

LEARNING NEEDS OF THE CARDIAC PATIENT BEING DISCHARGED FROM HOSPITAL AS SEEN BY THE PATIENT, HIS DOCTOR, AND HIS NURSE

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For many members of the health team, the following incidents will be familiar: a patient with angina is discharged from hospital with the instructions to "take it easy"; a man with a peptic ulcer receives his diet sheet a few minutes before leaving hospital. On the premise that a common factor in these situations is the lack of communication among the patient, doctor, and nurse, this study was undertaken to identify the learning needs of the patient being discharged from hospital as perceived by each of these three persons. "Learning need" was defined as

. . . the identification or expression of the difference between what the learner knows, how he feels and what he can do at the present time, and what he should learn in order to progress toward individually desirable and attainable health goals. (Wallace, 1960:8).

A review of the literature would seem to indicate that teaching patients in preparation for their discharge from hospital is beneficial (Cole and Emmanuel, 1971:959; Boyek, 1972:42; Royle, 1973:25) but that there is a lack of such teaching (Monteiro, 1964:29; Redman, 1972:10; Palm, 1971:678). Part of the problem would appear to lie in the communication about the patient's learning needs and in the opinions about who should meet these needs (Redman, 1972:10; Nordwich, 1970:124-125).

The Study

The sample consisted of the first ten cardiac patients who, after a given day, were admitted to a general medical ward, either directly or from the coronary care unit. Their primary problem was one or any number of the following: angina, myocardial infarction, congestive heart failure and valve stenosis or insufficiency. All of the patients were discharged to their homes. There were four females and six males with ages ranging from 31-75 years. Length of hospitalization varied from three to thirty days.

Open-ended questionnaires were completed by the patient, his doctor and his nurse at the point of discharge. On the fifth day at

home, each patient completed a second brief questionnaire. These were returned by mail to the investigator. All questionnaires were completed by the interns and nurses. Seven of the ten patients filled in the first questionnaire, and eight of the ten patients returned the second one.

Findings

Several of the significant findings were:

1. With one exception, agreement among doctors', nurses' and patients' responses about the patient's learning needs never exceeded 50 per cent.
2. One of the five problems encountered by patients at home had been listed by a doctor and one by a nurse as being an area in which teaching was required.
3. Two of seven patients reported unmet needs for information at discharge. Each of two more patients had one unanswered question within the first five days at home.
4. For seven patients, doctors identified twenty-three areas and nurses listed sixteen areas in which teaching was required. These seven patients perceived teaching as having been done in eleven areas.
5. Of the five nurses responding to the question, all five saw the nurse as teaching. Five out of ten doctors saw her as being involved in this.
6. One out of seven patients perceived the nurse as having taught him.

Conclusions

Because of an unavoidable delay in initiating the study, several problems were encountered during the data collection phase which had to be carried out during the Christmas holiday season. This, coupled with the limited numbers of questionnaires which were returned, makes any conclusions very tentative.

1. The amount of agreement among the patients', doctors' and nurses' responses about the patient's learning needs seems rather low, indicating some lack of communication in this area.
2. The fact that four out of seven patients had unmet needs for information tentatively suggests a need for a more thorough assessment.
3. It appears that patients see their doctors as teachers much more frequently than their nurses. Is this due to the content provided by nurses, the way in which it is provided, or the expectation of the patient concerning the nurse's role?

4. Nurses seem to see themselves as teachers to a greater extent than do doctors.

Recommendations.

Several recommendations were made on the basis of the findings and conclusions.

1. A need for more communication between nurses and doctors with regard to their patients' learning needs at discharge might be partially met if discharge orders were more frequently completed at least one day before the patient goes home. The doctor and nurse might record, on a special form in the chart, the teaching that has been done and perhaps any which remains to be done.
2. The possibility of having a number at the hospital which the patient could call during the first days at home might be studied.
3. Health education departments might be established within hospitals and programs set up for teaching patients in the first weeks after discharge from hospital.
4. Improved communication between medical and nursing staff about content to be taught to patients and responsibility for this teaching might be facilitated by increasing the emphasis on this in shared undergraduate medical and nursing education. Joint discussion among health team members in the clinical setting with regard to the learning needs of individual patients, and who is to meet them, would seem desirable.

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