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### Review Questions for the NCLEX® Examination

1. A patient develops edema as an adverse effect to a prescribed medication. A gain of 5 pounds has occurred in 24 hours, and 2+ edema is present in the legs. Which nursing diagnosis statement does the nurse allocate to this patient?
  1. Excess fluid volume related to calcium ion antagonist therapy (nifedipine), as evidenced by dependent edema (2+) and weight gain of 5 pounds in 24 hours
  2. Excess fluid volume related to medication therapy, manifested by 5-pound weight gain and leg edema
  3. Excess fluid volume related to adverse effects of medications, as evidenced by unknown etiology
  4. Risk for fluid volume imbalance, related to adverse effects of medications
2. Which type of nursing diagnosis involves the potential for a complication of drug therapy?
  1. Actual
  2. Risk/high-risk
  3. Health promotion and/or wellness
  4. Syndrome
3. Which is an example of a primary source of information?
  1. Subjective data provided by the patient
  2. Information from relatives
  3. Medical records
  4. Literature search
4. Which is an example of an independent nursing action?
  1. Maintaining and modifying the medication orders
  2. Collaborating with qualified professionals about medication calculations
  3. Reviewing the laboratory results
  4. Obtaining the patient's medication history
5. When is the nurse supposed to use the evaluation step of the nursing process?
  1. Upon admission
  2. When the patient is ready for discharge
  3. After each intervention
  4. During the review of patient education

**Objective**

1. Differentiate among the cognitive, affective, and psychomotor learning domains.

**Key Terms**

**cognitive domain** (KŌG-nī-tiv dō-MĀN) (p. 48)

**affective domain** (ă-FĒK-tiv) (p. 48)

**psychomotor domain** (sī-kō-MŌ-tōr) (p. 48)

An important nursing responsibility is making certain that patients receive correct information about the many aspects of their therapies; thus, patient education is a key component of what nurses do, and understanding the principles of how people learn is critical. Nurses need to instruct patients with the use of correct information that is specific to the individual, and they also must determine if the information is understood. The three domains of learning that all adults use when acquiring new knowledge are the cognitive domain, the affective domain, and the psychomotor domain (Figure 5-1).

**THREE DOMAINS OF LEARNING****COGNITIVE DOMAIN**

The **cognitive domain** is the level at which basic knowledge is learned and stored. It is the thinking portion of the learning process, and it incorporates a person's previous experiences and perceptions. Previous experiences with health and wellness influence the learning of new materials. Prior knowledge and experience are the foundation of the addition of new concepts. Thus, the learning process begins by identifying what experiences the person has had with the subject.

However, thinking involves more than the delivery of new information or concepts. A person must build relationships between prior experiences and new concepts to formulate new meanings. At a higher level of the thinking process, the new information is used to question something that is uncertain, to recognize when to seek additional information, and to make decisions during real-life situations.

**AFFECTIVE DOMAIN**

Affective behavior is conduct that expresses feelings, needs, beliefs, values, and opinions. The **affective**

**domain** is the most intangible portion of the learning process. It is well known that individuals view events from different perspectives. People often choose to internalize feelings rather than to express them. The nurse must be willing to approach patients in a non-judgmental fashion, to listen to their concerns, to recognize the nonverbal messages being given, and to assess patient needs with an open mind.

**Clinical Goldmine**

The development of a sense of trust and confidence in health care providers can have a powerful effect on the attitude of the patient and his or her family members. This can influence the learner's response to the new information that is being taught. The nurse should be positive and accepting, and he or she should involve the learner in a discussion to draw out his or her views regarding solutions to problems.

**PSYCHOMOTOR DOMAIN**

The **psychomotor domain** involves the learning of a new procedure or skill. It is often referred to as the *doing domain*. Teaching is usually done by demonstration of the procedure or task with the use of a step-by-step approach, with reciprocal demonstrations performed by the learner to validate the degree of mastery obtained.

**PRINCIPLES OF TEACHING AND LEARNING****Objectives**

2. Identify the main principles of learning that are applied when teaching a patient, family, or group.
3. Describe the essential elements of patient education in relation to prescribed medications.

**Key Terms**

**health teaching** (p. 48)

**objectives** (ōb-JĒK-tivz) (p. 49)

**ethnocentrism** (ēth-nō-SĒN-trīz-ūm) (p. 53)

During the past two decades, **health teaching** has evolved from an abstract form of intervention that occurred only if a specific need existed at

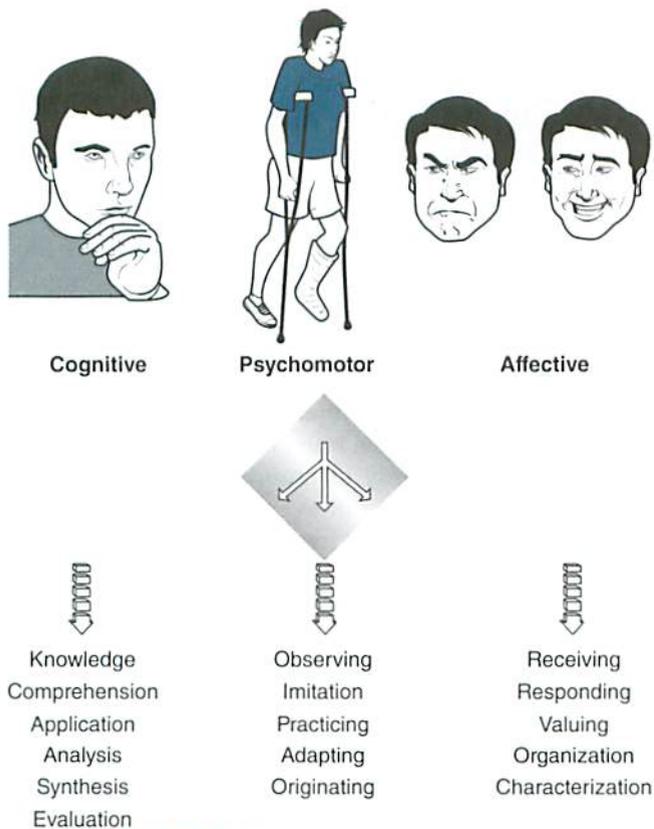


FIGURE 5-1 The three domains of learning.

discharge—and if the health care provider approved of providing the information to the patient—to its current formalized development of learning objectives that direct patients toward achieving goals on the basis of their needs (Box 5-1). Today, health teaching is an important nursing responsibility that carries legal implications if there is a failure to provide and document education. Providing information to patients so that they can understand and manage health-care-related situations is now considered a basic patient right, and it has been mandated by The Joint Commission since 1996.

### FOCUS THE LEARNING

The patient must be allowed to focus on the material or task to be learned. The environment must be conducive to learning (i.e., quiet, well lit, and equipped for a teaching session). The learner requires repetition of new information so that he or she may master it. Nurses may feel obligated to teach the patient or family members everything that they know about a disease or procedure, thereby overwhelming them with information. Instead, nurses must first glean what information is essential, and they then need to consider what the patient wants to know.

Begin with the patient's questions and proceed from there; otherwise, the individual may not be focused

### Box 5-1 Teaching Tips

- Focus the learning.
- Consider learning styles.
- Organize teaching sessions and materials.
- Motivate the individual to learn.
- Determine the individual's readiness to learn.
- Space the content.
- Use repetition to enhance learning.
- Consider the individual's education level.
- Incorporate culture and ethnic diversity.
- Teach appropriate use of the Internet.
- Encourage adherence.
- Communicate goals and expectations.

on the presentation. By beginning with the patient's needs, nurses give the patient some control over the learning and increase active participation in the process, which enhances learning.

### CONSIDER LEARNING STYLES

Learning styles vary. Some people can read and readily comprehend directions, whereas others need to see, feel, hear, touch, and think to master a task. To be effective, the nurse must fit the teaching techniques to the learner's style. Therefore, a variety of materials should be made available for health education. The nurse can select the instructional approach to be used from written materials such as pamphlets, video recordings, motion pictures, models, photographs, charts, and computers. A variety of these materials will supply an audiovisual component that may be essential to the patient's learning style.

### ORGANIZE TEACHING SESSIONS AND MATERIALS

In most clinical settings, patient education materials are developed by the staff and then reviewed by a committee for adoption. Specific objectives should be formulated for patient education sessions. The **objectives** should state the purpose of the activities and the expected outcomes. Objectives may be developed in conjunction with a nursing diagnosis statement (e.g., Imbalanced nutrition: Less than body requirements), or they can be developed for common conditions that require care delivery (e.g., care of the patient who is receiving chemotherapy). Regardless of the format used, these instructional materials have established content that is given in outline form, and they are arranged so that one nurse can initiate the teaching and document the degree of understanding, and then another nurse can continue the teaching during a different shift or on a different day. The first nurse should check off what has been accomplished so that the next nurse knows where to resume the lesson.

At the start of each subsequent teaching session, it is important to review what has been covered previously and to affirm the retention of information from the previous lessons. Organizing materials this way standardizes the content, allows for more than one nurse to teach the same patient, allows for the material to be covered in increments that the patient can handle, and makes documentation easier. This information is then readily available for review before the patient is discharged, and it can support the necessity for additional home care when a patient has not mastered self-care needs.

When psychomotor skills are being taught, reciprocal demonstrations are particularly useful to ensure mastery. It helps to allow the learner to practice a task several times. Giving the person immediate feedback about the skills that he or she has mastered and then giving him or her time to practice the skills that are more difficult allow the learner to improve with regard to manual dexterity and mastering the sequencing of the procedure. If appropriate, equipment may be left with the learner for practice before the next session.

Sometimes it is particularly useful to set up a video of skill demonstrations for the patient to view alone at a convenient time. At the next meeting, the video can be reviewed together with the nurse, and important points can be discussed and clarified if the patient expresses confusion or uncertainty. This technique reinforces what has been said, reviews what has been learned, and provides the learner with repetition, which is necessary for learning.

### **MOTIVATE THE INDIVIDUAL TO LEARN**

Before initiating a teaching plan, the nurse should be certain that the patient can focus and concentrate on the tasks and materials to be learned. The patient's basic needs (e.g., food, oxygen, pain relief) must be met before he or she can focus on learning. The nurse must recognize the individual's health beliefs when trying to motivate the learner. Because health teaching requires the integration of the patient's beliefs, attitudes, values, opinions, and needs, an individualized teaching plan must be developed or a standardized teaching plan must be adapted to the individual's beliefs and needs (Box 5-2).

Teaching does not require a formal setting. Some of the most effective teaching can be done while care is being delivered. The patient can be exposed to a skill, a treatment, or facts that must be comprehended in small increments. The nurse who explains a procedure and informs the patient why a certain procedure is being performed reinforces the need for it and motivates the individual to learn. When the patient understands the personal benefits of performing a task, his or her willingness to do it is strengthened. As the patient practices using the new skill or procedure, the

nurse can reinforce its benefits as well as the technique for mastery.

### **DETERMINE READINESS TO LEARN**

A patient's perception of his or her health and health status may differ from the nurse's judgment; therefore, the values of health to each individual may differ greatly. The patient may not realize that a healthy lifestyle will provide significant benefits. A person who commonly indulges in alcohol, smoking, or a high-fat diet and leads a sedentary lifestyle may not consider the consequences of these practices in relation to health. Not everyone is interested in the concept of healthy living. The nurse must respect the individuality of the patient, family, or group being treated; he or she should accept that not everyone is motivated by the possibility of a higher level of wellness.

The nurse can positively influence the learning process by being enthusiastic about the content to be taught. A patient's response to the new information will vary and depends on several factors, including the following: the need to know, the patient's life experiences and self-concept, the effect of the illness on the patient's lifestyle, the patient's experience with learning new materials, and the patient's readiness to learn. As part of research performed by Kaluger and Kaluger (1984), it was discovered that patient readiness or the ability to engage in learning depends on motive, relevant preparatory training, and physiologic maturation. In other words, is the learner motivated? Is the learner willing to make behavioral changes? Is the patient's illness or wellness at a point at which learning will be beneficial and appropriate?

Consideration must be given to the patient's psychosocial adaptation to illness and his or her ability to focus on learning. For example, during the denial, anger, or bargaining stages of grieving, the patient usually is neither prepared nor willing to accept the limitations imposed by the disease process. During the resolution and acceptance stages of the grieving process, the patient moves toward accepting responsibility and develops a willingness to learn what is necessary to attain an optimal level of health. The nurse can use encouragement and support the patient's attempts to learn new challenging or difficult procedures (Figure 5-2).

For teaching activities that are conducted with children, psychosocial, cognitive, and language abilities must be considered. Cognitive and motor development as well as the learner's language usage and understanding must be assessed. Age definitely influences the types and amounts of self-care activities that the child is capable of learning and executing independently. The nurse should consult a text that addresses developmental theory for further information.

Adult education is usually oriented toward learning what is necessary to maintain a particular lifestyle. In

**Box 5-2 Sample Teaching Plan for a Patient With Diabetes Mellitus Taking One Type of Insulin\*****UNDERSTANDING OF HEALTH CONDITION**

- Assess the patient's and the family's understanding of diabetes mellitus.
- Clarify the meaning of the disease in terms that the patient is able to understand.
- Establish learning goals through mutual discussion. Teach the most important information first. Set dates for the teaching of content after discussion with the patient.

**FOOD AND FLUIDS**

- Arrange for the patient and his or her family members and significant others to attend nutrition lectures and demonstrations about food preparation.
- Reinforce knowledge of exchange lists (or other dietary methods) with the use of tactful questioning and by giving the patient a chance to practice food selections for daily meals from the menus provided.
- Explain how to manage the diabetic diet during illness (e.g., with nausea and vomiting, patient should increase fluid intake) and when to contact the health care provider.
- Stress the interrelationship of food with the onset, peak, and duration of the prescribed insulin.

**MONITORING TESTS**

- Demonstrate how to collect and test blood glucose samples and, as appropriate, urine.
- Validate understanding by having the patient collect, test, and record the results of the testing for the remainder of the hospitalization.
- Stress serum glucose testing before meals and at bedtime.
- Explain the importance of regular follow-up laboratory studies (e.g., fasting plasma glucose testing, postprandial A1c) to monitor the patient's degree of control.

**MEDICATIONS AND TREATMENTS**

- Teach the name, dosage, route of administration, desired action, and storage and refilling procedures for the type of insulin prescribed.
- Explain the principles of insulin action, onset, peak, and duration (see Chapter 36).
- Demonstrate how to prepare and administer the prescribed dose of insulin.
- Teach site location and self-administration of insulin.
- Give specific instructions that address the reading of the syringe to be used at home.
- Teach the patient how to obtain supplies (e.g., disposable syringes, needles, glucometer, glucose monitoring strips, insulin pen).
- Discuss the usual timing of reactions, the signs and symptoms of hypoglycemia or hyperglycemia, and the management of each complication.
- Validate the patient's understanding of side effects to expect and of those that require reporting.
- Teach and validate family members' and significant others' understanding of the signs and symptoms of hypoglycemia and hyperglycemia as well as the management of each complication.

- Teach a general approach to the management of illnesses (e.g., the actions required if nausea and vomiting or fever occur; stress glucose monitoring before meals and at bedtime; discuss the situations when there is a need to call a health care provider).

**PERSONAL HYGIENE**

- Discuss the great importance of managing personal hygiene, and emphasize the need to consult a health care provider for guidance and discussion:
  - Regular foot care
  - Meticulous oral hygiene and dental care
  - Care of cuts, scratches, and minor and major injuries
  - Stress management and needed alterations in insulin dosage during an illness

**ACTIVITIES**

- Help the patient develop a detailed time schedule for usual activities of daily living. Incorporate diabetic care needs into this schedule.
- Encourage maintaining all usual activities of daily living. Discuss anticipated problems and possible interventions.
- Discuss personal care needs not only at home but also in the work setting, as appropriate. (Consider involving the industrial nurse, if available, in the work setting.)
- Discuss the effects of an increase or decrease in activity level on the management of diabetes mellitus.

**HOME OR FOLLOW-UP CARE**

- Arrange for outpatient or health care provider follow-up appointments and schedule ordered laboratory tests.
- Advise the patient to seek assistance from the health care provider or from the nearest emergency department service for problems that may develop.
- Arrange appropriate referrals to community health agencies, if needed.
- Complete a diabetic alert card or another means (e.g., an identification necklace or bracelet) of alerting people to the individual's needs in case of an emergency.
- Discuss an exercise program with the health care provider.

**SPECIAL EQUIPMENT AND INSTRUCTIONAL MATERIAL**

- Develop a list of equipment and supplies to be purchased; have a family member purchase and bring these to the hospital for use during teaching sessions (e.g., blood glucose monitoring supplies, syringes, insulin pen, needles, alcohol wipes).
- Show audiovisual materials that address insulin preparation, storage, and administration as well as serum glucose testing.
- Develop a written record (see Chapter 36), and assist the patient with maintaining data during hospitalization.

**OTHER**

- Teach measures to make travel easier.
- Tell the patient about the American Diabetes Association and about the materials available from this resource.

\*Each item listed must be assessed for the individual's current knowledge base and level of understanding throughout the course of teaching. The process is reassessed and the teaching continued until the patient masters all facets of self-care needs. With the advent of shorter hospitalizations, inpatient and outpatient teaching may be necessary, and it may include referral to community-based health care agencies, as needed. Discharge charting and referral should carefully document those facets of the teaching plan that have been mastered and those that need to be taught. The health care provider should be notified of deficits in the patient's learning ability or in his or her mastery of needed elements in the teaching plan.



**FIGURE 5-2** A patient does a return demonstration of an insulin injection after being taught by the nurse.

general, adults need to understand why they must learn something before they undertake the effort to learn it. When planning the educational needs of the patient, the nurse must assess what the patient already knows and what additional information is desired. It is imperative that the nurse make the content relevant to the individual and that the patient's health beliefs are incorporated into the overall plan.

Many learners are embarrassed by their inability to master a task. Asking them if they understand is useless, because they will not admit their embarrassment or that they do not understand. The nurse should provide information in small increments and allow for practice, review, practice, review, and practice until success is achieved. The nurse can stop at appropriate intervals and reschedule sessions to meet the patient's learning needs.

When the learner becomes anxious, the presentation of new information can be slowed, repeated, or stopped and the session rescheduled. The nurse should compliment positive aspects of the session before ending it. Fear and anxiety often impair a person's ability to focus on the task or content being presented, so creating an environment that is conducive to learning is important.



## Life Span Considerations

### Teaching Older Adults

The older adult needs to be further assessed before the implementation of health teaching; these assessments should include vision, hearing, and short- and long-term memory. If a task is to be taught, fine and gross motor abilities need to be evaluated as well. An older patient may also have major concerns regarding the cost of the proposed treatments in relation to available resources. A patient will often evaluate the benefits of planned medical interventions and their overall effect on the quality of life. Any of these situations can affect the ability of the patient to focus on the new information to be taught, thus influencing his or her response to and the overall outcome of the teaching. Older adults have often experienced losses and may be facing social isolation, physical (functional) losses, and financial constraints. Because older adults often have more chronic health problems, a new diagnosis, an exacerbation of a disease, or a new crisis may be physically and emotionally overwhelming. Therefore, the timing of patient instruction is of great significance.

When teaching an older patient, it is prudent to slow the pace of the presentation and to limit the length of each session to prevent overtiring. Older adults can learn the material, but they often process things more slowly than younger people do, because their short-term memory may be more limited. The nurse must work with the learner to develop ways to remember what is being taught. The more that the older person is involved in forming the associations that will be used to remember new ideas and to connect these ideas with past experiences, the better the outcome.

When anxiety is high, the ability to focus on details is reduced. The nurse should anticipate periods during the hospitalization when teaching can be more effective. Some teaching is most successful when it is done spontaneously, such as when the patient asks direct questions about his or her progress toward discharge. The nurse also must learn to anticipate inopportune times to initiate teaching, such as during withdrawal after the patient learns about a diagnosis with a poor prognosis. With reduced hospital stays, the ability to time patient education ideally and to perform actual teaching is a challenge. It is imperative that the nurse document those aspects of health teaching that have been mastered and—of equal importance—those that have not been; he or she must then request referral to an appropriate agency for follow-up teaching and assistance.



### Clinical Goldmine

Consider the lighting so that there is no glare on reading materials; face the learner for better eye contact, and speak directly and in a clear tone, without shouting. Be calm, use tact and diplomacy if frustrations develop, and try to instill confidence in the learner's ability to surmount any problems.

## SPACE THE CONTENT

Spacing or staggering the amount of material given during one session should be considered, regardless of the age of the person being taught. People tend to remember what is learned first. With this principle in mind, multiple short sessions are usually better than a few longer sessions that may overwhelm the learner. New teachers tend to focus on giving all of the materials to the individual and then indicating on checklists that the materials were taught. However, receiving information is not synonymous with learning information.

The patient's learning style should be assessed to determine if he or she likes to read materials and then discuss them or if he or she prefers other methods of study, such as audiovisual sessions. After this has been determined, the spacing of the content can be tailored to the types of learning materials available to teach the content.

## CONSIDER EDUCATION LEVEL

The vocabulary and reading level of the materials used during the teaching sessions must be tailored to the patient's ability to understand the information. The information must be presented at an appropriate educational level. Medical terms may not be understood, and written instructions left at the bedside may be misinterpreted or not read at all. Some people may be illiterate, whereas others may read at a first-grade, seventh-grade, or collegiate level. Therefore, if written materials are used, it is important to consider these wide variations in literacy.

## INCORPORATE CULTURE AND ETHNIC DIVERSITY

Many health care providers have a limited understanding of what other cultures believe and the importance of these beliefs to the learning process. **Ethnocentrism** is the assumption that one's culture provides the right way, the best way, and the only way to live. Briefly, people who believe in the theory of ethnocentrism assume that their way of viewing the world is superior to that of others (Leininger, 2002). As the understanding of cultural diversity increases, health care providers must expand their knowledge of the basic tenets of the belief systems that they may encounter among their patients.

Because there are differing beliefs, it is important that the nurse explore the meaning of an illness with the patient. Members of other cultures do not always express themselves when their views are in conflict with those of another culture. Unless a careful assessment of psychosocial needs is performed, the true meaning of an illness or the proposed intervention may never be uncovered. Even the assessment process has obstacles attached. People in some cultures do not believe that family information should be shared outside of the family. For example, some Eastern

European cultures prefer not to reveal any history of psychiatric illness or treatment and are usually reluctant to share any sexual history. Others, such as the Native American culture, believe that only the affected individual may reveal information.

Communication is vitally important within any cultural group. However, verbal and nonverbal types of communication mean different things to different cultures. For example, whites tend to value eye contact, whereas in other cultures (e.g., Native Americans, Asians) direct eye contact is a sign of disrespect or rudeness. As a part of communication, knowing how to address the patient is also important. African-American patients often prefer to have their formal names used rather than their first names, especially older family members. Chinese people tend to be more formal than Americans, and husbands and wives do not necessarily have the same last name. The simple gesture of asking an individual how he or she prefers to be addressed is both helpful and respectful.

Apparent aggressiveness, paranoia, and other behaviors that are experienced when conversing with some ethnic groups may be a result of defensiveness that arises from conditioning during life experiences and in response to perceptions of racial prejudice. When these behaviors are exhibited, the nurse must remain calm and nonjudgmental; he or she should intervene only to clarify the cause of the miscommunication.

Working with an interpreter when a language barrier exists presents several additional challenges to understanding. The nurse should first explain the educational session to the interpreter and then discuss the types of questions that will be asked of the patient. Does the interpreter have experience with medical terminology? Will he or she understand what you are saying? Are there comparable words in the patient's language that can be used to translate what you are saying? Is the interpreter explaining what the learner is saying? Whenever a third person enters into the communication cycle, a lack of clarity and misinterpretation can occur. The nurse should keep questions brief and ask them one at a time to give the interpreter an opportunity to rephrase the question and obtain a response. Sometimes supplementing questions with pictures and pantomime gestures may be helpful. When using an interpreter, the nurse should look directly at the patient (not at the interpreter) while conversing.

The members of the health team should always try to ascertain the patient's beliefs about illness. The following should be taken into consideration:

- Is "good health" defined as the ability to work or to fulfill family roles, or is it a reward from God or a balance with nature?
- Does the patient believe that health care can improve health outcomes, or does fate determine the outcome?

- Are any cultural or religious disease prevention approaches used in the household?
- Do family members wear talismans or charms for protection against illness?
- Are cultural healers important (e.g., Chinese herbalists, Native American medicine men)?

As part of the *cultural assessment*, the nurse should determine factors that relate to the cultural beliefs for the family. Inquire as to whether other family members should be included in the discussion of the patient's medical care. Does the individual require the continued presence of the family in the immediate clinical setting? Should the family be involved in the direct delivery of care (e.g., bathing, feeding)? Who is the decision maker or the family spokesperson? Be sure to include the decision makers in the teaching session so that the teaching will not be wasted. Always remain sensitive to the patient's and family's cultural beliefs and practices. Nurses can demonstrate understanding, empathy, respect, and patience for the patient's cultural values through their communication and actual delivery of health care. Consult assessment textbooks for more extensive coverage of ethnic and cultural issues.

As cultural mixes become more common, educational materials are being adapted to meet a variety of cultural considerations. Unfortunately, this does not solve all of the problems. Interpreting written materials still leaves room for misunderstanding, because many people cannot read or do not read at the level of the provided materials.

## STRATEGIES FOR HEALTH TEACHING

### Objectives

4. Describe the nurse's role in fostering patient responsibility for maintaining well-being and for adhering to the therapeutic regimen.

5. Identify the types of information that should be discussed with the patient or significant others to establish reasonable expectations for the prescribed therapy.
6. Discuss specific techniques used in the practice setting to facilitate patient education.

### Key Terms

**ethnography** (ĕth-NŌG-ră-fĕ) (p. 56)

## TEACH APPROPRIATE USE OF THE INTERNET

It has been estimated that approximately 65% of the population of North America has access to the Internet, with many using it to seek health- or medical-related information (Bradley, 2008). It has become common for consumers to access the Internet for health care inquiries, including medical consultation from an online physician or another health care professional about a particular health care concern. Consumers can purchase medications online and research health care treatments. The convenience of accessing electronic health care information is a powerful resource for consumers, and it is one that provides anonymity and that may serve to empower the patient. Valid health care information can assist patients with the making of informed health care decisions (Table 5-1).

Today, many patients present to the health care provider's office with some knowledge of their disease, treatment, and medications. This has altered the nurse's role as a provider of health care education to resemble that of a consultant. It is the nurse's role to teach patients to use the Internet effectively, to evaluate Web sites for validity, and to assist patients with understanding the information that they have accessed. The nurse should also provide patients with the tools to evaluate Web sites for validity and to tell them about

**Table 5-1** Sources of Patient Information

SOURCE	DESCRIPTION
Health on the Net Foundation ( <a href="http://www.hon.ch">http://www.hon.ch</a> )	Leading organization that promotes and guides the deployment of useful and reliable online medical and health information and its appropriate and efficient use
Health care institution intranet	Data available through an institution-specific intranet Provides an online resource for drug information (e.g., Micromedex) Often includes information about diseases and diagnostic testing Information may be printed by the nurse and used for patient education
Krames Online ( <a href="http://nih.kramesonline.com/">http://nih.kramesonline.com/</a> )	Patients access this site on their own Includes information about diseases, conditions, treatments, procedures, surgeries, and medications, including prescription medications, and over-the-counter products
<i>Therapeutic Choices</i> 🇨🇦	Published by the Canadian Pharmacists Association 1200-page handbook that describes major diseases and their treatment Discussions of medical conditions are brief Focuses on goals of therapy, management algorithms, and the discussion of nonpharmacologic and pharmacologic therapies

reputable sites that are specific to their health care needs. With the abundance of health- and disease-related information on the Internet, the quality of information varies. Therefore, it is essential that the nurse maintain an educational partnership with the patient and his or her caregivers.

## ENCOURAGE ADHERENCE

Health care providers and educators tend to think that a patient should change behaviors and adhere to a new therapeutic regimen simply because the educator said so. However, patients do have the right to make their own life choices, and they often do. Unfortunately, there is no way to ensure adherence unless the patient recognizes its value.

Success with a health regimen is enhanced when the educator conveys an enthusiastic attitude, appears positive about the subject matter, and shows confidence in the abilities of the participants to understand the lesson. Reinforcing positive accomplishments fosters successful achievement.

The patient's response to the therapeutic regimen (including medications) and his or her degree of compliance are influenced by several variables, including the following:

- Beliefs about the seriousness of the illness
- Perceptions of the benefits of the proposed treatment plans
- Personal beliefs, values, and attitudes toward health, the provider of the medication, and the health care system, including prior experience with the system
- Effects of the proposed changes on personal lifestyle
- Acceptance (or denial) of the illness and its associated problems; other psychological issues, such as anger about the illness, apathy, depression, forgetfulness, and confusion
- High stress or daily stresses, such as dysfunctional families, difficult living situations, poverty, long working hours in a tense environment, and problematic parenting issues
- Comprehension and understanding of the health regimen or frequent changes in the regimen; the inability to read written instructions
- Multiple physicians or health care providers prescribing medications
- Costs of treatment in relation to resources and possible difficulty with getting prescriptions filled
- Support of significant others or problems with assistance that is needed in the home
- Amount of control that the individual experiences with regard to the disease or condition and, ultimately, over life as a result of the changes

- Side effects of the treatment and the degree of inconvenience, annoyance, or impairment in functioning that they produce
- Degree of positive response achieved
- Physical difficulties that limit access to or use of medication, such as swallowing tablets, difficulty with opening containers or handling small tablets, or the inability to distinguish colors or identifying markings on different medications
- Concerns about taking drugs and the fear of addiction

Evaluating the ability of a patient to comply with a proposed health regimen is a complex process that involves using established criteria to reach a conclusion. The ultimate goal is to assist patients with achieving the greatest degree of control possible within the context of their beliefs, values, and needs. Health care professionals can offer support and encouragement, be complimentary about positive achievements, and encourage an examination of the available options and the benefits of a healthy lifestyle. It is vital to assist patients with exploring options when a problem or complication arises rather than giving up the treatment because information about alternatives is lacking. Financial considerations may also affect the patient's decisions.

Needs are constantly changing; the learning objectives must be modified on a continuum and the plan of care adapted to the individual's current needs. The plan of care should evolve as a result of the nurse and patient discussing the available options and then establishing outcomes that the patient is willing to consider and finds acceptable.

## Strategies for Increasing Adherence

The challenge for nursing is to increase the adherence of patients to their health care regimen and to minimize hospital readmission and suffering from complications. It is estimated that poor adherence to medical therapy accounts for about \$300 billion in unnecessary health care expenses each year. One model that has been used to induce behavioral change in patients is called the *Case Management Adherence Guidelines, version 1*. This project, developed by Pfizer and the Case Management Society of America, is a series of tools that are used by case managers (many of whom are nurses) to assess the patient's motivation level as well as his or her knowledge of prescribed medications and other therapies. It also assesses a patient's social support system. The tools help to identify those who are more at risk for nonadherence so that interventions can be initiated early during the care process. A key principle of this model is that the caregiver must recognize that the patient will make the final decisions. The caregiver must negotiate with (not dictate to) the patient to implement actions that may

result in positive change. This approach gives the caregiver and patient ownership of the goals to be achieved.

Another type of research technique used to study adherence is **ethnography**. When a patient is not meeting expected outcomes, an ethnographer may visit the patient at home to observe how the patient administers his or her health care regimen. Observations are made with regard to how and which procedures are accomplished and what errors are being made. Industry has used these methods for many years to help design work flow for production, and it has been discovered that this is also a valuable tool in health care for improving patient outcomes. It is important to remember that the patient may not be purposefully nonadherent; rather, the home environment may not allow for adherence to the proper treatment regimen.

### USE RELEVANT CONTENT

Nurses tend to think that patients will do what is suggested simply because they have been told that it will be beneficial. In the hospital, the nurse and other health team members reinforce the basic therapeutic regimen; at discharge, however, the patient leaves the controlled environment and is free to choose to follow the prescribed treatment or to alter it as deemed appropriate on the basis of personal values and beliefs. For learning to take place, the patient must perceive the information as being relevant. Whenever possible, start with simple and attainable goals to build the patient's confidence. It is important to correlate the teaching with the patient's perspective of the illness and his or her ability to control the signs and symptoms or the course of the disease process.

### COMMUNICATE GOALS AND EXPECTATIONS OF THERAPY

Before discharge, reasonable responses to the planned therapy should be discussed. The patient should know what signs and symptoms may be altered by the prescribed medications. The precautions necessary when taking a medication must be explained by the nurse and understood by the patient (e.g., to use caution when operating power equipment or a motor vehicle,

to avoid direct sunlight, to ensure that follow-up laboratory studies are carried out).

### Changes in Expectations

Changes in the patient's expectations should be assessed as therapy progresses and as the patient gains understanding and skill with regard to managing the diagnosis. The expectations of therapy for patients with acute illnesses may vary widely from those of patients with chronic illnesses.

### Cooperative Goal Setting

An attitude of shared input into goals and outcomes can encourage the patient to enter into a therapeutic alliance. Therefore, the patient should be taught to help monitor the parameters that are used to evaluate therapy. It is imperative that the nurse nurture a cooperative environment that encourages the patient to do the following: (1) keep records of the essential data that are needed to evaluate the prescribed therapy; and (2) contact the health care provider for advice rather than alter the medication regimen or discontinue the medication entirely. For each major class of drugs in this book, written records are provided to help the nurse identify essential data that the patient needs to understand and record on a regular basis to assist the health care provider with monitoring therapy. In the event that the patient and his or her family or significant others do not understand all aspects of the continuing therapy prescribed, they may be referred to a community-based agency for help with achieving long-term health care requirements. 

### Discharge Teaching

A summary statement of the patient's unmet needs must be written and placed in the medical chart. The health care provider should be consulted about the possibility of a referral to a community-based agency for continued monitoring or treatment. The nurse's discharge notes must identify the nursing diagnoses that have not been met and the potential collaborative problems that require continued monitoring and intervention. All counseling information should be carefully written out in a manner that the patient can read and understand.