Educational Role of the Nurse in Chronic Disease Control

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NURSES have long accepted the concept that "health education is implied in every nursing activity, irrespective of the setting in which the nurse functions" (*1*). Whether the nurse works with patients and their families in the home, clinic, physician's office, hospital, school, or other neighborhood facilities that provide health services, she can know the satisfaction that comes from educational work. Through her efforts patients' attitudes may be changed from indifference to interest and their behavior altered to accord with recommended medical advice. Health practices in a home may be reinforced and strengthened by adoption of a favorable daily regimen that the nurse has suggested. Disease control and eradication programs may be advanced in the community through individual or family understanding and cooperation that the nurse has promoted.

But there are barriers to teaching patients about their disease. The International Union against Tuberculosis, for example, has recently pointed out: "We hear a great deal about the resistance of the bacillus. But not enough is said about another form of resistance: that coming from ignorance, apathy, lack of interest—in a phrase, the resistance of man" (*2*). Whether or not we agree with this statement, education of the patient and his family presents a great challenge which requires the continuous and coordinated efforts of individuals and agencies.

Again using tuberculosis as an example, several recent studies in the United States reveal that the general public is not well informed about this disease; many people apparently do not know the basic facts about it. In one of these recent studies, made in 1964 in a mainland city, more than a third of the respondents thought that tuberculosis was inheritable, while nearly 30 percent did not know whether it was or not. (*3*). Many similar recent studies indicate clearly the need for community education about chronic diseases such as tuberculosis if the people, particularly those in high-risk groups, are to understand and cooperate in the control and eradication measures being carried out. This need makes the educational role of the nurse all the more important today.

What can nurses do to promote better understanding of a chronic disease? How can contacts with patients be made more productive in stimulating a desire for treatment? How can nurses encourage greater awareness of, and interest in, a given chronic disease among patients, ex-patients, and families? How can broken clinic appointments or lapses be lessened? How can patients be encouraged to take prescribed drugs over long periods? How can educational work be made more effective in all phases of disease control and eradication?

Barriers to Patient Education

Some of the barriers to education of patients about a chronic disease may relate to the setting in which the conference between nurse and patient is held, the lack of clear-cut goals for educational work, the failure to extend scarce pro-

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fessional time by group teaching, limitations under which the agency must operate, and cultural differences between the patients and the nurse.

Conference setting. Since person-to-person teaching and interviewing are an essential part of the nurse's professional work, arrangements should be made for a suitable place to talk with patients. If teaching takes place in the midst of telephone calls and other distractions, neither patient nor nurse can concentrate on what the other has to say. Distractions can inhibit or even prevent effective communication and teaching.

Clear-cut goals. Goals to define what the nurse hopes to accomplish in a conference, interview, or group work are indispensable. The goals will be determined in part by the questions the patient or his family asks, the interests he expresses, what he and his family already know about the disease, and how the patient is cooperating in his medical treatment. The objectives need to be related to specific ways of helping the group or person to understand the disease and its treatment, to comprehend the necessity for cooperation over a considerable period, and to discover what community services are available to the patient and his family. Unless the nurse takes time to think through the objectives for each educational experience, teaching may be inadequate and vague, including too much material at one time or omitting important aspects altogether; it also may not be keyed to the immediate needs of the patient or to his interests.

Group work. Discussion in which the experience of members of the group is elicited may effect changes in attitudes and practices. We have often seen patients and members of their families sitting silently in rows, waiting patiently to see the physician or nurse. Can some of this time be spent more productively in group talks and discussion? Has the nurse tried working with small groups in educational activities? Can group teaching be done in the waiting rooms of outpatient departments and clinics? Is it possible to use educational aids such as slides or filmstrips at this time? And most important, can the nurse involve the patients and ex-patients in planning for, and participating in, educational activities?

Other barriers. Patients' lack of understanding and acceptance of the educational message may be due to illiteracy, a low educational level, cultural differences, or other reasons. Language differences, particularly among some of the elderly, may prevent them from understanding and therefore, from putting into practice, the teaching about the disease. There may be agency barriers, too, relating to shortage of staff, inadequate facilities, or inadequate budget.

Changing Health Practices

Clear communication and educational experiences attuned to meet the personal, family, or group situation can change patients' attitudes and practices.

Communication. To the nurse, communication is a two-way process, an interaction in which she is listening, observing, and speaking. While speaking, she transmits both information and feelings; while listening and observing, she receives both information and feelings. A person's manner of speaking, expression, voice, gesture, and posture all help or hinder communication; encourage or inhibit a permissive attitude; promote or repress questions or comments (*4*). The way a nurse meets a patient in the clinic and her way of speaking over the telephone are also part of her communication.

When technical expressions are difficult to translate into simple language or when words seem inadequate to explain a procedure, does the nurse supplement verbal communication with a demonstration or a simple visual aid, such as a chart, photograph, or diagram? To make sure that the patient clearly understands, some nurses say, "Won't you show me how you do it?" or, at the end of a conference or interview, "Now let's review what we said."

The nurse in the tuberculosis field, for example, usually has intensive and close contact with patients and families over a fairly long period. This period provides time for her to gain their confidence; to learn how to speak so that she is understood; and to discover how to make her teaching acceptable and practical for the patient within the family milieu. She has the opportunity to encourage the patient to express his feelings, ideas, and questions—often

the first steps in developing rapport. This two-way communication gives the nurse leads as to the patient's interests, problems, and needs. She, too, is learning as well as teaching during these contacts and especially during home visits, for in these she can observe the patient in his environment and discover his family interrelationships.

Teaching methods. Many different teaching-learning experiences may be provided in a disease-education program planned for patients, families, and special groups in the community, such as older people. The purpose of these educational activities is to change attitudes and appreciations, knowledge and understanding, practices and skills, while reinforcing and strengthening favorable attitudes and practices.

According to Herbert F. Lionberger, who has done much research in communication, the decision to adopt a new practice or idea takes time and is usually the result of a series of influences (*5*). He says that people appear to go through a series of five stages—awareness, interest, evaluation, trial, and finally adoption of the practice or idea. Once a practice is adopted, its continued use may require reinforcement. I often wonder if reinforcement of desirable practices is not a neglected part of our educational plans. When patients are following a favorable regimen, does the nurse take the time to encourage its continuance, point out its value, and help patients develop an appreciation of its importance?

The medical staff, nursing supervisors, and numerous publications of authoritative sources such as State departments of health, the Public Health Service, and such national organizations as the National Tuberculosis Association can supply the content of the nurse's educational message.

Face-to-face discussion in small groups is effective in bringing about change. In such discussions in small groups, people can draw upon past experiences and evaluate ideas in terms of these experiences and their present beliefs and practices. Learning takes place in a friendly, informal, permissive atmosphere. Decisions reached after discussion are more likely to be carried out by individual members of a group, for the group provides social support and pressure. Also, through discussion, nurses may gain insights into the motivations and goals of patients and their families.

Participants in group discussions can help to explore needs, to set up goals, and to plan and carry out activities. Achieving the individual involvement of patients and their families takes time but can considerably enrich an educational program for patients.

Since group discussion is considered so effective, why do so many health workers hesitate to work with small groups in the outpatient department, hospital, clinic, health center, or neighborhood center? Is it because of lack of space for such work or of time for planning?

Other teaching methods besides group discussion also lend themselves to the educational work of the nurse. The demonstration method is appropriate in many situations and might be used more widely by health workers. A demonstration by the teacher can often be followed by one carried out by the person being taught.

Role playing, dramatizations, and films are all particularly suitable for bringing out the emotional aspects of a health problem and the human relationships which may affect it. They can provide a basis for objective discussion. Role playing can be used to try out new situations (reality testing). Visual aids have a place in stimulating an awareness of health problems and in motivating interest in them. Films, which may show events covering a long period within 20 to 30 minutes, are valuable for stimulating interest and providing a common experience for discussion. The flannelgraph, flash cards, charts, flip charts, photographs, and other visual aids can be adapted to a particular situation and often prove more effective than more elaborate and costly devices. Today many departments and agencies have overhead projecting equipment, which enables the health worker to use drawings and pictures and charts from magazines or books in teaching or talks.

Interpersonal Relations

Unless warm relations and empathy are established between the nurse and patient, the nurse's teaching and technical advice may not be accepted. When patients show resentment, hostility, or insecurity, the nurse needs to try to discover the underlying causes. If misunder-

standings have occurred, the situation should be corrected. A word of commendation for successful efforts and accomplishments will encourage the patient or his family to try again. Occasionally, a sense of humor helps to release tensions in a difficult situation.

The nurse's knowledge of the patient and his family, his background and milieu, medical history, and previous work experiences will provide insights into ways to approach him and encourage a harmonious relationship, but good will, friendliness, thoughtfulness, and flexibility are also required.

Cooperative Activities

The nurse works as a member of a team within the hospital, clinic, health department, voluntary agency, rehabilitation center, or other institution providing services for patients and their families. The members on the team may change according to the patient's problems and progress. How each member contributes to the patient's progress may be learned through problem-centered or patient-centered staff conferences.

Cooperative efforts to promote the education of patients may be encouraged through joint staff conferences of several agencies, inservice training, case conferences of several agencies, informal conversations or visits on the job, and other means for exchange of ideas. Cooperation in educational activities means giving, as well as receiving, help. It means making certain that the teaching by one person or agency about a disease does not conflict with the teaching of others, but rather supplements and reinforces other teaching; it means seeing that important information is included in teaching and that communication goes through proper channels. Cooperation does not mean developing a plan and then asking others concerned to cooperate in implementing it. It means starting together with the problem, agreeing on goals, developing plans, and carrying out all phases of the program cooperatively so that each responsibility assigned is acceptable to the person or agency receiving it.

Such cooperation and coordination of educational efforts will help the patient to progress in his treatment, become well, learn how to maintain his health, and thereby assume his role in society.

Summary

As the nurse provides a service to a patient or his family, she can also be teaching. Service and education go hand in hand; one enhances the other. To insure that such education of patients and families is carried out, that it is dynamic and effective, the nurse must make plans for it. The teaching needs to be personalized to meet the needs of a given patient or group. As far as possible patients should participate in all phases of educational activities. They may help in identifying their interests and needs and in setting goals. They may also take part in the programs themselves, for example, by demonstrating a procedure after the nurse has demonstrated it.

To insure clear communication between nurse and patient, visual aids and other educational methods may be used to supplement the spoken word. The most important aspect of teaching, however, is to develop in the patient such a friendly, cooperative attitude that he accepts the teacher's health message.

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