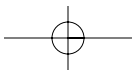
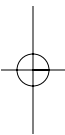
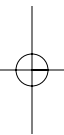


# Part One

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## Perspectives on Teaching and Learning



# Chapter 1

## Overview of Education in Health Care

Susan B. Bastable

### CHAPTER HIGHLIGHTS

Historical Foundations for the Teaching Role of Nurses

Social, Economic, and Political Trends Affecting Health Care

Purposes, Goals, and Benefits of Client and Staff Education

The Education Process Defined

Role of the Nurse as Educator

Barriers to Teaching and Obstacles to Learning

*Factors Impacting the Ability to Teach*

*Factors Impacting the Ability to Learn*

Questions to Be Asked About Teaching and Learning

State of the Evidence

### KEY TERMS

- ☐ education process
- ☐ teaching/instruction
- ☐ learning
- ☐ patient education

- ☐ staff education
- ☐ barriers to teaching
- ☐ obstacles to learning

### OBJECTIVES

After completing this chapter, the reader will be able to

1. Discuss the evolution of the teaching role of nurses.
2. Recognize trends affecting the healthcare system in general and nursing practice in particular.
3. Identify the purposes, goals, and benefits of client and staff/student education.
4. Compare the education process to the nursing process.

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5. Define the terms *education process*, *teaching*, and *learning*.
6. Identify reasons why client and staff/student education is an important duty for professional nurses.
7. Discuss the barriers to teaching and the obstacles to learning.
8. Formulate questions that nurses in the role of educator should ask about the teaching–learning process.

Education in health care today—both patient education and nursing staff/student education—is a topic of utmost interest to nurses in every setting in which they practice. Teaching is a major aspect of the nurse’s professional role (Carpenter & Bell, 2002). The current trends in health care are making it essential that clients be prepared to assume responsibility for self-care management. Also, these trends make it imperative that nurses in the workplace be accountable for the delivery of high-quality care. The focus is on outcomes that demonstrate the extent to which patients and their significant others have learned essential knowledge and skills for independent care, or that staff nurses and nursing students have acquired the up-to-date knowledge and skills needed to competently and confidently render care to the consumer in a variety of settings.

The need for nurses to teach others and to help others learn will continue to increase in the healthcare environment (Carpenter & Bell, 2002). With changes rapidly occurring in the system of health care, nurses are finding themselves in increasingly demanding, constantly fluctuating, and highly complex positions (Gillespie & McPetridge, 2006). Nurses in the role of educators must understand the forces, both historical and present day, that have influenced and continue to influence their responsibilities in practice.

One purpose of this chapter is to shed light on the historical evolution of teaching as part of

the professional nurse’s role. Another purpose is to offer a perspective on the current trends in health care that make the teaching of clients a highly visible and required function of nursing care delivery. Also addressed are the continuing education efforts required to ensure ongoing practice competencies of nursing personnel.

In addition, this chapter clarifies the broad purposes, goals, and benefits of the teaching–learning process; focuses on the philosophy of the nurse–client partnership in teaching and learning; compares the education process to the nursing process; identifies barriers to teaching and obstacles to learning; and highlights the status of research in the field of patient education as well as staff and student education. The focus is on the overall role of the nurse in teaching and learning, no matter who the audience of learners may be. Nurses must have a basic prerequisite understanding of the principles and processes of teaching and learning to carry out their professional practice responsibilities with efficiency and effectiveness.

### Historical Foundations for the Teaching Role of Nurses

Patient education has long been considered a major component of standard care given by nurses. The role of the nurse as educator is deeply entrenched in the growth and development of the profession. Since the mid-1800s,

## *Historical Foundations for the Teaching Role of Nurses* 5

when nursing was first acknowledged as a unique discipline, the responsibility for teaching has been recognized as an important role of nurses as caregivers. The focus of teaching efforts by nurses has not only been on the care of the sick and on promoting the health of the well public, but also on educating other nurses for professional practice.

Florence Nightingale, the founder of modern nursing, was the ultimate educator. Not only did she develop the first school of nursing, but she also devoted a large portion of her career to teaching nurses, physicians, and health officials about the importance of proper conditions in hospitals and homes to improve the health of people. She also emphasized the importance of teaching patients of the need for adequate nutrition, fresh air, exercise, and personal hygiene to improve their well-being. By the early 1900s, public health nurses in this country clearly understood the significance of the role of the nurse as teacher in preventing disease and in maintaining the health of society (Chachkes & Christ, 1996).

For decades, then, patient teaching has been recognized as an independent nursing function. Nurses have always educated others—patients, families, and colleagues. It is from these roots that nurses have expanded their practice to include the broader concepts of health and illness (Glanville, 2000).

As early as 1918, the National League of Nursing Education (NLNE) in the United States (now the National League for Nursing [NLN]) observed the importance of health teaching as a function within the scope of nursing practice. Two decades later, this organization recognized nurses as agents for the promotion of health and the prevention of illness in all settings in which they practiced (National League of Nursing Education, 1937). By 1950, the NLNE had

identified course content in nursing school curricula to prepare nurses to assume the role as teachers of others. Most recently, the NLN developed the first certified nurse educator (CNE) exam (National League for Nursing, 2006) to raise “the visibility and status of the academic nurse educator role as an advanced professional practice discipline with a defined practice setting” (Klestzick, 2005, p. 1).

So, too, the American Nurses Association (ANA) has for years put forth statements on the functions, standards, and qualifications for nursing practice, of which patient teaching is a key element. In addition, the International Council of Nurses (ICN) has long endorsed the nurse’s role as educator to be an essential component of nursing care delivery.

Today, all state nurse practice acts (NPAs) include teaching within the scope of nursing practice responsibilities. Nurses, by legal mandate of the NPAs, are expected to provide instruction to consumers to assist them to maintain optimal levels of wellness and manage illness. Nursing career ladders often incorporate teaching effectiveness as a measure of excellence in practice (Rifas, Morris, & Grady, 1994). By teaching patients and families as well as health-care personnel, nurses can achieve the professional goal of providing cost-effective, safe, and high-quality care.

In recognition of the importance of patient education by nurses, the Joint Commission (JC), formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), established nursing standards for patient education as early as 1993. These standards, known as mandates, describe the type and level of care, treatment, and services that must be provided by an agency or organization to receive accreditation. Required accreditation standards have provided the impetus for nursing service managers to put

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greater emphasis on unit-based clinical staff education activities for the improvement of nursing care interventions to achieve expected client outcomes (Joint Commission on Accreditation of Healthcare Organizations, 2001). Positive outcomes of patient care are to be achieved by nurses through teaching activities that must be patient centered and family oriented.

More recently, the JC has expanded its expectations to include an interdisciplinary team approach in the provision of patient education as well as evidence that patients and their significant others participate in care and decision making and understand what they have been taught. This requirement means that providers must consider the literacy level, educational background, language skills, and culture of every client during the education process (Cipriano, 2007; Davidhizar & Brownson, 1999; JCAHO, 2001).

In addition, the Patient's Bill of Rights, first developed in the 1970s by the American Hospital Association, has been adopted by hospitals nationwide. It establishes the guidelines to ensure that patients receive complete and current information concerning their diagnosis, treatment, and prognosis in terms they can reasonably be expected to understand.

The Pew Health Professions Commission (1995), influenced by the dramatic changes surrounding health care, published a broad set of competencies it believed would mark the success of the health professions in the 21st century. Shortly thereafter, the commission (1998) released a fourth report as a follow-up on health professional practice in the new millennium. Numerous recommendations specific to the nursing profession have been proposed by the commission. More than one half of them pertain to the importance of patient and staff education

and to the role of the nurse as educator. These recommendations for the practice of nursing include the need to:

- Provide clinically competent and coordinated care to the public
- Involve patients and their families in the decision-making process regarding health interventions
- Provide clients with education and counseling on ethical issues
- Expand public access to effective care
- Ensure cost-effective and appropriate care for the consumer
- Provide for prevention of illness and promotion of healthy lifestyles for all Americans

In 2006, the Institute for Healthcare Improvement announced the 5 Million Lives campaign. The campaign's objective is to reduce the 15 million incidents of medical harm that occur in U.S. hospitals each year. Such an ambitious campaign has major implications for teaching patients and their families as well as nursing staff and students the ways they can improve care to reduce injuries, save lives, and decrease costs of health care (Berwick, 2006).

Another recent initiative was the formation of the Sullivan Alliance to recruit and educate staff nurses to deliver culturally competent care to the public they serve. Effective health care and health education of our patients and their families depends on a sound scientific base and cultural awareness in an increasingly diverse society. This organization's goal is to increase the racial and cultural mix of nursing faculty, students, and staff, who will be sensitive to the needs of clients of diverse backgrounds (Sullivan & Bristow, 2007).

Accomplishing the goals and meeting the expectations of these various organizations calls

## *Social, Economic, and Political Trends Affecting Health Care* 7

for a redirection of education efforts. Since the 1980s, the role of the nurse as educator has undergone a paradigm shift, evolving from what once was a disease-oriented approach to a more prevention-oriented approach. In other words, the focus is on teaching for the promotion and maintenance of health. Education, once done as part of discharge plans at the end of hospitalization, has expanded to become part of a comprehensive plan of care that occurs across the continuum of the healthcare delivery process (Davidhizar & Brownson, 1999).

As described by Grueninger (1995), this transition toward wellness has entailed a progression “from disease-oriented patient education (DOPE) to prevention-oriented patient education (POPE) to ultimately become health-oriented patient education (HOPE)” (p. 53). This new approach has changed the role of the nurse from one of wise healer to expert advisor/teacher to facilitator of change. Instead of the traditional aim of simply imparting information, the emphasis is now on empowering patients to use their potentials, abilities, and resources to the fullest (Glanville, 2000).

Also, the role of today’s educator is one of training the trainer—that is, preparing nursing staff through continuing education, in-service programs, and staff development to maintain and improve their clinical skills and teaching abilities. It is essential that professional nurses be prepared to effectively perform teaching services that meet the needs of many individuals and groups in different circumstances across a variety of practice settings. The key to the success of our profession is for nurses to teach other nurses. We are the primary educators of our fellow colleagues and other healthcare staff personnel (Donner, Levonian, & Slutsky, 2005). In addition, the demand for educators of nursing students is at an all-time high.

Another very important role of the nurse as educator is serving as a clinical instructor for students in the practice setting. Many staff nurses function as clinical preceptors and mentors to ensure that nursing students meet their expected learning outcomes. However, evidence indicates that nurses in the clinical and academic settings feel inadequate as mentors and preceptors due to poor preparation for their role as teachers. This challenge of relating theory learned in the classroom setting to the practice environment requires nurses not only to be up to date with clinical skills and innovations in practice, but to possess the knowledge and skills of the principles of teaching and learning. However, knowing the practice field is not the same thing as knowing how to teach the field. The role of the clinical educator is a dynamic one that requires the teacher to actively engage students to become competent and caring professionals (Gillespie & McFetridge, 2006).

## **Social, Economic, and Political Trends Affecting Health Care**

In addition to the professional and legal standards put forth by various organizations and agencies, many social, economic, and political trends nationwide affecting the public’s health have led to increased attention to the role of the nurse as teacher and to the importance of client and staff education. The following are some of the significant forces influencing nursing practice in particular and the healthcare system in general (Birchenall, 2000; Bodenheimer, Lorig, Holman, & Grumbach, 2002; Cipriano, 2007; DeSilets, 1995; Glanville, 2000; U.S. Department of Health and Human Services, 2000; Zikmund-Fisher, Sarr, Fagerlin, & Ubel, 2006):

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- The federal government has published *Healthy People 2010: Understanding and Improving Health*, a document that put forth national health goals and objectives for the future. These goals and objectives include the development of effective health education programs to assist individuals to recognize and change risk behaviors, to adopt or maintain healthy practices, and to make appropriate use of available services for health care. Achieving these national priorities would dramatically cut the costs of health care, prevent the premature onset of disease and disability, and help all Americans lead healthier and more productive lives. Nurses, as the largest group of health professionals, play an important role in making a real difference by teaching clients to attain and maintain healthy lifestyles.
- The growth of managed care has resulted in shifts in reimbursement for healthcare services. Greater emphasis has been placed on outcome measures, many of which can be achieved primarily through the health education of clients.
- Health providers are recognizing the economic and social values of reaching out to communities, schools, and workplaces to provide education for disease prevention and health promotion.
- Politicians and healthcare administrators alike recognize the importance of health education to accomplish the economic goal of reducing the high costs of health services. Political emphasis is on productivity, competitiveness in the marketplace, and cost-containment measures to restrain health service expenses.
- Healthcare professionals are increasingly concerned about malpractice claims and disciplinary action for incompetence. Continuing education, either by legislative mandate or as a requirement of the employing institution, has come to the forefront in response to the challenge of ensuring the competency of practitioners. It is a means to transmit new knowledge and skills as well as to reinforce or refresh previously acquired knowledge and abilities for the continuing growth of staff.
- Nurses continue to define their professional role, body of knowledge, scope of practice, and expertise, with client education as central to the practice of nursing.
- Consumers are demanding increased knowledge and skills about how to care for themselves and how to prevent disease. As people are becoming more aware of their needs and desire a greater understanding of treatments and goals, the demand for health information is expected to intensify. The quest for consumer rights and responsibilities, which began in the 1990s, continues into the 21st century.
- Demographic trends, particularly the aging of the population, are requiring an emphasis to be placed on self-reliance and maintenance of a healthy status over an extended lifespan. As the percentage of the U.S. population over 65 years climbs dramatically in the next 20 to 30 years, the healthcare needs of the baby boom generation of the post-World War II era will become greater as members deal with degenerative illnesses and other effects of the aging process.



## *Social, Economic, and Political Trends Affecting Health Care* 9

- Among the major causes of morbidity and mortality are those diseases now recognized as being lifestyle related and preventable through educational intervention. In addition, millions of incidents of medical harm occur every year in U.S. hospitals, making it imperative that clients, nursing staff, and nursing students be educated about preventive measures that will reduce these incidents (Berwick, 2006).
- The increase in chronic and incurable conditions requires that individuals and families become informed participants to manage their own illnesses. Patient teaching can facilitate an individual's adaptive responses to illness.
- Advanced technology is increasing the complexity of care and treatment in home and community-based settings. More rapid hospital discharge and more procedures done on an outpatient basis are forcing patients to be more self-reliant in managing their own health. Patient education is necessary to assist them to independently follow through with self-management activities.
- Healthcare providers are becoming increasingly aware that client health literacy is an essential skill if health outcomes are to be improved nationwide. Nurses must attend to the education needs of their clients to be sure that they adequately understand the information required for independence in self-care activities to promote, maintain, and restore their health.
- There is a belief on the part of nurses and other healthcare providers, which is

supported by research, that client education improves compliance and, hence, health and well-being. Better understanding by clients and their families of the recommended treatment plans can lead to increased cooperation, decision making, satisfaction, and independence with therapeutic regimens. Health education will enable patients to independently solve problems encountered outside the protected care environments of hospitals, thereby increasing their independence.

- An increasing number of self-help groups exist to support clients in meeting their physical and psychosocial needs. The success of these support groups and behavioral change programs depends on the nurse's role as teacher and advocate.

Nurses recognize the need to develop their expertise in teaching to keep pace with the demands of patient and staff education. As they continue to define their role, body of knowledge, scope of practice, and professional expertise, nurses realize more than ever before that their role as educator is central to the practice of nursing and should be captured to even a greater extent as part of their professional domain. Nurses are in a key position to carry out health education. They are the healthcare providers who have the most continuous contact with clients, are usually the most accessible source of information for the consumer, and are the most highly trusted of all health professionals. In Gallup polls taken since 1999, nurses continue to be ranked No. 1 in honesty and ethics among 45 occupations (Mason, 2001; McCafferty, 2002; Saad, 2006).

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### Purposes, Goals, and Benefits of Client and Staff Education

The purpose of patient education is to increase the competence and confidence of clients for self-management. The goal is to increase the responsibility and independence of clients for self-care. This can be achieved by supporting patients through the transition from being invalids to being self-sustaining in managing their own care; from being dependent recipients to being involved participants in the care process; and from being passive listeners to active learners. An interactive, partnership education approach provides clients the opportunity to explore and expand their self-care abilities (Cipriano, 2007).

The single most important action of nurses as caregivers is to prepare clients for self-care. If they cannot independently maintain or improve their health status when on their own, we have failed to help them reach their potential (Glanville, 2000). The benefits of client education are many. Effective teaching by the nurse has demonstrated the potential to:

- Increase consumer satisfaction
- Improve quality of life
- Ensure continuity of care
- Decrease client anxiety
- Effectively reduce the complications of illness and the incidence of disease
- Promote adherence to treatment plans
- Maximize independence in the performance of activities of daily living
- Energize and empower consumers to become actively involved in the planning of their care

Because many health needs and problems are handled at home, there truly does exist a need to educate people on how to care for themselves—both to get well and to stay well. Illness is a natural life process, but so is mankind's ability to learn. Along with the ability to learn comes a natural curiosity that allows people to view new and difficult situations as challenges rather than as defeats. As Orr (1990) observed, "Illness can become an educational opportunity . . . a 'teachable moment' when ill health suddenly encourages [patients] to take a more active role in their care" (p. 47). This observation remains relevant today.

Numerous studies have documented the fact that informed clients are more likely to comply with medical treatment plans, find innovative ways to cope with illness, and are less likely to experience complications. Overall, clients are more satisfied with care when they receive adequate information about how to manage for themselves. One of the most frequently cited complaints by patients in litigation cases is that they were not adequately informed (Reising, 2007).

Just as the need exists for teaching clients to help them become participants and informed consumers to achieve independence in self-care, the need also exists for staff nurses to be exposed to up-to-date information with the ultimate goal of enhancing their practice. The purpose of staff and student education is to increase the competence and confidence of nurses to function independently in providing care to the consumer. The goal of our education efforts is to improve the quality of care delivered by nurses. Nurses play a key role in improving the nation's health, and they recognize the importance of lifelong learning to keep their knowledge and skills current (DeSilets, 1995).

In turn, the benefits to nurses in their role as educators include increased job satisfaction when they recognize that their teaching actions have the potential to forge therapeutic relationships with clients, enhanced patient–nurse autonomy, increased accountability in practice, and the opportunity to create change that really makes a difference in the lives of others.

Our primary aims, then, as educators should be to nourish clients, mentor staff, and serve as teachers and clinical preceptors for nursing students. We must value our role in educating others and make it a priority for our clients, our fellow colleagues, and the future members of our profession.

## The Education Process Defined

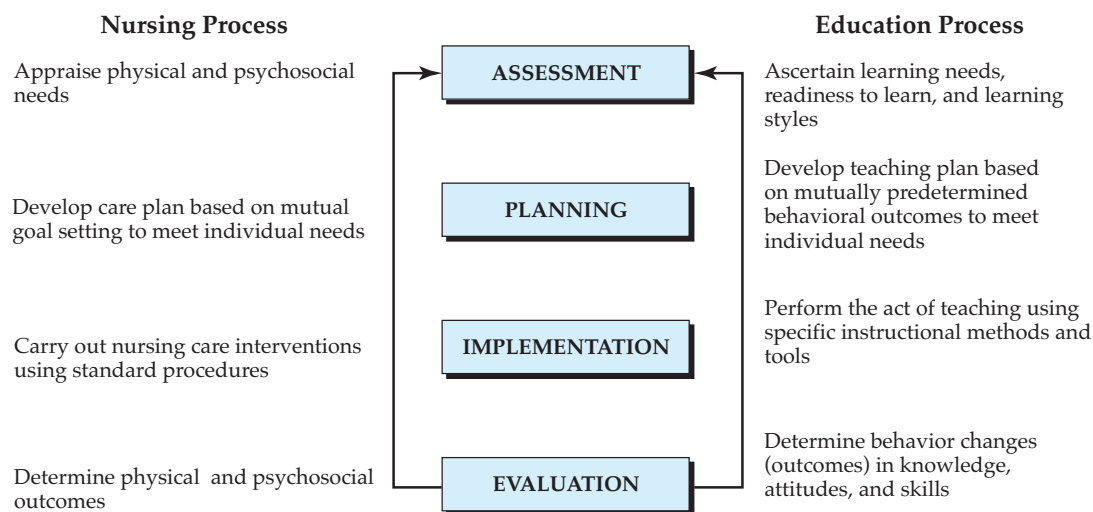
The *education process* is a systematic, sequential, logical, scientifically based, planned course of action consisting of two major interdependent operations, teaching and learning. This process forms a continuous cycle that also involves two interdependent players, the teacher and the learner. Together, they jointly perform teaching and learning activities, the outcome of which leads to mutually desired behavior changes. These changes foster growth in the learner and, it should be acknowledged, growth in the teacher as well. Thus, the education process is a framework for a participatory, shared approach to teaching and learning (Carpenter & Bell, 2002).

The education process has always been compared to the nursing process—rightly so, because the steps of each process run parallel to one another, although they have different goals and objectives. Both processes provide a rational

basis for nursing practice rather than an intuitive one. The education process, like the nursing process, consists of the basic elements of assessment, planning, implementation, and evaluation. The two are different in that the nursing process focuses on the planning and implementation of care based on the assessment and diagnosis of the physical and psychosocial needs of the patient. The education process, on the other hand, focuses on the planning and implementation of teaching based on an assessment and prioritization of the client's learning needs, readiness to learn, and learning styles (Carpenter & Bell, 2002). The outcomes of the nursing process are achieved when the physical and psychosocial needs of the client are met. The outcomes of the education process are achieved when changes in knowledge, attitudes, and skills occur. Both processes are ongoing, with assessment and evaluation perpetually redirecting the planning and implementation phases of the processes. If mutually agreed-on outcomes in either process are not achieved, as determined by evaluation, then the nursing process or the education process can and should begin again through reassessment, replanning, and reimplementation (**Figure 1–1**).

It should be noted that the actual act of *teaching* or *instruction* is merely one component of the education process. Teaching and instruction, terms often used interchangeably with one another, are deliberate interventions that involve sharing information and experiences to meet intended learner outcomes in the cognitive, affective, and psychomotor domains according to an education plan. Teaching and instruction, both one and the same, are often formal, structured, organized activities prepared days in advance, but they can be performed informally on the spur of the moment during conversations

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**Figure 1-1** Education process parallels nursing process.

or incidental encounters with the learner. Whether formal or informal, planned well in advance or spontaneous, teaching and instruction are nevertheless deliberate and conscious acts with the objective of producing learning (Carpenter & Bell, 2002).

The fact that teaching and instruction are intentional does not necessarily mean that they have to be lengthy and complex tasks, but it does mean that they comprise conscious actions on the part of the teacher in responding to an individual's need to learn. The cues that someone has a need to learn can be communicated in the form of a verbal request, a question, a puzzled or confused look, a blank stare, or a gesture of defeat or frustration. In the broadest sense, then, teaching is a highly versatile strategy that can be applied in preventing, promoting, maintaining, or modifying a wide variety of behav-

iors in a learner who is receptive, motivated, and adequately informed (Duffy, 1998).

*Learning* is defined as a change in behavior (knowledge, attitudes, and/or skills) that can be observed or measured and that occur at any time or in any place as a result of exposure to environmental stimuli. Learning is an action by which knowledge, skills, and attitudes are consciously or unconsciously acquired such that behavior is altered in some way (see Chapter 3). The success of the nurse educator's endeavors at teaching is measured not by how much content has been imparted, but rather by how much the person has learned (Musinski, 1999).

Specifically, *patient education* is a process of assisting people to learn health-related behaviors that can be incorporated into everyday life with the goal of optimal health and independence in self-care. *Staff education*, by contrast,

is the process of influencing the behavior of nurses by producing changes in their knowledge, attitudes, and skills to help nurses maintain and improve their competencies for the delivery of quality care to the consumer. Both patient and staff education involve forging a relationship between the learner and the educator so that the learner's information needs (cognitive, affective, and psychomotor) can be met through the process of education (see Chapter 10).

A useful paradigm to assist nurses to organize and carry out the education process is the ASSURE model (Rega, 1993). The acronym stands for:

- Analyze the learner
- State the objectives
- Select the instructional methods and materials
- Use the instructional methods and materials
- Require learner performance
- Evaluate the teaching plan and revise as necessary

## Role of the Nurse as Educator

For many years, organizations governing and influencing nurses in practice have identified teaching as an essential responsibility of all registered nurses in caring for both well and ill clients. For nurses to fulfill the role of educator, no matter whether their audience consists of patients, family members, nursing students, nursing staff, or other agency personnel, they must have a solid foundation in the principles of teaching and learning.

Legal and accreditation mandates as well as professional nursing standards of practice have made the educator role of the nurse an integral part of high-quality care to be delivered by all registered nurses licensed in the United States, regardless of their level of nursing school preparation. Given this fact, it is imperative to examine the present teaching role expectations of nurses, irrespective of their preparatory background. The role of educator is not primarily to teach, but to promote learning and provide for an environment conducive to learning—to create the teachable moment rather than just waiting for it to happen (Wagner & Ash, 1998). Also, the role of the nurse as teacher of patients and families, nursing staff, and students certainly should stem from a partnership philosophy. A learner cannot be made to learn, but an effective approach in educating others is to actively involve learners in the education process (Bodenheimer et al., 2002).

Although by license all nurses are expected to teach, few have ever had formal preparation in the principles of teaching and learning (Donner et al., 2005). As you will see in this textbook, there is much knowledge and there are skills to be acquired to carry out the role as educator with efficiency and effectiveness. Although all nurses are able to function as givers of information, they need to acquire the skills of being a facilitator of the learning process (Musinski, 1999). Consider the following questions posed:

- Is every nurse adequately prepared to assess for learning needs, readiness to learn, and learning styles?
- Can every nurse determine whether information given is received and understood?

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- Are all nurses capable of taking appropriate action to revise the approach to educating the client if the information provided is not comprehended?
- Do nurses realize the need to transition their role of educator from being a content transmitter to being a process manager, from controlling the learner to releasing the learner, and from being a teacher to becoming a facilitator (Musinski, 1999)?

A growing body of evidence suggests that effective education and learner participation go hand in hand. The nurse should act as a facilitator, creating an environment conducive to learning that motivates individuals to want to learn and makes it possible for them to learn (Musinski, 1999). The assessment of learning needs, the designing of a teaching plan, the implementation of instructional methods and materials, and the evaluation of teaching and learning should include participation by both the educator and the learner. Thus, the emphasis should be on the facilitation of learning from a nondirective rather than a didactic teaching approach (Knowles, Holton, & Swanson, 1998; Musinski, 1999; Mangena & Chabeli, 2005; Donner et al., 2005).

No longer should teachers see themselves as simply transmitters of content. Indeed, the role of the educator has shifted from the traditional position of being the giver of information to that of a process designer and coordinator. This role alteration from the traditional teacher-centered to the learner-centered approach is a paradigm shift that requires skill in needs assessment as well as the ability to involve learners in

planning, link learners to learning resources, and encourage learner initiative (Knowles et al., 1998; Mangena & Chabeli, 2005).

Instead of the teacher teaching, the new educational paradigm focuses on the learner learning. That is, the teacher becomes the guide on the side, assisting the learner in his or her effort to determine objectives and goals for learning, with both parties being active partners in decision making throughout the learning process. To increase comprehension, recall, and application of information, clients must be actively involved in the learning experience (Kessels, 2003; London, 1995). Glanville (2000) describes this move toward assisting learners to use their own abilities and resources as “a pivotal transfer of power” (p. 58).

Certainly patient education requires a collaborative effort among healthcare team members, all of whom play more or less important roles in teaching. However, physicians are first and foremost prepared “to treat, not to teach” (Gilroth, 1990, p. 30). Nurses, on the other hand, are prepared to provide a holistic approach to care delivery. The teaching role is a unique part of our professional domain. Because consumers have always respected and trusted nurses to be their advocates, nurses are in an ideal position to clarify confusing information and make sense out of nonsense. Amidst a fragmented healthcare delivery system involving many providers, the nurse serves as coordinator of care. By ensuring consistency of information, nurses can support clients in their efforts to achieve the goal of optimal health (Donovan & Ward, 2001). They also can assist their colleagues in gaining knowledge and skills necessary for the delivery of professional nursing care.



## Barriers to Teaching and Obstacles to Learning

It has been said by many educators that adult learning takes place not by the teacher's initiating and motivating the learning process, but rather by the teacher's removing or reducing obstacles to learning and enhancing the process after it has begun. The educator should not limit learning to the information that is intended but should clearly make possible the potential for informal, unintended learning that can occur each and every day with each and every teacher–learner encounter (Carpenter & Bell, 2002).

Unfortunately, nurses must confront many barriers in carrying out their responsibilities for educating others. Also, learners face a variety of potential obstacles that can interfere with their learning. For the purposes of this textbook, *barriers to teaching* are defined as those factors that impede the nurse's ability to deliver educational services. *Obstacles to learning* are defined as those factors that negatively affect the ability of the learner to pay attention to and process information.

### *Factors Impacting the Ability to Teach*

The following include the major barriers interfering with the ability of nurses to carry out their roles as educators (Carpenter & Bell, 2002; Casey, 1995; Chachkes & Christ, 1996; Duffy, 1998; Glanville, 2000; Honan, Krsnak, Petersen, & Torkelson, 1988):

1. Lack of time to teach is cited by nurses as the greatest barrier to being able to

carry out their educator role effectively. Early discharge from inpatient and outpatient settings often results in nurses and clients having fleeting contact with one another. In addition, the schedules and responsibilities of nurses are very demanding. Finding time to allocate to teaching is very challenging in light of other work demands and expectations. In one survey by the Joint Commission, 28% of the nurses claimed that they were not able to provide patients and their families with the necessary instruction because of lack of time during their shifts at work (Stolberg, 2002). Nurses must know how to adopt an abbreviated, efficient, and effective approach to client and staff education by first adequately assessing the learner and then by using appropriate instructional methods and instructional tools at their disposal. Discharge planning plays an ever more important role in ensuring continuity of care across settings.

2. Many nurses and other healthcare personnel admit that they do not feel competent or confident with their teaching skills. As stated previously, although nurses are expected to teach, few have ever taken a specific course on the principles of teaching and learning. The concepts of patient education are usually integrated throughout nursing curricula rather than being offered as a specific course of study. As early as 1965, Pohl found that one third of 1,500 nurses, when questioned, reported that they had no preparation for the teaching they were doing, while only one fifth felt

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they had adequate preparation. Almost 30 years later, Kruger (1991) surveyed 1,230 nurses in staff, administrative, and education positions regarding their perceptions of the extent of nurses' responsibility for and level of achievement of patient education. Although all three groups strongly believed that client and staff education is a primary responsibility of nurses, the vast majority of them rated their ability to perform educator role activities as unsatisfactory. Few additional studies have been forthcoming on the nurses' perceptions of their educator role (Trocino, Byers, & Peach, 1997). Today, the role of the nurse as educator still needs to be strengthened in undergraduate nursing education, but fortunately an upswing in interest and attention to the educator role has been gaining significant momentum in graduate nursing programs across the country.

3. Personal characteristics of the nurse educator play an important role in determining the outcome of a teaching–learning interaction. Motivation to teach and skill in teaching are prime factors in determining the success of any educational endeavor (see Chapter 11).
4. Until recently, low priority was often assigned to patient and staff education by administration and supervisory personnel. With the strong emphasis on Joint Commission mandates, the level of attention paid to the educational needs of consumers as well as healthcare personnel has changed significantly. However, budget allocations for educational programs remain tight and can

interfere with the adoption of innovative and time-saving teaching strategies and techniques.

5. The environment in the various settings where nurses are expected to teach is not always conducive to carrying out the teaching–learning process. Lack of space, lack of privacy, noise, and frequent interferences due to client treatment schedules and staff work demands are just some of the factors that negatively affect the nurse's ability to concentrate and to effectively interact with learners.
6. An absence of third-party reimbursement to support patient education relegates teaching and learning to less than high-priority status. Nursing services within healthcare facilities are subsumed under hospital room costs and, therefore, are not specifically reimbursed by insurance payers. In fact, patient education in some settings, such as home care, often cannot be incorporated as a legitimate aspect of routine nursing care delivery unless specifically ordered by a physician.
7. Some nurses and physicians question whether patient education is effective as a means to improve health outcomes. They view patients as impediments to teaching when patients do not display an interest in changing behavior, when they demonstrate an unwillingness to learn, or when their ability to learn is in question. Concerns about coercion and violation of free choice, based on the belief that patients have a right to choose and that they cannot be forced to comply, explain why some professionals feel frustrated in their efforts to teach. Unless all healthcare members buy into the utility



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- of patient education (that is, they believe it can lead to significant behavioral changes and increased compliance to therapeutic regimens), then some professionals may continue to feel absolved from their responsibility to provide adequate and appropriate patient education.
8. The type of documentation system used by healthcare agencies has an effect on the quality and quantity of patient teaching. Both formal and informal teaching are often done (Carpenter & Bell, 2002) but not written down because of insufficient time, inattention to detail, and inadequate forms on which to record the extent of teaching activities. Many of the forms used for documentation of teaching are designed to simply check off the areas addressed rather than allow for elaboration of what was actually accomplished. In addition, most nurses do not recognize the scope and depth of teaching that they perform on a daily basis. Communication among healthcare providers regarding what has been taught needs to be coordinated and appropriately delegated so that teaching can proceed in a timely, smooth, organized, and thorough fashion.

### *Factors Impacting the Ability to Learn*

The following are some of the major obstacles interfering with a learner's ability to attend to and process information (Glanville, 2000; Weiss, 2003):

1. Lack of time to learn due to rapid patient discharge from care and the amount of information a client is expected to learn can discourage and frustrate the learner, impeding the ability and willingness to learn.
2. The stress of acute and chronic illness, anxiety, and sensory deficits in patients are just a few problems that can diminish learner motivation and interfere with the process of learning. However, it must be pointed out that illness alone seldom acts as an impediment to learning. Rather, illness is often the impetus for patients to attend to learning, make contact with the healthcare professional, and take positive action to improve their health status.
3. Low literacy and functional health illiteracy has been found to be a significant factor in the ability of clients to make use of the written and verbal instructions given to them by providers. Almost half of the American people read and comprehend at or below the eighth-grade level and an even higher percentage suffer from health illiteracy (see Chapter 7).
4. The negative influence of the hospital environment itself, resulting in loss of control, lack of privacy, and social isolation, can interfere with a patient's active role in health decision making and involvement in the teaching-learning process.
5. Personal characteristics of the learner have major effects on the degree to which behavioral outcomes are achieved. Readiness to learn, motivation and compliance, developmental-stage characteristics, and learning styles are some of the prime factors influencing the success of educational endeavors.

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6. The extent of behavioral changes needed, both in number and in complexity, can overwhelm learners and dissuade them from attending to and accomplishing learning objectives and goals.
  7. Lack of support and lack of ongoing positive reinforcement from the nurse and significant others serve to block the potential for learning.
  8. Denial of learning needs, resentment of authority, and lack of willingness to take responsibility (locus of control) are some psychological obstacles to accomplishing behavioral change.
  9. The inconvenience, complexity, inaccessibility, fragmentation, and dehumanization of the healthcare system often result in frustration and abandonment of efforts by the learner to participate in and comply with the goals and objectives for learning.
- What are the ethical, legal, and economic issues involved in patient and staff education?
  - Which theories and principles support the education process, and how can they be applied to change the behaviors of learners?
  - What assessment methods and tools can be used to determine learning needs, readiness to learn, and learning styles?
  - Which learner attributes negatively and positively affect an individual's ability and willingness to learn?
  - What can be done about the inequities (in quantity and quality) in the delivery of education services?
  - Which elements need to be taken into account when developing and implementing teaching plans?
  - Which instructional methods and materials are available to support teaching efforts?
  - Under which conditions should certain teaching methods and materials be used?
  - How can teaching be tailored to meet the needs of specific populations of learners?
  - What common mistakes are made when teaching others?
  - How can teaching and learning be best evaluated?

### Questions to be Asked About Teaching and Learning

To maximize the effectiveness of client and staff/student education by the nurse, it is necessary to examine the elements of the education process and the role of the nurse as educator. Many questions arise related to the principles of teaching and learning. The following are some of the important questions that the chapters in this textbook address:

- How can members of the healthcare team work together more effectively to coordinate educational efforts?

### State of the Evidence

The literature on patient and staff education is extensive from both a research- and nonresearch-based perspective. The nonresearch literature on patient education is prescriptive in nature and tends to give anecdotal tips on how to take individualized approaches to teaching and learning.

A computer literature search, for example, reveals literally thousands of nursing and allied health articles and books on teaching and learning that are available from the general to the specific.

However, many research-based studies are being conducted on teaching specific population groups about a variety of topics, but only recently has attention been focused on how to most effectively teach those with long-term chronic illnesses. Much more research must be conducted on the benefits of patient education as it relates to the potential for increasing the quality of life, leading a disability-free life, decreasing the costs of health care, and managing independently at home through anticipatory teaching approaches. Studies from acute-care settings tend to focus on preparing a patient for a procedure, with emphasis on the benefits of information to alleviate anxiety and promote psychological coping. Evidence does suggest that patients cope much more effectively when taught exactly what to expect (Donovan & Ward, 2001; Duffy, 1998; Mason, 2001).

More research is definitely needed on the benefits of teaching methods and instructional tools using the new technologies of computer-assisted instruction, online and other distance learning modalities, cable television, and Internet access to health information for both patient and staff education. These new approaches to information require a role change of the educator from one of teacher to resource facilitator as well as a shift in the role of the learner from being passive to an active recipient. The rapid advances in technology for teaching and learning also will require a better understanding of generational orientations and experiences of the learner (Billings & Kowalski, 2004). Also, the effectiveness of videotapes and audiotapes with

different learners and in different situations must be further explored (Kessels, 2003). Given the significant incidence of low-literacy rates among patients and their family members, much more investigation needs to be done on the impact of printed versus audiovisual materials as well as written versus verbal instruction on learner comprehension (Weiss, 2003).

Gender issues, the influence of socioeconomic factors on learning, and the strategies of teaching cultural groups and special populations need further exploration as well. Unfortunately, primary sources of information from nursing literature on the issues of gender and socioeconomic attributes of the learner are scanty, to say the least, and the findings from interdisciplinary research on the influence of gender on learning remain inconclusive.

Nevertheless, nurses are expected to teach diverse populations with complex needs and a range of abilities in both traditional settings and nontraditional, unstructured settings. For more than 30 years, nurse researchers have been studying how best to teach patients, but much more research is required (Mason, 2001). Also, few studies have examined nurses' perceptions about their role as educators in the practice setting (Trocino et al., 1997). We need to establish a stronger theoretical basis for intervening with clients throughout "all phases of the learning continuum, from information acquisition to behavioral change" (Donovan & Ward, 2001, p. 211). Also, emphasis needs to be given to research in nursing education to ensure that the nursing workforce is prepared for "a challenging and uncertain future" in health care (Stevens & Valiga, 1999, p. 278).

In addition, further investigation should be undertaken to document the cost effectiveness of educational efforts in reducing hospital stays,

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decreasing readmissions, improving the personal quality of life, and minimizing complications of illness and therapies. Furthermore, given the number of variables that can potentially interfere with the teaching–learning process, additional studies must be conducted to examine the effects of environmental stimuli, the factors involved in readiness to learn, and the influences of learning styles on learner motivation, compliance, comprehension, and the ability to apply knowledge and skills once they are acquired. One particular void is the lack of information in the research database on how to assess motivation. The author of Chapter 6 proposes parameters to assess motivation but notes the paucity of information specifically addressing this issue.

Although it was almost 20 years ago that Oberst (1989) delineated the major issues in patient education studies related to the evaluation of the existing research base and the design of future studies, the following four broad problem categories she identified remain pertinent today:

1. Selection and measurement of appropriate dependent variables (educational outcomes)
2. Design and control of independent variables (educational interventions)
3. Control of mediating and intervening variables
4. Development and refinement of the theoretical basis for education

### Summary

Nurses are considered information brokers—educators who can make a significant difference

in how patients and families cope with their illnesses, how the public benefits from education directed at prevention of disease and promotion of health, and how staff and student nurses gain competency and confidence in practice through education activities that are directed at continuous, lifelong learning. Many challenges and opportunities are ahead for nurse educators in the delivery of health care as this nation moves forward in the 21st century.

The teaching role is becoming even more important and more visible as nurses respond to the social, economic, and political trends impacting on health care today. The foremost challenge for nurses is to be able to demonstrate, through research and action, that definite links exist between education and positive behavioral outcomes of the learner. In this era of cost containment, government regulations, and health-care reform, the benefits of client, staff, and student education must be made clear to the public, to healthcare employers, to healthcare providers, and to payers of healthcare benefits. To be effective and efficient, nurses must be willing and able to work collaboratively with other members of the healthcare team to provide consistently high-quality education to the audiences they serve.

The responsibility and accountability of nurses for the delivery of care to the consumer can be accomplished, in part, through education based on solid principles of teaching and learning. The key to effective education of our audiences of learners is the nurse's understanding of and ongoing commitment to the role of educator.

## REVIEW QUESTIONS

1. How far back in history has teaching been a part of the professional nurse's role?
2. Which nursing organization was the first to recognize health teaching as an important function within the scope of nursing practice?
3. What legal mandate universally includes teaching as a responsibility of nurses?
4. How have the ANA, NLN, ICN, AHA, JC, and PEW Commission influenced the role and responsibilities of the nurse as educator?
5. What current social, economic, and political trends make it imperative that clients and nursing staff be adequately educated?
6. What are the similarities and differences between the education process and the nursing process?
7. What are three major barriers to teaching and three major obstacles to learning?
8. What common factor serves as both a barrier to education and as an obstacle to learning?
9. What is the current status of research- and non-research-based evidence pertaining to education?

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