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**Nursing Best Practice Guideline**  
*Shaping the future of Nursing*

**supporting and strengthening families through expected and unexpected life events**  
supplement

Revision Panel Members

**Catherine Ward-Griffin, RN, PhD**  
**Co-Team Leader**  
Associate Professor  
University of Western Ontario  
London, Ontario

**Claire Mallette RN, PhD**  
**Co-Team Leader**  
Chief Nursing Officer  
Worker's Safety and Insurance Board  
Toronto, Ontario

**Holly Quinn RN, BScN**  
Director of Clinical Programs  
Bayshore Home Health  
Mississauga, Ontario

**LeeAnne Rankin-Greene, RN, BScN(c)**  
Staff Nurse  
Royal Victoria Hospital  
Barrie, Ontario

**Maria Rugg RN, BScN, MN, ACNP, CHPCN(c)**  
Clinical Nurse Specialist  
The Hospital for Sick Children  
Toronto, Ontario

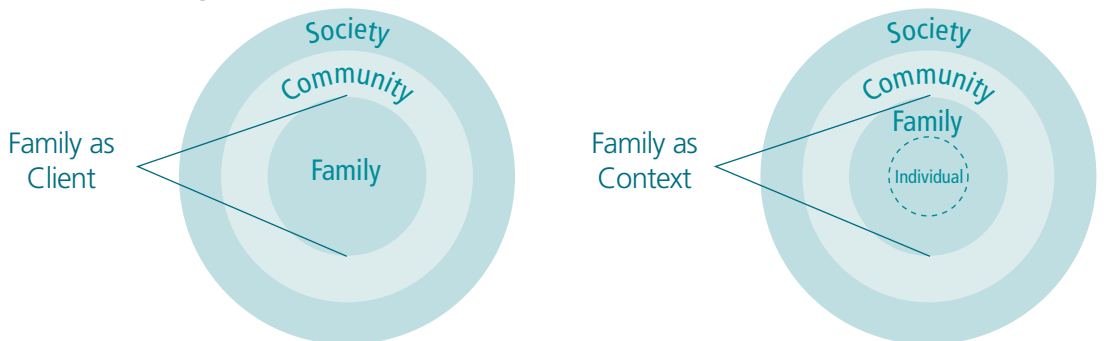
**Heather McConnell, RN, BScN, MA(Ed)**  
Program Manager  
Nursing Best Practice Guidelines Program  
Registered Nurses' Association of Ontario  
Toronto, Ontario

**Supplement Integration**

This supplement to the nursing best practice guideline *Supporting and Strengthening Families Through Expected and Unexpected Life Events* is the result of a three year scheduled revision of the guideline. Additional material has been provided in an attempt to provide the reader with current evidence to support nursing practice. Similar to the original guideline publication, this document needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client/family. This supplement should be used in conjunction with the guideline as a tool to assist in decision making for individualized care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care to families.

Family nursing is a multi-faceted specialty of nursing. It requires nurses to not only care for the individual within the family group (family as context), but to also nurse the family as the unit of care (family as client). Refer to Figure 1. In addition, the term "family as partner" has tended to focus on family members who provide care to other members – whether they act or feel as partners in care is debatable (Ward-Griffin & McKeever, 2000). The concept of "family-centred nursing" needs to be examined further in order to move beyond the family caregiver model and to embrace an empowering partnership with the family. The aim of this approach to family nursing practice is to promote the health of the family.

Figure 1

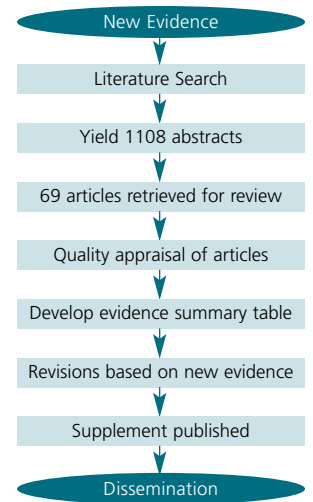


## Revision Process

The Registered Nurses' Association of Ontario (RNAO) has made a commitment to ensure that this guideline is based on the best available evidence. In order to meet this commitment, a monitoring and revision process has been established for each guideline every three years. The revision panel members (experts from a variety of practice settings) are given a mandate to review the guideline focusing on the recommendations and the original scope of the guideline. The revision panel for the *Supporting and Strengthening Families Through Expected and Unexpected Life*

*Events* guideline consists of original panel members, representatives of organizations who have had experience implementing the guideline, and other recommended experts.

The revision panel reflected on the “Flower (Em)power” Framework and the components of the nurse-family partnership; advocacy activities and policy; founded on the vision, values and principles of respect, recognition, resources, responsibility and results. The framework was used to structure the review/revision discussions to ensure consistency of approach with the original guideline.



## Definitions:

The following definition is added to those in the “Definition of Terms” section starting on page 15 of the guideline.

### Empowering Partnership:

An empowering partnership between a nurse and a family is a collaborative relationship built on mutual respect and trust, as well as the sharing of knowledge, skills and experience. Ultimately, families and nurses are empowered to grow and learn together as partners in the promotion of the health of the family.

## Summary of Evidence

The following content reflects the evidence reviewed that either supports the original recommendations, or provides evidence for revisions. Through the review process, no recommendations were added or deleted, however a number of recommendations were reworded to reflect new knowledge.



### Recommendation 1

Develop an empowering partnership with families by:





- Recognizing the family’s assessment of the situation as essential;
- Acknowledging and respecting the important role of family in health care situations;
- Determining the desired degree of family involvement; and
- Negotiating the roles of both nurse and family within the partnership.











The wording of this recommendation has been revised to reflect the concept of “an empowering partnership” which incorporates the previous concept of “genuine partnership” – really knowing about the family and supporting the “here and now” of the person. The Developmental Model of Health and Nursing (DMHN) supports the concept of empowering partnerships, as the model emphasizes health as a process and the capacities all families have, including their potential for growth and change. Health is seen as a social process that is shaped by the social context of family life, including social and political realities that may restrict individual and family choices for health. The nurse is viewed as a partner in the family process of developing health (Ford-Gilboe, 2002). An empowering partnership is seen as a collaborative relationship built on mutual respect and trust, as well as the sharing of knowledge, skills and experience.



Central to an empowering partnership is the negotiation of roles and an appreciation of the types of knowledge and authority that both nurses and families bring to the relationship. Being able to understand the difference between “power with” and “power over” approaches in a relationship will assist nurses to develop more empowering negotiating strategies within families. Exploring the intrinsic factors that shape different types of family relationships, reviewing empowering negotiating strategies and reflecting on specific experiences with families will help nurses develop positive relationships that are flexible enough to promote a genuine sharing of both authority and expertise (Ward-Griffin et al., 2003).

<p><b>Additional Literature Supports</b>  Allen &amp; Warner, 2002; Astedt-Kurki, Tarkka, Paavilainen &amp; Lehti, 2002; Ballard-Reisch &amp; Letner, 2003; Clark &amp; Dunbar, 2003; Ford-Gilboe, 2002; Gill, 2001; Holden, Harrison &amp; Johnson, 2002; Hong, Callister &amp; Schwartz, 2003; Hopia, Tomlinson, Paavilainen &amp; Astedt-Kurki, 2005; Knafi &amp; Deatrick, 2003; Kristjanson, 2004; Kuupelomäki, 2002; Legrow &amp; Rossen, 2005; Mok, Chan, Chan &amp; Yeung, 2002; Sharpe, Butow, Smith, McConnell &amp; Clarke, 2005; Ward-Griffin, Bol, Hay &amp; Dashnay, 2003; Ward-Griffin, Schofield, Vost &amp; Castsworth-Puspoky, 2005</p>	
<p><b>Recommendation 2</b>  Assess family in the context of the event(s) to identify whether assistance is required by the nurse to strengthen and support the family. While a family assessment should include information in the following areas, it should be tailored to address the uniqueness of each family through examining:</p> <ul style="list-style-type: none"> <li>■ Family perceptions of the event(s);</li> <li>■ Family structure;</li> <li>■ Environmental conditions; and</li> <li>■ Family strengths.</li> </ul>	
<p>The wording of the recommendation has been revised to more closely align with the concepts of assessing family in the context of their perceptions of the event and family as the unit of care (family as client).</p> <p>Ward-Griffin et al. (2005) conducted a descriptive study exploring the perspectives of individuals caring for a family member with mental illness, with particular attention to the family perspectives of the experience in relation to housing, quality of supports, and formal care services and to identify potential solutions to difficulties encountered by families. The researchers found that these families were part of a “circle of care”, offering support to their members with mental illness in order to promote their independence, but at the same time trying to protect them from the realities of the system. Inadequate and inappropriate resources and supports pushed families into a cycle of caregiving that compromised their health and that of their family member.</p> <p>Revisions to the Appendix that supports this recommendation are included on page 7 of this supplement.</p>	
<p><b>Additional Literature Supports</b>  Allen &amp; Warner, 2002; Astedt-Kurki et al., 2002; Ballard-Reisch &amp; Letner, 2003; Callahan, 2003; Ford-Gilboe, 2002; Gill, 2001; Holden et al., 2002; Hong et al., 2003; Hopia et al., 2005; Knafi &amp; Deatrick, 2003; Kristjanson, 2004; Mok et al., 2002; Sharpe et al., 2005; Ward-Griffin et al., 2005</p>	
<p><b>Recommendation 3</b>  Identify resources and supports to assist families to address the life event, whether this is expected or unexpected. Resources should be identified within the following three categories:</p> <ul style="list-style-type: none"> <li>■ Intrafamilial;</li> <li>■ Interfamilial; and</li> <li>■ Extrafamilial.</li> </ul>	
<p>Sharpe et al. (2005) explored the available support and unmet needs of people with advanced cancer, their family caregivers and their health care professionals. Findings from this study indicate that individuals with advanced cancer tended to underestimate the level of support that they received or needed. Health care professionals identified greater levels of need than the individual and family caregivers reported, but still underestimated the support needs of the person and their family. Opportunities need to be made available for individuals and family caregivers to discuss the life event they are experiencing and the needs they perceive. Providing opportunities for families to identify their needs and access resources to address these needs will have a positive impact on family strengths.</p> <p>An ethnographic study conducted by Gill (2001) found that nurses supported breastfeeding mothers by providing information and interpersonal support. Breastfeeding mothers identified their support needs as information, encouragement and interpersonal support. The conclusion of this study was that nurses have a positive impact on breastfeeding mothers (and families), but the resources and support offered must be the kind the mothers (families) want.</p> <p>Family members provide support to the ill family member, and have needs of support from health professionals. Family members whose own need for support is not met are less able to maintain their supportive role, and are more likely to experience mental and physical health problems (Kristjanson, 2004). Resources and supports identified to support the</p>	

<p>family, in a review by Kristjanson (2004), included information giving, practical assistance with physical care requirements, facilitating emotional support and family communication and assistance with financial burdens of care. These key areas of support need intersect with the categories of intrafamilial, interfamilial and extrafamilial resources.</p> <p>The revised Appendix on page 7 supports this recommendation in relation to assessing intra, inter and extrafamilial resources.</p>	
<p><b>Additional Literature Supports</b>  Ford-Gilboe, 2002; Gill, 2001; Holden et al., 2002; Hong et al., 2003; Hopia et al., 2005; Knafi &amp; Deatrick, 2003; Kristjanson, 2004; Kuuppelomäki, 2002; Petrie, Logan &amp; DeGrasse, 2001; Scott et al, 2003; Sharpe et al., 2005; Taainila, Syrjala, Kokkonen &amp; Jarvelin, 2002; Thyen, Sperner, Morfield, Meyer &amp; Ravens-Sieberer, 2003</p>	
<p><b>Recommendation 4</b>  Educate nurses, families, policy-makers and the public to respond to expected or unexpected life events within the family.</p>	
<p>The wording of this recommendation has been revised to reflect the inclusion of nurses, families, policy-makers and the public in education and information exchange.</p> <p>Partnership approaches to care have the potential to achieve effective, quality health care. Empowering and optimizing existing human potential by providing new ways to respond to expected or unexpected life events can be effective at the personal and organizational level. Providing knowledge and structures that allow all involved in care to respond to the family's needs empowers the family and allows for transfer of authority. Organizations and systems with cultures that foster empowering care partnerships are able to de-centre the professional in relationships with clients and de-centre the organization in relation to all involved in care (McWilliam et al., 2003).</p>	
<p><b>Additional Literature Supports</b>  Allen &amp; Warner, 2002; Gill, 2001; Holden et al., 2002; Hong et al., 2003; Hopia et al., 2005; Kristjanson, 2004; McWilliam et al., 2003; Mok et al, 2002; Petrie et al., 2001; Taainila et al., 2002; Thyen et al., 2003</p>	
<p><b>Recommendation 5</b>  Sustain a caring workplace environment conducive to family-centred practice by:</p> <ul style="list-style-type: none"> <li>■ Ensuring that nursing staff are oriented to the values and assessment of family-centred care;</li> <li>■ Ensuring that nurses have the knowledge, skill and judgement to implement family-centred care; and</li> <li>■ Providing ongoing opportunities for professional development for nursing staff.</li> </ul>	
<p>The wording of this recommendation has been revised to reflect an increased focus on skill development and application to family-centred practice.</p> <p>The skill of facilitation is to be included as an outcome in an orientation to family-centred care (Guideline - pg 29). Gill (2001) and Ford-Gilboe (2002) have identified that individuals and families expect encouragement and support from nurses in relation to responding to life events. Families engage in health work on their own as they learn from the life events that they encounter. However, nurses facilitate this learning when assistance has been sought to support the family efforts to manage a particular situation (Ford-Gilboe, 2002).</p> <p>Skill development that supports the emergence of relationship-centred care is essential as interactions amongst people are the foundation of any therapeutic activity. These relationships exist at many levels, including those between patients, their families, staff from all disciplines and the wider community. These relationships are the medium for exchanging information, feelings and concerns needed for a better understanding of the life event (Nolan et al., 2004).</p> <p><b>Additional Literature Supports</b>  Bruce et al., 2002; Ford-Gilboe, 2002; Gill, 2001; Holden et al., 2002; Hong et al., 2003; Hopia et al., 2005; Knafi &amp; Deatrick, 2003; Kristjanson, 2004; Nolan, Davies, Brown, Keady &amp; Nolan, 2004</p>	

<p><b>Recommendation 6</b></p> <p>Support the implementation of interdisciplinary family-centred practice in the workplace by:</p> <ul style="list-style-type: none"> <li>■ Ensuring appropriate resources (e.g., time, staffing);</li> <li>■ Developing and implementing family-centred practices and policies;</li> <li>■ Creating and maintaining environments that are conducive to family-centred care; and</li> <li>■ Developing programs that promote work life balance for employees.</li> </ul>	
<p>The wording of this recommendation has been revised to reflect new knowledge regarding the implementation of family-centred practice.</p> <p>Family-centred practice requires resources of time and staffing. Kristjanson, 2004 describes the importance of having time allocated for communication exchange with individuals and families. Health care professional may limit their information sharing with patients and families because of the pace of their busy work schedules. When information is provided, it is often shared in the hallway, over the phone or in public spaces with limited privacy. By not allocating time and space for family discussions and sharing of information, workplaces convey a message that this exchange is not important.</p> <p>The findings of a feminist narrative study (Ward-Griffin et al., 2006) suggest that female health professionals who assume familial caregiving responsibilities continually negotiate the boundaries between their professional and personal caring work. Although they use a variety of strategies to manage their caregiving demands, many women experienced a blurring of professional/personal boundaries, resulting in feelings of isolation, tension, and extreme physical and mental exhaustion. These findings suggest that women who are double-duty caregivers, especially those with limited time, finances, or other tangible supports, may experience negative impacts on their health. Having programs available for employees that promote work life balance demonstrates a commitment to interdisciplinary family-centred practice.</p>	
<p><b>Additional Literature Supports</b>  Bruce et al., 2002; Gill, 2001; Hong et al., 2003; Hopia et al., 2005; Knafel &amp; Deatrck, 2003; Kristjanson, 2004; Legrow &amp; Rossen, 2005; Mok et al., 2002; Ward-Griffin, C., Brown, J. B., Vandervoort, A., McNair, S., &amp; Dashnay, I., 2006</p>	
<p><b>Recommendation 7</b></p> <p>Advocate for changes in public policy by:</p> <ul style="list-style-type: none"> <li>■ Lobbying for public discussion on family caregiving and the development of a public position on what level of caregiving is reasonable to expect from families;</li> <li>■ Lobbying for public education about the value and legitimacy of the role of family caregivers and how multiple family members respond to life events;</li> <li>■ Lobbying for a full range of adequate and effective programs for family members who are involved in caregiving and other life events within the family;</li> <li>■ Lobbying for consistency in funding, availability and delivery of respite care programs and other supports for families across Ontario;</li> <li>■ Lobbying for the funding of research projects that examine family as the providers and recipients of care, and the application of lessons learned from this research into public policy and program development; and</li> <li>■ Lobbying for mechanisms within organizations for families to dialogue with one another in an open forum.</li> </ul>	
<p>The wording of this recommendation has been revised to reflect the need for advocacy activities beyond a focus on family caregivers/caregiving.</p> <p>In their study of the perspectives of individuals caring for a family member with mental illness, Ward-Griffin et al. (2005) identified the need for nurses to build trusting and respectful collaborations with families and to take action through advocacy for policy and service changes in various sectors at the local, municipal and federal government. There are opportunities for nurses to strengthen and support families in informing policy, for example, through the mental health reform process. Lobbying for public policies that support the broader determinants of health, such as affordable housing, via provincial and national family support organizations are further advocacy opportunities.</p> <p>The application of lessons learned from research into public policy and program development is critical. Although</p>	

<p>the process of research dissemination and utilization is complex, it is determined by numerous intervening variables related to the innovation (research evidence), organization, environment and individual (Dobbins et al., 2002).</p> <p><i>Additional Literature Supports</i> Dobbins, Ciliska, Cockerill, Barnsley &amp; DiCenso, 2002; Ford-Gilboe, 2002; Gill, 2001; Holden et al., 2002; Hong et al., 2003; Hopia et al., 2005; Knafll &amp; Deatrick, 2003; Kristjanson, 2004; Ward-Griffin et al., 2005</p>	
<p><b>Recommendation 8</b></p> <p>Nursing best practice guidelines can only be successfully implemented if there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:</p> <ul style="list-style-type: none"> <li>■ An assessment of organizational readiness and barriers to education;</li> <li>■ Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process;</li> <li>■ Dedication of a qualified individual to provide the support needed for the education and implementation process;</li> <li>■ Ongoing opportunities for discussion and education to reinforce the importance of best practices; and</li> <li>■ Opportunities for reflection on personal and organizational experience in implementing guidelines.</li> </ul>	✓
<p><i>Additional Literature Supports</i> Dobbins, Davies, Danseco, Edwards &amp; Virani, 2005; Graham, Harrison, Brouwers, Davies, &amp; Dunn, 2002</p>	

## Implementation Strategies

The Registered Nurses' Association of Ontario and the guideline panel have compiled a list of implementation strategies to assist health care organizations or health care disciplines who are interested in implementing this guideline. A summary of these strategies follows:

- Provide organizational support such as having the structures in place to facilitate family-centred practices. For example, having an organizational philosophy and vision that reflects the value of best practices through policies and procedures. Develop new assessment and documentation tools (Davies & Edwards, 2004).
- Identify and support designated best practice champions on each unit to promote and support implementation. Celebrate milestones and achievements, acknowledging work well done (Davies & Edwards, 2004).
- Establish a process to facilitate the cultivation of positive family-nurse relationships. This process may include adequate time and resources, documentation of family care transactions, and family-centred care as a component of staff performance reviews. These approaches may help to sustain a family-centred approach to care and to achieve partnerships between families and nurses (Ward-Griffin et al., 2003).
- Organizations implementing this guideline should adopt a range of self-learning, group learning, mentorship and reinforcement strategies that will over time, build the knowledge and confidence of nurses in providing family-centred care. Mentorship of nursing staff leaders may help to foster family-centred practices (Ward-Griffin et al., 2003).

## Research Gaps and Implications

In order to assist nurses in the provision of family-centred care, additional research in the following areas would benefit practice:

- How to determine the desired degree of family involvement in care;
- Strategies for providing nurses with the skills required to negotiate roles within the partnership;
- Key components of a comprehensive assessment of the “event”;
- Children’s needs for support when an adult member of their family is the focus of the “event”;
- Effective strategies nurses use in transferring knowledge that has meaning for the family; and
- Requirements for specific types of support, public policy etc. related to certain life events.

## Appendices

The review/revision process did not identify a need for any additional appendices; however significant revisions have been made to Appendix B, which has been replaced with the following revised content.



## Appendix B (Revised):

In conducting a family assessment, the nurse engages in a partnership with the family to assess their perception of, and their capacity to address, the life event.

### Sample Questions for Key Areas of Family Assessment

#### FAMILY PERCEPTIONS OF THE EVENT(S)

- **Family appraisal of the event:** What is the family's perception of the event? Is it expected or unexpected? What is the family's estimate of the strength and duration of the event?
- **Major concerns:** What are the family's major concerns?

#### FAMILY STRUCTURE

- **Identifying data:** Names, ages, addresses. Who is the primary person to contact? Does the family have any transportation difficulties?
- **Composition:** Family Unit - Could you tell me who is in the family? Is there anyone else who is not related that you think of as family? How close is the family? Who lives with you? Are there any family pets? Is there anything else you would like to add?
- **Culture/ethnicity:** Knowledge and customs of family - Could you tell me about the family's cultural background? Does ethnicity influence the family's health beliefs? Are there any ethnic customs the family gains strength from or may need assistance with?
- **Spiritual identification:** Characteristic values of a person which may or may not be a religious affiliation - Are your spiritual beliefs a resource for family members? Is there anyone that can be contacted to assist the family with their spiritual needs?
- **Sexual identification:** The sexual orientation with which a family member identifies or is identified - Some people who are facing an experience similar to your family are concerned about their sexual abilities and their sexual partners. It may be helpful for us to discuss any questions or concerns you may have.
- **Economic status:** Income of family - Who is (are) the breadwinner(s) in the family? Is the family able to meet current and future needs? What type of work are family members involved in?
- **Lifestyle and health behaviours:** Nutrition, drugs and alcohol, smoking, activity and rest.
- **Developmental stage:** Family's present developmental stage and developmental stage history [e.g., births, retirement, aging parents, deaths], extent to which the family is fulfilling the developmental tasks appropriate for their developmental stage.
- **Power and role structures:** Who makes what decisions? Are family members satisfied with how decisions are made and who makes them? What positions and roles do each of the family members fulfill? Is there any role conflict? How are family tasks divided up?
- **Communication:** Family's ability to interact with one another - What languages do you speak at home or with your family members? Are family members able to communicate openly with one another? Is conflict openly expressed and discussed? Do family members respect one another?

#### ENVIRONMENTAL CONDITIONS

- **Home characteristics:** Type of characteristics of the home - Can you describe your home? Do you own or rent? Do you consider your home adequate for your needs?
- **Community characteristics:** Describe your neighbourhood/community, e.g., rural or urban, schools, recreation, access to healthcare, crime rate, environmental hazards, etc.

#### FAMILY STRENGTHS

- **Health patterns:** Family's health beliefs, values and behaviours - How does the family assess their present health status? What are your present family health issues?
- **Values:** Family's fundamental ideas, opinions, and assumptions - What values/beliefs does the family have that have assisted them in adapting successfully or unsuccessfully?
- **Coping mechanisms:** Ability to adapt to the life event and maintain emotional well-being and stability of its members - How has the family responded to past life events? What helped the most and the least? What strengths does the family have to assist with their response? Do family members differ in their ways of responding?
- **Problem solving:** Family's ability to organize a life event into manageable components and to identify courses of action to solve it effectively. How has the family resolved problems in the past? What resources have they used?
- **Family Resources and Supports:** Resources the family uses to assist in adapting to the life event – What internal (*inter, intra*) and external (*extra*) resources or supports is your family using?

Examples of General Questions to guide the family assessment and interview (Guideline - pg 45) remain unchanged.

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