

EDUCATION IN NURSING

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Abstract:

Education in nursing is the process of acquiring or imparting particular knowledge or skills of patients and healthy people within the authority of nurses resulting from its role. It is also the quality and level of education in relation to the needs and its relevant condition.

The nurse should master a core curriculum of the educational process with its stages if she wants to educate patients so as they could reach planned aims and positive changes in their lives. In the feedback she obtains the information about the patient knowledge, attitudes and skills.

Education in nursing is of a great importance to improve the quality of life of an individual and a group and is an important aspect of nursing practice.

Keywords: education, educational process, assessment, nursing, nurse

1 Education and Nursing

Nursing as a scientific discipline has a relationship with other sciences, interferes with the diagnostics, prevention, treatment, health promotion and also in social and educational areas. Education helps manage nursing educational practices exposure to humans, in order to achieve changes in attitudes, behavioral procedures, lifestyle healthy and diseased human [1].

Education is characterized as lifelong development of personal action by formal educational institutions and informal settings, and it indicates a continuous process system [2]. Education is a symbol of a new, active and purposeful approach to life and should induce changes in the sphere of knowledge and understanding in relation to one another [3]. It is one of the most challenging tasks of nursing. It creates space for new knowledge, skills and creating emotional, value, volitional personality structures and achieve positive behavior change [4].

One of the nurses skills is also education. Kuberová presents a position of nurse to the healthy and the sick man, "alongside nurses, communicator, advisors, managers and many other tasks, the nurse becomes a teacher and educator." Kuberová argues that the education becomes one of the most important tasks of nurses [5].

The nurse must be on its educative role already prepared for higher education after basic site with the theoretical and practical application and verification of the knowledge acquired in specific patients / clients. Executives' individual departments should encourage nurses to practice in the development of dedicated educational plans for their workplace and implementation of education with regard to the conditions and specifications of work and patient. Nurses should practice to make greater use of repeated, planned educational meetings. The efforts they return in the form of a patient (or a family member or caregiver), able to handle taking care of himself, realizing the responsibility for their health, trying to change their attitude to their own health [6].

2 Education in nursing

It is a process of education of patients and healthy people under the authority of nurses, resulting from its role and level of education in relation to the needs and current state

educator. It is considered like one of the functions of nursing, has a unique place, and is an important aspect of nursing practice, an important way of improving the quality of life of individuals, groups. According to the Ministry of Health Decree no. 364/2005 Z. z ..., establishing the scope of nursing practice provided by nurse independently and in collaboration with the physician defines: education in nursing is to provide the necessary knowledge and skills training related to the provision of nursing care.

Education in nursing is done through an educational process that has five main stages - assessment, educational diagnosis, planning, implementation and evaluation [7]. It is part of the healing and the nursing process, which aims to change behavior and the level of knowledge, attitudes and KAU. It focuses on healthy people, individuals and groups at every stage of the disease. Accept physical, mental, social, emotional, spiritual and social aspects, i.e. holistic approach to person, leading to the achievement of lifestyle changes.

2.1 Factors of education in nursing

Educate - the subject of learning, which can be healthy or sick individual, in terms of nursing the patient or client.

Educator - nurse, other health professional education has engaged educator.

Educational environment – It is a set of psychosocial influences and relationships, working in educational processes, for example family environment (e.g. parents, children, siblings), school (e.g. teachers, students, directors), group - informal (e.g. party members, a package tour), group - formal (e.g. community members, scientific associations), professional environment (e.g. employees and supervisors, managers, HR professionals).

Educational factors - theories, models, plans, regulations that affect educational processes (e.g. books, educational plan, rules, regulations, movies).

3 Educational process

Education of a process that helps people obtain health-promoting behaviors in their daily lives, strengthens competence and confidence of the patient and development of its properties of self-care [8]. It is part of the nursing process, the planning and implementation based on educational needs (learning), availability (readiness to learn) and learning style. It is specific, depending on what stage of the disease Patient education is implemented. If an individual with the issues yet to meet, have no knowledge we begin an initial, introductory education.

If educate already has basic knowledge, but it is necessary to add further knowledge realize deepening education. Continuous education of the mostly performed after discharge to nursing home care and is focused on adaptation educator for the natural environment in the context of life situations (health, illness, disability).

Failure to achieve planned change, not achieve planned objectives, whether in terms of cognitive, affective, or behavioral, we proceed to the re-education. Re-assessment is required in order to find the causes for which we failed to achieve educational goals [5].

3.1 Assessment

Assessment in education is the first and very important step in the educational process. If neglected, but revealed important facts, it is not possible to meet the learning objectives and effort educator has reached the desired effect. The assessment does not end the first stage, which is the basis, but in assessing continue during the implementation of educational units. It uses the method of interview and observation.

Kristová stresses that "in nursing communication is an essential part of the process of nursing care ...", "in daily contact with the patient by the nurse should recognize the fact that the disease is disturbing element that negatively affects everyone. To know the patient's right to access and interact with it, must have not only the professional knowledge and skills, but

should you acquire the theoretical basis of social communication, theoretical knowledge of nursing professional communication and follow up on them and professional communication practices " [9].

In the assessment stage nurse focuses on basic information such as age, gender, physical condition, mental level, communication, speech, memory, motivation, attention, property type, sensitivity, mood, self-esteem, personality traits, abnormal thinking, behavior, style learning and the likeness. Must consider the need of education, this means that you need to find family history, history of present illness detect, determine the level of knowledge about a given disease, treatment, nursing care, risk factors, nutrition, positioning, activity. Ideal test is called entrance test. This test consists of simply and clearly worded questions and answers yes - no. Today is a very positive conversation with rated input targeted issues. In no small measure it is also important to find the motivation to nursing care and treatment and also to determine their willingness to participate in the educational process. Patient's disease more or less affects its survival and therefore is often inadequate response in the patient's behavior, action and communication. Nurse fulfills the role of nursing educator and the acceptance of its bio-psycho-social and spiritual needs.

In preparation for education has taken into account the needs of the patient education, his readiness for learning, should choose the appropriate style of learning, but especially take into account the presence of obstacles (barriers).

It is essential to determine the level, quantity, quality and accuracy of patient knowledge on the educational issues.

Currently in providing multicultural nursing many authors recommend assessment by different categories. Nemcová et al. suggest assessed by category:

1. gender, age, race, ethnicity, occupation, education;
2. assessment of the physical condition, health issues, educational needs;
3. family profile;
4. sources of help and support families, socio-economic status;
5. lifestyle, culture, religion, values, attitudes;
6. adequacy / inadequacy of family functions;
7. understanding of the current situation of the family [8].

Currently, nurses in the implementation of the educational process in nursing practice, they may exercise and nursing conceptual models that provide an adequate data base for nursing education, nursing practice and nursing research.

The authors of conceptual models as Gordon, King, Oremová, Leininger, Herdensonová, Pender and Peplaur, the definition metaparadigmatickej concepts, identify the person, health and environment interact and provide for their assessment in relation to health and disease. Reason of education then based on meeting the needs of the individual.

As reported by Pavlíková, "Mrs. Gordon in her model presents the idea, all people have certain common patterns of behavior related to their health, quality of life, developing their skills and achievement of human potential"[10].

Magurová, Majerníková briefly present the conceptual models. King's model, as an interactive process that enables nursing and achieve educational goals, and the process has stages: action, reaction, interaction, transaction. Model Orem, is focused on the requirements of each other, activates an individual to self-sufficiency, but doing so requires adequate knowledge, skills and motivation (change in attitude). The model *Leininger* get to know the specifics and differences between the different cultures of patients / clients. *Herdenson*, in her model focuses on helping educator in learning, clarifying and satisfying the uptake of new knowledge in the implementation of basic nursing care. According to the model *Mrs. Pender* behavioral factors, initial experience, learning, identification and raising awareness are

reflected in the active conduct of health promotion. Model *Peplaur* is one of nurse roles, the role of the teacher - educator, based on what educate knows, what he does not know, what she needs to learn and about what does he is interested in [4].

3.2 Diagnosis

The educational diagnosis is the conclusion of individual or group responses to actual or potential health problems. In primary prevention establish the diagnosis in relation to the prevention of disease, ill-health and to the needs of patients / clients to learn something [11].

By Nemcová, Hlinková, nurse diagnoses deficits in knowledge, attitudes and skills. We set the educative diagnosis and continue to complete an educational assessment, which is important to focus on the assessment of factors influencing behavior change and action, lifestyle change, further educative values, opinions, beliefs, attitudes, current life stressors, past experience with the system of care [8].

All educational diagnoses, which are provided by nurse, are fallen into the category of deficiency - deficiency of knowledge, skills, motivation, i.e. in attitudes. Pain, distress, fear and uncertainty are cause for accurate, clear and concise identification of the problem and formulate educational diagnosis.

3.3 Planning

It is the next stage of the educational process. It is based on educational diagnosis and determining the priorities in light of the current situation educator. Educational planning includes objectives, content, priority, time span, instead of implementation, educational methods and resources, organizational forms and educational aids.

Planned objectives can be cognitive and affective, and if we formulate the educational process focuses only on the knowledge of educator page, but if we will include the education of practical action, formulate goals cognitive, affective and behavioral well. Cognitive objectives, cognitive, knowledge, be extended educative knowledge associated with explaining, persuading and transfer of information. Affective goals, attitude, focus on clarifying, creating or changing attitudes, beliefs, values and beliefs of the individual. Include attitudes, values, beliefs, and are often associated with very strong emotions. Behavioral objectives, psychomotor, activities related to the patient's skills and abilities to perform various activities.

Planning according to priorities is focusing on issues that are important to the patient, so what should instruct the patient first, and what will be progressively subject to further education. According to the structure plan, whether we realize that education has educative one unit, or education of the will be divided into more educational units.

In planning and choosing the environment in which the education of the will realize we must consider the optimality environment for education - hospital, or home (e.g. lighting, temperature, noise, distractions, intimacy environment, corners).

Time management is important not only in terms of length, time span of educational units, but also on the selection and identification of time (e.g. morning, afternoon, evening), or days.

Selection of appropriate educational methods related to the assessment of educator and the most frequently used lecture, discussion, demonstration, game, simulation method - imitating, practicing, learning software, learning problem and i.

Appropriate selection of educational aids, can be real tools for demonstrating and practicing nursing practices and activities. Patient views objects and facts (e.g. models, educational cards, text aids - books, brochures, and leaflets, writing aids), audio equipment (e.g. audio recordings, video equipment, computer programs), and special aids. In planning according to the form, chosen according to the number of participants, either individual or group education.

3.4 Implementation

The implementation is stage of concrete action, i.e. ongoing education of itself through one or more educational units. Some authors use terms as educational hour meeting, seating, etc. It is due to the nature and length is best to use the denomination - educational unit.

Nurse minimizes barriers to learning, patient, respectively. Family or community encourages, supports creating new knowledge, skills, is trying to make contact, select the appropriate environment, good time, motivation, mobilization, adequate place. She observes the principles of education, does not use technical terminology, emphasis on feedback, use devices, and leaves room for questions, support persons involved. Each of educational unit has four phases: motivation, exposure, fixation and evaluation. In the motivational phase is necessary to arouse interest among educator, prepare for adoption of new information, familiarize him with the aim and content of educational units, and create a pleasant atmosphere. Exposure phase, the core of educational units, educator passes through the selected methods, resources, tools new information demonstrates the procedures for shaping proper attitude educator on the subject, provides space for questions and practicing. Fixation phase is the time of educator, in which he made a brief recapitulation and a summary of the most important knowledge, skills, highlighting possible inaccuracies and subsequent errors. Educator hands the tasks out. It is a phase of consolidating knowledge and attitudes. Evaluation phase many times called feedback, which is a space educator determines what educate learned what is knowledge, what action has passed and observed a change in the attitudes and behavior. Educator has the opportunity to use of scales, tests, interview, educate has the opportunity to demonstrate learned nursing practices in daily living activities and so on [8].

3.5 Evaluation

It is the last stage of the educational process in which the nurse - educator and educate (patient, family, community) evaluated, the variations in cognitive, affective and behavioral, that is what they have learned. The evaluation is performed on the basis of assessment of the fulfillment of the objectives and evaluation criteria. There is still place for discussion and comparison with other experts and authors published their results.

In fulfillment of educational objectives (cognitive, affective and behavioral) is recommended education has terminated, in part, is necessary to meet the objectives of education has reviewed to identify which objectives were partially met and planned additional educational units, but if they failed to meet planned objectives is needed re-education.

Evaluation as feedback entire educational process provides an assessment of the effectiveness of the educator and educator.

Records, educational records in the nursing documentation should include in addition to the educational plan and concrete results achieved by knowledge, skills, as well as changes in attitudes or problems and educator.

4 Conclusion

In the introduction it is stated that education in nursing is a process of education of patients and healthy people under the authority of nurses, stemming from its role and level of education in relation to the needs and current state educator. As an educator may be sick, healthy individuals, but also nurses and other health professionals. Transfer of knowledge, whether in the educational process of education for female students of nursing or nurses in practice is a challenging process, whose percentage is based on the interplay of interaction between the educator and the educator. The role of educators in this case points to the positive influence of cognitive, behavioral and attitudinal components. The educator should be

persuasive adoption of new patterns of behavior, when "forfeiture" into routine practice for him to become unacceptable. Such interplay can be achieved only after obtaining the necessary amount of knowledge with sufficient knowledge of causation issues [7].

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