In memory of my dear colleague and friend of 43 years, Dr. M. Louise Fitzpatrick, Dean of the College of Nursing at Villanova University for 4 decades. She was my advisor during my master’s program and chair of my doctoral dissertation committee at Columbia University and a mentor throughout my professional career. Louise wrote the foreword for my first, second, and third editions of this text. She was the ultimate educator and her advice, guidance, support, and friendship will be dearly missed.

To nursing students and professional colleagues who over the years have shared their teaching experiences as well as their knowledge, skills, ideas, and reflections on the principles of teaching and learning.
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Foreword

Health care in the United States is being delivered during a time of great uncertainty, transformation, and consumerism. Patients and communities are demanding greater control and input into their healthcare decisions and how care should be provided. The positive impact of healthcare reform is improving access to care, but the need continues for a more integrated and equitable health system, driven by highly competent and compassionate caregivers who fully understand and embrace the needs of their patients and who collaborate with all members of the healthcare team. In addition, the future will require a relentless focus on quality, care coordination, innovation, and efficiency in an environment of ever scarcer resources and disruptive forces.

Nurse as Educator recognizes these sea changes and builds on the author’s four successful editions of the book, which have given nurses invaluable strategies for partnering with patients and serving the community. Nurses are the most trusted members of the healthcare team and Nurse as Educator gives them all of the practical tools they need to provide effective and efficient patient/family education as well as to educate nursing colleagues and nursing students.

This book could not be more timely as nurses strive to enhance their patients’ ability to manage their own care, educate family members to support the overwhelming complexity of clinical protocols, and understand the needs of learners who have highly variable levels of health literacy and diverse social and cultural requirements. Nurses also play a vital role in teaching other members of the healthcare team and in educating the next generation of nurses.

The author and her chapter contributors have anticipated and explored all the dimensions of teaching and learning in this very important text. Although it includes the fundamentals of learning theories, teaching methods, and instructional materials, Nurse as Educator also focuses on critical issues such as readiness to learn, learning styles, motivation and compliance, and teaching people with disabilities, all based on the latest research and theoretical underpinnings.

Nurses will greatly benefit from the content and format of this comprehensive and well-organized book that prepares them to fully embrace the new challenges of an ever-changing healthcare environment. The knowledge, skills, and commitment of nurses in educating patients and families to manage their care independently and in teaching colleagues and students to practice competently for the delivery of high-quality, compassionate, and efficient care will drive the necessary improvements in the health system and will demonstrate their leadership in transforming health care.

Nancy Schlichting
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Preface

This text has been written for staff nurses as caregivers and as staff educators for whom the role of teacher is a significant practice component of their daily activities, for undergraduate and graduate nursing students learning the knowledge and skills to become the professional nurses of tomorrow, as well as for faculty teaching in academic nursing programs to prepare future nurses at all levels of education. No matter their role or status, it is a legal, ethical, and moral responsibility of nurses practicing in any setting to teach others, whether their audience consists of patients and families, fellow colleagues, or prospective members of the profession. Mandates included in the nurse practice acts of all states and territories, expectations by the national and regional standards of nursing organizations and accrediting bodies, and the policies and procedures adopted by local healthcare institutions and agencies require that nurses function in the role of educators.

Teaching patients and their significant others has been the obligation of nurses since the profession began during the era of Florence Nightingale. Since then, the scope of nursing practice has significantly evolved and has grown to include nurses teaching members of their own discipline to render safe, high-quality care. Nevertheless, most nurses acknowledge that they have not had the formal preparation to successfully and securely carry out their educator role. Every nurse must have the knowledge and skills to competently and confidently teach learners with various needs in a variety of settings. Also, they must be able to do so with efficiency and effectiveness based on a solid mastery of the principles of teaching and learning.

However, nurses are not born with the innate ability to teach or to understand the ways in which people learn. The art and science of teaching takes special expertise about how to best communicate information and about how that information is most successfully acquired by the learner. Teaching patients, staff, and students is critical to the provision of high-quality nursing care, and nurses must capture this domain as an important and unique aspect of their holistic approach to professional practice.

This text is a timely resource that provides approaches essential to addressing many of today’s pressing issues in the healthcare environment. The growing demand for nurses to deliver the highest quality of care possible, the critical shortage of faculty in nursing schools nationwide, the significant problem of consumer health literacy, the ongoing movement to guarantee access to care for all, the technological advances increasing the complexity of health care, the changing demographics of the population, the increasing emphasis on health promotion and disease prevention, and the rise in chronic illnesses are just a few of the many important trends. Not only is it recognized that patient education by nurses can significantly improve client health outcomes, but consumers today must be taught how to independently manage their own care. In turn, nurses must be adequately prepared as lifelong learners to participate in the constantly transformative and challenging system of health care.

The content of this text reflects a balance between theories and models associated with teaching and learning and their application to the real world of patient, staff, and student education.
In essence, this text provides answers to questions that pertain to the teaching process—who, what, where, when, how, and why.

Thus, the focus of this text is on the contemporary role of the nurse as educator. Teaching patients, well or ill, to maintain optimal health and to prevent disease and disability assists them to become as independent as possible in self-care activities. Properly educating consumers has the potential to accomplish the economic goal of reducing the high costs of healthcare services. Teaching staff and students to competently, confidently, effectively, and efficiently practice in an interdisciplinary manner in any setting with individuals and groups from diverse backgrounds will ensure the delivery of high-quality care.

I sincerely hope that this text serves as an invaluable resource to its readers who are striving to become adept at delivering patient, staff, and/or student education based on the principles of how the nurse can best teach and how consumers can best learn. As nurses, we must never forget our solemn duty to make a positive difference in the lives of those we serve, and teaching is a major factor that influences the health, development, and well-being of our audience of learners.

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A special appreciation is extended to the original authors of the 14 chapters whose valuable work provided the foundation for adding new material to this most recent fifth edition. I am grateful for the loyalty of seven contributors who agreed to once again edit their own work and for a group of new colleagues who joined the team to contribute their professional knowledge, practice expertise, and fresh perspectives in revising the content of the remaining chapters. Every one of them dedicated their efforts to significantly updating the information and references contained in every chapter for the benefit of the intended audience of readers.

Also, I extend my sincerest thanks to the entire publishing staff of the nursing division of Jones & Bartlett Learning for making this newest edition possible. In particular, I would like to acknowledge Amanda Martin, director of product management; Rebecca Stephenson, product manager; Vanessa Richards, production editor; Wes DeShano, rights and media specialist; and Jennifer Scherzay, senior marketing manager. They have provided expert technical advice and guidance, organizational skills, and constant support, understanding, and encouragement throughout the process of launching this publication. The incredible copyediting skills of Sandra Kerka must be acknowledged, too. All of them together are a very talented team of professionals!

In addition, Cathleen Scott, science librarian at Le Moyne College, worked diligently behind the scenes in locating relevant and current references used to update the content of many of the chapters. She made herself available at all times and responded promptly to my many requests for books and full-text journal articles. The in-depth investigation of resources for this book could not have been possible without her.

Thanks, too, to Nancy Schlichting who has written the foreword in this text. She has been a national leader in health care for decades and is recognized for her keen mind, person-centered leadership, incredible compassion toward others, and innovative spirit in transforming health care delivery and advocating for the health of the public. She has been a close friend and colleague for many years.

And last, but certainly not least, my husband, Jeffrey, deserves the deepest gratitude from me for his steadfast support during the countless hours and endless months that I devoted to research, writing, and editing, which was key to making this fifth edition a reality.
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Susan Bacorn Bastable earned her MEd in community health nursing and her EdD in curriculum and instruction in nursing at Teachers College, Columbia University, in 1976 and 1979, respectively. She received her diploma in nursing from Hahnemann Hospital School of Nursing (now known as Drexel University of the Health Sciences) in Philadelphia in 1969 and her bachelor’s degree in nursing from Syracuse University in 1972.

Dr. Bastable was professor and founding chair of the Department of Nursing at Le Moyne College in Syracuse, New York for 11 years. She retired in May 2015 and was honored with the title of professor emerita. She began her academic career in 1979 as assistant professor at Hunter College, Bellevue School of Nursing in New York City, where she remained on the faculty for 2 years. From 1987 to 1989, she was assistant professor in the College of Nursing at the University of Rhode Island. In 1990, she joined the faculty of the College of Nursing at the State University of New York (SUNY) at Upstate Medical University in Syracuse, where she was associate professor and chair of the undergraduate program for 14 years. In 2004, she assumed her leadership position at Le Moyne College and successfully established an RN-BS completion program; an innovative 4-year undergraduate dual-degree partnership in nursing (DDPN) supported by a Robert Wood Johnson Foundation grant in conjunction with the associate’s degree program at St. Joseph’s College of Nursing in Syracuse; a BS-MS bridge program; a postbaccalaureate RN-MS certificate program; a master of science program and three post-MS certificate programs with tracks in nursing education, nursing administration, and informatics; and most recently a family nurse practitioner (FNP) program as well as a post-MS FNP option.

Dr. Bastable has taught undergraduate courses in nursing research, community health, and the role of the nurse as educator, and courses at the master’s and postmaster’s level in the academic faculty role, curriculum and program development, and educational assessment and evaluation. For 31 years she served as consultant and external faculty member for Excelsior College (formerly known as Regents College of the University of the State of New York). Her clinical practice includes experiences
in community health, oncology, rehabilitation and neurology, occupational health, and medical/surgical nursing.

Dr. Bastable received the President’s Award for Excellence in Teaching at Upstate Medical University and the SUNY Chancellor’s Award for Excellence in Teaching. Also, she was recognized for the Women in Leadership award from the Greater Syracuse Chamber of Commerce and was honored with the Distinguished Achievement Award in Nursing Education from Teacher’s College, Columbia University.

In addition to authoring five editions of *Nurse as Educator*, she is the author of *Essentials of Patient Education* and is the main editor of the textbook *Health Professional as Educator*.

Currently, she actively serves in the role of a nursing education consultant for national and regional program accreditations and to assist colleges of nursing across New York and other states in replicating the unique 1+2+1 dual degree partnership model mentioned herein, the first of its kind in the country.
PART ONE

Perspectives on Teaching and Learning

CHAPTER 1  Overview of Education in Health Care
CHAPTER 2  Ethical, Legal, and Economic Foundations of the Educational Process
CHAPTER 3  Applying Learning Theories to Healthcare Practice
CHAPTER 1

Overview of Education in Health Care

Susan B. Bastable
Kattiria M. Gonzalez

CHAPTER HIGHLIGHTS

- Historical Foundations for Patient Education in Health Care
- The Evolution of the Teaching Role of Nurses
- Social, Economic, and Political Trends Affecting Health Care
- Purposes, Goals, and Benefits of Patient and Nursing Staff/Student Education
- The Education Process Defined
- The Contemporary Role of the Nurse as Educator
  - Nursing Education Transformation
  - Patient Engagement
  - Quality and Safety Education in Nursing
  - The Institute of Medicine Report: The Future of Nursing
- Barriers to Teaching and Obstacles to Learning
  - Factors Affecting the Ability to Teach
  - Factors Affecting the Ability to Learn
- Questions to Be Asked About Teaching and Learning
- State of the Evidence

KEY TERMS

- education process
- teaching/instruction
- learning
- patient education
- staff education
- barriers to teaching
- obstacles to learning
Education in health care today—both patient education and nursing staff/student education—is a topic of utmost interest to nurses in every setting in which they practice. Teaching is an important aspect of the nurse’s professional role (Andersson, Svanström, Ek, Rosén, & Berglund, 2015; Friberg, Granum, & Bergh, 2012), whether it be educating patients and their family members, colleagues, or nursing students. The current trends in health care are making it essential that patients be prepared to assume responsibility for self-care management and that nurses in the workplace be accountable for the delivery of safe, high-quality care (Hines & Barndt-Maglio, 2011; Lockhart, 2016; Shi & Singh, 2015; U. S. Department of Health and Human Services [USDHHS], 2015). The focus of modern health care is on outcomes that demonstrate the extent to which patients and their significant others have learned essential knowledge and skills for independent care or to which staff nurses and nursing students have acquired the up-to-date knowledge and skills needed to competently and confidently render care to the consumer in a variety of settings (Adams, 2010; Committee on Quality of Health Care in America & Institute of Medicine [IOM], 2001; Doyle, Lennox, & Bell, 2013).

According to Friberg and colleagues (2012), patient education is an issue in nursing practice and will continue to be a significant focus in the healthcare environment. Because so many changes are occurring in the healthcare system, nurses are increasingly finding themselves in challenging, constantly changing, and highly complex positions (Gillespie & McFetridge, 2006). Nurses in the role of educators must understand the forces, both historical and present day, that have influenced and continue to influence their responsibilities in practice.

One purpose of this chapter is to shed light on the historical evolution of patient education in health care and the nurse’s role as teacher. Another purpose is to offer a perspective on the current trends in health care that make the teaching of clients a highly visible and required function of nursing care delivery. Also, this chapter addresses the continuing education efforts necessary to ensure ongoing practice competencies of nursing personnel.

In addition, this chapter clarifies the broad purposes, goals, and benefits of the teaching–learning process; focuses on the philosophy of the nurse–client partnership in teaching and learning; compares the education process to the nursing process; identifies barriers to teaching and obstacles to learning; and highlights the status of research in the field of patient education as well as in the education of nursing staff and students. The focus is on the overall role of the nurse in teaching and learning, no matter who the audience of learners might be. Nurses must

**OBJECTIVES**

After completing this chapter, the reader will be able to

1. Discuss the evolution of patient education in health care and the teaching role of nurses.
2. Recognize trends affecting the healthcare system in general and nursing practice in particular.
3. Identify the purposes, goals, and benefits of patient and nursing staff/student education.
4. Compare the education process to the nursing process.
5. Define the terms *education process, teaching, and learning*.
6. Identify why patient and staff/student education is an important duty for nurses.
7. Discuss the barriers to teaching and the obstacles to learning.
8. Formulate questions that nurses in the role of educator should ask about the teaching–learning process.
have a basic prerequisite understanding of the principles and processes of teaching and learning to carry out their professional practice responsibilities with efficiency and effectiveness.

**Historical Foundations for Patient Education in Health Care**

“Patient education has been a part of health care since the first healer gave the first patient advice about treating his (or her) ailments” (May, 1999, p. 3). Although the term *patient education* was not specifically used, considerable efforts by the earliest healers to inform, encourage, and caution patients to follow appropriate hygienic and therapeutic measures occurred even in prehistoric times (Bartlett, 1986). Because these early healers—physicians, herbalists, midwives, and shamans—did not have a lot of effective diagnostic and treatment interventions, it is likely that education was, in fact, one of the most common interventions (Bartlett, 1986).

From the mid-1800s through the turn of the 20th century, described as the formative period by Bartlett (1986) and as the first phase in the development of organized health care by Dreeben (2010), several key factors influenced the growth of patient education. The emergence of nursing and other health professions, technological developments, the emphasis on the patient–caregiver relationship, the spread of tuberculosis and other communicable diseases, and the growing interest in the welfare of mothers and children all had an impact on patient education (Bartlett, 1986; Dreeben, 2010). In nursing, Florence Nightingale emerged as a resolute advocate of the educational responsibilities of district public health nurses and authored *Health Teaching in Towns and Villages*, which advocated for school teaching of health rules as well as health teaching in the home (Monterio, 1985).

Dreeben (2010) describes the first 4 decades of the 20th century as the second phase in the development of organized health care. In support of maternal and child health in the United States, the Division of Child Hygiene was established in New York City in 1908 (Bartlett, 1986). Under the auspices of this organization, public health nurses provided instruction to mothers of newborns in the Lower East Side on how to keep their infants healthy. Diagnostic tools, scientific discoveries, new vaccines and antibiotic medications, and effective surgery and treatment practices led to education programs in sanitation, immunization, prevention and treatment of infectious diseases, and a growth in the U.S. public health system. The National League of Nursing Education (NLNE) recognized that public health nurses were essential to the well-being of communities and the teaching they provided to individuals, families, and groups was considered “a precursor to modern patient and health education” (Dreeben, 2010, p.11).

The third phase in the development of organized health care began after World War II. It was a time of significant scientific accomplishments and a profound change in the delivery system of health care (Dreeben, 2010). From the late 1940s through the 1950s is described as a time when patient education continued to occur as part of clinical encounters, but often it was overshadowed by the increasingly more technological orientation of health care (Bartlett, 1986). The first references in the literature to patient education began to appear in the early 1950s (Falvo, 2004). In 1953, Veterans Administration (VA) hospitals issued a technical bulletin titled *Patient Education and the Hospital Program*. This bulletin identified the nature and scope of patient education and provided guidance to all hospital services involved in patient education (Veterans Administration, 1953).

In the 1960s and 1970s, patient education began to be seen as a specific task where emphasis was placed on educating individual patients rather than providing general public health education. Developments during this time, such as the civil rights movement, the women’s movement, and the consumer and self-help movement, all affected patient education (Bartlett,
using the term health education (Falvo, 2004). Nixon later appointed the President’s Committee on Health Education, which recommended that hospitals offer health education to families of patients (Bartlett, 1986; Weingarten, 1974). Although the terms health education and patient education were used interchangeably, this recommendation had a great impact on the future of patient education because a health education focal point was established in what was then the U.S. Department of Health, Education, and Welfare (Falvo, 2004).

Resulting from this committee’s recommendations, the American Hospital Association (AHA) appointed a special committee on health education (Falvo, 2004). The AHA committee suggested that it was a responsibility of hospitals as well as other healthcare institutions to provide educational programs for patients and that all health professionals were to be included in patient education (AHA, 1976). Also, the healthcare system began to pay more attention to patient rights and protections involving informed consent (Roter, Stashefsky-Margalit, & Rudd, 2001).

Also in the early 1970s, patient education was a significant part of the AHA’s Statement on a Patient’s Bill of Rights, affirmed in 1972 and then formally published in 1973 (AHA, 1973). This document outlines patients’ rights to receive current information about their diagnosis, treatment, and prognosis in understandable terms as well as information that enables them to make informed decisions about their health care. The Patient’s Bill of Rights also guarantees a patient’s right to respectful and considerate care. The adoption of this bill of rights promoted additional growth in the concept of patient education, which reinforced the concept as a “patient right” as well as it being seen an obligation and legal responsibility of health professionals. In addition, patient education was recognized as a condition of high-quality care and as a factor that could affect the efficiency of the healthcare system (Falvo, 2004). Furthermore, during the 1970s, insurance companies began to deal
with issues surrounding patient education, because they saw how patient education could positively influence the costs of health care (Bartlett, 1986).

Further support for and validation of patient education as a right and expectation of high-quality health care came in the 1976 edition of the Accreditation Manual for Hospitals published by the Joint Commission on Accreditation of Healthcare Organizations, now known as The Joint Commission (Falvo, 2004). This manual broadened the scope of patient education to include both outpatient and inpatient services and specified that criteria for patient education should be established. Patients had to receive information about their medical problem, prognosis, and treatment, and evidence had to be provided indicating that patients understood the information they were given (Joint Commission on Accreditation of Healthcare Organizations, 1976).

In the 1980s and 1990s, national health education programs once again became popular as healthcare trends focused on disease prevention and health promotion. This evolution represented a logical response to the cost-containment efforts occurring in health care at that time (Dreeben, 2010). The U.S. Department of Health and Human Services’ Healthy People 2000: National Health Promotion and Disease Prevention Objectives, issued in 1990 and building on the U.S. Surgeon General’s Healthy People report of 1979, established important goals for national health promotion and disease prevention in 22 areas (USDHHS, Office of Disease Prevention and Health Promotion, 2000). Establishing educational and community-based programs was one of the priority areas identified in this document.

Also, in recognition of the importance of patient education by nurses, The Joint Commission (TJC), formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), established nursing standards for patient education as early as 1993. These standards, known as mandates, describe the type and level of care, treatment, and services that agencies or organizations must provide to receive accreditation. Required accreditation standards have provided the impetus for nursing service managers to emphasize unit-based clinical staff education activities for the improvement of nursing care interventions to achieve expected client outcomes (JCAHO, 2001). These standards required nurses to achieve positive outcomes of patient care through teaching activities that must be patient centered and family oriented. More recently, TJC expanded its expectations to include an interdisciplinary team approach in the provision of patient education as well as evidence that patients and their significant others participate in care and decision making and understand what they have been taught. This requirement means that all healthcare providers must consider the literacy level, educational background, language skills, and culture of every client during the education process (Cipriano, 2007; Davidhizar & Brownson, 1999; JCAHO, 2001).

In the mid-1990s, the Pew Health Professions Commission (1995), influenced by the dramatic changes surrounding health care, published a broad set of competencies it believed would mark the success of the health professions in the 21st century. Shortly thereafter, the commission released a fourth report as a follow-up on health professional practice in the new millennium (Pew Health Professions Commission, 1998). This report offered recommendations pertinent to the scope and training of all health professional groups, as well as a new set of competencies for the 21st century. Many of the competencies deal with the teaching role of health professionals, including nurses. These competencies for the practice of health care include the need for all health professionals to do the following:

- Embrace a personal ethic of social responsibility and service
- Provide evidence-based, clinically competent care
- Incorporate the multiple determinants of health in clinical care
Healthy People initiative, Healthy People 2020 is the product of an extensive evaluation process by stakeholders. Its 40 topic areas support four overarching goals: attaining high-quality and longer lives; achieving health equity and eliminating disparities; creating social and physical environments that promote good health for all; and promoting quality of life, healthy development, and behaviors across the entire life span (USDHHS, 2010). Patient education is a fundamental component of these far-reaching national initiatives. Presently, the Secretary of Health and Human Services is in the process of establishing an advisory committee, informed by the latest scientific evidence, for the development and implementation of recommendations on national health promotion and disease prevention objectives for Health People 2030 (USDHHS, 2017).

Thus, since the 1980s the role of the nurse as educator has undergone a paradigm shift, evolving from what once was a disease-oriented approach to a more prevention-oriented approach. In other words, the focus is on teaching for the promotion and maintenance of health (Roter et al., 2001). Education, which was once done as part of discharge planning at the end of hospitalization, has expanded to become part of a comprehensive plan of care that occurs across the continuum of the healthcare delivery process (Davidhizar & Brownson, 1999).

As described by Grueninger (1995), this transition toward wellness entails a progression “from disease-oriented patient education (DOPE) to prevention-oriented patient education (POPE) to ultimately become health-oriented patient education (HOPE)” (p. 53). Instead of the traditional aim of simply imparting information, the emphasis is now on empowering patients to use their potentials, abilities, and resources to the fullest (Glanville, 2000; Kelliher, 2013). Along with supporting patient empowerment, nurses must be mindful to continue to ensure the protection of “patient voice” and the therapeutic relationship in patient education against the backdrop of ever-increasing
The Evolution of the Teaching Role of Nurses

Nursing is unique among the health professions in that patient education has long been considered a major component of standard care given by nurses. Since the mid-1800s, when nursing was first acknowledged as a unique discipline, the responsibility for teaching has been recognized as an important role of nurses as caregivers. The focus of nurses’ teaching efforts is on the care of the sick and promoting the health of the well public.

Florence Nightingale, the founder of modern nursing, was the ultimate educator. Not only did she develop the first school of nursing, but she also devoted a large portion of her career to teaching nurses, physicians, and health officials about the importance of proper conditions in hospitals and homes to improve the health of people. Nightingale also emphasized the importance of teaching patients the need for adequate nutrition, fresh air, exercise, and personal hygiene to improve their well-being. By the early 1900s, public health nurses in the United States clearly understood the significance of the role of the nurse as teacher in preventing disease and in maintaining the health of society (Chachkes & Christ, 1996; Dreeben, 2010).

For decades, then, patient teaching has been recognized as an independent nursing function. Nurses have always educated others—patients, families, colleagues, and nursing students. It is from these roots that nurses have expanded their practice to include the broader concepts of health and illness (Glanville, 2000).

As early as 1918, the NLNE in the United States, now known as the National League for Nursing (NLN), observed the importance of health teaching as a function within the scope of nursing practice. Two decades later, this organization recognized nurses as agents for the promotion of health and the prevention of illness in all settings in which they practiced (NLNE, 1937). By 1950, the NLNE had identified course content in nursing school curricula to prepare nurses to assume the role. Most recently, the NLN (2006) developed the first Certified Nurse Educator (CNE) exam to raise “the visibility and status of the academic nurse educator role as an advanced professional practice discipline with a defined practice setting” (Klestzick, 2005, p. 1).

In similar fashion, the American Nurses Association (ANA, 2015) has for years issued statements on the functions, standards, and qualifications for nursing practice, of which patient teaching is a key element. In addition, the International Council of Nurses (ICN, 2012) has long endorsed the nurse’s role as patient educator to be an essential component of nursing care delivery.

Today, all state nurse practice acts (NPAs) include teaching within the scope of nursing practice responsibilities. Nurses, by legal mandate of their NPAs, are expected to provide instruction to consumers to assist them to maintain optimal levels of wellness and manage illness. Nursing career ladders often incorporate teaching effectiveness as a measure of excellence in practice (Rifas, Morris, & Grady, 1994). By teaching patients and families, nurses can achieve the professional goal of providing cost-effective, safe, and high-quality care (Santo, Tanguay, & Purden, 2007; Shi & Singh, 2015).

A variety of other health professions also identify their commitment to patient education in their professional documents (Falvo, 2004). Standards of practice, practice frameworks, accreditation standards, guides to practice, and practice acts of many health professions delineate the educational responsibilities of their members. In addition, professional workshops and continuing education programs routinely address the skills needed for high-quality patient and staff education. Although specific
Social, Economic, and Political Trends Affecting Health Care

In addition to the professional and legal standards various organizations and agencies have put forth, many social, economic, and political trends nationwide that affect the public’s health have focused attention on the role of the nurse as teacher and the importance of client, staff, and student education. The following are some of the significant forces influencing nursing practice, in particular, and healthcare practice, in general (Ainsley & Brown, 2009; Berwick, 2006; Birchall, 2000; Bodenheimer, Lorig, Holman, & Grumbach, 2002; Cipriano, 2007; Committee on Quality of Health Care in America & IOM, 2001; Gantz et al., 2012; Glanville, 2000; Hines & Barndt-Maglio, 2011; IOM, 2011; Lea, Skirton, Read, & Williams, 2011; Lockhart, 2016; Osborne, 2005; USDHHS, 2010; Shi & Singh, 2015; Zikmund-Fisher, Sarr, Fagerlin, & Ubel, 2006):

- The federal government, as discussed earlier, published Healthy People 2020, a document that set forth national health goals and objectives for the next decade. Achieving these national priorities would dramatically cut the costs of health care, prevent the premature onset of disease and disability, and help all Americans lead healthier and more productive lives. Among the major causes of morbidity and mortality are those diseases now recognized as being lifestyle related and preventable through educational intervention. Nurses, as the largest group of health professionals, play an important role in making a real difference by teaching clients to attain and maintain healthy lifestyles.

- The Institute of Medicine (2011) established recommendations designed to enhance the role of nurses in the delivery of health care. This includes nurses functioning to the full extent of their education and scope of...