursing*, 9(2), 151-165. doi:10.1177/1074840703009002003
- Campbell, T. L. (2003). The effectiveness of family interventions for physical disorders. *Journal of Marital and Family Therapy*, 29(2), 263-281. doi: 10.1111/j.1752-0606.2003.tb01204.x
- Chesla, C. A. (1995). Hermeneutic phenomenology: An approach to understanding families. *Journal of Family Nursing*, 1, 63-78. doi:10.1177/107484079500100105
- Chesla, C. (2008). Translational research: Essential contributions from interpretive nursing-science. *Research in Nursing & Health*, 31(4), 381-390. doi: 10.1002/nur.20267
- Chesla, C. A. (2010). Do family interventions improve health? *Journal of Family Nursing*, 16, 355-377. doi: 10.1177/1074840710383145

- Chesla, C. A., Gilliss, C. L., & Leavitt, M. B. (1993). Preparing specialists in family nursing: The benefits of live supervision. In S. L. Feetham, S. B. Meister, J. M. Bell, & C. L. Gilliss (Eds.), *The nursing of families. Theory/research/education/practice* (pp. 163-173). Newbury Park, CA: SAGE.
- Craft, M. J., & Willadsen, J. A. (1992). Interventions related to family. *Nursing Clinics of North America*, 27(2), 517-540.
- Doherty, W. J., McDaniel, S. H., & Hepworth, J. (2014). Contributions of medical family therapy to the changing health care system. *Family Process*, 53(3), 529-543. doi: 10.1111/famp.12092
- Duhamel, F. (1994). A family systems approach: Three families with a hypertensive family member. *Family Systems Medicine*, 12(4), 391-404. doi: 10.1037/h0089166
- Duhamel, F. (1997) Intervention systémique infirmière auprès de couples dont un des membres est atteint d'insuffisance cardiaque [A family systems approach for families with one member experiencing heart failure]. *Canadian Journal of Cardiovascular Nursing*, 8(4), 16-22. [in French]
- Duhamel, F. (2010). Implementing family nursing: How do we translate knowledge into clinical practice? Part II: The evolution of 20 years of teaching, research, and practice to a Center of Excellence in Family Nursing. *Journal of Family Nursing*, 16(1), 8-25. doi: 10.1177/1074840709360208
- Duhamel, F. (June, 2013a). *Knowledge translation in Family Systems Nursing: What is translation research and how is it different from intervention research?* Paper presented at the 11th International Family Nursing Conference, Minneapolis, MN.

- Duhamel, F. (2013b). *Partnering to Advance the Practice of Family Nursing in Health Care Services: An International Research Collaboration*. Final Report of the Montreal meeting: September 30-October 2, 2012. Available from: Faculty of Nursing, University of Montreal, Quebec, Canada.
- Duhamel, F., & Dupuis, F. (2004). Guaranteed returns: Investing in conversations with families of cancer patients. *Clinical Journal of Oncology Nursing*, 8(1), 68-71.
doi: 10.1188/04.CJON.68-71
- Duhamel, F., & Dupuis, F. (2011). Towards a Trilogy Model of Family Systems Nursing knowledge utilization: Fostering circularity between practice, education and research. In E. K. Svavarsdottir and H. Jonsdottir (Eds.), *Family nursing in action* (pp. 53-68). Reykjavik, Iceland: University of Iceland Press.
- Duhamel, F., Dupuis, F., & Girard, F. (2010). Launching a Center of Excellence in Family Nursing, University of Montreal. *Journal of Family Nursing*, 16(1), 124-125.
doi:10.1177/1074840709359931
- Duhamel, F., Dupuis, F., Reidy, M., & Nadon, N. (2007). A qualitative evaluation of a family nursing intervention. *Clinical Nurse Specialist*, 21(1), 43-49.
- Duhamel, F., Dupuis, F., Turcotte, A., Martinez, A.-M., & Goudreau, J. (in press). From training to clinical practice: A knowledge utilization model for the Illness Beliefs approach. *Journal of Family Nursing*.
- Duhamel, F., & Talbot, L. (2004). A constructivist evaluation of Family Systems Nursing interventions with families experiencing cardiovascular and cerebrovascular illnesses. *Journal of Family Nursing*, 10(1), 12-32. doi: 10.1177/1074840703260906

- Duhamel, F., Watson, W. L., & Wright, L. M. (1994). A family systems nursing approach to hypertension. *Canadian Journal of Cardiovascular Nursing*, 5(4), 14-24. Retrieved from <https://dspace.ucalgary.ca/handle/1880/44060>
- Fagundes, C. P., Bennett, J. M., Derry, H. M., & Kiecolt-Glaser, J. K. (2011). Relationships and inflammation across the lifespan: Social developmental pathways to disease. *Social & Personality Psychology Compass*, 5(11), 891-903. doi: 10.1111/j.1751-9004.2011.00392.x
- Feetham, S. L. (1984). Family research: Issues and directions for nursing. In H. H. Werley & J. J. Fitzpatrick (Eds.), *Annual review of nursing research*, vol. 2 (pp. 3-27). New York, NY: Springer.
- Feetham, S. L. (1991). Conceptual and methodological issues in research of families. In A. Whall & J. Fawcett (Eds.), *Family theory development in nursing: State of the science and art* (pp. 55-68). Philadelphia, PA: F.A. Davis.
- Fisher, L. (2006). Research on the family and chronic disease among adults: Major trends and directions. *Families, Systems, & Health*, 24(4), 373-380. doi: 10.1037/1091-7527.24.4.373
- Fisher, L., Terry, H. E., & Ransom, D. C. (1990). Advancing a family perspective in health research: Models and methods. *Family Process*, 29, 177-189. doi: 10.1111/j.1545-5300.1990.00177.x
- Gadamer, H. G. (1960/1989). *Truth and method* (2nd rev. ed.) (J. Weinsheimer & D.G. Marshall, Trans.). New York, NY: Continuum.
- Gadamer, H. G. (1976). *Philosophical hermeneutics* (D.E. Linge, Ed. & Trans.). Berkeley, CA: University of California Press.

- Gale, J., Chenail, R. J., Watson, W. L., Wright, L. M., & Bell, J. M. (1996). Research and practice: A reflexive and recursive relationship. Three narratives and five voices. *Marriage and Family Review, 24*(3/4), 275-295.
- Ganong, L. (2011). Return of the "Intimate Outsider": Current trends and issues in family nursing research revisited. *Journal of Family Nursing, 17*(4), 416-440. doi: 10.1177/1074840711425029
- Gilliss, C. L. (1983). The family as a unit of analysis. Strategies for the nurse researcher. *Advances in Nursing Science, 5*(3), 50-59. doi: 10.1097/00012272-198304000-00007
- Gilliss, C. L. (1989). Family research in nursing. In C. L. Gilliss, B. L. Highley, B. M. Roberts, & I. M. Martinson (Eds.), *Toward a science of family nursing* (pp. 37-63). Menlo Park, CA: Addison-Wesley.
- Gilliss, C. L. (1991). Family nursing research, theory and practice. *Image: Journal of Nursing Scholarship, 23*, 19-22. doi: 10.1111/j.1547-5069.1991.tb00629.x
- Gilliss, C. L., & Davis, L. L. (1992). Family nursing research: Precepts from paragons and peccadilloes. *Journal of Advanced Nursing, 17*(1), 28-33. doi: 10.1111/j.1365-2648.1992.tb01815.x
- Gilliss, C. L., & Davis, L. L. (1993). Does family intervention make a difference? An integrative review and meta-analysis. In S. L. Feetham, S. B. Meister, J. M. Bell, & C. L. Gilliss (Eds.), *The nursing of families. Theory/research/education/practice* (pp. 259-265). Newbury Park, CA: SAGE.
- Gottlieb, L. (2007). A tribute to the Calgary Family Nursing Unit: Lessons that go beyond family nursing [Editorial]. *Canadian Journal of Nursing Research, 39*(3), 7-11.
- Goudreau, J., & Duhamel, F. (2003). Interventions in perinatal family care: A participatory

- study. *Families, Systems, & Health*, 21(2), 165-180. doi: 10.1037/1091-7527.21.2.165
- Goudreau, J., Duhamel, F., & Ricard, N. (2006). The impact of a Family Systems Nursing educational program on the practice of psychiatric nurses. A pilot study. *Journal of Family Nursing*, 12(3), 292-306. doi: 10.1177/1074840706291694
- Graham, I. D., & Tetroe, J. M. (2010). The Knowledge to Action Framework. In J. Rycroft-Malone, & T. Bucknall (Eds.), *Models and frameworks for implementing evidence based-practice: Linking evidence to action* (pp. 207-221). West Sussex, United Kingdom: Wiley-Blackwell.
- Greenberg, L. S. (1986). Change process research. *Journal of Consulting and Clinical Psychology*, 54, 4-9. doi: 10.1037/0022-006X.54.1.4
- Greenberg, L. S. (1991). Research on the process of change. *Psychotherapy Research*, 1, 3-16. doi: 10.1080/10503309112331334011
- Greenberg, L. S., & Pinsof, W. M. (Eds.). (1986). *The psychotherapeutic process. A research handbook*. New York, NY: Guilford.
- Griffiths, P., & Norman, I. (2013). Qualitative or quantitative? Developing and evaluating complex interventions: Time to end the paradigm war [Editorial]. *International Journal of Nursing Studies*, 50(9), 583-584.
- Halldorsdottir, B. S., & Svavarsdottir, E. K. (2012). Purposeful therapeutic conversations: Are they effective for families of individuals with COPD? A quasi-experimental study. *Vaard I Norden [Nordic Journal of Nursing Research]*, 103(32), 48-51.
- Hartmann, M., Bazner, E., Wild, B., Eisler, I., & Herzog, W. (2010). Effects of interventions involving the family in the treatment of adult patients with chronic diseases: A meta-analysis. *Psychotherapy and Psychosomatics*, 79, 136-148. doi:10.1159/000286958

- Hodgson, J., Lamson, A., Mendenhall, T., & Crane, D. R. (Eds.). (2014). *Medical family therapy: Advanced applications*. New York, NY: Springer.
- Houger Limacher, L. (2003). *Commendations: The healing potential of one Family Systems Nursing intervention*. Unpublished doctoral thesis, University of Calgary, Alberta, Canada. Retrieved from <http://dspace.ucalgary.ca/handle/1880/49062>
- Houger Limacher, L. H., & Wright, L.M. (2003). Commendations: Listening to the silent side of a family intervention. *Journal of Family Nursing*, 9(2), 130-135.
doi:10.1177/1074840703009002002
- Houger Limacher, L., & Wright, L.M. (2006). Exploring the therapeutic family intervention of commendations: Insights from research. *Journal of Family Nursing*, 12, 307-331. doi:10.1177/1074840706291696
- Houger Limacher, L. (2008). Locating relationships at the heart of commending practices. *Journal of Systemic Therapies*, 27(4), 90-105. doi: 10.1521/jsyt.2008.27.4.90
- International Council of Nurses (2002). *Nurses always there for you: Caring for families*. Geneva, Switzerland: Author. Retrieved from <http://www.icn.ch/publications/2002-nurses-always-there-for-you-caring-for-families/>
- Kamban, S., & Svavarsdottir, E. K. (2013). Does a therapeutic conversation intervention in an acute paediatric setting make a difference for families of children with bronchiolitis caused by respiratory syncytial virus (RSV)? *Journal of Clinical Nursing*, 22(19-20), 2723-2733. doi: 10.1111/j.1365-2702.2012.04330.x
- Kazak, A. E. (2002). Challenges in family health intervention research. *Families, Systems, & Health*, 20(1), 51-59. doi: 10.1037/h0089482

- Kazak, A. E. (2005). Evidence-based interventions for survivors of childhood cancer and their families. *Journal of Pediatric Psychology, 30*, 29-39. doi: 10.1093/jpepsy/jsi013
- Kiecolt-Glaser, J., Gouin, J., Weng, N., Malarkey, W., Beversdorf, D., & Glaser, R. (2011). Childhood adversity heightens the impact of later-life caregiving stress on telomere length and inflammation. *Psychosomatic Medicine, 73*(1), 16-22.
doi:10.1097/PSY.0b013e31820573b
- Kitson, A. (2009). The need for systems change: Reflection on knowledge translation and organizational change. *Journal of Advanced Nursing, 65*(1), 217-228. doi: 10.1111/j.1365-2648.2008.04864.x
- Knafl, K. A., & Deatrick, J. A., & Knafl, G. J., Gallo, A. M., Grey, M., & Dixon, J. (2013). Family management of childhood chronic conditions and their relationship to child and family functioning. *Journal of Pediatric Nursing, 28*(6), 523-535.
doi:10.1016/j.pedn.2013.03.006
- Konradsdottir, E., & Svavarsdottir, E. K. (2011). How effective is a short-term educational and support intervention for families of an adolescent with type 1 diabetes? *Journal for Specialists in Pediatric Nursing, 16*, 295-304. doi: 10.1111/j.1744-6155.2011.00297.x
- Konradsdottir, E., & Svavarsdottir, E. K. (2013). The role of the advanced nurse practitioners in offering brief therapeutic conversation intervention for families of children and adolescents with Type 1 diabetes. *Vard I Norden, [Nordic Journal of Nursing Research]* Publ. 109, 33(1), 44-47.
- Landspítali University Hospital (LUH) - Family Nursing Steering Committee (2007). The Nurses Knowledge and Confidence Scale (NKC) in Family Systems Nursing clinical practice (pp. 1-5). Reykjavik, Iceland: Landspítali University Hospital.

- Larsen, A., & Olson, D. H. (1990). Capturing the complexity of family systems: Integrating family theory, family scores, and family analysis. In T. W. Draper & A. C. Marcos (Eds.), *Family variables. Conceptualization, measurement and use* (pp. 19-47). Newbury Park, CA: SAGE.
- Leahey, M., & Svavarsdottir, E. K. (2009). Implementing family nursing: How do we translate knowledge into clinical practice? *Journal of Family*, *15*(4), 445-460. doi:10.1177/1074840709349070
- Lister, Z., Fox, C., & Wilson, C. M. (2013). Couples and diabetes: A 30-year narrative review of dyadic relational research. *Contemporary Family Therapy*, *35*(4), 613-638. doi: 10.1007/s10591-013-9250-x
- Loveland-Cherry, C. J. (2006). Where is the family in family interventions? [Guest Editorial]. *Journal of Family Nursing*, *12*(1), 4-6. doi: 10.1177/1074840705285209
- Maturana, H. R. (1998). Reality: The search for objectivity or the quest for a compelling argument. *The Irish Journal of Psychology*, *9*(1), 25-83.
- Maturana, H. R., & Varela, F. J. (1992). *The tree of knowledge: The biological roots of human understanding* (rev. ed.). Boston, MA: Shambhala.
- Martire, L. M. (2005). The “relative” efficacy of involving family in psychosocial interventions for chronic illness: Are there added benefits to patients and family members? *Families, Systems, & Health*, *23*(3), 312-328. doi:10.1037/1091-7527.23.3.312
- Martire, L. M., Lustig, A. P., Schulz, R., Miller, G. E., & Helgeson, V. S. (2004). Is it beneficial to involve a family member? A meta-analysis of psychosocial interventions for chronic illness. *Health Psychology*, *23*(6), 599–611. doi: 10.1037/0278-6133.23.6.599
- Martire, L. M., Schulz, R., Helgeson, V. S., Small, B. J., & Saghafi, E. M. (2010). Review and

- meta-analysis of couple-oriented interventions for chronic illness. *Annals of Behavioral Medicine*, 40, 325-342. doi: 10.1007/s12160-010-9216-2
- Mattila, E., Leino, K., Paavilainen, E., & Åstedt-Kurki, P. (2009). Nursing intervention studies on patients and family members: A systematic literature review. *Scandinavian Journal of Caring Sciences*, 23(3), 611-622. doi: 10.1111/j.1471-6712.2008.00652.x
- McGovern, L., Johnson, J. N., Paulo, R., Hettinger, A., Singhal, V., Kamath, C.,...Montori, V. M. (2008). Treatment of pediatric obesity: A systematic review and meta-analysis of randomized trials. *Journal of Clinical Endocrinology & Metabolism*, 93, 4600-4605. doi: <http://dx.doi.org/10.1210/jc.2006-2409>
- McLeod, D. L. (2003). *Opening space for the spiritual: Therapeutic conversations with families living with serious illness*. Unpublished doctoral thesis, University of Calgary, Alberta, Canada. Retrieved from <http://dspace.ucalgary.ca/handle/1880/45183>
- McLeod, D. L., & Wright, L. M. (2008). Living the as-yet unanswered: Spiritual care practices in Family Systems Nursing. *Journal of Family Nursing*, 14(1), 118-141. doi:10.1177/1074840707313339
- Meyler, E., Guerin, S., Kiernan, G., & Breatnach, F. (2010). Review of family-based psychosocial interventions for childhood cancer. *Journal of Pediatric Psychology*, 35(10), 1116-1132. doi:10.1093/jpepsy/jsq032
- Miller, R. B., & Johnson, L. N. (Eds.). (2014). *Advanced methods in family therapy research. A focus on validity and change*. New York, NY: Routledge.
- Moules, N. J. (1998). Legitimizing grief: Challenging beliefs that constrain. *Journal of Family Nursing*, 4(2), 138-162. doi:10.1177/107484079800400203
- Moules, N. J. (2000). *Nursing on paper: The art and mystery of therapeutic letters in*

- clinical work with families experiencing illness*. Unpublished doctoral thesis, University of Calgary, Alberta, Canada. Retrieved from <https://dspace.ucalgary.ca/handle/1880/40483>
- Moules, N. J. (2002). Nursing on paper: Therapeutic letters in nursing practice. *Nursing Inquiry*, 9(2), 104-113. doi: 10.1046/j.1440-1800.2002.00133.x
- Moules, N.J. (2003). Therapy on paper: Therapeutic letters and the tone of relationship. *Journal of Systemic Therapies*, 22(1), 33-49. doi: 10.1521/jsyt.22.1.33.24091
- Moules, N. J. (2009a). Therapeutic letters in nursing: Examining the character and influence of the written word in clinical work with families experiencing illness. *Journal of Family Nursing*, 15(1), 31-49. doi:10.1177/1074840709331639
- Moules, N. J. (2009b). The past and future of therapeutic letters: Family suffering and healing words. *Journal of Family Nursing*, 15(1), 102-111. doi:10.1177/1074840709332238
- Moules, N. J. (2009c). Grief and families: Applying the Illness Beliefs Model to bereavement. In L. M. Wright & J. M. Bell. *Beliefs and illness: A model for healing* (pp. 305-317). Calgary, Alberta, Canada: 4th Floor Press
- Moules, N. J., Simonson, K., Fleischer, A., Prins, M., & Glasgow, B. (2007). The soul of sorrow work: Grief and therapeutic interventions with families. *Journal of Family Nursing*, 13(1), 117-141. doi: 10.1177/1074840706297484
- Moules, N. J., Simonson, K., Prins, M., Angus, P., & Bell, J. M. (2004). Making room for grief: Walking backward and living forward. *Nursing Inquiry*, 11(2), 99-107. doi: 10.1111/j.1440-1800.2004.00204.x

- Naranjo, D., Hessler, D. M., Rupinder, D., Chesla, C. A. (2012). Health and psychosocial outcomes in U.S. adult patients with diabetes from diverse ethnicities. *Current Diabetes Reports, 12*, 729-738. doi: 10.1007/s11892-012-0319-y
- Noiseux, S., & Duhamel, F. (2003). La greffe de moelle osseuse chez l'enfant. Évaluation constructiviste de l'intervention auprès des parents [Bone marrow transplant in children: A constructivist evaluation of interventions for the parents]. *Perspective infirmière, 1*(1), 12-24.
- Norcross, J. C. (2010). The therapeutic relationship. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed, pp. 113-141). Washington, DC: American Psychological Association.
- Östlund, U., & Persson, C. (2014). Examining family responses to Family Systems Nursing interventions: An integrative review. *Journal of Family Nursing, 20*, 259-286. doi:10.1177/1074840714542962
- Östlund, U., Bäckström, B., Saveman, B-I., Lindh, V., & Sundin, K. (in press). Participating in a Family Systems Nursing intervention: Family health conversations with families experiencing a stroke. *Journal of Family Nursing*.
- Packer, M. J., & Addison, R. B. (Eds.). (1989). *Entering the circle: Hermeneutic investigation in psychology*. Albany, NY: State University of New York Press.
- Pentland, D., Forsyth, K., Maciver, D., Walsh, M., Murray, R., Irvine, L., & Sikora, S. (2011). Key characteristics of knowledge transfer and exchange in healthcare: Integrative literature review. *Journal of Advanced Nursing, 67*(7), 1408-1425. doi: 10.1111/j.1365-2648.2011.05631.x
- Persson, C., & Benzein, E. (2014). Family health conversations: How do they support health?

Nursing Research and Practice, 2014, Article ID 547160, 11 pages. doi:

<http://dx.doi.org/10.1155/2014/547160>

- Pinsof, W. M. (1989). A conceptual framework and methodological critique for family therapy process research. *Journal of Consulting and Clinical Psychology*, 57, 53-59. doi: 10.1037/0022-006X.57.1.53
- Pinsof, W. M., & Chambers, A. L. (2010). Empirically informed systemic psychotherapy: Tracking client change and therapist behavior during therapy. In J. H. Bray & M. Stanton (Eds.), *The Wiley-Blackwell handbook of family psychology* (Chapter 29). Oxford, United Kingdom: Blackwell. doi: 10.1002/9781444310238.ch29
- Pinsof, W. M., & Wynne, L. C. (2000). Toward progress research: Closing the gap between family therapy practice and research. *Journal of Marital and Family Therapy*, 26, 1-8. doi: 10.1111/j.1752-0606.2000.tb00270.x
- Registered Nurses' Association of Ontario (2006). *Supporting and strengthening families through expected and unexpected life events* (rev. suppl.). Toronto, Ontario, Canada: Author. Retrieved from http://rnao.ca/sites/rnao-ca/files/Supporting_and_Strengthening_Families_Through_Expected_and_Unexpected_Life_Events.pdf
- Robinson, C. A. (1994). *Women, families, chronic illness and nursing interventions: From burden to balance*. Unpublished doctoral dissertation, University of Calgary, Alberta, Canada. Retrieved from: <http://dspace.ucalgary.ca/handle/1880/48642>
- Robinson, C. A. (1998). Women, families, chronic illness, and nursing interventions: From burden to balance. *Journal of Family Nursing*, 4(3), 271-290. doi:10.1177/107484079800400304

- Robinson, C. A., & Wright, L. M. (1995). Family nursing interventions: What families say makes a difference. *Journal of Family Nursing*, 1(3), 327-345.
doi:10.1177/107484079500100306
- Rohrbaugh, M. J. (2014). Old wine in new bottles: Decanting systemic family process research in the era of evidence-based practice. *Family Process*, 53(3), 434-444. doi:
- Rosland, A. M., Heisler, M., & Piette, J. D. (2011). The impact of family behaviors and communication patterns on chronic illness outcomes: A systematic review. *Journal of Behavioral Medicine*, 35(2), 221-39. doi:10.1007/s10865-011-9354-4
- Rycroft-Malone, J., & Bucknall, T. (Eds.). (2010). Models and frameworks for implementing evidence-based practice: Linking evidence to action. Co-published by Sigma Theta Tau International and Wiley-Blackwell.
- Saveman, B.-I. (2010). Family nursing research for practice: The Swedish perspective. *Journal of Family Nursing*, 16(1), 26-44. doi: 10.1177/1074840709360314
- Saveman, B.-I., & Benzein, E. (2001). Here comes the Swedes! A report on the dramatic and rapid evolution of family-focused nursing in Sweden. *Journal of Family Nursing*, 7(3), 303-310. doi: 10.1177/107484070100700308
- Saveman, B.-I., Benzein, E. G., Engstrom, A. H., & Årestedt, K. (2011). Refinement and psychometric re-evaluation of the instrument: Families' Importance in Nursing Care - Nurses Attitudes. *Journal of Family Nursing*, 17(3), 312-329.
doi:10.1177/1074840711415074
- Schober, M., & Affara, F. (2001). *The family nurse: Frameworks for practice*. Geneva, Switzerland: International Council of Nurses.
- Sexton, T. L., & Datchi, C. (2014). The development and evolution of family therapy research:

Its impact on practice, current status, and future directions. *Family Process*, 53(3), 415-433.

doi: 10.1111/famp.12084

Sigurdardottir, A. O., Svavarsdottir, E. K., Rayens, M. K., & Adkins, S. (2013). Therapeutic conversations intervention in pediatrics: Are they of benefit for families of children with asthma? *The Nursing Clinics of North America*, 48(2), 287-304. doi:

10.1016/j.cnur.2013.01.007

Shields, C. G., Finley, M. A., Chawla, N., & Meadors, P. (2012). Couple and family interventions in health problems. *Journal of Marital & Family Therapy*, 38(1), 265-280. doi:

10.1111/j.1752-0606.2011.00269.x

Sprenkle, D. H. (2012). Intervention research in couple and family therapy: A methodological and substantive review and an introduction to the special issue. *Journal of Marital and Family Therapy*, 38(1), 3-29. doi: 10.1111/j.1752-0606.2011.00271.x

Sprenkle, D. H., & Piercy, F. P. (Eds.). (2005) *Research methods in family therapy* (2nd ed.). New York, NY: Guilford.

Svavarsdottir, E. K. (2008). Excellence in nursing: A model for implementing Family Systems Nursing in nursing practice at an institutional level in Iceland. *Journal of Family Nursing*, 14(4), 456-468. doi: 10.1177/1074840708328123

Svavarsdottir, E. K., Gísladóttir, M., & Vilhjálmsson, R. (2014). Psychometric development of the Iceland Beliefs Questionnaire (ICE-Beliefs). Unpublished manuscript. Reykjavik, Iceland: University of Iceland.

Svavarsdottir, E. K., & Sigurdardottir, A. O. (2011). Facilitating implementation of

- family nursing in general pediatric nursing practice: The circularity between knowledge translation and clinical practice. In E. K. Svavarsdottir and H. Jonsdottir (Eds.), *Family nursing in action* (pp. 161-184). Reykjavik, Iceland: University of Iceland Press.
- Svavarsdottir, E. K., & Sigurdardottir, A. O. (2013). Benefits of a brief therapeutic conversation intervention for families of children and adolescents in active cancer treatment. *Oncology Nursing Forum*, *40*(5), E346-E357. doi: 10.1188/13.ONF.E346-E357
- Svavarsdottir, E. K., Sigurdardottir, A. O., Konradsdottir, E., Stefansdottir, A., Sveinbjarnardottir, E. K., Ketilsdottir, A.,...Guðmundsdottir, H. (2014). The process of translating family nursing knowledge into clinical practice. Advance online publication. *Journal of Nursing Scholarship*. doi: 10.1111/jnu.12108
- Svavarsdottir, E. K., Sigurdardottir, A. O., & Tryggvadottir, G. B. (2014). Strengths oriented therapeutic conversations for families of children with chronic illnesses: Findings from the Landspítali University Hospital Family Nursing Implementation Project. *Journal of Family Nursing*, *20*(1), 13-50. doi: 10.1177/1074840713520345
- Svavarsdottir, E. K., Tryggvadottir, G. B., & Sigurdardottir, A. O. (2012). Knowledge translation in family nursing: Does a short-term therapeutic conversation intervention benefit families of children or adolescents within a hospital setting? Findings from the Landspítali University Hospital Family Nursing Implementation Project. *Journal of Family Nursing*, *18*(3), 303-327. doi:10.1177/1074840712449202
- Sveinbjarnardottir, E. K., Svavarsdottir, E. K., & Hrafnkelsson, B. (2012a). Psychometric development of the Iceland-Expressive Family Functioning Questionnaire (ICE-EFFQ). *Journal of Family Nursing*, *18*(3), 353-377. doi:10.1177/1074840712449204

- Sveinbjarnardottir, E. K., Svavarsdottir, E. K., & Hrafnkelsson, B. (2012b). Psychometric development of the Iceland-Family Perceived Support Questionnaire (ICE-FPSQ). *Journal of Family Nursing*, 18(3), 328-352. doi:10.1177/1074840712449203
- Sveinbjarnardottir, E. K., Svavarsdottir, E. K., & Saveman, B. I. (2011). Nurses attitudes towards the importance of families in psychiatric care following an educational and training intervention program. *Journal of Psychiatric Mental Health Nursing*, 18(10), 895-903. doi: 10.1111/j.1365-2850.2011.01744.x
- Sveinbjarnardottir, E. K., Svavarsdottir, E. K., & Wright, L. M. (2013). What are the benefits of a short therapeutic conversation intervention with acute psychiatric patients and their families? A controlled before and after study. *International Journal of Nursing Studies*, 50(5), 593-602. doi: 10.1016/j.ijnurstu.2012.10.009
- Tapp, D. M. (1997). *Exploring therapeutic conversations between nurses and families experiencing ischemic heart disease*. Unpublished doctoral dissertation, University of Calgary, Alberta, Canada. Retrieved from <http://dspace.ucalgary.ca/handle/1880/26879>
- Tapp, D. M. (2000). The ethics of relational stance in family nursing: Resisting the view of "nurse as expert". *Journal of Family Nursing*, 6(1), 69-91. doi:10.1177/107484070000600105
- Tapp, D. M. (2001). Conserving the vitality of suffering: Addressing family constraints to illness conversations. *Nursing Inquiry*, 8(4), 254-263. doi: 10.1046/j.1440-1800.2001.00118.x
- Tapp, D. M. (2004). Dilemmas of family support during cardiac recovery: Nagging as a gesture of support. *Western Journal of Nursing Research*, 26(5), 561-580. doi: 10.1177/0193945904265425

- Thirsk, L. M. (2009). *Understanding the nature of nursing practices and interventions with grieving families*. Unpublished doctoral thesis, University of Calgary, Alberta, Canada. Retrieved from <http://dspace.ucalgary.ca/handle/1880/48641>
- Thirsk, L. M., & Moules, N. J. (2012). Considerations for grief interventions: Eras of witnessing with families. *Omega: Journal of Death and Dying*, 65(2), 107-124.
doi:10.2190/OM.65.2.b
- Thirsk, L. M., & Moules, N. J. (2013). "I can just be me": Advanced practice nursing with families experiencing grief. *Journal of Family Nursing*, 19(1), 74-98. doi: 10.1177/1074840712471445
- Torenholt, R., Schwennesen, N., & Willaing, I. (2014). Lost in translation—the role of family in interventions among adults with diabetes: A systematic review. *Diabetic Medicine*, 31, 15–23. doi: 10.1111/dme.12290
- Umberson, D., & Montez, J. K. (2010). Social relationships and health: A flashpoint for policy. *Journal of Health and Social Behavior*, 5(1), S54-S66. doi: 10.1177/0022146510383501
- Weih, K., Fisher, L., & Baird, M. (2002). Families, health, and behavior: A section of the commissioned report by the Committee on Health and Behavior: Research, Practice, and Policy Division of Neuroscience and Behavioral Health and Division of Health Promotion and Disease Prevention Institute of Medicine, National Academy of Sciences. *Families, Systems, & Health*, 20(1), 7-46. doi:10.1037/h0089481
- West, C. H. (2011). *Addressing illness suffering in childhood cancer: Exploring the beliefs of family members in therapeutic nursing conversations*. Unpublished doctoral thesis, University of Calgary, Canada. Retrieved from <http://dspace.ucalgary.ca/handle/1880/48765>

- West, C. H., Bell, J. M., Woodgate, R. L., & Moules, N. J. (in press). Waiting to return to normal: An exploration of family systems intervention in childhood cancer. *Journal of Family Nursing*.
- Whittemore, R., & Grey, M. (2004). The systematic development of nursing interventions. *Journal of Nursing Scholarship*, 34(2), 115-120. doi: 10.1111/j.1547-5069.2002.00115.x
- Wright, L. M. (2005). *Spirituality, suffering, and illness: Ideas for healing*. Philadelphia, PA: F.A. Davis.
- Wright, L. M., & Bell, J. M. (2009). *Beliefs and illness: A model for healing*. Calgary, Alberta, Canada: 4th Floor Press.
- Wright, L. M., & Leahey, M. (1990). Trends in the nursing of families. *Journal of Advanced Nursing*, 15, 148-154. doi: 10.1111/j.1365-2648.1990.tb01795.x
- Wright, L.M., & Leahey, M. (1999). Maximizing time, minimizing suffering: The 15-minute (or less) family interview. *Journal of Family Nursing*, 5(3), 259-273.
doi:10.1177/107484079900500302
- Wright, L.M., & Leahey, M. (2005). The three most common errors in family nursing: How to avoid or side-step. *Journal of Family Nursing*, 11(2), 90-101.
doi:10.1177/1074840704272569
- Wright, L. M., & Leahey, M. (2013). *Nurses and families: A guide to assessment and intervention* (6th ed.). Philadelphia, PA: F.A. Davis.
- Wright, L. M., Watson, W. L., & Bell, J. M. (1990). The Family Nursing Unit: A unique integration of research, education and clinical practice. In J.M. Bell, W.L. Watson & L.M. Wright (Eds.), *The cutting edge of family nursing* (pp. 95-109). Calgary, Alberta,

Canada: Family Nursing Unit Publications. Retrieved from

<http://dspace.ucalgary.ca/jspui/handle/1880/45100>

Wright, L. M., Watson, W. L., & Bell, J .M. (1996). *Beliefs: The heart of healing in families and illness*. New York, NY: Basic Books.