Using Video Families to Teach Family Functioning

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Nurses have long considered nursing care of the family essential. Baccalaureate nursing programs generally have at least one program objective that speaks to preparing nurses to care for family units. Providing care to the family unit, in contrast to nursing individuals within the family, requires a knowledge of how the family functions as a system.

While concepts of family functioning can be learned through traditional didactic approaches such as individual reading and class discussion, the ability to assess and analyze family dynamics is best acquired through actual experience with family groups. Providing this type of experience presents a number of challenges to nurse educators, including how to locate appropriate and willing families, how to protect family confidentiality, and how to provide adequate faculty supervision of student interactions with family members. The purpose of this paper is to describe how video families were used to teach family functioning in a junior-level baccalaureate nursing course.

What was Done in the Past

In our baccalaureate program for registered nurses, theories and concepts of family functioning are taught in a course entitled "Nursing in the Early Years: The Young Family." The course emphasizes synthesis of the nursing process with concepts and theories of systems, group, and family dynamics. These theories are integrated with content about family health issues arising during the period from conception to the child's development into young adulthood. One of the course objectives is to "critically analyze family functioning." To meet this objective, a family nursing process project was assigned as part of the clinical component of the course.

The family nursing process assignment had two major purposes: (1) to provide students with an opportunity to apply concepts and principles of normal family functioning to a specific family unit with children, and (2) to encourage students to focus on the process of data analysis and synthesis necessary for the establishment of accurate nursing diagnoses.

As originally designed, the assignment required the student to work with a family unit over several weeks, making at least six home visits. During the first two visits, the student assessed family functioning using Friedman's Structural-Functional Model (Friedman, 1992). Data were analyzed and the student formulated actual and potential nursing diagnoses for the family. At this point, each student met with a faculty adviser to discuss the data and verify that the correct nursing diagnoses had been identified. During the third home visit the student validated and prioritized the nursing diagnoses with the family. The two diagnoses identified by the family as most important to them served as the basis for a nursing care plan. The student's care plan was reviewed with the faculty adviser, and the remaining three home visits were spent implementing and evaluating the care plan.

The success of the nursing process project hinged on linking each individual student with an appropriate family unit. Some years ago this was done by faculty members in cooperation with several community agencies. As the baccalaureate program grew and the number of students in each class increased, the challenge of finding families also grew. Rather than eliminating what faculty believed was a valuable learning experience, a cooperative arrangement was instituted. Each student, with guidance from a faculty member, was given the responsibility for contracting with a family.

Although it provided access to a larger group of family units, involving students in the selection of families only partially solved the problems. Availability of appropriate families was still a problem. Many otherwise interested families did not have the six to nine hours to give to a nursing student. Those who did contract to participate frequently had difficulty gathering the entire family unit together for the student's visits or decided not to complete the process for a variety of reasons, leaving the student and instructor scrambling to find a way to meet the course objectives.

Other problems included the time factor and students' choosing families that they knew too well. For several reasons, then, the three faculty teaching in the Young Family course recognized a need to change the assignment. As we reviewed the difficulties encountered when using actual families, we concluded that the course objective "to critically evaluate family functioning" could be achieved by having students focus on the dynamics of a simulated family group. We decided to pilot a project using television or movie families instead of actual families as the basis for the process assignment. We agreed to try this method for one semester and to evaluate the project from both student and faculty perspectives at the end of the semester.
Theoretical Basis for Use of Video Families

Clinical simulations provide risk-free environments in which students can practice and acquire skills. Transfer of these skills to real situations is more efficient than if the knowledge were acquired from a lecture (Dahl, 1984). A simulation experience seemed an appropriate way to teach family assessment and analysis skills. After much discussion, we agreed to pilot the use of television situation comedies and major motion pictures as vehicles for teaching this skill. By using commercial videos we could avoid one of the major disadvantages of using simulations: the time to create or construct such an experience (Kolb & Shugart, 1984; McDonald, 1987; Walljasper, 1982). These fictional families already existed and could be easily accessed by our students.

The value of experiential learning, of which simulations and the use of commercial films and television programs are a part, has long been known. As early as 1915 Dewey observed that learning occurs in society as a result of social interaction. Students need to be active and involved in the learning process if they are to discover the "connections of things" (Dewey, 1944). Although active rather than passive teaching methods were introduced in the late 1950s, formal educational systems did not adopt them readily or use them to any great extent (Hanna, 1991).

In 1970 Abt devised the OxyMoron Learning Strategy (Reilly, 1974) based on Dewey's theory as well as the Gestalt theories and Knowles' principles of adult learning. The OxyMoron Learning Strategy gives students the opportunity to solve problems, often with incomplete information, because Abt believed that real-life complex decisions often have to be made with partial knowledge. Students need to learn to think critically and to analyze situations based on the information at hand prior to generating solutions and picking the most feasible course of action.

The use of television and movie families fit the OxyMoron Learning Strategy "mode, in that students view "slices of life" and then have to make judgments and conclusions based on what they see and hear in the family scenarios. Students must depend on their own observational skills and ability to analyze behavioral and verbal cues. They are forced to use reflection and critical thinking skills to interpret the interactions as they observe, a skill that is essential in professional nursing.

The New Assignment

Faculty first identified several criteria by which television shows and movies could be evaluated for possible student viewing. The most important criterion was that the video focus on the events and dynamics of a family unit with at least one child living at home. Attempts were made to include different types of family units, including single-parent and extended families as well as the traditional two-parent family. Also included were television serials involving non-white families and one with a "special" child. Faculty selected television programs that were regularly scheduled serials available on local television channels during reasonably accessible hours. Two full-length feature movies available for video rental were also selected.

At the beginning of the course, faculty explained the assignment to students, circulated the list of accepted video families, and discussed the grading criteria for the family nursing process paper. Each student was then assigned one of the three faculty to be their family nursing process adviser. The adviser was responsible for learning about the same video family. Faculty members worked with the same group of students regarding this project throughout the semester and graded the final process papers of their advisees at the completion of the assignment.

Students were required to view one of the movies or three episodes of the same television serial. If the video family chosen was one that could be seen either as new episodes or as reruns, such as "Roseanne," students were to view one or the other, but not both. If more than one family was depicted in the video presentation, as was the case with "Parenthood," the student was guided to focus on only one family unit. Upon the basis of their observations, students completed an assessment data base on the video family. The framework for the assessment continued to be Friedman's Structural-Functional Model (Friedman, 1992).

Using the data base compiled from observing the simulated family unit, students identified all appropriate nursing diagnoses, including both family and individual diagnoses. The philosophy of the baccalaureate curriculum overall, diagnoses were to be consistent with the North American Nursing Diagnosis Association taxonomy of nursing diagnoses. The nursing diagnoses were prioritized and a plan of care developed for two of the highest priority diagnoses, one of which was to be a family-focused diagnosis. While the emphasis of the assignment was family functioning and therefore family diagnoses, it is often the case that an individual diagnosis is critical to family functioning. For example, interventions for "alteration of nutrition: more than body requirements" designed for Roseanne and her husband, Dan, in the situation comedy "Roseanne" must also include measures to ensure the nutritional health of the children in the family, who do not have weight problems.

A major purpose of the family process assignment was to encourage students to focus on the process of data analysis and the logical flow from analysis to nursing diagnosis. Throughout several years of experience with nursing process assignments, faculty had observed that often the linkage between a student's data base and nursing diagnoses was weak. In other words, students often identified nursing diagnoses that could not be substantiated by the data they had recorded. With the opportunity to view their video families several times, if needed, students were better able to reflect upon the data and verify their diagnoses.

To help students focus on the relationship between data and diagnoses, students were asked to record the analytic process through which they derived their nursing diagnoses. By reflecting upon and recording this analytical process, students became more aware of how they were using their data to establish nursing diagnoses. They seemed better able to "connect" things by completing this process.

The final piece of the assignment was the development of a family-oriented plan of care for two of the highest priority nursing diagnoses. The plans were to contain behavioral objectives and evaluation criteria as well as the rationale underlying each proposed nursing intervention.

Evaluation

In evaluating the use of television or movie families to teach family functioning, faculty identified several positive outcomes. First, the anxiety and difficulty of finding a willing family was no longer a part of the assignment, leaving more energy and time for the project. Having to rely solely on observations with the opportunity to seek additional data provided positive outcomes. Although lack of interaction with the family was often frustrating to the student, it forced increased emphasis on the analysis of nonverbal cues and communication, a skill faculty considered essential.

In a sense, being able to only observe rather than interact verbally mirrors what
often happens in actual nursing encounters. Nurses may not always be able to interact verbally with a family in order to analyze how they are functioning. Instead, the nurse must quickly and carefully observe patterns of family interaction in order to determine what help or interventions are needed.

While the use of video families did not provide opportunities for asking assessment questions of a family group and validating conclusions, faculty did not believe this was a major problem. The Young Family course is followed by a second Middle and Older Family course in which students had further opportunities to work with actual family groups and focus on the skills of verbal interaction.

Another positive outcome of the assignment was the flexibility of data collection using a videotaped family. Students had the ability to control the amount of time spent observing and reflecting on the family unit. They could also focus on what they were observing and not be concerned with their part of the relationship or what they would say in an actual interview situation. In comparing student data bases to those developed by previous students working with actual families, faculty concluded that in spite of the inability to interact verbally with families, there was little or no difference in the students' assessments of family functioning.

As could be expected, a few problems also emerged. Television situation comedies tend to raise a problem and then solve it, all in one episode. It was questioned whether this problem was still a nursing diagnosis even though it was resolved? Students were advised to assess whether the problem reflected a pattern that could continue, and, as such, should become a nursing diagnosis. The movie “Look Who’s Talking” presented a unique difficulty in that it spanned about two years. In this case, students could choose to present the data at one point in time, or present it for the entire movie, and then state nursing diagnoses that were resolved as well as those still active. The most important factor was that students learn family functioning and nursing care needed for families. Those objectives were met well in using the fictional families.

How did students feel about this clinical exercise? Generally, reactions were favorable. The students believed they learned about families, and developed their skills in observing for values or roles or socialization practices. They expressed some frustration with the inability to interact verbally to assess a structure or function. Students commented that they were surprised at how much time the assessments took, and were glad some clinical time was allotted for the project. Two students said they wished they could have worked with real families. One student wrote in her evaluation that she will never watch television in the same way again.

Recommendations

For accountability reasons, faculty-student conferences had been mandatory when students were working with real families. With the video family projects the conferences had been made optional. While students were encouraged to seek help, in actuality only a few did. In retrospect, faculty judged that student learning would have benefited from additional faculty supervision. In the future this additional supervision will be built into the assignment. Since several students will be observing and analyzing the same video family, opportunities to discuss the family process in small or large groups will also be built into the course.

Faculty decided to be more selective in the choice of programs given to the students. We will continue to use and seek additional videos that portray family problems realistically, as well as those that show typical family interactions such as sibling rivalry, miscommunications, and communications between the generations. Using a variety of family types was identified as a strength. Group discussions and other cooperative learning strategies will be used to encourage students to share how family functioning varies among the different types of families, and to discuss ways to improve family functioning in their particular families (Glendon & Ulrich, 1992).

The faculty agreed that the family nursing process using video families is a worthy assignment. It supports the principles of adult learning as it allows students to complete a part of clinical on a flexible schedule. It also supports the principles of experiential learning and critical thinking in that students must actively reflect on and make decisions based on what is seen in the video. It is indeed a positive learning experience.

References


