

# PATIENT EDUCATION

*Issues, Principles, Practices*

*Third Edition*

*Sally H. Rankin  
Karen Duffy Stallings*

*Lippincott*

# *Patient Education*

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ISSUES, PRINCIPLES, PRACTICES

Third Edition

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**J.B. Lippincott Company**

*Philadelphia*

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Printer/Binder: *R.R. Donnelley & Sons Company/Crawfordsville*

Third Edition

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6 5 4 3

Library of Congress Cataloging-in-Publication Data

Rankin, Sally H.  
Patient education: issues, principles, practices / Sally H. Rankin, Karen Duffy Stallings. -- 3rd. ed.  
p. cm.  
Includes bibliographical references and index.  
ISBN 0-397-55194-0  
1. Patient education. 2. Nurse and patient. I. Stallings, Karen Duffy. II. Title.  
RT90.R35 1995  
615.5'07--dc20

95-10728  
CIP

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## **Dedication**

*To the real heroes of patient education—  
those nurses and other health care providers  
who are on the front lines educating  
and empowering patients and their families*

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## Authors



**Sally Heller Rankin** began her career in social work in the 1960s and became convinced while making home visits that clients needed more than she could offer as a caseworker. She noted their needs for health education at that time and decided to pursue nursing. She received her BSN from California State University, Los Angeles.

After working as a staff nurse at Duke University Medical Center and in inservice education, she obtained her MSN from Duke University where she taught for two years. During her years at Duke she began work on the first edition of *Patient Education: Issues, Principles, and Practices*. Returning to California in the early 80s, she taught at Mt. St. Mary's College and the University of Southern California and then moved to the San Francisco area. Sally completed her Ph.D. at UCSF in 1988, and then went on the faculty, receiving her certificate from Sonoma State University as a Family Nurse Practitioner in 1991. In 1993, she moved with her family and became an Associate Professor at Boston College School of Nursing. Her clinical practice areas have included cardiac nursing, diabetes education, and primary care practice in student health. Recently, Sally received the Distinguished Alumna award from Duke University School of Nursing, and in 1989 she received the Carol Lindeman New Investigator Award from the Western Institute of Nursing.

Her work in the area of patient education has been informed by her research interests in the area of chronic illness, especially coronary artery disease and diabetes mellitus, both diseases that take a tremendous toll on the individual and family members. Dr. Rankin is currently completing a study of women recovering from myocardial infarction that is funded by the National Institute of Nursing Research.



**Karen Duffy Stallings** received her BSN from Boston College and her Masters in Adult Education from The University of North Carolina at Chapel Hill. She is Associate Director for the North Carolina Area Health Education Centers Program (AHEC), an educational partnership linking the university health science centers and the state's communities to help meet the primary health care needs of North Carolinians. She provides leadership and administrative support for nursing, mental health, aging, health promotion, and interdisciplinary initiatives. She is an adjunct instructor for The University of North Carolina at Chapel Hill School of Nursing. Previously, she held numerous positions in staff nursing, management, staff development, and community-based nursing education. Her clinical practice areas have included acute care inpatient psychiatry and community and family medicine. Her diverse background has also included directing a refresher program for inactive RNs who wished to resume their clinical practice.

Throughout her career, patient education has been an area of concentration. Karen is actively involved as a teacher and consultant, in North Carolina and nationally, with special interests in the promotion of interdisciplinary models and the role of staff development in patient education.

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## Contributors

**Rae L. Jayne** is a Certified Diabetes Educator who has practiced as a clinical nurse specialist at the Diabetes Center at the University of California, San Francisco for the past 12 years. She completed her Ph.D. in Nursing at UCSF in 1993, having previously finished the BS to MS program there. Her A.D. in Nursing was earned at Pasadena City College. In addition to teaching classes to patients, Dr. Jayne lectures to medical and nursing students at UCSF and currently serves as Associate Director of the Diabetes Center. She contributed a chapter on diabetes education to the second edition of this book.

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**Ellen M. Robinson** is currently a doctoral candidate at Boston College School of Nursing, Chestnut Hill, MA, and a Clinical Nurse Specialist in direct patient care on the Cardiac Access Unit at Massachusetts General Hospital, Boston, MA. She obtained her bachelor's degree in nursing from Salem State College and her M.S. from Boston College. Ms. Robinson is a member of both the Nursing Ethics and Optimum Care Committees at Mass General. She has taken advanced coursework in ethics, including the Intensive Bioethics course at the Kennedy Institute of Georgetown University in 1993. Her dissertation research will focus on the experience of surrogate decision makers in living through end-of-life decisions for their loved ones with dementia of the Alzheimer's type.

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# Preface

Thirteen years ago when the first edition of *Patient Education: Issues, Principles, Practices* was written, we were certain that patient education was the panacea for frustrated patients and dissatisfied nurses. While we continue to believe in patient education as a vehicle for empowering patients and enhancing job satisfaction for nurses, we have extensively revised the original work to reflect the increasing complexity of health care and the growth of nursing as a discipline.

Changes in staffing patterns and personnel, utilization of health care as mandated by federal regulations, increasing patient acuity, and movement of technology-based nursing care into the home have necessitated new approaches to patient education. Patient teaching is now occurring in a plethora of settings that were not considered possible when the first edition of the book was written. For example, the increasing demands on family members to manage complex care in the home requires sophisticated patient education practices by home care nurses, a topic that was not even considered in the first edition.

In response to nursing educators' requests, the third edition of this book includes more theory-based chapters as well as more "how-to's" for patient teaching. For example, theories pertaining to life-span development, immigration stressors, health promotion, stress and coping, and self-regulation have been added. The role of staff development in supporting patient education efforts is a new feature that many practicing nurses will find helpful in preparing for JCAHO accreditation. Other special features include a spotlight on Benner's work to promote the development of expertise in patient education. A chapter on case management is also new to this edition. It stresses the integration of patient education into all aspects of case management and offers change-agency skills essential to these efforts. Readers of the previous editions will also note the addition of learning objectives and strategies for critical analysis and application to each chapter.

The text is designed to be helpful to both generic and advanced practice nursing programs. Additionally, practicing nurses will find this edition even more useful than previous editions in terms of dealing with systemwide issues that affect the delivery of patient education. We believe that members of all health care disciplines will find the book valuable, but because the authors are themselves nurses practicing in nursing arenas, the work draws heavily on nursing examples and the science and research of our discipline. Since all health care providers share a central interest in the welfare of patients, readers from other disciplines will appreciate the patient-centered approach. The authors apologize for their gender stereotyped language—we have referred to nurses as women and patients as men, a convention that does not adequately recognize the male portion of our profession.

As in the previous editions, the third edition is organized in terms of issues, principles, and practices. The first section of the book, *issues* (Chap-

ters 1–5), addresses such changes in the health care system that have influenced patient teaching (Chapter 1) and the critical need to prepare *all* nurses as patient teachers (Chapter 2). Chapter 3, Patient Education as a Tool for Normalization and Self-Regulation, is a totally new chapter that arose from important theory generating research on the importance of self-regulating one's therapeutic regimen so that life can be lived normally. The implications for patient education are discussed in terms of the health care provider's tailoring of teaching to needs for normalization. The issue of providing patient education for special groups who present a particular challenge is addressed from various theoretical perspectives that suggest directions for practice. The last chapter in the issues section, Informed Consent: An Important Concept in Patient Education, presents informed consent as the nexus of legal and ethical issues pertaining to patient education. A theoretical framework that addresses the relationship of patient education to informed consent is presented.

The second section of the book, *principles* (Chapter 6–11), encompasses theoretical approaches to teaching and motivating patients as well as the five extremely useful chapters on the nursing process and patient education. Nursing students in the past have found these chapters very helpful as they endeavor to furnish skills for critical thinking that are so important to the process of patient education and clinical judgment. Case studies are used liberally to illustrate the different facets of the nursing process: nursing assessment and diagnosis, planning, implementation, and evaluation. The reader will note the authors' belief in the importance of involving the entire family in the process of patient education. Family involvement is another avenue to enhance nurses' job satisfaction and to fortify therapeutic patient/family relationships. We believe that the family should be assessed from a systems perspective and, therefore, that goals, interventions, and evaluations should include the entire family. In the process of refining these chapters, additional material has been added in the areas of implementation of patient education interventions and the area of designing patient education applicable to family and home constraints.

The third section, *practices* (Chapters 12–15), has been augmented by an excellent new chapter that applies health education concepts to the practice of improving health for aggregates, an important precept of community health nursing. The entirely new chapter on case management, Chapter 13, and the importance of tailoring patient education across various product lines (e.g., surgery, ambulatory care settings) will particularly enhance the practice of those health care providers involved in the administration of various services and programs. Chapter 14, a popular roundtable on dealing with problems in practice settings, has been expanded with the addition of information on teaching children with learning disabilities, nurse practitioners and patient education, patient education under difficult conditions such as homelessness, patient teaching with persons with AIDS, and an international comparison of patient education. Chapter 15, the last chapter in the book, has been enhanced by a section on writing research proposals.

Our commitment to patient education has not changed, as we continue to view it as an essential patient empowerment tool, even though our own practice settings have changed since we wrote the first edition of this



book. The first author's involvement as a family nurse practitioner in the education of students in primary care has enhanced her appreciation of the need for patient education on health promotion and disease prevention. The second author's work in the provision of continuing education to health care providers in the state of North Carolina has increased her awareness of wider system issues that affect the provision of patient education in diverse settings. Feeling powerless is perhaps the most devastating aspect of illness for a patient. Patient education can be implemented by the nurse as the most effective means of returning control to the patient. Patient education can reduce feelings of helplessness and enhance the patient's ability to be the chief decision maker in the management of health and illness problems. We view patient education as the *essence* of nursing practice. In today's tumultuous health care climate created by changing mandates for health care reform, the growing presence of uninsured people with little or no access to health care, and the increased acuity of patients, confident and competent nurses are even more important in the delivery of quality patient care and patient education than when this book was first written.

Sally H. Rankin, Ph.D., R.N., C.R.N.P., F.A.A.N.

Karen Duffy Stallings, R.N., M.Ed.

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# Acknowledgments

Without the questions of our students, the exemplary practice of our colleagues, and the inspiration of dedicated nurses who make us proud of our profession, we would not have persevered in the revisions of this text. As we speak to audiences on the topic of patient education, we are encouraged by the comments of staff nurses who are working across all health care settings. In particular, we recognize the expertise of nurses who assume leadership roles in managed care, making patient education its centerpiece, we are awed by the dedication of nurses working in acute and ambulatory care settings who struggle to clarify the intricacies of complex medical regimen, and we appreciate the educators who speak to the utility of our textbook.

We would like to express our appreciation to Lin Mitchell, Care Coordinator at Duke University Medical Center in Durham, North Carolina, and to Cindy Stewart, RNC, BSN, CCRN, Patient Care Coordinator for Cardiovascular Surgery at High Point Regional Hospital in North Carolina for sharing their experiences and thoughts with us regarding patient education and case management. We are grateful to the late Eugene S. Mayer, MD, MPH, Director of the North Carolina AHEC Program, whose pioneering spirit, dedication, and leadership in health sciences education included strong support for nursing and for this project. We acknowledge Jon Haycock, Media Specialist at Boston College School of Nursing, and the lively photographs that illustrate the various facets of patient education. We appreciate the guidance offered by nursing editors at Lippincott during the various revisions of this book; in particular, we recognize Emily Cotlier and Margaret Belcher for their help and encouragement with the third edition. Lastly, we gratefully acknowledge the love and support of our families which is visible to us between the lines of the text. A special note of gratitude goes to Amy Rankin-Williams, Bill and Rob Rankin, and Frank, Sarah, and Emily Stallings.

# ***Patient Education***

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ISSUES, PRINCIPLES, PRACTICES

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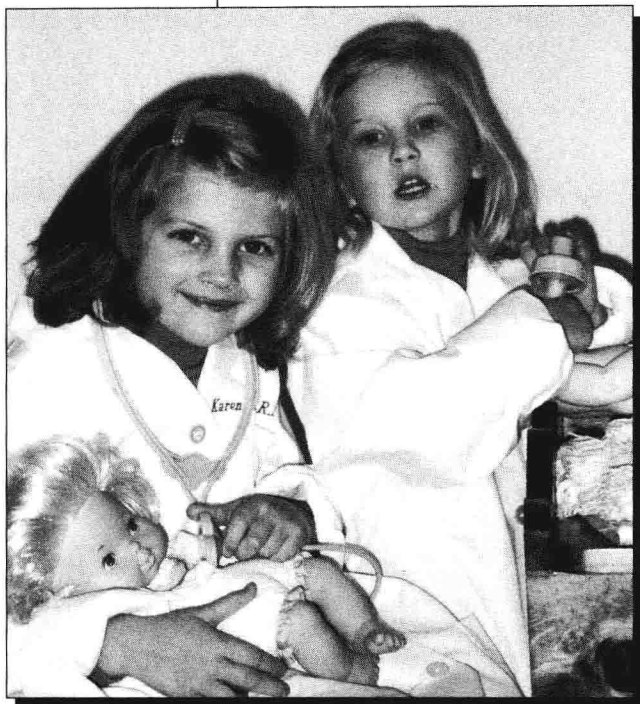
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# 1

## The Nurse as Patient Teacher: Changing Needs and Mandates



### OBJECTIVES FOR CHAPTER 1

*After reading this chapter, the nurse or student nurse should be able to:*

- 1 Define “patient education.”
- 2 Describe the relationship between patient education and discharge planning.
- 3 Discuss the important role of patient education in a reformed health care system.
- 4 Describe patient education as a dimension of nurse caring.