

Sjuksköterskors patientundervisande arbete

Ett otydligt fält

Akademisk avhandling

som för avläggande av filosofie doktorsexamen vid Sahlgrenska Akademien
Vid Göteborgs universitet kommer att offentligen försvaras i sal
Åke Göransson, Medicinargatan 11, Göteborg,
fredagen den 29 april kl. 13.00

av

Anne-Louise Bergh

Fakultetsopponent:

Docent Ingela Berggren

Institutionen för hälsovetenskap, Högsolan Väst, Trollhättan

Avhandlingen är baserad på följande studier

- Studie I Bergh, A-L., Karlsson, J., Persson, E. & Friberg, F. (2012). Registered nurses' perceptions of conditions for patient education – focusing on organizational, environmental and professional cooperation aspects. *Journal of Nursing Management*, 20(6), 758-770. DOI: 10.1111/j.1365-2834.2012.01460.x
- Studie II Bergh, A-L., Persson, E., Karlsson, J. & Friberg, F. (2014). Registered nurses' perceptions of conditions for patient education – focusing on aspects of competence. *Scandinavian Journal of Caring Sciences*, 28(3), 523-536. DOI: 10.1111/scs.12077
- Studie III Bergh, A-L., Friberg, F., Persson, E. & Dahlborg-Lyckhage, E. (2015). Perpetuating 'New Public Management' at the expense of nurses' patient education: a discourse analysis. *Nursing Inquiry*, 22(3), 190-201. DOI: 10.1111/nin.12085
- Studie IV Bergh, A-L., Friberg, F., Persson, E. & Dahlborg-Lyckhage, E. (2015). Registered Nurses' Patient Education in Everyday Primary Care Practice: Managers Discourses. *Global Qualitative Nursing Research*. DOI: 10.1177/2333393615599168



GÖTEBORGS UNIVERSITET

Nurses' Patient Education Work – An Unclear Field

Anne-Louise Bergh

Institute of Health and Care Sciences at Sahlgrenska Academy

University of Gothenburg

ABSTRACT

Aim: The overall aim of this thesis is to explore, describe and critically assess conditions for nurses' patient education work. This was carried out in two stages. In the first stage, the aim was to describe nurses' experiences and perceptions of patient education work in relation to organisation, environment, professional cooperation and pedagogical competence, as well as describe differences between primary, municipal and hospital care. In the second stage, the aim was to identify discourses in the ways managers speak of the conditions for nurses' patient education work in primary and hospital care.

Methods: In studies I and II, a randomised selection of nurses (842) received a questionnaire of 47 items concerning factual experiences and perceptions of patient education, and 13 background items. Questionnaires were returned by 83 % of the participants. The items concerned organisation, environment, professional cooperation (I), and pedagogical competence (II). Descriptive statistics, non-parametric tests and content analysis for open-ended items were used.

In studies III and IV, data was collected from three focus group interviews with managers (n=10) in hospital care, and three focus groups interviews with managers (n=10) in primary care. An explorative, qualitative design with a social constructionist perspective was used. The data was analysed with a critical discourse analysis.

Results: Nurses' perceptions of conditions for patient education differ between health-care settings, in favour of primary care (I, II). The nurses in primary care had better conditions and more managerial support, for example in the allocation of uninterrupted time (I). The primary care nurses had an advantage in relation to those in municipal or hospital care when it came to following research in patient education as well as how they perceived their own competences, pedagogical education and post graduate specialisations (II).

Due to a heavy workload and a lack of time, the managers in hospital care could neither see the importance of their role as a supporter of the patient education provided by the nurses nor their role in the development of the nurses' pedagogical competence. The managers used (mainly) organisational, financial, medical and legal discourses for explaining their failure to support the nurses' providing patient education (III). The discursive practice in primary care comprised a discourse order of economic, medical, organisational and didactic discourses. The economic discourse was the predominant one, to which the organisation had to adjust. The medical discourse was self-evident and unquestioned. The managers initiated reorganisations, generally due to financial constraints. The nurses' pedagogical competence development was unclear. Practice-based experiences of patient education were considered very important, whereas theoretical pedagogical knowledge was considered less important (IV).

Conclusions: Nurses' patient education work must be made visible and be given sufficient resources. In this process, support from their managers is considered vital. Managers' support for nurses' practical and theory-based pedagogical competence development needs to be strengthened.

Keywords: nurse, manager, patient Education, teaching, information, pedagogical, critical discourse analysis.

ISBN 978-91-628-9744-4 (Hard copy).

<http://hdl.handle.net/2077/41557>

ISBN 978-91-628-9745-1 (e-pub).