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Staff Education to Improve Knowledge on Facilitation of Psychoeducational Groups

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Executive Summary: Staff Education Project

Staff Education to Improve Knowledge on Facilitation of Psychoeducational Groups

by

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Summary

In this project, I aimed to develop and implement a staff education initiative designed to improve nurses' knowledge of how to facilitate advanced group skills in an inpatient psychiatric setting. The focus of the project revolved around the practice-focused question: Among psychiatric nurses in an inpatient psychiatric unit, will education and implementation of how to facilitate advanced psychoeducational groups, compared to current psychoeducational group processes, improve nursing knowledge? I aimed to address this prevalent issue within the nursing practice of the identified organization. The successful implementation of this initiative contributes to enhancing three vital areas: first, it increases nursing knowledge by assisting in the development of necessary competencies; second, it strengthens nursing practice by boosting confidence in facilitating psychoeducational groups; and third, it improves patient care—both during hospitalization and post-discharge—by supporting compliance with state regulatory requirements.

The evidence sources for the project consisted of surveys distributed before and after the educational intervention. These surveys were crucial for data collection as they offered direct insights. The analytical methods I used included both pre- and post-intervention assessments. The implementation of the nursing education project proved to be effective, resulting in positive outcomes such as enhanced nursing knowledge, increased competency, and better regulatory compliance in facilitating psychoeducational groups.

Background

The American Nurses Association's (2024) revised *Psychiatric Mental Health Nursing: Scope and Standards of Practice* has reaffirmed the roles of nurses as both educators and supervisors of the therapeutic setting. In 2018, after a lengthy effort, the American Psychological Association decided to recognize group psychotherapy as a specialty, thus making it a defined area of practice requiring specific knowledge and skills gained through organized education and training (Rosendahl et al., 2021).

In 2014, the American Psychiatric Nurses Association (APNA), the International Society of Psychiatric Nurses (ISPN), and the American Association of Colleges of Nursing (AACN) partnered to outline key competencies for practice in psychiatric mental health nursing, which continues to set the standard for required competencies in mental health nursing. Representatives from these organizations have recognized that education in milieu and group facilitation is crucial for nursing professionals, regardless of their field of expertise.

Nurse-led psychoeducation groups are vital for enhancing patient outcomes and improving overall well-being (McLeay et al., 2024). These groups offer a structured approach to educating individuals about their health conditions, coping strategies, and available resources. By empowering patients with knowledge and skills, these groups foster self-management, improve adherence to treatment plans, and promote positive behavioral changes. They also provide a supportive environment for patients to connect with others facing similar challenges, reducing feelings of isolation and stigma. Psychoeducational practice requires extensive knowledge to cover a wide range of

biological-psychological domains, in addition to advanced communication skills to manage patients' narratives that vary according to situations (Matsuda et al., 2021).

The practice gap I identified was the nursing staff's inability to conduct nurse-led psychoeducational groups due to insufficient knowledge, lack of confidence, and staffing shortages. This lack of participation within the inpatient behavioral health unit (BHU) raises compliance concerns that could lead to serious issues for the organization. The situation aligns with the North Carolina Mental Health Licensure and Certification Section of the Division of Health Service Regulation, which oversees licensing and regulation for mental health and related facilities.

Nurse-led groups in psychiatric inpatient facilities are essential in providing patients with a structured environment that fosters learning, sharing experiences, and developing coping strategies, all of which greatly contribute to their recovery and overall well-being (Sawyer et al., 2023). These groups, facilitated by nurses with specialized training, present a significant opportunity for patients to gain a deeper insight into their conditions, improve their social skills, and cultivate a sense of community.

The non-adherence in facilitating psychoeducational groups can create diverse issues in inpatient psychiatric facilities. Some of these issues can lead to inadequate patient care, disruptive milieus, frequent patient recidivism, all contributing to nurse burnout, and high staffing turnover rates in the psychiatric setting. There is a need to provide advocacy, education, programming, and resources in the areas of positive coping and self-care to reduce burnout symptoms and promote well-being (Sawyer et al., 2023).

Providing the nursing staff with adequate education to fulfill job and regulatory requirements is essential in decreasing non-compliance.

Within the organization, the identified practice gap was recognized as the nursing staff were noncompliant on several occasions regarding facilitating the nurse-led psychoeducation group on the inpatient psychiatric unit. This practice gap led to the following problem statement: “Among psychiatric nurses in an inpatient psychiatric unit, will education and implementation of how to facilitate advanced psychoeducational groups, compared to current psychoeducational group processes, improve nursing knowledge and confidence in facilitating nurse-led psychoeducational groups?” To tackle this issue, it was essential to implement a staff education initiative designed to equip nurses in the inpatient psychiatric unit with the necessary knowledge and skills for conducting nurse-led psychoeducation groups.

Nurses have been implementing psychoeducation for the past 20 years. They are well-positioned to facilitate psychoeducation groups, as they possess a robust knowledge of illness, wellness, health promotion, disease treatment, and maintenance management (Czekanski, 2016). However, few nurses receive training in group facilitation and psychoeducation techniques (Czekanski, 2016). The literature indicates that many nurses attribute challenges to leading psychoeducation groups to this lack of training (Brunero et al., 2012). Nonetheless, there is a lack of research focused on the structure of nurse training and psychoeducation programs. This represents a significant obstacle to nurses' preparedness for facilitating psychoeducation groups. This lack of readiness may increase

the risk of low personal self-efficacy and accomplishment, which is a risk factor for burnout in the mental health profession (O'Connor et al., 2018).

Staff Education Project Development

The development of the project included both direct and indirect participants. Indirect participants were the hospital's executive leadership, who approved the project at the onset of the development phase. Direct participants included a total of 18 nurses (17 registered nurses and one licensed practical nurse) working in the inpatient BHU, along with the nurse manager and I, who collaborated on the project. To identify individual learning preferences and educational needs, the staff were given a needs assessment questionnaire prior to the staff education intervention.

To assess the nurses' understanding and confidence in their current role of facilitating the psychoeducation group, I distributed an anonymous pre-educational survey. This survey aimed to gauge their knowledge of advanced group skills and their self-assurance in leading psychoeducational groups, effectively demonstrating the project's impact.

I collaborated with the nurse manager to set up schedules for the educational sessions, which spanned four days over 2 weeks, featuring two 1-hour sessions each. This format was designed to facilitate the education process and allow for time to address questions. I provided education to the nursing staff on advanced group skills through handouts and in-person instruction. Following the initial training, I reinforced their understanding with teach-back activities and directly observed staff as they applied their new skills in facilitating groups.

The pre-and post-assessments involving all 18 nurses effectively collected evidence and administered it equally to all the nurses. Data collection effectively addressed the practice-focused question on the effectiveness of a staff education program in improving nursing knowledge and confidence in facilitating a nurse-led psychoeducation group. The assessments were also practical since they helped educate nurses on the importance of continuing to improve their nursing knowledge, which reinforced their confidence in their nursing skills and expertise in facilitating nurse-led psychoeducation groups (see Appendix A, B, and C for assessments). Additionally, staff were educated on the importance of regulatory compliance in facilitating nurse-led groups and the potential impact of non-compliance within the BHU and organization.

Follow-up was 1 month post-implementation. I evaluated and compared their knowledge and confidence levels using an anonymous post-educational survey that assessed their understanding of advanced group skills and helped measure the effectiveness of the educational initiative. The education sessions emphasized the creation of awareness in nursing education on several topics related to facilitating psychoeducational groups, including types of therapeutic groups, group dynamics, conducting a group, group stages, nursing leadership styles, evaluating groups, and therapeutic communication.

The nursing education program effectively improved nursing education and individual nursing confidence among the nurses within the BHU. Thus, the education program would be practical to use as ongoing education for all new future nursing staff and interdisciplinary staff working in the BHU.

Results

Implementing the nurse education program was significant for the BHU, as it effectively contributed to improving nursing knowledge and increasing the confidence of all nursing staff in facilitating nurse-led psychoeducational groups. The nursing education program highlighted for several of the participants the importance of how psychoeducation group impacts the patient population within the BHU. Psychoeducation empowers patients to take an active role in the therapeutic process, potentially reducing stigma, guilt, and feelings of helplessness, improving medical adherence, and engaging caregivers (Musoni-Rwililiza et al., 2022). The nurse-led positive psychological intervention can enable patients to discover their potential strengths and capabilities through interventions (Chen et al., 2023). Research has shown that psychiatric nurses should gain knowledge and training in psychoeducation and conduct psychoeducation programs to help people adhere to their treatment plans and function better (Saaed et al., 2024).

In addition, nurses gained significant knowledge and awareness regarding the importance of facilitating groups promptly and the impact of nonadherence to completing the required psychoeducation group from an organizational compliance/regulatory perspective. There is a critical need for high-quality mental healthcare treatments, including psychoeducation. Inpatient psychiatric nurses are well-positioned to lead psychoeducation groups, but few receive training (McLeay et al., 2024).

The nurse education program was effective, as follow-up data from post-education surveys revealed that the nursing staff within the BHU has acknowledged and

demonstrated an increased knowledge base and confidence in facilitating psychoeducation groups since the implementation of the staff education intervention.

The results of the project indicated significant factors associated with the facilitation of nurse-led psychoeducation groups, including the nurse's attitude in conducting the group, inadequate skill knowledge among nurses, negative attitudes/confidence levels, and insufficient psychiatric education on how to perform a psychoeducation group As seen in Figure 1, the significance of nurses who felt knowledgeable about facilitating psychoeducation groups was measured and compared with the participants, pre- and post-education program implementation. Before the education program intervention was initiated, only four nurses (22%) felt they understood how to conduct a psychoeducation group, and 14 nurses (78%) did not. However, after the intervention, the remaining 14 nurses reported feeling they had an improved knowledge base and confidence in conducting a psychoeducation group. This was highly influenced by the knowledge and skills gained from the education intervention. Figure 2 identifies the significance of the nurses' attitudes towards their ability to utilize advanced group skills, as four nurses (22%) felt knowledgeable before the education program intervention, and 14 did not.

Also, Figure 2 identifies the nurses' attitude towards having adequate education in facilitating psychoeducation groups, in which all 18 nurses (100%) felt they did not have sufficient educational resources for evidence-based care. After implementation, all the participants reported overall satisfaction with the education program and reported feeling that the information assisted in improving their overall knowledge base and confidence.

Figure 1

Nurse Confidence

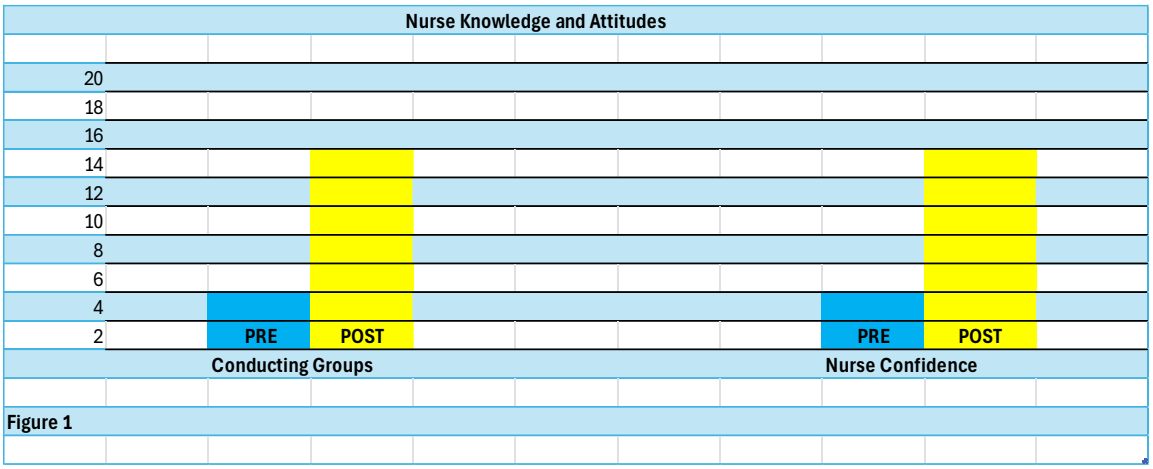
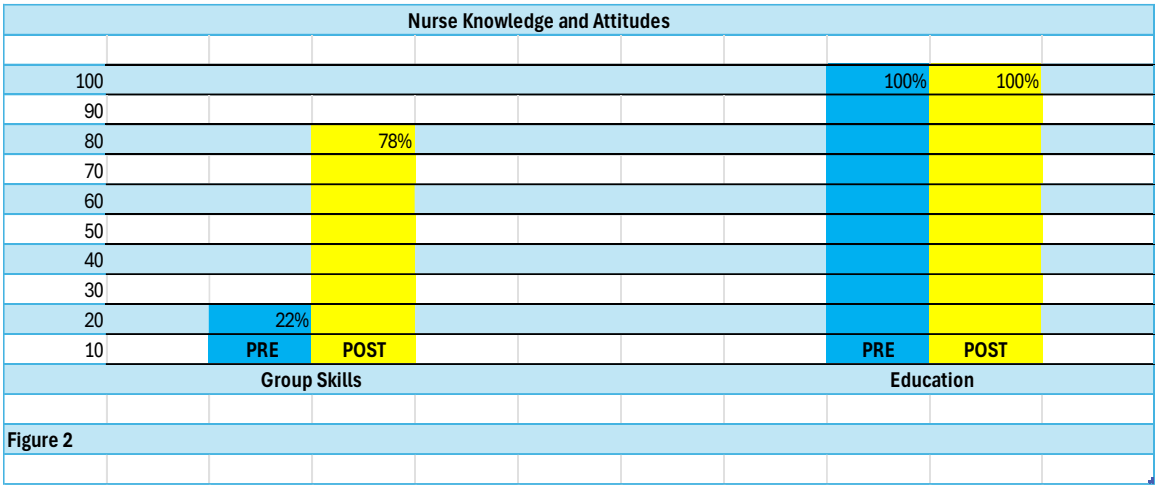


Figure 2

Nurse Attitude Towards Education



The education program was effective and could be beneficial if implemented in various settings, such as inpatient psychiatric hospitals, correctional facilities, and outpatient mental health programs such as intensive outpatient programs , partial hospitalization programs , and crisis stabilization centers. The goal is to improve self-management

abilities and foster personal growth by helping participants recognize life's challenges and offering strategies for coping.

However, the program faced limitations, including a small sample size of only eighteen nurses, which limited the generalizability of the findings. High patient census and staff turnover required multiple small group sessions, leading to inconsistencies in training. There was also no reliable tool to assess nurses' understanding of psychoeducation, necessitating a custom survey. Finally, the project did not gather direct insights from patients regarding their views on the psychoeducation provided.

Conclusions

Nurses in mental health face the challenge of creating a safe, therapeutic environment while effectively engaging patients. Trained nurses can strengthen therapeutic relationships and enhance treatment outcomes. Educating staff to address practice gaps fosters cultural transformation and equity, leading to improved knowledge and confidence. This shift empowers patients through better access to resources, promoting equitable societies. A nurse-led approach to cognitive behavioral therapy bridges the research-practice gap. It can encourage frontline nurses and motivate institutional/organizational leaders, academic/professional societies, and policymakers to employ empirically supported psychotherapeutic techniques in routine nursing care (Yoshinga et al., 2022).

Recommendations for future progression of the study identify that there is a notable gap in understanding the effectiveness of psychoeducation facilitation training and the need for standardized group frameworks. In-depth studies are essential,

particularly qualitative research that explores nurses' perspectives on how the training influences their skills, knowledge, and confidence. Additionally, this research can gather feedback to improve both the training and program design. Furthermore, investigations should focus on patient outcomes, including symptoms, social functioning, quality of life, medication adherence, relapse rates, rehospitalization rates, and durations of hospital stays.

Nurses have facilitated therapeutic groups in psychiatric nursing for decades. Despite advancements in evidence-based knowledge, group education and treatment remain vital to a therapeutic environment. In this project, I aimed to enhance nurses' confidence and skills in leading psycho-educational groups. It demonstrated that educating nurses significantly improved their knowledge and attitudes in inpatient settings, leading to positive changes in nursing practice and the quality of care provided to patients through evidence-based approaches.

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Appendix A: Precourse Survey & Test

Thank you for participating in this survey. It aims to gather data to support the implementation of my doctoral nursing project at Walden University. Please take the time to answer this short survey and complete the pre-test at the end, as it will provide data to support the implementation of educational material on nurse-led psychoeducational groups within the Behavioral Health Unit.

This survey is anonymous, so feel free to answer honestly. Your responses will significantly improve the accuracy of our data and help us improve the facilitation and process of nurse-led psychoeducational groups.

Section 1: Self-Assessment

1. Do you understand the concept of performing nurse-led psychoeducational groups?

2. Where do you feel your current knowledge level is regarding facilitating nurse-led psychoeducational groups?

3. How confident are you regarding your knowledge level of group skill terminology?

4. How would you describe the current process of nurse-led psychoeducational groups in the Behavioral Health Unit?

5. Why are current methods underperforming?

6. Where are improvements needed?

7. Do we have enough resources to execute a more successful process?

8. Do you have any other identified educational needs?

Section 2: Learning Styles

1. Please select how you learn best: visual, auditory, hands-on, or written

2. Please select your preferred method of learning:
- Lecture
- Class-wide discussion
- Small group discussion (before reporting back and continuing discussion)
- Team or paired discussion (before beginning a whole group discussion)
- Short, informal writing activities (used to guide discussion)
- Group work to apply new concepts and/or information
- Practice questions and review of answers, reading/studying guide
- Presentations

Section 3: Pre-test

1. Define six types of therapeutic communication.

a.

b.

c.

d.

e.

f.

2. Explain the essential characteristics of a group.

3. Explain the difference between a psycho-education group and a psychotherapy group.

4. Define the four development stages of a group.

a.

b.

c.

d.

5. Define two essential characteristics of a psychoeducation group.

a.

b.

Appendix B: Likert Scale Pre/Post Education Survey

1. I am skilled in six areas of therapeutic communication: attending, reflection, summarization, active listening and responding, clarifying, and supporting.

   Strongly Disagree Disagree Neutral Agree Strongly Agree

2. I can define the essential characteristics of a group.

   Strongly Disagree Disagree Neutral Agree Strongly Agree

3. I can differentiate between a psycho-education group and a psychotherapy group.

   Strongly Disagree Disagree Neutral Strongly Agree Agree

4. I know the three essential ethical guidelines for establishing a group offering.

   Strongly Disagree Disagree Neutral Strongly Agree Agree

5. I know which therapeutic factors of groups are most evident in psycho-educational groups.

   Strongly Disagree Disagree Neutral Strongly Agree Agree

6. I know the development stages of groups include forming, storming, norming, performing, and termination.

   Strongly Disagree Disagree Neutral Strongly Agree Agree

7. I know and understand group processes, especially the importance of defining group norms early in the group process.

   Strongly Disagree Disagree Neutral Strongly Agree Agree

8. I know and understand the four goals of inpatient psychotherapy groups and the four desired outcomes for members of psychoeducation groups.

Strongly Disagree Disagree Neutral Strongly Agree Agree

9. I know the three counterproductive techniques that new group leaders may use.

Strongly Disagree Disagree Neutral Strongly Agree Agree

10. I know several practical suggestions that can help a group run smoothly and effectively.

Strongly Disagree Disagree Neutral Strongly Agree Agree

11. I know evaluating a group is a critical step in improving psycho-educational groups.

Strongly Disagree Disagree Neutral Strongly Agree Agree

12. The course material was presented in a clear and organized manner.

Strongly Disagree Disagree Neutral Strongly Agree Agree

13. The educational content was relevant to the course topics.

Strongly Disagree Disagree Neutral Strongly Agree Agree

14. The educational content provided was well-designed and aligned with course objectives.

Strongly Disagree Disagree Neutral Strongly Agree Agree

15. I feel confident in my understanding of the course material and in conducting groups.

Improved Not Improved Unchanged

16. **COMMENTS/SUGGESTIONS:**

Appendix C: Advance Group Communication Skills

1. Attending to verbal and non-verbal aspects of communication without judging or evaluating.
Active listening

2. Saying in slightly different words what a The patient has said to clarify its meaning to the individual and group.
Restating

3. Knowing the essence of a message at both the feeling and thinking level; simplify patient statements by focusing on the core message.
Clarifying

4. Pulling together the important elements of an interaction or session.
Summarizing

5. Asks open-ended questions that lead to self-exploration of the "what" and "how" of behaviors.
Questioning

6. Offering possible explanations for behaviors, feelings, and thoughts.
Interpreting

7. Challenging members to look at specific discrepancies between their words and

actions, or body and verbal messages, pointing to conflicting information or messages.
Confronting

8. Communicating an understanding of the content and or feeling(s).
Reflecting Feelings

9. Providing encouragement and reinforcement when members are disclosing personal information exploring painful feelings or taking risks.
Supporting

10. Identifying with members by assuming their frames of reference while maintaining their separateness.
Empathizing

11. Opening up clear and direct communication within the group, helping members self-disclose.
Facilitating

12. Promoting group participation and introducing new direction in the group.
Initiating

13. Planning specific goals for the group process helping members define concrete and meaningful individual goals.
Goal setting

14. Appraising the ongoing group process of the individual and group dynamics

Evaluating

15. Expressing concrete and honest reactions based on observations of members behaviors
Giving Feedback

16. Offering advice and information, direction, homework assignments, and ideas for new behaviors
Suggesting

17. Safeguarding members from unnecessary psychological risks in the group
Protecting

18. Connecting the work that members do to common themes in the group
Disclosing oneself

19. Demonstrating desired behavior through actions
Modeling

20. Preparing the group to close a session
Linking

21. Revealing one's reactions to processes within the group
Blocking

22. Intervening to stop counterproductive group behavior; the focus should be on specific behavior and not the person
Terminating