**Health teaching in nursing practice: unit 9**

Client education is multifaceted, involving promoting, protecting, and maintaining health. It involves teaching about reducing health risk factors, increasing a person’s level of wellness, and taking specific protective health measures.

TEACHING

Teaching is a system of activities intended to produce learning. The teaching process is intentionally designed to produce specific learning.

The teaching–learning process involves dynamic interaction between teacher and learner. Each participant in the process communicates

information, emotions, perceptions, and attitudes to the other. The teaching process and the nursing process are much alike.

Nurses teach a variety of learners in various settings. They teach clients and their families or significant others in the hospital, primary

care clinics, urgent care, managed care, the home, and assisted living and long-term care facilities. Nurses teach large and small groups of learners in community health education programs.

Nurses also teach professional colleagues and other health care personnel in academic institutions such as vocational schools, colleges,

and universities, and in health care facilities such as hospitals or nursing homes.

Teaching Clients and Their Families

Nurses may teach individual clients in one-to-one teaching episodes. For example, the nurse may teach about wound care while changing

a client’s dressing or may teach about diet, exercise, and other lifestyle behaviors that minimize the risk of a heart attack for a client who has a cardiac problem.

 The nurse may also be involved in teaching family members or other support people who are caring for the client.

Nurses working in obstetric and pediatric areas teach parents and sometimes grandparents how to care for children.

Because of decreased length of hospital stays, time constraints on client education may occur. Nurses need to provide client education

that will ensure the client’s safe transition from one level of care to another and make appropriate plans for follow-up education in

the client’s home. Discharge plans must include information about what the client has been taught before transfer or discharge and what remains for the client to learn to perform self-care in the home or other residence.

LEARNING

Like all people, clients have a variety of learning needs. A learning need is a desire or a requirement to know something that is presently

unknown to the learner. Learning needs include new knowledge or information but can also include a new or different skill or physical

ability, or a new behavior or a need to change an old behavior.

Learning

Is a change in human disposition or capability that persists and that cannot be solely accounted for by growth. Learning is represented

by a change in behavior.

Learning Domains

Bloom (1956) identified three domains or areas of learning: cognitive, affective, and psychomotor. The cognitive domain, the “thinking”

domain, includes six intellectual abilities and thinking processes beginning with knowing, comprehending, and applying to analysis,

synthesis, and evaluation.

The affective domain, known as the “feeling” domain, deals with personal issues such as “attitudes, beliefs, behaviors, and emotions” The psychomotor domain, the “skill” domain, includes fine and gross motor abilities such as giving an injection.

Nurses should include each of Bloom’s three domains in client teaching plans. For example, teaching a client how to self-administer

insulin is in the psychomotor domain. But an important part of a teaching plan for a client with diabetes is to teach why insulin is

needed and what to do when not feeling well; this is in the cognitive domain. Helping the client accept the chronic implications of diabetes and maintain self-esteem is in the affective domain.

Factors Affecting Learning

Many factors can facilitate or hinder learning by a client. The nurse should be aware of these factors, particularly when available teaching time is limited.

Age and developmental stage

The nurse needs to consider the age and developmental stage of the learner because they influence the client’s ability to learn.

Three major developmental stage factors associated with learner readiness include physical, cognitive, and psychosocial maturation. These factors must be considered at each developmental period throughout the life cycle.

Motivation

Motivation to learn is the desire to learn. It greatly influences how quickly and how much a person learns. Motivation is generally greatest when a person recognizes a need and believes the need will be met through learning. It is not enough for the need to be identified and verbalized by the nurse; it must be experienced by the client.

 Often the nurse’s task is to help the client personally work through the problem and identify the need. Sometimes clients or support people need help identifying information relevant to their situation before they can see a need. For instance, clients with heart disease may need to know the effects of smoking before they recognize the need to stop smoking. Adolescents may need to know the consequences of an untreated sexually transmitted infection before they see the need for treatment.

Readiness

Readiness to learn is the demonstration of behaviors or cues that reflect the learner’s motivation to learn at a specific time. Readiness

reflects not only the desire or willingness to learn but also the ability to learn at a specific time. For example, a client may want to learn self-care during a dressing change, but if the client experiences pain or discomfort he or she may not be able to learn. The nurse can provide pain medication to make the client more comfortable and more able to learn. The nurse’s role is often to encourage the development of readiness.

Active involvement

When the learner is actively involved in the process of learning, learning becomes more meaningful. If the learner actively participates in planning and discussion, learning is faster and retention is better. Active learning promotes critical thinking, enabling learners to problem solve more effectively.

Clients who are actively involved in learning about their health care may be more able to apply the learning to their own situation. For example, clients who are actively involved in learning about their therapeutic diets may be more able to apply the principles being taught to their cultural food preferences and their usual eating habits. Passive learning, such as listening to a lecture or watching a film, does not foster optimal learning.

Relevance

The knowledge or skill to be learned must be personally relevant to the learner. Clients learn more easily if they can connect the new

knowledge to that which they already know or have experienced. For example, if a client is diagnosed with hypertension, is overweight, and has symptoms of headaches and fatigue, he is more likely to understand the need to lose weight if he remembers having more energy when he weighed less. The nurse needs to validate the relevance of learning with the client throughout the learning process.

Feedback

*Feedback* is information regarding a person’s performance in reaching a desired goal. It has to be meaningful to the learner. Feedback that accompanies the practice of psychomotor skills helps the person to learn those skills. Support of desired behavior through praise, positively worded corrections, and suggestions of alternative methods are ways of providing positive feedback. Negative feedback such as ridicule, anger, or sarcasm can lead people to withdraw from learning. Such feedback, viewed as a type of punishment, may cause the client to avoid the teacher in order to avoid punishment.