

# QUALITY OF EDUCATION AND FACTORS HELPING AND HINDERING EDUCATION IN NURSING

JAKOŚĆ EDUKACJI ORAZ CZYNNIKÓW SPRZYJAJĄCYCH I UTRUDNIAJĄCYCH EDUKACJĘ W PIELĘGNIARSTWIE

Doc. Ph Dr. Helena Kuberová, PhD.

Faculty of Health Care  
Catholic University in Ružomberok  
Dean: prof. Anton Lacko

## SUMMARY

Quality of education is, from a one's personal traits point of view, largely influenced by cognitive qualities (intelligence, education, readiness, learning style, etc.), affective (attitudes, emotional intelligence, motivation, etc.), biological (needs, age, individual particularities, illness and its seriousness, etc.), social and cultural qualities (level of education and culture) and also spiritual qualities (values, understanding of meaning of life, faith, philosophy of life and life after death). Quality and result of education depend also on interdependence of all didactic, educational factors and evaluation tools.

**Key words:** quality of education, determinants of educational, motivation, attitudes, teacher.

## STRESZCZENIE

Jakość edukacji jest jednym z osobistych punktów widzenia człowieka i w dużej mierze zależy od jakości poznawczych (inteligencja, wykształcenie, gotowość, styl uczenia się itd.), afektywnych (postawy, emocje, motywacja, etc.), czynników biologicznych (potrzeby, wieku, indywidualne cechy, choroba i jej waga itp.), czynników społecznych i kulturowych (poziom edukacji i kultury), a także duchowych. Jakość i wyniki kształcenia są również uwarunkowane przez współzależności wszystkich dydaktycznych czynników edukacyjnych i narzędzi oceny. W artykule przedstawiono w skrócie różne rodzaje czynników odpowiedzialnych za sukces lub niepowodzenia kształcenia w zawodzie pielęgniarek (w tym metod nauczania i cech osobowych nauczyciela).

**Słowa kluczowe:** jakość kształcenia, uwarunkowania edukacyjne, motywacje, postawy, nauczyciel.

## FACTORS HELPING EDUCATION

Effective education is supported by inner motivation, readiness, willingness to learn, meaningful feedback, a logically set education plan, a possibility of revising key words and facts, development of positive attitudes towards one's health and optimal space and time for education. According to Plháková [1] motivation is a summary of all intra-psychological dynamic forces that usually activate and organize one's behaviour in order to change current unsatisfactory situation or achieve something positive.

A rational motive is a factor that increases intensity of the output and behaviour, a factor that multiplies a subject (human) by a sufficient amount of energy required for the output. "Je to energizačný činiteľ, ktorý určuje smer či obsah správania ako dosahovania istého cieľa, to znamená, že je aj činiteľom regulačným"<sup>1</sup> [2].

Motives make sure that an individual will survive. An educator uses external motivation in education to achieve the activity's beginning and development, to direct his behaviour, thinking and actions as well. A person, in spite of external motivation, must feel a need to learn within himself, otherwise the learning process will not take place despite all the effort. A positive change will be acquired only after the external need becomes inner and a learner adopts a positive attitude towards learning and, in this way, a positive change. The aim is to arise interest, willingness to learn and change attitudes and behaviour of people. Each person has his own specific attitude towards learning; he may but doesn't have to be motivated and it is a task of an educator to find the right way to motivate a learner. Motives and motivation can be used in the beginning but also throughout the educational process. **Primary motivation** takes place when we offer information to a learner, when we create such a situation that would make them interested in acquiring new knowledge and make them see that this knowledge is

<sup>1</sup> "It is an energizing factor that sets the direction or content of behaviour that helps to achieve a certain goal, which means that it is also a factor of regulation".

necessary. We may explain to them how this knowledge is applicable in everyday life situations. All information and skills that clients have acquired from their social life or media is applicable. At the stage of initial motivation we can use motivational activities that include, according to Petlák, motivation conversation, motivational interview, problem as a motivation and motivational demonstration, demonstration to arouse interest in a phenomenon observed [3].

If this phenomena is connected with educational activity, it is more suitable to consider motivational demonstration as an introduction to the stage of realization in a teaching-learning process. Continuous motivation takes place throughout all educational process in the form of praise, motivational appeal and other methods of motivation that educators use to keep the learners alert and interested in the subject. These methods of education depend on learners' needs and aims. Methods of continuous motivation include content update, motivational appeal, praise, encouragement, criticism, games (gap-fill, puzzle, memory cards, etc.) or methods of performance. Readiness, alertness, willingness to learn, active participation of learners in a learning process make learning more meaningful. If they also take an active part in creating plans and conversations, they learn more quickly and remember more. Feedback also has a positive effect but it must be meaningful as it helps learner to acquire knowledge and skills better. Positive feedback like praise or encouragement supports desirable behaviour and encourages a learner to do more. Educational plan that has been logically drawn up is another condition that helps effective education, allows proceeding from simpler to more difficult and speeds up acquiring knowledge. Revision and key facts consolidation help learners to remember new knowledge but development of positive attitude to the content, one's own willingness and conviction to act so that a positive change in life is acquired are of more importance than perfect knowledge. The quality of education also lies in its preparation and realization in optimally prepared and peaceful environment as well as appropriate time limit [4, 5].

## FACTORS HINDERING EDUCATION

Quality education is hindered by education that is not prepared, carried out and evaluated in a professional way. Demotivation, negative feedback, also anger, mockery or sarcasm may discourage a learner from learning. Acute illness, pain, biorhythm, emotional situation, language barrier or other communication barriers, one's age all have a negative effect on

the process of education. These but also other factors have a very harmful effect, they often result in serious iatrogenic impact on learner's overall health status.

Education should not to be carried out in the case of an acute illness as it is more of a burden and inappropriate. Education can proceed when a learner overcomes an acute illness because all strength is focused on fighting the illness. Another factor is pain that lowers the ability to concentrate. Age is an important factor that influences quality of education. Each age group calls for a specific approach to education that must be adopted. Mainly in the ill, physically handicapped and elderly people impairment of senses such as sight, hearing, etc. is quite common therefore and educator should adjust education to a patient's age and impairment. It is important to take these factors into consideration and also keep education appropriate to age.

Biorhythm is another factor affecting education quality as mental and physical skills have their own biorhythms, therefore it is necessary for the education to be timed well according to one's individual biorhythm and wishes.

A learner's state of mind and his emotional status (anxiety, depression) consume his energy and drag away his attention. Before starting education it is important that an educator tries to clear away (chase away) the learner's unpleasant feelings by an interesting, motivating conversation. Educators that are just starting their carrier use an **inappropriate method of a questionnaire**, in which they determine learner's amount of knowledge in a particular field. It has a stressful effect as it reminds learners of school times and there is a serious doubt if the ill will willingly continue their cooperation with such a nurse. A language barrier is another factor hindering the quality of education. It mainly concerns foreigners but also deaf-mute clients. To prevent this negative factor it is useful to arrange an interpreter. Unqualified, negative approach of an educator towards a learner as well as rush, ignoring the client, sarcasm, anger and bad personal example have very harmful, iatrogenic effect. The same effect may also be caused by educator's insufficient knowledge and experience in the field of psychology or pedagogy since a person can be hurt not only by inappropriate treatment but also by an inappropriate word or approach. Iatrogenic effect may be caused by inappropriate knowledge and information choice and also by unqualified education preparation, implementation and evaluation [6].

Monologue method of lecture is highly inappropriate and it often acts as an obstacle to an effective and purposeful education. **Lecture** is the least suitable educational method in nursing and has almost no effect so it should be used as little as possible and only in carefully chosen situations. Dialogue methods

including conversation and discussion are more suitable. There are other verbal methods that have a special status and several of which can be used in education in nursing, Those include explanation (e.g. with demonstration for development of skills and self-sufficiency) also approval, praise, encouragement, and persuasion. In particular cases disapproval, rebuke and appropriate punishment (prohibition of something) are acceptable. Nurses and students of nursing starting their education in nursing often opt for a lecture as an educational method; later, when evaluating education, this method seems to be of only little effect, therefore unsuitable for individual education.

When assessing a client’s cognitive abilities, nurses and students focus mainly on his knowledge and after education is finished they choose a questionnaire to test his knowledge which is a stressful factor. It is more suitable to focus more on affective aims, a client’s attitude to his illness and lifestyle and choose different verbal educational methods.

**DIDACTIC SKILLS OF EDUCATORS HELPING QUALITY OF EDUCATION**

Besides influencing factors that help education and eliminating the above mentioned obstacles, quality of education is supported by development of pedagogical, didactic and educational skills of educators. It is important to develop mainly positive attitude to learners, learning, colleagues, society and the world in general.

Educators are supposed to support creative approach of learners to learning and discovering, to develop their imagination and creativity. By diminishing their fear of the new and unknown, educators help to remove stressful situations from education and also teach learners how to work on mistakes, which gradually develop their self-confidence, independence and self-trust. Teaching to find the truth, to verify and to solve problem situations, to resolve doubts helps eliminate stereotypical solutions. Introducing learners to information systems primary data and their other options builds technical and information literacy supporting search for new sources of information. Educators are supposed to change people’s thoughts into actions, to teach people so that these will be able to finish their self-learning, development or other creative activity and work on their own efficiently. The aims of education must be not only up-to-date but also taking into consideration one’s individual particularities. To enable their development, it is important for learners to have enough space and freedom to make themselves realize responsibility for their own life,

society and health. When educating, it is important to remember to develop learner’s maximum ability to tolerate and respect human rights, democracy, citizen duties but also principles supporting health and healthy lifestyle. When educators take a responsible approach to learners as fully-valued, able and equally responsible, the real effect of enhancing the whole population’s quality of life will be acquired. Pedagogical skills of educators, teachers in general are influenced by their personal features and qualities.

Table 1. Educator’s personal qualities in education

Educator’s personal qualities in education		
<ul style="list-style-type: none"> <li>• knowledge and general intellectual abilities</li> <li>• professionalism</li> <li>• experience</li> <li>• creative thinking</li> <li>• computer literacy</li> </ul>	<ul style="list-style-type: none"> <li>• morality</li> <li>• probity</li> <li>• ethical code</li> <li>• self-confidence</li> <li>• self-evaluation</li> <li>• empathy, acceptance</li> </ul>	<ul style="list-style-type: none"> <li>• ability to work in a team</li> <li>• ability to motivate</li> <li>• ability to manage</li> <li>• ability to communicate</li> <li>• abilities to observe</li> </ul>

Education and its quality is supported by verbal and non-verbal communication skills development of educators but also learners themselves. Verbal and non-verbal social communication skills help to enhance interaction of all participants not only in educational process but also in life as it is. Learners should not be, or better said, must not be lied to, mocked or treated as second-rated. Educator’s personal qualities should include no envy, irony, gossiping or underestimating towards learners. It is not totally true that learners only get the necessary knowledge and information from educator’s explanation; it is important to remember that people learn all the time, through social learning in any activity. People influence each other by their personal example. By organizing their own intellectual activity, learners learn how to process and use facts and other information. Working with information will help them in developing the ability to present their own work and self-realization.

**FAILURE OF A NURSE AS AN EDUCATOR**

Sometimes the core of nurse’s educational activity is embodied in the sentence: “You must change your eating habits, your lifestyle!” And many nurses are convinced that this is enough. But, of course, it’s not. A client must be explained the basis of a particular change in detail and in little pieces. Clients have their rights. A nurse is supposed to know them, to point at them and explain them at every reception to hospital. What strikes as illogical is that patients have no particular duties. This is reflected in problems concerning their cooperation in education [7].

It is right to set the educational diagnosis when preparing for education. Educational diagnoses are focused mainly on lack of knowledge that is not enough when trying to handle the one's illness and reaching for a positive way. It would be necessary to complete educational diagnosis with insufficient or inappropriate attitude to one's health, healthy lifestyle, illness or treatment.

It is quite common to see that students of nursing and also nurses themselves, after setting an educational diagnosis, focus on knowledge about anatomy, physiology, treatment, etc. in their final criteria. This is an example (a Slovak Faculty of Health Service student):

“Aim: The patient has enough information. RC: The patient names the treatment concerning the illness (pneumonia), the patient names causes of the illness, the patient names the complications”.

It is also quite common to see that they inform patients about the illness and treatment, which is in doctor's competences:

“To explain to patients the nature of the illness, to instruct about possible causes, symptoms, complications, to inform about real treatment options, to make sure that patients will update their knowledge”.

#### **EDUCATIONAL MEETING: (STUDENTS' OF NURSING MATERIAL)**

*TOPIC: Lung anatomy, types of pneumonia*

*PLACE: Lecture hall*

*TIME: 45 min.*

*FORM: Group (20 people)*

*METHOD: Lecture*

*AIM: After the lecture patients describe lung anatomy and different types of pneumonia*

The educator continued by reading a lecture. The topic is not chosen well, not only because the rule of appropriateness is broken (the lay public does not need such detailed knowledge as professionals do), but also the method is not suitable since a nurse does not have a direct feedback and has no chance to assess what the listeners remembered and that is what becomes significant for acquiring a positive change. This is how the educator sees his education: “During the lecture patients showed a big interest in this issue that could be seen from their participation in the discussion and number of questions regarding this illness. The aim was fulfilled”.

#### **Address for Correspondence:**

Doc. PhDr. Helena Kuberová, PhD.

FZ KU v Ružomberku

Námestie A. Hlinku 48

034 01, Ružomberok, Slovakia

e-mail: Helena.Kuberova@ku.sk

Phone: +421 44 4304317

If the listeners took part in a discussion, it was a method of discussion, not a lecture. If an educator states “interactive lecture” as a method, the terminology is wrong because such a form of interaction did not take place there. He described his second and third educational meeting in a similar way. Another mistake made by beginning educators is to hand out questionnaires to test the knowledge. It is highly stressful and the amount of knowledge does not bring about the positive change towards the illness and rules concerning lifestyle changes and cure. The change in attitude is proved by better examination results or regular check-ups. Nursing of the future will definitely have to take into consideration intimacy and private nature of information concerning a person and their illness; therefore an individual form of education will be more appropriate.

#### **CONCLUSION**

Education should be a mutual joyful experience that people enjoy attending, participating and care about the result. Pedagogical skills supporting quality education must in the future concentrate more on techniques that would help people predict problems and handle each day and each obstacle.

#### **BIBLIOGRAPHY**

- [1] Plháková A. Učebnice obecné psychologie. Academia, Praha 2003.
- [2] Pardel T, Boroš J. Základy všeobecnej psychológie. SPN, Bratislava 1979.
- [3] Petlák E. Všeobecná didaktika. IRIS, Bratislava 2004.
- [4] Zdziebło K. Polskie pielęgniarki i położne wobec wyzwań Procesu Bolońskiego. *Studia Medyczne Akademii Świętokrzyskiej* 2007; 7: 63–74.
- [5] Nowak-Starz G, Zdziebło K, Szpringer M i wsp. Nursing education in Poland and European Standards. *Studia Medyczne* 2008; 9: 9–13.
- [6] Kuberová H. Didaktika ošetrovatel'stva. FZ KU, Ružomberok 2008.
- [7] Lunterová J. Kde zlyháva sestra ako edukátor? In: *Sestra* 2007; 6 (9–10): 19.