Family Systems Nursing: An Innovative Approach to Mental Health Care in Hong Kong

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Context for the project

- HKU Department of Nursing Studies
  - Clinical work in nursing complex families, family therapist AAMFT.

- HKU Family Therapy Program
  - PhD program WY Lee
  - Nurses from CPH

- Consultation & Collaboration with Castle Peak Hospital
  - Visionary leaders seeking change to improve staff competence in therapeutic skills & improve client/family outcomes

Chinese Culture & the Family

- The individual is the basic structural and functional unit in Western society

- The family is the basic structural and functional unit in Chinese society

- Family cohesion and harmony are highly valued

- Family support is vital in managing illness

Family Systems Nursing Project

- Needs assessment of staff nurses
  - Educational seminars
  - Supervised practice
  - Evaluation
  - Process

Needs Assessment: Psychiatric Nurses at Castle Peak Hospital (CPH)

- To identify specific areas of information or skill for mental health nurses at CPH that should be included or emphasized during the workshop.

- *What do you need to improve your knowledge and skill in working with individuals and families experiencing mental health problems?*

Results of needs assessment (N=22)

- **Counseling skills**
- **Relationship between illness and the family**
- **Managing conflict in families**
- **Increasing family nursing knowledge and how to implement family nursing**
- **Community assessment and family resources**
- **Case analysis, demonstration of interviewing skills, clinical supervision live/video**

Educational Seminars

- **Nurses, Families and Mental Health: Family Nursing Program Workshop**
  - Three 2-day workshop (N=95)
    - Calgary Family Assessment Model (CFAM)
      - Structural Developmental Functional
    - Calgary Family Intervention Model (CFIM)
      - Cognitive Affective Behavioral
        - (Wright & Leahey,2000)
- **One seminar**
  - (3 hours) (N=9)
- **Five seminar/supervision sessions**
  - (3 hours each) (N=9)

CFAM, CFIM

- **Calgary Family Assessment Model (CFAM)**
- **Calgary Family Intervention Model (CFIM)**
- **(Wright & Leahey, 2005)**
    - **Useful to all care providers who wish to establish therapeutic relationships with families experiencing physical, emotional or spiritual suffering.**

- **International Council of Nurses (ICN) has recommended this model as 1 of 4 to guide the practice of family nursing.**

Supervised Practice

- ## HKU staff , CNS, AAMFT

- ## Format

  - Presentation of clinical cases & discussion

  - Videotape supervision and analysis of skills

  - Discussion of intervention strategies to fit Chinese context

  - Discussion related to challenges of implementing family systems nursing in the acute psychiatric setting in Hong Kong

Evaluation

- **Evaluation of Family Nursing Workshop**
  - ❧ **Workshop process and content**
- **Family Nursing Practice Scale** (Simpson, 1992; Simpson & Tarrant, 2005)
  - ❧ **Critical appraisal of nursing practice**
    - ❧ **confidence, satisfaction, knowledge, skill & comfort in working with families**
  - ❧ **Reciprocity in nurse family relationships**
- **Pre-Post test**
  - ❧ **I month post test (workshop participants)**
  - ❧ **6 months post test (supervisees)**

Outcomes: Staff changes – quantitative data

- **There were significant positive changes in the nurses' appraisal in all aspects of clinical nursing practice related to family nursing**
- **There were significant positive changes in 4 of the 5 items related to reciprocity in the nurse family relationship**
- **(N=89 matched pairs)**

Family Nursing Practice Scale Pre-post test results N=89					
Question	Mean	SD	95% confidence interval		P-value
			Lower	Upper	
1. Confidence including families	.76	.975	.55	.96	.000
2. Confidence working with families	.76	.825	.58	.93	.000
3. Satisfaction working with families	.94	.859	.76	1.13	.000
4. Knowledge level of Family Systems Nursing	1.15	.760	.99	1.31	.000
5. Skill in working with family system	.93	.809	.76	1.10	.000
6. Comfort in initiating family in care planning	.69	.885	.50	.88	.000
7. Plan interventions in consultation with family	.69	1.021	.47	.90	.000
8. Families approach me about ill relative	.12	1.022	-.10	.34	.295
9. Promote patient/family control in meeting health care needs	.51	.946	.30	.71	.000
10. Involvement with families is rewarding	.38	.910	.19	.58	.000
11. Avoid interference of own bias in collecting, interpreting and communicating data about patients and families	.42	.943	.22	.63	.000

Outcomes: Staff changes–qualitative data

- *As a result of this course are there any changes in your thinking about nursing practice?*
  - Family systems nursing now considered part of nursing practice so not a threat to other HCP & they could to do therapeutic family assessment and interventions
  - Now able to identify patient problems in a more systematic way
  - Understand how working with the family is a significant part of care planning
  - No- manpower, time, always involve family

Outcomes: Staff changes–qualitative data
(N=89 matched pairs)

- **As a result of this course are there any changes in your implementation of nursing practice?**
  - Include family more
  - Apply interviewing principles in problem solving
  - Use a genogram
  - Use circular questions to guide family interviews
  - Higher confidence in working with families
- **No- already working with families, manpower, no suitable cases**
- **Nurses' related specific examples of involvement of families in clinical practice**

Outcomes: Staff changes–qualitative data

Direct quotes:

- " I now conceptualize my assessment not just the client but the family and larger system as well. I involve the family in care planning,"

- " I learned how to ask circular questions which facilitates the client and family to speak up."

- " The concept of family nursing has led me to change my approach. In my interviews I am less directive and the family members become more involved as a result."

- " I use a genogram and circular pattern diagram in my assessment form and spend more time with the relatives to discuss the patient's progress and future planning in spite of the short interview time during visiting hours."
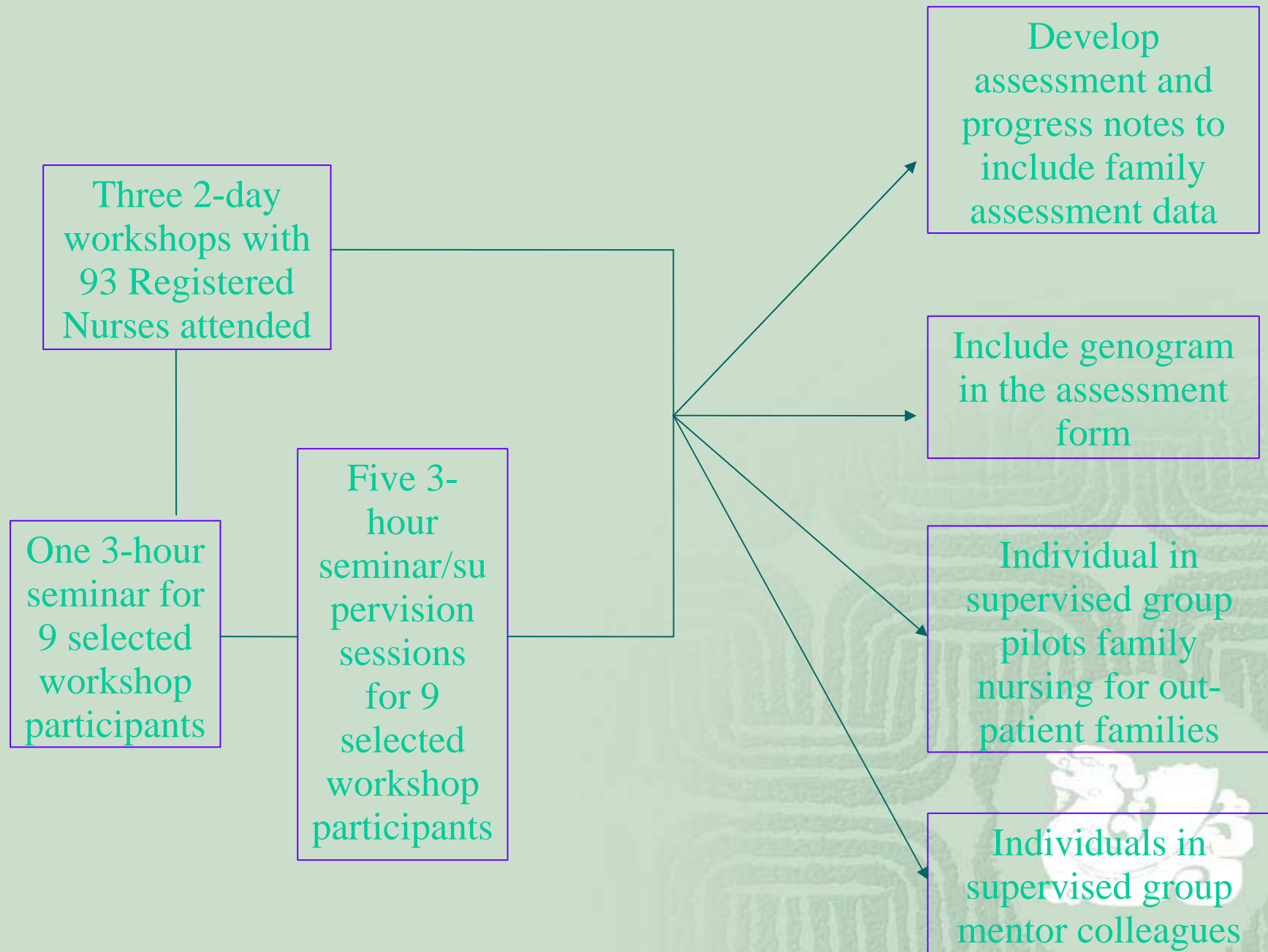
Outcomes: Staff changes 6 months

- **Consistent with post test results**
  - Described more specific examples of positive results of involving families in care
  - More evidence of family involvement
  - Specific examples of family intervention strategies being used
  - ie. Circular questions, therapeutic letters as part of care, termination and follow up

System Outcomes

- **Staff developed assessment forms and progress notes to include family assessment data**
- **Staff include the genogram in the assessment data form**
- **Individuals in supervised group are receiving referrals**
- **Individuals in supervised group are mentoring colleagues in relation to family assessment and interventions**

Three 2-day workshops with 93 Registered Nurses attended

One 3-hour seminar for 9 selected workshop participants

Five 3-hour seminar/supervision sessions for 9 selected workshop participants

Develop assessment and progress notes to include family assessment data

Include genogram in the assessment form

Individual in supervised group pilots family nursing for out-patient families

Individuals in supervised group mentor colleagues

Outcomes: Family

ɷStaff can observe changes within sessions and family members also remark about changes

ɷFamily members report changes to staff following sessions

Process

- **Engaging the system**
  - **Assessing needs**
- **Listening to the system / language**
  - **Focusing on strengths**
    - **Facilitating change**
- **Reinforcing positive outcomes**

Conclusion

- **Nurses, Families and Mental health : Family Nursing Project met the objectives and demonstrated a positive change in staff knowledge, skill, confidence and satisfaction with family work. Families and the larger hospital system also benefited from this change.**

- **This is one example where nurses in the academic setting and nurses in the clinical area collaborated in terms of theory, research and clinical practice to improve the outcomes for patients and families, staff and the larger health care system.**

Champions of Family Systems Nursing to promote good mental health in Hong Kong

- Frederick Yeung RN(Psy) BSc (Nursing) LLB
- Alan Tsang RN(Psy) MN,
- Wu Kam-wah RN(Psy) BSc (Nursing)
- Senior nursing staff @ CPH

- Sophia Chan (Head) Department of Nursing HKU