Title:

Family Nursing Research: A Call For Nursing Education to Strengthen the Family Focus

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Session Title:

SYMPOSIUM: The Synergy of Family Nursing Science and Education Redirects Practice to a Family

Focus **Slot:**

E 01: Saturday, April 9, 2016: 1:15 PM-2:30 PM

Scheduled Time:

1:15 PM

Kevwords:

family nursing, nursing education and nursing research

References:

Chesla, C. A. (2010). Do family interventions improve health? Journal of Family Nursing, 16(4), 355-377. doi:10.1177/1074840710383145 Chesla, C. (2012, March). Nursing's pivotal position in promoting health in families and communities. Paper presentation at preceptor meeting as Taylor Visiting Scholar at Minnesota State University, Mankato, MN. Denham, S. A., Eggenberger, S.K., Young, P. K., & Krumwiede, N. K. (Eds.), (2016). Family focused care: Think family and transform nursing practice. Philadelphia: F. A. Davis. Duhamel, F. (2010). Implementing family nursing: How do we translate knowledge into clinical practice: The evolution of 20 years of teaching, research, and practice to a Center of Excellence in Family Nursing. Journal of Family Nursing, 16(1), 8-25. doi:10.1177/1074840709360208 Eggenberger, S., & Sanders, M. (2015, April). Knowledge Translation Methods in Family Nursing Science: Implementing an Intervention to Support Family Nursing Practice in an Adult Intensive Care Unit. Family Health Symposium presentation. Midwest Nursing Research Society Annual Conference in Indianapolis, Indiana. International Family Nursing Association. (2014). IFNA position statement on generalist competencies for family nursing practice. Retrieved from:

http://internationalfamilynursing.org/2015/07/25/ifna-position-statement-on-generalist-competencies-for-family-nursing- practice-2/ Nyirati, C. M., Denham, S. A., Raffle, H., & Ware, L. (2012). Where is family in the family nursing practitioner program? Results of a U. S. family nurse practitioner program survey. Journal of Family Nursing, 18, 378 – 408. doi 10.1177/1074840712443872 Santiago, C., Lazar, L., Jiang, D., & Burns, K.A. (2014). A survey of the attitudes and perceptions of multidisciplinary team members towards family presence at bedside rounds in the intensive care unit. Intensive & Critical Care Nursing, 30, 13-21. doi:10.1016/j.iccn.2013.06.003

Abstract Summary:

A family member's illness has an impact on family health and family influences health outcomes. Evidence indicates nursing practice often fails to address the family as a focus for care and nurses report concerns with their ability to care for families. These concerns may be related to nursing education curricula.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The participant will examine current family nursing science research that directs faculty to develop learning experience that advance nursing practice with families.	Review Current Research: Family Inclusion, Family Decision making with End of Life and Transition, Family Meetings, Nurse-Family Conversation Family Nursing Practice Education Interventions Family Illness Experience and Family Focused Nursing Intervention/Action Evidence
The participant will evaluate ways to more fully address family nursing science and practice in current role.	Reflection on own current role and directions from the science Translation of the evidence to the role Propose ways to approach family nursing practice based on the evidence
The participant will be able to analyze nursing practice research that calls for changes in nursing education related to family nursing.	Review of research calling for foci on family nursing in nursing education in academic and clinical settings.

Abstract Text:

Background

A family member's illness has an impact on the health of the family and reciprocally, the family influences health outcomes of an individual (Chesla, 2010; Wright & Leahey, 2013). Evidence indicates that family nursing practice has potential to improve family coping with acute illness (Sveinbjarnardottir, Svavarsdottir, & Wright, 2013), chronic illness and mental health outcomes (Kelo, Eriksson, & Eriksson, 2013; Marshall, Bell, & Moules, 2010) and quality of care (Aitkin, Schorr, & Kleinpell, 2013). Nurses are in pivotal positions to implement interventions that provide support and help families care for their family members (Chesla, 2010; Nelms & Eggenberger, 2010; Wright & Leahey, 2013; Lyon et al., 2014). Yet, research findings consistently indicate nursing practice often fails to address the family as a focus for care and nurses report concerns with their ability to provide family nursing practice (Duhamel, 2010; Santiago, Lazar, Depeng, & Burns, 2014) while families report troubling relationships with nurses (Vandall-Walker & Clark, 2011; Sanders, 2014). These deficiencies and concerns may be related to the lack of attention to current evidence related to family nursing practice and the significance of family to health in nursing education curricula (Duhamel, Dupuis, & Girard, 2010; Nyriati, Denham, & Ware, 2012). Nurse educators have the responsibility to develop significant learning experiences (Fink, 2013) centered on the scientific and praxis research of the nursing discipline to advance nursing practice with families and society.

Purpose

This presentation describes one university's approach to building a community of scholars focused on generating new knowledge related to family and societal nursing practice and applying current research through innovations in nursing education. Nursing research related to family provided the foundation for an undergraduate curriculum and teaching learning practices that are family and societal focused with the aim of transforming nursing practice to move beyond the focus on an individual to a nursing practice that focuses on the individual, family and society. This nursing faculty believes educational pedagogies that focus on family health and illness experiences, caring for the family and current evidence in regard to best practices can transform nursing practice.

The aims of this presentation are to: 1) describe research findings generated from research and reviews that guided this faculty in transforming a curriculum to include courses and intentional teaching-learning practices focused on family and societal nursing knowledge and practice, 2) explore processes used to

develop and implement a curriculum that is focused on nursing knowledge that will help students gain competencies related to family nursing practice, and 3) share outcomes with participants that will trigger reflection on refining their own nursing education practices to more fully address family nursing science.

Methods

Faculty formed teams to address research questions related to family health and illness, family nursing practice, and nursing education related to family (Eggenberger, 2010; Royle et al., 2013; Krumwiede, Van Gelderen, Krumwiede, 2015; Van Gelderen, Azarbod, Royle, Krumwiede, Swan, Krumwiede, Eggenberger & Kuehl, 2015; Anderson, 2015). Some faculty inquiries examined family illness experiences in diverse settings while other faculty conducted reviews of literature. Furthermore, a Visiting Scholar Model was used build capacity and support knowledge development among faculty and practitioners while working with experts (Eggenberger, 2010). Family nursing scholars were invited to the campus to spend time with faculty developing their knowledge of family nursing research and practice (Bell, 2010; Chesla, 2011; Denham, 2011). Over several years faculty teams developed a curriculum plan with a mission, vision, curriculum, and course plans focused on individual, family, and societal health. The curriculum design includes a series of four family-focused courses in the nursing major developed with attention to the scientific and praxis foci relevant for family nursing. These courses address family nursing science evidence, competencies, and nursing action research related to family constructs. Identification of a framework of family nursing constructs intended to denote the science of family-focused nursing knowledge and the praxis of family-focused nursing actions relevant for the learning context provided direction for faculty members as they planned courses and learning experiences. By arranging family constructs with scientific underpinnings into a framework, a coherent and comprehensive approach was used for course development using common language for faculty and students. Family nursing constructs used within the curriculum address family responses within the health experience and suggest researchsupported nursing actions relevant for undergraduate students in their generalist practice. Exemplars of the family nursing constructs include family vigilance, family stress, and family resiliency with nursing actions such as therapeutic nurse-family conversations, family meetings, and dialogue about perceived threats.

Results

The capacity of our faculty to influence nursing practice with families through nursing education and research was strengthened as faculty interacted with experts in family, engaged in projects with colleagues, and involved partners in practice in conducting and translating research to health care systems. New research teams were formed and committed to studying the science of family nursing and innovative methods of nursing education. For example, a quasi-experimental, descriptive pilot study with a qualitative component was conducted in a hospital intensive care unit. An educational intervention with registered nurses practicing in an intensive care unit was implemented with graduate students and faculty. Significant changes were measured in the support experience by family members of critically ill patients and confidence of registered nurses caring for the patients (Eggenberger & Sanders, 2015). Innovative approaches to nursing education were also developed and implemented. For example, simulation moved beyond the individual and technical skills to focus on family nursing practice and humanistic skills (Eggenberger, Krumwiede, & Young, 2015). Faculty formed teams to realign simulation s so family members are included in each scenario and reflective techniques are inclusive of interactions with the family (Van Gelderen, Azarbod, Royle, Krumwiede, Swan, Krumwiede, Eggenberger & Kuehl, 2015).

Each course now blends family theory, research, and practice with experiential, simulation, or service learning components to prepare students to overcome the barriers they may encounter in their personal, professional, and practice world. Course development was focused on encouraging students to gain knowledge, skills, confidence, and attitudes necessary for providing family-focused nursing actions at the undergraduate level. In partnership with the International Family Nursing Association Faculty members identified particular competencies that were related to family nursing knowledge and practice that would

be expected at the time students completed each course and their undergraduate education (International Family Nursing Association, 2014).

Students in this curriculum think beyond care of the individual, to the family, regardless of setting. Rather than the usual focus on individual symptoms and treatment these students integrate research supporting particular phenomena related to family nursing science. For example, with the guidance of faculty, nursing students have launched an in home respite services for children under the age of 18 who have intellectual, physical, and mental health disabilities. This project has received funding from the local health care system and the academic setting (Mankato Pediatric Respite, 2015). Students participate in literature reviews related to family constructs and then present scientific posters to the academic community. Similar to the work of faculty members with graduate students (Moules, Bell, Paton, & Morck, 2012), these family learning experiences appear to help undergraduate students realize the power of a nurse's action in connecting with the family and reducing their suffering.

Conclusion

Other undergraduate curricula also address family nursing practice, but this curriculum addresses family nursing research from the first to the last course, integrates a variety of family nursing constructs from a variety of family nursing models, uses family health evidence to inform practice, and uses family competencies to maintain a focus on learning experiences. The team approach to research that informed the curriculum and the practice that lies at the heart of the learning experiences have created a thriving community, dedicated to nursing research, education, and family. The teams of teaching faculty appear to have strengthened the sense of purpose and scholarly endeavors of the faculty as a whole. Preliminary findings from the evaluation of the family-focused course offerings indicate that the shift to a new learning paradigm can immerse students in courses, encourage new student perspectives on family health, and show the power of nurse-family partnerships to change the future of family nursing practice. Nursing faculty remained dedicated to encouraging family thinking and caring early in the curriculum and integrating family theory, research, and practice in an ongoing manner throughout the courses and experiences. Faculty teams believe that developing knowledge related to family and applying family nursing science in a Family Nursing Constructs Framework, course plans, and significant teaching/learning practices have improved outcomes. A focus on family nursing research in education has the potential to ignite in students a passion for evidence-based care and an increased capacity to advance family nursing practice at the grassroots level. This faculty answered the call for change in family nursing education pedagogies and now invites others to join them in the vision for the future of nursing that transforms nursing education to improve family nursing practice.