



The Practice of Patient Education among Public Hospital Nurses in Malaysia

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Abstract

Patient education is one way of communication between patient and nurses, which provides the necessary knowledge for enhancing patient care. The objective of this study was to identify the perception and factors influencing the practice of patient education among public hospital nurses. A total of 246 staff nurses were involved in this study. A self-administered questionnaire was used in this study. Findings indicated that lack of time, inadequate staffing and lack of knowledge were factors that influenced the practice of patient education. In conclusion, public hospital nurses were having a positive attitude towards patient education but could not practice completely.

Keywords: Patient education, nurses, practice

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1.0 Introduction

Nurses play many roles in healthcare, with one of the most essential and lasting functions is a nurse as a patient educator. Patient education is one of the nurse activities that increase an individual awareness regarding health to achieve better health and improve quality of life by giving information, teaching and learning activities to the individuals and communities (Yeh, Wu, & Tung, 2018). Providing health education will help the individual to decide a health action. Nurses, as an educator, always been an example and guide the community. According to Adugbire and Aziato (2018), lack of communication gave the patient the perception that the nurses have limited time to talk, listen or be with them. Therefore, the nurses need to prepare themselves with various communication skills to provide adequate health education to patients. The relationship between nurses and patient is fundamental to the therapeutic partnership, where it is essential to show interest in patients' daily moods (Uno, Tsujimoto, & Inoue, 2017). Nowadays, the number of rehospitalisation among discharged patients keeps increasing. Many patients return to the hospital quickly because of the lack of health education among nurses to patients regarding post-hospitalisation care during the discharge process. Without patient education, there is nearly no effective healthcare with enhancing the long-term result (Smith, & Zsohar, 2013). An effort to improve the practice of nurses to educate the patients' needs to be implemented to overcome this problem. Understanding and enhancement need to be done to attract nurses to learn the importance of patient education in a nursing role. Also, communication between a patient and nurses provides the basis for enhancing patient care and potentially affecting health outcomes. By doing the exploration on the current patient education practice, perhaps to overcome the issue of hospital readmission and patient able to manage their activities of daily living after receiving effective

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patient education. This study aims to explore the perception and practice of patient education among nurses in one of the public hospitals in Malaysia.

2.0 Literature Review

Patient education is an essential component to develop a patient's knowledge, understanding, and preparedness (Bergh, Friberg, Personn & Dahlborg-Lyckhage, 2015). Nurses nowadays know that giving an education to the patient is essential. Patient education plays a vital role in encouraging the patient to become more responsible for their health and illness. There are a few evidences that show many patients wish to increase their knowledge and get a better understanding of the specific disease. However, some of them feel not satisfied with the education given by nurses (Jamaati et al., 2014).

According to Pongthavornkamol, Khamkon, Phligbua, Cohen, and Botti (2018), patient participation in care is an essential component. Encourage patient to be involved in their care is a critical factor in improving the quality of care, reducing the risk that related to health care and upgrades health outcome. Also, a collaboration of effort in treatment between nurses and patient can reduce patient's symptoms and improve clinical outcomes. Provision of patient education has long been acknowledged as a critical responsibility of nurse and as fundamental to the empowerment of patients. Ensuring that patients are adequately informed is essential to promote the highest quality of care, safeguarding minimum standards of care and providing patient-centred care. It also has been found that patient education is a crucial aspect of patient satisfaction (Bennett et al., 2015).

Several studies by previous researchers have found that nurses' experiences, workplace culture, lack of time, heavy workload, the complexity of patients' condition, lack of educational preparation and insufficient staffing were factors influencing the practice of patient education. In addition, researchers mentioned that lack of information regarding the techniques and tactics of education and lack of recognition of patient's educational needs also might become factors influencing the practice of patient education (Oyetunde & Akinmeye, 2015; Jones, 2010; Farahani et al., 2013). Another study was done by Uno et al. (2017) on factors affecting patient education from a cultural perspective mentioned that social and cultural factors influence patient education. Therefore, nurses must be aware of cultural issues in teaching process including religion, lifestyle, languages and social status of the patient. In addition, nurses also must respect the family's culture customs (Heidari & Norouzadeh, 2013).

A study found that inadequate nursing practices cause nurses to be recognized as a technician that deliver only treatment, and the nursing profession is recognized negatively by the other health professionals and society (Calik, Aktas, Bulut, Anahar, & Erdol, 2015). Researchers found that various factors influencing the patient education practice among nurses, including those issues related to management, working order, and human resources planning, work environment, nurse staffing, and nurse education appear to have significant effects on patient outcomes (Audet, Bourgault, & Rochefort, 2018; Cho, Sloane, Kim, Kim, Sera, Choi, Yoo, Lee, & Aiken, 2015). See, Chee, Rajaram, Kowitlawakul, and Liaw (2020), stated that patients have an improved understanding of how to provide self-care when they received effective patient education. To ensure effective patient education and methods that are individualized to the patient's level of health literacy and preferred method of teaching, the nurses must use specific approaches (Lasa-Blandon, Stasi, Hehir, & Fischer-Carlidge, 2019). Richard et al. (2018) have stated that how nurses involved in patient education is influenced by their level of educational preparation and workplace environments are contribute to maintaining their qualities of educational practice. According to Cho et al. (2015), nurse's level of education also will affect patient outcome. There is evidence that several patient mortality becomes low when the quantity of nurses with a bachelor's or higher degree is high (Cho et al., 2015; Bader et al., 2018; Audet et al., 2018).

3.0 Methodology

This study is a descriptive cross-sectional survey designed to collect information regarding the practice of patient education among nurses in one of the public hospitals in Malaysia.

3.1 Research Setting

In 2019, data were collected from one of the public hospital in Selangor. The population for this study was selected among individuals who had some common characteristics; which in this study representing to staff nurses working in selected wards. The total populations of this study were 565 staff nurses included all nurses employed in the selected unit which are Medical, Surgical, Obstetric, and Gynaecological and Orthopaedic.

3.2 Sample

In this study, the population of registered nurses was 565 (N=565) with the following characteristics: 35% Medical ward, 25% Surgical ward, 24% Orthopaedic ward and 16% Obstetrics and Gynaecology ward. After the calculation of sample size by using Krejcie and Morgan's theory, a total numbers of 229 registered nurses were selected as a sample. This study only included the nurses from four areas that are Medical, Surgical, Orthopaedic and Obstetrics and Gynaecology.

3.3 The Research Instrument

The instruments that were used in this study for obtained data was a questionnaire adopted from Thoma (1999). This questionnaire was divided into three parts: Part A, Part B, and Part C. Part A are demographic data of participants, Part B is the perception of nurses towards patient education and lastly, Part C is the factors influence patient education.

3.2 Sample Criteria

The inclusion criteria for the study were registered nurse who are working in the selected ward; Medical, Surgical, Obstetrics and Gynaecology and Orthopaedic ward, registered nurses who understand Bahasa or English Languages, 18 years of age and over and providing ongoing care to the patient. While the exclusion criteria for the study were non-cooperative nurse who refused to fill the necessary information and registered nurses who are on medical leave, attending post basic, on unpaid leave or maternity leave.

3.2 Procedure for Data Analysis

The completed questionnaires were coded and subjected to statistical analysis using the IBM Statistical Package for the Social Sciences (SPSS) for Windows, version 21. The data were analyse and presented as descriptive data including frequency and mean.

4.0 Findings

The characteristics of each participant that are involved in this study are analysed by descriptive analysis. Data were obtained from the self-administered questionnaire, the overall response rate for this study was 99% which a total 250 set questionnaires were distributed and 246 nurses (n=246) completed this questionnaire. There were from four departments which are from Medical, Surgical, Orthopaedic, Obstetric and Gynaecological ward. All the demographic data were presented in Table 1.

Most of the participant's age was range from 25 to 34 years' old which were 172 (69.9%). The following percentage of participants' age under 25 years old was 38 (15.4%) followed by participants' between 35 to 44 years old with 31 (12.6%). Then, the lowest percentage was 5 (2.0%) which showed the participants from the age above 45 years old. The number of participants that were participated in this study was dominated by females 227(92.3%). These proportions are similar to the ratio of females to males in the general nursing population.

The length of the registered nurses' experience in nursing was also collected. The highest percentage of participants' work experience was less than 3 years were 82 (33.3%). The percentage of participants between 3 to 5 years' experience was 72 (29.3%). Followed with the 62 (25.2%) of participants that work experience 5 to 10 years. The lowest percentage was 30 (12.2%) which was for the participants that work experience above 10 years. Majority of the nurses with a percentage of 235 (95.5%) held a diploma in nursing, with another 11 (4.5%) holding a degree in nursing.

The participant was also asked to indicate their primary area of practice. The participant who works in the medical ward was 86 (35.0%). The surgical ward showed 64 (26.0%). Then, followed by from orthopaedic ward and obstetrics and gynaecology ward with 62 (25.2%) and 34 (13.8%) respectively.

Registered nurses were also requested to indicate how much time they spend in patient education activities each day. Of the 246 participants to this item, most of the participants spend time with patient for patient education was 1 hour or less with 171 (69.5%). The spend time between 2 to 3 hours was 56 (22.8%). The lowest percentage for a total hour of spend time with patient for patient education was between 4 to 5 hours and above 6 hours was 11 (4.5%) and 8 (3.3%) respectively.

Table 1. Demographic Characteristics of Staff Nurses (N=246)

Demographic Characteristics	Frequency	Percent (%)
Age		
Under 24 years old	38	15.4
25-34 years old	172	69.9
35-44 years old	31	12.6
45 years or older	5	2.0
Work Experience		
0-3 years	82	33.3
3-5 years	72	29.3
5-10 years	62	25.2
> 10 years	30	12.2
Gender		
Male	19	7.7
Female	227	92.3

Level of Education		
Diploma	235	95.5
Degree	11	4.5
Area		
Medical Ward	86	35.0
Obstetrics/Gynaecology Ward	34	13.8
Surgical Ward	64	26.0
Orthopaedic Ward	62	25.2
Hours		
1 hour or less	171	69.5
4 – 5 hours	11	4.5
2 – 3 hours	56	22.8
6 hours or greater	8	3.3

4.1 Perceptions of staff nurses regarding patient education practice

The overall results of the nurses' survey responses were utilized. The nurses agreed that they should assume the responsibility of coordinating patient education. The top three questions that most of the participants answered "agree" were; other disciplines need to be more involved in patient education; the nurse should assume the responsibility for coordinating patient education, and lack of time is a factor why documentation of patient education is not done with. The least three questions that most of the participants answered "agree" were; there is an adequate number of nurses to do patient education; there is sufficient time to do patient education, and there is an adequate number of nurses to do patient education (Table 2).

Table 2. Staff Nurses Perceptions towards Patient Education

	Item	Mean
1	Other disciplines need to be more involved in patient education.	4.23
2	The nurse should assume the responsibility for coordinating patient education.	4.16
3	Lack of time is a factor why documentation of patient education is not done.	4.16
4	There are adequate patient education materials available for nurses to utilize when doing patient education.	2.87
5	There is adequate time to do patient education.	2.82
6	There is an adequate number of nurses to do patient education.	2.61

4.2 Factors Influence Practice of Patient Education among Nurses

The study identified some factors that influenced the practice of patient education among the nurses. Findings indicated that the top three barriers to patient education were; lack of time (72.8%) with 179 participants, inadequate staffing (13.4%) with 33 participants and lack of knowledge (6.1%) with 15 participants (Table 3). It was interesting to note that no one of nurses selected no responsibility for teaching or lack of enjoyment in patient education as barriers. Similar results with Farahani et al. (2013) revealed that lack of time as the main barrier to do the patient education because nurses have their own task besides doing the patient education. Limited knowledge of nurses also influenced the practice of patient education.

Table 3 Identified Barriers to Patient Education (N=246)

	Frequency	Percent (%)
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Lack of time.	179	72.8
Lack of knowledge.	15	6.1
Inadequate staffing.	33	13.4
Unavailability of resource material.	9	3.7
Low priority to a nursing task.	1	0.4
Environment non-conducive to teaching.	6	2.4
Not my responsibility.	0	0
Patient education not enjoyable.	0	0
Patient not receptive to teaching.	1	0.4
Other.	2	0.8

5.0 Discussion

Most of the nurses perceived patient education as a high priority in nursing care and it was nursing responsibility to provide patient education. Based on this study, most of the nurses agreed that other healthcare provider also need to be more involved in patient education and give a cooperation to increase patient knowledge. Result from this study identified that nurses' working experience and level of education determine the priority staff nurses placed on patient education practice. However, age, gender, working area and total time they spend in patient education did not determine the staff nurses priority for patient education practice.

5.1 Nurses Perception Regarding the Patient Education Practice

The results of this studies have shown that most of the nurses perceived patient education as a high priority in nursing care and it was nursing responsibility to provide patient education. Similar with the study done by Khuan and Juni (2017), that also found that the nurses know that they had to perform a good communication skill with the patient to reduce patient's anxiety and feeling isolation during hospitalization. Furthermore, in another research study also revealed that providing patient education is also one of the critical nursing cares. A nurse must spend more time teaching the patient to achieve the best outcomes for their patient. (Smith & Zsohar, 2013; Richard et al., 2018). Based on the studies, the nurses feel that they would not have a hard time in providing the patient's education and their attitudes were positive as they have received guidelines and training about how to provide the patient education and they are confident in getting the review about their teaching and learning technique from the in-service.

Most of the nurses also agree that health education can become more active and have more good quality if the supervisor or the head nurse emphasizes the importance of patient education through formal or informal classes to the nurses. For example is continuous nursing education (CNE). Moreover, the supervisor or the head nurse giving the review regarding the teaching technique for every nurse. However, according to Seyedin et al. (2015), in most researches, the role of senior manager and their participation in patient education has been neglected. The nurses believe that getting evaluation can make them acknowledge and recognize their teaching ability and help them to increase their knowledge and skill.

5.2 Factors Influencing the Practice of Patient Education among Nurses

Most of the nurses believe that there are two categories of factors which are those related to the nurses themselves and those related to their working environment. They believe that those reasons are the main causes that lead to the weakening of their educational performance. The factors that related to the nurses that considered in this study was time spent with the patient regarding the patient education, nursing activity itself, responsibility of identifying the patient's needs, limited knowledge of the nurses, identifying the barriers to patient education and lastly identifying the facilitator for patient teaching.

This study shows that the number of nurses that chose to do informal teaching is approximately six times higher than the number of nurses that chose to do the formal teaching. This is because informal teaching is easier and casual for the nurses as they do not have to free their time for an appointment for the patient education instead of the nurses can provide the patient education while they give treatment or routine procedure to the patient at their bedside. Similar factors stated in other studies that informal, fast delivery instructions are common methods for nurses to educate patients, emerging as a mean to deliver critical information to patients in a timely and cost-effective manner (Dunn & Milheim, 2017). Meanwhile, formal teaching needs to be a more serious and detail explanation regarding the patients' disease. As stated by Sayin and Aksoy (2012), patient preferred the information to be printed and use simple word to explain because medical jargon made it hard to understand the information content. Most of the patient suggested that providing both oral presentation and written information to enhance patient understanding (Horstman et al, 2017).

The study result indicates that the majority of the nurses' perception that having a lot of nursing care and treatments causing the nurses to abandon their task to provide the patient education. Meanwhile, the minority of the nurses which are three participants have chosen assessment as their one of the main reasons why they could not provide the patient education to their patients. The previous study done by Khuan and Juni (2017) revealed that the nurses think that health education is the least significant of their responsibility due to busy nursing task such as pass over the report, serving medication and other nursing care are way more important and they have to give more attention to the patient which needs the treatments and their nursing care more compared to the patient education as most of the patients have their own understanding towards their disease.

The other factors that influenced the patient education practice is the limited knowledge of the nurses. When the nurses lack knowledge regarding patient education, the majority which is 142 participants have chosen that they will gain the knowledge to do the teaching. This result is supported by Oyetunde and Akinmeye (2015), knowledge of patient education and its practice are associated. This may be because by gaining new knowledge, their understanding regarding the topic will increase and also can broaden their outlook and give a new point of view thus increase their self-confidence level. Therefore, they could help more patients in understanding the topic.

6.0 Conclusion and Recommendation

In conclusion, this study has revealed that lack of time, inadequate staffing and lack of staff nurse's knowledge were the important factors that influenced the practice of patient education. Findings from this study revealed that most of the nurses perceived patient education as a high priority in nursing care and it was nursing responsibility to provide patient education. In addition, nurses' working experience determined the priority staff nurses placed on patient education while working area did not determine the staff nurse's priority for patient education; the educational qualifications of nurses influenced the perception of patient education among nurses.

Nurses should be actively involved in established an effective patient education, as they acknowledge the important of patient education. Nurse Manager should encourage their nurses to practice patient education by revising the nurses' busy schedule, arranging the staff on duty and allow the nurses to upgrade their knowledge. A future study is suggested to explore the nurses and patients experienced of the patient education conducted in various public hospital in Malaysia. Further study on the relationship between the nurse education level and their practice of nursing care also could be investigated.

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Paper Contribution to Related Field of Study

The result of this study perhaps could be used to enhance the patient education practice among nurses and give the better view to develop a structure patient teaching.

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