Assessment of Patient education barriers in viewpoint of nurses and general physicians

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ABSTRACT: Background and aim: patient education as an important care causes participating of patients in self-care. For performing effectively patient education process, recognizing the limitations and barriers are essential. Therefore this study was conducted to determine the barriers of patient education in view point of nurses and general physicians in Emam Reza hospital of Kermanshah. In a descriptive-analytical study, 57 general physician and 116 nurses was enrolled by convenience sampling method, the tool of study was a valid and reliable questionnaire. Data was gathered by refer to workplace of samples and a questionnaire, then analyzed by descriptive statistics and Mann-Whitney U test. results of the study showed the most important barriers of patient education were high work load with score of 3.05, mismatch of personnel to patients (2.86), job dissatisfaction (2.83), lack of managerial attention and inadequate of fund to patient education. Nurses and general physicians disagreed about the barriers relation to mismatch of personnel to patients (p<0.0001), inconsistency between staff (p= 0.027), lack of patients physical readiness (p= 0.013) and information deficiency of healthcare workers about educational needs (p=0.012). according to the findings, patient education was performed in low level, by reasoning of combination of environmental, individual and managerial factors; therefore it is suggested to remove these barriers based on priority.

Keywords: patient education, patient education barrier, nurses, physician, nursing care

INTRODUCTION

Now days, with increase of literacy level and improvement of socioeconomic status, request for participating in making decision and information about health issues have been raised (1). Patients with special disease also need to be adapted with new situation, for this adaptation and behavioral changing, acquiring knowledge related to risk factors, therapeutic procedures, trend and prognosis of the disease is essential (2). Lack of patient's knowledge and their family about conditions of disease makes increase of their anxiety and stress, and also decreases their quality of life, that consequently treating will be trouble (3).

Patient education, as a dynamic and progressing process, meet the need of knowing for patients and their families. This concept is main element of implementation of patient-centered cares and indeed, is one of the most essential rights of clients in health care settings (4-5). Proper implementation of patient education causes the patient uses the existing services optimally, and also is an effective strategy for holding continuity of caring in hospital and after that, at home (6-7).

Positive effects of patient education in hospitals are approved in many studies; Shimbo et al. study(2004) have addressed decreasing the intensity and recurrence of disease, reducing return to physician and improving quality of life in Parkinson patients by performing patient education planning (8). Increasing of well-being, strengthening the emotional and spiritual state (9), and decreasing post operative pain in hospitalized patients are some of other positive effects (10). But nevertheless the importance of patient education in perspective of health care workers, it's performing constantly has been ignored by many reasons. This defect has led making mistake in patient’s self care and decrease effectiveness of the treatments (11-13). The costs related to lack of knowledge
about the disease in patients are worrisome, based on a report in the USA, 69-100 million dollars are devoted to lack of appropriate education to patients annually (14). Gallelfoss and Bakke study also indicated that patients who are not received essential educations, have more refers to doctors by 70% and rate of medical costs is higher (15). Considering not proper running of Patients education in health centers and its irreversible damage to patients and society(16-17), determining the reasons of failure in patient education implementation can beneficial for developing the appropriate strategies and resolving these obstacles. In previous studies, different factors have been proposed for lack of patient education that according to the population and location of study, the results were different (11-12, 18). Thus, regarding the importance of subject and lack of enough researches, this study was conducted to following objectives: 1-determination of importance and implementation of patient education process, and 2-assessing barriers of patient education, in viewpoint of nurses and general Practitioners.

MATERIALS AND METHODS

This analytical –descriptive study directed in 2012. Research population includes nurses and general physicians (GPs) of Imam Reza hospital in Kermanshah province. The Samples were 200 GPs and nurses that are chosen by non-randomize sampling from different wards of hospital. Number of samples is computed based on statistical formula and former studies with, α= 0.05, β= 0.1. Inclusion criteria include satisfaction for completing the questionnaire and at least having one year clinical experience.

The study instrument was a questionnaire that developed by researchers based on review of literatures and similar studies. The questionnaire has 3 part, first one is related to demographic information (age, sex, educational level, profession, marriage status, occupation history), second is two questions related to the importance and implementation of patient education which provided as five score likert, And two other questions are devoted to common approaches and duration of patient educations during a working time. Last part of questionnaire has 19 questions which are related to patient education barriers, and their answers are scored as five point likert, thereby each question was a sentence and importance rate to the question ranged from 0=complete disagree to 4=complete agree, the more score is related to the more important of subject for patient education barriers. Validity of the instrument was performed by content validity, for this purpose questionnaire was given to ten faculty members and experts of Kermanshah University of medical sciences (KUMS) and their comments were applied. For internal consistency Cronbach’s alpha= 0.91 was calculated.

After permission from research center of KUMS and imam Reza hospital, data gathering was carried out by referring to work place of the samples and completing the questionnaire by them during 2 months in May to June 2012. Necessary explanations about purpose of research, and assurance related to the right of confidentiality and anonymity were given before filling out the questionnaire. Data was analyzed by SPSS 16 software and descriptive (frequency, mean and standard deviation) and inferential statistics (Mann-Whitney U test). Significance level for all tests was 0.05.

RESULTS

Among 200 completed questionnaires 27 (13/5%) of them had defected information and have omitted from study, therefore statistical analysis directed on 173(86/5) questionnaire. 57(32/9%) of them were GP and 116(67/1%) were nurse. 85(41/1%) of them were male and 88 (50/9 %) were female. Mean and SD of nurses age were 34/43 ± 6/70 yrs and mean and SD of their working experiences were 9/28 ± 5/80 yrs. These rates For GPs were 40/49 ± 7/68 and of 8/77±5/83 yrs respectively. 74/61% (129) of samples have married. 65/3% (113) of samples have believed that patient education process has high and very high importance and its mean and standard deviation was 2/66±1/05. Based on Mann Whitney test, there was no significant different about importance of patient education in viewpoint of GPs and nurses (P= 0/07). 134 (77/4%) of participants believed that implementation rate of patient education in different centers is in average and lower level, mean and SD of their score was 1/82±0/90 and there was no different between two groups (P= 0/512). The most common ways used for patient education were verbal (66/5% ), pamphlets (37%) and movie (13/9%) respectively. 12/7% of education was performed in group techniques and rest of them were singular.

In viewpoint of all samples, the most common patient education obstacles include: high workload with mean score of 3/05, mismatch of patients to personnel (2/86), job dissatisfaction (2/83). Lack of managerial attention (2/79), inadequate of fund to patient education (2/78) and Lack of staff evaluation about patient education (2/70). From the prospective of nurses, mismatch of patients to personnel, inconsistency between staff and high workload were more important, but in relation to GPs the factors such as lack of patients physical readiness for
According to the results of the study, importance of patient education was high but it was performed in low level. In Mardani et al. study 60% of nurses have indicated about inadequacy of patient education, and also 75% of patients were unhappy from provided education, but more than 80% of participants (patients and nurses) believed in importance of patient education (19). In another study in turkey (2008) only 27% of cancer patients were received necessary information about their disease, and 30% of staff had suggested revising and correcting the instructions of patient education (20). These results are consistent with the finding of the present study. The main causes of importance of patient education in health systems include; reinforce participating of patients and their family in therapeutic interventions and hence reducing imposed costs due to lack of knowledge and consequently hastening in recovery is done, nowadays the purpose of health care centers is creating an atmosphere to performing patient- centered care process, this means that all of decisions are given with consent and cooperation of patients and their relatives.

To achieving this goal, informing and educating of patients are significant (4-6). Patient education is a multi step process which started at the patient admission time and continues to discharge, and also is unique for every client according to severity of illness and sociocultural factors, therefore perception the patient culture, language and proper communication are necessary (11). The researchers believe that carrying out of patient education in health center addition to mentioned positive effect on patients; reduce workload of health workers by assisting of patients and their companions in nonprofessional actions such as helping to move of patient, taking oral medications, personal hygiene and informing the staff if there is a hazardous situation.

Another purpose of this study is determination of patient education obstacles in viewpoint of GPs and nurses. High workload and mismatch of personnel to patient are posed as the most important obstacles. In Aziznegad et al. study also mismatch of personnel to patient was the main cause of failure in Patient education (21). Cianciara and Miller mentioned that lack of enough time and increase in number of patients have original role in lack of implementation of patient education amongst GPs (22). Results of these researches are similar to our study, but in Aghakhan and colleagues research the obstacles such as lack of enough knowledge about approaches of patient education, lack of patient education planning in educational curriculum, decrease in hospitalization time of patients, reluctant of patient to learning were more important (11). These days increase in work load and disproportionate number of personnel to patients are some main reasons of lack of offering suitable care and also reasons of patient education obstacles (23-24), in some hospitals with this conditions usually personnel are oriented to consider critical and vital cares which have not legal outcomes for them therefore, implementation of patient education is ignored. But nonetheless, this process can be performed with regard to new strategies which require less time, in this regard Linda (2012) has recommended about using the mixed procedures such as group class, presentation of film, poster and brochure methods (25), Kruger et al.(2012) have expressed that Patient education is a team effort and requiring collaboration of all healthcare workers(26). Therefore it can be said apart from two- way methods, utilization of educational packages (written and visual) and technology are also useful, which demanded more studies.

Job dissatisfaction is another important barrier for patient education implementation in both nurses and GPs. Aghakhan and colleagues (2012) also mentioned that job dissatisfaction is one of patient education obstacles (11). Farahani and colleagues stated that lack of enough motivation and poor organizational culture are main cause of lack of patient education (16). It is believed that there are high level of dissatisfaction in healthcare workers because of Lack of motivation, inadequate salaries, lack of appropriate opportunity for learning, and few medical staff (27), job stress and anxiety, depression and inflexibility of work environment also exacerbate satisfaction stat (28). Teolei and colleagues (2008) have noted that some motivational factors like increasing job security, job conscience, knowledge, appreciation of employees and providing advantages such as job promotion are important for improving job satisfaction and implementation of patient education (14). It is seemed that the reasons of dissatisfaction in this study are lack of manager's attention to personnel's expectations, high work load and low salary. These reasons need more survey.

In this study, lack of managerial attention to patient education is another obstacle. In survey of Azizi and colleagues (21) and Cianciara and Miller (22) lack of manager's attention is main cause of patient education barrier and is similar to outcomes of this study. In some studies different subjects like evaluation of personnel in implementation of patient education process, providing facilities and places for education, preparing interactive
atmosphere between personnel and protecting patient education plans are related to manager's role and important for promotion of patient education process (27). In viewpoint of the researchers of this study, managers can move effectively to better situation with precise surveillance on educational activities of personnel, examining level of patient's knowledge during admission or discharging, devotion of occupational promotion scores and increase of salary based on optimum implementation of patient education process.

In this study, viewpoints of nurses and GPs about patient education obstacles are different in some parts; nurses noted that environmental factors like mismatch of personnel to patients, inconsistency between personnel and high work load are important. But GPs mentioned that personal factors like information deficiency of healthcare workers and methods of patient education in personnel and reluctant for learning in patients are important causes. These differences between nurses and GPs ideas can be due to lack of appropriate interaction and their different educational fields. Studies show that increase in interaction and coordination between nurses and doctors and managers results in better patient education (28). Farahani and colleagues (2013) study showed that lack of coordination and communication between nurses and doctors is one of the most important obstacles of patient education (16). For offering an appropriate care, interaction of all personnel is important, accordingly for offering suitable education to patient we can specify domain of education for nurses and GPs and this action is possible only with appropriate interaction of personnel and develop operating instructions for doing patient education.

CONCLUSION

In this study high work load, mismatch personnel to patients, job dissatisfaction and lack of managerial attention to patient education were the main barriers of patients education, therefore, it is suggested to appropriate measures about obstacles based on priority. Some of this measures can be allocation of forces based on work place, providing space and facilities for patient education, attention to psychological and spiritual needs of personnel, evaluation of personnel about importance and implementation of patient education process, attention to level of patient's learning and developing a continues education planning staff.

Limitations

limitations of this study include; not assessing the causes of lack of motivation in personnel to patient education, being non-randomization study and exclusion cases, accordingly it is recommended to direct more researches about motivation and related factors to appropriate implementation of patient education in nurses and GPs.

### Table 1. mean of patient education score in viewpoint of nurses and GPs

<table>
<thead>
<tr>
<th>row</th>
<th>Patients education barriers</th>
<th>GPs score</th>
<th>Nurses score</th>
<th>Total score</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High workload barriers</td>
<td>2.87</td>
<td>3.13</td>
<td>3.05</td>
<td>0.034*</td>
</tr>
<tr>
<td>2</td>
<td>Mismatch of patients to personnel</td>
<td>2.29</td>
<td>3.14</td>
<td>2.86</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>3</td>
<td>Job dissatisfaction</td>
<td>2.75</td>
<td>2.87</td>
<td>2.83</td>
<td>0.357</td>
</tr>
<tr>
<td>4</td>
<td>Lack of managerial attention to patient education</td>
<td>2.68</td>
<td>2.84</td>
<td>2.79</td>
<td>0.398</td>
</tr>
<tr>
<td>5</td>
<td>Inadequate of fund to patient education</td>
<td>2.66</td>
<td>2.83</td>
<td>2.78</td>
<td>0.181</td>
</tr>
<tr>
<td>6</td>
<td>Lack of staff evaluation about patient education</td>
<td>2.78</td>
<td>2.66</td>
<td>2.70</td>
<td>0.522</td>
</tr>
<tr>
<td>7</td>
<td>Inconsistency between staff</td>
<td>2.47</td>
<td>2.81</td>
<td>2.69</td>
<td>0.027</td>
</tr>
<tr>
<td>8</td>
<td>Inadequate educational facilities</td>
<td>2.52</td>
<td>2.74</td>
<td>2.67</td>
<td>0.170</td>
</tr>
<tr>
<td>9</td>
<td>Lack of educational space</td>
<td>2.68</td>
<td>2.65</td>
<td>2.66</td>
<td>0.875</td>
</tr>
<tr>
<td>10</td>
<td>Not common culture between patients and staff</td>
<td>2.61</td>
<td>2.43</td>
<td>2.49</td>
<td>0.345</td>
</tr>
<tr>
<td>11</td>
<td>Failure in educational program about PE</td>
<td>2.75</td>
<td>2.33</td>
<td>2.47</td>
<td>0.023*</td>
</tr>
<tr>
<td>12</td>
<td>Lack of PE in daily activity of personnel</td>
<td>2.43</td>
<td>2.45</td>
<td>2.45</td>
<td>0.981</td>
</tr>
<tr>
<td>13</td>
<td>Lack of patient physical readiness to patient education</td>
<td>2.70</td>
<td>2.31</td>
<td>2.44</td>
<td>0.013*</td>
</tr>
<tr>
<td>14</td>
<td>Reluctant of patient to learning</td>
<td>2.80</td>
<td>2.29</td>
<td>2.46</td>
<td>0.002*</td>
</tr>
<tr>
<td>15</td>
<td>Patient stress and anxiety to patient education</td>
<td>2.59</td>
<td>2.25</td>
<td>2.45</td>
<td>0.067</td>
</tr>
<tr>
<td>16</td>
<td>Information deficiency of healthcare workers about patient education</td>
<td>2.42</td>
<td>2.13</td>
<td>2.23</td>
<td>0.144</td>
</tr>
<tr>
<td>17</td>
<td>Lack of staff awareness about method of patient education</td>
<td>2.61</td>
<td>2.02</td>
<td>2.21</td>
<td>0.002*</td>
</tr>
<tr>
<td>18</td>
<td>Low hospitalization of patients to patient education</td>
<td>2.47</td>
<td>2.08</td>
<td>2.20</td>
<td>0.056</td>
</tr>
<tr>
<td>19</td>
<td>Lack of communication skills of staff to patient education</td>
<td>2.24</td>
<td>2.01</td>
<td>2.09</td>
<td>0.171</td>
</tr>
</tbody>
</table>

* means it is significant
ACKNOWLEDGMENTS

This study is approved in research center of Kermanshah University of medical sciences; therefore we appreciate officials of research center of KUMS and personnel of Imam Reza hospital in Kermanshah for assisting in designing, approval, and execution of this project.

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