Family Nursing Education: Faster, Higher, Stronger

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As I write the editorial for this special issue on Family Nursing Education, the XXI Olympic Winter Games in Vancouver have just finished. “Citius, Altius, Fortius” the Olympic motto proclaims, “Faster, Higher, Stronger.” Who knew that polite, reserved Canadians were capable of such patriotism? Flag-waving, anthem-singing, crazy, over-the-top, unbridled celebration and joy reigned in the streets of Whistler and Vancouver, and for that matter throughout the country, that was both contagious and unparalleled. The Games were an extraordinary defining moment in Canadian history.

For me, there are echoes of this same sense of being caught by surprise at the infectious passion and shared wonder about the magnitude of family nursing when I attend an International Family Nursing Conference (IFNC). We have an important, meaningful purpose to increase the capacity of nurses to care for families and yet we often feel alone in our work of teaching, practicing, and researching family nursing until we gather with colleagues who also “get it.” As Suzanne Feetham remarked at a recent IFNC, “You can actually say the F-word around here,” that is, F as in family. Once every 2 or 3 years since 1988, we have had the privilege of coming together as a collective of family nurses somewhere in the world (for a history of the IFNC meetings, see Bell, 2009). The first IFNC was hosted in Calgary, Canada, just three short months following the 1988 Calgary Olympic Winter Games. I am still on a “high” from the spectacular 9th IFNC in Reykjavik, Iceland, in June 2009 (see http://www.ifnc2009.com for pictures from the conference). In 2011, we are invited to Kyoto, Japan, for the 10th IFNC (http://www.ifnc2011.org).

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In this editorial, I would like to review some of our defining moments of knowledge creation and dissemination in family nursing education to date and offer encouragement for our future efforts. Many, if not most of us, teach family nursing in one form or another in our academic and practice contexts, so it has always been curious to me that the science of teaching family nursing has stayed primarily at the level of describing new educational programs and innovative teaching strategies in conference presentations and publications (Freed, McLaughlin, SmithBattle, Leander, & Westhus, in press; Hartrick, 2000; Moules & Tapp, 2003; Wade, 1999).

Very little research has been conducted about the practice of teaching family nursing, the leveling of family nursing content in our curricula, or the effectiveness of our efforts. I estimate that less than 15% of more than 1,200 manuscripts submitted to the Journal of Family Nursing during the past 15 years have focused on family nursing education. Perhaps we have been so caught up in breathlessly moving the mission of family nursing forward and convincing students and practitioners about the importance of caring for families that we have had little time to reflect on the pedagogy itself.

Family Nursing Education in Academia: Faster Knowledge Creation and Synthesis

This collection of articles about Family Nursing Education marks only the second time that a special focus on family nursing education has been published in this journal. The August 1997 issue of the Journal of Family Nursing (Volume 3, Number 3) offered a snapshot about family nursing undergraduate education. Topics such as leveling curriculum in undergraduate family nursing education (Bell, 1997b), teaching students how to “think family” (Green, 1997), the pedagogical strategies of family labs (Tapp, Moules, Bell, & Wright, 1997) and nursing models (De Montigny, Dumas, Bolduc, & Blais, 1997), and teaching family diversity (Friedman, 1997) and family health policy (Baumbusch & Trautman, 1997) were addressed. I also included a selected bibliography of 28 articles and book chapters published between 1982 and 1996 that focused on teaching about families in health care within and outside of nursing (Bell, 1997a). This list of publications revealed mostly a North American perspective with only one description of family nursing education from Finland (Vehviläinen-Julkunen & Sohlberg, 1995).

Early foundational work using survey research was conducted in Canada (Bell & Wright, 1990; Wright & Bell, 1989) and in the United States (Hanson & Heims, 1992; Hanson, Heims, & Julian, 1992), which benchmarked undergraduate family nursing curricula in North America. Richards and Lansbery
(1995) later surveyed graduate family nursing educators in the United States. After a 20 year hiatus, finally a new study has recently been funded that will survey family nursing curricula in Family Nurse Practitioner programs in the United States (Sharon Denham, personal communication, January 15, 2010).

But where are the descriptions of family nursing curriculum and teaching innovations from countries outside North America? Åstedt-Kurki, Paavilainen, Paunonen, and Nieminen (1998) described their efforts at the University of Tampere to educate family nursing specialists in Finland. Dr. Chieko Sugishita bravely led the first efforts in Japan to advance family nursing, and family nursing education in particular (Bell, 1999, 2007; Kobayashi & Bell, 2005; Sugishita, 1999). O’Sullivan Burchard, Whyte, and Jackson (2002) conducted a mail survey of nurse educators at 11 diploma/undergraduate educational institutions in Scotland and found that although there was consensus that nursing the family was important, few educators were familiar with the family nursing literature. Subsequently, a report about family nursing in Scotland was published (O’Sullivan Burchard, Claveirole, Mitchell, Walford, & Whyte, 2004), which also described efforts at the University of Edinburgh to address family nursing education. The World Health Organization is developing the role of a family health nurse in the United Kingdom, and reports from the implementation in Scotland, in particular, have appeared in the literature (Macduff & West, 2004; Murray, 2008).

In Sweden, family nursing educators examined the beliefs of nursing students about families (Saveman, Mahlen, & Benzein, 2005) and created an innovative center of excellence in family-focused nursing in Kalmar (Saveman, 2010; Saveman & Benzein, 2001). In 2006, we learned about family nursing education at universities in Nigeria (Irinoye, Ogunfowokan, & Olaogun, 2006). At the 7th IFNC in Victoria, British Columbia, Canada, the accomplishments of 10 nurses who have advanced family nursing, including family nursing education, in Japan, Sweden, Brazil, Iceland, Thailand, United Kingdom, and Canada were honored (Bell & Moules, 2005). At the 8th IFNC in 2007 in Bangkok, Thailand, we were given a glimpse about family nursing education in plenary addresses from Japan (Moriyama, 2008), Iceland (Svavarsdottir, 2008), Brazil (Angelo, 2008), Scotland (Murray, 2008), and Thailand (Wacharasin & Theinpichet, 2008). At the 9th IFNC, a symposium about family nursing education for advanced practice in Thailand at Burapha University and Khon Kaen University was offered (Deoises, Wacharasin, & Jongudomkarn, 2009). In this special issue, I am pleased to include a study of undergraduate family nursing education in Hong Kong (Lee, Leung, Chan, & Chung, 2010).
Although all these efforts are a useful beginning, there is an urgent need to understand more about family nursing education from an international perspective. How are countries around the world educating nursing students about family nursing theory, research, and practice in graduate and undergraduate programs? What is considered essential content and for what level of preparation? Overall, faster synthesis about the process, content, and outcomes of family nursing education internationally would be timely and invaluable in terms of sharing the wealth of innovation and experimentation that is likely occurring in academic settings around the world. This evidence might even provide a convincing argument that family nursing offers students an exceptional ability to conceptualize and intervene in nursing phenomena across a variety of systems and practice settings.

**Family Nursing Education in Practice: Dreaming Bigger, Reaching Higher**

Educating nurses in practice settings about family nursing has also been documented in the literature. An early report by Vosburg and Simpson (1993) described an innovative program of offering practicing nurses both theory and live supervision of family nursing skills within a large tertiary care hospital. Efforts to evaluate family nursing education offered in hospital settings began with the groundbreaking research conducted by Maureen Leahey and her colleagues in Calgary (Leahey, Harper-Jaques, Stout, & Levac, 1995) and was later replicated with nurses who worked at a children’s rehabilitation hospital in Toronto (LeGrow & Rossen, 2005). Leahey has recently implemented family nursing education with mental health nurses who work in an urgent care center (Leahey & Svavardsdottir, 2009). In Montreal, a study examined the effectiveness of teaching practicing nurses how to conduct a short family nursing interview with family members (Martinez, D’Artois, & Rennick, 2007). Simpson and her colleagues in Hong Kong (Simpson, Yeung, Kwan, & Wah, 2006) evaluated the introduction of a Family Systems Nursing approach on an inpatient psychiatric unit.

At the University of Calgary, Lorraine Wright and I, along with our Family Nursing Unit colleagues, have been offering a 5-day Family Nursing Externship since 1987 (Bell, 2008). Despite the hundreds of academic and practicing nurses from around the world who have attended this workshop over the years, we have only begun to evaluate the learning using a pre/post standardized questionnaire, the Family Nursing Practice Scale (Simpson & Tarrant, 2006) and focus group interviews (Bell, Moules, Auger, Laing, & Toner, 2009). We hope to collaborate with others to design demonstration projects that evaluate the outcomes of these kinds of intensive learning opportunities in practice settings.
The initiatives led by Fabie Duhamel at the University of Montreal are particularly noteworthy. Systematic efforts to provide family nursing education to nurses in practice settings have been examined in the unique participatory action research of Duhamel and her colleagues at the University of Montreal (Duhamel & Talbot, 2004; Goudreau & Duhamel, 2003; Goudreau, Duhamel, & Ricard, 2006). The results of these efforts have paved the way for the creation of a Center of Excellence in Family Nursing in which practicing nurses will be educated in Family Systems Nursing (http://www.scinfs.umontreal.ca/recherche/unites_recherche.htm), at the University of Montreal and will then become mentors and coaches of family nursing to other nurses as they return to their hospital settings (Duhamel, 2010; Duhamel, Dupuis, & Girard, 2010).

The most inventive, large-scale, demonstration project focused on educating practicing nurses about family nursing is currently taking place in Reykjavik, Iceland, with the Family Systems Nursing Implementation Project at Landspitali Hospital (Bell, 2010; Leahey & Svavarsdottir, 2009; Svavarsdotir, 2006, 2008). In the project, every nurse in every department of a large tertiary care university hospital is being educated in Family Systems Nursing and the results are being systematically evaluated. Watch the literature for more outcomes that will be reported about this brave, pioneering effort.

There is an urgent need to understand more about how family nursing education is being offered in practice settings around the world. What is the influence of an educational family nursing intervention on nursing practice? What is the dose and timing that produces the best effect? What coaching efforts are needed to sustain the learning? What are the key process and outcome variables that might be examined? These might include nurses’ attitudes about families, changed knowledge about the importance of addressing families in health care settings, changed practices with families, and/or family member satisfaction with care. All these variables raise numerous conceptual and methodological issues, but this is an important frontier for knowledge generation about family nursing education and knowledge transfer of family nursing to practice (Leahey & Svavarsdottir, 2009). What is critical is the need for visionary nursing leaders in health care delivery systems who see the value of family nursing and will dream bigger and reach higher to create innovative opportunities for family nursing education to occur in practice settings.

**Rx for Family Nursing Educators: Stronger Support**

As I speak with family nursing colleagues around the world, I have a sense that all is not well for educators with a passion for family nursing. There are
many reports of isolation and discouragement that come from experiences in which family nursing is not being readily integrated into nursing curricula or is being minimized or removed from graduate and undergraduate programs, particularly in North America (Curry, 2009; Hanson, 2005). Opportunities for practicing nurses to learn how to care for families with more competence and confidence are often not seen as a priority by health care administrators who are constrained by limited resources. A colleague of mine in North America who is a skilled clinician and experienced educator in family nursing recently reported:

Unfortunately this university has not been good for my career or for Family Nursing. In the new curriculum although the word “family” appears in some of the course titles I cannot find it anywhere in the content. Family nursing was given a 2-hour acknowledgement in a course where I was invited to do a 30-minute presentation. My colleagues here have done a good job of eradicating family nursing from the curriculum.

Another colleague has won or been nominated three times for a Distinguished Teaching Award for her teaching of an undergraduate family nursing course. She has had a dramatic influence in inviting her students to “think family.” She reports, “This is the last year that the family nursing course will be taught as we move to the new curriculum and I’m feeling very sad about that.” It is difficult to understand the beliefs of senior administrators in nursing who trample on family nursing content or limit extraordinary family nursing educators when the science of family nursing continues to grow and flourish around the world. And why does this phenomenon seem to be happening more frequently in North America than in some Asian and European countries where family and family nursing are even being used as organizing frameworks for graduate and undergraduate curricula? The work of family nursing education is far too important to settle for mediocrity, smallness, or meanness.

Ultimately all our efforts as family nursing educators are focused on increasing the capacity of nurses to care for families. What do we need to feel stronger? Courage, perseverance, and support—both collegial and financial—are among the interventions needed to fortify our efforts. In the face of obstacles and challenges, one strategy that I found helpful is to teach family nursing “all of the time,” overtly or covertly, regardless of whether the course is named family nursing or not. When I was asked to teach a graduate-level course on advanced practice, I incorporated reading lists and discussions
about family nursing interventions such as commendations and interventive questions in the seminars. When I was asked to teach a nursing research course, I chose research reports as exemplars that focused on families’ experiences of health and illness and examined family nursing interventions. For an interesting commentary about this covert behavior, read Seth Godin’s (2010) blog.

Another helpful strategy that I have found helpful and other family nursing educators report is to develop a team of colleagues who share your passion and dreams for family nursing—even if the team consists of only one other member. When we teach our Family Externship workshop, Lorraine Wright and I stress the importance of attending the workshop with at least one other person from one’s faculty, department, or practice unit so that both can reflect on the learning together and develop a plan to implement new practices and support each other in the process. Finding a team of like-minded colleagues adds synergy to our efforts—where combined effort is larger and more enhanced than what an individual can do alone.

I am excited by the good news for family nursing practice coming from Minnesota. The Glen Taylor Nursing Institute for Family and Society (http://ahn.mnsu.edu/nursing/institute/) has recently been created by a generous $7 million dollar endowment donated by Glen and Becky Taylor who have a passion for involving families in health care (see Eggenberger, 2010, in this issue of the Journal of Family Nursing). This endowment is unprecedented in the history of family nursing. There are only three or four academic/faculty practice units in the world (Canada, Sweden, and Japan) that have a distinct mission to advance nursing practice with families through education and research. None of these, with the exception of the Institute, has the good fortune of sustained funding that has been provided by the Taylor family. This creates an exceptional opportunity to advance knowledge about practice with families and initiate knowledge transfer/exchange projects that extend current practice with families (Duhamel, 2010; Leahey & Svavarsdottir, 2009). The Institute also creates many new opportunities to design and evaluate family nursing curricula in undergraduate and graduate programs at Minnesota State University, Mankato, that will emphasize family nursing practice.

Conclusion

In family nursing education, we have our own “Olympic” challenges and victories that happen every day, with every learner, in every academic and practice context. Faster, higher, stronger might well be our motto. A recent note from a former graduate student offers me courage that our mission as
family nursing educators to increase the capacity of nurses to care for families is not in vain:

All is well with me; I am still working for the palliative care consultation. I am loving my work and am using what I’ve learned in your classes every day! It’s amazing the work we are able to do with families, and I do believe we make such a difference.

References


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