ABSTRACT

Background: Nursing practice with families is essential because a family member’s illness affects the family and, reciprocally, the family influences health outcomes. Yet, nurses often report a lack of confidence in their ability to meet the needs of families, whereas family members often describe troubling experiences with nurses. These challenges may have beginning roots in nursing education. This article explores the use of simulation in the formation of family-focused generalist nurses. Method: Simulation pedagogy was used to guide students in developing an understanding of the importance of family nursing care, gaining confidence in family practices, and developing family competencies. Results: Innovative simulation learning experiences in an undergraduate nursing curriculum helped students to learn how to develop nurse–family relationships and gain humanistic skills of family nursing practices. Students and faculty reported that simulation guides students to achieve meaningful outcomes. Conclusion: In this curriculum, faculty consistently directs attention to the family in simulation learning experiences, and students value this pedagogy.

This article proposes expanding simulation pedagogy beyond the usual practice of technical skills to family nursing practice and offers unique perspectives for teaching the significance of family care in nursing education and practice. From an individual’s initial symptoms through diagnosis and management, a family member’s illness has an intense impact on the family and, equally, the family influences health outcomes (Chesla, 2010; Northouse, 2012; Wright & Leahey, 2013). Whether the illness is chronic or acute, multiple family responses contribute to a complex experience that affects the individual with the illness and the health of the family (Davidson et al., 2007; King et al., 2013). Yet, nurses report concerns with their ability to provide nursing care to families, and families often describe troubling relationships with nurses (Santiago, Lazar, Jiang, & Burns, 2014; Vandall-Walker & Clark, 2011).

Such gaps in family practice possibly have roots in the education of nursing students. The purpose of this article is to describe innovations using simulation in an undergraduate nursing curriculum to teach family nursing care and family nursing skills. Extending simulation pedagogy beyond the individual patient to family nursing practice has the potential to improve health outcomes and educational approaches. This article highlights selected literature that supports this approach to family simulations, describes family simulation methods, and explores the evaluation processes.

Background

Evidence indicates that families have a powerful influence on health and the course of a chronic condition (Chesla, 2010; Weihs, Fisher, & Baird, 2002). The illness of an individual creates a shared family experience that is filled with responses such as fear, suffering, and uncertainty, which can often overwhelm a family’s coping abilities (McDaniel, Doherty, & Hepworth, 2014). Families must often make decisions for an ill family member or assume a caregiving role when a family member returns home from a hospitalization (Popejoy, 2011; Wiegand, 2012). Nurses play pivotal roles in guiding families, comforting family members, and advocating for families by developing a partnership with families during a patient’s illness (Bell, 2011; Svanvardsdottir & Sigurdardottir, 2013; Svanvardsdottir, Sigurdardottir, & Tryggvadottir, 2014). Families need nurses who include them in their loved one’s care, acknowledge the difficulties of their experience, and guide them in coping (Hardin, 2012; Khalaila, 2013). Without nursing practice focused on the
family, the individual with an illness could face readmissions, poor outcomes, and dissatisfaction (Bauer, Fitzgerald, Haesler, & Manfrin, 2009), causing the family to face added stress and challenges (King et al., 2013).

Despite the increasing knowledge of the importance of family nursing, research continues to report deficiencies in the current state of family nursing practice and limitations in the relational practice of nurses caring for families (Coughlin, 2013; Duhamel, 2010). Nurses report a lack of competence and confidence in focusing on the family, whereas families describe limited, and often difficult, interactions with nurses (Mak, Chiang, & Chu, 2013; Vandal-Walker & Clark, 2011). Nurses often feel ill prepared to develop caring relationships with family members and often prioritize individual relationship building and obtaining technical skills over developing family unit or relational skills (Eggenberger & Regan, 2010; Riley, White, Graham, & Alexandrov, 2014). Such concerns in family practice may occur due to nursing education’s lack of focus on family care (Duhamel, Dupuis, & Girard, 2010; Nyirati, Denham, Raffle, & Ware, 2012).

**Simulation Pedagogy**

Simulation activities that mimic the reality of a clinical environment are rapidly becoming a prevalent pedagogy in nursing education and practice (Bultas, Hassler, Ercole, & Rea, 2014; Jeffries, 2005; Richardson & Claman, 2014). Simple tasks with low fidelity and complex scenarios using high-fidelity resources (Khalaia, 2014) are currently components of many nursing education curricula. Simulation allows faculty to construct learning scenarios that provide students with the opportunity to apply nursing concepts, with immediate feedback on their performance and clinical judgment (Johnson et al., 2012). As faculty guide simulation learning, the student can gain competence and confidence in new skills, as well as gaining understanding of illness experiences (Eggenberger & Keller, 2008; Lasater, Hinton, & Adamson, 2012; Youngblood, Zinkan, Toft, & White, 2012). The primary focus of simulation pedagogy in education is teaching technical or psychomotor skills related to patient experiences (Fisher & King, 2013; Gerolimenou et al., 2014; Harris, Pittiglio, Newton, & Moore, 2014; Hayden, Smiley, & Gross, 2014). Yet, simulation provides a safe environment, where students and nurses have the opportunity to critique their ability to initiate family–nurse relationships and implement family-focused nursing actions (Eggenberger & Regan, 2010).

**Family Nursing Education Through Simulation Pedagogy**

Simulation provides innovative approaches for nurse educators to use technology to help students gain competence in the humanistic and relational skills of family nursing practices. Faculty at Minnesota State University, Mankato, School of Nursing, worked to develop nursing education curricula and pedagogies that would improve family nursing practice (Eggenberger, Young, & Krumwiede, 2014). Pedagogies focus on developing therapeutic nurse–family relationship skills and family nursing actions such as supporting, comforting, teaching, and communicating. A goal has been to influence students’ beliefs so that they fully embrace family nursing. Faculty teach from a standpoint that improving family nursing practice depends on consistently directing attention to the family throughout formalized nursing education in all simulation learning experiences. From these simulations, family thinking can be generalized to any setting and transferred to specific contexts and cultures.

A useful simulation teaching strategy in this curriculum has been analyzing two scripted simulation videos of contrasting exemplars—one that is patient centered and one with a family-focused practice. Students are first shown a simulation of a nurse’s interaction with a family in the hospital environment during an admission process, with a focus on patient-centered care and little acknowledgement by the nurse of the family’s presence. The second video focuses on using the family-as-unit-of-care approach, where the family is included in the patient’s care, and the nurse begins developing a partnership with the family. Students compare and contrast the nursing practice in those two scenarios, and the following questions are asked: “How does it feel for the family when the nurse does not introduce himself or herself and walks in the room to begin a procedure?” “How does a patient experience care with and without the presence of a family member?” and “What are the outcomes of a nurse reaching out to develop a partnership with the family?” Faculty guide the ensuing discussions about the balancing of nursing actions focused on individual symptoms and family concerns. Student peer group discussions address their experiences as role-playing family members in an illness experience. Videotaped simulations created by Minnesota State University, Mankato, School of Nursing, faculty are available on the school’s Web site (http://mavtube.mnsu.edu/goto.html?id=0_zu0c0doj). Students move from the format of observing a simulation to participating in actual simulation learning experiences throughout their nursing courses.

**Simulation Learning Experience**

Each simulation scenario includes elements of student learning outcomes, nursing skills and family competencies foci, family audio recordings, scientific literature readings, and family assessments. In preparation for the simulation experience, students complete pre-simulation learning, which includes reading research articles and a family history of the patient. Next, students participate in a simulation experience while peers observe the scenario unfold, and peers provide feedback about nursing approaches that address the ill individual and his or her family.

Simulation scenarios have learning outcomes related to family nursing practice. For example, in addition to the usual competencies, such as maintaining a sterile field, students are also coached on performance related to family competencies, such as conducting family assessments that include a family genogram and ecomap. A variety of family competencies are taught and observed in simulations (Table 1). Simulations integrate the teaching of technical and family skills. For example, a student learns to perform a technical skill, such as a dressing change, while developing therapeutic relationships with a family member who is the caregiver. The competencies were developed in partnership with members of the International Family Nursing Association Practice Committee (2015), who recently published the position statement on generalist competencies for family nursing practice shown in Table 2.
Simulation Debriefing

Following the simulation practice experience, students and faculty participate in a debriefing dialogue that includes a focus on the family (Levett-Jones & Lapking, 2014). Faculty have developed a structured, guided, debriefing process that integrates research and practice, explores relational and psychomotor skills, and directs attention to the individual and family health. During this reflection time, students explore their feelings as observers, nurses, and family member role-players. Students who played family members share their feelings in that role, often noting their frustrations if the nurse did not address their concerns. During the debriefing, students are consistently asked to reflect on their care of the family. Such reflective questions include:

- Let’s explore the challenge of carrying out the psychomotor skill while you care for the patient and the family. What was that like for you?
- How did it feel to be a family member during this simulation?
- What actions did the nurse take that you found helpful?
- How could the nurse have been more inclusive, supportive, and comforting?
- What would you identify as priorities for the family during this simulation?

A debriefing video that addresses reflections and family constructs can be found on the Minnesota State University, Mankato, Web site (http://mavtube.mnsu.edu/goto.html?id=0_qaatzfqo).

Family constructs reflect a broader idea about family science and practice than do concepts, and in the authors’ school of nursing, family constructs provide a coherent framework to discuss family phenomena and related nursing actions. Table 3 shows examples of family constructs and family-focused nursing actions included in the simulations.

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<tr>
<th>TABLE 1</th>
<th>Competencies Related to Family Nursing Science and Practices Addressed in Simulations</th>
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<tbody>
<tr>
<td>Explore family and societal health concepts</td>
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<td>Explore family functioning in relationship to the environment</td>
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<td>Understand the contextual nature of family and societal health</td>
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<td>Recognize the reciprocal nature of the human health experience within the family unit</td>
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<td>Validate families' past experiences, present situation, and future endeavors</td>
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<td>Integrate the belief that nurses have a commitment and moral obligation to support family and societal health</td>
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<td>Recognize that all verbal and nonverbal family communication is meaningful</td>
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<td>Communicate with family about data collected during a family assessment, using a genogram and ecomap</td>
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<tr>
<td>Empower the family with knowledge and self-efficacy to make informed health care decisions</td>
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<td>Use current evidence related to the family health experience and family-focused nursing actions</td>
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<tr>
<td>Implement a nurse–family practice model that demonstrates the significance of connections, interactions, relations, and communications</td>
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<td>Examine the power and beliefs of the nurse–family relationship during the health and illness experience</td>
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<tr>
<td>Investigate and use nursing strategies and actions that support family and societal health</td>
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<tr>
<td>Develop therapeutic relationships with families during health and illness experiences</td>
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<td>Understand the processes that impact family interactions and assist families to construct health routines that meet family goals</td>
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<td>Examine society as containing multiple family units and recognize the family unit in the concept of the whole is greater than the sum of its parts</td>
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<td>Demonstrate leadership by enhancing family and societal nursing care</td>
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<th>TABLE 2</th>
<th>International Family Nursing Association’s Family Nursing Practice Competencies: Generalist</th>
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<tr>
<td>1. Enhance and promote family health.</td>
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<td>2. Focus nursing practice on families’ strengths; the support of family and individual growth; the improvement of family self-management abilities; the facilitation of successful life transitions; the improvement and management of health; and the mobilization of family resources.</td>
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<tr>
<td>3. Demonstrate leadership and systems thinking skills to ensure the quality of nursing care with families in everyday practice and across every context.</td>
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<td>4. Commit to self-reflective practice based on examination of nurse actions with families and family responses.</td>
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<td>5. Practice using an evidence-based approach.</td>
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Nursing Curriculum With a Family Focus

Students in this curriculum are required to think of the family in all simulations, regardless of the setting. The simulation learning laboratory includes suites focused on the acute care setting and a replicated home setting. The school of nursing faculty has developed a nursing curriculum focused on the individual, families, and society. Rather than the usual focus on individual symptoms, such as dyspnea and medical diagnoses of chronic obstructive pulmonary disease, simulation scenarios also integrate phenomena related to family nursing science. For example, constructs such as anxiety and stress with illness in a family and the caregiving experience in chronic illnesses are addressed. The significance of a nurse–family relationship and ongoing communication with families is explored. A framework of family nursing constructs informed by the science of family nursing knowledge and the practices of family nursing interventions currently provides direction for faculty members as they plan simulation learning experiences in courses (Eggenberger, Krumwiede, Meiers, 2015; Young, Krumwiede, & Eggenberger, 2014). Faculty contend that simulations focused on encouraging students to gain the knowledge, skills, confidence, and attitudes necessary for providing family-focused nursing actions at the undergraduate level can advance family nursing practice and the health of families (Christian et al., 2013; Royle et al., 2013).

Evaluation

Evaluation processes related to simulation pedagogy include instruments that collect quantitative and qualitative data. Course evaluation tools seek student responses related to the

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<td>Examples of Family Constructs and Family-Focused Nursing Actions Included in the Simulations</td>
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**Family Caregiving and Family-Focused Nursing Actions**
- Explore the self-defined membership of family and assist in identifying an extended family network
- Identify family members’ current roles in providing care for individual family members with an illness and family unit, and create an ecomap
- Identify priority concerns in family caregiving (Williams, Williams, & Williams, 2014)
- Assist the family in negotiating caregiving (Popejoy, 2011)
- Assess, recognize, and acknowledge caregiver role strain (Mosher, Bakas, & Champion, 2013)
- Challenge constraining beliefs that negatively impact family health-promoting behaviors (Wright & Bell, 2009)
- Strengthen facilitating beliefs that positively impact family health-promoting behaviors (Wright & Bell, 2009)
- Support the empowerment of family to develop and attain their goals
- Commend family strengths and praise efforts to meet needs (Wright & Leahey, 2013)
- Arrange and guide a family meeting to discuss caregiving needs and concerns (Nelms & Eggenberger, 2010)

**Family Anxiety and Family-Focused Nursing Actions**
- Explore family members’ perceptions of threats with illness (Boss, 2002)
- Discuss the actual and perceived threat, with caution about minimizing threats
- Develop therapeutic conversations with family members and family unit (Svavarsson, Sigurdardottir, & Tryggvadottir, 2014; Svavarsson, Tryggvadottir, & Sigurdardottir, 2012; Wright & Bell, 2009; Wright & Leahey, 2013)
- Be diligent in sharing consistent information
- Provide open, honest, clear, and direct information
- Invite family questions and repeat information as often as needed
- Use the one-question question technique to elicit and focus family concerns (Duhamel, Dupuis, & Wright, 2009; Wright & Leahey, 2013)
- Enact nurse presence: Stay close to patient and family while listening and sharing information and providing care (Gardner, 1985)
- Reassure family member(s) about the quality of nursing care and nursing concern for family and the individual with an illness
- Use family commendations (Wright & Leahey, 2013)
- Explore and examine family management strategies (Knafl, Deatrick, & Havill, 2012)
- Explain how family can assume advocacy role (Meiers & Brauer, 2008)
- Offer to be present for family communications and guide family interaction to ensure respect, with all voices being heard (Årestedt, Benzein, & Persson, 2015)
- Encourage family discussions about conflicts, differences, and issues (Wiegand, 2012)
- Encourage family dialogue about concerns and needs
- Plan and guide family meetings (Nelms & Eggenberger, 2010)
perceived effectiveness of simulations and quality of learning through simulations. Initial data suggest that students and faculty value simulation experiences and that they view these approaches as useful to family nursing education and curriculum outcomes. Faculty guide discussions about the nursing actions that help nurses to develop a nurse–family relationship to ease the suffering of the family and patient. As students discuss their experience of role-playing the family member of a critically ill patient, they are able to empathize with the fear and anxiety of a family illness experience. Several selected quotes from students’ reflection papers demonstrate ways that faculty guide student learning during a simulation to achieve meaningful outcomes, such as:

- I totally understand a family not wanting to leave the side of their family member in the hospital, and now I know how to invite them into the room.
- Being a family member [playing the role of the wife of a chronically ill man with a sudden critical illness] helped me understand the wife’s feelings. I actually became anxious when the nurse did not include me or listen to me. And I could tell that my husband [the manikin] was also being negatively affected.
- She [the peer who played the role of a nurse who invited the family into the patient’s room] really made the wife feel welcome and offered her the needed support.

During debriefings, faculty can help students express their feelings about family illness experiences, family nursing, and caring practices. Faculty are also able to use simulation strategies to explore the nature of nursing. For example, one student stated during a simulation debriefing, “This is the kind of nurse I want to be…someone who cares for the person and family.”

Summary

Family scholars call for a commitment to family care (Bell, 2011; Wright & Leahey, 2013). This article describes a nursing curriculum that extends simulation pedagogy from the usual individual and technical skills focus to family nursing practice. Expanding nursing education learning experiences to focus on family care through simulation pedagogy is promising for nursing students, nursing practice, and families. Simulation may be the innovation needed to integrate relationship and psychomotor skills in nursing education and practice. A focus on family nursing practice in simulations has the potential to ignite in family nursing practice in simulations has the potential to ignite in family nursing practice through simulation pedagogy is promising for nurse practitioners. This article describes a nursing curriculum that extends simulation pedagogy from the usual individual and technical skills focus to family nursing practice.


References


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