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Toward a Relational Understanding of Families: A Qualitative Study of Nurses' Perspective Transformation Through Family Nursing Education

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Abstract

Background: This study aimed to clarify how clinical nurses' perspectives transformed toward a relational understanding of families through their learning experiences in a family nursing education program.

Methods: Participants include 227 clinical nurses who attended a family nursing education program. A retrospective survey was conducted using anonymous self-administered questionnaires distributed and collected after program completion. Among them, 171 questionnaires with verifiable open-ended responses were analyzed using qualitative content analysis.

Results: Qualitative content analysis identified 171 codes, 38 subcategories, and nine categories. Cross-level comparison of categories from the beginner-, intermediate-, and advanced-level programs yielded three themes: *Reconsideration of One's Own Values and Ways of Engagement, Enhancing Family Understanding*, and *Changes in Approaches to Family Support. Reconsideration of One's Own Values* and *Ways of Engagement and Enhancing Family Understanding* were reciprocally related and contributed to forming a relational understanding of families, which then served as the foundation for *Changes in Approaches to Family Support*.

Conclusion: A relational understanding of families was formed not by nurses' one-sided understanding or evaluation of families, but through a process in which nurses reconsidered their own values and ways of engagement and recognized themselves as part of their interactions with patients and families. Therefore, family nursing education may foster a cognitive foundation for collaborative family support.

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Background

Family emphasizes relationships among family members and between families and healthcare professionals, in addition to viewing the family as a recipient of care. A relational perspective has long been considered essential to understanding families and promoting family health. Barnhill described healthy family functioning not in terms of individual family members' characteristics but through relational dimensions, including mutuality, flexibility, stability, and communication [1]. Accordingly, understanding families involves not only understanding individuals but also recognizing relationships that emerge through interaction [1]. These relationships extend beyond the internal family system to external systems; therefore, family nursing must attend to interactions among family members as well as those between families and healthcare professionals.

Bell argued that relationships are central to family nursing and proposed that family nursing education should strengthen nurses' sensitivity to relationship building with families [2]. Wright and Leahey described families and nurses as mutually influencing systems and proposed that family care is achieved through relational practice grounded in collaborative relationships between nurses and families [3]. From this perspective, family nursing requires nurses not only to understand families but also to understand how they themselves contribute to relationship formation. Family nursing education should therefore foster knowledge of family assessment and interviewing skills, as well as the ability to understand interactions and relationships among patients, families, and healthcare professionals [4].

Previous studies have shown that some nurses hold negative attitudes toward families [5], whereas family nursing education has been associated with more positive attitudes toward families and greater family-oriented practice among nurses [6, 7]. However, how nurses understand families, what underlies their attitudes toward families, and how these perspectives change through family nursing education remain insufficiently understood. Therefore, this study aimed to explore how nurses' perspectives transformed into a relational understanding of families through participation in a family nursing education program.

Methods

Study design

A qualitative descriptive study design was employed.

Overview of the family using education program

The educational program was grounded in relational epistemology and systemic family therapy. Through five learning activities-theoretical learning, case-based family assessment, video observation,

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role-playing, and group discussions—participants were encouraged to view patients, families, and nurses as actors within clinical situations and to deepen their understanding of families by observing and analyzing behaviors, underlying thoughts and emotions, and changing interaction patterns.

The program comprised three levels: beginner, intermediate, and advanced. Each level included one representative family nursing case commonly encountered in clinical practice (Table 1).

The major concepts of family systems nursing were addressed through theoretical learning and case-based family assessment sessions. During family assessment, participants used circular thinking, which views problems as arising from interactions among the people involved, rather than linear thinking, which regards problems as being limited to a specific individual. Based on this family assessment approach, participants learned therapeutic communication skills. These included joining, which involves showing respect and interest toward the family and building a therapeutic relationship by attuning to the family's narratives and relationships; reframing, which supports family members in reconsidering a situation or behavior from a different perspective; and neutrality, which involves supporting the family as a whole while respecting multiple perspectives rather than aligning with a particular family member.

During the video observation sessions, participants watched videos showing both ineffective and effective situations in building relationships with families. They examined the phenomena occurring in each situation by comparing the words, actions, and interactions of patients, families, and nurses. Subsequently, participants experienced methods of family support through role-playing. During the group discussions, participants reflected on the relationships that emerged in the case and the meaning of the supportive interventions.

Participants

The participants were 227 clinical nurses who attended the family nursing education program during a seven-year period between April 1, 2013, and March 31, 2020.

Data collection period

A retrospective survey using existing questionnaires was conducted between July 13, 2022, and March 31, 2023.

Data collection

Anonymous self-administered questionnaires distributed and collected after completion of the family nursing education program were used as research data. The questionnaire asked participants to provide open-ended responses to the item, "What impressed you most and what did you learn from attending the educational program?" Among the stored questionnaires, those with verifiable open-ended responses were included in the analysis.

Data analysis

A qualitative content analysis was conducted on the written responses. First, responses from beginner, intermediate, and advanced programs were repeatedly reviewed to identify descriptions indicating changes in the participants' understanding of families and approaches to family care. The extracted content was then summarized and coded while preserving its original meaning. The codes were compared for similarities and differences and grouped into subcategories and categories for each educational level.

Subsequently, the categories identified across the three educational levels were compared and integrated to identify the common patterns

Table 1: Overview of the Family Nursing Education Program.

Item	Beginner Level	Intermediate Level	Advanced Level
Learning Context	**Bedside care**	**Individual family interview**	**Family meeting involving multiple family members**
Case Scenario	A family visits a patient who has been experiencing ongoing health problems. The nurse interacts with the patient and family at the bedside, where building a relationship with both the patient and family is required.	A patient requires care following a sudden illness. Through an individual interview with a family member who is experiencing anxiety and uncertainty about caregiving, the nurse is expected to understand the family's concerns and needs while discussing post-discharge life.	A terminally ill patient wishes to receive care at home; however, family members disagree about the preferred place of care. Through meetings with multiple family members holding different views, the nurse is expected to facilitate discussion while understanding each person's concerns and relationships.
Video Scenarios	*Ineffective interaction:* The nurse leaves the situation prematurely because of discomfort or in an attempt to give the patient and family time together or continues to offer reassurance without adequately acknowledging and responding to the anxiety expressed by the patient and family. *Effective interaction:* The nurse acknowledges the concerns of both the patient and family, builds a therapeutic relationship, and supports them in approaching treatment with a sense of security.	*Ineffective interaction*: The nurse prioritizes discharge planning and explanations about caregiving without sufficiently exploring the family's concerns and feelings. *Effective interaction:* The nurse carefully listens to the family's experiences and life circumstances, understands their concerns and needs, and collaboratively explores plans for life after discharge.	*Ineffective interaction:* The nurse attempts to reach a conclusion quickly and mediate family disagreements, resulting in some family members' perspectives remaining unheard. *Effective interaction:* The nurse attends to family interactions and emotional processes, facilitates dialogue, and supports all family members in expressing their views, leading to the development of shared understanding
Learning Objectives	Building Supportive Relationships with Families	Understanding families' concerns and needs	Intervening in family interactions
Teaching Methods	Theoretical learning, case-based family assessment, video observation, role-play, and group discussion	Same as the beginner level	Same as the beginner level
Duration	3 hours	3 hours	3 hours

of learning. Based on these findings, themes characterizing nurses' perspective transformation through family nursing education were generated, and a conceptual model was developed by examining the relationships among the themes.

Multiple family nursing experts participated in the analytical process to enhance the credibility and trustworthiness of the analysis. The supervision was provided by a researcher experienced in qualitative research.

Ethical considerations

Information regarding the study purpose, methods, protection of personal information, voluntary participation, and procedures for declining participation were publicly disclosed on the institution's website. Informed consent was obtained through an opt-out procedure. Participants who requested nonparticipation were excluded. All data were anonymized before analysis, and every effort was made to prevent individual identification.

This study was approved by the Ethics Review Board of The Jikei University School of Medicine (Approval No. 34-043).

Results

Participants included in the analysis

Of the 227 nurses who attended the family nursing education program, 171 whose open-ended responses could be confirmed were included in the analysis. By educational level, 69 participants attended the beginner level, 56 the intermediate level, and 46 the advanced level. Participants had a mean of 10.0 years of nursing experience.

Nurses' perspective transformation through family nursing education

Analysis of the open-ended responses identified 171 codes, 38 subcategories, and nine categories. A cross-level comparison of categories from the beginner, intermediate, and advanced programs integrated common meanings and generated three themes (Table 2).

The learning characteristics at each educational level are presented first, followed by the themes generated across the three levels.

Beginner level: learning to build relationships with families

The beginner-level program yielded three categories: *Reflecting on Communication Challenges with Families, Understanding Families as They Are, and Building Therapeutic Relationships with Families*.

Within *Reflecting on Communication Challenges with Families,* participants became aware of how their words and actions affected others and reflected on their assumptions and tendencies when engaging with families. They also recognized insufficient attunement to others and appreciated the importance of everyday bedside care in building relationships with families. These findings were reflected in comments such as, "Watching the video enabled me to objectively reflect on my usual words and actions," and "There was a discrepancy between what the nurse and the family were thinking."

Within *Understanding Families as They Are*, participants changed their perspectives toward families and began attending to family responses and relationships among family members. By listening to and confirming others' perspectives, they attempted to understand situations from the family's standpoint rather than judge families based only on nurses' assumptions. Participants commented, "I focused on looking at relationships," and "By clarifying the family's thoughts and behaviors, I was able to understand what was happening."

Within *Building Therapeutic Relationships with Families,* participants paid attention not only to patients but also to families and recognized families as recipients of care. They also recognized the importance of demonstrating concern through greetings and self-introductions, listening by using active listening skills, such as back-channel responses, nodding, and reflection, and building rapport to ensure that they could be accepted by families. One participant stated, "I would like to support families through everyday conversations."

Overall, in the beginner-level program, participants learned to reflect on their communication challenges, attend to family responses and relationships, and build therapeutic relationships with families through basic communication.

Intermediate level: from self-Awareness to understanding interactions

The intermediate-level program yielded three categories: *Recognizing and Bracketing Personal Values Toward Families, Focusing on Interactions Including Healthcare Professionals, and Responding to Families' Complex Emotions*.

Within Recognizing and Bracketing Personal Values Toward Families, participants became aware of the values through which they viewed families and recognized that they might impose their own values on families. They also learned that understanding families' own thoughts and values required temporarily setting aside their personal values. These findings were reflected in comments such as, "I was encouraged to think about how my words and actions influence patients and families," and "It is important not to impose my own values, but to listen to the other person's thoughts and feelings."

Within *Focusing on Interactions Including Healthcare Professionals*, participants learned to view the family as a whole, including the patient, and to engage with families from the family's perspective. They also realized that healthcare professionals, including themselves, both influence and are influenced by patients and families. As they attempted to understand the broader relational context that included healthcare professionals, participants observed interactions within that context. One participant stated, "As someone who both influences and is influenced by patients and families, I need to begin by changing my own awareness and attitudes."

Within *Responding to Families' Complex Emotions,* participants learned to listen to family members' feelings without judgment and understand those feelings accurately. They also attempted to infer the circumstances underlying expressed emotions and to attend to family needs and concerns while supporting fluctuating emotions. One participant stated, "I would like to be able to support families by being attentive to their changing emotions."

Overall, in the intermediate-level program, participants learned to recognize and temporarily set aside their own values, observe interactions involving healthcare professionals, including themselves, and understand families' backgrounds and complex emotions.

Table 2: Transformation of Nurses' Perspectives Through Family Nursing Education.

Theme	Beginner Level	Intermediate Level	Advanced Level
Reflective Reconsideration of One's Own Values and Ways of Engagement *Learning to reconsider one's own values, ways of engaging with families, and perceptions of families*	**Reflecting on Communication Challenges with Families** • Becoming aware of how one's words and actions affect others • Reflecting on one's assumptions and tendencies • Recognizing a lack of attunement to others • Appreciating the importance of bedside care	**Recognizing and Bracketing Personal Values Toward Families** • Becoming aware of one's own values • Recognizing the imposition of one's values on families • Learning to temporarily set aside personal values	**Shifting Perspectives Toward Families** • Recognizing problems associated with care based on linear thinking[a] • Realizing the difficulty of understanding individual family members in isolation • Developing a deeper understanding of complex family situations • Becoming aware of families' strengths and positive aspects
Enhancing Family Understanding Learning to understand families within interactions and relationships involving patients, families, and healthcare professionals	**Understanding Families as They Are** • Changing one's perspective toward families • Paying attention to family responses • Focusing on family relationships • Listening to and confirming others' perspectives	**Focusing on Interactions Including Healthcare Professionals** • Viewing the family as a whole, including the patient • Engaging from the family's perspective • Realizing that healthcare professionals also influence and are influenced by others • Understanding the broader relational context including healthcare professionals • Observing interactions among participants	**Experiencing Changes in Family Dynamics** • Understanding the purpose and characteristics of joining[b] and reframing[c] • Understanding needs and interactions among multiple family members • Recognizing changes in relational distance through conversation • Understanding the difference between empathy and neutrality[d]
Changes in Approaches to Family Support *Shifting toward collaborative family support aimed at shared problem solving*	**Building Therapeutic Relationships with Families** • Recognizing families as recipients of care • Demonstrating concern through greetings and self-introduction • Using active listening skills such as nodding and reflection • Building rapport and becoming accepted by families	**Responding to Families' Complex Emotions** • Listening without judgment • Accurately understanding family members' feelings • Exploring underlying circumstances • Attending to needs and concerns • Supporting fluctuating emotions	**Identifying Ways to Facilitate Collaborative Problem Solving with Families** • Developing commitment to engaging with families • Paying attention to interactions among family members • Valuing the process of collaborative problem solving • Helping family members develop shared understanding • Experiencing change through role-playing

Note. [a]Linear thinking refers to viewing a problem as being caused by a specific individual or behavior. [b] Joining refers to building a therapeutic relationship with the family by showing respect and interest. [c]Reframing refers to helping family members view a situation or behavior from a different perspective. [d]Neutrality refers to supporting the family as a whole without aligning with a particular family member.

Advanced Level: Learning to Reconstruct Family Support

The advanced-level program yielded three categories: *Shifting Perspectives Toward Families, Experiencing Changes in Family Dynamics,* and *Identifying Ways to Facilitate Collaborative Problem Solving with Families*.

Within *Shifting Perspectives Toward Families*, participants recognized problems in care based on linear thinking, in which specific words or actions of family members were treated as causes and efforts were directed toward changing those behaviors. They also recognized the difficulty of understanding individual family members in isolation, deepened their understanding of complex family situations, and became aware not only of families' problems and limitations but also of their strengths and positive aspects. These findings were reflected in comments such as, "I realized that I had focused only on changing the family's behavior in order to facilitate the patient's discharge," and "I had viewed the family with the preconception that they were difficult, but I came to understand that anxiety and stress were hidden behind their behaviors."

Within *Experiencing Changes in Family Dynamics*, participants understood the purposes and characteristics of joining and reframing and learned to understand the needs of multiple family members and the interactions among them. They also experienced how psychological distance from families could change depending on how conversations were conducted and came to understand the difference between empathizing with families and maintaining neutrality without becoming biased toward a particular family member's position. Participants commented, "During the role-play, I observed the family's facial expressions and responses. Positive communication gradually changed the other person's reactions," and "I realized that the emotional distance between myself and the other person could become closer or farther."

Within *Identifying Ways to Facilitate Collaborative Problem Solving with Families*, participants developed a commitment to engaging with families in difficult situations and paid attention to interactions among family members. They also learned to value the collaborative problem-solving process rather than having nurses quickly present conclusions, and to help all family members develop a shared understanding of the situation and goals. Through role-playing, participants further experienced that nurses' ways of engaging with families could change family responses and relationships. Participants stated, "Building relationships is important, and it is important for

families, patients, and healthcare professionals to discuss things together in daily interactions and work toward the same goals," and "I would like to become someone who can support and be consulted by all family members."

Overall, in the advanced-level program, participants recognized the limitations of support aimed at changing families in a one-directional manner. They identified ways to support collaborative problem solving while understanding complex family situations, family strengths, and interactions among family members.

Transformation of nurses' perspectives toward a relational understanding of families

Cross-level comparison of the nine categories identified across the beginner, intermediate, and advanced levels integrated the common meanings of nurses' learning and generated three themes: *Reflective Reconsideration of One's Own Values and Ways of Engagement, Enhancing Family Understanding, and Changes in Approaches to Family Support* (Table 2).

Reflective Reconsideration of One's Own Values and Ways of Engagement comprised Reflecting on Communication Challenges with Families, *Recognizing and Bracketing Personal Values Toward Families,* and *Shifting Perspectives Toward Families*. This theme represented learning through which participants became aware of their own values, recognized challenges as helpers, including their preconceptions and assumptions, and reconsidered their perceptions of families.

Enhancing Family Understanding comprised *Understanding Families as They Are, Focusing on Interactions Including Healthcare Professionals,* and *Experiencing Changes in Family Dynamics.* This theme represented learning through which participants moved beyond an objectifying understanding of families and came to understand families within interactions involving patients, families, and healthcare professionals.

Changes in Approaches to Family Support comprised *Building Therapeutic Relationships with Families, Responding to Families' Complex Emotions*, and *Identifying Ways to Facilitate Collaborative Problem Solving with Families*. This theme represented learning through which participants identified support approaches aimed at building relationships with families and working collaboratively toward problem solving, rather than unilaterally seeking changes in family behavior.

The relationships among the three themes were then examined, and a model of nurses' perspective transformation toward a relational understanding of families was developed (Figure 1). In this model, *Reflective Reconsideration of One's Own Values and Ways of Engagement and Enhancing Family Understanding* were organized as reciprocally related processes contributing to a relational understanding of families. This understanding was positioned as the foundation for *Changes in Approaches to Family Support.*

Discussion

The relational understanding of families identified in this study was formed through a process in which nurses became aware of their own values and ways of engagement and reconsidered families within interactions that included themselves. *Reflective Reconsideration of One's Own Values and Ways of Engagement and Enhancing FamilyUnderstanding* were not independent forms of learning; rather,

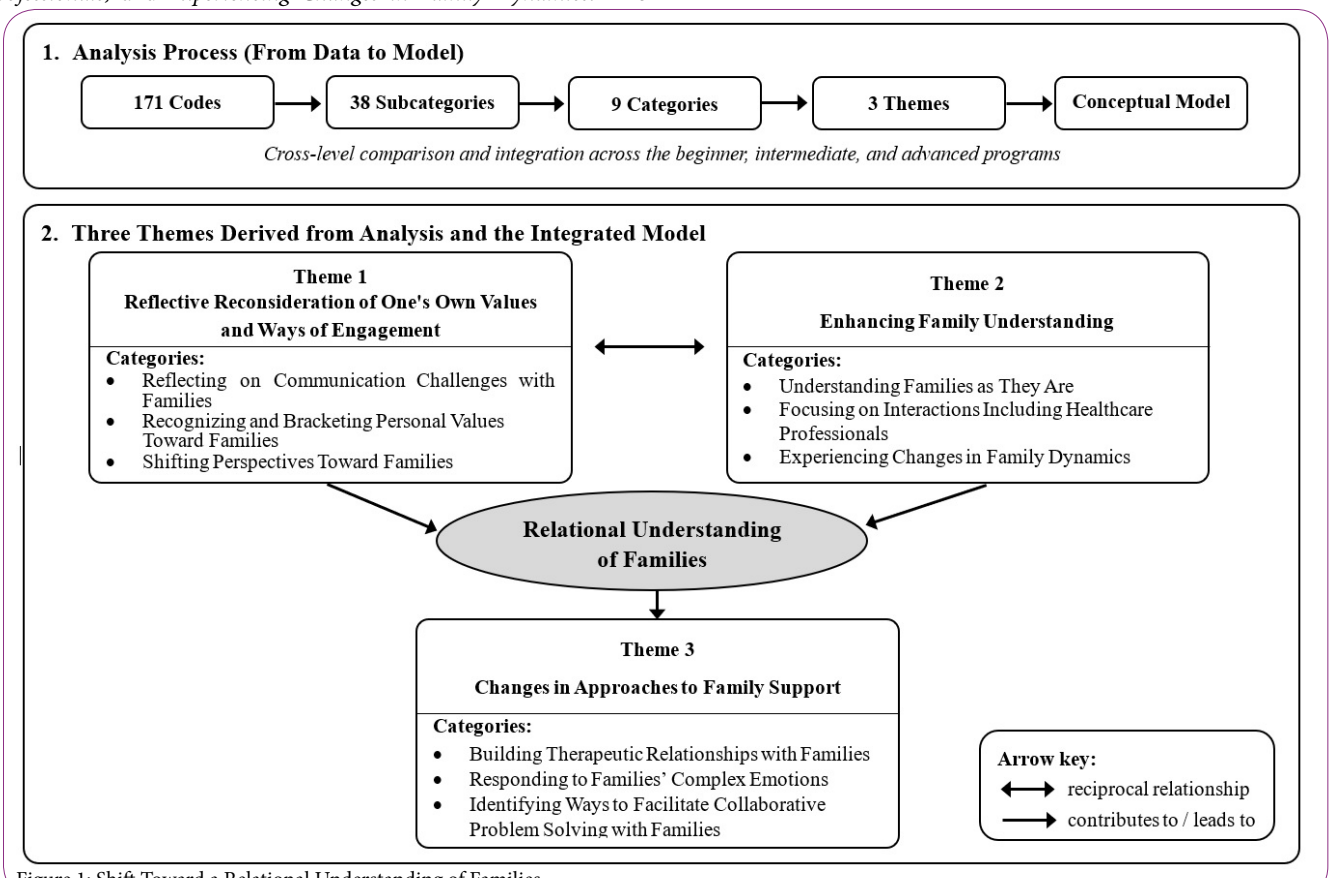

Figure 1: Shift Toward a Relational Understanding of Families.

reconsidering one's own values broadened participants' understanding of the reasons for family responses, the thoughts and values underlying those responses, and family relationships. These forms of learning developed in a mutually related manner. This learning characteristic is consistent with Wright and Leahey's view of the nurse–family relationship, in which families and nurses are not independent elements but are characterized by reciprocity [3]. The significance of this study therefore lies in showing that a relational understanding of families was formed not only through understanding relationships among family members but also through learning in which nurses repositioned themselves within those relationships.

Notably, participants reflected on their own values and ways of engaging in everyday clinical practice, although self-reflection was not set as a direct learning task. In this program, participants observed the words and actions of patients, families, and nurses in videos, as well as the feelings and values underlying them, and compared interactions in ineffective and effective situations. In communication education using videos, learners reportedly evaluated observing another person responding to the same situation as more valuable than observing videos of themselves [8]. Observing another person's practice may provide an opportunity to examine words, actions, and their effects while maintaining psychological distance, unlike directly evaluating oneself. Similarly, in this study, analyzing the values and ways of engagement of nurses in the videos may have led participants to connect these observations to their own practice and consider whether they had similar perspectives or ways of engaging with families.

This learning was also related to the cognitive process of reflection. Mamede and Schmidt described deliberate reflection as a process of systematically reviewing the grounds for an initial judgment and considering alternative explanations [9]. In this study, participants also moved from a one-directional understanding, such as "there is a problem with the family" or "the family's behavior needs to be changed," toward an understanding that nurses' values and ways of engagement may also influence family responses and relationships. Thus, although this educational program did not directly require reflection, it appeared to function reflectively by encouraging participants to relativize their own assessments and by promoting a relational understanding of families through multidimensional analysis of interactions among patients, families, and nurses.

A relational understanding of families further served as a foundation for reconsidering support approaches, shifting from unilaterally seeking changes in family behavior to building relationships with families, responding to their complex emotions, and working collaboratively with them toward problem solving. Nurses' attitudes toward families are associated with values, beliefs, and emotions and are considered to guide the process of nursing care [6]. This supports the present finding that learning to become aware of one's own values and temporarily set them aside was linked to an attitude of trying to understand families rather than evaluate them. In addition, an implementation study on family systems nursing conversations reported that nurses incorporated approaches such as taking a step back, remaining silent, and listening to families, thereby supporting family members in understanding one another's thoughts and experiences [4]. The present findings also indicate that participants developed a cognitive foundation for viewing families not as objects to be changed by nurses but as collaborative partners with whom they could understand the situation and proceed with problem solving. However, this study employed retrospective analysis of educational evaluation data collected immediately after program completion, and changes in clinical behavior or effects on families were not confirmed. Therefore, participants' open-ended responses may have been influenced by social desirability bias, such as aligning with educators' expectations or emphasizing positive learning experiences. Additionally, because the data were collected only immediately after the program, whether the perspective transformation identified in the responses was sustained in clinical practice could not be determined. Future studies should examine how perspective transformation through this education is reflected in clinical practice after the program and how families evaluate such support.

Competing Interests

The authors declare no conflicts of interest.

Author Contributions

Author KK was involved in the overall research process, including study design, implementation of the educational program, data collection, and data analysis. Authors AG, NS, TM, and NA contributed to data analysis and manuscript writing.

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