RESEARCH ARTICLE

BARRIERS OF PATIENT HEALTH TEACHING AMONG NURSING STUDENTS

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ABSTRACT

Background: Nursing literature indicates that patient teaching is a critical component of nursing roles, and health teaching is of the basic rights of the patients. Nursing students facing challenges and constraints while providing patient health teaching that requires study and judgments.
Aim: The aim of the study was to identify the barriers of patient health teaching among nursing students in Faculty of Nursing in Tanta University.
Material and method: descriptive design was used. the study was conducted in Faculty of Nursing at Tanta University, Patient teaching barriers questionnaires was used for data collection, The sample consists of 448 undergraduate nursing students in second, third and fourth academic year in the above mentioned setting and willing to participate in the study.
Results: high percent (71.9%,68.1%,65.8%,64.1& 60.7%) respectively of nursing students agreed that over load of clinical duties, inability to assesses patient's learning needs, insufficient references and opportunity to practice teaching skills as well as inability to choose appropriate methods of teaching are students themselves barriers that face them before patients health teaching. High mean were given to all items of patients health teaching barriers before ,during and after patient teaching ranged from 71.05 ± 17.42 to 78.43 ± 14.01 among nursing students of 3rd year followed by nursing students of 4th year ranged from 62.36 ± 16.53 to76.39 ± 13.41 and nursing students of 2nd year ranged from 68.82 ± 12.60 to 75.01 ± 15.66.
Conclusion: Nursing students faced several barriers before,during and after patients health teaching namely: regarding students themselves, patients' barriers, environmental and rules &policies barriers as well as evaluation barriers.
Recommendation: nursing students have intense needs for training and learning about patient health teaching barriers and how to overcome these barriers.

INTRODUCTION

Patient teaching is one of the most crucial aspects of nursing practice. It is any combination of learning experiences that helps people make behavior changes that promote health. Moreover, it is a planned, systematic, sequential, and logical process of teaching and learning provided to patients and clients in all clinical settings. The purpose of patient teaching is to increase the competence and confidence of clients for self-management. The ultimate goal is to increase the responsibility and independence of client for self care (Habel2011; Falvo1994; Caladine2012; Bastable and Alt 2013).Benefits of patient health teaching can be divided into seven major benefits; the first benefit is to enable patients to assume better responsibility for their own health care and improving patients' ability to manage acute and chronic disorders. The second benefit is to provide opportunities to choose healthier lifestyles and practice preventive medicine.

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The third benefit is to attract patients to the provider and increases patients' satisfaction with their care, while at the same time decreasing the provider's risk of liability. The fourth benefit is to promote patient-centered care and as a result, patients' active involvement in their plan of care. The fifth is to increase adherence to medication and treatment regimens, leading to a more efficient and cost-effective health care delivery system. The six is to ensure continuity of care and reduces the complications related to illness and incidence of disorder/disease. And the seven is to maximize the individual's independence with home exercise programs and activities that promote independence in activities of daily living as well as continuity of care(Bastable and Alt 2013; Jones and Bartlett 2008). The process of patient education can be described in 5 steps:1– assessment: requires gathering information about patient's health care needs and abilities, 2– planning: using the information of the assessment to determine how to approach patient's learning needs,3– implementation: is the process used to perform the actual teaching, 4– evaluation: is the process that indicates how well patients are adapting or applying new information to their lives, 5– documentation: recording of all

teachings process (Yoo and Yoo 2003). Teaching patient about health and illness is a core function of the professional nurse and the greet responsibility of her job that has a major reflection of adequate standards of the nursing practice. Nursing students teach persons across the lifespan beginning with individuals in: preschool classes, elementary school classes, adolescents in high school classes and middle school classes, geriatric residents of nursing homes, childbearing families (maternity unit) and various organizations as well as groups of adult learners. So, they should be well prepared to enter the profession as health educators (Abd UI Muhesn 2009; Bitner *et al.,* 2003). Nursing students may encounter numerous factors and barriers occur before, during and after patient teaching such as, lack of time, lack of clear objectives and expectations, low knowledge of nurses, difficult to set teaching goals, unanticipated events occur frequently, lack of educational resources and shift rotation, physical clinical environment not comfortable for teaching and patient related challenges: short hospital stays; patients too sick or unwilling to participate in a teaching encounter as well as inadequate preparation of nurses for teaching role (Ramani and Leinster2008; Aghakhani *et al.,*2012; Kaymakc *et al.,* 2007). Today's rapidly changing health environment challenges health care providers to produce effective teaching strategies during shortened hospital stays. Faculty members believe that students should be given the opportunity to provide effective teaching experiences in patient education during the course of their education. So, it is essential to identify the barriers of providing patient health teaching among nursing students.

Aim of the study

The aim of the present study is to identify the barriers of patient health teaching among nursing students in Faculty of Nursing at Tanta University.

Research question

What are barriers of patients health teaching among nursing students ?

MATERIAL AND METHODS

Design: Descriptive design was used.
Setting: the study was conducted in Faculty of Nursing at Tanta University.
Subjects: the study subjects consisted of representative sample of nursing students (448) were selected randomly from three levels, second year (145),third year (137) and fourth year (166) and willing to participate in the study.

Tool for data collection

To achieve the aim of the study the following tool was used. Patient teaching barriers questionnaire was developed by the researchers and guided by Abd UI Muhesn (2009), Kaymakcia, *et al.* (2007) and recent related literature. To collect data from nursing students about barriers that faced them during patients health teaching the tool contained the following parts:

a-Part one : Subject characteristics e.g. grade and name

b-Part two: Barriers of patients health teaching questionnaire consisted of 45 questions, address three phases presented as follow: First phase, before patient teaching included 18 items divided into two categories namely barriers regarding students themselves 14 items from1-14 and audiovisuals material 4 items from 15-18. Second phase, during patient teaching included24 items divided into 4 categories namely barriers regarding students themselves 9 items from19-27,barriers regarding patient8 items from 28-35, barriers regarding organization of the environment 6 items from36-41 and barriers regarding rules and regulation1 item 42. Third phase, afterpatient teaching: students evaluation included 3 items from43 -45.

Scoring system

The subject's responses were in five point likert scale ranging from strongly agree (5), agree(4), neutral(3), disagree(2) and strongly disagree(1)

METHOD

1- An official permission to carry out the study was obtained from responsible authorities in faculty of nursing at Tanta University.
2- The purpose of the study was explained and made clear to the educators of study setting to get their co-operation and acceptance.
3- The purpose of the study was explained to the students and their verbal consent to participate was received and those who were willing to participate were given a questionnaire to complete it after finishing their clinical duties and lectures.
4- Content validity of the tool was performed by ten experts in the field of nursing administration,public health, medical surgical nursing and pediatric nursing. It was 88.3 %.
5- Pilot study was conducted on 10% of the total sample of nursing students (this number were excluded from the study population), to identify the obstacles and problems that may be encountered in data collection.
6- Reliability of the tool was tested by using Cronbach Alpha test it was .952.
7- The questionnaires were distributed to nursing students (n = 448). Before the questionnaire was administered, the subject were thoroughly briefed about the purpose of the study and the data collection process. They were also assured of their anonymity and the confidentiality of their responses.
8- The data collection were completed during the period of 2 months from May to June 2013.
9- Responding times to all questions in the tool consumes 10 to 15 minutes.
10- Ethical consideration: all participants interviewed for explaining the purposes and procedures of the study, and they have the right to refuse participation in the study as well as withdrawal from the study at any time of the study. Consent to participate was assumed of filling the sheet.

Statistical analysis

The collected data were organized, tabulated and statistically analyzed using statistical package for social studies (SPSS)

version 19. The total score was summated for each group of barriers and divided by the maximum score to get the score percentage. The mean score was calculated for the total score percentage for each group of barriers and difference in relation to grade of students were tested using the analysis of variance (ANOVA). If the F value of ANOVA was found significant, Scheffe test was applied to compare each two groups. For categorical variables the number and percentage were calculated. The level of significance was adopted at p<0.05.

RESULTS

Table (1)The findings on demographic characteristics of the study group are as follows; of 448 nursing students in the sample, their age ranged from 19-23 years and mean of age were 20.8 ± 52 years. the majority were females (77.7 %), and nearly all of them were single (97.7%), about two third (66.5) of the respondents lived in rural areas.Table (2): Distribution of nursing students barriers before health teaching regarding students themselves and audiovisual barriers of health teaching. Regarding, barriers of the students themselves the table indicated that the high percent (71.9%,68.1%,65.8%,64.1& 60.7) respectively of nursing students agreed that over load of clinical duties, inability to assesses patient's learning needs,insufficient references   and opportunity to practice teaching skills as well as inability to choose appropriate methods of teaching are students themselves barriers that face them before patients health teaching. More than fifty percent (59.8%, 58.9%, 58.5% 58.3, 56.0%, 55.4% 53.8%,5 3.6% &50.4%) respectively of nursing students agreed that inability to develop learning objectives, inability to choose appropriate time to teach patient, culture and belief differences between student and patient, difficulty of the teaching content, inappropriate preparation of teaching content, inaccessibility to patient's records, inability to deal with group of patients and inability to prioritize patients' respectively are students themselves barriers that face them before patients health teaching.In relation to audiovisual barriers, it was observed that more than sixty(66.1%, 65.2%, 62.5% & 61.8%) respectively of nursing students agreed that inability to select appropriate audio-visual material, high cost of the audiovisual aids, inability to use up-to-date audiovisuals or recent technology and inability to use visual material are   audiovisual barriers before patients health teaching.

Table (3) Showed distribution of nursing students barriers during health teaching regarding students themselves barriers. It was observed that more than fifty percent (55.4%) and equally fifty(50.0%) of nursing students agreed that lack of enough knowledge and skills related to health teaching and inability to deliver content in an organized manner and poor communication technique are students themselves barriers that face them during patients health teaching. Also less than fifty (49.8 %, 47.1 %, 46.7 %, 46.4 %, 43.3 % & 42.4%) respectively of nursing students agreed that inability to attract patient's attention to the topic, present the content and material of the subject well, explain teaching objectives, give and take feedback, summarize the topic or to mention important points and low self confidence are students themselves barriers that face them during patients health teaching. Table (4) Showed distribution of nursing students barriers during health teaching regarding patients.The table indicated that high percent of

nursing students ranged from 62.7% to70.1% agreed that all these statements are patients' barriers that face them during patients health teaching.Table (5) Showed distribution of nursing students barriers during health teaching regarding environmentand rules & policies.The table indicated that high percent of nursing students ranged from 54.5%to70.1% of nursing students agreed that all statements of environmental and rules &policies barriers during patients teaching. Table (6) Showed distribution of nursing students barriers after health teaching.It was observed that   sixty percent (60.0%), equal percent) of nursing students agreed   that lack time for evaluating patient knowledge, while more than one half (54.2%) of them agreed that   lack of knowledge about evaluation methods and inability to develop evaluation questions wereevaluation barriers that faced them after patients health teaching.Table (7)Showed Mean and St. Deviation of nursing studentsbarriers of health teaching among different academic years.It appears that high mean were given to all items of patients health teaching barriers   ranged from 71.05 ± 17.42 to 78.43 ± 14.01among nursing students of 3rd year than nursing students of 4th year ranged from62.36 ± 16.53 to 76.39 ± 13.41 and   nursing students of 2nd year ranged from 68.82 ± 12.60 to 75.01 ± 15.66**.** There are statistical significant differences among nursing students in   2nd,3rd& 4th year before teaching, during teaching related to students themselves barriers and after teaching (evaluation barriers).

Table 1. Demographic characteristics of the studied students

Characteristics	N =448 / percentage
Age in years	
Range	19-23
Mean	20.8 ± 52
Sex	
Male	100 (22.3%)
Female	348 (77.7%)
Marital status	
Single	338 (97.7%)
Married	10 (2.3%)
Residence	
Urban	150 (33.5%)
Rural	298 (66.5%)

DISCUSSION

Patient education has been widely used by medical schools and schools of nursing as a method for evaluating clinical performance. Providing patient teaching is central to the role of every nurse who provides patient care, regardless of job title or clinical setting. Through the process of patient teaching, the nurse influences the patient to gain the knowledge, attitudes and skills needed to maintain and improve health. The desired outcome of patient education is behavior change. The importance of health teaching as a part of nursing practice has been recognized for years. However, the nursing literature continues to indicate that there is both confusion and lack of preparation for teaching within the nursing profession (Aghakhani *et al.,* 2012; Habel 2011). The aim of this study is to identify the barriers of providing patient health teaching among nursing students. In the present study the high percent of nursing students agreed that over load of clinical duties, inability to assesses patient's learning needs, insufficient references   and opportunity to practice teaching skills as well as inability to choose appropriate methods of teaching are students themselves barriers that face them before patients health teaching.

Table 2.Distribution of nursing students barriers before health teaching regarding students themselves and audiovisual barriers of health teaching

Before teaching barriers	Disagree		Neutral		Agree	
Students themselves	N	%	N	%	N	%
1. Inability to assesses patient's learning needs	68	15.2	75	16.7	305	68.1
2. Inability to develop learning objectives	83	18.5	97	21.7	268	59.8
3. Inability to prioritize patients' problems	109	24.1	114	25.4	226	50.4
4. Inappropriate preparation of teaching content	96	21.4	101	22.5	251	56.0
5. Insufficient references	77	17.2	84	18.8	287	64.1
6. Inaccessibility to patient's records	95	21.2	105	23.4	248	55.4
7. Culture and belief differences between student and patient.	86	19.2	100	22.3	262	58.5
8. Inability to choose appropriate methods of teaching.	72	16.1	104	23.2	272	60.7
9. Inability to choose appropriate time to teach patient.	92	20.5	92	20.5	264	58.9
10. Insufficient opportunity to practice teaching skills.	75	16.7	78	17.4	295	65.8
11. Lack of guidance and direction from supervisor.	98	21.9	109	24.3	241	53.8
12. Over load of clinical duties.	66	14.7	60	13.4	322	71.9
13. Difficulty of the teaching content	96	21.4	91	20.3	261	58.3
14. Inability to deal with group of patients.	106	23.7	102	22.8	240	53.6
Audiovisual barriers						
15. Inability to select appropriate audio-visual material.	70	15.6	82	18.3	296	66.1
16. Inability to use visual material	86	19.2	85	19.0	277	61.8
17. High cost of the audiovisual aids	47	10.5	109	24.3	292	65.2
18. Inability to use up-to-date audiovisuals or recent technology.	78	17.4	90	20.1	280	62.5

NB-strongly agree, agree= agree, strongly disagree, disagree= disagree

Table 3. Distribution of nursing students barriers during health teaching regarding students themselves

During teaching barriers regarding students themselves	Disagree		Neutral		Agree	
	N	%	N	%	N	%
19. Lack of enough knowledge and skills related to health teaching	116	25.9	84	18.8	248	55.4
20. Inability to attract patient's attention to the topic	94	21.0	131	29.2	223	49.8
21. Inability to explain teaching objectives.	116	25.9	123	27.5	209	46.7
22. Inability to present the content and material of the subject well	107	23.9	130	29.0	211	47.1
23. Inability to deliver content in an organized manner	114	25.4	110	24.6	224	50.0
24. Poor communication technique.	121	27.0	103	23.0	224	50.0
25. Low self confidence.	154	34.4	104	23.2	190	42.4
26. Inability to give and take feedback	118	26.3	122	27.2	208	46.4
27. Inability to summarize the topic or to mention important points.	142	31.7	112	25.0	194	43.3

NB-strongly agree, agree= agree, strongly disagree, disagree= disagree

Table 4.Distribution of nursing students barriers during health teaching regarding patients

Patients' barriers	Disagree		Neutral		Agree	
	N	%	N	%	N	%
28. Patient's participation in teaching	46	10.3	115	25.7	287	64.1
29. Lack of patient readiness and motivation to learn.	40	8.9	112	25.0	296	66.1
30. Age of patient	44	9.8	73	16.3	331	73.9
31. Patient's level of understanding.	62	13.8	94	21.0	292	65.2
32. Emotional and physical state of patient.	78	17.4	89	19.9	281	62.7
33. Severity of disease and poor health status	54	12.1	80	17.9	314	70.1
34. Types of patient's disease(heart disease, operations, psychological disease…..etc)	79	17.6	79	17.6	290	64.7
35. Lack of trust of student as a source of information.	50	11.2	88	19.6	310	69.2

NB-strongly agree, agree= agree, strongly disagree, disagree= disagree

Table 5. Distribution of nursing students barriers during health teaching regarding environment and rules &policies

Environmental barriers	Disagree		Neutral		Agree	
	N	%	n	%	N	%
1. Unsuitable place and design of ward for teaching.	53	11.8	84	18.8	311	69.4
2. Inadequate time of hospital schedule.	55	12.3	101	22.5	292	65.2
3. Noise and distraction	52	11.6	82	18.3	314	70.1
4. Lack of support and cooperation from the health teams (staff).	68	15.2	93	20.8	287	64.1
5. Difficult to control on the environment.	96	21.4	99	22.1	253	56.5
6. Lack of privacy	110	24.6	94	21.0	244	54.5
7. Rules and policies of the hospital prevent students from providing health teaching in specific cases and times.	80	17.9	108	24.1	260	58.0

NB-strongly agree, agree= agree, strongly disagree, disagree= disagree

Table 6. Distribution of nursing students barriers after health teaching

After teaching barriers	Disagree		Neutral		Agree	
	N	%	N	%	N	%
8. Lack of knowledge about evaluation methods.	89	19.9	116	25.9	243	54.2
9. Inability to develop evaluation questions.	89	19.9	116	25.9	243	54.2
10. Lack time for evaluating patient knowledge.	57	12.7	122	27.2	269	60.0

NB-strongly agree, agree= agree, strongly disagree, disagree= disagree

Table 7. Mean and St. Deviation of Nursing Studentbarriers of health teaching among different academic years

Barriers	Students' grad			F	P
	2nd year N= (145)	3rd year N= (137)	4th year N= (166)		
Before teaching	71.10±11.41	73.83±12.92	70.56±11.57	3.105	0.046*
1- Barriers of students themselves					
2-Audiovisual	72.86±16.51	78.43±14.01	72.41±14.05	7.287	0.001*
During teaching					
1-Students themselves	68.82±12.60	68.18±14.31	62.36±16.53	7.726	0.001*
2-Patients related barriers	74.45±14.39	74.91±12.26	72.09±11.81	2.156	0.117
3-Environmental barriers and rules &policies	75.01±15.66	77.66±15.08	76.39±13.41	1.149	0.318
After teaching evaluation barriers	73.10±16.77	71.05±17.42	66.51±18.30	5.800	0.003*

*Statistically significant at p<0.05

This results are agree with Abd- El-Maksoud (1993) who reported that Egyptian nurses had workload due to inadequate number of nursing staff, lack of facilities to teach their patients, beside the high level of stress. AlsoAbd UI Muhesn (2009) supported this results and found that about half of nursing students didn't prepare learning objectives before patient teaching , didn't understand patients' needs and faced some problems in getting proper content of patient teaching as :difficult language of health information,lack of reference and over load of clinical duties are students themselves barriers. Sand-Jecklin *et al.*(2010) stated that lack of information about opportunities to learn and over load of clinical duties were students themselves barriers that faced them before patients health teaching.The present study's results revealed that , more than fifty of nursing students agreed that inability to develop learning objectives, inability to choose appropriate time to teach patient, culture and belief differences between student and patient, difficulty of the teaching content, inappropriate preparation of teaching content, inaccessibility to patient's records, inability to deal with group of patients, lack of guidance and direction from supervisor and inability to prioritize patients' problems respectively were students themselves barriers that faced them before patients health teaching (Table 2). This results are supported by many nursing research (Habel 2011; Bastableand Alt 2013; Abd UI-Muhesn 2009; Abd- El-Maksoud 1993). Cole (1996) mentioned that nursing students (teachers) must work with patient to determine the patient's learning needs and the most effective time to teaching session.

In relation to audiovisual barriers, The results of the this study showed that, more than sixty of nursing students agreed that inability to select appropriate audio-visual material, high cost of the audiovisual aids, inability to use up-to-date audiovisuals or recent technology and inability to use visual material are audiovisual barriers before patients health teaching (Table 2). This results are supported by Abd UI Muhesn (2009)who found that nursing students reported that they faced some barriers in preparing and using audiovisual aids for patients as: inability to select suitable aids for the patients. Difficulty of the teaching content, lack of time to develop audiovisual aids for patients. Costs of the audiovisual aids and lack of knowledge about audiovisual materials development. On contrary, Kaymak *et al.* (2007) found that nursing students preparing education material and delivering patient education were useful for themselves and did not encounter any problems. Effective patient education materials are important supplements for patients in any healthcare setting. Well-planned and carefully documented materials (written, audio, video, or computerized) help to improve patient understanding and skills related to their

healthcare needs. Also reported that, in preparing and evaluating health education materials, 67% of students stated that preparing material increased their creativity, contributed to their development, was pleasing and motivated them. This constant with Ayoti (2013) stated that 71.5 % of the respondents argued that they were not able to get enough funds to enable them hire and transport the resources to the venue where they were to be used. The results of the this study showed that, more than fifty and equally fifty of nursing students agreed that lack of enough knowledge and skills related to health teaching and inability to deliver content in an organized manner and poor communication technique were barriers that faced them during patients health teaching. Bastable and Alt (2013) agree with this results and reported that many nurses and other healthcare personnel admit that they do not feel competent or confident with their teaching skills so, the role of the nurse as educator still needs to be strengthened in undergraduate nursing education. Also, Nursing students having a serious lacking in communication skills as reported by Abd UI-Muhesn (2009). The results of the this study showed that, less than fifty of nursing students agreed that inability to attract patient's attention to the topic , present the content and material of the subject well, explain teaching objectives , give and take feedback, summarize the topic or to mention important points and low self confidence are students themselves barriers that face them during patients health teaching (Table 3). This mean that those nursing student's lack readiness, motivation ability and inadequately prepared for providing patient health teaching. So those nursing students are in need for practice, support, appropriate curriculum and proper setting with the development of needed supplies. On contrary to this result Kaymakc *et al.* (2007) found that nursing students did not encounter any problems in to attracting patient's attention to the topic, present the content and material of the subject well, explain teaching objectives, give and take feedback, summarize the topic or to mention important points and low self confidence are students themselves barriers that face them during patients health teaching.

In the present study high percent of nursing students ranged from more than half and two third of nursing students agreed that patients' barriers that face them during patients health teaching. Which include: patient's participation in teaching, lack of patient readiness and motivation to learn, age of patient,patient's level of understanding, patient's level of understanding, emotional and physical state of patient, severity of disease and poor health status, types of patient's disease(heart disease, operations, psychological disease…..etc) and lack of trust of student as a source of information (Table 4). This constant with the result of Abd UI-Muhesn (2009)

who found that nursing students mentioned that the patient and his family were rarely cooperative with them during health teaching and patients' illness and symptoms was always a barriers for patient education. Also patient refused health teaching because they didn't have confidence in nursing students as a sources of information. Aghakhani *et al.* (2012) found that the most important barriers were lack of interest in patients for learning, insufficiency of hospitalization time, patient inconvenience and feeling of lack of importance of learning in hospital. In the present study high percent of nursing students ranged from more than half to more than two third of nursing students agreed   that all statements of environmental and rules &policies barriers during patients teaching including unsuitable place and design of ward for teaching. Inadequate time of hospital schedule noise and distraction lack of support and   cooperation from the health teams, difficult to control on the environment,lack of privacy as well as rules and policies of the hospital prevent students from providing health teaching (Table 5). This can be attributed to in the educational hospitals, the high number of medical and nursing students in the wards can turn to an obstacle patient health teaching. This constant with Bastable and Alt (2013) who mentioned that the environment in the various settings where nurses are expected to teach is not always conducive to carrying out the teaching–learning process. Lack of space, lack of privacy, noise, and frequent interferences caused by client treatment schedules and staff work demands are just some of the factors that may negatively affect the nurse's ability to concentrate and effectively interact with patients. Alavi (2005) found that some factors such as crowded and noisy wards, lack of time, stress, and work load pressure are important obstacles

In relation to nursing students barriers after patient health teaching.It was observed that sixty percent, and equal more than fifty percent of nursing students agreed that lack time for evaluating patient knowledge, lack of knowledge about evaluation methods and Inability to develop evaluation questions were evaluation barriers that face them during after patients health teaching (Table 6). This in accordance with Abd UI-Muhesn (2009) who mentioned that nursing students reported that the common barriers is the lack of knowledge about type of evaluation tools, developing questions and lack of time to evaluate patient teaching. In the present study high mean were given to all items of patients health teaching barriers   ranged from 71.05 ± 17.42 to 78.43 ± 14.01among nursing students of 3rd year than nursing students of 4th year ranged from 62.36 ± 16.53 to 76.39 ± 13.41 and nursing students of 2nd yearranged from 68.82 ± 12.60 to 75.01 ± 15.66. There are statistical significant differences among nursing students in 2nd,3rd& 4th year before teaching, during teaching related to students themselves barriers and after teaching : evaluation barriers (Table 7). This may due to differences in how the different groups experienced the learning at the nursing faculty highlight differences in their degree of experience in the faculty and the curriculum. For instance, it is possible to identify some stress points among 2nd,3rd& 4th year students due to theirmore challenging teaching and learning activities.

Conclusion

Nursing students in Tanta Faculty of nursing faced several barriers before,during and after patients health teaching namely: regarding students themselves, patients' barriers,

environmental and rules &policies barriers as well as evaluation barriers.

Recommendation

In the light of the findings of this study, the following recommendations are suggested :

1- Nursing students have intense needs for training and learning about patient health teaching barriers and how overcome these barriers.
2- This results indicated that there is a great need for improving performance of nursing demonstrator in patient health teaching.
3- Support the patient-teaching role of the student nurse upon their duties, by providing the resources they need and rewarding their efforts.
4- It is important that student nurses develop and master information seeking skills so that they can access and find information resources they can offer directly to patients and caregivers
5- Patient should be informed about the importance of health teaching.
6- further research to overcome these barriers.

Acknowledgment

REFERENCES

Abd UI Muhesn AM 2009. Barriers encountered by Patient Undergraduate Nursing Students providing health education for patients. Master thesis University of Alexandria, Faculty of Nursing, p52-61.

Abd- El-Maksoud E L A. 1993. Barriers that hinder nurses from practicing the preoperative psychological preparation for the surgical patients. Master thesis.Menofia University. High institute of nursing.p46.

AghakhaniN, Nia H Sh, Ranjbar H, RahbarN, BeheshtiZ.2012.Nurses' attitude to patient education barriers in educational hospitals of Urmia University of Medical Sciences.I.Ranian. *Journal of Nursing and Midwifery Research,* January-February, Vol. 17, Issue 1.p12-15.

Alavi M. 2005.Experiences of nurse-elderly relation in hospital wards [MSc thesis]. Isfahan: Isfahan University of Medical Sciences.

Ayoti C and Poipoi M W. 2013. Challenges facing teachers in preparation and utilization of instructional media in teaching kiswahili in selected secondary schools in kenya, International Journal Of Advanced Research, Volume 1, Issue 3, 201-207.

Bastable S B and Alt M F. 2013. Perspective on teaching and learning: Overview of education of health care. Chapter 1: p12.
samples.jbpub.com/.../9781449694173_CH01_Pass1.pd...

Bitner, Linda, Giefer, Cheryl, Schiefelbein, Jan, Sheverbush, Joan, 2003.Teaching nursing students to teach: Creative Student Instruction.

Caladine L. 2012. Patient Education: Physiotherapists' constructions. Transmission or empowerment?

Cole G. 1996. Fundamental nursing:Concept and Skills.2nded,Stlouis,Mosby-year book,Inc.p74.

Falvo DR. Effective Patient Education: A Guide to Increased Compliance. 2nd ed. Gaithersburg, MD: Aspen; 1994:1-13.

Habel M. Putting Patient Teaching Into Practice Journal of Public Health: The Need of Patient Educatio.2011:1-55 www.euromedinfo.eu/

Jones and Bartlett, 2008.Basic concepts of patient education-Learningwww.jblearning.com/samples/.../55447_CH01_ Dreeben...pp1-8.

Kaymakc S¸ Yavuz M, Orgun F, 2007. Surgical patient education: Turkish nursing students experiences, Nurse Education Today (2007) 27, 19–25.

Ramani S and Leinster S. AMEE Guide no. 34: Teaching in the clinical environment. Medical teacher. 2008; 30: 347–364.

Sand-Jecklin, K., Murray, B., Summers, B., Watson, J., 2010. "Educating Nursing Students about Health Literacy: From the Classroom to the Patient Bedside " OJIN: The Online Journal of Issues in Nursing Vol. 15 No. 3.

www.brighton.ac.uk/sohp/.../news.../Lynne-Caladine.pd.

Yoo MS, Yoo IY. The effectiveness of standardized patients as a teaching method for nursing fundamentals. *Journal of Nursing Education*.2003;42(10):444–449.

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