

Factors Influencing Practice of Patient Education among Nurses

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Abstract

The main purpose of this study was, to assess the factors influencing practice of patient education among nurse Sir Ganga Ram hospital Lahore. The patient teaching is considered an important aspect of quality healthcare among nursing care. Patient education is necessary for the patients as it improves the patients' satisfaction and decrease the level of anxiety and short their stay in hospital. The significance of this study was minimizing the factors and enhances the nurse's attention toward educating the patient regarding disease which improve patient health and reduce the stay of patients in hospital. A cross section study design was used to explore factors influencing the practice of patient education among nurses Sir Ganga Ram hospital Lahore. Random sampling techniques were used in selecting 171 nurses at Sir Ganga Ram hospital. Questionnaire is Adapted from prior studies [1]. Questionnaire consist on three part, one part is the demographic and second part is knowledge and practice of patient education and 3rd part is factors influencing practice of patient education. The data was analyzed using SPSS version 16. the main finding of this study according to chi square knowledge and practice of patient of education and workload, work experience, culture barrier, lack of time, insufficient staff, are the key factors that influencing practice of patient education among nurses.

Keywords: disease, work experience, culture barrier, lack of time.

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INTRODUCTION

The changing trend in disease nature, increasing the number of chronic diseases and in the cost of disease, it is necessary to be educated the patients regarding health in the hospital sittings. The health education to the patient is increasing in healthcare environment [2]. The patient teaching is considered an important aspect of quality healthcare among nursing care [3]. Patient education is necessary for the patients as it improves the patients' satisfaction and decrease the level of anxiety and short their stay in hospital [4]. History shows that the nurses have helped the patients with their full responsibility. Florence nightingale considered the patient education as a part of the nursing profession as mentioned it in her treatises on nursing in 1885. A good quality nursing care is a care based on a standard patient and family education [4].

Nursing education is an important part of daily practice in hospital sitting and is considered a specific responsibility of the nurses. Nurses who think that this is their major responsibility to aware and teach the patient about their health, often also perform well in delivering the quality of health education [5].

Patient education is not considered as a daily base responsibility of nurses, but is based on other work demand [6]. Patient education is yet a difficult job, as it require the answer that how to teach the patients, because if a nurse is keen about the health education to the patient, but it is not expected to deliver the education correctly [7]. Knowledge and practice as well are necessary to teach a client, and for this purpose more education, skills and training is compulsory and beneficial. Most of the nurses are confident in giving patient education, however that the prominent hurdle in patient education is the lack of confidence and lack of training among nurses [8]. Confidence among the nurses in patient education can be built by having sufficient knowledge about that particular aspect [9]. The patient education depends upon the nurses' experience and their professional training 19%. The positive attitude of nurses towards patients' education increases as by the service length of the nurses [9].

Variety of factors that influencing patient education among nurses such as workload, shortage of nurses, work place culture, culture barrier, but the lack of time is considered to be one of the key factors

contributing in the hurdles of patient education. An adequate time is required to make a trustful relationship among nurses and patient. Patient and family education is ranked 5th most time consuming activity among eight activities performed by nurses in hospital sitting. The nurses who perform their duties in outdoor have more time for clients' education as compared to the nurses performing their duties in different wards [8]. A good education to the patients requires knowledge, appropriate resources and sufficient time. It is also necessary to have a proper sitting for patient education and to keep the session of teaching in a calm and silent environment.

Administration support is also having a key role in quality patient education among nurses [10]. A study revealed that sixty nine percent of the nurses were agreed that patient education was emphasized by their nursing managers and supervisors. The workload among nurses is a significant obstacle to patient education [11]. Other factors include shortage of nursing staff and inappropriate organizational support [12]. The use of teaching materials also have significant influence on the quality of patient education, and when the shortage of these materials and resources occur, ultimately frustration creates among nurses [11]. It is necessary for the nurses to be educated and in this regard the organization plays a key role to give the required facilities to the nurses. Organizational development is also important to have quality patient education [11].

It is observed that most of the patients don't know about their disease process, hospital management and the nurses' role. Therefore a clear understanding is necessary to keep them aware about all these things. Patients' education results satisfaction among the patients and it also promotes healthy lifestyle and self-care skills. To reduce the patient stay in the hospital sitting and also reduce the payment is a key nursing concern. Discovering that factors influencing the practice of patient education is an effort to solve this [12].

Objective of the Study

The purpose of the study is to assess factors that influencing practice of patient education among nurses in Sir Ganga Ram Hospital Lahore.

Research Question

- Are nurses knowledgeable about the practice of patient education?
- Do nurses practice patient education?
- What factors could influence the practice of patient education?

Significance of the Study

The significant of the study is that it will help nurses to know the various factors that influence on patient education and enable them to reduce those

factors. The nurses will educate the patients regarding their diseases which improve patient health and reduce the stay of patients in hospital. Hospital management will able to take productive steps to eliminate those factors that influence in the practice of patient education.

LITERATURE REVIEW

Patient teaching is an active factor of nursing care throughout patient hospitalization. It is nurses' responsibility to inform patient and their family about the disease process and motivate them to contribute in their care to improve the quality of life [13]. The nursing staff should provide sufficient patient education training, which will help them to gain knowledge and skills. Due to patient education the patient will recover as soon as possible, because patient will be aware about his medicine, diet, and symptoms of disease. It is the responsibilities of nurses to give instruction to patient and his family to take care of the patient regarding his problem [13].

Patient education can give satisfaction to patient and decrease the level of anxiety and short their stay in the hospital and with the help of education patient will know about his disease and the patient will know that the treatment which is giving to him is important for him [4]. Patient have right to give information about his diagnosis, treatment and prediction [4], If the patient has incomplete awareness of their disease then it will reduction the level of interest in treatment process in the result of low satisfaction about his condition it prolong the length of stay in hospital . There are numerous study shows that nurses do not do their patient educational role satisfactory and reject the significance of patient education [14]. Some study shows that nurses don't provide proper education to patient but only inform the patient about his diagnosis and do not give priority to patient education [14].

Nurses Knowledge and practices are consider important for patient education [9] if nurses feel competent in their teaching role they can Improve the health of patient but the lack of knowledge and practices and confidence are contributing factors that influence the patient education [15]. If nurses have good knowledge and practices to treat the illness, through good knowledge and practices towards the patient education can improve the health of patient [15].

The nurses with increase knowledge and skills can give better education to patient. According to [16] the nurses with huge theoretical knowledge are more confident in patient teaching. The nurses with good teaching practices and with good supervision of expert teachers, can enable that nurses to provide better education and better care to the patients [16]. Moreover giving authority to that nurses and providing continuing education to them and also provide them educational

programs and virtual education courses on various diseases and patients' needs, can improve patient education [16].

Factors impact the practice of patient teaching among nurses are a lot, in which the most common factors that influencing the patient education among nurses are; lack of time, workload, culture barrier, and insufficient nursing staff. Lack of time occurs due to the increase number of patients with short number of nurses. Adequate time are require to create a trustful relation between nurse and patient was documentation the patient [17]. Patient and their family education were considered the fifth most time consuming activity among nurses. For the good quality of patient education there should be suitable resources of time, services and apparatus. It is important to allocate the residence for education and being left alone the patients and nurses without interruptions for effective patient education [15].

Workload is a factor that influencing patient education among nurses. Workload arises due to large number of patients' hospitalization. Due to this nurse did not give education every patient. Every patient needs special care such as ventilation, injection, prescribing medicines in many hospitals there are so many patients comes to ICU and due to patients burden the nurses do not gave education to patients. It has been identified two factors which are the main barriers to patient education these factors are insufficient time, shortages of nursing staffs. Due to these factors nurses do not give education to the patient. Many investigators believe that workload in a hospital is an important source of social and mental pressure and stress for employees. The stressful factors are arise due poor lighting, unnecessary noise, a large number of

specialists and medical apparatus, high patient death, the lack of tangible outcomes of services provided by nurses, and the need for proper decision-making. Therefore, distinguishing, categorizing and prioritizing these threats in order to formulate and implement appropriate policies and involvements. By applying these interventions the nurses will be able to give proper care and better education to the patient [18].

METHODOLOGY

Cross-sectional study design was used to conduct this study. Sir Ganga Ram Hospital Lahore was the sector for conducting this study. Convenient Random sampling was used in which target population was 300 staff and head nurses. The sample size is 171 according to Solvin's formula for sample collection. The inclusion criteria was staff and head nurses working in Sir Ganga Ram Hospital Lahore and student nurses, doctors and Para-medical staff was excluded. Questionnaire consist on three part, one part is the demographic and second part is knowledge and practice of patient education and 3rd part is factors influencing practice of patient education. Questionnaire was Adapted from prior studies. Validity and reliability was checked by the creators [1]. Data was collected from staff and head nurses who were willing to participant. Ethical approval Informed consent was given to each participant and they were assured that all the data was kept confidential. There was no harm related to study. Data was analyzed through SPSS 16.0 version. Descriptive analysis was done, which included frequencies, percentages and graphical presentation.

RESULTS ANALYSIS

Table-1:

Statistics					
		Age	Gender	Qualification	Experience
N	Valid	171	171	171	171
	Missing	0	0	0	0
	Mean	2.71	1.95	1.6433	1.84
	Median	3.00	2.00	1.0000	2.00
	Mode	2	2	1.00	2
	Std. Deviation	.757	.262	.74059	.757
	Skewness	.545	-2.114	.682	.447
	Std. Error of Skewness	.186	.186	.186	.186
	Sum	463	334	281.00	314

The Table-1 show demographic data which is composed of four items Age, Gender, qualification and Experience.

Table-2: Summary of Reliability analysis

	Cronbach alpha
Knowledge and practice of patient education	.769
Factors influencing practice of patient education among nurses	.745

Table-2 show the cronbach alpha about knowledge and practice of patient education is .769 and

factors influencing practice of patient education among nurses is .745.

Table-3: Chi-square Analysis knowledge and practice of patient education and factors influencing practice of patient education

Variables Decision	N	Df	Ls	Crit X2 value	Calc X2 value
Knowledge and practice	171	8	15.51	72.195	Ho rejected
Factors influencing	171	29	41.34	73.471	Ho rejected

The above Table-3 shows that the calculated chi-square value knowledge and practice is 72.195, which is greater than the Critical chi-square value of 15.51, hence the null hypothesis which states that knowledge and practice have no significant influence on patient education is rejected. This implies that the knowledge and practice has a significant influence on patient education. Similarly another null hypothesis

which states that factor don't influence the patient education. In order to test this hypothesis the above table was developed. The table shows that the calculated chi square value (73.471) is greater than the critical value (41.34). Hence the null hypothesis is rejected and we can say that factors have an influence on the patient education.

Table-4:

Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21-25	81	47.4	47.4	47.4
	26-30	59	34.5	34.5	81.9
	above 30	31	18.1	18.1	100.0
	Total	171	100.0	100.0	

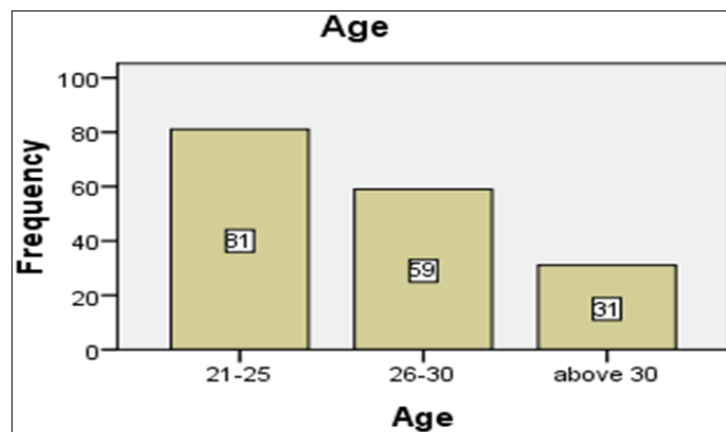


Fig-1:

Data was collected from the Staff Nurses of different Age. Total respondents were 171; table no 4 shows the respondents Age and their percentage. The total respondents were of different age mostly

participants were between 21, 25, 47.4 % frequency (81) 26, 30 34.5% (59), 18.1 % (31) above 30 and years of age, figure 1 also shows the frequency of participant.

Table-5:

Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	10	5.8	5.8	5.8
	female	159	93.0	93.0	98.8
	3	2	1.2	1.2	100.0
	Total	171	100.0	100.0	

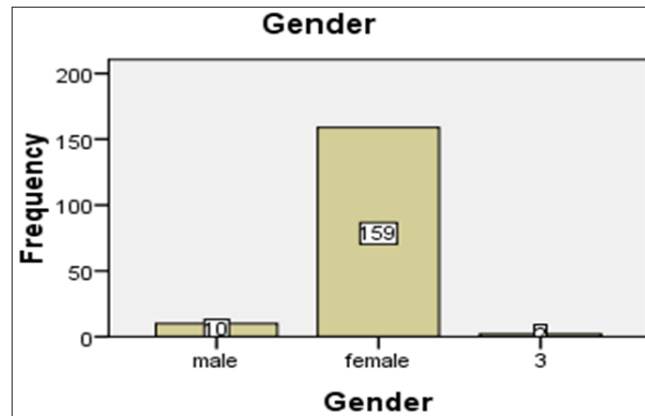


Fig-2:

Data was collected from both males and females table 5 shows the percentage of Male and Female. Mostly were, 93.0 % (159) females, male was

5.8 % (10) Figure-2 also shows the frequency of female and male.

Table-6:

Qualification					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	post -R	88	51.5	51.5	51.5
	Generic	56	32.7	32.7	84.2
	Other	27	15.8	15.8	100.0
	Total	171	100.0	100.0	

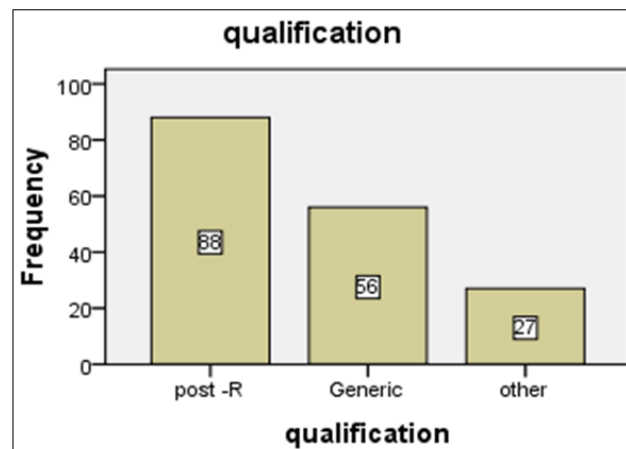


Fig-3:

Data was collected both male and females Table-6 show the percentage of male and females qualification. Mostly were females who qualification is

post_R 51.5 % (88) and Generic male is 32.7 (56). And other was 15.8 % (27) Figure-3 also show the frequency of participants.

Table-7:

Experience					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1_3	63	36.8	36.8	36.8
	4_6	75	43.9	43.9	80.7
	7_10	31	18.1	18.1	98.8
	4	2	1.2	1.2	100.0
	Total	171	100.0	100.0	

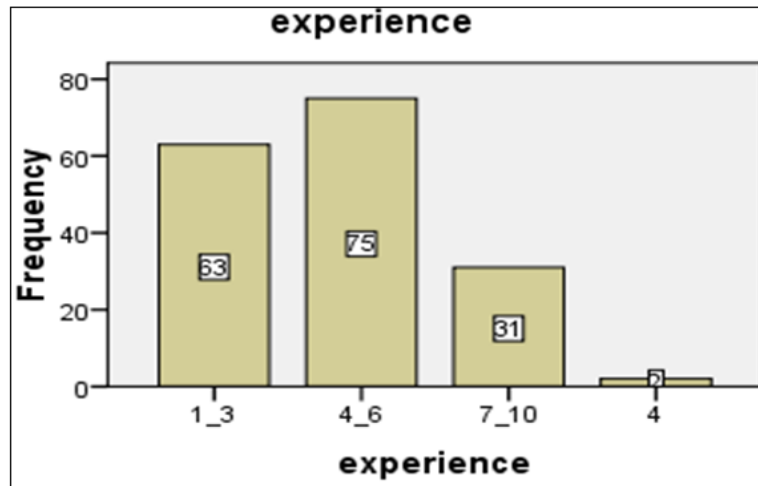


Fig-4:

Table-7 shows the experience of the participants in their hospital. On the basis of their experience the participants shared their information about their working experience. 1-3 year 36.8% (63) 4-

6 years 43.9% (75) 7-10 years 18.1% (31). And Figure-4 also shows the frequency of participants regarding their experience.

Table-8:

Teaching is a primary role of nurses					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	157	91.8	91.8	91.8
	No	14	8.2	8.2	100.0
	Total	171	100.0	100.0	

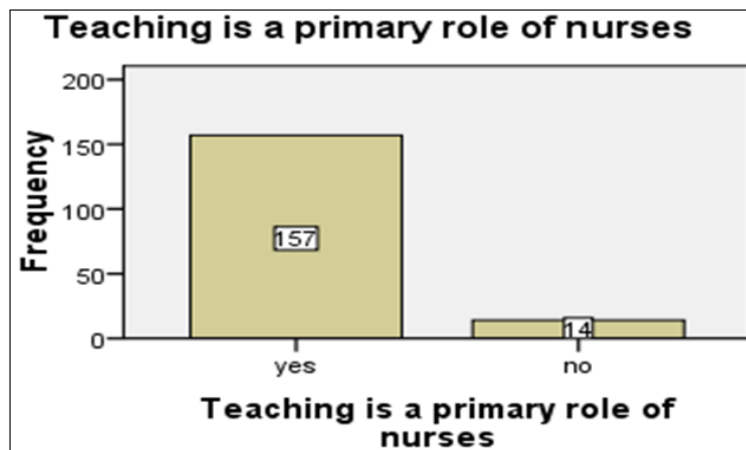


Fig-5:

Table-8 show that the response of the participant 91.8% (157) Yes and 8.2%(14) No.Figure-5

show also show the frequency of the participant regarding the question.

Table-9:

Nurses are highly responsible for patient teaching					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	141	82.5	82.5	82.5
	No	30	17.5	17.5	100.0
	Total	171	100.0	100.0	

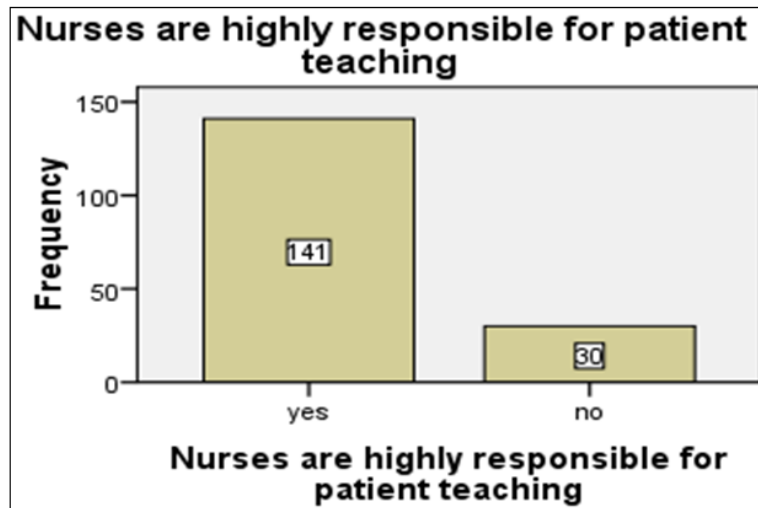


Fig-6:

Table-9 show the percentage and frequency of the participant response regarding the question.82.2%

(141) response is yes and 17.5% (30) response is No .Figure no 6 also show respondent frequency.

Table-10:

Nurses are the only health professionals responsible for patient teaching					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	119	69.6	69.6	69.6
	No	52	30.4	30.4	100.0
	Total	171	100.0	100.0	

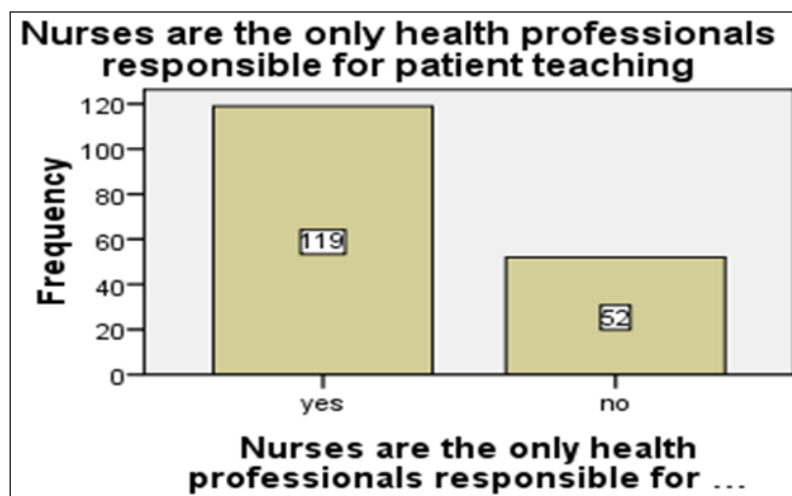


Fig-7:

Table-10 shows the percentage and frequency of respondent regarding the question. It shows 69.9%

(119) Yes and 30.4 % (52) No. Figure-7 also show the frequency of response of the participant.

Table-11:

Patient education should not be limited to patients but involve significant others					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	119	69.6	69.6	69.6
	No	52	30.4	30.4	100.0
	Total	171	100.0	100.0	

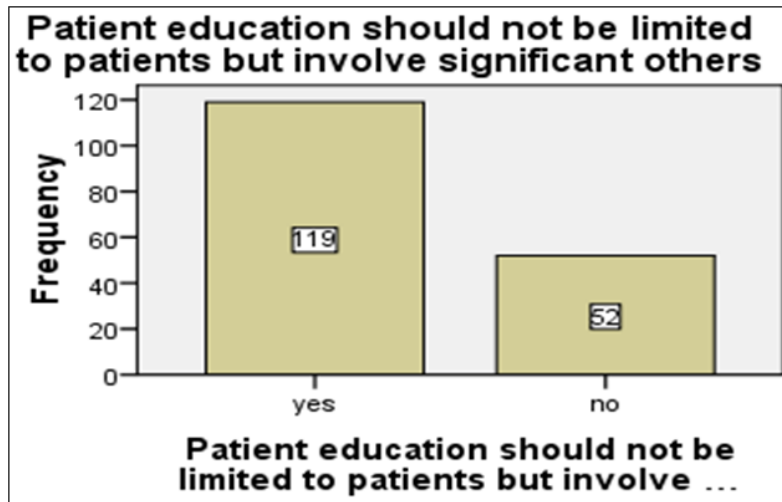


Fig-8:

Table-11 show the percentage and frequency of participants regarding question, 69.9% (119) Yes and

30.4% (52) no. Figure-8 also shows frequency of response participant.

Table-12:

Patient education should be individualized					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	128	74.9	74.9	74.9
	No	40	23.4	23.4	98.2
	3	3	1.8	1.8	100.0
	Total	171	100.0	100.0	

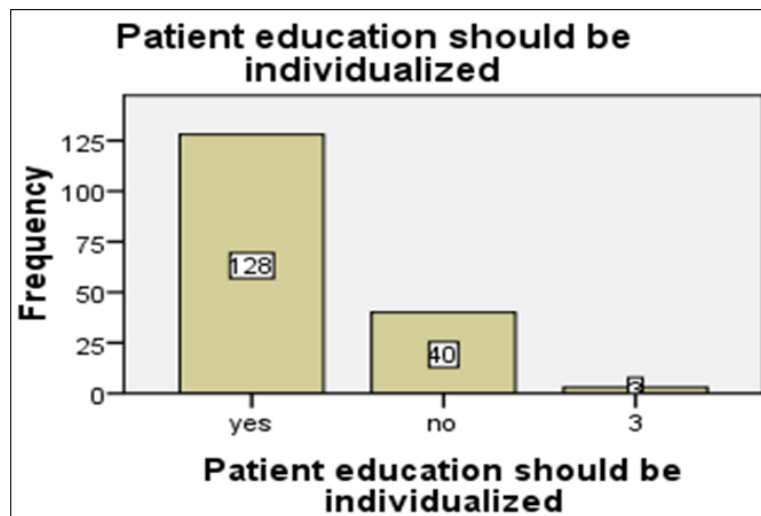


Fig-9:

Table-12 shows the percentage and frequency of participants regarding the question 74.9% (128) Yes

and 23.4% (40) No. Figure-9 also shows frequency of response of participant.

Table-13:

Educating patients should be included in the patients' plan of care					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	103	60.2	60.2	60.2
	No	65	38.0	38.0	98.2
	3	3	1.8	1.8	100.0
	Total	171	100.0	100.0	

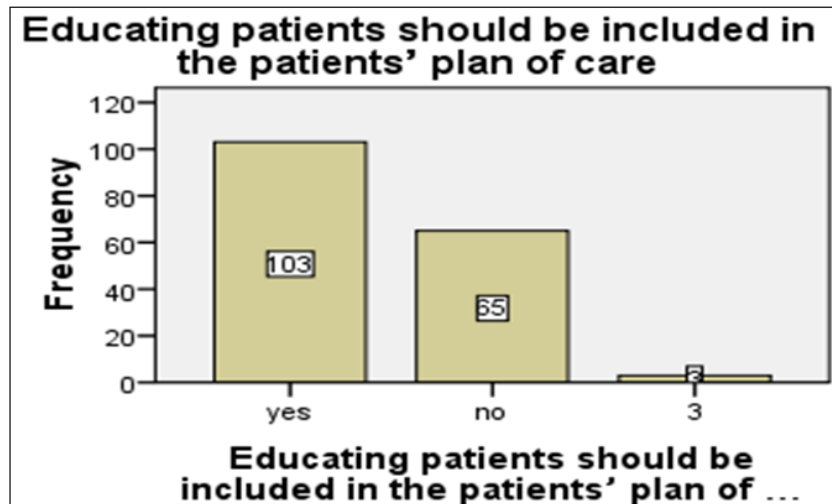


Fig-10:

Table-13 shows the percentage and frequency participant regarding the question.60.2% (103) Yes and

38.0 % (65) No and Figure-10 also show frequency of participants.

Table-14:

It is the nurses' responsibility to provide reliable discharge information					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	116	67.8	67.8	67.8
	No	52	30.4	30.4	98.2
	3	3	1.8	1.8	100.0
	Total	171	100.0	100.0	

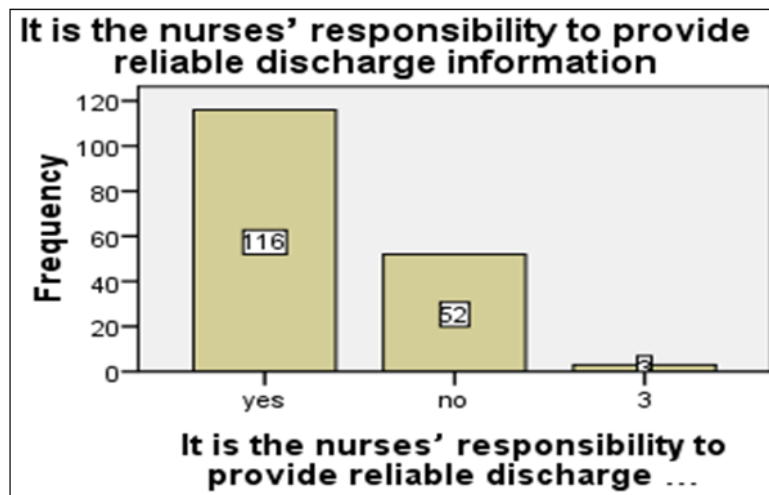


Fig-11:

Table-14 shows the percentage and frequency participant regarding the question.67.8 % (116) Yes and

30.4 (52) No. The following Figure-11 also shows response in frequency.

Table-15:

Patients should be informed about their health care options					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	102	59.6	59.6	59.6
	No	69	40.4	40.4	100.0
	Total	171	100.0	100.0	

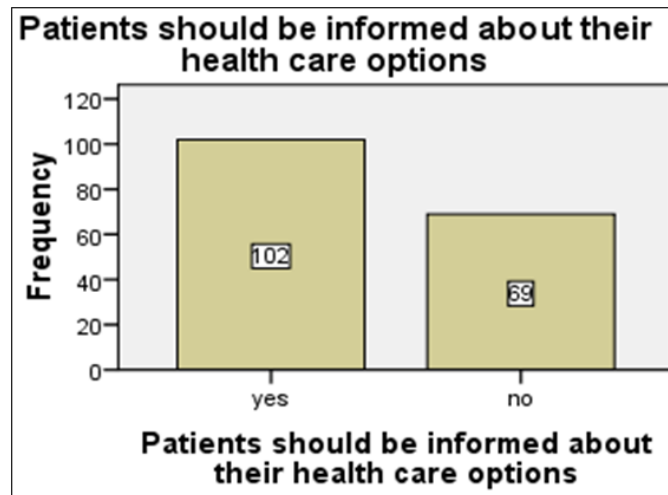


Fig-12:

Table-15 shows the percentage and frequency participant regarding the question. 59.9% (102) Yes and

40.4% (69) No. Figure-12 also show the response of study participant in frequency.

Table-16:

It is necessary to document after patient teaching					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	129	75.4	76.3	76.3
	No	40	23.4	23.7	100.0
	Total	169	98.8	100.0	
Missing	System	2	1.2		
Total		171	100.0		

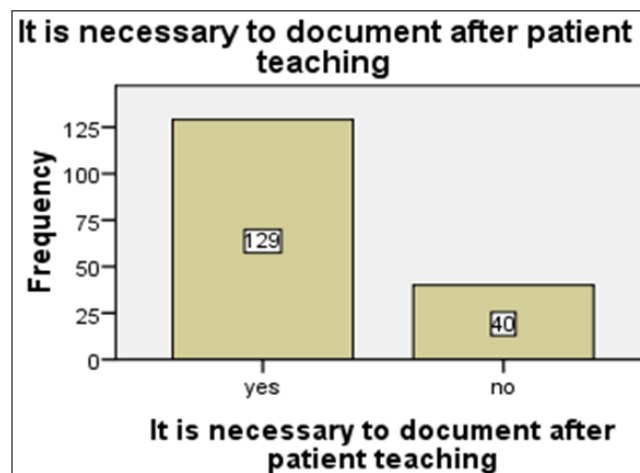


Fig-13:

Table-16 shows the percentage and frequency participant regarding the question. 75.4 % (129) Yes and

23.7 % (40) No. Figure-13 also shows response in frequency.

Table-17:

Do you educate your patients?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	109	63.2	64.3	64.3
	No	60	35.1	35.7	100.0
	Total	168	98.2	100.0	
Missing	System	3	1.8		
Total		171	100.0		

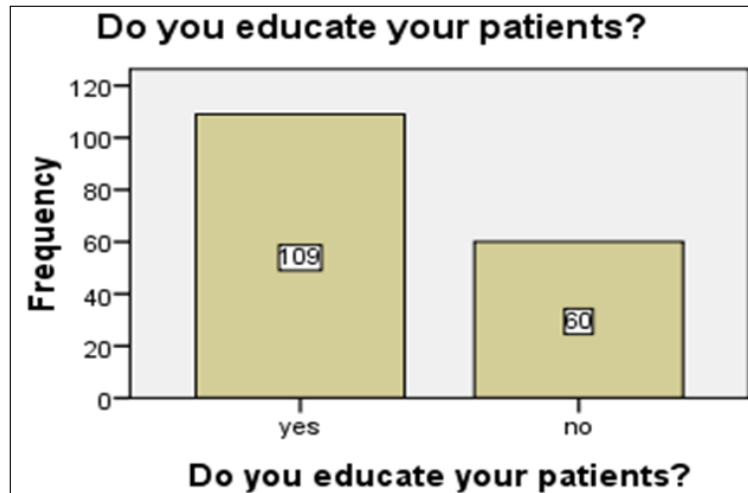


Fig-14:

Table-17 shows the percentage and frequency participant regarding the question.63.2 %(109) Yes and

35.1% (60) No. Figure-14 also shows the response in frequency.

Table-18:

Do you assess the patient for learning needs?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	85	49.7	49.7	49.7
	No	86	50.3	50.3	100.0
	Total	171	100.0	100.0	

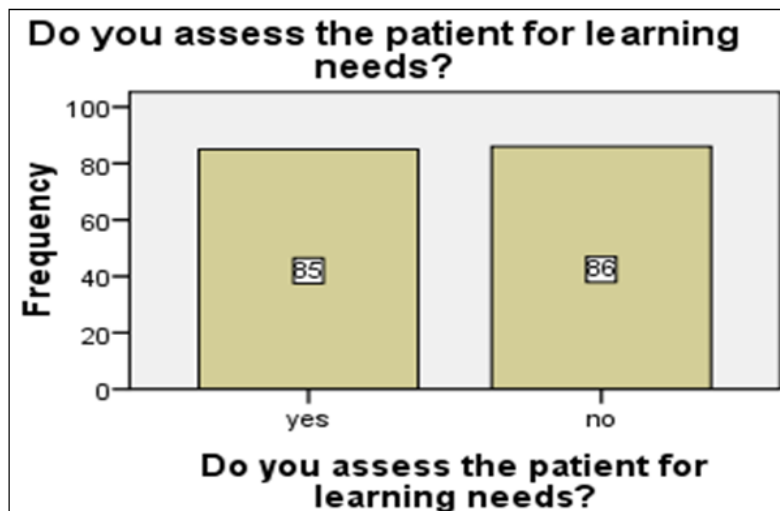


Fig-15:

Table-18 shows the percentage and frequency participant regarding the question .49.7% (85) Yes and

No 50.3 %(86) and Figure-15 also shows response in frequency.

Table-19:

Is patient teaching done after identifying a learning need in patient?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	92	53.8	53.8	53.8
	No	79	46.2	46.2	100.0
	Total	171	100.0	100.0	

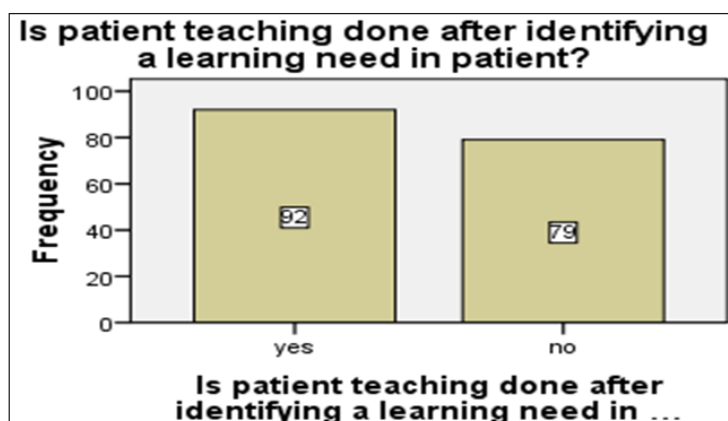


Fig-16:

Table-19 shows the percentage and frequency participant regarding the question .53.8% (92) Yes and 46.2% (79) No and Figure-16 also shows response in frequency.

Table-20:

Does your patient education include significant others?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	107	62.6	63.3	63.3
	No	62	36.3	36.7	100.0
	Total	169	98.8	100.0	
Missing	System	2	1.2		
Total		171	100.0		

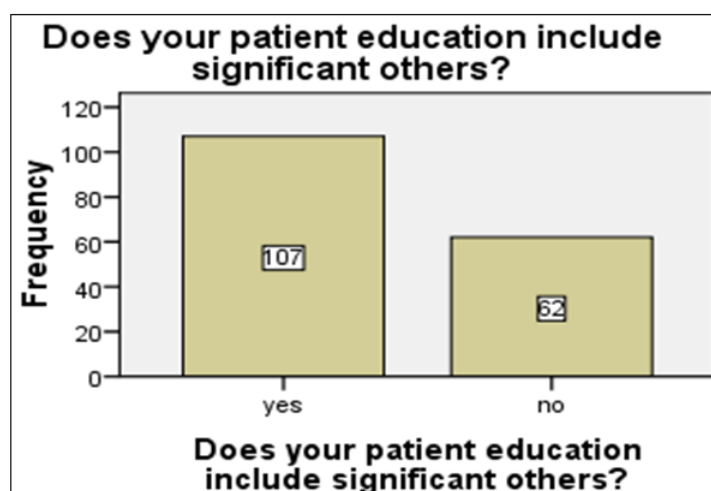


Fig-17:

Table-20 shows the percentage and frequency participant regarding the question .62.6 % (107) Yes and 36.3% (62) No and Figure-17 also shows response in frequency.

Table-21:

Do you document after a teaching session					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	129	75.4	75.4	75.4
	No	42	24.6	24.6	100.0
	Total	171	100.0	100.0	

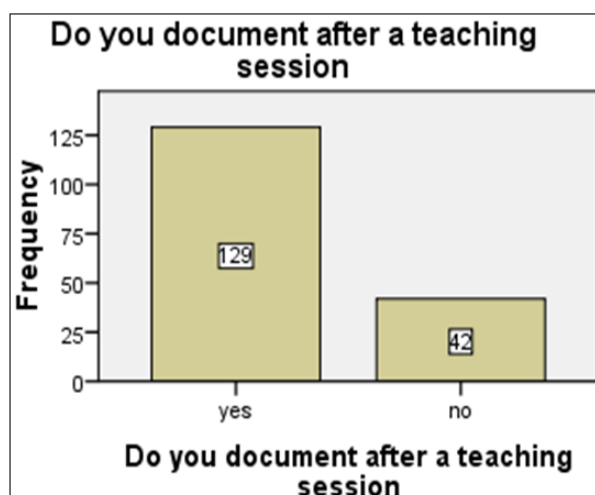


Fig-18:

Table-21 shows the percentage and frequency participant regarding the question .75.4 % (129)Yes and

24.6 % (42) No and Figure-18 also shows response in frequency.

Table-22:

The educative role of professional nurses is ambiguous					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	55	32.2	32.2	32.2
	Disagree	28	16.4	16.4	48.5
	Neutral	53	31.0	31.0	79.5
	Agree	19	11.1	11.1	90.6
	Strongly Agree	16	9.4	9.4	100.0
	Total	171	100.0	100.0	

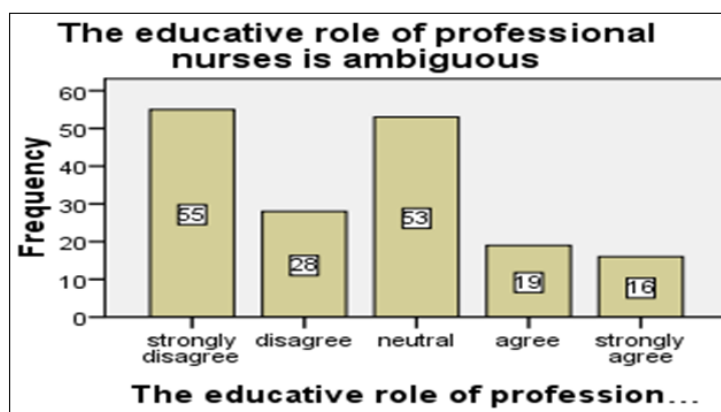


Fig-19:

Table-22 the percentage and frequency participant regarding the question. It shows 32.2 % (55) strongly Disagree, 16.4 % (28) Disagree, 31.0% (53)

Neutral, 11.1% (53) Agree 11.1% (19) and 9.4 % (16) strongly Agree. Figure-19 also shows the response of study participants in frequency.

Table-23:

Patient education is a time consuming activity					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	32	18.7	18.7	18.7
	Disagree	41	24.0	24.0	42.7
	Neutral	35	20.5	20.5	63.2
	Agree	43	25.1	25.1	88.3
	Strongly Agree	20	11.7	11.7	100.0
	Total	171	100.0	100.0	

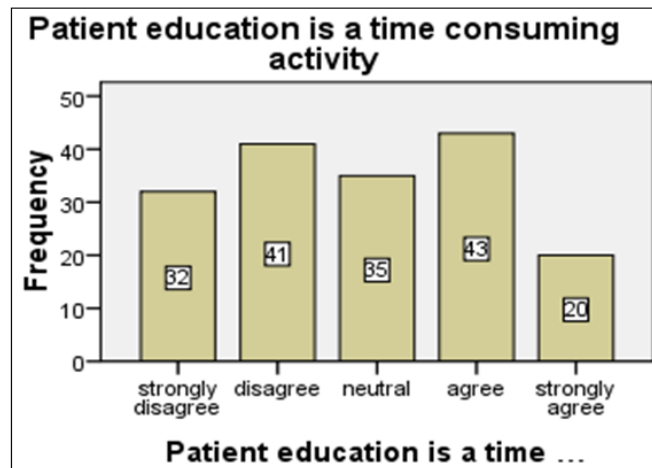


Fig-20:

Table-23 show the percentage and frequency participant regarding the question. It shows 18.7 % (32) strongly Disagree, 24.0 % (41) Disagree, 20.5 % (35)

Neutral, 25.1 % (43) Agree and 11.7% (20) strongly Agree. Figure-20 also shows the response of study participants in frequency.

Table-24:

It is very difficult to identify patients learning needs					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	25	14.6	14.6	14.6
	Disagree	40	23.4	23.4	38.0
	Neutral	41	24.0	24.0	62.0
	Agree	43	25.1	25.1	87.1
	Strongly Agree	22	12.9	12.9	100.0
	Total	171	100.0	100.0	

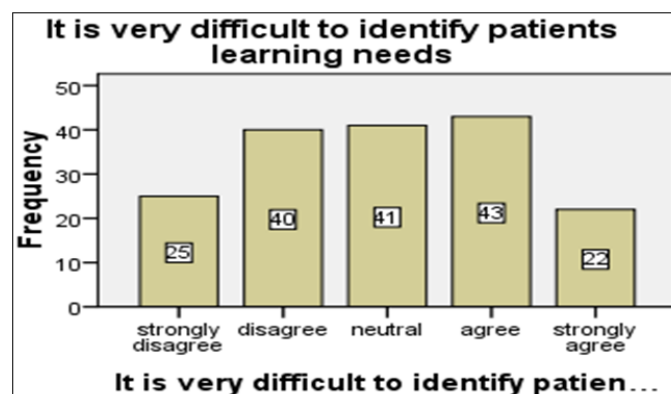


Fig-21:

Table-24 show the percentage and frequency participant regarding the question. It shows 14.6 % (25) strongly Disagree, 23.4 % (40) Disagree, 24.0 % (41)

Neutral, 25.1 % (43) Agree and 12.9% (22) strongly Agree. Figure-21 also shows the response of study participants in frequency.

Tabl-25:

Nurses' experiences play a major role in patient education					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	23	13.5	13.5	13.5
	Disagree	23	13.5	13.5	26.9
	Neutral	37	21.6	21.6	48.5
	Agree	70	40.9	40.9	89.5
	Strongly Agree	18	10.5	10.5	100.0
	Total	171	100.0	100.0	

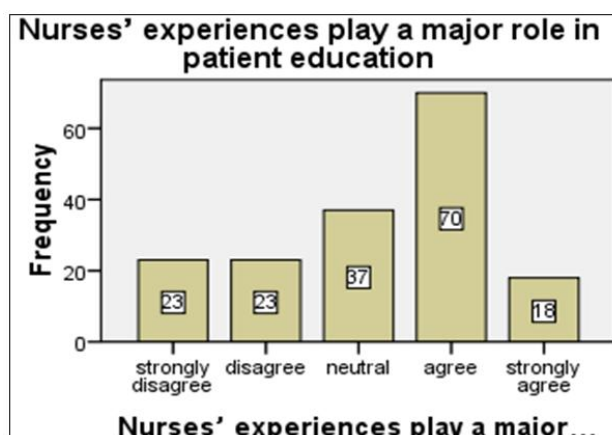


Fig-22:

Table-25 shows the percentage and frequency participant regarding the question. It shows 13.5% (23) strongly Disagree, 13.5 % (23) Disagree, 21.6% (37)

Neutral, 40.9% (70) Agree and 10.5 % (18) strongly Agree. Figure-22 also shows the response of study participants in frequency.

Table-26:

Nurses do not get updated with new researched evidences					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	59	34.5	34.5	34.5
	Disagree	29	17.0	17.0	51.5
	Neutral	43	25.1	25.1	76.6
	Agree	27	15.8	15.8	92.4
	Strongly Agree	13	7.6	7.6	100.0
	Total	171	100.0	100.0	

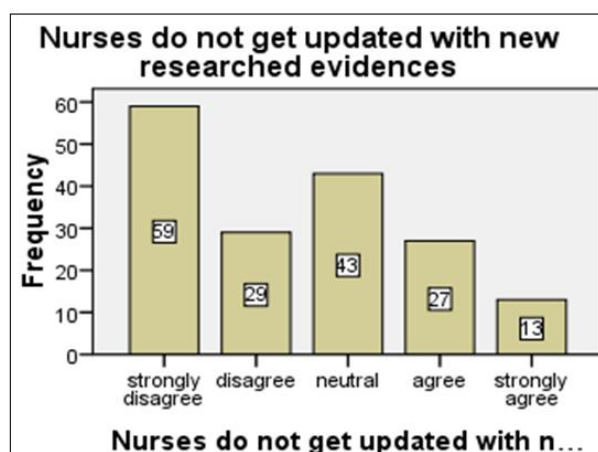


Fig-23:

Table-26 shows the percentage and frequency participant regarding the question. It shows 34.5% (59) strongly Disagree, 17.0 % (29) Disagree, 25.1 % (43)

Neutral, 15.8 % (27) Agree and 7.6 % (13) strongly Agree. Figure-23 also shows the response of study participants in frequency.

Table-27:

Schools are not preparing nurses to provide patient teaching					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	18	10.5	10.5	10.5
	Disagree	46	26.9	26.9	37.4
	Neutral	45	26.3	26.3	63.7
	Agree	49	28.7	28.7	92.4
	Strongly Agree	13	7.6	7.6	100.0
	Total	171	100.0	100.0	

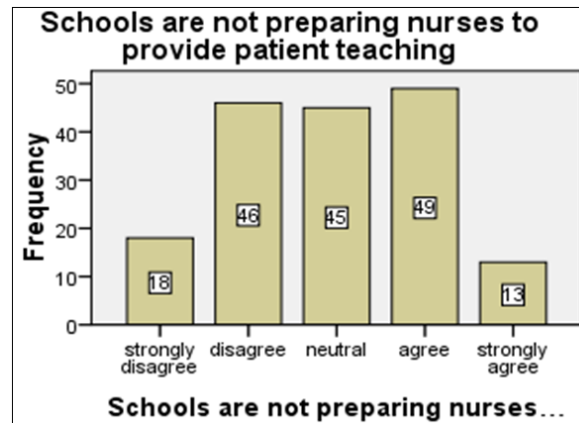


Fig-24:

Table-27 shows the percentage and frequency participant regarding the question. It shows 10.5 % (18) strongly Disagree, 29.9% (46) Disagree, 26.3 % (45)

Neutral, 28.7 % (49) Agree and 7.6% (13) strongly Agree. Figure-24 also shows the response of study participants in frequency.

Table-28:

Cultural barriers should not inhibit patient education					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	10	5.8	5.8	5.8
	Disagree	36	21.1	21.1	26.9
	Neutral	41	24.0	24.0	50.9
	Agree	64	37.4	37.4	88.3
	Strongly Agree	20	11.7	11.7	100.0
	Total	171	100.0	100.0	

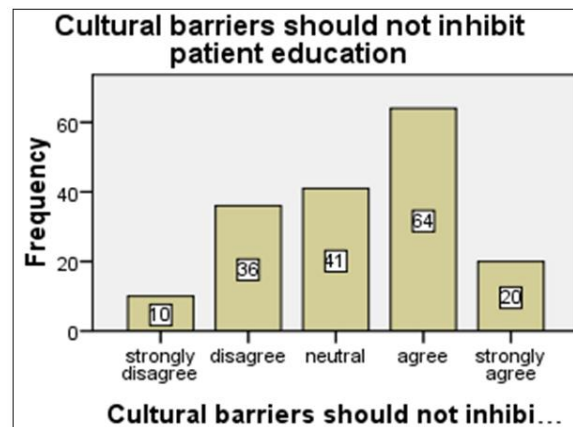


Fig-25:

Table-28 shows the percentage and frequency participant regarding the question. It shows 5.8% (10) strongly Disagree, 21.1% (36) Disagree,

24.0% (41) Neutral, 37.4% (64) Agree and 11.7% (20) strongly Agree. Figure-25 also shows the response of study participants in frequency.

Table-29:

Patient education should be restricted to patients that speak English					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	10	5.8	5.8	5.8
	Disagree	40	23.4	23.4	29.2
	Neutral	32	18.7	18.7	48.0
	Agree	67	39.2	39.2	87.1
	Strongly Agree	18	10.5	10.5	97.7
	21	4	2.3	2.3	100.0
	Total	171	100.0	100.0	

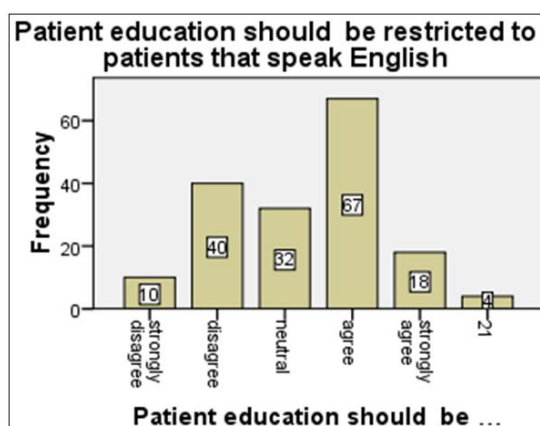


Fig-26:

Table-29 shows the percentage and frequency participant regarding the question. It shows 5.8 %(10) strongly Disagree, 23.4 %(40) Disagree, 18.7 %(32)

Neutral, 39.2 %(67) Agree and 10.5 %(18) strongly Agree. Figure-26 also shows the response of study participants in percentage.

Table-30:

My work place culture value patient education					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	16	9.4	9.4	9.4
	Disagree	34	19.9	19.9	29.2
	Neutral	39	22.8	22.8	52.0
	Agree	64	37.4	37.4	89.5
	Strongly Agree	18	10.5	10.5	100.0
	Total	171	100.0	100.0	

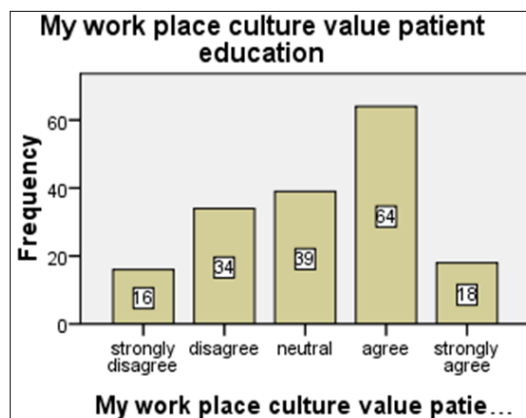


Fig-27:

Table-30 shows the percentage and frequency participant regarding the question. It shows 9.4%(16) strongly Disagree, 19.9%(34) Disagree, 22.8%(39)

Neutral, 37.4%(64) Agree and 10.5%(18) strongly Agree. Figure-27 also shows the response of study participants in frequency.

Table-31:

Lack of time prevents practice of patient education					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	10	5.8	5.9	5.9
	disagree	24	14.0	14.2	20.1
	Neutral	44	25.7	26.0	46.2
	Agree	75	43.9	44.4	90.5
	Strongly Agree	16	9.4	9.5	100.0
	Total	169	98.8	100.0	
Missing	System	2	1.2		
Total		171	100.0		

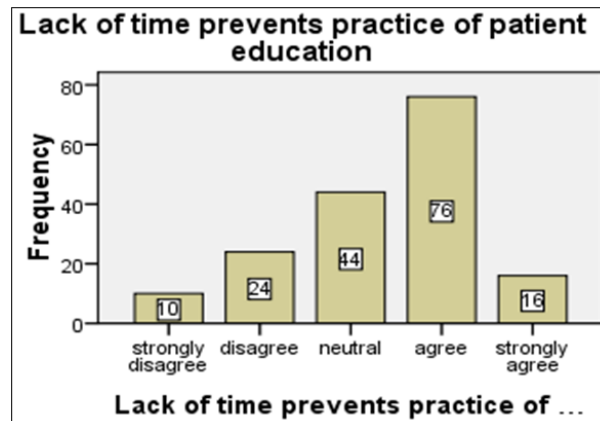


Fig-28:

Table-31 shows the percentage and frequency participant regarding the question. It shows 5.8% (10) strongly Disagree, 14.0 % (24) Disagree, 25.7% (44)

Neutral, 43.9% (75) Agree and 9.5 % (16) strongly Agree. Figure-28 also shows the response of study participant's infrequency.

Table-32:

Too many patients at the clinics hinder patient education					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	13	7.6	7.6	7.6
	Disagree	19	11.1	11.1	18.7
	Neutral	54	31.6	31.6	50.3
	Agree	73	42.7	42.7	93.0
	Strongly Agree	12	7.0	7.0	100.0
	Total	171	100.0	100.0	

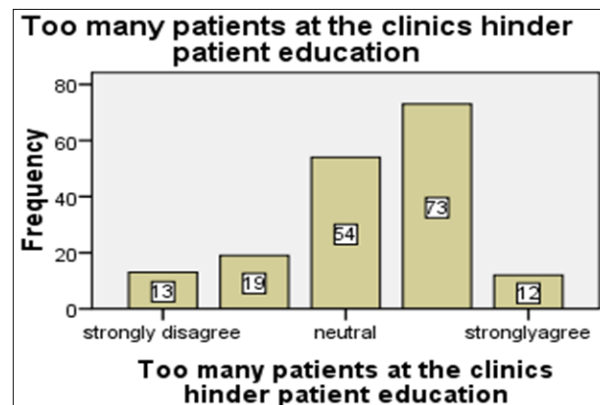


Fig-29:

Table-32 shows the percentage and frequency participant regarding the question. It shows 7.6% (13) strongly Disagree, 11.1% (19) Disagree, 31.6% (54)

Neutral, 42.7% (73) Agree and 7.0% (12) strongly Agree. Figure-29 also shows the response of study participants in frequency

Table-33:

Ward routines inhibit patient teaching					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	16	9.4	9.4	9.4
	Disagree	24	14.0	14.0	23.4
	Neutral	40	23.4	23.4	46.8
	Agree	75	43.9	43.9	90.6
	Strongly Agree	14	8.2	8.2	98.8
	23	2	1.2	1.2	100.0
	Total	171	100.0	100.0	

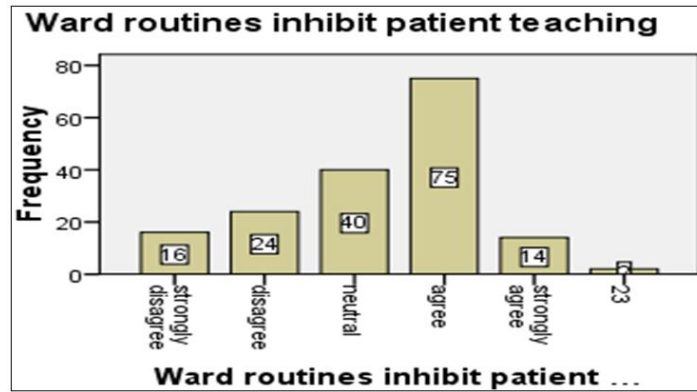


Fig-30:

Table-33 shows the percentage and frequency participant regarding the question. It shows 9.4% (16) strongly Disagree, 14.0 % (24) Disagree, 23.4 % (40)

Neutral, 43.9 % (75) Agree and 8.2 % (14) strongly Agree. Figure-30 also shows the response of study participants in frequency.

Table-34:

Heavy workload serves as a barrier to the accomplishment of patient education					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	8	4.7	4.8	4.8
	Disagree	37	21.6	22.2	26.9
	Neutral	39	22.8	23.4	50.3
	Agree	69	40.4	41.3	91.6
	Strongly Agree	14	8.2	8.4	100.0
	Total	167	97.7	100.0	
Missing	System	4	2.3		
Total		171	100.0		

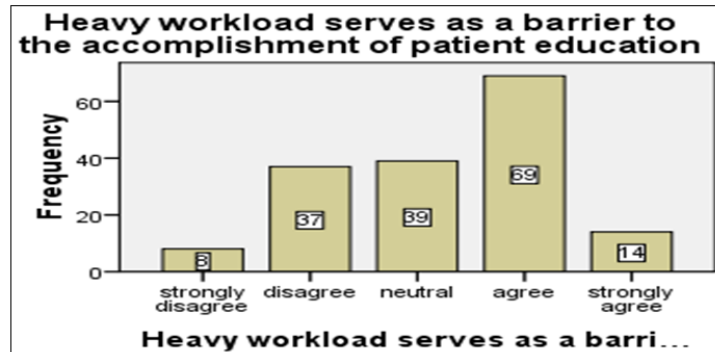


Fig-31:

Table-34 shows the percentage and frequency participant regarding the question. It shows 4.7 % (8) strongly Disagree, 21.6 % (37) Disagree, 22.8 % (39)

Neutral, 40.4 % (69) Agree and 8.2 % (14) strongly Agree. Figure-31 also shows the response of study participants in frequency.

Table-35:

Shortage of staff is key to the non-practice of patient teaching					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	10	5.8	6.0	6.0
	Disagree	43	25.1	25.6	31.5
	Neutral	53	31.0	31.5	63.1
	Agree	51	29.8	30.4	93.5
	Strongly Agree	11	6.4	6.5	100.0
	Total	168	98.2	100.0	
Missing	System	3	1.8		
Total		171	100.0		

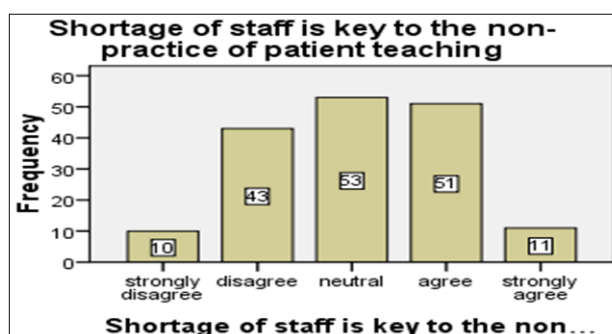


Fig-32:

Table-35 shows the percentage and frequency participant regarding the question. It shows 5.8 % (10) strongly Disagree, 25.1% (43) Disagree, 31.0% (53)

Neutral, 29.8% (51) Agree and 6.4% (11) strongly Agree. Figure-32 also shows the response of study participant's in frequency.

Table-36:

Nurses get updated with new research evidence					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	9	5.42	5.4	5.4
	Disagree	49	29.52	29.5	34.9
	Neutral	38	22.89	22.9	57.8
	Agree	52	31.33	31.3	89.2
	Strongly Agree	18	10.84	10.8	100.0
	Total	166	97.1	100.0	
Missing	System	5	2.9		
Total		171	100.0		

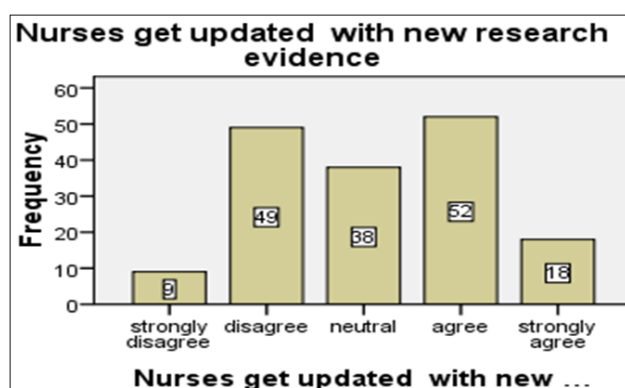


Fig-33:

Table-36 shows the percentage and frequency participant regarding the question. It shows 5.42% (9) strongly Disagree, 29.52% (49) Disagree, 22.89% (38)

Neutral, 31.33% (52) Agree and 10.84% (18) strongly Agree. Figure-33 also shows the response of study participants' infrequency.

Table-37:

The complex condition of patients' leads to extent of patient education					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	20	11.7	12.0	12.0
	disagree	26	15.2	15.6	27.5
	neutral	34	19.9	20.4	47.9
	agree	60	35.1	35.9	83.8
	strongly agree	18	10.5	10.8	94.6
	12	7	4.1	4.2	98.8
	44	2	1.2	1.2	100.0
	Total	167	97.7	100.0	
Missing	System	4	2.3		
Total		171	100.0		

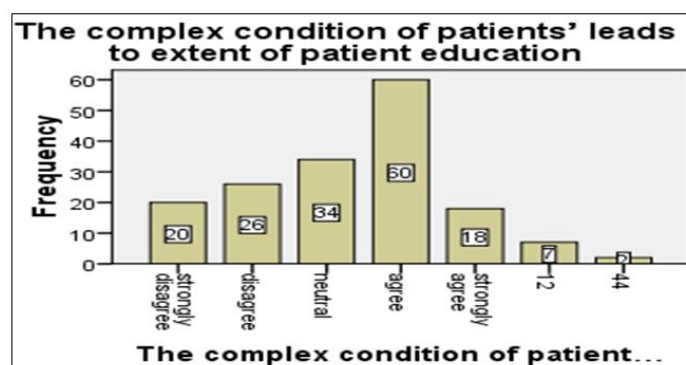


Fig-34:

Table-36 shows the percentage and frequency participant regarding the question. It shows 11.7% (20) strongly Disagree, 15.2% (26) Disagree, 19.9% (34) Neutral, 35.1% (60) Agree and 10.5% (18) strongly Agree. Figure no 34 also shows the response of study participant's infrequency.

DISCUSSION

The knowledge and practice of patient education in this study is high. More than 90% participants stated that they actually practiced patient education and believed that patient education should be included in their plan of care. Nurses are responsible to provide information to the patient regarding their care that patients should be informed about their health care options, and it's also necessary to document after teaching plan. About 80% of participant respondent that patient education should be individual after that identifying their need, and also assess the patients for learning needs. In this study it was found that the year of working experience of nurses whether high or low will not determine whether they practice patient education or not. This contradicts the opinion that a nurse's positive attitude to patient education improved with length of service and that the content of the information nurses gave in counselling sessions was dependent on their length of nursing experience (49%), ward routines (29%) and professional training (19%) [8].

Nevertheless, experienced nurses and those with advanced degrees were more comfortable teaching patients about diagnosis and treatment. Similar factors stated in other studies that influences the practice of patient education include insufficient staffing, lack of organizational support in completing nursing duties to allow time for teaching, nurses taking care of a larger number of patients than recommended, which affected the time given to each patient, and the complexity of the patients' disease or health situation [19], poor coordination of education, inadequate time, and work place culture, and lack of forums for discussion and clinical supervision of educational activities and organizational development [5]. In this study, nurses affirmed that the use teaching materials are of utmost importance for successful patient teaching. 82% of their

respondents evaluated their command of written counselling as good, but computer-aided counselling and audiocassettes were used very little Lipponen *et al.*, [8]. Lack of materials, supplies or teaching tools to adequately teach the patient was reported as frustrating.

Patient education is very important for nurses ,through educating patient nurses can improve the health of patient ,for the educating the patient nurses need knowledge and practice through proper knowledge and practice nurses can gave proper education to the patient and improve their health .the finding of study show that the calculated chi-square value knowledge and practice is 72.195, which is greater than the Critical chi-square value of 15.51, hence the null hypothesis which states that knowledge and practice have no significant influence on patient education is rejected. This implies that the knowledge and practice has a significant influence on patient education. Similarly another null hypothesis which states that factor doesn't influence the patient education. In order to test this hypothesis the above table was developed. The table shows that the calculated chi square value (73.471) is greater than the critical value (41.34). Hence the null hypothesis is rejected and we can say that factors have an influence on the patient education.

This was analyzing the first seven items of the questionnaire. The data was collected both staff and head nurses of different ages the most respondent their age and percentage 47.4 % 21, 25 to 34.5%, 26, 18.1 % above 30 and years. The data were collected both male and female mostly was them female 93.0 % females, male was 5.8 %. Mostly of staff and head nurses qualification was is post _R 51.46% and Generic 32.7%. On the basis of their experience the participants shared their information about their working experience. 4- 6 years 43.9% 1-3 year 36.8% 7-10 years 18.1%.according to the first variable of my study knowledge and practice of patient education mostly of participants respondent that teaching is the primary role of nurse 91.8% Yes and 8.2% No.question two show that nurses are highly responsible for patient teaching 82.2% response is yes and 17.5% response is No.

Question no 3 show that nursing is the only health profession that is responsible for patient education 69.9% Yes and 30.4% No. question 4 mostly participant shows their response patient education should be involves other 69.9% Yes and 30.4%. question no 5 74.9% Yes and 23.4% No. question no 6 60.2% Yes and 38.0% No. The data analysis show the response of participant regarding the question factors influencing practice of patient education among nurses. The response of participant regarding question 1 the role of nurses is ambiguous 32.2% strongly Disagree, 16.4% Disagree, 31.0% Neutral, 11.1% Agree and 9.4% strongly Agree. question no two response of participant regarding patient education is time consuming 18.7% strongly Disagree, 24.0% Disagree, 20.5% Neutral, 25.1% Agree and 11.7% strongly Agree. the response of participant regarding the culture barrier 5.8% strongly Disagree, 21.1% Disagree, 24.0% Neutral, 37.4% Agree and 11.7% strongly Agree. lack of time 5.8% strongly Disagree, 14.0% Disagree, 25.7% Neutral, 43.9% Agree and 9.5% strongly Agree. too many patient 7.6% strongly Disagree, 11.1% Disagree, 31.6% Neutral, 42.7% Agree and 7.0% strongly Agree. ward routine 9.4% strongly Disagree, 14.0% Disagree, 23.4% Neutral, 43.9% Agree and 8.2% strongly Agree. heavy workload 4.7% strongly Disagree, 21.6% Disagree, 22.8% Neutral, 40.4% Agree and 8.2% strongly Agree. Shortage of nursing staff 5.8% strongly Disagree, 25.1% Disagree, 31.0% Neutral, 29.8% Agree and 6.4% strongly Agree

CONCLUSION

Knowledge and practice is important for nurses about patient education. if nurse have don't knowledge and practice about patient then nurse did not give proper education to the patient. The calculated chi-square value knowledge and practice have significant influence on patient education. the study revealed that nurse's experiences, cultural barriers, work place culture, lack of time, heavy workload, insufficient staffing, and the complexity of patients' condition were the factors influencing the practice of patient education.

LIMITATION AND RECOMMENDATION

This study was conducted in a short period of the time was limited for the study, Therefore data was collected from only one hospital. For future a broad study is recommended to collect data from more than on hospital to find out the actual cause of the factors that influencing practice of patient education.

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