

Factors influencing the patient education: A qualitative research

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ABSTRACT

Background: The related literatures revealed that there is a lack of effective patient/family education in the health care centers. Several studies indicate that patients, while getting discharged from hospitals, receive insufficient information about their illness and self-care. The purpose of the study was to explore the factors influencing patient education from the perspectives of nurses in Iran.

Materials and Methods: We conducted a qualitative study using a content analysis approach. We used a purposive sampling technique to recruit and interview 18 nurses with at least 2 years of working experience in the cardiac care unit (CCU) and post-CCU ward of two educational hospitals in Tehran related to Tehran University. Data were collected through face-to-face audio-taped interviews and field observations. The interviews were transcribed verbatim and analyzed concurrently with data collection.

Results: The major theme extracted in this study was the inappropriate organizational culture which includes eight categories listed as follows: Not putting value on education, non-professional activities, physician-oriented atmosphere, conflict and lack of coherence in education, inappropriate communication skills, ignoring patient's right in education, lack of motivation, rewarding system in the organization, and poor supervision and control.

Conclusions: The results of this study show that according to the participants' perspective, organizational culture is in a poor level. So, to improve the performance of nurses, it is necessary to increase their motivation through optimization of organizational culture.

Key words: Organizational culture, patient education, qualitative research

INTRODUCTION

Patient education is an essential component of the provided care by health care professionals, particularly nurses.^[1] Since the nurses are in contact with the patients more than any other member of the health provider team, there is much more importance on the side of the nurses.^[2] Research results have revealed that the patients receive the most portion of information from the nurses.^[3] Therefore, nurses have more opportunities to assess the patients' educational needs and prepare them for learning.^[4] Patient education is one of the criteria to accredit institutions for providing health services.^[5,6]

The outcomes of patient education have been taken into consideration in several studies. These outcomes fit into three categories: Patient's benefit, social benefits, and professional benefits.^[7]

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Considering patients' benefits, attention should be given to aspects such as an increase in the level of the patients' satisfaction and their participation in self-care, improvement of the quality of life, a decrease in stress and anxiety level, an enhancement in psychological and physiological outcomes, a decrease in the side effects of the disease, and treatment expenditure in the patients' readmission.^[8,9] Besides, it has also influenced the patient's motivation to follow the recommendations, and consequently treatment compliances.^[10]

In spite of these facts, patient teaching has been ignored in some health care centers.^[11] The related literatures has revealed that there is a lack of effective patient/family education in the health care centers.^[11-13] In this regard, the study of Mardanian *et al.* (2004) shows that patient's education in comparison to other tasks is the nurses' seventh priority, and therefore it can be concluded that their performance has not been as satisfying as in other tasks.^[8]

Several studies indicate that patients, while getting discharged from hospitals, receive insufficient information about their illness and self-care. In the study of Weetch (2003), patients were unsatisfied with the education acquired after being diagnosed with pectoris angina.^[13] The research studies conducted regarding patients' satisfaction from the nursing

care indicate that the patients have had the least satisfaction from patient education among other nursing care.^[14] In another study, 60% of the hospitalized patients felt that the information they receive from health care professionals could be considerably improved.^[5] Visser *et al.* (2001) and Skelton (2001) have found that patient education involves all educational activities relevant to patient, patient's family, health education, prevention, care, and cure.^[4,15] Therefore, patient education should be considered as a part of patient care, not as an aside activity.^[5]

A study in Iran indicated that patient education has been either partially or inappropriately performed, so it has not been effective at all.^[8] Research studies show that nurses face several obstacles in performing their educational role.^[11,16]

Besides, the experiences of the researchers of this study in cardiovascular area verify the lack of appropriate patient education in this area. So, some questions are raised: Why is not patient education provided appropriately? What is (are) the problem(s)? What kind of barriers may exist? To find out the answers, the present qualitative study was carried out. Since patient education is a complicated issue, related to social, environmental, and psychological aspects of patients, families, and health care providers, the most appropriate approach to find answers for above questions is qualitative research. The purpose of the study was to explore the factors influencing patient education from the perspectives of nurses in Iran.

MATERIALS AND METHODS

We conducted a qualitative study using a content analysis approach. It was a conventional content analysis^[17] because in the study we had been looking for the factors influencing the patient education. We used a purposeful sampling technique to recruit and interviewed 18 nurses with at least 2 years of working experience in the cardiac care unit (CCU) and post-CCU wards of two teaching hospitals in Tehran, related to Tehran University. All the nurses who were involved in the study had bachelor or master degree in nursing. Inclusion criteria were at least 2 years experience of working at CCU or post-CCU, and giving consent to participate in the study and to share their experiences with the researchers.

Data were collected through face-to-face audio-taped interviews and field observations. All the nurses knew that the researcher observe their function in order to collect data. A written consent had been taken for observation by the researchers. The interview was conducted in a place where the participants felt comfortable, such as in the tea and the sitting room or even in the nurse's house. The interviews were commenced by using a series of open-ended questions

such as "What are your experiences of patient education?" and "How do you educate your patient?." Comments and questions were followed up with prompts such as "tell me more about what it is like." Each interview was of 20-120 min duration and was completed in the period between May 2008 and November 2008. During the interviews, the participants were encouraged to give more information and to discuss their experiences. One of the other data collection methods applied in this study was to observe through "observer as participant" technique, performed during patients' hospitalization in the ward.

The primary analysis team consisted of the first author and three other faculty supervisors experienced in qualitative research and with cardiovascular nursing backgrounds. The interviews were transcribed verbatim and analyzed concurrently with data collection. During data analysis, the principal investigator (the first author) read the data word by word several times to emerge data. The authors focused on the recorded words and phrases used repeatedly by the nurses, and also highlighted the areas that captured key meaning units expressed by the participants. The codes came straight from the data in the first level of coding. Words, phrases, or sections were noted and analyzed in context both within and between documents. As the next step, the aforementioned multiple codes were grouped based on their content and shared ideas, and led to creating categories. As an advantage of this categorization, the data came from the participants, so the data had not been predetermined.^[18] After identification of the categories, they were relabeled and defined one by one, while each was illustrated to support quotes.

By sharing the results with the senior investigator and supervisors, we could achieve agreement and further suggestions. The data from the interviews demonstrated saturation, since data had become repetitive and nothing new appeared when coding data from the last interview.

To achieve trustworthiness of the data, Lincoln and Guba's credibility, transferability, dependability, and confirmability were used. Several techniques such as prolonged engagement, peer debriefing, time triangulation, and member checking were employed to enhance credibility of this study.

To make sure about the transferability of the study, information about the researchers, population studied, sampling, and coding decisions was provided. Audit trails helped the researchers establish dependability and confirmability of this research.

Through an inquiry audit of the process, dependability was achieved, which led to attesting and certifying that the process was acceptable, professional, legal, and

ethical. In case of confirmability, it was achieved through a confirmability audit which examined the product (data), findings, interpretations, and recommendations, attesting that the findings were supported by the data.

It is also worth mentioning that continuous consultation with supervisors, who had extensive experience in qualitative research, was practiced to ensure dependability and confirmability.

RESULTS

The major theme extracted in this study was inappropriate organizational culture which includes eight categories. The categories are not putting value on education, non-professional activities, physician-oriented atmosphere, conflict and lack of coherence in education, inappropriate communication skills, ignorance of patient's right in education, lack of motivation and rewarding system in the organization, and poor supervision and control. Each category has been explained in detail subsequently.

Not putting value on education

Values play an important role in any organization and can be considered as determinants of organizational culture. Our findings indicated that one of the main reasons that leads to inappropriate organizational culture was "not considering patient's education as a value" in the system. A nurse said:

"It is very important to focus on education. When all patient education activities are delivered through a crumbled pamphlet exclusively by the ward secretary at discharge time, we found that education may not be highly valued."

Another nurse said, *"The managers are not putting enough value on patient education; as an example, on requesting for blood sugar test for a patient, the head nurse wants us to enclose the result card to the patient's file, while she never asks us to provide the patient with any type of education regarding the blood sugar"*.

Non-professional activities

Having bureaucratic process in nursing (paper work) and doing non-professional activities, which are out of the nursing job description, are due to staff shortage, organizational structure of hospitals, weakness in nursing management, etc. The following quotation from one of the nurses confirms the issues mentioned above:

"... We need one extra nurse to support ward secretary in responding to clients questions and answering phone ..."

Most of the nurses and nurse managers believe the numerous patients' visits by physicians and interns and

residents may cause a great workload for the nursing staff. Based on the researchers' observation in this study, nurses were always busy to administer new physician orders, check ECG, prepare patients for radiology or echocardiography units, etc. A nurse manager said:

"Nurses are responsible for all of these tasks (administration of new orders, checking ECG, preparing patients for diagnostic and medical interventions) and these will lead to overloading indirect nursing activities."

Physician-oriented atmosphere

In the hospital as an organization, physicians are in the highest level, and their position and salary are very much higher than other health care workers. They have access to most of the facilities in the hospital, such as library, internet, and parking space for their private vehicles, etc. The nurses must obey physicians' orders without involving in any decisions for patients. It may cause a feeling of discrimination between physician and others (especially nurses). A nurse mentioned:

"Physicians are paid for their tasks at hospital while it is not always the same in case of nurses."

Furthermore, the research data have revealed that some symbols such as private parking spaces, welfare facilities, etc., are there for the physicians only, and lack of attention to the nurses' needs in this regard has doubled a feeling of discrimination.

Conflict and lack of coherence in education

Coherence is an element and a key feature of organizational culture. A hospital nurse manager said:

"Each group works separately and independently, and there is no interaction between them. I mean nurses, physicians and others do their duties separately without any cooperation as a team. That's why we do not achieve our objectives."

On the other hand, the participants' quotations clarify that inconsistency and lack of cooperation among health care providers caused a decrease in trust in patients and their families.

Most of the nurses and some patients mentioned some controversies in patient education, for example, the difference between medical recommendations and nutritional diets in the hospital. Confirming the aforementioned subjects, one of the head nurses said:

"Although the patients have been told to have their food with low fat and salt, they are served a food which is rich in fat and salt. That's why there lays a conflict between what

the patients are recommended and what they practically receive.”

Inappropriate communication skills

Inappropriate communication skill is one of the major elements that can leave an impact on organizational culture. The proposed issues include a broad level of communication between different groups such as manager and health care providers, physicians and nurses, and finally patients and health care providers. In terms of nurses' and physicians' communication, a nurse pointed out:

“...some of the physicians underestimate the role of nurses and do not consider them as professional health care workers. Their behavior inspires as if they do not see us!”

Obviously, collaborative communication and positive cooperation between nurse and physician will improve patient health, quality of health care, and patients' satisfaction. All participants believed that friendly cooperation between health care team members is a pre-requisite for patient education.

In this regard, a nurse mentioned that:

“As a result of a positive relationship between the physician and the nurse, an empathy-oriented relationship between the nurse and the patient can be expected which hopefully leads to effective patient education.”

Ignoring patients' rights

Patient education is a professional responsibility of nurses. Most patients and all health care providers participating in this study considered the patients' awareness of their disease and treatment process as patients' rights, and ignoring these rights is an unethical behavior.

One of the nurses put it like this: *“Knowing about the real diagnosis is the patients' inalienable right; however due to cultural obstacles patients' families expect us not to tell them about some disease diagnoses such as acute myocardial infraction and cancer because they are worried about the patient to feel scared which may lead to a reduction in the patient's life.”*

On the other hand, patients have been considered like a machine by most of the health care workers. This perspective may play as a barrier for patient education.

A nurse said:

“...Health care providers have a mechanical look upon the patient rather than humanistic approach. They do not think that the person in the hospital is a human

being and he can think and feel and understand all the problems well.”

Lack of motivation and rewarding system

Keeping the nurses motivated through internal or external rewards is an important issue in a good organizational culture. Motivation is a force which helps the people to achieve their goals and creates eagerness and more readiness to do their tasks.^[19]

As our results indicated, the lack of motivation among nurses to educate patients is one of the most important reasons of ineffective patient education. The following quotation by one of the nurses confirmed our claim:

“The nurses don't have enough motives for educating patients because in our hospital, punishment is more used by managers than reward. You may be asked just for primary care like patient hygiene, whereas you will not be rewarded for the professional care. For example, while shift changing, the head nurse just focuses on untidy sheets of patient. She doesn't pay attention to problems I had the night before, such as no time to have dinner or even a short rest because of my high workload. Even she may see the nurse looks pale and tired, but only considers the bed sheet of patient! This behavior leads to decrease in nurse's motivation, self-confidence and self-efficacy, and the patients may also not trust the nurse for educating them.”

On the other hand, the most frequently mentioned issue by nurses was managers' inattention to employees. They believed that lack of managers' support and their inattention to nurses led to the nurses' unwillingness to care for the patients. They also believed that not putting value on their jobs resulted in their reluctance to educate patients. For example, a nurse supervisor said:

“...We have frequently heard from the nurses that no one cares us, so why should we waste our time and talk to the patients and educate them.”

As mentioned earlier, findings indicated that the interaction between nurses and physicians would result in an increase in the nurses' motivation to play their educational roles. A clinical supervisor argued thus:

“I can remember, when I was working in CCU, the physicians were coming to nurse station and discussing some scientific and medical topics with nurses. You can't believe how effective the discussion was in increasing the nurses' knowledge and their self-esteem as well. We could easily consult with the physicians about the patients. This opportunity led to change the physicians' attitude about knowledge level of the nurses.”

A hospital nurse manager believed thus:

“People’s perspectives about nursing as a low level job, and some primary care done by nurses such as changing bed sheet, will cause the patients not to accept the educational role of nurses. It may also influence nurses’ unwillingness for patient education. For example, when I was working as a nurse in a ward, I did emphasize on meeting patient’s basic needs (providing bedpans and urinals). Although patients were very satisfied with it, they could not accept me as an educator. They thought I am not an expert person for educating them!”

Poor supervision and control

Supervision and control is one of the other major elements that can leave an impact on organizational culture. Most of the nurses strongly believed that the patient education program is not supervised precisely. The head nurse controls and monitors all nursing activities except nurse’s role in patient education. On the other hand, some nurses believed that the educational supervisors in their hospital do not play any role in supervising patient education programs. The researchers’ interviews with a supervisor, while observing her activities, confirmed what the nurses mentioned. When she had been asked about the way of monitoring and supervising the nurse’s practice in patient education, she replied:

“I have provided an educational program for each nurse, and according to the cardiovascular disorders which are mentioned in the text books, I’ve assigned educational homework for the staff. Then I evaluate their activities based on their assignments. So, not only their knowledge is always updated, but also ‘patient education’ is considered as an essential issue in their work.”

DISCUSSION

Studies have revealed that while playing their roles, nurses are facing several problems. From the nurses’ perspective, there are two groups of factors – those related to the nurses themselves and those related to their working environment – which act as the main factors slackening their educational performance. Among the factors related to the nurses, lack of information regarding the technics and tactics of education and lack of a recognition of the patient’s educational needs,^[19,20] and among those related to the working environment, nursing shortage, lack of time and working personnel, insignificance and absence of priority for the patient education in the organization, and absence of sufficient specific references are considered as the main barriers from the nurses’ view.^[11,21] The present study concerns inappropriate organizational education as effectively main barrier in education. Organizational

culture refers to the beliefs and values that have existed in an organization for a long time, and to the beliefs of the staff and the foreseen value of their work that will influence their attitudes and behavior.^[12] As a system, organizational culture consists of values (what is important and what is not) and beliefs (how people act or do not).^[22]

In this regard, the results of the present study show that in the hospitals investigated in this study, education dose not receive the attention it deserves. Participants believed that what they are expected to do in the hospital is simply a list of routine works such as taking care of the medication, dressing the wounds, visiting the patients, etc. Considering the same matter, studies show that factors such as human resources, organizational structure, the leadership style, and control system and types of behaviour can affect professional matters such as patient education.^[23]

Also, the results indicate that poor control makes patient education as an unimportant task in health care system.^[24] Nurses also believed that appropriate control and supervision could put value on their organizational and social position. Bragg (1982) believed that in any organization, the effectiveness of the staff activities mostly depends on the extent of control exerted on them. In other words, appropriate supervision will lead to improvement and promotion.^[25] Not putting value on patient education also leads managers to focus on non-professional nursing practices or just routine work in nursing.

The culture within an organization is very important and plays a large role in making it is a happy and healthy working environment.^[26] So, the goal of health care system is providing physical, mental, and social health of people. Besides, creating an atmosphere and culture where human resources can be prepared for more effective and more efficient services is another goal of this system.^[24,27]

The relationship between organizational culture and employee behavior/attitude has been emphasized by different studies.^[28,29]

The findings of this study have shown that inappropriate organizational culture is an important factor in dissatisfaction and unwillingness, and lack of commitment, responsibility, and motivation among staff. The hierarchical structure of the organization has caused a failure to provide a good atmosphere for educating patients as a nursing professional practice. Also, hierarchical structure creates a system whereby the relationship between physicians, managers, and nurses is that of “superior” and “subordinate” rather than a supportive and collaborative one;^[30] In this culture, a nurse has been seen as a person who just obeys the physician’s orders and does routines. Salvadores *et al.* (2001) believe that such

organizational culture is a hindrance in the nurses' qualification and professional abilities to come out.^[31] On the other hand, this kind of organizational culture has developed an unequal and one-way relationship between nurses and physicians that formed a state called physician-oriented atmosphere. Moreover, the paternalistic behavior of physicians and managers has caused an ineffective communication between nurses and them. This condition has caused failure to provide nurses' needs that leads to a defective pattern of communication between nurses and patients.

Limitations

The study was conducted in two large referral hospitals in Tehran; thus, the findings should be interpreted in light of this context.

CONCLUSION

The results of this study show that according to the participants' perspective, organizational culture is in a poor level. So, to improve performance of nurses, it is necessary to increase their motivation through optimization of organizational culture.

Moreover, according to the results, managers play the main role in improving the organizational culture. Through the appropriate communication pattern and leadership style, they, as the change-making agents, can take control of the conflict, improve the organizational structure, or encourage nurses to do their professional duties in the best way, by valuing and supervising patient education.

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