



Original research

Nursing students' perceptions of preparation to engage in patient education

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ABSTRACT

Patient teaching is a key component of graduate nursing practice. Nurses sometimes believe that their undergraduate teaching does not prepare them to engage in effective patient teaching. In addition, nursing students often do not use teaching resources when engaging in patient teaching. The aim of this focused ethnographic study was to determine if students in a CBL/PBL based learning undergraduate nursing program engage in patient teaching when they are in the clinical area. Focus groups and shorter individual interviews were used to ensure in-depth data collection. Data saturation was reached with a sample of 28 undergraduate students. Emerging themes included: Whose responsibility? When patient teaching does happen, when patient teaching does not happen and improving the culture of patient teaching in the teaching setting. It was clear that students in this context-based learning nursing teaching program valued and were engaged in patient teaching. However, they did not necessarily feel that they had been taught the skills necessary for engaging in effective patient teaching. They also expressed concern that workplace conditions for nurses were not always conducive to patient teaching.

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1. Introduction

The general aim of professional teaching is to continue to improve practice within the profession. A key nursing entry to practice competency identified by many professional nursing practice organizations and undergraduate nursing programs relates to ensuring that patients have the knowledge and skill to achieve optimal health (Canadian Nurses Association, 2015; American Nurses Association, 2010). Educating patients is a challenge for health care providers because of decreased length of stay and the increased need to deliver complex information (Beagley, 2011). Nurses often do not feel confident that they effectively provide adequate education to patients (Zanchetta et al., 2013), and see this work as invisible in the clinical setting (Bergh et al., 2013). Educators need to be aware of how to prepare students to adapt to various professional environments in order to deliver timely and effective patient teaching.

2. Literature review

Patient teaching has consistently been recognized as a key component of nursing practice. Nursing education needs to go beyond simply identifying patient teaching strategies in their curricula to identifying broader components of patient teaching such as health literacy (McCleary-Jones, 2016). Patient teaching facilitates the development of self-care behaviors which are particularly important to people who have complex conditions and are learning to live with new or complicated care. If patients do not understand what is being taught, the risk of complications and readmission can increase (Kornburger et al., 2013). It is not surprising that nurses who value patient teaching also engage in patient teaching more frequently (Park, 2005). However recognizing that teaching is important does not necessarily mean that nurses understand how and what to teach nor does it ensure that teaching and evaluation of patient understanding occurs as frequently as nurses think it does. Indeed studies suggest that patient teaching is not considered part of routine care but contingent on other patient care requirements and guided by personal experience rather than evidence (Park, 2005). Teaching has also been described as haphazard (Kendal et al., 2015) and focused on ticking boxes rather

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than promoting health (Casey, 2007). Even when nurses perceive themselves as engaging in patient centred teaching with a focus on patients' existing knowledge and goals, as many as one fifth of nurses have not discussed the patient's goals with them (Kaariainen and Kyngas, 2010). Nurses have both a professional and ethical responsibility to provide evidenced-based information when acting as a patient advocate and educator (Priharjo and Hoy, 2011).

How nurses engage in patient teaching is also dependent on their educational preparation and whether workplace conditions are conducive to maintaining currency in both practice and research related to practice. The most important domains of knowledge for nursing are considered to be biological, medical and nursing science. Humanities and social sciences, where patient teaching is often situated, are often considered less important (Danielson and Berntsson, 2007). When nurses working in primary care were compared to nurses working in hospitals, primary care nurses indicated that they had the advantage of being able to follow research in patient teaching and felt confident in engaging in patient teaching (Bergh et al., 2013). Hospital nurses spend approximately 37% of their time with patients and of that time only 17% is spent in professional communication that may or may not include patient teaching (Westbrook et al., 2011). Heavy workloads, insufficient staffing, lack of recognition in performance evaluations, and cultural barriers have all been cited as deterrents to engaging in and evaluating the effectiveness of patient teaching (Barber-Parker, 2002; Bergh et al., 2013; Oyetunde and Akinmeye, 2015).

Knowledge of teaching and learning is considered important and the need for more preparation to engage in patient teaching, identifying health literacy levels, and increased recognition of patient teaching has been consistently emphasized (Macdonald et al., 2008; Toronto and Weatherford, 2015; Zakrisson and Hagglund, 2010). Less than one quarter of nurses have some form of pedagogical teaching and most of that teaching is through ongoing staff development (Bergh et al., 2013). Workshops on developing patient centred communication and improving nurses' knowledge and preparedness to engage in patient teaching have proven to be successful (Lamiani and Furey, 2008). It is also important to explore how well patient teaching principles are taught in undergraduate nursing programs and integrated into student nurse practice.

In a very early study, Laschinger (1996) studied self-efficacy for health promotion among nursing students and found that regardless of where students were in the program they did not display self-efficacy in their attempts to engage clients in behavior change. Subsequently, Kaymakci et al. (2007) suggest that lecturers often rate students lower than either students rate themselves or patients rate students in patient teaching relationship skills, abilities to present content, and answering patient queries. The findings of more recent studies are contradictory. While some studies suggest that students do have knowledge, skill and ability in providing patient teaching (Scheckel et al., 2010), others conclude that preparation for roles of health informer are inadequate (Danielson and Berntsson, 2007).

Students participating in this study are educated in a context-based/problem-based (CBL/PBL) learning undergraduate nursing curriculum. In this program students assume the role of a registered nurse as they work through scenarios that comprise each nursing theory course. Students brainstorm specific topics related to the scenario and teach their peers the content and how it applies to the scenario. The CBL/PBL instructional approach can develop professional skills in students (Kantar and Massouh, 2015). There are core concepts identified for each scenario that guide students' learning. Research supports how CBL/PBL learning positively affects self-directed learning ability, critical thinking ability, evidence based practice and teamwork among undergraduate nursing

students (Applin et al., 2011). There is also evidence related to nurse self-perceptions about enhanced leadership skills and conflict resolution in CBL/PBL programs (Williams et al., 2012). Also, CBL/PBL program graduates are able to identify their structure and process of their nursing program as contributing to meeting their entry to practice competencies as compared to traditional program graduates (Applin et al., 2011) but there is no published information about the contribution of CBL/PBL based learning to professional practice in the area of patient teaching specifically.

3. Research design

The lack of research in the areas of both student (Hoy, 2011) and graduate competence (Halse et al., 2014) with patient teaching in the areas of CBL/PBL pedagogy provided support for using a qualitative approach for this particular study. Focused ethnography is used to identify aspects of culture such as beliefs, values, knowledge and skills, as well as power and control can be richly revealed using focused ethnography, despite its differences from traditional ethnography, making it an important part of the ethnographic toolkit for social research (Wall, 2015). This method was used to explore the observations of students related to patient teaching within the larger culture of nursing practice. Students were asked to give insights into the environmental and teaching influences of their preparation to practice and promote patient teaching. Thematic analysis as part of the focused ethnographic approach was used to expose the varying observations identified by the participants (Streubert and Carpenter, 2011).

Focus groups are advantageous because they are flexible and cost effective, assist in recall, and create a cumulative free exchange of ideas that can be explored within a group setting. The synergistic effects of the interactions within the focus groups was evident. The second form of data collection were shorter individual interviews which were effective in providing more in-depth data and confirming the emerging themes.

The following research questions guided the study: How do nursing students describe their preparation to engage in patient teaching? How do nursing students describe their actual engagement in patient teaching? How can nursing programs enhance student confidence and competence to engage in patient teaching?

The sample was purposively recruited from years 2, 3, and 4 in the undergraduate BScN program in both the lead university institution and from one collaborative college site. Data were also collected from the after-degree nursing teaching program in the university. After-degree students are those who have completed an undergraduate degree in a different field. These students complete the BScN program in two compressed years as they have completed electives prior to admission. E-mail posters were sent to all students in Years 2, 3 and 4 of the undergraduate program and to all students in the after degree program. During the first week of the semester the researchers visited the first lecture in each of the years for each of the programs to explain the study. The research team consisted of three educators who taught in the undergraduate programs but did not teach the participants in the study as well as one research assistant from the university. Interested students were asked to contact the research assistant or faculty researchers who arranged a time and place for the focus groups but students who were unable to attend the focus group were able to arrange an individual interview. To maximize the possibilities for recruitment all interviews were scheduled when students were not in class and held in a neutral classroom or office that was not associated with the nursing program. A total of six focus groups were held and two individual interviews facilitated by the research assistant or faculty researchers. The 28 participants were all female and between the ages of 19 and 35. Specific demographic information was not

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