A SURVEY OF FAMILY NURSING EDUCATION IN CANADIAN UNIVERSITIES

Lorraine Wright and Janice Bell

In this study, the content and implementation of family nursing education in Canadian university curricula was investigated. A national survey was conducted for the purpose of providing an accurate description of family nursing content, and of teaching methods related to family assessment, intervention and interviewing skills. In addition, information about student evaluation methods and the clinical experiences involving families was obtained. The findings of this study identify current trends in family nursing education and will be of interest to nurse clinicians and educators. These results provide direction to nursing educators who wish to strengthen the family nursing content in their programs.

Literature Review

The discipline of nursing has always recognized the importance of the family in the promotion and maintenance of health. However, it has been surmised that family involvement ranges from non-existent to focusing on the family as the unit of care (Wright & Leahey, in press; Wright, Watson, & Bell, in press). Recently there has been an active trend to reclaim and rediscover the territory of family involvement in nursing practice. This is evident in the use of terms like: "family-centered nursing" (Logan & Dawkins, 1986), "family nursing" (Friedman, 1986; Gilliss, Highley, Roberts, & Martinson, 1989; Leahey & Wright, 1987a, 1987b; Wright & Leahey, 1987), and "family interviewing skills" (Wright & Leahey, 1984). Prior to this decade, nursing curricula have paid relatively little attention to the family as an object of systematic study.

Today, the study of families in baccalaureate and graduate nursing programs has grown significantly. However, little is known about the extent of family nursing content in Canadian university curricula. Even less is

Dr. Lorraine M. Wright, R.N., Ph.D. is Professor in the Faculty of Nursing, and Director, Family Nursing Unit. Janice M. Bell, R.N., Ph.D. is Associate Professor in the Faculty of Nursing, and Research Coordinator, Family Nursing Unit; both are at the University of Calgary, Alberta.

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known about student clinical practice that focuses on the family, or about the strategies used to teach family nursing content. A study recently conducted in the United States by Hanson and Bozett (1988), examined these questions in a random sample of 140 undergraduate and graduate nursing programs. Information about family content in Canadian university nursing programs has not previously been collected. Only one Canadian study has examined the extent and quality of teaching family assessment and counselling in medical schools (Sawa & Pablo, 1981).

Purpose of the Study

The purpose of this study was to identify family nursing content, and related teaching strategies and clinical experiences, in Canadian university schools of nursing. Specific research questions for both undergraduate and graduate programs included:

1. How is the term "family" defined in nursing curricula?
2. Are there terminal objectives that relate to family nursing?
3. Are there specific course titles for courses that have family as the primary focus?
4. What textbooks and journals are used in courses related to family content?
5. What theories, models, or frameworks are used to teach family nursing?
6. What aspects of family structural, developmental and functional assessment are taught?
7. What methods are used to teach family assessment?
8. What family intervention strategies are taught?
9. Are family interviewing skills (vs. general communication skills) taught?
10. What methods are used to teach family interviewing skills?
11. What approach is used when working with families; i.e., family nursing, family systems nursing, or family therapy?
12. What aspects of families in health and illness are taught?
13. How are student skills in working with families evaluated?
14. What are the clinical settings in which family nursing clinical experiences (focus on the individual in the context of the family) are provided?
15. What are the clinical settings in which family systems nursing clinical experiences (focus on the family as the unit of care) are provided?

Method

A descriptive survey design was used with the population of Canadian university schools of nursing (N=27). Each university was invited by letter to participate. The Dean or Director was asked to identify individual faculty

members who were knowledgeable about the family nursing curriculum in the graduate or undergraduate programs. The identified faculty member, or members, were then sent a questionnaire. Telephone interviews were arranged with the faculty member or members after they had reviewed the questionnaire and had gathered information from their colleagues as necessary in order to provide accurate information about their entire programs. A telephone interview was chosen to insure a higher response rate than a mail-out questionnaire, and to increase clarity, accuracy and representativeness of the data collected. The telephone interview took approximately 45 minutes and was conducted by a trained research assistant.

Twenty-six universities chose to participate in the survey (96% response rate). Twenty-three responses were gathered by means of the telephone interview as described above. Three responses were returned by mail because a telephone interview could not be scheduled. Data collection occurred between May and December 1988.

The questionnaire, designed by the investigators specifically for this study, included items related to the broad categories of demographic information, family nursing content in the curriculum and family clinical experiences. Modeled on the instrument used by Hanson and Bozett (1988), several items were refined and new items were included. Content validity was established by a panel of family nursing educators.

Ethical review of this study was conducted by the Ethics Committee of the University of Calgary. Each subject was informed that names of the individual respondents and specific university programs would not be used, and that results would be reported as group data.

Descriptive statistics were used to analyze the data and describe the trends in family nursing content among Canadian university programs.

Results

Demographic data

All 26 university schools of nursing that participated in the study offered some type of undergraduate program ranging from generic only to post-diploma only. Of the 26 university programs, 10 offered a graduate program in nursing. However, only 8 graduate programs offered family related specialties of some type, including: family clinical nurse specialist (n=4); family nurse practitioner (n=1); community health with family focus (n=5); parent-child with family focus (n=2) and family systems nursing (n=1).

Answers to the research questions

The results are reported for each research question:

1. How is the term "family" defined in nursing curricula? The definition of family varied dramatically. Three schools stated there was no "official definition", or that students were exposed to a variety of definitions. One undergraduate program reported that having a specific definition would limit students. Eight undergraduate programs (31%) adopted traditional definitions of family: e.g., "a group of parents and children supported by various and multiple links to support each other and to facilitate the development of its members"; "two or more persons related by marriage, birth, or adoption"; and "a family is a group whose ties exist by birth, marriage, adoption or mutual consent". Fourteen programs (54%) used more non-traditional definitions: e.g., "two or more persons who reside in close proximity and have emotional bonds and share responsibility and commitment to each other"; a family is"a small social system made up of individuals related to each other by reason of social and emotional factors and which persists over time". One program gave students various definitions of family to consider but emphasized that "the family is who the client says it is". This particular program allowed the family to define the family.

2. Are there terminal objectives that relate to family nursing? The majority of undergraduate and graduate programs identified at least one or more terminal objectives that related directly or indirectly to family nursing content in the curriculum. Family nursing was not a primary focus of many objectives; however, the family was included in several terminal objectives where the individual, family or community were the recipients of a particular nursing behaviour.

The predominant themes in undergraduate curriculums were: use of the nursing process when involved with families; competency to assess families utilizing a particular assessment model; competency to interview or communicate with families; and an ability to provide competent nursing care to families throughout the life cycle. Very few programs, at either the undergraduate or graduate level, specifically cited competency in determining or implementing family interventions or facilitating change. Two programs mentioned using research findings in providing care to the family.

3. Are there specific course titles for courses that have family as the primary focus? The undergraduate programs reported a mean of 2.4 specific course titles for courses which had the family as the *primary* focus. A mean of less than one course title was reported by the graduate nursing programs.

4. What textbooks and journals are used in courses related to family content? Each university was asked to identify three textbooks that were used in nursing courses related to the family. The most popular textbook related to family content used in the undergraduate program was Friedman's *Family Nursing: Theory and Assessment* (1986) reported by 18 of the 26 universities, followed by Wright and Leahey's *Nurses and Families: A Guide to Family Assessment and Intervention* (1984) used in 15 programs. A wide variety of other textbooks (n=23) were identified, ranging from community health nursing to maternity nursing texts. No family therapy or family science textbooks were used. In the graduate programs, 5 of the 10 reported using Wright and Leahey (1984), while the remaining texts were varied but unlike the undergraduate programs, included family therapy textbooks as well.

Each university was asked to identify three journals used in courses related to family content. A total of 34 journals were identified for undergraduate courses. *Maternal and Child Nursing* and *Journal of Marriage and the Family* were identified by 5 universities. Frequencies for other journals directly related to family content included *Family Process* (n=2), *Family Relations* (n=3), *Family and Community Health* (n=4) and *Family Systems Medicine* (n=0).

Frequencies for journals used in the 5 graduate programs included: *Journal of Marriage and the Family* (n=3), *Family and Community Health* (n=2), *Advances in Nursing Science* (n=2), *Family Relations* (n=2), *Family Process* (n=2), *Western Journal of Nursing Research* (n=1), *Systemes humains* (French) (n=1), *Birth and the Family Journal* (n=1), *Research in Nursing and Health* (n=1), *Family Issues* (n=1), *Family Systems Medicine* (n=1) and *Therapie familiale* (French) (n=1).

5. What theories, models or frameworks are used to teach family nursing? Roy's adaptation model (50%), Orem's self-care model (65.4%), Neuman's system model (53.8%) were the most frequently used nursing models in the 26 undergraduate programs. Models least mentioned were Johnson (15.4%), Peplau (19.2%) and Rogers (23.1%). Theories related to family content included developmental theory (92.3%), systems theory (96.2%), structural/functional theory (84.6%), social support theory (76.9%) communication theory (88.5%), role theory (80.8%), crisis theory (84.6%) and stress and coping theory (84.6%). It is interesting to note that only 26.9% of the 26 undergraduate programs reported using cybernetics theory, 34.6% used social learning theory, and only 26.9% used symbolic interaction theory.

Seven graduate programs reported using nursing models and other family theories. Of these, 2 programs used Roy, 2 used Orem, 2 used Neumann, 2 used Johnson, 3 used Peplau and 2 used Rogers. Predominant theory related

to family included: developmental theory (71.4%), systems theory (85.7%), structural/functional theory (71.4%) and communication theory (85.7%). Again, it is interesting to note that cybernetic theory, stress and coping theory and crisis theory, were only identified by 2 of the 7 graduate programs (28.6%). One school reported using its own model.

6. What aspects of family structural, developmental and functional assessment are taught? All 26 undergraduate programs reported that family assessment was taught in their curricula. Seventeen assessment frameworks were identified. These included the Calgary Family Assessment Model (n=10), Friedman's assessment framework (n=9), Thibaudeau's assessment framework (n=3), McGill's assessment model (n=2), University of British Columbia's family framework (n=1) and the McMaster Model of Family Functioning (n=1) and many others.

Family structural assessment was taught in 96.2% of the undergraduate programs. Concepts most frequently addressed in structural assessment included nuclear and variant family composition (92.3%), rank order (69.2%), subsystems (92.3%), boundaries (88.5%), culture (88.5%), religion (76.9%), social class or mobility (76.9%), environment (92.3%) and extended family (88.5%).

Family functional assessment was also frequently taught in undergraduate programs. Most of the dimensions of functional assessment (i.e., instrumental functioning, emotional communication, verbal communication, roles, etc.) were taught by 24 of the 26 undergraduate programs (92.3%). The exception was circular communication, which was only reported by 18 of the 26 programs (69.2%). The dimensions of control (76.9%). alliances and coalitions (80.8%) and family beliefs (80.8%) were also reported less frequently.

Developmental assessment was taught in 25 of the 26 undergraduate programs (96.2%). Twenty-four programs (92.3%) included stages of family development and 21 (80.8%) taught about attachments or bonding related to family development.

Family assessment tools used most frequently in undergraduate programs were the genogram and ecomap. Least frequently identified were scales such as Family Apgar, and other instruments related to social support, coping and parenting.

Data from the graduate programs found that family assessment models were taught by 6 of 10 programs. It appeared that unless a graduate program had a family-related specialty, assessment of the family was not taught. A total of 8 family assessment models were identified. These included the Cal-

gary Family Assessment Model used by 3 programs, UBC's Family Framework used by 1 program, the McMaster Model of Family Functioning used by 1 program and the McGill assessment framework used by 1 program.

Aspects of structural family assessment addressed by 6 of the 10 graduate programs were varied. While the concepts of nuclear and variant composition, subsystems, boundaries, environment and extended family were addressed in 5 programs, only 2 programs reported teaching about rank order.

Six graduate programs reported that functional assessment was taught. All of the dimensions, including circular communication, problem solving, beliefs, alliances and coalitions, etc. were identified by 5 of the 6 programs.

It is interesting to note that while only 6 of the 10 graduate programs reportedly taught family assessment, 7 graduate programs reported that family developmental assessment was included in their curriculum. This included both the stages of family development and attachment or bonding.

Family assessment tools used in the graduate programs were similar to those identified in the undergraduate programs. The family genogram and ecomap were most frequently identified. Family Apgar, the Family Adaptability and Cohesion Evaluation Scale (FACES) and a family coping scale (FCOPES) were least frequently used.

7. What methods are used to teach family assessment? Teaching methods used in the 26 undergraduate nursing programs were ranked according to frequency. Family assessment was taught most frequently by lecture (96.2%), followed by seminar (84.6%), videotape demonstration (57.5%), live interview demonstration (46.2%), role play (46.2%) and audiotape demonstration (0%).

Of the 6 graduate programs who reported teaching family assessment, 6 (100%) used seminar, 4 (66.7%) used videotape demonstration, 3 (50%) used live interview demonstration, 1 (16.7%) used lecture, 1 (16.7%) used audiotape demonstration and 1 (16.7%) used roleplay.

8. What family intervention strategies are taught? Family intervention strategies were taught by 21 (80.8%) of the 26 undergraduate nursing programs. Specific interventions ranked in order of frequency included: commendation of family and individual strengths (76.9%) educational input (76.9%), validation of affect (65.4%), behavioural tasks (65.4%) and normalization (57.7%). Interventions that were taught by fewer than half of the undergraduate programs included: reframing, systemic reframing, prescription of rituals, prescription of no change and externalizing the symptom.

Six graduate programs reported teaching family intervention strategies. Five of the 6 programs (83%) taught commendation of individual or family strengths, normalization, educational input and validation of affect. Four of the 6 graduate programs (67%) taught reframing and systemic reframing. Three programs (50%) taught behavioural tasks, 2 (33%) taught externalizing the symptom and only 1 (17%) taught prescription of rituals and prescription of no change.

9. Are family interviewing skills vs. general communication skills taught? Twenty-one of the 26 undergraduate programs (80.8%) included specific instruction in family interviewing skills. Only 50% (5 out of 10) of the graduate nursing programs taught family interviewing skills.

10. What methods are used to teach family interviewing skills? Of the 21 undergraduate programs who taught interviewing skills specific to the family, 77.3% used lecture, 54.5% used seminar, 50% used videotape demonstration, 30.8% used live interview demonstration, 30.8% used role play and 11.5% used audiotape demonstration.

Of the 5 graduate programs who taught interviewing skills specific to the family, 3 used videotape demonstration, 3 used live interview demonstration, 2 used role play, 2 use seminar, 1 used lecture and 1 used audiotape demonstration.

11. What approach is used when working with families; i.e., family nursing, family systems nursing or family therapy? Undergraduate nursing programs reported the following ranking: 88.5% (23 out of 26) used a family systems nursing approach, i.e., the focus on the family system as the unit of care; 76.9% also used a family nursing approach with a focus on the individual in the context of the family; and 15.4% used a family therapy approach where the focus is on emotional or behavioural problems.

Six graduate programs reported using a family systems nursing approach; additionally, 4 used a family nursing approach and 2 also used a family therapy approach.

12. What aspects of families in health and illness are taught? This content was addressed by all 26 undergraduate nursing programs. Specific topics reported by the undergraduate programs included healthy families (100%), families with chronic illness (96.2%), family violence (92.3%), families with psycho-social problems (96.2%), families with life-threatening illness (88.5%), families with developmental problems (88.5%) and interaction between family functioning and illness (84.6%).

Six graduate programs taught content related to families in health and illness. All 6 included content about families with chronic illness, life-

threatening illness, psychosocial problems, developmental problems and interaction between family functioning and illness. Five of the 6 graduate programs taught about healthy families and family violence.

13. How are student skills in working with families evaluated? All 26 undergraduate programs evaluate student skills. Case consultation is the evaluation method used by 80.8% of the programs; process recording is used by 76.9%; live clinical supervision is used by 65.4%; group supervision is used by 57.7%; audiotape supervision is used by 34.6%; and videotape supervision is used by 23.1%.

The following methods of evaluation were used by graduate programs to evaluate student work done with families: 4 programs used case consultation and group supervision, 3 used videotape and live supervision and 2 used process recording and audiotape.

14. What are the clinical settings in which family nursing clinical experiences (focus on the individual in the context of the family) are provided? The undergraduate programs reported a predominantly moderate to high emphasis on family nursing in the following clinical settings: labour and delivery, pediatrics and community health. Family nursing was reported to be least emphasized in critical care and outpatient programs. Settings such as newborn nursery, psychiatry, rehabilitation and long-term care fell somewhere in the low to moderate range of providing family nursing clinical experiences for the student.

Six graduate programs identified that a family nursing focus was provided for their students. Labour and delivery, pediatrics, community health, medical-surgical and psychiatry settings were the clinical areas reported to offer the student a strongly moderate to high emphasis on family nursing. Critical care, outpatient and school nursing were the areas in which family nursing received low to moderate emphasis in graduate clinical experiences.

15. What are the clinical settings in which family systems nursing clinical experiences (focus on the family as the unit of care) are provided? Few differences were found in the clinical settings used for a family systems nursing emphasis, as compared with the settings used for family nursing (reported above) in both undergraduate and graduate programs.

Twenty-two of the 26 undergraduate programs (84.6%) reported providing family systems nursing clinical experiences where the family was the unit of care. Again pediatrics, labour and delivery and community health were the settings which provided a moderate to strong emphasis in family systems nursing with medical-surgical, critical care, psychiatric, rehabilitation and outpatient areas receiving low to moderate emphasis.

Similarly, 6 of the graduate programs reported providing family systems nursing clinical experiences. Pediatrics, psychiatry, community health and long term care settings provided a strong emphasis in family systems nursing, with labour and delivery, newborn and outpatient areas providing a low to moderate emphasis on the family as the unit of care.

Discussion

The results will first be discussed for undergraduate programs followed by graduate programs.

Undergraduate programs

Conceptualization of Family. A trend in the definition of "family" is towards more non-traditional conceptualizations. This trend is both encouraging and in accordance with the present existence in Canadian society of many variant family types and structures. These definitions would also seem to indicate an acceptance by university nurse educators of non-traditional family types. No doubt this provides excellent modelling for nursing students.

In our estimation, the most advanced notion of family constellation was, "The family is who the client says it is". This has implications for who the nurse will interview and assess. Allowing families to declare their family constellation would be particularly useful with gay and elderly families.

Terminal objectives related to family nursing in undergraduate programs are, in our estimation, indicative of the present conceptual development of nursing of families in undergraduate programs. The primary emphasis is on assessment, with little or no emphasis on understanding the change process, facilitating change or being able to design or implement interventions that would create a context for change. We believe the lack of focus on interventions to be a direct reflection of the failure by nurse educators to also be strong family clinicians. Therefore, educators in family nursing tend to be more competent and comfortable teaching about assessment. However, we predict that there will be a dramatic shift in this emphasis over the next five to ten years. As more nurse educators also become strong family clinicians, there will be greater focus on developing and testing family nursing interventions.

Another revealing aspect of how families and family nursing care is conceptualized is by the identification of resource books and journals. Two resource family nursing textbooks (i.e. *Family Nursing: Theory and Assessment* and *Nurses and Families: A Guide to Family Assessment and Intervention*) were identified by many of the undergraduate programs. Therefore, there does appear to be some common adoption of family content. However,

the fact that 23 other textbooks were also identified (some of these only tangentially related to family nursing) points to the tremendous diversity in imparting family theory and family nursing knowledge to undergraduate students. The identification of journals related to family content was the most telling. Of the thirty-four journals identified for undergraduate courses, only a handful of programs utilized *specific* family journals such as *Family Process*, *Family Relations* or *Family Systems Medicine*. In our opinion, this demonstrates the lack of familiarity with family journals among nursing educators plus the tremendous need for a Journal of Family Nursing. At present, publications in nursing journals relating to the family are located haphazardly throughout many journals. A Journal of Family Nursing would allow nurse educators, clinicians, researchers and theorists to have a common forum to disseminate knowledge about families and family nursing. However, we hope that nurses would not limit themselves to only a family nursing journal, but would be less incestuous and expose themselves to interdisciplinary journals related to the family (e.g. *Family Relations* or *Family Systems Medicine*).

Nurse educators teaching conceptual models, theories and frameworks at the undergraduate level are still caught in the dilemma of using nursing theories that never were intended to be utilized for the nursing care of families (e.g. Roy, Orem). In recent years efforts have been made to modify these frameworks (e.g. Roy) to include the family. This effort has not proved to be totally satisfactory. We would rather see an integration or "marriage" between the some of the more established nursing theories and other mid-range theories (e.g. systems theory, communication theory). The ideal would be development of a new paradigm for nursing that would not focus on the numbers of persons being cared for (i.e. individual, family, community) but rather, would focus on responses to health problems from a cybernetic/systemic viewpoint. Although systems theory seems to be making its way into undergraduate family content, cybernetic theory has not. The omission of cybernetic theory prevents the understanding of the reciprocity between illness and family functioning.

Family assessment content and methods of teaching. It was very rewarding to discover that all 26 undergraduate programs reported that family assessment was taught in their curricula. Within family assessment, there were high ratings for the major dimensions of family assessment (structural, developmental and functional). We attribute this, in large part, to the adoption of the two family nursing textbooks, which have strong family assessment sections. Only the variable of circular communication within functional assessment was low; this is not surprising because cybernetic theory is not taught within many schools.

Teaching methods of family assessment again reflect the expertise of nurse educators. The most common method was by lecture and seminar, with only

half of the programs reporting use of videotape demonstration or live interview demonstration. Role play was used by less than half of the programs but, in our experience and from the literature, skills practised in role-playing are not generally transferable. Therefore, if the important skills of family assessment are to be effectively taught, students must be given the opportunity to observe nursing experts conducting family interviews.

Family intervention content and methods of teaching. The terminal objectives in undergraduate programs did not reflect a specific focus on interventions. However, when specifically questioned about family nursing intervention strategies, 21 of 26 undergraduate programs did identify specific interventions that were taught. These were of an appropriate beginning level, such as educational input. However, when questioned about the methods used to teach family interviewing skills, only 50% of the undergraduate programs utilized videotape demonstration; even less (30.8%) used live interview demonstration. In other words, there is a dearth of demonstration of family assessment, family intervention and family interviewing skills for undergraduate students. This shortage of clinical demonstration results in minimal internalization by undergraduate students of the importance of family involvement in nursing care. Increased family nursing practice by nurse educators will be the most effective and efficient way to ensure the nursing care of families.

Evaluation of family nursing clinical skills. Family nursing content is being well incorporated in undergraduate programs. This is shown by the fact that all 26 undergraduate programs evaluate family nursing clinical skills. However, the methods for evaluation do not provide accurate knowledge of the student's skill development in family nursing. The predominant methods, case consultation and process recording, do not give direct observational data to nurse educators. If nurse educators and clinicians are to be truly confident of the skill development of their undergraduate students, they must use live clinical or videotape supervision as the principal methods of evaluation. At the present moment, opportunities for observation seem to be limited by technical or logistic problems. But, we believe that, unless nurse educators are fully committed to providing competent clinical or videotape supervision, these problems will continue to be used as the rationalization for not furnishing this necessary type of observation.

Approaches to working with families. Although 23 of 26 undergraduate programs reported a family systems nursing approach, (i.e., the family as the unit of care), we did not find this consistent with other descriptions of family nursing content and teaching methods. Perhaps the distinction between family nursing and family systems nursing was not clearly understood by the respondents. There are significant gaps in many programs. For example, cybernetic theory is not frequently taught; this is crucial for understanding

the interactional phenomena of family systems nursing. Too little emphasis is put on actual demonstration or observation. However, there is a positive side to this deficit because we do not recommend the teaching of a family systems approach to undergraduate students. We believe that focusing on the family unit is beyond the level of undergraduate theoretical and clinical competence. Instead, undergraduate students should focus on family nursing, i.e., where the individual is viewed in the context of the family.

Clinical settings for family nursing and family systems nursing experience. The results for this section demonstrate that the family is particularly important in the labour and delivery, pediatric and community health clinical settings. However, the opportunities for undergraduate students to work with the family in critical care, medical-surgical, psychiatric, rehabilitation and outpatient settings are not taken advantage of.

Graduate programs

Conceptualization of family. Although eight programs offer a type of family or family-related specialty, terminal objectives related to family were almost non-existent; less than one course per program has the family as a primary focus. Further evidence of the inconsistency and confusion about family content was observed in the use of resource materials. While 5 graduate programs reported using *Nurses and Families: A guide to family assessment and intervention* (1984), a wide variety of other textbooks was identified. As in the undergraduate program results, a shortage of family journals was noted with less than half the programs using them. Even though there are graduate programs that report having a family or family-related specialty, we did not sense any organized or systematic approach to imparting family and family nursing knowledge at the graduate level in Canadian university schools of nursing.

Family assessment content and methods of teaching. Of concern is the apparent lack of family content in 4 graduate nursing programs in Canada. In only 6 of the 10 graduate programs, family assessment is well integrated with all dimensions of structural, developmental and functional assessment taught. Even circular communication was apparently taught by these graduate programs, despite the fact that cybernetic theory was reportedly taught by only 2 of the graduate programs. Four of the 6 programs (66.7%) used videotape demonstration and 50% used live interview demonstration to teach assessment skills. Content related to families with health problems was also well developed.

Family intervention content and methods of teaching. Again, 6 out of 10 graduate programs reported teaching family intervention: most of these teach beginning level intervention skills such as commendation, educational input,

etc. Advanced family intervention skills are not frequently taught at the graduate level. This is also typical of the nursing literature: knowledge from the disciplines of family science and family therapy apparently is not being used by nursing.

Family interviewing skills and methods of teaching. While 5 out of 10 graduate nursing programs in Canada teach family interviewing skills, only 3 programs use live interview demonstration or videotape demonstration to teach family interviewing skills. This, again, highlights the need for nurse educators to be clinically competent, in order to provide quality learning experiences for their students.

Approaches to working with families. Six graduate programs report a family systems nursing approach. However, advanced knowledge about interaction and reciprocity is not reflected in the level of family intervention and interviewing skills taught, nor in the teaching methods used. Two programs reported teaching a family therapy approach as well, suggesting that nursing is ready to borrow knowledge from other disciplines such as family science and family therapy.

Clinical settings for family nursing and family systems nursing experience. Similar to the undergraduate program results, the pediatric, psychiatric and community health settings continue to provide graduate students with the strongest clinical experiences in family nursing. More opportunities should be created for graduate students to work with families in the critical care, outpatient and medical-surgical settings.

Conclusion

Family nursing education in Canadian schools of nursing is flourishing in undergraduate programs, and is particularly strong in the content areas of family assessment and families and illness. However, serious deficits in the teaching of family intervention and interviewing skills exist, both in terms of content and instructional method. These areas are not well developed in the nursing literature and knowledge from other disciplines is not being incorporated: for example, Tomm's (1987a, 1987b, 1988) concept of interventive interviewing in family therapy is one example of useful techniques from other disciplines that nurse could apply.

Of greatest concern is the state of family nursing education in the small number of graduate nursing programs in Canada. Family content, with the possible exception of family assessment and families and illness, is generally not well developed or effectively taught. Advanced level practice is not evident in either the types of intervention taught or in books and periodicals used. Opportunities for graduate clinical experiences appear to be limited to

the traditional family-oriented settings. We must focus much more attention on providing all graduate nursing students, across all specialty areas, with basic family assessment and intervention skills. We need educators who can model advanced practice skills to students specializing in family nursing, providing them with quality live and videotape supervision. We need more research on the acquisition and retention of family nursing skills to evaluate and refine our teaching strategies more thoroughly. We need to move beyond descriptive studies which dominate the nursing literature, to more intervention studies that would examine the effectiveness of various family nursing interventions upon the whole family unit. We must develop and refine family intervention to move the idea of "advance practice" at the graduate level forward.

REFERENCES

Friedman, M. (1986). *Family nursing: Theory and assessment* (2nd ed.). Norwalk, CT: Appleton-Century-Crofts.

Gilliss, C.L., Highley, B.L., Roberts, B.M., & Martinson, I.M. (1989). *Toward a science of family nursing*. Menlo Park, California: Addison-Wesley.

Hanson, S.M.H., & Bozett, F.W. (1988). *Family nursing education in U.S. schools of nursing*. Paper presented at the International Family Nursing Conference, Calgary, Alberta.

Leahey, M., & Wright, L.M. (Eds.). (1987a). *Families and life-threatening illness*. Springhouse, PA: Springhouse.

Leahey, M., & Wright, L.M. (Eds.). (1987b). *Families & psychosocial problems*. Springhouse, PA: Springhouse Corp.

Logan, B.B., & Dawkins, C.E. (1986). *Family-centered nursing in the community*. Menlo Park, California: Addison-Wesley.

Sawa, R.J., & Pablo, R.Y. (1981). *Teaching family theory and family counselling in the community*. Menlo Park, California: Addison-Wesley.

Tomm, K. (1987a). Interventive interviewing: Part I. Strategizing as a fourth guideline for the therapist. *Family Process, 26*, 3-13.

Tomm, K. (1987b). Interventive interviewing: Part II. Reflexive questioning as a means to enable self-healing. *Family Process, 26*, 167-183.

Tomm, K. (1988). Interventive interviewing: Part III. Intending to ask lineal, circular, strategic, or reflexive questions. *Family Process, 27*, 1-15.

Wright, L.M., & Leahey, M. (Eds.). (1987). *Families & chronic illness*. Springhouse, PA: Springhouse Corp.

Wright, L.M., & Leahey, M. (1984). *Nurses and families: A guide to family assessment and intervention*. Philadelphia: F.A. Davis.

Wright, L.M., & Leahey, M. (1990). Trends in nursing of families. *Journal of Advanced Nursing 17*, 1-15.

Wright, L.M., Watson, W.L., & Bell, J.M. (in press). The Family Nursing Unit: A unique integration of research, education and clinical practice. In J.M. Bell, W.L. Watson, & L.M. Wright (Eds.). *The cutting edge of family nursing*. Calgary, Alberta: Family Nursing Unit Publications.

RÉSUMÉ

Soins infirmiers à la famille: sondage sur les cours offerts à ce chapitre dans les universités canadiennes

Un sondage a été réalisé pour déterminer l'importance des cours de soins infirmiers à la famille dans les programmes des universités canadiennes. Toutes les facultés ou écoles de sciences infirmières du Canada ont été invitées à y participer. On a recueilli des données sur 26 programmes de premier cycle et sur 10 programmes de deuxième cycle (taux de réponse = 96 %). Les questions posées portaient en particulier sur la théorie des soins infirmiers à la famille, sur l'évaluation et sur les aptitudes en matière d'intervention et d'entrevue. On s'est également penché sur les méthodes d'évaluation et sur les types d'expériences cliniques mettant les familles en jeu. Ce sondage a révélé que les cours de soins infirmiers à la famille sont bien intégrés dans les programmes de premier cycle, mais moins bien dans les programmes de deuxième cycle. Les programmes de premier cycle s'évertuent vraiment à enseigner l'évaluation familiale aux étudiants. Les techniques d'intervention sont moins mises en relief au niveau des deux cycles. L'étude révèle qu'il existe un besoin pressant de manuels et de revues spécialisés portant sur les soins infirmiers à la famille ainsi que de démonstrations et d'un encadrement professionnel en milieu clinique soit en direct soit par le biais d'enregistrements magnétoscopiques. Il importe également d'établir une distinction plus nette entre les soins infirmiers à la famille, les soins infirmiers au système familial et la thérapie familiale. Par ailleurs, il faut uniformiser la théorie et les aptitudes cliniques requises pour chaque démarche, depuis les notions de base jusqu'aux interventions spécialisées.

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For further information:
Pain Secretariat
3450 University Street, Montreal, Quebec, H3A 2A7
Tel: (514) 398 3770 Fax: (514) 398 4854
Telex: 05-268510 E-Mail:PAIN@CO.LAN.MCGILL.CA