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Educational preparation of registered nurses and attitudes held towards client teaching

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**Educational preparation of registered nurses and attitudes held
towards client teaching**

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San Jose State University, 1994

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**EDUCATIONAL PREPARATION OF REGISTERED
NURSES AND ATTITUDES HELD TOWARDS
CLIENT TEACHING**

A Thesis

Presented to

The Faculty of the School of Nursing

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

By

Karen K. Renner, M.Ed., R.N.


August, 1994

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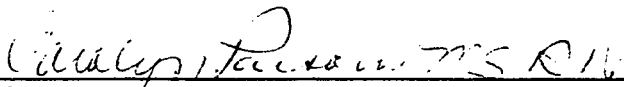
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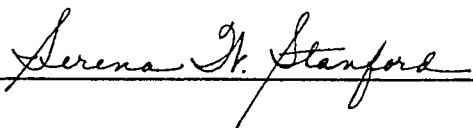


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ABSTRACT

EDUCATIONAL PREPARATION OF REGISTERED NURSES AND ATTITUDES HELD TOWARDS CLIENT TEACHING

by Karen K. Renner, M.Ed., R.N.

This nonexperimental descriptive study was designed to examine the attitudes toward client teaching among nurses with a bachelor of science degree (BSN), diploma, or associate degree in nursing (ADN) background. A closed-ended questionnaire was used to collect data from a convenience sample of 114 registered nurses employed in three acute care hospitals in central and northern California.

Findings revealed no statistically significant difference in attitude toward client teaching among nurses with different educational preparations. Regardless of gender, age, or educational background, 97% of all respondents agreed that patient teaching was interesting to them as an RN, and 88% indicated the desire to participate in ongoing patient education programs.

ACKNOWLEDGEMENTS

To family and dear friends

who remain

my inspiration and help me

to strive to achieve my

greatest potential.

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Chapter 1

INTRODUCTION

The population who present within a health care system today display varying degrees of anxiety and apprehension based on fear of the unknown. Professional nurses must feel comfortable with the role of educator to facilitate a smooth transition for clients as they move from uninformed individuals to those who are knowledgeable about their condition and about the setting in which they are placed (Egbert, 1986).

The admission process into a health care delivery system begins with nursing care and a nursing assessment that is thorough and structured and includes seven key factors: (a) the patient's chief concerns, (b) the health history, (c) a medication history, (d) a review of recent life changes, (e) a review of daily activities, (f) cognitive patterns, and (g) identification of support systems (Santo-Novak, 1988). It becomes the nurse's responsibility, based on the information received during the interview, to develop and carry out individual care plans. To facilitate the steps of this process, the role of nurse as teacher becomes a primary focus.

Nurses teach patients, families, ancillary personnel, as well as one another. Teaching is inherent in the nurse role whether or not the nurse consciously cultivates and exhibits teaching behaviors. Effective teaching is a

learning process. It is not what teachers are like, but what they do and how they feel about what they do that determines the outcome of the instruction (Douglass, 1992).

As a profession, nursing requires that its members possess a significant amount of preparation. The issue of standardization of nursing education is a major controversy today even after almost 30 years of debate (Potter & Perry, 1993). Most nurses agree that nursing education is important to a practice, and that it must respond to changes in health care created by scientific and technological advances. The American Nurses' Association's (ANA) 1965 position paper on nursing education emphasizes that education for those in the health professions must increase in depth and breadth as scientific knowledge expands.

Major nursing organizations proclaim the belief that different technical and professional levels of nursing exist, and nursing curricula for the three levels, bachelor of science in nursing (BSN), diploma, and associate degree in nursing (ADN), vary in length and content (Douglass, 1992). In practice, this belief is often not carried out in nurses' work assignments and the delegation of responsibilities. Hospital administrative personnel review the number of RN's they have available based on the acuity of their clients. They do not request that these nurses indicate if they are prepared at the two year, three year, or four year level prior to assignment. Much research has been conducted to find

evidence of the differences between the levels in skills, practice, and attitudinal barriers but there are flaws in the research. With the multiple entry levels into registered nursing, it is of interest to investigate the attitudes toward client teaching/instruction among nurses with BSN, ADN, and diploma backgrounds.

Nursing as a profession is complex and multifaceted. The nurse's role includes that of care giver, teacher, counselor, advocate, and researcher (Potter & Perry, 1993). It was with the teaching role in mind that this research was undertaken. If those nurses who do not place a high value on the intrinsic factors of self-expression, individuality, and love for intellectual growth could be identified and helped, more might then display a realistic set of expectations in the nurse/client relationship and develop positive attitudes toward teaching as a result.

Statement of the Problem

Major changes in the environment in which nurses practice have brought about a great expansion in nurses' roles. The role of the physician and nurse are becoming parallel, supportive, and complementary, and clients are taking a greater part in the management of their own care (Douglass, 1992).

Martha Rogers (Douglass, 1992), nurse scientist and leader from New York University, says that expanding the scope of nursing practice is not defined as adding technical skills and machine manipulation; it rather means adding new knowledge and skills and having deep commitment to human

service, which will revolutionize the health delivery system. It means a commitment to serve in the field of human health and welfare for the young and old, rich and poor, in home, hospital, school, business, clinic, ghetto, and country club. All of these fall within the scope of nursing and require stronger and more open communication between nurses and clients. If a tool is administered to a registered nurse which indicates among the findings a negative attitude toward client teaching, that nurse is in need of early intervention to identify the cause of these feelings, which only serve as a barrier in promoting the optimal nurse/client relationship. If educational preparation/background of the registered nurse is found to link to the attitude held toward client teaching, a stronger focus can be placed and directed on changing the present situation.

Purpose of the Study

Currently in the United States, an individual can become a registered nurse through an associate degree, diploma, or baccalaureate degree program. Graduates of these various types of nursing programs exhibit differences in their knowledge base and role performance (Lawler & Rose, 1987). The associate degree and diploma programs focus on the basic sciences and on theoretical and clinical courses related to direct nursing care. The baccalaureate degree program focuses on the basic sciences and on theoretical and clinical courses

as well as courses in the social sciences, arts, and humanities (Potter & Perry, 1993).

Nursing's Agenda for Health Care Reform by the ANA (1991)

recommends a restructuring of the health care system and focuses on wellness and care rather than illness and cure. With this plan, client and family education are directed at the promotion, restoration, and maintenance of health. Clients are becoming more knowledgeable about health and are seeking involvement in their health management. With the increased emphasis on education, theory, service, autonomy, and ethical codes, nurses in practice today must understand the obligations and responsibilities they have to their clients and to their profession (Potter & Perry, 1993). Are nurses who are prepared at the two year, three year, and four year levels able to and/or willing to accept the challenge of role expansion? The purpose of this investigation was to determine the feelings, opinions, and attitudes toward client teaching among nurses with a bachelor of science degree (BSN), diploma, or associate degree in nursing (ADN) background.

Research Questions

1. What are the attitudes toward client teaching/instruction among nurses with BSN, diploma, and ADN backgrounds?
2. Is there a difference in attitude toward client teaching/instruction among nurses with BSN, diploma, and ADN backgrounds?

Definition of Terms

1. Registered nurse--a person prepared in a prescribed manner, who has passed the NCLEX-RN licensing exam and is considered a licensed registered nurse.
2. Client teaching/instruction--a formal or informal meeting which requires that the registered nurse assume varied and complex responsibilities, including providing for the education and safety of the clients (La Monica, 1986).
3. Educational preparation--the basic educational preparation of instruction in nursing, leading to licensure as a registered nurse. The three types of programs that lead to licensure are: (a) the Associate Degree in Nursing (ADN), a two-year collegiate program of study; (b) the Diploma in Nursing, a three-year non-collegiate program of study; and (c) the Baccalaureate Degree in Nursing (BSN), a four-year collegiate program of study.
4. Attitude--a nurse's learned predisposition to react consistently in a given manner, either positively or negatively, to certain persons, objects, concepts, or situations (La Monica, 1986).

In order to determine if there were differences in attitude toward client teaching among nurses with BSN, diploma, and ADN backgrounds, a

closed-ended questionnaire with a five category Likert scale testing for attitude was administered to nurses employed on medical/surgical units of three selected hospitals in central and northern California. This tool is an adaptation of one developed by Carol Dahn at a Texas State University in 1986. The original tool was designed for use among operating room nurses in a large southwestern hospital setting, where the expectations, emphases, and levels of specialization are somewhat different than those of medical/surgical nurses in a different setting (original tool included in Appendix A). The revisions for use in this study were carried out by the researcher and in part from the suggestions of a statistical consultant.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

People do not act as isolated units in society; they constantly interact with others in the environment to meet their and others' needs. In order to know how to act appropriately, individuals need to know (a) who they are in relation to others, (b) the roles or positions that others occupy, and (c) the expectation of society for the positions they hold (Kozier & Erb, 1988).

Conceptual Framework

The conceptual framework for this study is based upon Peplau's nursing model and Lewin's theory of change. Hildegard Peplau's theory (1952) focuses on the individual, nurse, and interactive process. The result is the nurse-client relationship (Marriner-Tomey, 1989; Torres, 1986). According to this theory, the client is an individual with a perceived need, and nursing is an interpersonal and therapeutic process to help the individual meet this need. Nursing's goal is to educate the client and family and to help the client reach mature personality development (Chinn & Jacobs, 1987). Therefore, the nurse strives to develop a nurse-client relationship in which the nurse serves as a resource person, counselor, and surrogate. Peplau's theory is unique in that the collaborative nurse-client relationship creates "a maturing force" through which interpersonal

effectiveness assists in meeting the client's needs (Beerer, Anderson, & Sills, 1990).

When looking at this model, it is important to assess and evaluate how nurses view the collaborative and teaching role. Effective interaction cannot take place between the nurse and client unless there is a positive feeling existing between the two (Potter & Perry, 1993). In the past the principal role of nurses was to provide care and comfort as they carried out specific nursing functions. Changes in nursing have expanded the role of teacher to include increased emphasis on health promotion and illness prevention, and a concern for the client as a whole. This change in the scope of practice requires further teaching of nurses themselves to facilitate the process. Changes in knowledge tend to be easiest to make since they can result from reading a book or listening to a respected lecturer. Attitude structures are emotionally charged in a positive and/or negative way. They are, therefore, more difficult to change than knowledge (LaMonica, 1985).

Lewin's theory of change (1947) views any situation in which changes are to take place as a dynamic balance of forces working against each other. Driving forces help to bring about the desired change while opposing forces impede process toward desired change. Driving forces in this paper include:

- (a) a positive attitude toward teaching and one's role as nurse educator, and
- (b) peer pressure from nurses with more highly developed teaching skills.

Restraining forces include: (a) the perception of registered nurses who believe they are not good at teaching, and (b) a lack of a theoretical knowledge base to generate good teaching skills (Dittmann & Gould, 1987).

According to Lewin, implementation of change involves three steps: (a) unfreezing, (b) moving to a new level, and (c) refreezing. Unfreezing takes place when the participants understand and accept the necessity of change. In the second phase, participants move to a new level when they are able to agree on an action plan, and then proceed to carry this plan out. Refreezing takes place when newly acquired behavior is integrated into the nurse's personality (Dittmann & Gould, 1987).

It can be readily seen that these frameworks so applicable to the nurse-client relationship and the nurse's role of teacher are supportive of research aimed at the educational preparation of nurses and attitudes held toward client teaching. Today, nursing is a vital, complex, and indispensable component of the health care delivery system. In merging Peplau's model of nursing and Lewin's theory of change, one is able to intertwine the pieces of the puzzle to formulate a completed picture of unity.

Review of Literature

Educational Preparation

Since publication of the American Nurses' Association 1965 Position Paper on Nursing Education which proposed the bachelor of science in nursing

for entry into nursing, controversy over the relative merits of an associate degree, diploma, and baccalaureate nurse has engulfed the profession. Today, almost 30 years later, the profession has not yet reached consensus concerning appropriate responsibilities or competencies of nurses prepared at these various levels (Potter & Perry, 1993).

Spokespeople for nursing have affirmed that a client has a right to quality nursing care. They have obligated themselves to ensure the patient will receive the nursing care that is necessary to attain and maintain optimum health; that those who nurse this individual are qualified by education, experience, and personality to give that care; that clients and their families will be taught and assisted to cope with the individual's health problem; that appropriate resources will be available; that this person's health history and care will be properly documented and safeguarded; and that the environment will be modified to promote the maintenance of health (National League of Nursing, 1964). If the nursing profession is to fulfill such an obligation to ensure the patient's rights to its service, then the profession must study thoroughly both how it teaches and how it practices nursing. It becomes the obligation of nursing to provide patient services whenever and in whatever setting clients need them (Broy, 1986).

Research conducted by DeBack and Menkowski (1986) and Lawler and Rose (1987) looked at nurses' education and how it relates to teaching performance. It was found nurses with a baccalaureate degree demonstrated

more nursing competencies compared with their associate degree or diploma colleagues. These results would support Gray, Murray, Roy, and Sawyer's (1977) findings that baccalaureate nurses do perform differently when compared to associate degree or diploma graduates. To date, the professional literature has been mixed as to whether baccalaureate nurses offer a different level of care than associate or diploma nurses.

Attitude

A lack of information occurs in the literature dealing with testing for attitude. Goldstein (1980) writes that distinctive personality and attitudinal variables seem to characterize nurses who are task oriented from those who are person oriented. There is an initial difference in the type of person who is attracted to the various nursing programs. Individuals educated at higher levels place greater value on intrinsic factors such as self-expression, positive attitudes, and activities. Those educated at a lesser level place the greater value on extrinsic factors such as salary and job security. The higher level nurse is aware of self as teacher and has deterred from the technical emphasis of patient care. There is an increased sensitivity to clients as individuals, and not just the health problem presented (Goldstein, 1980).

Without differentiating between nurses with the various levels of education, Russell (1993) speaks about the attitudes of nurses, good and bad,

towards patients and each other, and has formulated a series of five codes nurses who "know where their attitude is" have in common:

Code 1--The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

Code 2--The nurse participates in the profession's effort to protect the public from misinformation and misrepresentations, and to maintain the integrity of nursing.

Code 3--The nurse participates in the profession's effort to implement and improve standards of nursing.

Code 4--The nurse assumes responsibility and accountability for individual actions.

Code 5--The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

Client Teaching

Despite the ANA's (1991) recommendation for restructuring the health care system to include a greater focus on wellness with clients taking a more active part in their health maintenance, patient education programs remain underdeveloped. The most comprehensive survey of hospitals was made in 1978, and there was no evidence in the next decade to indicate the situation

had changed markedly. At the time of the survey, 5,815 nonfederal short-term hospitals in the United States indicated that only 62.4% of the respondent hospitals had at least one formal patient education program, typically for patients with diabetes or heart attacks or for those needing prenatal or preoperative instruction. Hospitals with over 200 beds were more likely to have programs than were smaller hospitals. While there may have been some change in the number and type of programs since that time, there is no evidence to indicate that patient education is a priority in hospitals (Lipetz, Bussigel, Bannerman, & Risley, 1990).

Caffrella (1981) researched health professionals working in community hospitals in Maine, and found that respondents felt that patient education was important, but not for all patients. Respondents indicated that patient education was most important for those who had to administer their own treatments and those needing to learn self-care skills. Physician and nurse participants in a values clarification exercise conducted by Bernheimer (1980) differed on patient education's placement in hospitals. One-hundred percent of the physician respondents agreed that hospitals were appropriate settings for patient education, while only 55% of the nurses agreed. Falvo and Wright (1981) surveyed family practice residents in 20 programs and found that respondents felt that patient education was important, and that every patient was entitled to information about his or her condition, treatment, and illness prevention. These

sketchy studies suggest varying support for patient education programs and indicate possible differences in attitudes by different professions which mirror operational definitions of the very concept of patient education (Lipetz, et al., 1990).

What seems to be missing from the current body of literature are valid, reliable instruments to measure attitude toward client teaching. The one available tool (Dahn, 1986) was originally designed for use among operating room nurses in a university hospital setting. According to that author, completion of a pilot project provided content validity and reliability of the instrument. No significant difference was found in the relationship between the educational preparation of operating room nurses and the attitudes held toward preoperative visits. The only difference in attitude between the educational levels was found to be that BSN prepared nurses did not consider that the role of the operating room nurse emphasized technical tasks. The diploma and AD prepared nurses considered the role to be technically oriented. This study has now been redesigned to apply more suitably to nurses in a medical/surgical setting.

Summary

Nursing's Agenda for Health Care Reform by the ANA (1991) recommends a restructuring of the health care system and focuses on wellness and care rather than illness and cure. With this plan, client and family education

emphasizes the promotion, restoration, and maintenance of health. Clients are becoming more knowledgeable about health and are seeking involvement in their health maintenance. Nursing is pursuing opportunities to provide education as a part of primary health care delivery so that clients receive information about their care in more convenient and familiar places (ANA, 1991). Since client education has become one of the more important roles for nurses working in every type of health care setting, it seems logical to combine Peplau's model of nursing which focuses on the nurse-client relationship and Lewin's contributions in the theory of change concept as a framework for this study. Perhaps by introducing patient teaching into nursing curricula and structuring programs which take into account the various levels of education, some impediments and negative feelings toward patient education can be removed.

Chapter 3

DESIGN

Subjects and Setting

This study used a non-experimental, descriptive approach to determine and compare the attitudes toward client teaching of nurses with bachelor of science, diploma, and associate degree educational backgrounds. The study was conducted with a convenience sample on the medical-surgical units of three hospitals located in central and northern California. The first was a 230-bed community hospital, the second a 303-bed medical center, and the third a 1005-bed federal facility. All registered nurses employed on the selected units were asked to participate in the research. A total of 237 nurses were given questionnaires to complete. Of these nurses, 114 returned the survey. There was no prior notification given to the nurses of the impending study and completion was voluntary and anonymous.

Data Collection

Approval for this study, conducted at the three selected hospitals was granted on October 25, 1993, by the Human Subjects-Institutional Review Board at San Jose State University (Appendix B). After receiving permission from the respective hospital nursing administrators and nursing research committees, the questionnaires were presented to the unit managers of the medical/surgical

units for distribution to their registered nurses. The researcher provided contact information to clarify any questions or discrepancies that arose. Anonymity and confidentiality were assured since subjects were only identified by gender, educational preparation, and age, not by name.

Nurses participating in the survey were asked by the researcher to complete a questionnaire by circling an answer that most accurately represented their opinions or feelings. They were assured there were no right or wrong answers to the items presented. Upon completion of the survey, the registered nurses were asked to return the data to the researcher in a self-addressed, stamped envelope. The completion and return of the questionnaire to the researcher served as an informed consent to participate in the survey. All materials received were placed in a secure file, under lock and key.

Instrument

The instrument consisted of a 20-item closed-ended questionnaire (Appendix C) which took approximately 15 minutes to complete. Fifteen of the questions dealt with the attitudes of registered nurses towards client teaching. The remaining five questions were demographic in nature. The original version of this tool was constructed by Dahn (1986) at a Texas State University and was intended for use among operating room nurses in a university hospital setting and their attitudes towards preoperative visits (Appendix A). Some elements were deleted or changed to more easily conform to the

medical/surgical nursing population in the research setting. To assure content validity of the instrument, three nurse educators and two clinicians who were considered experts in client teaching, used a coding scheme to analyze each of the items of the questionnaire. The respondents were asked to score each item on a scale of one to five with one indicating a strong ability of the item to test for attitude toward client teaching and five indicating no ability. For eight of the questionnaire items scored the group strongly agreed or agreed that attitudes toward client teaching could be determined by the nurses' responses. For four of the remaining seven items, four out of the five consultants strongly agreed that attitude could be determined by the nurses' response and one consultant did not know. For the last three items all five consultants disagreed that attitudes could be determined by the nurses' responses.

A reliability analysis was done by a statistical consultant on all 15 items of the revised tool. The number of questionnaires reviewed were 114. The Alpha computed was .70 indicating reliability of the instrument could be established, according to LoBiondo-Wood and Haber (1994).

Analysis Procedures

Registered nurses of different educational backgrounds were surveyed to determine their attitude toward client teaching/instruction. The following research questions were investigated:

1. What are the attitudes toward client teaching/instruction among nurses with BSN, diploma, and ADN backgrounds?

2. Is there a difference in attitude toward client teaching/instruction among nurses with BSN, diploma, and ADN backgrounds?

Frequencies and percentages were used to describe the sample population using demographic characteristics of age, gender, years of experience in nursing, basic and highest level of education achieved, and hospital in which employed. Individual items of the questionnaire were then cross-tabulated with the educational preparation of the nurse to determine what the attitudes were toward client teaching. Finally, to examine these research questions statistically, a one-way ANOVA was used to determine if there was a difference in attitude as a function of educational preparation.

Chapter 4

ANALYSIS and INTERPRETATION OF DATA

Description of the Sample

In three central and northern California hospitals, 237 registered nurses were given an opportunity to participate in a study describing attitude toward client teaching. Selection of hospitals was based on willingness to participate and convenience to the researcher. The three hospitals provided a variety of types and bed size to accommodate the survey. Using a closed ended questionnaire, nurses were asked to circle an answer that most accurately represented their thoughts and feelings regarding patient education. One hundred fourteen questionnaires were returned and all were sufficiently completed to be included and analyzed in the study for a return rate of 48%. In three instances, however, one or two items within a questionnaire were deleted from the survey when the respondent did not utilize the available Likert scale, but instead inserted alternate answers or left it blank.

The age distribution for the majority of the population (65.5% or 74) was between 31 and 50 years. The subject sample was predominantly female (96.5% or 110). The sample number of males was 3.5% or 4 respondents. Of the 112 nurses responding to the question of total number of years in nursing, 38.4% or 43 respondents had worked more than 15 years in the health care

profession. Forty point four percent (46) of the total number of respondents were employed at a 1005 bed federal facility, 36.8% (42) at a 230 bed community hospital, and 22.8% (26) at a 303 bed medical center.

Of the 114 nurse respondents, 46 had an associate degree for basic level education, 36 for highest level achieved. Twenty nurses had a diploma for basic level and 17 for highest level achieved. Forty-six nurses had a bachelor's degree for basic level, and 36 for highest level achieved. Two nurses indicated a master's in nursing as their basic level of education and seven for the highest level achieved. Four nurses had more than one bachelor's degree, seven had a bachelor's degree in another field, six had a master's in another field, and one had a doctorate in nursing for highest level achieved. For purposes of reporting in this study, all nurses with advanced degrees or BS in another field were combined into an "other" category.

Data Analysis Method

To determine the attitudes toward client teaching among nurses with BSN, diploma, and ADN backgrounds, individual items of the questionnaire were cross tabulated with the respondent's educational preparation. A descriptive look at the total score of the survey was done to compare this group of nurses for other characteristics of age, gender, total number of years in nursing, and hospital where employed (see Table 1). Question Number 8 of the survey, asking nurses their response to "If too much emphasis is placed on

Table 1

Description of the Sample

Value Label	Cases	Percentage
Age (N= 113)		
Age 22 to 30	16	14.2
Age 31 to 40	41	36.3
Age 41 to 50	33	29.2
Age over 51	23	20.4
Gender (N= 114)		
Gender male	4	3.5
Gender Female	110	96.5
Total Number of Years in Nursing (N= 112)		
Years <1 to 5	24	21.4
Years 6 to 10	25	22.3
Years 11 to 15	20	17.9
Years 16 to >20	43	38.4
Hospital		
Hosp V	46	40.4
Hosp SV	42	36.8
Hosp SJ	26	22.8
Basic Nursing Education (N=114)		
Basic AD	46	40.3
Basic Diploma	20	17.5
Basic BSN	46	40.3
Basic MSN	2	1.8
Highest Level of Education (N= 114)		
AD	36	31.5
Diploma	17	14.9
BSN	36	31.5
BS Other	7	6.1
MSN	7	6.1
MS Other	6	5.3
DSN	1	.9
>1 BS	4	3.5

client teaching during hospitalization," was reverse coded to provide accurate results of the findings.

To determine if there was a difference in attitude toward client teaching among nurses with BSN, diploma, and ADN backgrounds, a one-way Anova was conducted using SPSS PCT to compare the mean total score toward client teaching among nurses with BSN, diploma, and ADN backgrounds as their highest level of education. The size of the F value and associated high probability level (.6252) confirmed there was no statistically significant difference in mean total score for attitude of the three levels of educational preparation.

Description of Survey Responses

All questions of the survey except one were answered in a similar manner by all registered nurses regardless of age, gender, total number of years in nursing, hospital where employed, and educational preparation. Question number 9 on the survey was the only question to have a dissimilar response. The question stated: "The use of nursing care plans in teaching clients are an important aspect of good nursing care." Of the 36 ADN prepared nurses who responded, 44.4% (16) disagreed with the statement or did not know. Of the 36 BSN prepared nurses, 66.8% (24) and 82.4% (14) of the 17 diploma prepared nurses agreed with the statement. Of the 25 remaining respondents, 4 of the 7 nurses who had a bachelor's degree in another field,

4 of the 4 nurses who had more than one bachelor's degree, 7 of the 7 nurses who had a master's degree in nursing, 3 of the 6 nurses with a master's degree in another field, and the 1 nurse with a doctorate in nursing agreed for the use of nursing care plans in teaching clients were an important aspect of good nursing care.

Question number 5, "Optimal hospital stay includes active client involvement in the treatment regime," was agreed upon by all nurses, however, the BSN and diploma prepared nurses answered in a more positive way. Eighty-two point nine percent (29) of the 35 BSN prepared nurses and 82.4% (14) of the 17 diploma prepared nurses answered with a "Strongly Agree" Likert score, whereas only 63.9% (23) of the 36 ADN prepared nurses strongly agreed with the statement. Of the 25 remaining respondents (one missing observation), 5 of the 7 nurses who had a bachelor's degree in another field, 4 of the 7 nurses with an MSN, 5 of the 6 nurses with a master's in another field, and the 1 nurse with a doctorate in nursing strongly agreed "optimal hospital stay includes active client involvement in the treatment regime" (Table 2).

Stronger positive answers were also recorded on question number 10, by BSN prepared nurses. For this question, "Willingness to change routine to meet client's needs," 51% (18) of the 35 BSN prepared nurses responding recorded "Strongly Agree" on the Likert scale. Only 28.6% (10) of the 35 ADN prepared nurses and 33.3% (5) of the 15 diploma prepared nurses responding

Table 2

Comparison of Strongly Agree Responses to Selected Questions.

	AD	DIP	BSN	OTHER
Question 2 (N=113) Nursing care includes understanding of emotional needs	72.2%	88.2%	77.8%	79%
Question 5 (N=113) Best stay with active involvement	63.9%	82.4%	82.9%	68%
Question 8 (N=114) Too much emphasis on teaching (reverse coding)	2.8%	5.9%	8.3%	8%
Question 9 (N=114) Use nursing care plan to teach good nursing care	13.9%	35.3%	44.4%	20%
Question 10 (N=110) Willingness to change to meet client's needs	28.6%	33.3%	51.4%	36%
Question 11 (N=114) Patient teaching interesting to me as a registered nurse	36.1%	58.8%	50.0%	64%
Question 14 (N=114) Initial client interview important in improving care	44.4%	58.8%	66.7%	52%
Question 15 (N=112) Willingness to participate in ongoing client education	34.3%	35.3%	51.4%	56%

recorded "Strongly Agree." Of the 25 remaining respondents (four missing observations), 2 of the 7 nurses who had a bachelor's degree in another field, 5 of the 7 nurses with an MSN, 1 of the 6 nurses with a master's in another field, and the one nurse with a doctorate in nursing strongly agree a "willingness to change routine to meet client's needs."

Ninety-seven percent of all nurses in the survey agreed nursing care includes understanding of the client's emotional needs (Question number 2), 98% of the population agreed that initial client interview was important in improving care (Question number 14), and 88% positively responded to a willingness to participate in ongoing client education (Question number 15).

Despite the realization of the importance of education for patients in hospital settings and formal support for the concept, however, 10 nurses wrote comments on the survey to indicate there is a discrepancy between what they want to give their clients and what they are able to give them due to their heavy work load. They state patients are very acutely ill and must have the technical care, but they must also have the teaching in order for them to return to their environment and care for themselves. Due to time constraints technical and physical skills are done, but the teaching and emotional components are lacking. They wish they were able to spend more time with the patients and their families, which would result in learning what they as nurses need to teach to give the best care.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Discussion of Results

A convenience sample of registered nurses employed on medical-surgical units of three central and northern California hospitals was selected to participate in this study. Selection of hospitals was based on willingness to participate and convenience to the researcher. The three hospitals provided a variety of types and bed size. The aim of this project was to explore attitudes toward client teaching among nurses of BSN, diploma, and ADN backgrounds. A total of 237 questionnaires were initially distributed to nurses in medical-surgical units. Of those, 114 were returned with usable data. This accounted for a 48% return rate, gathered across a period of 6 weeks at the selected sites.

Findings revealed no statistically significant difference in attitude toward client teaching among nurses with different educational preparation. In support of what specific kinds of attitudes existed among nurses regardless of gender, age, or educational background, the majority (97%) of all respondents agreed that patient teaching was interesting to them as an RN (question number 11). The nurses' inability to meet their own expectations, to give the care they believe patients need, is a recurring theme, however. Several wrote comments

on the survey to say acuity of patients is so high that one is lucky to get half the work done. The idea that they cannot get dressing changes done, take vital signs as often as needed, give medications on time, offer emotional support, and teach the patients and their families is very frustrating to them. Fifty percent (18) of the 36 Associate degree nurses, 82.4% (14) of the 17 diploma graduates, and 66.6% (24) of the 36 BSN nurses agreed nursing care plans in teaching clients (question number 9) were an important aspect, but some wrote the time was just not there to formulate them and use them effectively. The willingness to change a routine to meet the clients' needs (question number 10) was also an issue of debate among the various levels of nurses. With the time constraints indicated, 51% (18) of the 35 BSN prepared nurses responding strongly agreed on the Likert's scale. Only 28.6% (10) of the 35 ADN prepared nurses and 33.3% (5) of the 15 diploma prepared nurses responding recorded strongly agree. Some wrote it depended on the situation entirely, that priorities had to be set and that there was not just one way to answer this question. One nurse manager, however, responded that she found new nurses coming into the profession lacking the ability to put it all together in this time of change and shrinking resources. She thought maybe the problem was not in the nurse-patient ratio and the heavy workload but in the education of the nurses in knowing how to prioritize. She also thought nurses who did not feel comfortable in the teaching role would place less importance on the

client's need for information regarding their care, and more importance on the technical skills they were taught. She saw this as certainly a challenge to be able to preserve the quality nursing care that clients expect and deserve.

This idea supports the conceptual framework for this study, which is based on Peplau's nursing model and Lewin's theory of change. According to Peplau's theory, the client is an individual with a felt need which nursing should help to meet (Chinn & Jacobs, 1987). The attitude of the nurse caring for the client may influence where the priority is set for meeting this need. Attitude structures are emotionally charged in a negative or positive way, therefore difficult to change if it becomes necessary. Lewin's theory of change (1947) discusses implementation of change involving three steps: (a) participants' (i.e., nurses) understanding and accepting the necessity of change, (b) participants moving to a new level where they agree on an action plan, i.e., nurses contacting administration for support and verbalizing concerns regarding quality patient care, and (c) participants acquiring a new behavior, i.e., optimal nurse-client interaction.

Conclusions

Analysis of this study's data indicates that attitude toward client teaching among nurses with BSN, diploma, and ADN backgrounds is recognized as an important part of the nurse-client relationship. The researcher's bias of more positive attitudes towards patient teaching with BSN prepared nurses was in

part supported by the findings. For one item of the questionnaire (question number 10), the willingness to change to meet clients' needs, stronger positive answers were recorded for 51% (18) of the 35 BSN prepared nurses versus only 28.6% (10) of the 35 ADN prepared nurses and 33.3% (5) of the 15 diploma prepared nurses. For question number 9, the use of nursing care plans in teaching clients is an important aspect of good nursing care, and question number 5, optimal hospital stay includes active client involvement in the treatment, both diploma prepared and bachelor prepared nurses responded more positively than the associate degree nurse.

Scope and Limitations

One-hundred fourteen registered nurses currently practicing in acute care hospitals in central and northern California took part in this study. It was conducted one time in three locations without replication, limiting generalization beyond this research.

This study did not include registered nurses practicing in other health care settings, such as extended care facilities, home health agencies, physicians' offices, or industrial settings. There was no way to determine if or to what extent the findings were influenced by the contexts of where the nursing care occurred. The extent of the generalizability of the results is limited to registered nurses working in those particular acute care hospitals under study.

Another limitation of this study is there are inherent weaknesses in any survey research in that the respondents can manipulate the scores through their responses. Nurses, through their education and experience, are aware of what "should be" and in practice "what is." They may, on a survey, answer questions according to the "should be" and not to the "what is." The validity of the results depend on frank and honest responses on the part of the respondents. Even though the subjects in this study were assured anonymity, there is no way to know with certainty that they provided candid, not socially accepted responses.

Finally, the subject sample was predominantly female (96.5%). The small number of males precluded meaningful analysis of that sub group based on the researcher's bias. The researcher is assuming that the views and attitudes toward client teaching of one gender represent the views and attitudes of the other.

Recommendations

The findings of this study confirmed that the majority of nurses of all educational backgrounds want to be involved with the teaching of clients and their families. These results now raise the question about what affects attitude toward client teaching if it is not the educational preparation of the professional. It would be of interest to examine a sample of nurses from more diversified health care settings. For example, the study could include nurses working in

home health care agencies, physicians' offices, and extended care facilities.

This selection process would broaden the scope of the research to include the perspectives of those individuals whose professional experiences and attitudes may differ from those in the acute care setting. In doing so, not only would the thoughts and feelings of nurses who are exposed to the same clients over a longer period of time be examined, but the influence on knowledge and perceptions of where the nursing care is performed could be examined as well.

A further recommendation growing out of this study would be that nursing administrators consistently employ techniques to assist in maintaining a positive working environment. Respondents of the survey shared their frustration regarding the high patient to staff ratio and their inability to spend time with their patients in order to get to know them and their needs better. Active involvement for the client in their treatment regime requires nurses who are able to facilitate this process. Both the nurse and the client need time and understanding.

In summary, the purpose of this study was to determine the feelings, opinions, and differences in attitudes toward client teaching among nurses with a bachelor of science degree, diploma, or associate degree in nursing background. The findings did not statistically support the bias of the researcher that there would be a difference in attitude with more advanced education. All

nurses from the three basic levels as well as those with more advanced degrees were strong in support of nurse-client interaction involving teaching.

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APPENDIXES

APPENDIX A
Closed-Ended Questionnaire
(Original Tool)

Appendix A

	STRONGLY AGREE	AGREE	DON'T KNOW	DISAGREE	STRONGLY DISAGREE
1. Good nursing care includes the understanding of patients' emotional needs.	1	2	3	4	5
2. I feel comfortable interviewing a patient pre-operatively.	1	2	3	4	5
3. Optimal surgical experience results from combined interventions from both the unit and OR nurse.	1	2	3	4	5
4. Preoperative interventions by operating room nurses should be included in the medical records.	1	2	3	4	5
5. Intraoperative interventions by operating room nurses should be included in the medical records.	1	2	3	4	5
6. Postoperative interventions by operating room nurses should be included in the medical records.	1	2	3	4	5
7. Nursing in the OR emphasizes technical tasks.	1	2	3	4	5
8. Nursing in the OR emphasizes nursing care and nursing judgment.	1	2	3	4	5
9. OR nurses should be expected to assess and evaluate their patients preoperatively.	1	2	3	4	5
10. Too much emphasis is placed on preoperative visits with patients.	1	2	3	4	5
11. OR nurses have sufficient time to make preoperative visits.	1	2	3	4	5

- | | | | | | |
|--|---|---|---|---|---|
| 12. OR nurses have sufficient time to make postoperative visits. | 1 | 2 | 3 | 4 | 5 |
| 13. OR nurses have sufficient time to write nursing care plans. | 1 | 2 | 3 | 4 | 5 |
| 14. Care of surgical equipment and instruments are the OR nurses greatest worry. | 1 | 2 | 3 | 4 | 5 |
| 15. I am willing to change my routine in order to meet my patients' needs. | 1 | 2 | 3 | 4 | 5 |
| 16. Patient teaching is interesting for me as an OR nurse. | 1 | 2 | 3 | 4 | 5 |
| 17. OR nurses should take more interest in the patients and his family. | 1 | 2 | 3 | 4 | 5 |
| 18. The patient's opinions of his care is important. | 1 | 2 | 3 | 4 | 5 |
| 19. Preoperative visits are important in improving patient care. | 1 | 2 | 3 | 4 | 5 |
| 20. I would like to participate in preoperative visits daily. | 1 | 2 | 3 | 4 | 5 |

Please circle the most accurate answer on the following questions.

21. Age in years:

- a. under 21
- b. 22 - 30
- c. 31 - 40
- d. 41 - 50
- e. over 51

22. Sex:

- a. Male
- b. Female

23. Type of basic nursing education:

- a. Associate degree in nursing
- b. Hospital diploma in nursing
- c. Baccalaureate degree in nursing
- d. Generic Master's degree in nursing
- e. Generic Doctorate degree in nursing

24. Highest level of educational preparation:

- a. Associate degree in nursing
- b. Hospital diploma in nursing
- c. RN completion baccalaureate degree in nursing
- d. Baccalaureate degree in nursing
- e. Baccalaureate degree in another field
- f. Master's degree in nursing
- g. Master's degree in another field
- h. Doctorate degree in nursing
- i. Doctorate degree in another field

25. Total number of years in nursing:

- a. 1 - 5
- b. 6 - 10
- c. 11 - 15
- d. 16 - 20

26. Total number of years in the OR:

- a. 1 - 5
- b. 6 - 10
- c. 11 - 15
- d. 16 - 20
- e. over 20

27. Does your facility offer patients the opportunity of preoperative visits with Or nurses?

- a. yes
- b. no

Thank you for your time involved in filling out this survey. The researchers really appreciate your helpfulness and cooperation!!

APPENDIX B

Human Subjects Approval

Appendix B



A campus of The California State University

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Karen K. Renner

From: Serena W. Stanford *Serena W. Stanford*
AAVP, Graduate Studies and Research

Date: October 25, 1993

The Human Subjects-Institutional Review Board has approved your request to use human subjects in the study entitled:

"Educational Preparation of Registered Nurses and Attitudes Held Towards Client Teaching"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at anytime. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted. If you have questions, please contact me at 408-924-2480.

APPENDIX C
Closed-Ended Questionnaire
(Revised Tool)

Appendix C

The purpose of this survey is to attempt to determine the feelings, opinions, and attitudes of registered nurses toward client teaching/instruction.

There are no right or wrong answers. Please answer each question honestly. All survey information will remain anonymous and confidential.

Please circle the answer that most accurately represents your feelings, opinions, or attitudes.

Example:	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
1. Schools of nursing should include teaching projects as a major part of their program.	1	2	3	4	5
2. Professional nursing care includes the understanding of clients' emotional needs.	1	2	3	4	5
3. I feel comfortable teaching clients who are newly admitted to the hospital.	1	2	3	4	5
4. Discharge teaching begins with the clients' introduction into the health care facility.	1	2	3	4	5
5. Optimal hospital stay for clients results from combined active involvement in the treatment regime.	1	2	3	4	5
6. Schools of nursing should emphasize technical tasks more.	1	2	3	4	5
7. Schools of nursing should emphasize nursing care and nursing judgment more.	1	2	3	4	5
8. Too much emphasis is placed on client teaching/instruction during hospitalization.	1	2	3	4	5
9. The use of nursing care plans in teaching clients are an important aspect of good nursing care.	1	2	3	4	5

	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
10. I am willing to change my routine in order to meet clients' needs.	1	2	3	4	5
11. Patient teaching is interesting for me as a registered nurse.	1	2	3	4	5
12. Registered nurses should take more interest in the clients and their families.	1	2	3	4	5
13. The clients' opinions of their care are an important part of the teaching process.	1	2	3	4	5
14. Initial client interview is important in improving patient care.	1	2	3	4	5
15. I would like to participate in ongoing education for my clients.	1	2	3	4	5

Please circle the most accurate answer on the following questions:

16. Age in years:

- a. Under 21
- b. 22 - 30
- c. 31 - 40
- d. 41 - 50
- 3. Over 51

17. Sex:

- a. Male
- b. Female

18. Type of basic nursing education:

- a. Associate degree in nursing
- b. Hospital diploma in nursing
- c. Baccalaureate degree in nursing

19. Highest level of educational preparation:

- a. Associate degree in nursing
- b. Hospital diploma in nursing
- c. Baccalaureate degree in nursing
- d. Baccalaureate degree in another field
- e. Master's degree in nursing
- f. Master's degree in another field
- g. Doctorate degree in nursing
- h. Doctorate degree in another field

20. Total number of years in nursing:

- a. < 1 - 5
- b. 6 - 10
- c. 11 - 15
- d. 16 - >20

Thank you for your time involved in filling out this survey. The researcher really appreciates your helpfulness and cooperation!!