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NURSING STUDENTS' PERCEPTIONS OF THEIR EXPERIENCES WITH FATHERS DURING THEIR FAMILY NURSING CLINICAL PRACTICUM¹

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ABSTRACT: There is consensus that supporting fathers' involvement in their children's care is essential and that nurses can play an important role, facilitating this process. There is little evidence about how nurses' education as family nurses enable them to work with fathers. This study aimed to explore undergraduate nursing students' perceptions of their experience with fathers during family nursing clinical practicum. An exploratory descriptive qualitative study allowed twelve nursing students to participate in a one-hour interview, at a university of Central Canada. The critical incident technique was used for data collection and analysis was done with N Vivo7. Four themes reflected students' experiences: Experiencing critical events with fathers; Perceiving fathers and father involvement as important; Building a relationship with fathers and Reflecting upon formal education and clinical practicum. Family nurses need to revisit their attitudes towards fathers and make space for this important member of the family in health care situations.

DESCRIPTORS: Father. Students, nursing. Family nursing. Education, nursing. Critical incident technique.

PERCEPÇÕES DE ESTUDANTES DE ENFERMAGEM SOBRE SUAS EXPERIÊNCIAS COM PAIS DURANTE A PRÁTICA CLÍNICA EM ENFERMAGEM FAMILIAR

RESUMO: Existe consenso de que apoiar o envolvimento dos pais no cuidado de seus filhos é essencial e que os enfermeiros desempenham um importante papel, facilitando esse processo. Há poucas evidências sobre como o ensino de enfermagem familiar capacita enfermeiros para trabalhar com pais. O estudo objetivou explorar a percepção de estudantes de enfermagem sobre suas experiências com pais durante a prática clínica de enfermagem familiar. Estudo qualitativo, descritivo-exploratório, com doze estudantes de enfermagem que participaram de uma entrevista de uma hora, em universidade canadense. Utilizou-se a técnica do incidente crítico para guiar a coleta dos dados e o N Vivo7 para análise. Quatro temas refletiram as experiências: Vivenciando eventos críticos com pais; Percebendo a importância dos pais; e seu envolvimento com eles; Construindo uma relação com os pais e Refletindo sobre a formação e a prática clínica. Enfermeiros da família necessitam rever suas atitudes e abrir espaço para este importante membro familiar nas situações de cuidado em saúde.

DESCRIPTORES: Pai. Estudantes de enfermagem. Enfermagem familiar. Educação em enfermagem. Análise e desempenho de tarefas.

PERCEPCIONES DE ALUMNOS DE ENFERMERÍA SOBRE SUS EXPERIENCIAS CON PADRES DURANTE SU PASANTÍA CLÍNICA EN EL ÁREA DE ENFERMERÍA FAMILIAR

RESUMEN: Existe consenso que apoyar la participación de los padres en el cuidado de sus niños es fundamental y que los enfermeros pueden ser facilitadores de este proceso. Hay pocas evidencias sobre como la educación de enfermeros de la familia les capacita para trabajar con padres. El estudio tuvo como objetivo explorar las percepciones de alumnos de pregrado en enfermería sobre sus experiencias con padres durante su pasantía clínica en enfermería familiar. Investigación cualitativa exploratoria y descriptiva con doce alumnos que participaron en una entrevista de una hora, en una universidad canadiense. Para el análisis se utilizó N Vivo7. Cuatro temas reflejaron las experiencias: Vivenciando eventos críticos con padres; Percibiendo padres y su involucramiento con ellos como importantes; Construyendo un relacionamiento con padres y Reflexionando sobre educación formal y pasantía clínica. Los enfermeros de la familia necesitan visitar sus actitudes y abrir espacio para ese miembro importante de la familia en situaciones de atención a la salud.

DESCRIPTORES: Padre. Estudiantes de enfermería. Enfermería de la familia. Educación en enfermería. Análisis y desempeño de tareas.

INTRODUCTION

Nursing educators have long recognized that families are an important target of care, and as such, multiple family nursing courses have been developed internationally. Fathers are important members of the family. A significant number of scholars¹ have paid attention to the development of the father's role in the family, particularly in regards to father involvement in their children's health and care. Optimal father involvement occurs when a father is highly motivated, has adequate parenting skills, receives social support for his parenting, and is not undermined by work or other institutional settings. Researchers strongly assert that fathers who are actively involved in their children's lives from an early age are more likely to participate in their care and education when the child is two years old.¹ Considering the multifaceted impacts of fathers' involvement on their children's well being, that of their spouse and themselves, a primary goal for nursing educators is to foster, both theoretically and clinically, nursing students' competencies in engaging and sustaining father involvement.

Currently, little is known about what is actually taught in regards to fathering in nursing curricula. Nor do we know what beliefs and attitudes undergraduate students hold towards fathers and how they perceive their nursing interventions towards fathers. This information is critically needed to develop specific nursing interventions to enhance fathers' involvement in their children's health and care. Therefore, the focus of this research was to explore nursing students' perceptions of fathers and their perceptions of their experience with them during their family nursing clinical practicum.

LITERATURE REVIEW

The impact of father involvement on children is well-known. Fathers' involvement benefits children, having major effects on their cognitive, intellectual and socio-emotional development, on their social competence and their sexual identity.² This involvement supports mothers, for example by relieving the weight of being a sole parent in regards to education and daily living activities. It is also known that fathers' involvement with their children benefits men themselves, enhancing their satisfaction in their marriage³ and their overall satisfaction in their affective life.⁴

Fathers participate more in child care activities when they are supported by their spouse⁵ and significant others.⁶ Recent research has demon-

strated that nurses are considered as significant others for fathers, especially in the perinatal period⁷⁻⁸ and when children are under five.⁹ Nurses' collaborative interventions alleviate fathers' anxiety, stress and sustained perceptions of efficacy. In the same researches, fathers underlined that not all nurses responded adequately to their needs. Fathers shared that nurses met mothers' needs more regularly than theirs. Nurses failed to notice and respond to fathers' worries, to a point that some fathers felt "useless, invisible".⁸⁻¹⁰ These behaviours had been described previously by Ménard,¹¹ who, in a qualitative study carried out with ten nurses found that mothers were nurses' privileged speakers. For these nurses, initiating contacts with fathers was accidental, for they failed to perceive fathers' benefits in being involved with their children. Part of the problem might be related to how fathers are perceived by nurses. As such, a study carried out with 205 health professionals, from which 35 (18%) were nurses revealed that fathers were perceived much more negatively than mothers. While mothers had twenty different positive attributes, ranging from intelligent to involved, fathers were only found to be "funny" by health professionals.⁹

Nurses' abilities to interact with men might also be an explanatory factor. Research shows that psychosocial practices with men may not be the same as with women. Men's ways of asking for help and of interacting with help caregivers have been noted for some time to be different from women's behaviours.¹² Men's socialization predispose them to value independence, to the detriment of vulnerability. They thus ask for help less often than women, and typically wait till they are in crisis to do so.¹² This influences the subsequent relationship that is established with the helping professional, especially in a health context. Nurses are often women, hence it might be disturbing for them to engage face to face with men who are in distress, who may be expressing anger and other hostile behaviours. Moreover, the principles of help giving have been developed on a feminine, more than a masculine mode. Nursing interventions encourage expression of emotions, verbalisation and introspection as a principal means of help giving during crisis situations. On the other hand, a review of best practices with fathers demonstrated that action oriented strategies are most likely to meet men's needs. Engaging men in helping relationships requires being able to create an environment where their strengths and active involvement will be supported.¹³

Considering that health professionals interact daily with fathers, and that support of father involvement is an important dimension of family nursing, there seems to be a gap between fathers' actual needs and the help provided. Some authors have stipulated that nurses' personal beliefs might impact on the quality of care given to fathers.^{11,14} Others have hypothesized that undergraduate teaching and learning, in nursing and other health professions, was not oriented towards supporting fathers' involvement.^{11,15} While there is consensus that supporting fathers' involvement is essential and that nurses can play an important role as such, there is limited evidence in regards to how nurses are prepared during their schooling to intervene with fathers.⁹ Therefore, the purpose of this study was to gather data regarding undergraduate nursing students' perceptions of their experience with fathers during their clinical practice in order to recommend which father related issues should be integrated in nursing curricula.

The intent of this study was to explore and describe undergraduate nursing students: a) perceptions of fathers, including beliefs held towards fathers; b) perceptions of their experience with fathers, including nursing interventions, during their clinical practice; c) their recommendations for further curricula development.

METHOD

An exploratory descriptive qualitative research design allowed the exploration and description of undergraduate nursing students' perceptions of fathers and of their nursing interventions and recommendations. The following questions guided this study: 1) How do undergraduate nursing students perceive fathers and their nursing interventions towards them during their clinical practicum?; 2) How do nursing students perceive they were prepared during their studies to intervene with fathers?; 3) What are their recommendations to improve nursing curricula?

The study was carried out during the summer of 2006 in a university of Central Canada, which offers an undergraduate nursing program. This university offers a three and a half years nursing baccalaureate program, which includes nine clinical practicums, in different settings (hospital and community health centers). Two clinical practicums pertain specifically to nursing care with young families in a perinatal or pediatric context. They each last 135 hours. A total of 25 nursing students were eligible to participate, the inclusion criteria being:

a) to study in the undergraduate nursing program; b) to have completed a 135 hours of clinical practicum with young families, which involved nursing interventions with mothers and fathers; c) to be available for an interview in the summer of 2006.

Having gained approval from the University of Quebec en Outaouais' Ethics Committee (Approval #211), the research assistant offered a group information session to all students eligible for the study. Students were invited to participate in a 45 to 60 minutes interview, using the critical incident technique. Sequential sampling allowed all eligible students to be included in the study till data saturation was reached. Participants were given an appointment, by the research assistant, for an interview at a time and place that were convenient for them. Informed written consent was obtained for the interview and for audiotaping the interview. To maintain data confidentiality and anonymity, every student was attributed a code number and referred to solely by this number. Thus, twelve undergraduate students participated in interviews and answered a brief sociodemographic questionnaire. All names have been changed, to respect anonymity.

Because it allows the lived experience of students to unfold, the critical incident technique seemed appropriate as a means of data collection to fulfill this study's purpose. The critical incident technique allows in-depth exploration of specific incidents and behaviours, which have had an impact on the person's development.¹⁶ Thus interpretation of students' discourse should reveal the complexity of their experience with fathers. Examples of questions that were asked are as followed: What is the first word that comes to mind when thinking of fathers? Think about fathers with whom you've met during your clinical practicum. How would you describe these fathers? Think of the interactions you recently had with fathers. Are there some that were more significant for you? Please describe an incident that stood out for you, either positively or negatively, which illustrates the relationships with fathers that you have had during your clinical practicum.

Data analysis was done with the support of NVivo 7.0. The following procedure was observed followed. Recorded data was transcribed. Transcripts were read by both researcher and research assistant and an inductively generated list of codes with descriptive comments emerged. Transcribed texts were then coded using this coding tree with the support of NVivo 7.0. Re-coding was used to

control subjectivity. Four interviews were selected at random and an independent judge (a second researcher well versed in the field) coded the verbatim with the coding tree. Each double coded interviews were then independently validated by a third researcher through comparison (with a 95% agreement rate). Four themes emerged, reflecting students' experiences with fathers during their clinical practicum. These were: Experiencing Critical Events with Fathers; Perceiving Fathers and Father Involvement as Important with the two sub themes: "Differences between Fathers" and "Differences between Mothers and Fathers"; Building a Relationship with Fathers, with the three sub themes: "Relationships with Fathers are Different", "Working at the Relationship" and "Taking Care of or Being with"; and Reflecting upon Formal Education and Clinical Practicum.

RESULTS

The twelve students had completed their second year in the program and worked with fathers during their clinical practicum, mostly in hospitals and community centers. Ten participants were women and two were men. Sixty per cent of students (n=7) were less than 30 years old. Eighty five percent (n=10) planned to work with fathers or parents after graduation.

Experiencing critical events with fathers

Nursing students inform us that they are confronted to a variety of situations with fathers. Students report incidents regarding physical health problems of the child or mother as being significant to them, for example: a premature birth, the birth of a child with a physical or mental disability, the hospitalization of a child with a chronic illness, a caesarean birth or a birth after a perinatal death. *The mother had a caesarean. The baby needed to be revived. I could feel the father's anxiety. We gave him the baby. I could feel that the father was really sad, he was afraid, I felt it. But we couldn't, I couldn't come forward. I tried, "how is your baby", I tried to talk, to help him verbalise his fears, you know. He was a big man, and what stood out for me were his fears, his distress, I wasn't able, I was helpless to help (Mark).*

Social situations, for instance a single or a divorced father, an immigrant father or a father suspected of abuse, are challenging for the students. *There was this father, from an Arab culture. Birthing is really a women thing, mothers, and aunts, usually get involved. The father has no space. But in*

Quebec, they are alone, he has no choice. I know that culturally, Arab fathers are not involved, changing diapers, bath, but here, I have to convince him so that not all rest on the mother [...] they don't have a social network [...]. This father didn't know anything [...] so how do I get him involved and respect his culture? [...] I showed him how to change a diaper, not the bath...but it was hard communicating, they had just arrived, he had a lot of difficulty in French, so I had to make sure he understood. Teaching was limited (Angela).

Several students share feelings of inefficacy in regards to specific nursing skills required by these events, such as the ability to support. Lacking expertise, for example on how to explore fathers' feelings, are often cited as the source of these feelings of unease, as expressed below. *I did not feel at ease to, I was not very competent [...]. And even today, I think, I could have done this, said that (Daniela).*

Perceiving fathers and father involvement as important

The first element that stands out is that the nursing students in this study shared generally positive perceptions of fathers. Descriptors that were used to describe them included: present, involved, interested, comprehensive, and happy.

Some of the perceptions of fathers that students shared spoke of their beliefs regarding fathers and father involvement. Most nursing students were convinced that it is important to involve fathers. Father's involvement was seen as benefiting the mother. They were seen as a support for mothers, relieving them of the weight of sole responsibility for tasks. *She can't always make all the decisions that she would eventually, so I think the father is there for that. To help her make decisions (Lara).*

Only a few students mentioned the benefits for the children of having an involved father, and their comments remained quite focused upon the actual circumstances, such as stimulating a premature baby: [...] *another kind of touch, security, contact, stimulation (Daniela).* A few students were able to find some benefits for fathers themselves to be involved, such as recognizing his parental status: [...] *we tend to go more and more towards breastfeeding so, the fact is, the father will not be able to feed the child if the mother is breastfeeding. So, there are other ways for him to take care of the infant, like giving the bath (Suzana).* Thus, nursing students in this study recognized the importance of fathers' involvement, even though this involvement was seen mostly as supporting mothers' or children' well being.

Differences between fathers

Not all fathers are perceived in the same way, fathers of two or more children being described by nursing students as more involved than first time fathers. *Fathers who had children were very involved in the infant care. For example, a father asked to give the baby's bath. First time fathers, however, were afraid to hold their baby. They don't even want to change diapers* (Frances). First time fathers were perceived as being more worried, anxious, stressed, less confident, more withdrawn and hence requiring advices from a competent professional. *To see how fathers were afraid...maternal instinct, it's not true, it's parental instinct, I think. Everything can be learned. But it seems, there is no model, they don't know what to do, the mother knows, but the father is just afraid* (Suzana).

Differences between mothers and fathers

Some students held beliefs regarding the specificities of men and women as parents, fathers were then described as different from mothers. Being "different from mothers" meant that fathers were seen "as just as good or better than mothers" or "not as good as mothers". In face of children with chronic health problems, for example, fathers were seen as *more patient and better able to support the child when they are involved* (Betty). When fathers were described as "not as good as mothers" they were portrayed as less involved, or even, less knowledgeable than mothers, for example, in regards to breastfeeding: [...] *they don't know what breastfeeding is about, why you have to breast-feed* (Karoline). Students who perceived fathers as different from mothers were able to name specific behaviors and attitudes held by men. *Fathers need to know everything that is going on as soon as events are happening, that we answer their questions when they have some* (Suzana). At times, though, this "different from" stance was imprinted with stereotypes. *The bath is a father's job* (Angela).

For others, each parent was depicted as interchangeable. When fathers were perceived as being similar to mothers, they then were described as having the same needs and expectations as mothers. *We learn to take care of, caring for mothers, caring for fathers. You know, taking care of someone, at the bottom line, there, you just don't put a sex to taking care of, because, it remains, reassuring, giving them confidence, teaching. Doing it with mothers or fathers, it is the same teaching, only, he won't be breastfeeding* (Jenny). As such, students who held "the same as" perceptions failed to see the specificities of

interacting with men. They tended to adopt with fathers the same strategies that they did with mothers. *I have this teaching sheet, and I go through, with both parents, to know if everything is mastered... Everything I need to do with mothers, ideally, I should do with fathers too* (Angela).

Building a relationship with fathers

The three subthemes that were identified under the theme of "Building a relationship with fathers" pertained to "Relationships with fathers are different", "Working at the relationship" and "Taking care of or being with".

Relationships with fathers are different

Students in our study, in spite of their being able to recognize fathers' importance, mainly focused their attention upon mothers. Men were thus a challenge for the majority of these students when it came to building a relationship. This difference could stem from the gender issue of women interacting with men: [...] *it's mostly a women's environment, when women speak with women, things go well. When we speak to the other sex, it is less obvious* (Angela). But male nursing student were just as likely to have difficulties interacting with fathers. *There was this intimacy bubble between the mother and the father, and I couldn't enter it in any ways.* (Mark). In a sense, the expectations that students felt fathers had towards them hindered building a relationship with them. Nursing students shared the beliefs that fathers expected them to be competent and in control, which brought about different behaviours on fathers' parts towards them. Fathers would question students more, for example: [...] *they find we don't have enough experience. They ask questions, did you ever see this before, how many patients have you had? In what year are you? How many clinical practicum have you done? There is a lack of confidence in us. I told you, we need to establish a trusting relationship with them, need to show we have something to contribute, that we can give good care* (Karoline).

Working at the relationship

In line with their perceptions that men are different from women and that it is sometimes more difficult to involve fathers, nursing students identified a series of actions they used to build a relationship with men. Amongst these, students named having to put more effort in the relationship, acknowledging fathers, adapting to the

culture of the father, as a man, and of the couple, for example, what this man wanted to do and how these partners wanted to share tasks. Breakings tasks in little steps and being a role model for the father, without showing themselves as experts or better than him were other strategies promoted to engage with fathers. Interventions were also specified that could enhance father involvement, such as informing, reassuring and supporting involvement. These set of interventions, though, were based on their perceptions of fathers' expectations, students did not actually explore with fathers their actual expectations: [...] *we didn't have the time to check what fathers wanted to know* (Angela).

Another characteristic of the students' nursing interventions was that, although a number of students reported working at the relationship with fathers and the difficulties encountered, most, in the end, adopted the same nursing strategies with both parents, such as supporting, teaching, reassuring, normalizing, reinforcing their strengths. Very few students detailed interventions, which allowed the father to gain control over his experience such as: [...] *instead of giving him tools, I helped him find his own. I helped him reflect on the problem, find his own answers, make his own choices* (Lara).

Taking care of or being with

Nursing students described their experiences with fathers in terms of "being with" or "taking care of" fathers. The majority tended to adopt a position of "taking care of" fathers. In this position, they wanted to help, to answer questions, to support fathers emotionally but also, to apply their technical skills: [...] *you know, with the interaction, as a student, I find it easier to respond to a need like "my back aches" than to fathers' emotional needs* (Kayla). Very few students shared narratives where they adopted a position of "being with" fathers. These narratives described the experience of being in a trusting relationship with fathers, of connecting and of working as a team, such as: [...] *this is where I learned that you don't have to do much...you just need to be there* (Lara).

Reflecting upon formal education and clinical practicum

Modeling was an important source of information for students' perceived efficacy with fathers. It was mostly offered by their clinical supervisors. *I found my supervisor, I explained the situation to her [father's anxiety] and she came and*

spoke with him. We tried to focus not only on the mother and it helped (Karoline). This support was occasionally offered by staff nurses or even doctors. *I wasn't always up to answering everything, I went to ask. I asked the nurse, my supervisor, the doctor, so I could answer their (fathers') question.* (Betty). Unfortunately, some students reported lacking access to role models during their clinical practicum: [...] *I find that in hospital, people let fathers aside. Some will speak to both parents. But most of time, nurses and doctors speak solely to mothers, even when fathers are there "Mrs. Smith, your baby is..." I think it is important to address both parents* (Daniela). Other students were very rarely mentioned as sources of modeling, except when peers were recognized as also having difficulties interacting with men.

Many students shared more feelings of inadequacy in their interventions with fathers. Students underlined there is a marked difference between knowing about fathers and having to know how to interact with them. According to these testimonials, programs' educational values support the importance of father-nurses relationships, but don't show "how to": [...] *we were told it is important to involve fathers, but we were not shown how to...if there were specific things we had to check with fathers, it would be easier* (Lara). Reflecting upon their formal education and clinical practicum, nursing students commented that both were lacking, their education being mostly theoretical and centered on mother-infant units. *All we were told was about the mother. Mother with father, we almost did not discuss it...I imagine fathers live all kind of things, but we never spoke about it...all we are told is that fathers must support mothers* (Angela). They identified specific learning needs that were unmet by their schooling program, such as receiving information regarding fathers' specific needs and experiences and practical interaction skills specific with men: [...] *to see how we can involve fathers when they don't want or can't be involved. It's really lacking* (Angela).

DISCUSSION

The purpose of this study was to explore nursing students' perceptions of fathers and their perceptions of their nursing interventions towards them during their clinical practicum. This qualitative study allowed twelve undergraduates second year nursing students to share their experience through interviews, which invited them to talk about critical incidents in their practice with fathers. The analysis allowed the research team to identify four themes which characterized nursing

students' experiences with fathers during their clinical practicum: experiencing critical events with fathers; perceiving fathers and father involvement as important; building a relationship with fathers and reflecting upon formal education and clinical practicum. Each of these themes will be discussed.

Experiencing critical events with fathers

In the course of their clinical practicum, students experienced several critical incidents, which were significant to them. These incidents were linked to themes regarding physical health problems of the child or mother, social situations or highly emotionally loaded events, such as a perinatal death. Students shared a sense of lack of expertise and feelings of inefficacy intervening with fathers during these events.

Very little research has looked into students' experiences of critical events in regards to their interventions with fathers. Results from this study are however similar to those observed in a recent study carried out with nursing students in a technical program.¹⁷ In a study, the same repertoire of critical events was identified. The students in that sample also identified feelings of inefficacy while intervening with fathers during these events. However, those who experienced feelings of unease with fathers also reported feelings of unease with mothers during these events. Although this was not shared during the present study, it is possible that these students also felt inefficacy intervening with mothers during these events.

Perceiving fathers and father involvement as important

The research literature regarding the impact of father involvement on the children is abundant and the consequences varied.^{1,15} It has been said that nurses' personal beliefs might impact on the quality of care given to fathers.¹⁴ In the course of a study with a sample of 205 health professionals working with young families, it was found however, that younger, less experienced health professionals were more likely to hold positive perceptions of fathers than their older counterparts.⁹ Students in this study held positive perceptions regarding fathers and considered father involvement as important. They however failed to recognize the specificities of the fathering role compared to the mothering role¹⁵ and the impact of father's involvement upon fathers' themselves. As such, these findings bear similarities with two

studies carried out with technical nursing students and registered nurses. In both studies, nurses and nursing students recognized fathers' involvement as important mostly from the viewpoint that their participation benefited mothers.^{11,17}

Building a relationship with fathers

Three elements stood out in the findings in regards to the theme of building a relationship with fathers. The first pertains to the difficulty for nursing students to establish a specific relationship with fathers as men. The students tend to focus their attention more on mothers, even when they recognize that fathers are important. The second element relates to the work that needs to be put into establishing a relationship with fathers. Recently, authors have suggested that fathers and mothers having different socialization processes, they thus require different intervention styles.⁵ However health professionals often fail to adapt the support given to fathers to these men's specific needs.¹⁵ While engaging with mothers seems effortless, both female and male student nurses had to be more active to build a rapport with the fathers they encountered. This might explain why, in some studies, it was found that elder health professionals preferred to engage with mothers, whom they found easier to deal with.⁹ Lastly, students describe their experiences with fathers in terms of "taking care of" rather than "being with". While the latter refers to empowering practices, the former alludes to a more hierarchical structure of care. In this case, students are more concerned upon demonstrating their technical skills and resolving problems than upon establishing a caring relationship. These findings are consistent with other authors who highlighted that health professionals had more difficulty integrating empowerment principles in their actions towards fathers, compared to when they were working with mothers.⁹ The comfort of a more hierarchical relationship might be privileged because it is, for students, difficult to establish a dialogue with fathers. The present study points out that most nursing students, in the end, adopt the same strategies with both parents.

Reflecting upon formal education and clinical practicum

Students have numerous abilities to develop during their clinical practicum. Nursing students in the present study reported a sense of ineffi-

cacy towards intervening with fathers. Bandura's theory informs that individuals construct a sense of personal efficacy through information received from four different sources: a history of success, vicarious experiences, verbal persuasion and an appropriate physiological and affective state.¹⁸ These sources of information were apparent in students' discourse. Some students stated that having had previous successes when intervening with fathers or men gave them confidence. At times, students reflected upon their education identifying that particular theoretical and practical information regarding fatherhood were lacking. Preceptorship allows for the development of clinical abilities as well as nursing students confidence in their competence to execute a task.¹⁹ Modeling was thus an important source of information for students' efficacy. Just as was noted in a study,¹⁷ this modeling was mostly offered by their clinical supervisors, but occasionally was offered by staff nurses or even doctors. Verbal persuasion was also noted as significant, when supervisors gave positive feedback to students. However, this was often done in regards to interventions centered towards parents, and scarcely aimed to reinforce specific interventions with fathers. Fathers' questioning behaviours at times impacted negatively upon students' perceived efficacy and confidence. Very rarely was the students' physiological or affective state mentioned as an impediment to their efficacy.

CONCLUSION

Fathers have long been respected for their role as chief of the family and provider for that family. Nowadays, in western societies, fathers are claiming another kind of role, where their involvement is valued on the same level as mothers' in regards to child care. This full fledged role as a father, a partner and a support for their spouse needs to be accompanied by health professionals. This study highlighted that even though nursing students value father's involvement in the family, their education did not always prepare them adequately to develop specific strategies to meet men's needs. The students reported a variety of incidents that are critical to them during their clinical practicum with fathers. What emerged from these incidents was that nursing students seemed to focus their attention on demonstrating their technical abilities and resolving problems and were less centered on establishing a relationship with fathers. These results invite clinicians, educators and researchers to translate into prac-

tice the importance of the family unit inclusive of fathers, which has been taught in undergraduate education for the past two decades.

Limitations of this study and implications for family nursing

The results of this study need to be placed in the context that students are, by definition, in a learning situation, thus inexperienced, which might influence their experience as such. It appears to be more challenging for students to intervene with fathers than with mothers; it would however have been interesting to actually explore these differences and with students from different universities.

This study has implications for family nursing curricula, teaching learning strategies and further family nursing research. The lack of differentiation between fathers and mothers, both in perceptions of and interventions with, the absence of attention that fatherhood obtains in nursing curricula and clinical practicum highlights that structured content pertaining to fatherhood need to be developed. Undergraduate education needs to make space for more concrete opportunities for father-students interactions, and students need to be guided and supported in a reflection about their actions with fathers and families. Teachers and clinicians must act as role models in establishing relationships with fathers; they ought to be convinced that fathers are an essential part of families. They can share their own stories of successes; accompany students for their first contact, etc. Research can foster this development by exploring educators, clinicians and clinical supervisors' beliefs in regards to father involvement and the strategies put forward to support fathers. These beliefs might well influence what is taught and how it is taught, thus influencing the students' experiences.

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