

Natural Science and Discovery 2015; 1(2): 42-44

Review Article DOI: 10.20863/nsd.41250

Nurses' and Patients' Perception of Educational Needs of Patients: A Review of Educational Needs

Mitra Mousavi Shabestari¹, Akram Movasegi¹, Elham Poorshahbazi¹, Razieh Parizad*¹

Abstract

Training patients has many benefits, including reduce the incidence of diseases complications, improve their life quality, satisfaction, reduce the therapy costs and decrease the extent of patients' revisits. This research aims to compare the importance of educational needs from nurses' and patients' perspective.

In this review, the literature available on Mag Iran, Google Scholar, Science Direct, and PubMed were collected, and after reviewing, the relevant literature was studied.

Literature finding indicates to that patients and nurses perception of educational needs at a significant level. According to the research results, patients' need training; such education is recommended to be based on patients' educational needs. Increasing patients' information can better take care of them and this also improves nursing cares. Training patients prevents complications and reduces costs.

Keywords: Educational needs, Nurse, Patient.

Introduction

Helping people to control and improve their health indicates the importance of health. From such perspective, as an important center for improving people's health, hospitals should raise the quality of training programs and self-care techniques for patients and their families. Training patients is an important dimension of nursing cares and a key role of nurses in providing health and therapy services. According to patient's rights charter, patients have a right of receiving the accurate information on the diagnosis of disease, type of therapy, and the disease prognosis from caregivers (1). There are a number of factors indicating the importance of training, including preventing from diseases, improvement, reducing pains, adapting with chronic diseases and disabilities, shortened hospitalization, reduced recurrence, improved life quality, being insured of continued lowered patients' anxiety, decreased complications, increased participation in care programs, higher independence in doing daily activities (2). On the other hand, training patients have many economic benefits. The USA spends \$69 to \$100 million on therapeutic problems resulting from failing to train patients (1). According to studies, patients received the required information in form of training services are considerably more satisfied of the provided cares (3). Note, also, that as nurses spend more time with patients and have a closer relationship with them, a major part of training should be delivered by them, because training patients is of care preferences and standards (4). The theory of training patients, and as fewer studies available on patients and nurses.

Studying both groups may reveal the existing discrepancies and help nurses provide higher quality cares by recognizing the view of patients.

In this review, the data were collected and reviewed from Mag Iran, Google Scholar, Science Direct, and PubMed

Findings

The nursing profession is to communicate with the patent as part of health care interventions (5).

Results of the Marandi and et al showed that there were significant differences between nurses and patient's perspective about importance and performance of patient education services and score of nurses were more than of patients about importance and performance of patient education. From point of view of nurses, patient education by nurses with high information were the most important and patient education according to its educational needs were the most performant but from point of view of patients, patient education by nurses with high scientific data were the most important and correct communication during patient education were the most performant(6).

In Mohammadi and Dadkhah study's the majority of nurses believe in the importance of patient education and patient education necessary to understand, but their attitude toward teaching was not desired by the patient (7). The results of Rafeie and et al. showed that patients with drug information and nurses as the most important risk factors titles have graded learning about the importance of diet information were agreed.

The greater emphasis on the importance of nurses' learning needs and differences in grading the importance of the needs of patients, there were two views, the possibility of not paying attention to the learning needs of patients raises (8).

Importance of patient education for nurses is that it should provide the necessary information to them (9).

The study of Mardani and et al showed that despite the training more nurses to patient, but the patient runs less education and lower average score patients from nurses on the implementation of patient education (6).

Perhaps this finding could justify such that the shorter length of stay in hospital in the past had little time to train nursing and the length of stay was longer in patients lacking the physical and mental ability to focus on the content of training (10). This is based on the patient's perspective to run low Patient education is ineffective.

The results of De La porte PW study's showed that in this regard indicated that a major role for nurses in patients education are not paid and do not have high motivation to do so (11).

Mardanian in their study came to the conclusion that the authorities' responsible role of nurses in hospitals do not encourage and support training (12).

In a research to assess the patient's education barriers perspective of nurses; 120 nurses were selected randomly and one of the main obstacles in this regard, as was the lack of management support nursing services of trainers (13).

The results of another study in Iran showed that nurse's lack of awareness and lack of scientific information has been the most significant obstacle to patient education (7).

Lupon and et al said in their study that important scientific information for nurses on patient education on arrival at the hospital where the patients are under stress, and factors such as stress, illness or lack of sleep can reduce their ability to learn. So nurses can better scientific information to patients to achieve successes in education (14).

Azizi nejhad and et al in their study concluded that the most important barriers are follows: Lack of proportionality between the number of patients and number of nurses, time pressure and excessive workload, lack of attention and adequate support from the managers (15) that agreed with Heshmati and Borhani study's (16, 17) but not agreed with Heshmati, Dehghani and Funnell study's (18, 19, 20).

According to the namdari study's the barriers to patient education, lack of information, skills and training is sufficient interest (21). Based on these findings, we can say that the most important barriers to patient education related to the organizational barriers and inadequate implementation of the patient education program that Maazaheri in their study

reached similar conclusions in this regard that the lack of cooperation and coordination of health care in patient education, nursing staff and lack of time to learn the functions of the major obstacles to patient education stated (22). Barker and et al have suggested better patient education in the process of stablishing a correct relation between the nurses and with proper communication can be in the form of practical information transmitted disease (23).

Discussion

Training is a dynamic matter in nursing and specifying the educational needs is the first stage in planning for education. Thus, nurses have to determine patients' educational needs. Nurses, generally, have to individually assess patients as a caregiving objective so that they can train patients regarding their needs (24). Also Wehby and et al. study's showed that the highest educational needs among nurses and patients were puts in the subsystem of drug information (25). Some studies that patients did not have revealed enough information about drugs and 8 to 10 drugs were usually prescribed for most of them (26).

Conclusion

According to research's findings, patients need training. The training is recommended to be based on patients' educational needs. Increased information and awareness among patients helps them better improve their health and also raise the quality of nursing cares and prevents side effects. Training, on the other hand, encourages nursing training programmers to put their emphasis on the importance of assessing patients' educational needs by nurses and satisfy educational needs among patients.

Ethical issues: Written informed consents were obtained from the patients for publication of this study. The study has been approved by the local ethics committee.

Conflict of interests: We declare that we have no conflict of interests.

References

- Taylor C, Lillis C, LeMone P, et al. Fundamentals of nursing: the art and science of nursing care. 6th ed. Philadelphia: Lippincott Williams & Wilkins. 2008; 101-107.
- Deyirmenjian M, Karan N, Salameh P. Preoperative patient education for open-heart patients: a source of anxiety? Patient Edu Couns. 2006; 62(1): 111-7.
- Barker R, Kober A, Hoerauf K, et al. Out-of-hospital auricular acupressure in elder patients with hip fracture: a randomized double-blinded trial. Acad Emerg Med. 2006; 13(1): 19-23.
- Mardanian L. Assessing the nurse's perception about patient training in Isfahan University of Medical Sciences. Isfahan Univ Med Sci J. 2007; 17(25): 18-40. (Persian)
- Glanz K, Rimer BK. Theory at a glance: a guide for health promotion. New York: United State National Cancer Instit; 2008: 43.

- Mardani Hamuleh M, Shahraki Vahed A, Roozitalab M. Compare the importance and performance of patient education services in the view point of nurses and patients. The National Congress of Nursing and Midwifery. 2005, MONTH. Social Security Organ, Tehran: Iran. (Persian)
- 7. Mohammadi M, Dadkhah B. Nurse's attitude toward patient training. Isfahan Univ Med Sci J 2005; 23: 61-3. (Persian)
- Rafii F and et al. The importance of learning needs of CHF patients from patients, and nurses perspective. Iran journal of nursing (LIN) 2009;22 (57):19-30.
- Nicolaides-Bouman A,Van Rossum E, Habets H, et al. Home visiting programme for older people with health problems: process evaluation. J Adv Nurs 2007; 58(5): 425-35.
- Clark JC, Lan VM. Heart failure patient learning needs after hospital discharge. Appl Nurs Res 2004; 17(3): 150-7.
- De la Porte PW, Lok DJ, Van Veldhuisen DJ, et al. Added value of a physician-and-nurse-directed heart failure clinic: results from the Deventer-Alkmaar heart failure study. Heart 2007; 93(7): 819-25.
- Mardanian L. Assessing the nurses perception about patient training in Isfahan University of Medical Sciences. Isfahan Univ Med Sci J 2007; 17(25): 18-40. (Persian)
- Mardani Hamuleh M. Patient education barriers in the view of nurses. The National Congress of Nursing and Midwifery.MONTH. Social Security Organ, Tehran: Iran.2005. (Persian)
- Lupon J, Gonzalez B, Mas D, et al. Patients self-care improvement with nurse education intervention in Spain assessed by the European heart failure self-care behavior scale. Eur J Cardiovas Nurs 2008; 7(1): 16-20.
- Aziz nejad P, Zabihi A, Hosseini M, Baghani A. Barriers to patient education by nurses and nursing managers .University of Medical Sciences. Journal of Babol University of Medical Sciences. 2011; 12 (1): 60-64. (Persian)
- Abbasi M, Nouruzi M, Mehran N. Patient training barriers in the view of nurses and presenting the facilitator factors in medical affiliated Qom hospitals. Hosp J 2008; 7(3): 13-6. (Persian)

- 17. Borhani F. Nurses and nurse mangers opinions about the importance of patients training barriers. J Qazvin Univ Med Sci Health Serv 2002; 20: 84-90. (Persian)
- Heshmati Nabavi F, Vanaki Z. Nurses opinios and ranking of patients training training barriers. Quarterly journal of Kerman Faculty of Nursing and Midwifery 2006; 1(2): 47-52. (Persian)
- Dehghani H, Dehghani Kh. The physicians and nurses opinions about the obstacles to educating the patients. J Shahid Sadoughi Univ Med Sci Health Serv 1997; 3(5):54-60. (Persian)
- Funnell MM, Donnelly MB, Anderson RM, Johnson PD, Oh MS. Perceived effectiveness cost and availability of patient education, method and materials. Diabetes Educ 1992; 18(2):139-45.
- Namdari P. Clinical nurses opinions about patients training barriers in Khorramabad Medical Science University of hospitals. Iranian J Educ Med 2002; 7: 114-15. (Persian)
- Mazaheri E, Mohammadi R. Health personnels opinions of Ardebil University of medical sciences about the aged patient trining barriers. Dena, Q J Yasouj Fac Nurs Midwifery 2006; 1(1):75-82.(Persian)
- Barker R, Kober A, Hoerauf K, et al. Out- of- hospital auricular acupressure in elder patients with hip fracture: a randomized double- blinded trial. Acad EMERG Med 2006; 13(1): 19- 23.
- Mousavi M, Parizad R. Stressors in Patients Undergoing Cardiac Surgery and Attitudes of Nurses and Patients. Crescent Journal of Medical and Biological Sciences. 2014; 1(1); 1-3.
- 25. Wehby D, Brenner PS. Perceived leaning needs of patient with heart failure. Heart Lung. 1999; 8(1): 31-40.
- Artinian NT, Magnan M, Christian W, Lange P. What do patients know about their heart failure? Applied Nursing Research. 2002; 15(4): 200-208.

Copyright © 2014 The Author(s); This is an open-access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. All Rights reserved by international journal of Natural Science and Discovery and Lycians Press Inc.