



National Roundtable Debate

Wednesday 15 January 2020

Hallam View, Sheffield Hallam University, Sheffield, United Kingdom

Should nurses, midwives and health visitors use more family focused interventions to actively promote care of the patient's and client's families?

Information for participants

A roundtable is where a group of participants agree on and discuss and debate a specific topic, usually where there is a need to explore new ideas, new ways of thinking and is an opportunity to think about a subject differently. Each person is treated equally, and everyone has a right to participate, discussing ideas, challenging views and assumptions but with respect and courtesy. The table is usually set out in a circle and chaired by someone who will guide the debate and ensure everyone has the opportunity to speak and share their views.

In some instances, an audience is present who will listen to the debate and then may or may not be invited to ask questions or share their observations at the end of the formal discussion period. In our Family Nursing Roundtable, we have a small invited audience comprising of clinicians, academics and students and they will sit in an outer circle around the discussants and at the end of the formal discussion they will have the opportunity to ask questions or share their thoughts.

The Chair is **Julie Mercer**, a highly experienced professional chair who has chaired other national roundtable discussions in health and medicine. Julie will guide the discussion, keep it focused and on track and has a range of questions she will pose to the discussants to keep the conversation flowing and relevant.

Family Nursing - why and what is it?

Professor Alison Metcalfe

For decades, nursing in all specialties in the UK has focused on improving and developing patient-centred or client-centred care. Highly laudable and imperative to providing care that recognises the patient / client as an individual, with their own values, beliefs, knowledge and experiences. However, some nurses are beginning to recognise that patient-centred care is only the tip of the iceberg in assisting patients / clients to recovery, healing or learning to live with long-term conditions or adjust to life changing events such as childbirth, death



and bereavement. Patients or clients' management of their health, illness and wellbeing is dependent on their most 'significant others', their families and friends or 'relational care'.

Salvador Minuchin, one of the first family therapists once said, "Individuals do not exist." That is because we are all defined by our relationships with others, and it is family and friends who have the biggest influence on us. For better and worse, our relationships define our experiences of health, illness and life changes. Even if we live as solitary adults, our relational experiences as a child and young person will affect our contemporary attitudes to our health and life events.

As healthcare and treatments become increasingly complex, and the supply of health professionals particularly nurses and midwives, finite, there is a growing reliance on relational care, as patients and clients are increasingly expected to manage physical and mental illness and complicated treatment regimen at home. The illness and its treatments can therefore have significant impacts on family members - emotionally, physically and economically. Yet how often are these factors taken into account when patients or clients are discharged home? How are the patients or clients home environments and relationships assessed? All too often, patients and families are discharged only to return to hospital within a short space of time because their family are having difficulty coping. Or longer term, family members themselves often become ill with long-term conditions, including depression and other mental health problems.

In many countries, there is growing recognition of the need for 'family nurses', who care for patients and clients and their families, at all ages from birth to end of life. Family nursing includes assessment of family members' physical and psychological health and wellbeing, the family's capacity and capability to provide care and support for the patient or client and where appropriate, the use of nursing interventions to provide support to the family and to facilitate the family's aptitude and competence managing family members' health and wellbeing during the patient or client's illness. By providing nursing care to families, the impact of the illness on the wider family is managed, preventing long-term problems that can often affect family carers such as depression and fatigue, and even the loss of long-term relationships. All negative outcomes that have been shown to be preventable if families are given appropriate support.

We in the UK and Ireland Chapter of the International Family Nursing Association, are not suggesting that a new branch of nursing is required, but that nurses from across disciplines should be developing their skills in working with families, whether that is working with the family who has a child affected by



asthma, or a young person with schizophrenia, or supporting the family where an adult is diagnosed with cancer or an older person has developed dementia. In some cases, it is about supporting families to cope with life changing events such as birth, death and bereavement, where we know that for example helping both parents form strong attachment bonds with their new born infant significantly improves the child's health, socio-psychological and educational outcomes as they grow up.

Families are also the sources for most preventative health care. The attitudes and beliefs about health and illness are often derived from within our own families and it is therefore essential that as nurses when working with patients and their families, we engage with them to understand their experiences of health and illness and the cultural perspectives that drive these.

Caring for the family can empower the family to manage illness more effectively, and with less impact upon family life. Family-based interventions have been shown to be effective in assisting families to adapt to living with illness where they have previously struggled to cope. We are suggesting that with family-centred nursing, many families can be supported to help them adapt to managing their health, illness and life changing event before it gets to the point where the family reach crisis or breakdown.

Through the financial support of Health Education England, we want to take this opportunity to ask this important question:

Should nurses, midwives and health visitors adopt a more family focused aspect to nursing, midwifery and health visiting and use more family focused interventions to actively promote care of the patients' and clients' families? And if so, what would be the implications for nursing, midwifery and health visiting across the life course?