

Importance of training and education for nurses delivering stroke care

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Commentary on: Zhao et al (2024) The impact of education/training on nurses caring for patients with stroke: a scoping review *BMC Nursing* 23:90

Commentary

Implications for practice and research

- Nurses working in clinical stroke care could benefit from leadership and management strategies that encourage empowerment and time and space to reflect on current evidence, training and practice.
- Comprehensive evaluation strategies are needed to assess the impact and effectiveness of empowerment-based stroke education and training on patient outcomes.

Context

Stroke nursing is widely recognised for its significant role across the whole multidisciplinary stroke care pathway (1). Ensuring that stroke nurses are equipped with the latest stroke specialist knowledge and skills is fundamental in providing high quality and safe stroke care (1,2). However, in spite of the provision of nationally-recognised, quality-assured training and education programmes for example, the Stroke-Specific Education Framework in the UK, education and training for nursing staff within the current clinical climate remains a challenge and less is known about the impact of such training programmes on patient outcomes.

Methods

The purpose of this scoping review was to synthesise available evidence on stroke education and training to understand its impact on nurses and their patients and to identify barriers and facilitators to its implementation. The review was undertaken based on guidance from the Joanna Briggs Institute and involved a search across multiple databases including PubMed, Cinahl, PsychInfo and Embase as well as grey literature. Papers were included if they focused on education and training approaches provided for nurses working in clinical and community settings, were published in the English language and were published prior to Feb 2023. Papers were excluded if they focused on training or education provided to professionals other than nurses or where participants were nursing educators, instructors or students or in educational settings. Two members of the research team independently screened the search results and extracted data from eligible studies.

Findings

A total of 17 studies were included in the review, the majority of which were published in Western countries (n=14). Training and education programmes in the included studies were delivered in a variety of formats and over different durations from 1 day to 15 months, and targeted nurses working across different settings of care delivery from acute stroke care to general wards and community settings. Programmes focused on both the foundational aspects of stroke care as well as more specialist and tailored education such as management of dysphagia and interprofessional communication with other members of the stroke multidisciplinary team. Data identified that education and training have a positive impact on nurses' capacity to provide enhanced coordination and quality of patient care. Impact on workload and feasibility of implementation were perceived barriers to training programmes whilst the support of managers and time and space to focus on developing competence in the non-technical aspects of nurses' roles were considered facilitators to engagement.

Commentary

Stroke care is complex, challenging and continually evolving. Stroke nurses require significant knowledge and skills to deliver safe and effective care as well as addressing wider aspects of care provision such as communication, behaviors and attitudes and supporting the wider multidisciplinary stroke team. This review by Zhao et al highlights that systematic education and continuous training enhances nurses' knowledge and skills, ensures they have greater insight into care provision and processes, and boosts confidence and job satisfaction (1).

Multiple barriers affect access to ongoing training including lack of time, infrequent provision, attitudes of ward managers to workforce training, and their need to balance this against patients' and other staff members' needs; and the use of e-learning as a default mode of training delivery (3). In the current context of stretched healthcare systems and lack of stroke-specialist staff, there is a risk that issues with access to training could increase.

Zhao et al (1) describe that management support is vital to support ongoing training and education. However, transformational leadership increases structural empowerment. Structural empowerment can be conceptualised as systems and processes in the workplace that enable the employee to accomplish their work in a meaningful way (4). These are wide ranging and include human and non-human resources such as working within a learning organisation and having access to information, support and feedback (5). Structural empowerment needs to support not only training but also behaviors or styles that are appropriate for the constantly changing, complex, and turbulent health care delivery system. Greater empowerment, with time to reflect on training and practice, could help ensure the workforce is equipped to be questioning practitioners who evolve and adjust to the growing demands of care by questioning and improving current practice in line with the best available evidence. The empowerment of nurses has been shown to contribute to increased professional satisfaction, reduced burnout, and increased autonomy and organizational commitment (5). Further work is needed to develop

more objective, standardised and comprehensive evaluation strategies to assess the effectiveness of education and training programmes as well as empowerment and other variables related to nursing practice on patient outcomes.

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Competing interests

Lisa Kidd is a Deputy Editor for Evidence Based Nursing Journal.