

“A Systematic Review of Barriers to Patient Education”

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Abstract

Patient education, a fundamental principle in improving the quality of healthcare, plays a crucial role in empowering patients to better manage their health. This process, which helps patients gain a deeper understanding of their conditions and participate in treatment decisions, is vital for improving treatment outcomes. However, numerous barriers can impact the effectiveness of education. This review study examined articles related to barriers to patient education without time restrictions in databases such as PubMed, Google Scholar, SID, and Civilica. The study analyzed 24 relevant articles directly addressing educational barriers. The barriers were classified into six groups: 1) individual barriers between nurses and patients, 2) organizational and managerial barriers, 3) patient-related barriers, 4) environmental and infrastructural barriers, 5) policy and legal barriers, and 6) technological and informational barriers. This article aims to provide a comprehensive view of the existing barriers in the field of education, paving the way for further discussion and research to improve educational processes in the future. The goal is to identify and precisely analyze the obstacles hindering effective education for patients, so that better understanding of these barriers can lead to improved education and consequently higher quality healthcare.

Keywords: “patient education”, “educational barriers”, “health literacy”, “healthcare”, “nurses”

Introduction

Patient education, as one of the fundamental principles of the patient's rights charter, plays a vital role in ensuring the quality of healthcare. These rights, based on ethical principles and international standards, allow patients to be informed about all aspects of their illness, including diagnosis, treatment options, and prognoses, and to participate in health-related decision-making [1]. Providing sufficient information to patients is a key factor in patient-centered care and determines the quality of care [2]. Patient education increases patient satisfaction, reduces their anxiety, shortens the length of hospital stays [3], and helps them adapt to their illnesses [4]. This process aims to restore self-management, reduce fear and anxiety, enhance abilities to cope with health problems, and achieve the highest levels of physical and mental growth, thereby boosting patients' confidence in self-care and performing specialized and non-specialized care [5-6]. Outcomes such as health improvement, increased client satisfaction, better quality of life, ensuring continuity of care, reduced anxiety, fewer disease complications, earlier discharge, shorter hospital stays, increased independence in daily activities, and spending recovery periods at home highlight the importance of patient education [7-8]. Barriers such as lack of time, limited human resources, lack of patient cooperation, insufficient interest of nurses in education, failure to recognize education as a duty, and environmental constraints are among the main barriers in this area [9-10]. Considering that nurses make up more than 70% of healthcare teams, they play a significant role in patient education. They have extensive access to patients and their families and spend a lot of time caring for them, providing many opportunities for patient education [11]. Patient education also has economic benefits. For every dollar spent on patient education, 3 to 4 percent is saved in costs. In the United States, about \$69 to \$100 million is spent annually due to problems arising from lack of patient education [12].

The purpose of this research is to identify and examine the barriers that hinder patient education and to offer solutions to overcome these barriers. Given the critical role of nurses in this process, this study seeks ways to identify inhibiting factors, enhance nurses' ability to educate patients, and improve the quality of patient education.

Research Method

This is a systematic review study conducted by searching PubMed, Google Scholar, SID, and Civilica databases without time limitations using the search models listed in the table. The search in PubMed was conducted using Boolean operators and synonymous keywords and MeSH terms. In Google Scholar, the title "barriers to patient education" was searched, and in SID and Civilica, titles related to "barriers to patient education" were searched. This search resulted in 311 studies, out of which 24 studies met the inclusion criteria for this research

Search format	Search base
("barriers"[Title/Abstract]OR"obstacles"[Title/Abstract]OR"challenges"[Title/Abstract]) AND("patient education"[Title/Abstract] OR "health education"[MeSH Terms] OR "patient instruction"[MeSH Terms]) AND ("access to care"[MeSH Terms] OR "healthcare disparity"[MeSH Terms] OR "educational status"[MeSH Terms])	pubmed
barriers to patient education	Google scholar
Barriers to patient education	SID
Barriers to patient education	CIVILICA

¹Table 1: Barriers to Patient Education

Article	Title	Method	Result
13	Barriers to patient education from the perspective of nurses and patients	Descriptive-analytical study, census selection of 50 nurses and an equal number of hospitalized patients	Nurses with awareness of patients' needs and areas requiring additional help are more successful in overcoming barriers
14	Nurses' perspectives on the barriers and facilitators of patient education	Qualitative study using content analysis, purposive sampling to attract and interview 18 nurses, 4 cardiologists, 9 heart disease patients, and 4 family members	Limited overall communication, lacking depth and effectiveness
15	Barriers to patient education in cardiac inpatient care	Cross-sectional study, selection of 122 nursing students from Jahrom University of Medical Sciences based on census method	Importance of preparing and modeling nurses for patient education; appropriate education by nurses leads to better patient cooperation

¹ Barriers to Patient Education

Article	Title	Method	Result
16	Understanding barriers to patient education	Descriptive study on 271 nurses working in hospitals affiliated with Jahrom University of Medical Sciences	Findings on patient-related barriers, such as lack of patient cooperation and acceptance of education, and nurse-related barriers, such as excessive duties
17	Barriers to patient education from the perspective of nurses and nursing managers working in hospitals affiliated with Zabol University of Medical Sciences	Cross-sectional study in December 1378 on 150,000 nurses and nursing managers selected by census method	Main barriers identified include patient-nurse ratio mismatch, time shortage, heavy nursing duties, and lack of suitable educational environment in hospitals
18	Communication barriers in patient education in heart inpatient care	Descriptive-analytical study using a questionnaire for data collection and interviews with 162 nurses randomly sampled	The most important aspect affecting patient education is the working conditions of nurses
19	The views of Iranian nurses on the barriers and facilitators in patient education	Cross-sectional study on 271 nurses, census selection, data collected using a questionnaire	The study showed that management factors are the most significant barriers to patient education, suggesting that managers should prioritize nursing education in daily tasks and create a culture of acceptance among nurses
20	A comparison of motivational factors and barriers to patient education from the perspective of nursing managers and nursing staff	Analytical cross-sectional study on 131 nurses and nursing managers in hospitals under Bojnourd University of Medical Sciences	Highlighted the cost-effectiveness of patient education and the need for adequate budgeting, sufficient nursing staff, effective planning, and encouraging nurses to overcome education barriers
21	Nurses' perspectives on health education and health literacy of older patients	Aimed at understanding nurses' views on patient education and health literacy, involving 16 nurses with 5 or more years of clinical experience, data collected through face-to-face and email interviews	Highlighted the burden of providing education or counseling to elderly patients under time-constrained hospital conditions

Article	Title	Method	Result
22	The experience of nursing students about barriers to patient education	Qualitative study on a sample of 21 nursing students from Qom School of Nursing and Midwifery, data collected through semi-structured interviews	Identified challenges such as lack of space and insufficient nursing staff affecting the quality of care and education in emergency departments
23	Narrative review of patient education in emergency departments	Systematic review of available articles with full texts, 65 relevant articles reviewed between 2000 and 2022	Suggested that high-frequency barriers should be addressed, and adequate budget and equipment should be provided to meet educational needs
24	Barriers to patient education and ways to improve it from the perspective of nursing staff in hospitals affiliated with Kashan	Cross-sectional study on 250 nurses and 20 nursing managers, data collected using a questionnaire	Highlighted the need for appropriate educational spaces and tools to improve patient education
25	Comparison of patient safety education effects using design thinking and case-based learning based on nursing students' competencies	Clinical reasoning competency, patient safety competency, and professional socialization measured immediately after the educational program using DT and CBL	Found that DT was as effective as CBL in clinical reasoning competency and knowledge domain
26	Addressing challenges and needs in patient education targeting hard-to-reach patients with chronic diseases	Design thinking method, deep interviews, and workshops with 9 diabetic patients	Identified major challenges matching the "Balanced Person" and "Health Education Juggler" models
27	Barriers to patient education from the perspective of nurses in Iran	Systematic review, all relevant scientific articles in Iran reviewed	27 studies meeting quality criteria selected, highlighting major barriers such as lack of nursing staff and budget constraints
28	Language barriers between nurses and patients	This article is the result of a literature review that examined the nursing workforce with regard to language barriers	The body of literature highlights the linguistic complexities faced by nurses from a global perspective and explains how culture, the role of language differences, and strategies influence care delivery, quality, and outcomes.

Article	Title	Method	Result
29	The comprehensive model of health education in Iran's health care system	21 experts, doctors at different levels of health and 26 community health (workers.CHWs) were selected by purposive sampling method	Considering the multidimensional barriers including individual, interpersonal, organizational, social and contextual barriers, it is recommended to compile and implement a comprehensive document with the participation of authorities, experts and service providers to remove the barriers.
30	Barriers and facilitators for patient education by nurses	26 qualified articles, including 15 quantitative articles, 10 qualitative articles, and 2 mixed method articles were included. The synthesis of key findings led to the identification of these barriers and facilitators	The results of this article showed that multifaceted interventions can improve the performance of patient education in nursing and support the development of patient-friendly guidelines with public policies.
31	A systematic review, meta-analysis and meta-regression to determine the effect of patient education on change Behavior in adults with coronary artery disease	7 electronic databases and gray literature were searched from inception to July 2021	This study evaluated the effectiveness of secondary prevention education and found improvements in all outcomes in this population
32	A literature review on the benefits and challenges of participating in patient education programs aimed at promoting self-management for people living with chronic illness.	Research studies were conducted with qualitative, quantitative and mixed methods. The study selection process included the review of abstracts. Out of 5935 titles, 47 articles were included in this review.	Participating in group patient education programs aimed at improving self-management has been beneficial for participants in various ways
33	European perspective: common developments, differences and challenges in patient education	The relevance of patient satisfaction surveys as a tool for evaluating the effectiveness of patient education activities was discussed. 30-80% of respondents did not adequately adhere to their cases according to surveys.	Five categories of effective factors in the development and improvement of patient education were discussed

Findings

²Table 2: Barriers to Implementing Patient Education Programs from the Perspective of Nurses in Iran

Studies	Barriers to patient education	area
17,18,19,20,22,23,24,27,30,33	Lack of knowledge, skills and confidence	Individual obstacles of nurses with patients
34,14,17,18,19,22,23,27	Lack of responsibility and motivation	
17,23	Experience limited	
34	Physical and psychological stress in the workplace	
15, 16, 17	Lack of patient interest in behavior change	
16,17,18,19,20,22,23,29,30	Excessive nurse duties and time constraints	
16, 17, 18, 19, 20, 27, 30	Lack of coordination with other team members	
19,22	Lack of awareness of diverse roles and patients' educational needs t	
19, 27	Inability of nurses to implement educational programs	
19, 20, 24	disability At establishing Relationship With Patient And Family of V	
19	Lack of prioritization of education in nurses' job descriptions	Organizational and managerial barriers
34	Inappropriate organizational culture	
14, 15, 16, 19, 20, 22, 27, 30	Lack of professional empowerment and managerial attention to patient education	
16, 17, 18, 19, 20, 22, 27	Human resource shortages	
17, 18, 19, 20, 22, 29	Lack of precise evaluation of nurses regarding patient education	
19, 22, 27	Lack of incentives for nurses for providing education	
19, 20	Lack of coordination among nurses in different shifts leading to discontinuity in education	

² Barriers to Implementing Patient Education Programs from the Perspective of Nurses in Iran

Studies	Barriers to patient education	area
19	Gender/age mismatch between nurse and learner	Organizational and managerial barriers
19, 22	Short hospital stays	
13, 15, 17, 18, 19, 20, 23	Complexity and variety of diseases	Patient-related barriers
34, 13, 14, 35, 19, 21, 23, 25, 27, 28	Cultural conflicts and conceptual gaps	
13, 16, 35, 20, 23, 26, 36, 28	Patients' lack of education	
13, 35, 21	Patient's age	
17, 19, 20, 22, 23, 27, 33	Lack of patient motivation and disbelief in nurses' education	
20, 16, 23, 27	Lack of awareness of rights to receive education	
21, 26	Excessive dependence on family caregivers	
20	Patient's inability to self-care	Environmental and infrastructural barriers
15, 16, 17, 18, 19, 20, 22, 24, 27, 29	Lack of educational tools and spaces	
34, 16, 15, 17, 20	Financial support and national health policy support	Policy and legal barriers
34	Government regulations	Technological and informational barriers
34, 17, 29	Access to educational technologies	
34, 29	Quality of available information	

Individual obstacles of nurses with patients: This category includes limitations that relate to the personal and professional characteristics of those involved in patient education. such as lack of knowledge and skills necessary to provide effective training, insufficient motivation or experience, and related stressors Work. In 14 studies, educators believed that individual barriers are among the most important barriers in patient education.. [34-14-15-16-1718-19-20-22-23-24-27-30-33]

Organizational and managerial obstacles: This category refers to barriers that exist at the organizational level, such as high workload, lack of resources and equipment, inappropriate organizational culture, and insufficient support from management .In 12 studies, health center employees and health service recipients agreed on organizational barriers and management problems.

Obstacles related to patients: This category includes barriers related to the patients themselves, such as low literacy levels, age, cultural or language difficulties, and health conditions that may prevent them from understanding or accepting the teachings.Among the reviews, 19 studies mentioned patient-related barriers.

Environmental and infrastructural barriers: This category refers to barriers that are related to the work environment and access to educational facilities and equipment, such as the lack of suitable space for training or the lack of educational aids. Among the studies conducted, 10 studies directly referred to environmental and infrastructural barriers.

Obstacles related to policies and laws: This category includes barriers that arise from government policies and laws that can affect how and to what extent patient education is provided, such as insufficient funding or cumbersome regulations. Among the reviews conducted, a total of 5 studies mentioned barriers related to policies and laws.

Technology and Information Barriers: This category refers to limitations related to access to educational technologies and the quality of available information, which can include lack of Internet access or lack of appropriate educational content. 3 studies also mentioned technological and information barriers.

Discussion

Individual Barriers Between Nurses and Patients

Nurses face various individual barriers, including lack of knowledge, skills, and confidence, as mentioned in nine articles. Lack of responsibility and motivation was noted in seven articles. Limited experience and physical and psychological stress in the workplace were highlighted in two and one articles, respectively. Moreover, the study by Vahedian Azimi and colleagues [37] and Ramezanli and Badiyepymaie Jahromi [38] identified nurses' lack of knowledge about care for various diseases as a major barrier to care.

Organizational and Managerial Barriers

Organizational and managerial barriers, such as inappropriate organizational culture and lack of professional empowerment and managerial attention to patient education, were noted in eight articles. Shortages of human resources and lack of precise evaluation for nurses in terms of patient education were highlighted in seven articles. Moreover, Rostami and colleagues found consensus among nurses and patients on issues like lack of managerial attention to patient education, budget shortages, and lack of a coordinated plan for patient education [16].

Patient-Related Barriers : Patient-related barriers, such as complexity and variety of diseases, cultural conflicts, lack of education, age, and lack of motivation or belief in nurses' education were discussed in several articles. Ramezanli and colleagues found that the most significant barriers from nurses' perspectives were lack of patients' awareness of their rights, lack of interest in behavior change, and inability to communicate effectively [16].

Environmental and Infrastructural Barriers : Environmental and infrastructural barriers, such as lack of educational tools and spaces, were discussed in nine articles. Atakro and colleagues noted that challenges like insufficient space and inadequate nursing staff compromised care and education quality in emergency departments [42].

Policy and Legal Barriers: Policy and legal barriers, such as financial support and national health policies, were highlighted in five articles. Arian and colleagues found that budget shortages determined by higher-level managers were a significant barrier [20].

Technological and Informational Barriers : Technological and informational barriers, such as access to educational technologies and the quality of available information, were examined in three articles. The internet offers new, cost-effective possibilities for patient education, improving user interaction, but the quality of educational websites varies. Multimedia educational programs can enhance patient knowledge and reduce emergency visits, although internet use among vulnerable populations is less common [47].

Conclusion

This study identified numerous barriers that nurses face in the process of educating patients. The results indicated that individual, organizational and managerial, patient-related, environmental and infrastructural, policy and legal, and technological and informational barriers all significantly impact the quality and effectiveness of education provided by nurses. These findings highlight the need for serious attention to these barriers to improve the quality of patient education. Actions such as strengthening organizational culture, increasing access to educational resources, and paying attention to patients' individual needs can help reduce these barriers. Additionally, empowering nurses through continuous education and managerial support can help them provide patient education with more confidence and skill. Ultimately, this study suggests that policymakers and healthcare managers should view these barriers as opportunities for improvement and adopt effective strategies to address them. Considering that patient education is an integral part of nursing care, overcoming these barriers can significantly enhance the quality of healthcare and, consequently, improve patient outcomes.

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