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SPECIAL ARTICLE

DEVELOPING SUPPORT NETWORKS FOR SUCCESSFUL IMPLEMENTATION OF INNOVATIVE EDUCATIONAL PROGRAMMES: THE CASE OF "EVIDENCE-BASED PRACTICE IN NURSING" CONTINUING EDUCATION PROGRAMME IN GREECE

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Abstract

Developing and evaluating programmes of continuing education in nursing proved to be a challenging and yet a complex task. Nurse educators and evaluators confront a number of demanding issues regarding the development and implementation of continuing education programmes. Exploration of peers' and stakeholders' experience in programme development and evaluation appeared to be a valuable source of knowledge in the field. The aim of the present paper is to share the experience of planning and evaluating the stage of *developing support networks* during the implementation of an innovative continuing educational programme in nursing. Throughout the development and evaluation of different programme stages, several issues evolved that attracted programme planners' attention. Development of support networks, group dynamics and communication appeared to be of critical importance for the successful implementation of continuing education programmes in nursing.

Key words : Nursing education, programme development, evaluation, support networks, continuing education.

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INTRODUCTION

"Evidence Based Practice in Nursing" was an innovative continuing education programme that applied in three Greek Universities during the academic year 2014 - 2015. It was a 100-hour programme, structured in five modules, which aimed at educating registered nurses, in the subject of evidence - based practice in nursing (EBPN). The programme was attended and successfully completed by 220 nurses. The innovative nature of the Programme relies on the subject of education, in the teaching methods followed and in the parallel application of education in the three involved Universities. It is important to note that it was the first time in Greece that education on EBPN was applied in an organised and concurrent manner in three different sites.

The main aim of the programme was to link contemporary theoretical knowledge to clinical practice taken into account the educational needs of the nurse professionals who were employed in the clinical area. It was designed according to the principles of adult education and lifelong learning. Contemporary teaching methods, involving distance learning, workshops, scenarios and theoretical sessions, were used in order to provide a holistic approach to knowledge on EBPN issues. The development of the programme encompassed the following six stages:

1. Studying the target population in its social and professional context
2. Developing a support network
3. Involving stakeholders in the programme
4. Development of the programme
5. Implementation of the programme
6. Evaluation of the programme

Each stage was a separate activity. The results of each stage determined the development of the next stage. The final configuration and the impact of the programme was a result of the experience gained from the above mentioned stages. Significant knowledge emerged from planning and evaluating each stage. For example, from planning and evaluating stage 1 - *Studying the target population in its social and professional context*-, it was highlighted that successful design of educational programmes associated mainly to qualitative elements, such as

philosophy, experience, characteristics of people and the social context in which the educational activities were carried out.¹

Stage 2, - *Developing a support network* -, appeared to be one of the key prerequisites for designing successful continuing education programmes and for applying new knowledge into professional practice.

DEVELOPING A SUPPORT NETWORK

Developing support networks has been considered essential for the successful implementation of educational programmes. It has been also mentioned as an important action for supporting the potential students to participate in educational courses, to accept their innovative nature and to facilitate endorsement.²⁻⁵ People may appear reluctant to follow new and innovative courses or ideas and thus, a distinctive support is needed from educators and managers. This may facilitate the students' recruitment, the development of new knowledge as well as the application of the acquired information in practice.⁶⁻⁸ Specifically, adult students need strong motivation to participate in an innovative programme and they need to believe that it is worthwhile to attend it. As adult learning theory suggests, adults learn what they think they need to know.⁹⁻¹³ Support networks in complex educational interventions involve continuous input of relevant stakeholders, such as peers, programme planners, educators, managers, learners and administrators.¹⁴ The coordination of these interested parties, requires the ability of creating support groups, handling group dynamics and establishing effective communication networks. In this respect, the above mentioned premises were considered as key issues throughout the development and implementation of the *"Evidence Based Practice in Nursing"* Continuing Education Programme.

SUPPORT GROUP DYNAMICS

Groups are referred to as the basic building blocks of society.¹⁵ Groups remain the context for most social activities. Society in its entity is organised in groups and groups can be found in any social form. Understanding the norms in social groups and acknowledging the differences existing among them is of significant importance when someone wants to formulate a sup-

port group. As stated in the relevant literature, exploring the role of norms in social groups can provide an integrated view and understanding not only of the importance of core social groups, but also of the existing diversities among social groups of different kinds.¹⁶

The point is that the impact of these groups on persons, communities and cultures is enormous and in order to understand individuals and their behavior it is essential to initially study the underlying social groups.¹⁵ This is even more important as we enter a new era in education where interdisciplinary approach and the involvement of scientists from different fields shape a new paradigm and lead to formulation of groups with different dynamics and needs.^{17,18}

The issues of support and interdependence among the members of a group appear to be the critical element in groups' generation. The groups were formulated to support a decision-making process, to launch an innovative movement, to encourage each other to overcome problems.¹⁹ Issues of interaction and underlying forces among the members of the groups are critical for the achievement of the groups' goals as well as for the overall group's progress. Interdependence among the members of the group, interpersonal influences and communication patterns may end up to success, or failure.^{20, 21}

In the present case, the development of an appropriate group to support the process of introducing the "*Evidence Based Practice in Nursing*" Continuing Education Programme to the Greek nurses considered of vital importance at an early stage of the programme development. Faculty members from the involved sites were collaborated in order to establish the framework of the programme and to develop a link among external collaborators, educators and key-persons from various health care organizations, able to provide support during programme implementation. The members of the group were engaged in certain activities, which appeared to be in accordance with the eight basic activities undertaken by groups as these reported by McGrath.²²⁻²⁴ These activities involved planning and creating, solving problems and making decisions, forming judgments and resolving conflicts, competing and executing performance tasks. Their actions were also crucial not only for the practical arrangements and for organising the

programme on each site but also for appropriately communicating, informing and involving the potential students in it. One of the fundamental and probably most difficult targets to be achieved in the proposed programme was to gain support and participation of the potential students. Specific strategies were developed in order to enhance recruitment and participation, such as advertising the initiative through conferences and social media and disseminating the information through health organizations services. These strategies were implemented by taking into account cultural issues associated to the specific group of students, issues related to the adult learning theory, and issues of group dynamics and interactions.^{13,15, 25, 26}

In this respect, faculty members organized several meetings with the potential students in order to explain the usefulness of the specific programme but more importantly to underscore the significance of attending this innovative course that applied in Greece for first time. Two major contradictory reactions were emerged by the potential students. It seemed that although they were enthusiastic to attend the programme at the same time they expressed a skepticism on recruitment due to their heavy workload and strict working schedule. It is important to mention that the potential students were full time employees in primary, secondary or tertiary health care sector. Due to heavy workload and staff shortage they had no chances of getting an educational leave, or days off in order to attend the programme. It is also important to note that during the period of developing the present educational intervention, Greece was confronted by a severe financial crisis that affected negatively both, the health care system and the nursing profession in terms of increased workload, reduced wages and staff shortage.²⁷ These austerity issues constrained potential students' motivation and opportunities to attend the programme. The intensive efforts of the faculty network to provide full support, to facilitate optimal arrangement of the educational programme in practical terms (e.g. flexible and suitable timetable) and to enhance the students' involvement in decision-making can be considered as strategic actions for overcoming barriers and achieving intended goals. However, none of these strategies would work effectively if communication among the members of the support group was inappropriate.

COMMUNICATION NETWORK

Appropriate communication and positive interaction among the members of a group are essential in achieving an intended outcome. Usually, among the members of a group regular patterns of information exist, which called communication network.^{15,28-30} Further to this, communication networks are deliberately set in place when a group is organised. Depending on each case, organizations or institutions may adopt specific communication networks such as the hierarchical communication network that prescribes how information is transmitted vertically and horizontally. Beyond this formal communication network, usually an informal communication network takes shape over time in groups or in organisations. There are different kinds of communication networks and a variety of forms of communication in a group. Communication can be verbal or nonverbal, can involve centralised or decentralised networks, can significantly vary according to the persons involved and has an important impact on the individuals of a group and the achievement of the groups' goal.^{15,19 31} It is not of the purpose of this paper to analyse the various types of communication networks. In relation though, to successful implementation of innovative educational programmes it is important to refer to certain communication issues, which affected the overall process of introducing the *"Evidence-based Practice in Nursing"* Continuing Education Programme to the students.

A communication network was built among faculty members in the three educational sites. The communication network primarily involved the programme management team and the programme coordinators of each site. Diffusion of information initiated by the management team and addressed to the coordinators and the nurse directors of the targeted health care organizations. Based on the diffusion of innovations theory as this described by Everet Rogers, the communication channels within the involved organisations were used in order to transfer the information from unit to unit.³² Influential peers, provided information and motivated the nurses by demonstrating the benefits of the proposed programme. The coordinators in each site facilitated support for effective communication and enhanced potential students' involvement in it. Student's in-

volvement at an early stage of the programme was crucial, since it was considered important for creating a positive climate and for the students to be actively involved in decision-making process and further development of the programme. Before the commencement of the programme, the management team held several meetings with the students, in order to provide sufficient information regarding the educational sessions and to finalise details concerning the programme operation in the three different sites. Communication at this point was focused in the following areas:

a) informing the students extensively about the implementation of the programme, b) reaching consensus on final decisions among the support group members and c) proceeding to practical arrangements.

Provision of information was regarded as essential for preparing the students and for formulating and sustaining also positive attitudes towards the educational process.³³ Finally appropriate practical arrangements consisted a major part of communication and interaction at this stage since failure to arrange the programme in practical terms (e.g. training material, timetable) would severely endanger further process of introducing the proposed educational intervention.³⁴

As previously mentioned, effective communication network and appropriate interactions among members of the faculty and the students were vital factors for successfully developing and implementing the educational process. However, this did not occur automatically. Faculty's and potential students' professional roles and identities varied from scientists and educators holding high posts in hierarchy to employees whose role was limited to practical arrangements. This diversity in professions, roles and levels of hierarchy was consequently called for complexities in communication as well as different communication styles, different cultures to be matched, and a variety of personal interactions and communication patterns to be practiced.³⁵

Several aspects are of significant importance when communication among different stakeholders, individuals and cultures is practiced. Barriers to communication, such as team diversities, rank differences, cultural ranges, dissimilar priorities and perceptions and lack of confidence may endanger effective com-

munication and can become threatening when interaction is practiced among people who belong to different cultures.^{36, 37}

In the present project, the involved stakeholders although shared similar professional culture – as they were all nurses – they held different perspectives, values and attitudes, that sometimes led to miscommunication. This was due to the diverse cultural and organizational context, in which the various stakeholders lived and worked.

Miscommunication and intercultural communication challenges are commonly referred issues in the relevant literature especially when these are associated with interacting individuals from different social, cultural and professional backgrounds.^{38, 39}

Dealing though, with diversity has advantages and disadvantages. Advantages concern with increased creativity among heterogeneous groups making higher-quality decisions. Disadvantages are usually concern with intercultural conflict, reduced cohesion, frustration and excessive energy and time.^{22, 39, 40}

For overcoming communication barriers and for enhancing a group's positive interaction several strategies can be followed. Empathy, sociability, openness to different points of view, interest in the other culture, active listening and communication skills are some of the critical points which can be considered and handled with caution in groups and individuals for developing effective communication networks. Finally, even more important for successful communication and group work is to create an empathic environment of trust and faith among the interacting individuals. Empathy, trust and commitment among the members of a group are essential issues for fulfilling an aim and for successfully initiating and completing continuing education programmes and interventions.^{7,20}

CONCLUSION

Evaluation of the process stage *Developing support networks*, provided useful information on aspects of developing support groups and communication networks for introducing innovative educational interventions. Important points to be considered at this process stage are the following:

- Developing a support group is essential for a successful

implementation of a programme.

- Interdependence among the members of the group, interpersonal influences and communication patterns are crucial for the end result of the process.
- Students' involvement in communication and decision-making is a critical factor of overcoming barriers and creating a positive climate.
- Positive interaction and communication among stakeholders are essential in achieving intended outcomes.
- Specific strategies for anticipating communication barriers and enhancing support groups' activities are essential for applying optimal programme process. The experience gained from the development and implementation of this initiative contributed to further awareness of the process of introducing innovative educational programmes to specific population groups. Appraisal of the different aspects of the programme, such as the development of support groups and communication networks provided valuable information for programme planning and successful decisionmaking in nurse education.

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Dr. G. Fasoi and Dr. M. Kelesi coordinated the Project in University of West Attica. Dr. A. Stavropoulou was the Project Leader.

REFERENCES

1. Stavropoulou A. Updating nurse graduate knowledge – the development of the "Evidence Based Practice in Nursing" Continuing Educational Programme. *Health and Research Journal* 2016; 2(1): 23-33.
2. Kenney J, Newcombe E. Adopting a Blended Learning Approach: Challenges Encountered and Lessons Learned in an Action Research Study. *Journal of Asynchronous Learning Network* 2011; 15: 45-57.
3. Heaney C A, Walker N C. The challenges and opportunities of teaching sport and exercise psychology at a distance. *Sport & Exercise Psychology Review* 2012; 8(2): 65-71.
4. Levin S, Whitsett D, Wood G. Teaching MSW social work

- practice in a blended online learning environment. *Journal of Teaching in Social Work* 2013; 33: 408420.
5. Gedik N, Kiraz E, Ozden Y. Design of a blended learning environment: Considerations and implementation issues. *Australasian Journal of Educational Technology* 2013; 29(1): 1-19.
 6. Casson S, George C. *Culture Change for Total Quality: An Action Guide for Managers in Social and Health Services*. London 1995; Pitman.
 7. Stavropoulou A. *Introducing Quality Assurance in Nursing: A Theoretical Approach*. Athens 2013; Lagos Medical Editions.
 8. Bianchi M, Bagnasco A, Bressan, V, et al. A review of the role of nurse leadership in promoting and sustaining evidence-based practice. *Journal of Nursing Management* 2018; 26: 918– 932.
 9. Courtney S. *Why Adults Learn*. London 1992; Routledge.
 10. West L. *Beyond Fragments*. London 1996; Routledge.
 11. Rogers A, Horrocks N. *Teaching Adults*. England 2010; Open University Press McGraw Hill.
 12. Wlodkowski RJ, Ginsberg MB. *Enhancing Adult Motivation to Learn: A Comprehensive Guide for Teaching All Adults* 4th Edition. San Francisco 2017; Jossey Bass Wiley Brand
 13. Knowles M S. *A modern practice of adult education. Andragogy v Pedagogy*. UK 1970; Association Press.
 14. Harris J, Croot L, Thompson J, et al. How stakeholder participation can contribute to systematic reviews of complex interventions. *Journal of Epidemiology and Community Health* 2016; 70:207-214.
 15. Forsyth DR. *Group Dynamics* 3rd Edition. 1999; Brooks/Cole Wadsworth. ITP
 16. Thomasson AL. The ontology of social groups. *Synthese* 2019; 196: 4829– 4845.
 17. Bronstein L R, Abramson J S. Group process dynamics and skills in interdisciplinary teamwork. In C. D. Garvin, L. M. Gutiérrez, & M. J. Galinsky (Eds.) *Handbook of social work with groups*. 2017; The Guilford Press.
 18. O'Connor S. An Interprofessional Approach: The New Paradigm in Nursing Education. *Journal of Advanced Nursing* 2018; 74(7): 1440 – 1442.
 19. Queral M. *The social environment and human behavior: A diversity perspective*. Boston 1996; Allyn and Bacon.
 20. Arnold EC, Boggs KU. *Interpersonal Relationships E-Book: Professional Communication Skills for Nurses*. 2020; Elsevier.
 21. Forsyth DR. *Group Dynamics* 7th Edition. Australia 2019; CENGAGE.
 22. McGrath JE. *Groups: Interaction and Performance*. Englewood Cliffs 1984; NJ: Prentice Hall.
 23. McGrath JE, Arrow H, Berdahl JL. *The Study of Groups: Past, Present, and Future*. *Personality and Social Psychology Review* 2000; 4(1): 95-105.
 24. Arrow H, McGrath JE, Berdahl JL. *Small Groups as Complex Systems: Formation, Coordination, Development, and adaptation*. London 2000; Sage Publications.
 25. Kellett P, Fitton C. Supporting transvisibility and gender diversity in nursing practice and education: embracing cultural safety. *Nursing Inquiry* 2017; 24: e12146; 1-7.
 26. Tengelin E, Bulow P H, Berndtsson I, Dahlborg Lyckhage E. Norm-Critical Potential in Undergraduate Nursing Education Curricula. *Advances in Nursing Science* 2019; 42(2): E24–E37.
 27. Ifanti AA, Argyriou AA, Kalofonou FH, Kalofonos HP. Financial crisis and austerity measures in Greece: Their impact on health promotion policies and public health care. *Health Policy* 2013; 113 (1–2): 8-12.
 28. Harris TE, Sherblom JC. *Small Group and Team Communication* 5th Edition. Long Grove Illinois 2011; Wavel and Press Inc.
 29. Chwening L V. *Communication Networks*. In: Nicotera AM. *Origins and Traditions of Organizational Communication: A Comprehensive Introduction to the field*. New York 2020; Routledge.
 30. Nicotera, AM. (Ed.). *Origins and Traditions of Organizational Communication*. New York 2020; Routledge.
 31. Mastoory Y, Harandi SR, Abdolvand N. The effects of communication networks on students' academic performance: the synthetic approach of social network analysis and data mining for education. *International Journal on Integrating Technology in Education* 2016; 5(4):23-34.

32. Rogers EM. Diffusion of innovations 5th Edition. New York 2003; Free Press.
33. Miquel E, Duran D. Peer Learning Network: implementing and sustaining cooperative learning by teacher collaboration. *Journal of Education for Teaching* 2017; 1-12.
34. Mavropoulos A, Sipitanou A, Pampouri A. Training of Adult Trainers: Implementation and Evaluation of a Higher Education Program in Greece. *International Review of Research in Open and Distributed Learning* 2019; 20 (1): 279-288.
35. Yusof N, Rosna RA, Valdez NP, Yaacob A. Managing diversity in higher education A strategic communication approach. *Journal of Asian Pacific Communication* 2018; 28 (1): 41 – 60.
36. Henderson S, Barker M, Mak A. Strategies used by nurses, academics and students to overcome intercultural communication challenges. *Nurse Education in Practice* 2016; 16 (1): 71-78.
37. Smith C. The Seven Barriers of Communication. New Orleans 2013; Strafford Brothers.
38. Triandis HC. Culture and Social Behavior. 1994; McGraw-Hill, Inc.
39. Fawaz MA, Hamdan-Mansour AM, Tassi A. Challenges facing nursing education in the advanced healthcare environment. *International Journal of Africa Nursing Sciences* 2018; 9: 105-110.
40. Bednarz H, Schim S, Doorenbos A. Cultural diversity in nursing education: perils, pitfalls and pearls. *Journal of Nursing Education* 2010; 49 (5): 253-260.