

Concept Analysis of Family Nursing Practice by Certified Nurse Specialists in Family Health Nursing

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Abstract

Objective: This study aimed to conceptualize the family nursing practice performed by certified nurse specialists in family health nursing (CNSFs) in Japan.

Method: This study was designed using the Rodgers' concept analysis method as a reference. Research papers regarding CNSFs, including those that focused on "advanced practice," "coordination," "consultation," "ethics," "training," and "research," were searched using a website launched and operated by the NPO Japan Medical Abstracts Society. A total of 46 documents were used as study data, including four research papers, 25 commentary/supplemental documents, and 17 academic meeting proceedings. Relevant descriptions were extracted from the collected literature according to "attributes" that constituted the concept (i.e., concept of family nursing practice performed by CNSFs), "antecedents" that arose prior to the occurrence of the concept, and "consequences" that could occur as a result of the concept. Extracted data were coded and categorized according to their commonalities and dissimilarities.

Results: Four categories each were extracted for antecedents, attributes, and consequences. This study demonstrated that the family nursing practice performed by CNSF is a "backup support for a family to reorganize relationships and build self-care capabilities" through "realization and assessment of a family's actual needs." The practicing CNSFs also played the role of an "agent of organizational reform" by providing "consultations and being role models for other nurses."

Discussion: The study demonstrated that the family nursing practice performed by CNSFs in Japan can be viewed as a coordinative intervention for a patient's family, which assesses the whole system, including not only the patient's family members but also the family as an organization. It is an organizational intervention, as well as a support practice, to assist the family in building self-care capabilities.

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Introduction

Japanese medical facilities have recently been performing work-related reforms to reduce the long working hours faced by healthcare workers. Due to these reforms, the expectations and roles of nurses are growing in order to establish and maintain a sustainable medical service system while securing service quality and safety. In addition to doctors, certified nurse specialists (CNS) or nursing practitioners with highly expert knowledge and skills play the role of leaders in the medical setting. The Certified Nurse Specialist in Family Health Nursing (CNSF) system was established in 2008. In contrast to other CNSs who engage in nursing practices that only target patients, CNSFs are specialists who attend to the "family members as a group of people living together" beyond the clinical frame of specific development stages, diseases, and fields. Therefore, the roles and practices of CNSFs vary widely because of the expertise required of them in their interdisciplinary practice. CNSFs are also required to attend to the patient's entire family, and many of them acquire additional sub-specialties to perform advanced practice, consultation, and inter-organizational coordination. In addition, they often tackle highly challenging cases by collaborating with specialists in different fields.

The focus on medical treatment settings in Japan has recently shifted from hospitals to patients' homes so that patients can comfortably live with their family while managing their diseases and disabilities. There is a need for medical practices involving patients who require palliative care, such as terminal care for patients with intractable

disease or refractory cancers, to support the entire family of the patient. In response to this trend, Japan has spread the idea of a comprehensive community care system as a national policy, leading to an inclination toward family nursing that includes nursing from broader perspectives, including the community and family, rather than limiting nursing to patients alone.

Family nursing aims to position a patient's family in the circle of the patient-family-community and to support the family as a whole, comprehending it as a complex and multidimensional care subject [1]. It is defined in the United States as "the process of providing for the health care needs of families that are within the scope of nursing practice [2]." Family health nursing views patients and their families as a system and considers both to be the subject of their nursing-related attention. However, details of a CNSF's actual activities and nursing practices have not yet been clarified.

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A research paper on the concept analysis of consultation practice by CNS in cancer nursing [3] was published in concept studies regarding the practice of CNS in Japan. Similarly, an attempt at concept extraction aimed to enhance a patient's family's self-care capabilities was made by CNSs in psychiatric mental health nursing and CNSs in child health nursing [4]. While studies of family nursing practice often arise in clinical settings, the majority of these studies do not focus on conceptualization, as most are case studies using family assessment/support models, few of which have presented results sufficient to conceptualize the characteristics of family nursing practice. The idea of family health nursing is derived from the core concept of Japan's unique family culture, which is in line with each family's values, and does not reflect professional practices. Therefore, this study aimed to clarify the practices of CNSFs, of which limited findings have been made previously, in order to conceptualize and obtain evidence of their role in family health nursing.

Objective

This study aimed to clarify the concept of family health nursing performed by Japanese CNSFs through a literature review.

Definition of the Terms

Family nursing practice: Any intervention/involvement conducted by CNSFs, including "advanced practice," "coordination," "consultation," "ethics," and "training."

Method

Study design

B. L. Rodgers' approach was employed in this study to clarify the concept of family health nursing practice by CNSFs. Rodgers' philosophical foundation was based on the idea that a concept changes over time according to age and context. This is called the "evolutionary view [5]," which is considered subjective and changes constantly. Hamada also pointed out that "concept analysis is a method to self-reflect a given context in an attempt to develop a better, more useful concept [6]." In this sense, Rodgers' approach was considered the most appropriate to clarify family nursing practice conducted daily in clinical settings from an evolutionary view.

Data collection and analysis methods

The target concept was set as the practices of CNSFs in Japan, and research papers focusing on practices by CNSFs, including "advance practice," "coordination," "consultation," "ethics," and "training," were searched using a website launched and operated by the NPO Japan Medical Abstracts Society. The web search was conducted using the keywords "family health nursing" and "certified nurse specialists" to include all documents of research papers, proceedings, and commentary/supplemental documents containing descriptions of the contents of nursing practices conducted by CNSFs. The search scope was set for documents published in and before December 2018. The four exclusion criteria were set as follows: 1) documents that did not contain specific descriptions of practice activities, such as documents consisting of symposium, workshop, and meeting summaries; 2) documents that only contained commentary or were review articles; 3) documents regarding the professional education of CNSFs; and 4) documents whose contents were not limited to the practices of CNSFs. During the selection

process, each co-investigator of this study performed a literature search of the database, and all investigators thoroughly read the extracted documents, focusing on the context of "practice of CNSFs" before conducting the analysis. A datasheet was prepared for extracting descriptions regarding relevant concepts (i.e., concept of family nursing practice performed by CNSFs), namely, "attributes" that constituted the concept, "antecedents" that arose before the occurrence of the concept, and "consequences" that could occur following the occurrence of the concept. The extracted contents were coded and categorized according to their commonalities and dissimilarities. In the following sections, the categories are enclosed in [], and the sub-categories are enclosed in < >.

Results

The search targets resulted in 68 documents in total, including eight research papers, 31 commentary/supplemental documents, and 29 proceedings of academic meetings. Among these 68 documents, 22 agreed with the exclusion criteria and were therefore removed, resulting in a total of 46 documents. These included four research papers, 25 commentary/supplemental documents, and 17 academic meeting proceedings, which were investigated in this study. All 68 documents were set as the statistical population, and the included 46 documents of this population (68%) were analyzed. Based on the results of the analysis, four categories each were extracted for attributes, antecedents, and consequences (Table 1).

Attributes

The results indicated that the family nursing practice by CNSFs was a [backup support for a family to reorganize relationships and build self-care capabilities] through [realization and assessment of a family's actual needs]. The practicing CNSFs also played the role of an [agent of organizational reform] by providing [consultations and being role models for other nurses].

[Realization and assessment of a family's actual needs] is a process to organize a family's information, including their values, so it can be viewed from a broader perspective in order to perform a comprehensive assessment. In other words, it is a process of <realization of a family's actual needs> and <re-evaluating the necessity of family intervention> through an assessment.

[Backup support for a family to reorganize relationships and build self-care capabilities] emphasizes the position of CNSFs in family nursing practice. In order to provide this support, CNSFs must first <reduce any psychological distance between them and the family> in order to provide an in-depth family assessment. To this end, CNSFs should become the next closest members of the family by providing affirmations, accepting the emotional expressions of family members, and attending to their needs. By doing so, they can better understand what is going on in a family and can be more equipped to <restore closeness among family members> and adjust to the emotional differences among family members. Specifically, CNSFs should be agents or spokespersons who adjust the balance within a family. By maintaining a neutral yet welcoming stance, CNSFs can contribute to <re-coordinating relationships among family members>. After constructing a stable relationship with a family, CNSFs begin working on enhancing the family's self-care capabilities. In this sense, they can be viewed as agents that provide <backup support for a family's self-care practice> by improving a family's physical, mental, and socio-functional conditions, in order to have a positive impact on their daily lives.

	Category	Sub-category
Antecedents	Assessment of the necessity for a highly difficult direct intervention to a patient family	Re-confirm the necessity of case studies
		Assessment results indicate that the target family is in danger
		Necessity of decision-making by the family
	Relationship entanglements among family, both between family members and with medical practitioners	Relationship deterioration among family members
		Relationship disagreement between medical practitioners and the family
		Care for the resulting complaints or anger between medical practitioners and the family
	Support for nurses who attend to a patient's family in resolving their sense of difficulties	Support for nurses who have difficulties in assisting a patient's family
		Support for nurses who feel they do not have enough time for family nursing practice
		Support for nurses who feel the relationship with a patient's family is stressful
	Necessity of coordination between the medical system, which includes medical ethics and conflicts, and the family system	Care for ethical issues
		Support requests from experts in different fields who have problems attending to patients family
		Necessity of coordination/collaboration between medical practitioners
		Occurrence of conflict between medical and family systems
Attributes	Realization and assessment of a family's actual needs	Realization of a family's actual needs
		Re-evaluating the necessity of family intervention
	Backup support for a family to reorganize relationships and build self-care capabilities	Reduce any psychological distance between them and the family
		Restore closeness among family members
		Re-coordinating relationships among family members
		Backup support for a family's self-care practice
	Consultations and being role models for nurses	Provide consultations to nurses regarding a family's problems
		Role model of family intervention
		Training to enhance family health nursing capability
	Agent of organizational reform	Building relationships among medical practitioners
		Provide resources for the enhancement of responsive actions
Consequences	Emotional changes and deepening of relationships with the family	Changes and deepening of the family's perspectives
		Restoration of relationships among family members
		Deepening of communication between family members
		Emotional stability resulting from family crisis
		Changes and stability of the patients themselves
	Enhancement in a family's coping capacities and realization of decision-making	Reduction of complaints
		Realization of a family's decision-making
		Empowerment/enhancement of a family's coping process
	Levelling-up nurses' skills for attending to a family	Enhancement of skills in attending to a family
		Skills to perform informed consent
		Levelling-up of communication skills
		Increasing motivation of nurses
	Cultural changes in medical practitioners/facilities	Environmental changes in medical practitioners/facilities
		Enhancement of interdisciplinary collaborations
		Positive effects on medical systems

Table 1: Concept analysis of family nursing practice by CNSFs.

[Consultation and being role models for other nurses] includes performing activities that support other nurses (i.e., non-specialist nurses and nurses of other specialties) during the course of a family intervention. By <providing consultations to nurses regarding a family's problems>, which may also include consultations performed on a daily basis, CNSFs can help medical staff deepen their understanding of a target family. In addition, being a <role model regarding family intervention> for the medical staff can help change the staff's views regarding the target family and can help them plan a family intervention with more ease. This practice of <training to enhance family health nursing capabilities>, leading to an increase in a medical team's knowledge and clinical growth eventually increases

the team's family health nursing capability. In other words, it is a practice of guiding the course of family health nursing interventions and improving the practical skills of medical staff in family health nursing.

An [agent of organizational reform] is supposed to manage <building relationships among medical practitioners> by assuming an intermediary role to coordinate intra-organizational issues. To this end, CNSFs are required to <provide resources for the enhancement of responsive actions> for those who require it and to play the role of a spokesperson or core person in an organization that engages in organizational reform.

Antecedents

Family health nursing practice by CNSFs begins with the [assessment of the necessity for a highly difficult direct intervention to a patient's family]. Direct intervention to a patient's family can cause [relationship entanglements among family, both between family members and with medical practitioners], which require CNSFs to [support nurses who attend to the patient's family in resolving their difficulties]. In other words, family health nursing by CNSFs is a practice that starts when the assessment results indicate the [necessity of coordination between the medical system, which includes medical ethics and conflicts, and the family system].

[Assessment of the necessity for a highly difficult direct intervention to a patient's family] is a process by which CNSFs <re-confirm the necessity of case studies> or educational involvement for themselves during consultation in challenging cases. This occurs after CNSFs re-confirm that the <assessment results indicate the target family is in danger> or when they re-confirm the <necessity of decision-making by the family>.

[Relationship entanglements among family, both between family members and with medical practitioners] is confirmed when CNSFs notice a <relationship deterioration among family members> and decide that coordinative intervention for the family members is required. It could manifest not only among the family but also as a <relationship disagreement between medical practitioners and the family>. The necessity of the action of CNSFs arises when a vicious circle is formed between medical practitioners and the family, such as the labeling of the family as problematic by medical practitioners or medical practitioners viewing the family's request as complaints. If the situation deteriorates, it will lead to <resulting complaints or anger between medical practitioners and the family>, and the practice of CNSFs include taking action against the deteriorating situation.

[Support for nurses who attend to patients' families in resolving their problems] occurs when nurses who have difficulties involving the patients' family's needs. The necessity of the CNSFs' involvement in this regard occurs in order to <support nurses who have difficulties in assisting a patient's family> or <nurses who feel they do not have enough time for family nursing practice> in their daily practice, in order to attend to the needs of the patient's family. In particular <support for nurses who feel the relationship with a patient's family is stressful> is an essential part of a CNSFs' practice.

[Necessity of coordination between the medical system, which includes medical ethics and conflicts, and the family system] arises when ethical issues occur between medical practices and the family's specific beliefs, or when each system, including medical organizations and family, requires coordination. In particular, <care for ethical issues> often occurs within the decision-making process of treatment/care planning and requires careful coordination with experts in different fields. During this process, CNSFs also attend to <support requests from experts in different fields who have problems in attending to a patient's family>, is not only limited to matters of the family but also to those related to the <coordination/collaboration between medical practitioners>. Resolving <inter-system conflicts> is an essential part of family nursing practice.

Consequences

The outcomes that occurred after a CNSFs performs family nursing practice included [coordination/collaboration between medical

practitioners], [enhancement in family's coping capacities and realization of decision-making], [levelling-up in nurses' skills for attending to a family], and [cultural changes in medical practitioners/facilities].

The achievement of [emotional changes and deepening of relationships with the family] was achieved by family health nursing practice conducted by CNSFs. Notably, this outcome exhibited <changes and deepening of the family's perspectives>, led to the <restoration of relationships among family members>, along with the <deepening of communication between family members> and <emotional stability resulting from family crisis>, all of which resulted in <changes and stability of the patients themselves>.

The [enhancement in family's coping capacities and realization of decision-making] was indicated by a <reduction of complaints> from the family and led to families having viewing nurses positively. In other words, the family accepted the present situations as they were, and their focus shifted to the <realization of family's decision-making>. This change could be viewed as an <empowerment/enhancement of the family's coping process>.

The [levelling-up in nurses' skills for attending to a family] led to the <enhancement of skills in attending to a family> of nurses who perceived involvement with the family or family health nursing practice as their weakness, and also led to the <levelling-up of the communication skills>. The resulting mutual communication with the family enhanced nurses' <skills to perform informed consent>, leading to the <increased motivation for the nurses> due to their successful experiences interacting with patients' families.

In the process of [cultural changes in medical practitioners/facilities], the positive effect of the <enhancement of the interdisciplinary collaborations> was observed through the practice of CNSFs who assumed the role of an agent in improving mutual coordination, cooperation, and collaboration with experts from different fields. In addition, <environmental changes in medical practitioners/facilities> occurred, which in turn spread through the system as <positive effects on the medical system>.

Discussions

The CNS system was first discussed in the 1980s, mainly by the Japanese Nursing Association, and was established in 1984 through a series of conferences between academic societies in the nursing field and relevant professional associations. The goal of the CNS system is to contribute to the development of health, medical care, and welfare, and to enhance the quality of nursing by training and dispatching CNSs, who have deepened their knowledge and skills in specific fields of nursing, to efficiently provide high-quality nursing care to individuals, families, and groups with complex and difficult-to-resolve nursing problems [7]. The roles of CNSs include: 1) delivering exceptional nursing care to individuals, families, and groups; 2) providing consultation to caregivers, including nurses; 3) coordinating among those involved in health, medical care, and welfare to ensure smooth provision of necessary care; 4) resolving ethical issues and conflicts to protect the rights of individuals, families, and groups; 5) educating nurses to enhance care quality; and 6) engaging in research activities in practice settings to improve and develop specialized knowledge and skills [7]. In the context of Japanese medical culture, nurses primarily work in hospital-centered medical institutions. However, with the recent impact of an aging

population, a society with a high death rate, and a decline in the working-age population, CNSs are expected to improve medical and care quality as key healthcare professionals. As of 2024, there are more than 3,300 registered CNSs across 14 fields [7]. Nevertheless, the current state of evidence regarding the effectiveness of CNSs in nursing practice is insufficient [8]. This is attributed to the diverse nature of their practical duties, such as general nursing care, coordination, and consultation, which makes their impact less visible to patients, families, and other professionals. Therefore, to expand the role of CNSs, it is essential to clearly demonstrate to the society the advanced nursing capabilities that CNSs possess and practice.

In this context, CNSF was established as the 11th type of CNS in 2008. This raised a debate on whether the family, who is different from patients with medical needs, could be the subject of nursing care. This type of CNS certification is also unique in its wide range of coverage, from pediatrics to geriatrics and from acute care to recovery phases, given that the target is the family and not a sole individual. In addition, the study of family health nursing is relatively young in Japan, since it was first introduced after 1995; thus, it took time for the idea of family health nursing to take root in Japan. Therefore, clarifying the concept of family nursing practice was deemed essential as a guideline for explaining the characteristics of family nursing practice.

In this study, a literature search without time restrictions yielded 68 relevant documents. However, many studies have not specifically addressed actual family nursing practices. Only 46 documents, including papers and academic conference proceedings authored by CNSFs, detailed specific practices. These reports described the key mechanisms of family nursing practice and serve as important resources for future development and clarification of the concept of family nursing practice in Japan. Notably, within the documents targeted in this study, the concept of "system" was emphasized when explaining family health nursing. Using this distinctive term to explain family health, nursing provided by CNSFs was considered most effective, as compared to other practices. Family health nursing involves viewing the family as a system and practicing it with the entire family in focus. Understanding and leveraging the hierarchical relationships within this system is a hallmark of CNSF practice.

Simultaneously, CNSFs discussed their intervention perspectives while being conscious of their positioning within organizations and groups. This approach clearly differs from individual interventions involving distinct assessments and practices. In addition to individual patient assessments, the practice of family health nursing is characterized by considering the subsystems among members, the overall family system, and their interactions with broader social systems. CNSFs conduct their nursing practice by examining these interactions and assessing their functionality. The activities of CNSFs have ripple effects on various organizations, as their care can extend to include larger groups, such as hospital wards, and collaborations with other institutions [9]. Identifying points for intervention, both within small groups such as families and large groups such as society systems, and then translating these insights into practice, is within the scope of practice of CNSFs.

Through concept analysis, this study elaborated on the practice of CNSFs. The results revealed that this practice involves reassessing the difficulties nurses face in engaging with families and adjusting relationships within families, leading to the identification of unique interventions when deemed necessary. This assessment and practice are underpinned by the unique roles of CNSFs, who act both as role

models to enhance a family's self-care capabilities and as agents of organizational change. Walker et al. [10] noted that "the results of concept analysis are provisional, and different researchers may derive various attributes by analyzing the same literature. Concepts change over time and with the experiences of others, and the analyst themselves may also change." Changes in the medical environment surrounding families and societal changes have led to shifts in family health nursing practices. Therefore, evaluating the effectiveness of family nursing practices while incorporating the latest data remains essential and an ongoing challenge for the future.

Competing Interests

The authors declare that they have no competing interests.

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