

Original Article

The Relationship Between Years of Education on Nurse Related Barriers of Patient Education

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ABSTRACT

Background: Patient education is a vital aspect of nursing practice, aimed at improving healthcare outcomes through interactive teaching. Despite its importance, various barriers hinder effective patient education, including time constraints, staff shortages, and organizational challenges. Understanding the factors influencing nurses' attitudes towards patient education is essential, as it directly impacts the quality of care. This study explores the relationship between years of education and nurse-related barriers to patient education, utilizing the PRECEDE model as a framework.

Objective: To highlight the relationship between years of education on nurse-related barriers to patient health education.

Methods: A descriptive cross-sectional design was used. A study was conducted at the nursing institute of the Peoples University of Medical and Health Sciences, Nawabshah. All bachelor's science nursing students (Generic) were study subjects. The sample size was 110 student nurses. The questionnaire was developed using the PRECEDE-PROCEED model for health promotion planning and evaluation—data collected and analyzed through the SPSS version 25 software (Statistical Packages for Social Sciences).

Results: 100% of the study subjects were female. 84% of students were enrolled in the BSN Generic program. 75% of nurses documented their patient education in their nursing records. The most significant student nurse-related barriers to patient education, were poor knowledge about illness, reluctance to patient education, a lack of perceived responsibility that it is not their responsibility to provide patient education, negative attitude towards patient education, poor or inappropriate knowledge regarding patient education, inadequate attention towards educational, cultural and habitual needs of the patients and their families and lack of communication skills.

Conclusion: It is concluded that years of education enhance patient education. Patient education is the prime responsibility of nurses. Since the student years, this practice has perceived the responsibility of nurses and developed a positive attitude towards education.

Keywords: PRECEDE-PROCEED model, Patient education, influencing factors, perceived barriers, student nurses.

INTRODUCTION

Patient education is a dynamic, continuous aspect of clinical practice that begins with the patient's admission and continues until discharge (1). Recognized as a fundamental component of nursing practice and a professional standard, patient education involves both formal and informal interactive teaching aimed at enhancing patients' knowledge and behaviors to achieve improved healthcare outcomes (2, 3). It is a key executive strategy for health promotion in hospitals, elevating standards in communicational and informative education programs and training for patients and their relatives (4). The patients' statement of rights asserts their entitlement to detailed information about their diagnosis, available treatment options, and current knowledge about their disease, as provided by physicians and caregivers (5).

The literature identifies several barriers to effective patient education, such as time constraints, nursing staff shortages, work overload, limited managerial support, and inadequate educational facilities within hospitals, particularly noted by Iranian nurses (2). Factors like organizational environment, interdisciplinary cooperation, and teamwork also play a unique role in patient education (6). Notably, nurses' work overload remains a significant barrier (7, 8). Despite its legal and ethical imperative, patient education is

often an undervalued aspect of nursing practice, leading to frequent patient complaints in the healthcare sector (9). Regular patient education can enhance patient outcomes and foster long-term changes in self-care, decision-making, and independent behaviors, especially in chronic and lifelong diseases (10). Nevertheless, patient education remains a complex and challenging aspect of clinical nursing (11). Nurses must identify and independently resolve barriers as part of their duty (12). It is noted that nurses often hesitate to engage in patient education, delegating this role to physicians (13).

Therefore, understanding the reasons behind or barriers affecting nurses' attitudes towards patient education is crucial, as inadequate patient education directly reflects nurses' attitudes and knowledge (14). Among student nurses, there is uncertainty about their responsibility in providing patient education, often viewing it as the physician's role. Patients also tend to be more satisfied with education from physicians rather than nurses, indicating a significant knowledge gap in this area. To the best of the researcher's knowledge, no study has yet been conducted on this topic. The aim of this study is to explore the relationship between years of education and nurse-related barriers to patient education. The PRECEDE model served as the study's framework for investigating these barriers during patient hospitalization. The PROCEED framework was not utilized, as the study did not focus on the implementation and evaluation phases of this model.

MATERIAL AND METHODS

A descriptive cross-sectional study design was utilized to examine the relationship between the years of education of student nurses and related barriers to patient health education. The research was conducted at the Begum Bilkees Sultana Institute of Nursing, PUMHSW, Nawabshah. The sample size was determined using the Rao soft sample size calculator. Based on the total population of 150 student nurses, the calculated sample comprised 110 student nurses.

The study population included all Bachelor of Science nursing students (Generic) who were performing their clinical rotations inwards at the time of data collection. They were invited to participate in this research. Data collection was based on the PRECEDE-PROCEED model (15) for health promotion planning and evaluation. This model served as a framework for developing the items for the questionnaire, as well as for collecting and organizing the data. The questionnaire, structured and self-administered, was developed after an extensive review of relevant literature.

Ethical considerations were duly observed. Institutional approvals were obtained, and individual verbal consent was secured prior to the administration of the questionnaire. For data analysis, the responses collected through the questionnaire were entered and analyzed using the SPSS version 25 software (Statistical Packages for Social Sciences). Frequencies and percentages were tabulated according to major themes/categories. Chi-square tests were applied to qualitative variables, with the level of significance set at a p-value of 0.05.

RESULTS

In the study, 100% of the subjects were female. A majority, 84%, were enrolled in the Bachelor of Science in Nursing (BSN) Generic program. Regarding age, 79% of the students were between 18 and 22 years old. When asked about their daily routines, 66% of the students reported spending 15 to 20 minutes on patient education during their 8-hour shift, while 34% spent more than 20 minutes. Additionally, 75% of the nurses documented their patient education activities in their nursing records.

The study revealed a significant relationship between the years of education and nurse-related barriers to patient education, as detailed in Table 1. The most prominent student nurse-related barriers to patient education included a lack of knowledge about the illness, reluctance towards patient education, and a perceived lack of responsibility for providing patient education. Other notable barriers were a negative attitude towards patient education, insufficient knowledge and awareness regarding patient education, inadequate communication skills, and a lack of attention to the educational, cultural, and habitual needs of patients and their families.

Table: 01. The Relationship between Years of Education on Nurse Related Barriers of Patient Education

	Years of Education				P-Value
	1 st Year	2 nd Year	3 rd Year	4 th Year	
	n (%)	n (%)	n (%)	n (%)	
Lack of knowledge about Illness					
Yes	6 (12.8%)	25 (53.2)	15 (31.9)	1 (2.1)	
No	12 (22.6)	27 (50.9)	3 (11.3)	8 (15.1)	< 0.05
Lack of Knowledge about Educational Methods and Teachings/ Learning Principal					

Yes	9 (18.8)	27 (56.3)	11 (22.9)	1 (2.1)	
No	9 (17.3)	25 (48.1)	10 (19.2)	8 (15.4)	0.144
Unwillingness to Patient education					
Yes	9 (25.47)	13 (37.1)	13 (37.1)	0 (00)	
No	9 (13.8)	39 (60)	8 (12.3)	9 (13.8)	< 0.05
Lack of Perceived Responsibility					
Yes	5 (7.8)	41 (64.1)	11 (17.2)	7 (10.9)	
No	13 (36.1)	11 (30.6)	10 (27.8)	2 (5.6)	<0.05
Negative Attitude to Education					
Yes	5 (13.9)	19 (52.8)	12 (33.3)	0 (00)	
No	13 (20.3)	33 (51.6)	9 (14.1)	9 (14.1)	< 0.05
Excessive Workload					
Yes	11 (13.8)	43 (53.8)	17 (21.3)	9 (11.3)	
No	7 (35)	9 (45)	4 (20)	0(00)	0.089
Shortage of Nursing Staff					
Yes	14 (16.3)	47 (54.7)	19 (22.1)	6 (7)	
No	4 (28.6)	5 (35.7)	2 (14.3)	3 (21.4)	0.173
Inadequate / Lack of Time					
Yes	9 (13.8)	32 (49.2)	16 (24.6)	8 (12.3)	
No	9 (25.7)	20 (57.1)	5 (14.3)	1 (2.9)	1.141
Lack of knowledge about PE					
Yes	11 (17.2)	31 (48.4)	15 (23.4)	7 (10.9)	
No	7 (19.4)	21 (58.3)	6 (16.7)	2 (5.6)	0.627
Lack of awareness and inappropriate knowledge regarding patient education needs					
Yes	12 (16.9)	42 (59.2)	15 (21.1)	2 (2.8)	
No	6 (20.7)	10 (29.5)	6 (20.7)	7 (24.1)	< 0.05
Insufficient attention to educational, cultural and habitual needs of the patients' and their families.					
Yes	15 (21.7)	35 (50.7)	17 (24.6)	2 (2.9)	
No	3 (9.7)	17 (54.8)	4 (12.69)	7 (22.6)	< 0.05
Lack of Communication Skills					
Yes	9 (15)	34 (56.7)	16 (26.7)	1 (1.7)	
No	9 (22.5)	18 (45)	5 (12.5)	8 (20)	< 0.05

DISCUSSION

This study aimed to assess the barriers related to student nurses in patient education, acknowledging the complexity and challenges inherent in this aspect of clinical nursing tasks (16). The findings indicated a lack of nurse awareness about educational methods and teaching/learning principles, a belief that patient teaching is not the nurse's responsibility, and insufficient knowledge about illnesses. These findings align with those observed among Iranian nurses. The study also highlighted significant barriers such as lack of communication skills, inadequate awareness and knowledge about patient education, and a perceived lack of responsibility. These findings are consistent with previous research (16-18). While work overload was perceived as a constraint in delivering patient education in earlier studies, this study did not find it to be a significant factor ($p=0.089$) (17, 19).

A notable finding of this study was the student nurses' reluctance towards patient education, coupled with a lack of or failure to perceive responsibility regarding this aspect of care, often assuming it to be the responsibility of physicians/doctors. This is in line with another study that suggested that providing information about medication and treatment was not seen as a nurse's responsibility (19). Contrarily, another study indicated that 88% of nurses had positive attitudes towards patient education (4). In our study, the negative attitude towards patient education might lead patients to undervalue the role of nurses in this area. Other

studies also corroborate the perception that education provided by physicians is more reliable than that provided by other healthcare professionals.

CONCLUSION

The study concludes that increased years of education are positively associated with improved patient education, affirming the crucial role of nurses in this aspect. It emphasizes that, starting from their student years, nurses should perceive patient education as a fundamental responsibility and develop a positive attitude towards it. Despite challenges such as staff shortages and work overload, patient education must be prioritized as an integral part of care. It is recommended that head nurses and staff, when delegating tasks to student nurses, should include patient education as a distinct assignment to foster a sense of responsibility from early in their professional journey.

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