The Impact Of Educational Programs On Nurses' Collaboration With Patients And Families

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Abstract

Evidence suggests that the individual receiving care, the family, and nursing staff all benefit from the application of family nursing concepts to practice; however, family nursing is inconsistently and inadequately implemented in clinical practice settings. A potential factor at play could be the presence of inadequate or insufficient educational curricula pertaining to family nursing. A comprehensive examination of the research examining the efficacy of family nursing training courses designed to promote clinical proficiency in family nursing is presented in this article. A comprehensive review of six databases yielded fourteen studies that satisfied the inclusion criteria. This process identified three overarching themes: general research features, components of educational programs, and outcome measures. While these educational programs purportedly enhanced family nursing understanding, abilities, and mindsets, they failed to assess the nurses' practical application and assimilation of clinical competencies specific to family nursing. The implications of this review are pertinent to both research and family nursing education, particularly in the context of future program design and evaluation. The process and outcomes of the most effective methods in family nursing education, as well as their implementation and evaluation in actual practice settings, must be the subject of additional investigation in the future.

Keywords: educational programs, nurses, collaboration, patients, implementation and evaluation, families.

1. Introduction

In the late 1970s, textbooks describing the practical implementation of family nursing theory were published in North America, marking the inception of family nursing education (Friedman, 1981; Miller & Janosik, 1980; Wright & Leahey, 1984). Established by Dr. Lorraine Wright from 1982 to 2007, the Family Nursing Unit at the University of Calgary (Canada) emphasized the live supervision model in order to instruct master's and doctoral students in advanced family nursing practice (Bell, 2008). Dr. Fabie Duhamel implemented a comparable live supervision model for graduate-level family nursing education at the Denise Latourelle Family Nursing Unit, which was subsequently renamed the Center for Excellence in Family Nursing (1993-2015), at the University of Montreal (Canada) (Duhamel et al., 2015). Family nursing scholars Dr. Britt-Inger Saveman and Dr. Eva Benzein established the Family Focused Nursing Unit [Omvardnadsmottagning foer familjer] (2004-2010) at Kalmar University (now Linnaeus University) in Sweden. This unit emphasized graduate-level family nursing education and research.

Research has demonstrated that the integration of family nursing assessment and intervention into the care of nursing professionals yields advantages for the patient, the family unit, and the practitioners themselves (Duhamel et al., 2015; Leahey et al., 1995; LeGrow & Rossen, 2005). It has been demonstrated that family nursing interventions enhance individual patients' physical and mental health, as well as their capacity to develop healthier behaviors, self-management of diseases, and symptom control (Chesla, 2010; Gilliss et al., 2019; Rosland & Piette, 2010). In a similar vein, the implementation of these interventions has the potential to enhance the overall well-being of relatives and reduce their severity of anxiety and depression (Chesla, 2010; Deek et al., 2016; Foster et al., 2016; Gilliss et al., 2019). Additionally, there is an observed enhancement in the level of support and communication patterns within the family as a result of the increased perception of support provided by nursing personnel (Svavarsdottir & Sigurdardottir, 2013; Sveinbjarnardottir et al., 2013). Furthermore, it has been established by multiple studies that the provision of family nursing interventions improves the quality of nursing care by boosting the self-esteem and job satisfaction of health care professionals (Duhamel et al., 2015; Leahey et al., 1995; LeGrow & Rossen, 2005; Simpson et al., 2006).

The IFNA Position Statements on Generalist and Advanced Practice Competencies for Family Nursing were formulated by the International Family Nursing Association (IFNA) in recent times (IFNA, 2015, 2017). The practice guidelines for caring for families and individuals within families are the focus of these competencies.

However, clinical practice continues to exhibit inconsistency in the application of a family care approach (Duhamel, 2010; Duhamel et al., 2015; Hanson, 2005; LeGrow & Rossen, 2005). Additionally, nursing practice continues to adhere to an individualistic view of patient-centered care and a preoccupation with pathology (Canga et al., 2011; Duhamel, 2010). The aforementioned context underscores the complexities associated with the integration of family nursing principles into healthcare environments and the conversion of family nursing expertise into practical application (Bell, 2010, 2014; Duhamel, 2017; Leahey & Svavarsdottir, 2009; Moules et al., 2012).

For competent and effective clinical performance, competency-based education is complex, necessitating the integration of knowledge, skills, and attitudes (Cowan et al., 2007; Duhamel et al., 2015; Meiers et al., 2018; Wright & Leahey, 2013). In particular, it is imperative that competency-based education incorporates theoretical frameworks that furnish a foundation of knowledge and principles governing the practice of family nursing (Duhamel, 2017; Wright & Leahey, 2013). In a similar vein, the attainment of clinical competencies is a fundamental component of competence in family nursing (Wright, 1994). Wright and Leahey (2013) delineated three distinct categories of family nursing competencies: (a) perceptual, which pertains to the nurse's capacity to discern pertinent observations concerning the family; (b) conceptual, which concerns the nurse's ability to ascribe significance and comprehension to their observations; and (c) executive, which concerns therapeutic family nursing interventions that are observable during interviews and therapeutic dialogues with the family.

As a consequence, it is imperative that educational curricula foster a favorable disposition among nursing practitioners regarding the engagement of family members in the care process; this is critical for guaranteeing the delivery of superior care (Sveinbjarnardottir et al., 2011; Wright & Leahey, 2013). A comprehensive examination of the family nursing

educational programs that have been established thus far on a global scale could yield valuable insights, considering the criticality of education in shaping the clinical competence of family nurses (Bell, 2010) and the potential correlation between this factor and the inconsistent application of family nursing in clinical settings. To the best of our understanding, there has been no systematic review conducted with this objective in mind.

As a result, the objective of this study was to examine the efficacy of family nursing educational programs designed to foster clinical competence in the field of family nursing through a systematic review.

2. Components of Learning Programs

The educational programs that were identified in this review can be classified as complex interventions due to the presence of numerous interdependent components and distinct causal pathways (Craig, 2018; Guise et al., 2017). Hence, it is imperative to take into account all elements of the intervention, including potential influencing factors, when assessing its efficacy (Hutchinson, 1999). As a result, the following general observations can be made: Initially, family nursing education was delivered face-to-face in all programs. This may be due to the scarcity of evidence regarding the efficacy of alternative innovative approaches in health education; consequently, educators frequently choose conventional methods, according to Ferguson and Day (2005). In contrast, Hoehn Anderson and Friedemann (2010) have opted for alternative pedagogical approaches, including online learning, and present a variety of efficacious pedagogical-learning strategies pertaining to family assessment and intervention.

Furthermore, educational programs that are grounded in a theoretical framework have demonstrated superior effectiveness outcomes compared to those that lack such foundation. This supports the claim made by Wright and Leahey (2013) that establishing a well-defined structure for family evaluation and intervention is crucial in order to promote a shift from a conventional and individualistic viewpoint to one that emphasizes the family unit as a unit or interacts with others. The Calgary Family Assessment Model (CFAM) and Calgary Family Intervention Model (CFIM) have

been the most extensively implemented models, with a combined total of seven studies (Wright & Leahey, 2013).

Thirdly, lectures, role-play (simulation), peer or supervisor-led feedback, clinical case group discussion, reflective approach/inquiry, expert demonstration, digital narrative, and direct clinical practice are among the teaching-learning methods utilized by the majority of educational programs. Wright and Leahey (2013) suggest that competence can be obtained via a variety of these approaches. However, due to the combined analysis of outcomes in the studies included in this review, it was not possible to ascertain the specific impact of each method individually.
An additional crucial element pertaining to the methodologies is that direct clinical practice was only incorporated in six of the studies. On the contrary, Duhamel (2017) and Wright and Leahey (2013) contend that clinical application of learning, coupled with the capacity to establish a connection between it and positive results, is among the most efficacious approaches to fostering competency in the field of family nursing.

Furthermore, distinct approaches to oversight were implemented across these six investigations. According to Wright and Leahey (2013), the cases discussed and process recordings were the most frequently utilized methods of supervision in the development of family nursing skills. On the contrary, live supervision, an approach wherein a clinical supervisor observes a family interview either through a one-way mirror or by being present in the room with the supervisee, is considered the most efficacious technique for aiding and overseeing family nursing competence (Wright & Leahey, 2013). This is primarily due to the fact that live supervision offers immediate feedback, which is crucial for the advancement of executive skills (Wright & Leahey, 2013).

Nevertheless, among the six studies examined, only one (Petursdottir et al., 2019) implemented this particular supervision approach. Notably, this study was the only one to achieve Level 3 of Kirkpatrick's four-level framework (D. Kirkpatrick & Kirkpatrick, 2006), which pertains to the conduct of the professional in clinical practice. However, Petursdottir et al. (2019) did not observe any statistically significant variations. They hypothesize that this may be attributed to the participants' prior utilization of a family approach prior to the intervention.

3. The outcome metrics

In order to evaluate the impact of educational programs on organizational-level competency in family nursing practice, it is imperative to employ measures that are both valid and reliable (Attree, 2006; Hutchinson, 1999). Nevertheless, this review has identified that half of the studies utilized self-developed measurement instruments, lacking sufficient information on the psychometric properties of those instruments. This lack of information raises concerns about the validity of the results. This may be due to the scarcity of valid and dependable measurement instruments for family nursing practice, particularly in regards to assessing behavioral changes in clinical practice (Level 3 of the Kirkpatrick's framework; Bell, 2011; Sawin, 2016; Van Gelderen et al., 2016). A persistent and pervasive issue in health education research is the limited availability of such measures (Watson et al., 2002).

Every instrument utilized was a self-report. Nevertheless, a number of literature reviews have identified the shortcomings of this approach to assessing clinical competence (Colthart et al., 2008). These weaknesses stem from the fact that this rating is susceptible to response biases, which undermine its validity and dependability (Spurlock, 2017). An innovative effort to address the limitation of self-report measures was Van Gelderen et al.'s (2019) international psychometric validation of the Van Gelderen Family Care Rubric (VGFCR). The authors established the VGFCR as a valid and dependable instrument that enables instructors to assess students' competency and performance in family nursing practice and deliver consistent feedback.

Likewise, evaluations by administrators have not been disclosed for studies that have supervisory components in their educational programs. This is especially pertinent given that oversight of the development of family nursing skills is regarded as the most efficacious approach to monitor and enhance proficiency (Wright & Leahey, 2013).

4. Conclusion

The majority of educational programs aim to improve the knowledge, abilities, and attitudes required to practice family nursing. However, notwithstanding the clinical nature of family nursing as a competency, educational programs often fail to incorporate learning into practical application and lack effective methods for assessing competence. In a similar vein,

evaluations of professional practice are not conducted, thereby preventing the assessment of the efficacy of educational programs in imparting family nursing competencies.

To address the implications identified in the review and to surmount this paucity of evidence, additional research is required. Moving forward, it is imperative that educational programs adopt instructional approaches that efficiently support and assess the clinical competence of family nursing professionals. For instance, the professional's clinical practice in family nursing could be consistently assessed through direct clinical practice accompanied by live or videotape supervision. Likewise, planning for programs should incorporate implementation systems. Additionally, the importance of progressing toward the implementation of rigorous designs that incorporate randomization and control groups, as well as conducting long-term studies with a more substantial sample size and rigorously valid and reliable evaluation instruments, is underscored. All of these strategies will contribute to the development of a corpus of research-based knowledge that advances evidence-based family nursing education, or the most effective educational practices for competency in family nursing.

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