

## ADULT LEARNING PSYCHOLOGY & PATIENT EDUCATION

**Aliina L. Radcliff**

*Eastern New Mexico University, USA*

E-mail: aliina.radcliff@enmu.edu

### ABSTRACT

*This paper will establish the psychology of adult learning styles, and their relevance to patient education of the adult and the skill set required to personal health management supported through literature. Necessary patient learning and teaching help the patient identify, define, and understand patient compliance in personal health management and available tools to achieve optimal health management. The influence of the current evolution of health care in the 21st-century involves patient-centered and focused management. To establish a new methodology of health care from disease management to health management through maintenance new philosophies must evolve and provide medical management pathways to achieve desired outcomes. To achieve overall and optimal health management patients must understand health maintenance through supported compliance, action, and individual accountability. Effective patient education in health management accountability achieves better overall patient health and improves quality of life, enjoyment, mobility, sustainability, functional status, quality, and patient longevity. The patient is accountable and in control of personal actions required to achieve optimal medical management in conjunction with the supportive health care environment to manage and maintain individual health. Education provides patients with the skills and tools available to them for optimal health and functioning in a supportive, cost-effective, culturally-supported, and patient-centered program of proactive health care management focus.*

**Keywords:** *Learning theory, conceptual-learning, active-learning, evidence-based practice, behaviorism, cultural competence, patient-centered, student-centered*

### INTRODUCTION

Teaching, instruction, learning, and education requires reform in the twenty-first century of innovation and technology altering the way we teach, and how students learn. Learning theories help define and explain the process of teaching

and learning. The evolving complexity with the influx of technology and new information requires effective teaching strategies, skills, and concepts to consider the learner to achieve intended outcomes. Learning theory describes the learning environment, and the focus of faculty, and students. Learning theory provides the structure, focuses on student-centered learning, and the instructional choices of strategies utilized. The needs of the student require assessment and consideration to achieve the ideals of student-centered learning in active learning, and less from traditional methods of memorization in the passive learning environment.

### **NURSING AND PATIENT EDUCATION**

Nurses are in a perpetual state of patient education translating complicated and nebulous amounts of information necessary for successful health outcomes in patient-centered health care environments. Education of nurses and patients require knowledge of how individuals learn best and acquire the skills necessary to maintain, improve individual health, and manage individual health needs for medical optimization. Adult learning theory describes how learning occurs in older individuals which differs from how we learned as children. Adults possess internal motivation, self-direction, and in medical situations are/can be inspired to learn. To increase adult learning, teachers can influence learning efficacy (Abela, 2009).

Patient education for successful Total Joint Replacement requires a patient-targeted selection process for successful outcomes in a clinically coordinated patient-centered approach to achieve health optimization to increase successful function and healing (Raphael, 2011). Clinically-coordinated patient-centered care focuses on active-learning and education strategies to teach patients about their specific health care needs for enhanced recovery. All-inclusive patient-centered care is individualized, supportive and guides patient-focused goals to support outcome achievement. The need for health management to change from disease focus to health-focused will shift health care paradigms to prevention and management.

### **CHANGES IN NURSING EDUCATION**

The Affordable Care Act introduced legislation to transform health care across the United States. The ACA also requires the changes in nursing education, curriculum, and the vision to improve nursing competencies in the world of advanced technology and extensive information (IOM, 2010). Nurses are required to advance to practice high-quality health care demanding advanced nursing competencies to achieve necessities required in the twenty-first century digital

world to advance health, control cost, provide high-quality care, increase access, and safety (IOM, The future of nursing leading change, advancing health, 2010).

Before the legislative changes to health care, the United States Health Care System was already experiencing a shortage of health care professionals. The required changes of the affordable care act overhaul the entire health care system, the medical professional educational system, the insurance system, perception of health care delivery, though, and process creating challenges. Education of health care providers requires time and devotion to work in a high-stress, high-risk environment. The ability to practice professionally and competency in health care requires practice and experience. Decisions affect individual lives, and errors or mistakes can cause lifelong injury or death. The increased need for competently educated and practicing health care professionals and expanding the numbers of professionals requires decades and planning to accomplish the requirements of the ACA (Understanding the Affordable Care Act, 2014).

### **NURSING EDUCATION AND EVIDENCE-BASED PRACTICE**

Evidence-based practice (EBP) incorporated into nursing education curriculum derived from proven scientific research is required to teach competently. Understanding the foundations of evidence-based practice is difficult for comprehension of the practice by students as recipients of the evidenced-based curriculum. Decision making based on the best clinically relevant research evidence conducted utilizing sound techniques and methods provides EBP. The evidence helps supports the process of patient care including clinical expertise, patient values, and preferences. Optimal patient outcomes are achieved through decisions made clinically to enhance the patient's quality of life in health management, healing and functioning (Moch, 2010).

Academic progression to meet the new standards and requirements for higher functioning and competently educated nurses in the twenty-first century requires institutions of higher-education meet increased needs of learners. Curriculum, mission/program philosophy, learning outcomes, competencies, and are required to transition nursing education from traditional styles to concept-based learning theory and practice (Billings, 2016). Theory-based nursing programs provide higher academic achievement in conceptual-learning environments of student-centered active-learning groups. Core-competencies of beginning nursing staff require specific nursing skills learned in higher education. Core competencies are required for the beginning nurse to function, expand, maintain a professional nursing practice. Eleven core competencies include health care education, quality care, safe practice, management of the patient environment, resource management, responsible nursing practice, professional development,

legal, moral, ethical knowledge, documentation and record management, capable and competent skills in teamwork, quality improvement, and collaboration (Lazarte, 2016).

### **PATIENT-CENTERED CARE AND NURSING**

Patient-centered nursing care involves effective communication to educate and teach patients for effective health management. Optimal patient outcomes are achieved when patients actively participate in their care. Patient health outcomes cannot be improved or met without the patient and home caregiver responsibility, action, and education (Raphael, 2011). Cooperative-learning instructional strategies provide education opportunities by working in small groups to accomplish necessary tasks. Learning in the cognitive domain through demonstration, reading, and visual experiences improve retention and thinking skills of a critical nature (Lalley, 2007). Patient learners can expand their focus on specific health care needs that will help them manage individual health needs. Patient seminars can focus on essential knowledge in limited detail for authentic learning of complicated disease processes (Wawrzynski, 2014).

Increasingly complicated health care needs of patients require nurses to develop higher levels of education to ensure the distribution of quality and safe care. Hospital readmissions happen when patients are discharged without accomplishing the necessary skills for compliance with at home care. Failure to effectively manage pain, change a dressing, do proper exercises, or go to follow-up appointments negatively impact healing and optimal health. Patient after-care competence is challenging but essential for recovery. The cost of in-home follow-up care can be high when patients are not adequately prepared before discharge. Effective patient education and preparation reduces the likelihood of hospital readmissions making care more cost-effective and increase patient health outcomes (Thienpont, 2015).

### **LEARNING THEORY**

Behavioral learning theory targets how learning occurs. The two classifications are operant or classical conditioning. Classical conditioning does not elicit an automatic response related to unconditional stimulus and unconditional response. Operant conditioning also combines two events which are not instinctive emotional or physiological reactions (Durwin, 2018). Behaviorists believe all behavior can be shaped, rewarded, and is learned. Cognitive learning theory is based on the mental structures and the individual learner's internal environment. Individuals respond to the whole, not the parts as in critical thinking (Billings,

2016). Constructivist learning theory asserts that learners build knowledge, actively seeking meaning to comprehend experiences. Social learning environments involve group learning in active environments (Billings, 2016).

Psychomotor skill development involves skills such as medication administration, intravenous therapy, vital signs, and patient hygiene. This skill set represents the basic foundations of nursing care and requires competently delivered practice. To assist student nurses to begin learning skill sets institutions of higher-learning learning provide laboratory simulation for competency in psychomotor skill development. Students are taught skills and can practice in endless patient simulated situations ranging from beginning levels to advanced learning skill sets. Learning environments are essential for skill acquisition and identified in the literature as peers are crucial, practice on actual patients or people, faculty involvement is essential, learning environment and practice, skills are required and need by patients, and anxiety is normal and will lessen with competence and experience (Aldridge, 2017).

### **NURSING FACULTY AND TEACHING PHILOSOPHY**

Teaching philosophy in nursing faculty are the products of experience, growth, maturity, education, professional practice, life lessons, and personal philosophies. Competent nurse educators educate students in all elements of responsible nursing practice including respect, loyalty, honor, ethics, and the duty to protect is absolute and unwavering. Teaching nursing students to be prepared requires delving into uncomfortable situations which can be achieved in the simulated learning environment. Nursing function and ability are essential to evaluate in the learning environment to ensure adequate situational experience exposure. Nurses encounter daily situations that require effective action and attention to protect the patient and respect human dignity, to care, and compassion to prevent harm. Life-long learning, mentoring of novice nurses, creating safe work environments supportive of new nurses to a facility or at the beginning of practice will attract and retain nurses.

### **AGEING AN SATISFACTION**

Nursing populations are aging both in direct patient care or the faculty environment. Nurse educators age 55 and older are at 48%, with the average age of nurse to be 47 years old indicating the population of nursing overall is aging. As the demand for health care services grows, in the next decade the population of individuals 65 and older in the year 2030 will be 71 million (Evans, 2013). The patient population age 65 and older utilize twice as many health care resources as

younger populations. Research estimates in 2013 found to meet the demand, nursing education programs to increase enrollment and graduation rates by 30% per year in the next ten years to meet demand by 2023 (Evans, 2013).

Job satisfaction among nurses is faltering a must be addressed to retain and attract individuals to the health care field. Satisfaction is an essential element to keep workers on the job; however little research has focused specifically on nursing faculty. Research focusing on perceived role conflict, autonomy, the ambiguity of roles, behaviors of leadership, and the characteristics of the institutional organization affect faculty satisfaction (Gormley, 2003). Nursing faculty are tasked with many responsibilities in addition to teaching students and are required to be master's prepared to be nurse educators. Job satisfaction measurements include pay, promotion, supervision, and the coworkers but little has been published in nursing journals (Gormley, 2003).

High-quality care is required to meet the needs of patients in the evolving health care climate. Health care reform seeks to provide affordable, adequate, competent, safe, cost-effective, and accessible patient-centered care. The significant changes require the overhaul of nursing education, theory, and practice to meet the advanced requirements of competent nursing practice.

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