

## Chapter 1: Framework for Continuing Professional Development for APNs

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### Introduction

This chapter aims to provide a framework for teachers covering aspects that should be emphasised in education to prepare APNs students for continuing professional development. First, we present a theoretical framework that will provide APNs with language that aligns with current healthcare policies of taking patients' experiences into account and further aids them in articulating how they can differentiate themselves from but also complement the medical perspective. We then highlight the need for emphasis of organisational competency in education, and lastly, we stress strategies which are important to consider when promoting the implementation of APN roles in clinical practice.

### Lifeworld-led care as an important frame of reference in the education of Advanced Practice Nurses

The *Oxford Dictionary of Nursing* defines continuing professional development as "the concept that learning continues throughout one's life, both through educational courses and work experience and practice. Individuals are encouraged to identify their personal learning needs and to assess their progress in dynamic ways" (Law, 2021, p. 103).

Advanced Practice Nursing distinguishes itself from medicine in several key-ways, primarily in its scope of practice, approach to patient care and focus on holistic health. These dimensions are important to consider in the education of APNs in order to address the complex needs of patients in today's diverse healthcare environment. Furthermore, it is important for APNs to be able to articulate how they both distinguish themselves from and supplement medicine. In this regard the concept of lifeworld-led care (Dahlberg et al., 2009; Galvin & Todres, 2013) contributes an important theoretical frame of reference that should be integrated into the education of APNs to support a holistic and person-centred approach to care, where individual patients are actively involved and receive tailored care (Galvin et al., 2020; Galvin, 2021; Norlyk et al., 2023). Integrating lifeworld-led care as a theoretical framework in education can thus provide APNs with a language that

aligns with current healthcare policies, which aim to take patients' experiences into account.

The lifeworld refers to the everyday experiences, values, beliefs and contexts that shape an individual's life (Dahlberg et al., 2009). Lifeworld-led care thus means acknowledging that patients are experts in their own lives and striving to comprehend individual patients' needs, preferences and values. Lifeworld-led care helps APNs to address these aspects comprehensively, considering the whole person to deliver person-centred, holistic and culturally sensitive care (Galvin & Todres, 2013; Galvin, 2021). Accordingly, lifeworld-led care recognises that one size does not fit all in healthcare. Consequently, interventions and treatments should be tailored to individual patients' needs, preferences and circumstances and be based on collaboration and partnership between healthcare providers and patients.

The concept of lifeworld-led care was introduced by English nursing researcher and professor Kathleen Galvin, Swedish nursing researcher and professor Karin Dahlberg and English psychologist and professor of Health Philosophy Les Todres. By introducing lifeworld-led care they intended to address the growing body of evidence showing the limitations of conventional healthcare approaches that were often narrowly focused on treating patients' medical conditions and overlooked the broader context of patients' individual needs, preferences and values (Dahlberg et al., 2009; Galvin & Todres, 2013).

In other words, lifeworld-led care emphasises the human aspects of caregiving in a healthcare system that can sometimes prioritise efficiency and technical procedures over the human experience of illness and care. Accordingly, this approach to care recognises that health and well-being are influenced by various factors, including social, cultural, psychological and environmental dimensions (Dahlberg et al., 2009; Galvin & Todres, 2013; Galvin et al., 2020).

Integrating lifeworld-led care as a theoretical frame of reference in the education of APNs holds significant importance for several reasons:

- *Enhanced Person-Centred Care:* Lifeworld-led care emphasises understanding of patients' life worlds—their everyday experiences, values, beliefs and contexts. By integrating this approach into education, APNs can learn to prioritise the patient's perspective and experiences, leading to more person-centred care delivery in accordance with current healthcare policies.

- *Comprehensive Assessment and Planning:* Lifeworld-led care encourages a holistic approach to healthcare, considering the whole person and their unique circumstances. APNs who are trained in lifeworld-led care can conduct comprehensive assessments that consider not only the patient's medical condition but also social, cultural, psychological and environmental factors. This enables more effective care planning tailored to the individual patient.
- *Improved Communication and Collaboration:* Lifeworld-led care encourages partnership and collaboration between healthcare providers and patients. APNs trained in this approach emphasise communication techniques that promote active listening, empathy and mutual respect. They also develop skills in shared decision-making and care planning, fostering collaborative relationships with patients and interdisciplinary healthcare teams.
- *Better Patient Outcomes and Satisfaction:* Research suggests that person-centred care models such as lifeworld-led care can lead to improved patient outcomes and higher levels of patient satisfaction. By integrating lifeworld-led care principles into their practice, APNs can contribute to better health outcomes, increased patient engagement and higher overall satisfaction with care. Øverst på formularen
- *Cultural Sensitivity and Competence:* Lifeworld-led care emphasises cultural sensitivity and respect for patients' diverse backgrounds and beliefs. In today's multicultural healthcare landscape, it is crucial for APNs to be culturally competent. Integrating lifeworld-led care into education helps nurses develop the skills and awareness necessary to provide culturally sensitive care and build trustful relationships with patients from diverse cultural backgrounds.

To sum up, lifeworld-led care represents a shift towards a more person-centred, compassionate and holistic approach to healthcare, aiming to improve the quality of care and patient outcomes by acknowledging and incorporating patients' lifeworlds into clinical practice. These ideas complement those of classical nurse theorists such as Patricia Benner, Jean Watson and Kari Martinsen (Norlyk et al., 2017; Norlyk et al., 2023). Consequently, the lifeworld-led care theoretical framework is important to include in the education of APNs. It will aid them in articulating how they not only differentiate themselves from medicine but also complement the medical perspective.

## **Enabling APNs to expand their scope of practice by emphasising organisational work**

It is useful to highlight and expand on the lifeworld perspective where awareness of culturally sensitive care is acknowledged, and to emphasise the need for APNs to include organisational work in their professional practice. APNs' position in the health care system means they develop comprehensive knowledge of patients' individual health care needs and have the advantage of knowing the health care system and how to best make use of it to meet patients' needs. APNs operate within an increasingly complex health care environment, leading to a need for organisational competency to be included and emphasised in their education. In-depth knowledge and understanding of national health policy, relevant legislation and how the health care system is organised in their country are prerequisites for APNs when it comes to delivering high quality care. The education system needs to equip future APNs with the capacities and knowledge that will enable them to explore and interact with policy, legislation and regulations in order to provide their patients with the best care possible.

The following example illustrates why organisational work is essential for APNs. The health care system is undergoing great changes. Some of these changes are reflected in several external factors. APNs care for patients of all ages; however, the demographic change to a more elderly population is a challenge for all. In line with the growing elderly population and increasing numbers of people living with chronic health conditions, the responsibility for patient care is being shared between hospitals and the local community. Another trend is a change from institution-centred to decentralised aging-in-place care. The aging-in-place strategy is rooted in the UN's sustainability goals and operationalised in the WHO's recommendation as a strategy to ensure sustainability in health care.

We are also seeing increased specialisation and the fragmentation of health care, which implies changes towards a health care system characterised by increased inter-disciplinary and cross-sectorial services requiring high-level coordination of care (Klingemann et al., 2020). Previously the health care system was more transparent but it has now become complex. Patients, their next of kin and health care providers all experience discontinuity and report that they find it hard to navigate within and across the system (Kumlin et al., 2022). Some studies of home care nurses show how organisational work comes to the surface when caring for home-bound patients. Nurses experience that they are

responsible for more advanced and complex health care needs and tasks in homes compared to before. In order to manage this, they conduct many "negotiations" between different levels and professions, and observe that they take care of "loose" threads and orchestrate and manage their own and other people's work (Melby & Hellesø, 2018). In general, nurses juggle multiple agendas, they "circulate" patients, they individualise care with increasing standardisation and they make priorities with limited resources (Allen, 2014).

Patient safety is at risk every time patients move between units or when several providers are involved in care (Ljungholm et al., 2022). Understanding frameworks for ensuring continuity of care for patients in complex health care settings is crucial to APNs' responsibility to ensure coherent care.

In the research literature, there is no consensus regarding the concept; however, according to Ljungholm et al. (2022) there are three reasonably well-defined dimensions of continuity, which are partially overlapping and interdependent:

- *Relational continuity* – traditionally this has been understood as seeing the same provider, but when this is not possible, enabling patients to meet the same team and ensuring a net around the patient is evident (Bjornsdottir, 2018; Ljungholm, 2022).
- *Informational continuity* – this is the use of information to connect health care across levels of care. Development of feasible digital solutions is part of ensuring informational continuity, as is the responsibility to develop professional terms and appropriate tools. The role of APNs includes providing input to ensure adequate information is available for the purpose of safe and quality care.
- *Management continuity* – this includes implementation of guidelines and standardisation of care. For example, further development of standardised pathways is expected to increase coherence in care. Such pathways seem to be useful for patients with a single diagnosis but are not always feasible for patients with multi-morbidity (Kumlin et al., 2022).

These continuity of care dimensions reflect how a framework for APNs to achieve continuity of care for patients at different levels of care may be useful. At the micro-level, intra-organisational care and cooperation must focus on relational continuity. At the meso-level, intra- and inter-organisational cooperation must focus on management continuity, while at the macro-level, achieving inter-organisational cooperation must focus on informational continuity. Hellesø et al. (2005) emphasises the factors that need to be considered to ensure continuity of care in the digitalisation of collaboration across levels of care.

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