

# Strategies to enhance the integration of health services, education, research and community engagement within the Nursing Center Model

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## Abstract

The Nursing Center (NC) Model is an innovative approach that integrates community engagement, education, research, and community health care services. We have identified a conceptual framework for a client-centered, service-learning-oriented nursing curriculum that revitalizes community health nursing and improves services through integrated practice and research. The six stages of integration approaches include preparation, orientation, working, pre-termination, termination, and adoption. Implementing these strategies can enhance the quality of nursing services, nursing graduates, and the health of people in the community. To improve outcomes for all stakeholders involved, the Academic Health System (AHS) may also incorporate the NC model within the system.

**Keywords:** academic health system, integration, nursing center, strategies

## The Nursing Center (NC) Model

New forms of educational approach and support are necessary to prepare nurses to address the complex and costly challenges towards community health care. The NC model integrates nursing practice, education, and research to address these challenges (Juniarti et al., 2019). The NC represents a comprehensive action for nursing and community care. This globally acknowledged strategy aims to integrate nursing education, research, and community health care (Juniarti et al., 2015). Our research has identified four elements within a conceptual framework pertinent to integration in the NC: (1) client-centered care as the shared ground for integration in the NC; (2) service learning in nursing education; (3) employing the NC to enhance community health nursing (CHN) services; and (4) improving services through community engagement and research. The service-learning pedagogy is appropriate for meeting the requirements of educational institutions and practice as it integrates services with the learning process. The conceptual framework has global applicability and can be employed to enhance the functioning of NCs in Indonesia.

The Academic Health System may also incorporate the NC model. An Academic Health System (AHS) is a partnership that integrates research, education, and healthcare to enhance patient care and medical education. This approach employs transformational learning principles to improve the interplay between medical education and the healthcare system, aiming to increase health outcomes, community involvement, and translational research (Agustian et al., 2024). Collaboration, through the exchange of knowledge and the establishment of synergies between health services and educational institutions, serves as a powerful mechanism for integrating primary healthcare into the academic framework and enhancing educational standards through establishing an environment that fosters professional advancement and engagement with local communities to promote the of people in the community (Frenk, 2009; Frenk et al., 2010). The NC model

may facilitate a conducive environment to integrating CHN practice into the nursing school curriculum, thereby cultivating high-quality nurses who will enhance community health. NC stakeholders must prioritize the seamless integration of CHN services, education, and research to fully actualize NC's full potentials.

### Strategies to Enhance Integration

The NC's operation may be augmented by the integration of CHN services, education, and research. Consequently, the NC must focus on activities that ensure the continuous application of its theoretical framework, promote cohesion among stakeholders, and secure consensus regarding the NC's ownership. Improving integration inside the NC through these methods could yield numerous advantages for all stakeholders.

Nurses and students can acquire knowledge of optimal practices in family nursing and community health nursing through a service-learning approach (Juniarti et al., 2016). The NC model functions through multiple phases: pre-termination, orientation, working, termination, adoption, and pre-termination. The preparation, working, and ending phases in particular have been documented in the literature (Gupta, 2006; Riedford, 2011). To accomplish service-learning objectives, the preparation, action, reflection, and evaluation stages are important (Gupta, 2006). One crucial stage for effective service learning has been highlighted as preparation when the faculty and community partners can have clear expectations if evaluation planning is done throughout the preparation phase (Larson et al., 2011; Narvasage et al. 2002). Three more phases—the orientation, pre-termination, and adoption phases—have been identified by our research (Juniarti et al. 2019).

### Preparation Phase

The primary objectives of the preparatory phase are to engage stakeholders in the NC's operations, ascertain their collaborative intentions, and establish their distinct requirements and ambitions. A requirements assessment is essential throughout the planning phase. Foss et al. (2003) indicate that this evaluation may consider how collaboration enhances the service-learning approach, either as a community-oriented service experience or as a student-centered learning experience through service, or both. Nursing schools can initiate novel partnerships by choosing these alternatives. To ascertain the necessity and desire for optimal integration, both educational and service institutions may ultimately do a formative assessment. The NC may proceed to the orientation phase when there is an increased necessity and willingness to integrate.

### Orientation Phase

In the orientation phase, all participants get training on the theoretical foundations of the NC and are afforded the chance to delineate the specific

outcomes they aspire to achieve through cooperation and integration. These are essential measures for achieving unanimity over the NC's mission. During the orientation period, the lecturer assists students in familiarizing themselves with the NC environment. Every individual imparts their knowledge and delineates explicit objectives and benefits for all stakeholders. The extent of knowledge-sharing inside an institution indicates its members' willingness to share their expertise with others (Bock et al., 2005). To create student learning experiences while addressing the requirements of the community partner, Peterson and Schaffer (1999) emphasized the importance of faculty engagement during both the design and implementation phases. Enhanced reciprocity can be attained by open, transparent, and readily accessible communication (Blouin & Perry, 2009; Hudson et al., 2011). Moreover, it is crucial to underscore the listening aspect of communication by employing clear terms and a common language (Foss et al., 2003).

### Working Phase

Throughout the working phase, students, nurses, and lecturers collaborate regularly and persistently on research and community service initiatives, community health nursing and family nursing services, as well as experiential learning activities. A stable cohort of faculty members to participate in all clinical activities, a frequent and reliable presence in the service, and a sustained community-based collaboration requiring determination and resilience from all stakeholders are essential, as evidenced by Hamner et al. (2007).

Taylor et al. (2006) assert that nurses can engage in research in several capacities, including as autonomous, interdependent, and dependent participants. Nurses could engage in research and community service activities to advance the NC model, either at the dependent level through participation in data collection or at the interdependent level alongside decision-makers in the conceptualization, implementation, evaluation, and dissemination of research (Taylor et al., 2006). By recognizing their contributions, nurses may feel valued in a workplace that fosters integration and collaboration, particularly when they see that their participation influences the service system (Levett-Jones et al., 2007).

### Pre-Termination of Collaboration between Education Institution and the Community Health Center Phase

A characteristic of collaboration in the CHN domain is the explicit articulation of terms and timelines for concluding the relationship (Allender et al., 2010). The common term of partnership between the community health center and a nursing education institution is five years. Upon the attainment of collaborative objectives, a juncture arises wherein the partnership is rendered unnecessary and may be dissolved

(Allender et al., 2010; Freeth, 2001). Consequently, the pre-termination phase is necessary prior to the termination of the collaboration.

A formative evaluation is undertaken during the pre-termination phase to assess the level of integration in the NC and to prepare for the termination phase. The literature has documented various evaluation methods for NCs and service learning with various focus, which are assessment of both service and student outcomes (Lutz et al., 2001; Yeh et al., 2009), assessment that focus on either service evaluations or student outcomes (Aponte & Egues, 2010; Barkauskas et al., 2006; Hong & Lundeen, 2009; Kent & Keating, 2013; Pohl et al., 2006; Resick et al., 2011). However, a comprehensive evaluation tool is necessary to measure the NC's performance.

A comprehensive study of integrated healthcare delivery identified 24 various assessment methodologies, nearly all of which indicated the need for clear evaluation criteria substantiated by empirical data (Strandberg-Larsen & Krasnik, 2009). Stakeholders can assess the degree of integration in their NC by employing a formative evaluation approach for integration during the pre-termination phase. If the integration was not evident, the NC would revert to the orientation phase to address the concerns identified by the formative evaluation. The NC may proceed to the end phase once integration has attained its goals.

### Termination of of Collaboration between Education Institution and the Community Healt Center Phase

In the termination phase, the community health center and the CHN nurses are expected to manage the NC autonomously once the challenges inside the NC have been resolved and the integration of CHN services, education, and research has achieved its optimal state. This phase is characterized by robust integration plans, continuous CHN services, educational and research activities, stakeholder agreement on ownership of the NC, and the establishment of shared objectives. Certain ongoing collaborations, however, may not require termination such as the NC become a clinical practice site to provide clinical experiences for students from other universities or education institutions (Allender et al., 2010).

### Adoption Phase

The stakeholders conduct a summative evaluation throughout the adoption phase. Heath et al. (2013) delineate the adoption phase as being characterized by the following: optimal integration has been attained, with all stakeholders sharing systems and facilities effortlessly. Consumers and providers possess aligned expectations regarding collaboration, while roles and cultures within the NC are comprehensively understood. Collaborative routines are consistent and fluid, accompanied by intentional knowledge sharing tailored to situational

contexts and expertise levels.

In a community health center, collaboration between Community Health Nursing services and nursing education stakeholders could provide community members with integrated and continuous healthcare services. The CHN prioritizes health promotion and disease prevention programs, which may improve the patient treatment experience, boost the health of populations and families, and eventually reduce per capita healthcare costs (Heath et al., 2013).

### Declaration of Interest

None to declare

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### Data Availability

Data sharing is not applicable to this article as no datasets were generated or analysed during the current study.

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