

ORIGINAL PAPER**How Resource-Enhancing Family Nursing is Realized by Finnish Parents?
An Intervention Study****Hanna-Mari Tanninen, PhD (c), MNSc, RN**

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Abstract

Background: Parents face several issues related to health and well-being in their everyday lives, which challenge their psychosocial resources. However, the topic of resource-enhancing family nursing at families' homes remains little studied.

Aim: The aim of this study is to describe the cooperative relationship between parents and a family nurse and to evaluate the benefits of resource-enhancing family nursing discussion as an intervention carried out at home.

Methods: Families with young children in need of early support (n=26) participated in the empirical study. Research data were gathered from parents via a semi-structured questionnaire after the family nursing period had ended. The data were analyzed by using descriptive statistical methods.

Results: Parents and the family nurse worked together in a natural way and parents were able to rely on the nurse's proficiency. The family nurse had enough time for the families and was able to correctly understand different family conditions. The intervention eased everyday life in the families, increased internal interaction and improved parents' peace of mind. Families were able to avoid mental health problems and divorces or break-ups in their relationships.

Conclusion: Resource-enhancing cooperative relationships and family nursing interventions can be used to support families with children in an early stage and prevent the escalation of problems and method of work helps families identify their needs for support more clearly than previously.

Keywords: cooperation, family nursing, intervention, parents, prevention, psychosocial support, resource-enhancing

Introduction

The goal of family nursing is to promote the health and well-being of children and families (Cleek et al., 2012). The preventive approach and early support for family nursing emphasizes resource enhancement (Aston et al. 2006), referring here to the recognition of families' own experiences and views of their needs in their life situations (Cleek et al., 2012, Kirkpatrick et al., 2007).

Resource-enhancing early support is enabled by cooperative relationship between parents and a family nurse aiming to support families to recognize and utilize their existing resources and find new resources throughout the therapeutic discussion. "Family nurse" refers here to a nurse who has specialized and been educated in family work (Kirkpatrick et al., 2007). The features of balanced cooperative relationship include mutual respect, trust, (Heaman et al., 2007, Briggs 2006) equality, and positive approach (Epley, Summers & Turnbull 2010, Aston et al., 2006). A cooperative relationship includes encouraging patients and urging them to act, giving parents positive feedback (Cleek et al., 2012) and noting and listening to family members' individual needs. Parents consider their living conditions and family matters are a sensitive topic. They often try to get by on their own for a long time before talking about their worries to a family nurse. Broaching the issues requires that parents are encouraged and have previous positive experience of support provided by family nurses (Kardamanidis, Kemp & Schmied 2009).

According to parents, intellectual maturity, friendliness, and honesty (Kirkpatrick et al., 2007), as well as having a trustworthy, genuine, warm, empathetic, and caring-oriented family nurse promote the success of cooperation (Aston et al., 2006, Briggs 2006, Jack, DiCenso & Lohfeld 2005) Moreover, parents have valued family nurses' good interactive and collaborative skills (Kardamanidis, Kemp & Schmied 2009, Aston et al., 2006) and the practical support they have received (Nguyen et al., 2011). On the other hand, cooperation has in the past been weakened by, for example, a family nurse's overtly intense and inquisitive method of work, (Rots-de Vries et al., 2011) which has diminished parents' commitment and participation. Parents have also found it stressful if the family nurse assigned to

them has been replaced (Heaman et al., 2007).

Cooperative relationships have been conducted at family homes (McCabe et al., 2012, Moss et al., 2011) or family health care centers by family nurse visits, individual health appointments (Rots-de Vries et al., 2011) and group activities (Thome & Arnardottir 2013, Häggman-Laitila & Pietilä 2009, McDonald et al., 2009). In addition, information technology (Salonen et al. 2011), and guidance offered by telephone (Milgrom et al., 2011) have also been utilized. Working in family homes has been considered to have enabled a natural and safe environment for care that secures the privacy of families (LeCroy & Krysik 2011, Kardamanidis, Kemp & Schmied 2009).

Parents' needs for support have decreased with early support interventions and there have been positive changes in their lives. For instance, parents have strengthened their sense of coping with parenthood (Thome & Arnardottir 2013) and increased their know-how on bringing up and taking care of children (LeCroy & Krysik 2011). Moreover, interaction within families has improved and mistreatment and neglect of children has decreased in families (LeCroy & Krysik 2011). There has been improvement in mothers' mental health and satisfaction with their parenthood and stress has decreased (Thome & Arnardottir 2013). However, even though the cooperative relationship between family nurses and families is considered pivotal for the success of the resource-enhancing method of work, only few studies have been published on the topic. In addition, there are only some studies regarding the effectiveness of resource-enhancing method of work evaluated by families and focused on family nurse experiences of the use of the method (Kardamanidis, Kemp & Schmied 2009, Heaman et al., 2007).

Aim

The aim of this study is to describe the cooperative relationship between parents and a family nurse and to evaluate the benefits of resource-enhancing family nursing discussion as an intervention carried out at home. The research questions are:

- i. How did parents assess their cooperative relationship with the family nurse?
- ii. What are the benefits of resource-enhancing family nursing for parents?

Methods

Description of the family nursing intervention

The goal of the resource-enhancing discussion intervention was to help families use the resources of their individual members and to support the family as a unit. The family nurse worked with the whole family, although there were also families in which only some members needed support.

The McGill Model of Nursing (Gottlieb & Gottlieb 2007, Feeley & Gottlieb 2000) was used as a theoretical basis for the discussions. According to the model, interventions were based on the assumption that families have the requisite resources and abilities to develop themselves and to solve their problems. Resource-enhancing discussions were specifically goal-oriented and future-oriented. Families themselves defined the matters and habits that were significant to them. The family nurse listened to the family and respected their stories. She took family members seriously and helped families use the resources of their individual members, the family as a unit, and also external resources. Three strategies were implemented in the process: identifying resources and providing feedback, and developing and acquiring resources.

Discussions held for identifying resources (Gottlieb & Gottlieb 2007, Feeley & Gottlieb 2000) were concerned with past resources, the functional solutions of everyday life, favorable changes, exceptions and differences in everyday life, the availability of support, and prospects for the future. By noting and providing feedback to families, the nurse offered families a new perspective on themselves. Moreover, the feedback provided to families was accurate and authentic. Three methods were used for developing families' internal resources: helping families transfer the use of a resource from one context or experience to another, turning a shortcoming into a resource by cognitive reframing, and developing competency. There are also three means that can be used to get external resources to the family: identifying resources (for instance, by network maps, family trees and

network meetings), mobilizing and using resources effectively, and regulating the input of resources. Discussions enable families to define the matters and habits that are significant to family members.

Families as participants

Families were clients of a family nurse in two small municipalities of southern Finland. In total, 28 parents from 26 families participated in the study. The family members comprised of 56 children, 25 mothers, and 3 fathers (Table 1). The children did not participate in the service evaluation. 24 parents shared joint custody of their children. There were 3 single parents, two female and one male.

Public health nurses (40%), social workers (30%), day care centres (7%) and home help services (3%) had referred the families to the service. In some cases, the families (20%) had heard about resource-enhancing nursing from their friends, relatives, or the media. The families made the decision about their participation.

Working by family nurse

The family nurse was a woman who had trained as a public health nurse and family therapist. The family nurse worked with the families for a total of 842 hours. On average, each family was visited 21 times and the average working time was 35 hours per family. Depending on the families' need for support, the family nurse visited them 1–43 times, mainly in their homes. The families were involved in this customer relationship for 0 to 19 months (7.9 months on average).

Resource-enhancing discussions were carried out in all family meetings either separately or together with all family members. Other methods supporting the discussion included video guidance (56% of the families), constructing a family tree (31%) and parents' role map (27%), network cooperation with close relatives of the family and authorities (19%), mother-child group activity (12 %), and observation of family conditions (4%).

Table 1. Background information of families'.

Background information	n	%
Mothers (n= 25)		
(mothers') age		
17-20 years	2	8
21-25 years	2	8
26-35 years	12	48
36-47 years	9	36
Mean 32.4 Std. Deviation 7.9		
Fathers (n=3)		
(fathers') age		
35-37 years	2	67
38-40 years	1	33
Mean 37.3 Std. Deviation 2.5		
Children (n=56)		
(children's) age		
0-1 years	10	18
2-4 years	19	34
5-7 years	14	25
8-16 years	13	23
Mean 4.75 Std. Deviation 3.7		
Number of children in families (n=26)		
0-1 child	8	31
2-3 children	16	61
4-5 children	2	8
Mean 1.77 Std. Deviation 0.60		

Data collection and analysis

Data of the intervention were collected by three different methods in 2004–2005, and the results of two data have been published previously (Häggman-Laitila, Tanninen & Pietilä 2010, Tanninen, Häggman-Laitila & Pietilä 2009). The data were collected by a semi-structured questionnaire for the present article. The questionnaire was developed and tested during the Families with Children Project (Häggman-Laitila 2003) and contained 12 structured questions, 7 open-ended questions, and two Likert-type scales. Open-ended questions were asked about support needs (questions 13–15), the benefits of family nursing (questions 16–17) and discussions with family nurse (questions 18–19). Two Likert scales were used to ask about cooperation with the family nurse. The scale was: 0, does not concern me; 1, negative relevance; 2, fairly negative relevance; 3, no relevance; 4, fairly positive relevance; 5, positive relevance. The other Likert scale asked about the realization of cooperation and used an assessment scale ranging from 4 to 10 (4 = very poor; 10 = excellent). The data were analyzed by descriptive statistical methods using SPSS for Windows 19.

The frequencies were calculated and expressed as percentages. The answers of open questions were calculated manually. The answers were of one or at most a couple of words in length.

Ethical considerations

This study was conducted according to the research ethical guidelines of the Finnish Advisory Board on Research Integrity (2012). The study received administrative approval from the participating communities. According to the Finnish law (1999/488, 2004/295, 2010/794), this type of study does not need approval from an official research ethics committee.

The participants were informed that the participation was voluntary, free of cost, and could be interrupted at any given occasion. The parents were told that they or their family could not be identified from the data.

The family nurse was not part of the research group and did not contribute to the data analysis. The researcher (H-M T) gathered the empirical data, analyzed it, and took care of the preservation of data after the intervention. The other researchers designed the study and

participated in it by giving instructions and reporting on the research.

Results

Cooperative relationship between parents and a family nurse based on empirical study

The family nurse worked with families at their homes (n=21) or at an office in a social and health center (with five families). All families worked with the family nurse and five of the families received additional support from a family service network that consisted of professionals in services specifically aimed at families with children.

At the beginning of the family nursing intervention, approximately half of the parents (n=14) wished for help in the form of listening and discussing with the family nurse. At the end of the intervention, more than half of the parents (n=17) evaluated that they had indeed received support in the form of listening and discussing. At the beginning of the intervention, five parents hoped to get practical advice for coping better with everyday life. At the end of the intervention, all parents evaluated that they had received support for this.

The mean for the success of the family nurse's work was 9.6 (variance 9–10). The parents expressed that they had met with the family nurse as many times as they needed. One family indicated that they would have wanted more appointments with the family nurse.

The parents estimated what was best about having resource-enhancing discussions with the family nurse. Five families considered the social support of the family nurse and the fact that she could be relied on to be the best about the experience. Many were also satisfied with the openness, encouragement received from the family nurse, equal treatment, and the advice and tips for everyday life. Two parents highly valued the compassion and empathy of the nurse and the fact that she listened to parents' stories and found new perspectives with them. Fifteen parents found it most difficult to deal in the resource-enhancing discussions with the family nurse. The issues concerned families' internal unpleasant and painful issues. Eight parents had difficulty in processing their own emotions, and four parents considered self-assessment the most difficult aspect.

The majority of parents (n=22) evaluated that the cooperative relationship with the family nurse

felt natural, the family nurse had enough time for them in the meetings, and parents received support for their issues where they needed the most help. These topics were realized very successfully during the interventions. The parents (n=21) were able to rely on the professional skills of the family nurse, and she sufficiently immersed herself in the families' causes. More than half of the parents (n=18) evaluated that the family nurse correctly understood their situations, and many of them (n=15) stated that the family nurse increased their confidence in their own resources and encouraged them to find their own solutions. Parents (n=14) evaluated that they clearly agreed with the family nurse on the aims of family nursing.

The benefits of family nursing

Previously received support and needs for support in the future

Participants evaluated their own life conditions on a scale of 4–10. At the beginning of family nursing, the average score for families' living situations was 5.8 (variation 4–8.5). At the end of family nursing, the average was 8.6 (variation 7–10).

Fourteen families had previously received external support, while less than half of the families (n=12) had not been given external support before. At the end of the family nursing period, three parents estimated that they continued to require outside support, and half of the parents (n=13) evaluated that they might have a need for external support in the future. Support will still be needed in issues related to children's upbringing, parenthood, getting therapy services for children, family livelihood, caring for children and family home, mending parents' relationship, and children's custody and visitation issues. Ten families evaluated that they will no longer need outside support in the future.

According to all parents who took part in the study, the intervention had positive benefits on their coping with everyday life. Nearly all families estimated that family nursing increased interaction within families, gave parents peace of mind, supported raising children and handling the task of parenting, and provided tools for their own mental growth. Parents evaluated that family nursing also had positive benefits on planning their lives, taking care of their relationship, coping with everyday life as a family, and returning to work.

Table 2. Cooperative relationship between parents' and a family nurse in preventive family nursing.

Original expressions taken from evaluation form	f		%	
	very well	well	very well	well
Cooperative relationship with the family nurse felt natural	22	4	85	15
Family nurse had enough time for me in the our meetings	22	4	85	15
I was supported in the issues where I needed the most help	22	4	85	15
I was able to rely on the professional skills of the family nurse	21	5	81	19
Family nurse sufficiently immersed herself in my case	21	5	81	19
Family nurse correctly understood my situation	18	8	69	31
I got to have an influence on the issues we discussed with the family nurse	15	11	58	42
I increased my confidence in my own resources	15	11	58	42
I was encouraged to find my own solutions	15	11	58	42
We clearly agreed with the family nurse on the aims of family nursing	14	12	54	46

Table 3. Families' assessments of the benefits of family nursing (n= 26 families).

	n	%
Coping with everyday life	26	100
Increasing intra-interaction within family	25	96
Parents' peace of mind	23	89
Getting support to raise children and handle the task of parenting	22	85
Provide tools for personal mental growth	22	85
Planning of one's own life	19	73
Parent's relationship as a couple	19	73
Daily rhythm of family	13	50
Employment situation	12	46
Children's custody and visitation issues	8	31
Education and schooling situation	6	23
Prevention of domestic violence	6	23
Personal coping with caring for children	5	19
Family's financial situation	3	12
Controlling parents' substance use	1	4

Nearly all parents (n=25) anticipated the issues that they were able to avoid with the support they got from family nursing. More than half of the parents (n=16) evaluated that they avoided

difficult life situations. Eight parents mentioned that they avoided anxiety or increased pressure, and one parent estimated having avoided depression.

In addition, parents (n=17) evaluated which problems were avoided in the families with the help of the support that they received. Parents estimated that their families were able to avoid mental health problems (n=11), break-ups or

divorces (n=4), disputes related to children's custody and visitation rights (n=3), and difficult life situations (n=3). According to one parent, their family was able to avert emotional trauma.

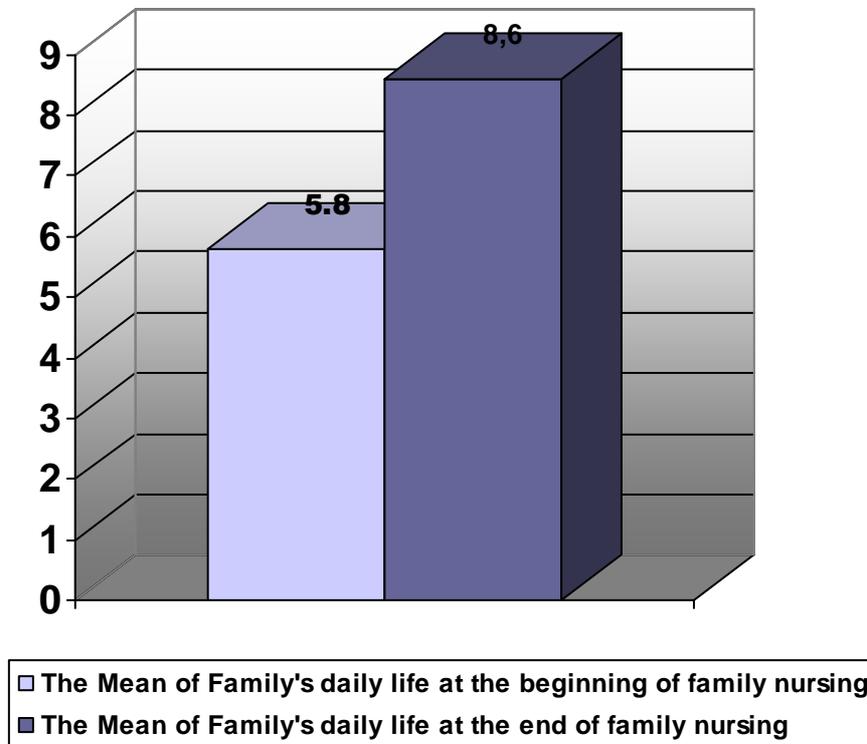


Figure 1. Parent's assessments of their family's daily life.

Discussion

This study provided new information on resource-enhancing family nursing discussions between parents and a family nurse, and the benefits of family nursing at families' own homes. In our study, the concept of resource enhancement operationalized the identification of families' health- and well-being-related issues in everyday life. Despite the age of our data, acquitting information about preventive family nursing research on parents' psychosocial resources remains topical, but has been little studied (Liu et al. 2012, Kardamanidis, Kemp & Schmied 2009).

Based on our empirical data, parents were pleased with the cooperative relationship and support with the family nurse. The results are in line with previous studies (Kardamanidis, Kemp & Schmied 2009, Aston et al. 2006). Successful cooperative bond is founded on personal qualities of the family nurse, such as their ability to the

genuine, friendly and empathetic, and engaged in reliable communication. The successful cooperative relationship contains the respect, support, and encouragement of parents and parenthood (Rossiter et al. 2012). In our study, parents emphasized the importance of sufficient amount of time for meetings. Parents also found it most difficult to deal with issues concerned with their own unpleasant and painful issues, had difficulty in processing their own emotions, and considered self-assessment to be the most difficult aspect.

The benefits of the family nurse intervention were that the family nursing resulted in an increased well-being and health in the families (Thome & Arnardottir 2013, Olds et al. 2010, Häggman-Laitila et al. 2010) and families' experiences of support (Brown & Feinberg 2012, Liu et al. 2012). Parents evaluated that their quality of life was improved during the intervention and that the

family nursing had had a positive impact on the interaction within the family, parenthood and upbringing and care of children (Häggman-Laitila et al. 2010). Taking into account parents' relationship situations and the importance of supporting the relationship also emerged in this study. In previous studies, the relationship conditions of parents have also been recognized (Brown et al. 2012, Feinberg et al. 2010). Additionally, parents' relationships became stronger and family nursing decreased parents' use of intoxicants (Olds et al. 2010, Häggman-Laitila et al. 2010).

Positive results on the effectiveness of resource-enhancing family nursing gained from different cultures indicate that the method is well-suited for early support of families with children (Milgrom et al. 2011). More than half of the parents indicated in this study that they continued to need external support after the family nursing period had ended. Families either indicated that the support they got in the intervention was not sufficient to them, or that the resource-enhancing method exposed new needs for support during the intervention.

There will be several challenges for research. Based on previous studies, family nursing requires sufficient work experience (Heaman et al. 2007, Häggman-Laitila 2005), but also education (Ertem et al. 2009) to recognize needs for support and to be able to broach topics. Nurses' professional competences as workers and the ethical challenges connected to the resource-enhancing method of work have to be studied. There remains an obvious need for making the preventive resource-enhancing working model visible regarding its structure and process (Hawkins et al. 2008). More information on the effectiveness of the resource-enhancing method of work (McCabe et al. 2012, McLachlan et al. 2011,) is also needed for structured and sustainable nursing practice. In spite of increased interest in the variety of family structures' forms and social networks, there is a need for a focus on families' natural networks as relatives, friends, and other next of kin as a part to supporting families' enhancement of resources. In addition, there is a growing need for studying the effectiveness of interventions that take the whole family into account and to emphasize interaction in interventions.

Limitations

The small sample size is a limitation for this study. In addition, the participants volunteered to participate in family nursing and, hence, there was no attempt at randomization. Furthermore, the fact that the number of fathers was smaller than that of mothers among the participants complicated the assessment of the overall family situation. The evaluations are founded on an intense and fairly long-lasting cooperative relationship with the family nurse and this can be said to increase the reliability of results.

Parents filled in the evaluation questionnaire on family nursing immediately at the end of the intervention when their experiences could still easily be relived. The questionnaire form was a measurement tool developed in a group of experts and had been previously tested. Its contents had their premises on qualitative analysis on the efficacy of family nursing and cooperative relationship with family nurses (Häggman-Laitila 2005, Häggman-Laitila 2003). The reliability of data collection was enforced by a close cooperative relationship between the research group and the family nurse during the data collection.

The results can be considered reliable in this context, but it is necessary to be critical of generalizing or extrapolating based on them, as the results are founded on the support given by one well-trained nurse. The nurse's personal working style and orientation, individual characteristics, and ability to establish a confidential relationship affected the participants' experiences.

Conclusion

Resource-enhancing discussion as an intervention is an essential method for empowering parents and benefitting families. Resource-enhancing cooperative relationships and family nursing interventions can be used to support families with children in an early stage and prevent the escalation of problems. This method of work helps families identify their needs for support more clearly than previously. However, more research is needed to provide

stronger evidence on the benefits of the family-oriented approach in family nursing. Resource-enhancing family nursing should involve all members of families, including the less-studied fathers and children. Fathers should be encouraged to also participate in the service evaluation and informed that this is very important for the development of the content of family nursing. In the future, family nursing working practices and interventions need to be examined by different methods, e.g., by videotaping discussions. It would also be important to study what kinds of skills and knowledge family nurses will need for applying the resource-enhancing approach.

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