

August Newsletter Australia and New Zealand Chapter IFNA



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Australian and New Zealand Chapter News

This month's newsletter has a focus on nurse/patient communication. Such a simple concept but often difficult to achieve good communication with your patient and family. **Nurses are the key** to providing patient education prior to discharge, however poor understanding of this information often leads to readmission or complications for the patient (Gillespie et al., 2023; Tennison et al., 2021). Patients and their family are required to understand and interpret information about their medications, post surgical requirements, cancer treatment, wound care and a range of home care information. **Health literacy is an influencing factor** on a person's ability to act on the information they are given (Hogan et al., 2023a). Health literacy, as defined by the World Health Organisation (Health Literacy, 2022), is an individual's "ability to gain access to, understand and use information in ways which promote and maintain good health". Health literacy rates vary around the world, with 60% of persons in Australia, having inadequate health literacy levels (Australian Institute of Health and Welfare, 2018).

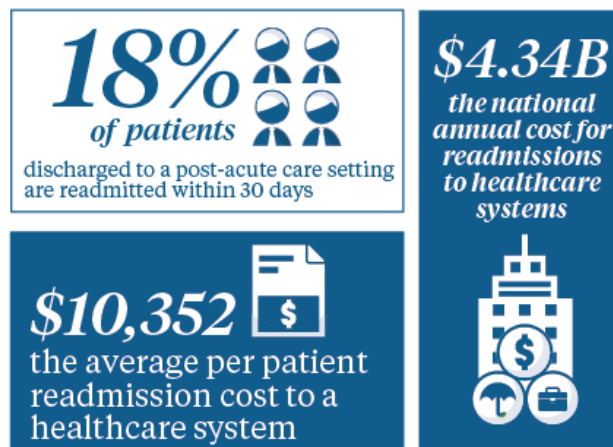




Source: National Statement on Health Literacy, ACSQHC, 2014; ANRO; Universal Precautions ToolKit

Communication barriers and risk factors

There are numerous factors which influence the nurses ability to communication effectively with the patient (Gillespie et al., 2023). One of the main factors was interruptions, other factors relate to role ambiguity, which health professional is meant to be providing the information (Gillespie et al., 2023). The nurse should always clarify what the patient understands to ensure when discharged home, to ensure the family is equipped to understand and complete the tasks required to maintain the patients health (Glans et al., 2020). One of the factors is **being discharged on a Friday**, which relates to task orientated health professionals, rather than a focus on the patient and family needs. Another factor is having a surgical condition which has a significant risk factor for re-admission due to the need to understand post operative education. Gillespie et al. (2023) identified that the **strongest predictor of receiving wound education** was the patient gender with females receiving twice the amount of education. This may relate to the engagement of the patient with the nurse and the expectations of female patients to seek advice (Gillespie et al., 2023). The **cost factor of re-admission** is an economic cost and also a personal and family cost (Australian Institute of Health and Welfare, 2020).



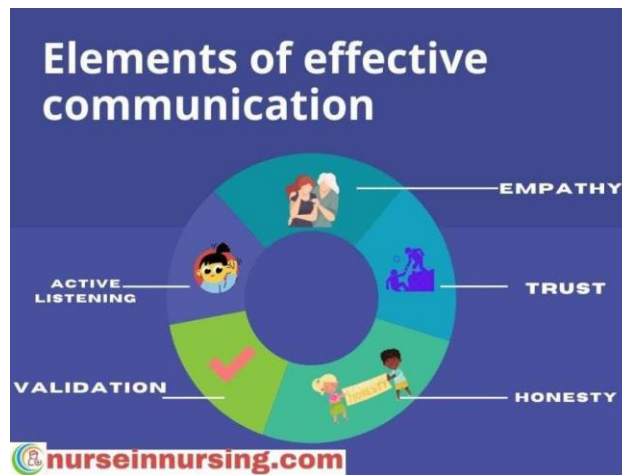
Effective communication strategies

Often in the busy workload of patient care, health professionals forget the **elements of effective communication** (Appiah et al., 2023). Good communication takes time and practice with an aspect of

reflection on how each communication with the patient went. **Allowing time with the patient and their family** to listen and validate their concerns provides a way to build connection and trust with the patient.

Griffith Nursing has developed a range of communication videos which provide an authentic example of communication strategies for health professional students. These videos have been developed with health consumers and health professionals and provide examples of active listening, teach back education, validation and refocusing the conversation to achieve health education.

<https://youtube.com/playlist?list=PLAcyn8UhkqB04snG0k1r1ZpSzCzIPM6U8>



Partnering with Consumers

As nurses we need to actively involve patients in their own care, to do this there needs to be **open communication** and asking the patient and family what their needs are and what would they like to be involved with during this hospital stay.

To meet the patient and family's information needs the nurses needs to ask them to explain what they understand, what information would they like to be able to access and how is the best way to enable them to understand and be able to action this information (Hogan et al., 2023b).

When a patient and their family **fully understands their health care** and medications they can then make informed decisions and these are shared decisions with the nurse assisting them to understand the required information (Australian Commission on Safety and Quality in Health Care, 2019).



Source: Adapted from the Australian Commission on Safety and Quality in Health Care 2019.

The importance of family as part of the conversation in nursing.

Nurses are the pivotal point of contact between the patient, family and health professionals. Nurses are the key to ensuring family is included in health conversations (Voltelen et al., 2016).

Enabling time for a conversation with the family provides opportunities for the family to discuss concerns and ask questions. The family are the main support for the patient during health adversity, yet the family are often not equipped to provide health related support (Whitehead et al., 2018).

Family spaces offer quiet spaces for conversations during inpatient time. **Teleconferences** with family improves the family connection with health professionals and their understanding of the health changes to improve patient outcomes (Petersson et al., 2020).

Voltelen, B., Konradsen, H., & Østergaard, B. (2016, May). Family Nursing Therapeutic Conversations in Heart Failure Outpatient Clinics in Denmark: Nurses' Experiences. *J Fam Nurs*, 22(2), 172-198. <https://doi.org/10.1177/1074840716643879> (*about:blank*)

Whitehead, L., Jacob, E., Towell, A., Abu-qamar, M. e., & Cole-Heath, A. (2018). The role of the family in supporting the self-management of chronic conditions: A qualitative systematic review. *Journal of Clinical Nursing*, 27(1-2), 22-30. <https://doi.org/10.1111/jocn.13775> (*about:blank*)

Petersson, N. B., Løvendahl, A. J., Danbjørg, D. B., & Dieperink, K. B. (2020). Video-consulted rounds with caregivers: The experience of patients with cancer. *European Journal of Oncology Nursing*, 101763. <https://doi.org/10.1016/j.ejon.2020.101763> (*about:blank*)

Resources for your family research and clinical practice

Don't forget to access the **International Family Nursing website** for a range of family theory, scales and publications to help build your research.

<https://internationalfamilynursing.org/>



International Family Nursing Association

Position Statement on Pre-Licensure Family Nursing Education

Background

The promotion of family health and healing are values many nurses share globally. The International Family Nursing Association (IFNA) has developed a Position Statement on Pre-Licensure Family Nursing Education to encourage and assist all nurse educators to include family nursing education worldwide.

For the full Position Statement, visit internationalfamilynursing.org

The Position Statement is available in several languages.



Family Nursing

Many definitions of family nursing exist in nursing literature and practice. The common attribute is the integration of nursing care to both the family as a whole and the individual family members, with attention to relationships among members.

Family nursing education encompasses the teaching of practice based and evidence informed theoretical knowledge and skills that are clinically developed through supervised practice.



Theory-Driven
Family nursing theories support family nursing education.



Collaborative
Family nursing education includes collaborative relationships.



Evidence-Informed
Practice models that guide family nursing are informed by evidence.

Position Statement

A focus on family nursing should extend beyond a single course and be integrated throughout nursing curricula in ways to influence critical thinking and clinical judgment.

One of the primary mechanisms for developing the knowledge and skills necessary for family-focused care is the intentional inclusion of family during all aspects of pre-licensure nursing education.

Family-focused nursing care should be a standard of practice across the lifespan and should include family assessment, planning, nursing actions or interventions, and outcome evaluation.

Nursing curricula should include a systematic and progressive introduction to family-focused health care supported by evidence-informed family-derived theoretical frameworks.

Foundational Competencies

- Therapeutic communication skills
- Individual and family empowerment
- Appreciation of diversity
- Intentionally family-focused actions
- Critical reflection about nurse's beliefs about family
- Links between individual, family, community, and health systems
- Effective partnering or collaboration
- Coordinated care including experiences of individual and family
- Integration of family needs and desires
- Value of individual and family outcomes
- Collaborative goal setting and outcome measurement
- Policies that address individual and family care needs



2024 travel to Denmark in May for the Nordic Family Health Conference

Contact Dr Elisabeth Coyne for more information. E.coyne@griffith.edu.au



Next meeting Wednesday • August 9th , 1100-1200 AEST

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Written by Dr Elisabeth Coyne.

References

Appiah, E. O., Oti-Boadi, E., Ani-Amponsah, M., Mawusi, D. G., Awuah, D. B., Menlah, A., & Ofori-Appiah, C. (2023). Barriers to nurses' therapeutic communication practices in a district hospital in Ghana. *BMC Nurs*, 22(1), 35. <https://doi.org/10.1186/s12912-023-01191-2>

Australian Commission on Safety and Quality in Health Care. (2019). *National safety and quality health service standards*. ACSQHC Retrieved 30th Oct from <https://www.safetyandquality.gov.au/our-work/clinical-communications/>

Australian Institute of Health and Welfare. (2018). *Australia's Health 2018* (Australia's health 2018. Australia's health series no. 16. AUS 221 Issue. <https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true>

Australian Institute of Health and Welfare. (2020). *Health expenditure Australia 2018-19*. <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation>

Gillespie, B. M., Walker, R., Lin, F., Roberts, S., Eskes, A., Nieuwenhoven, P., Perry, J., Birgan, S., Gerraghy, E., Probert, R., & Chaboyer, W. (2023). Nurse-delivered patient education on postoperative wound care: a prospective study. *J Wound Care*, 32(7), 437-444. <https://doi.org/10.12968/jowc.2023.32.7.437>

Australian Institute of Health and Welfare.

Glans, M., Kragh Ekstam, A., Jakobsson, U., Bondesson, Å., & Midlöv, P. (2020). Risk factors for hospital readmission in older adults within 30 days of discharge – a comparative retrospective study. *BMC geriatrics*, 20(1), 467. <https://doi.org/10.1186/s12877-020-01867-3>

Hogan, A., Hughes, L., & Coyne, E. (2023a). Nurses' assessment of health literacy requirements for adult inpatients: An integrative review [<https://doi.org/10.1002/hpia.780>]. *Health Promotion Journal of Australia*, n/a(n/a). <https://doi.org/https://doi.org/10.1002/hpia.780>

Hogan, A., Hughes, L., & Coyne, E. (2023b). Understanding nursing assessment of health literacy in a hospital context: A qualitative study [<https://doi.org/10.1111/jocn.16809>]. *Journal of Clinical Nursing*, n/a(n/a). <https://doi.org/https://doi.org/10.1111/jocn.16809>

Tennison, J. M., Rianon, N. J., Manzano, J. G., Munsell, M. F., George, M. C., & Bruera, E. (2021). Thirty-day hospital readmission rate, reasons, and risk factors after acute inpatient cancer rehabilitation. *Cancer Medicine*, 10(18), 6199-6206. <https://doi.org/10.1002/cam4.4154>