



Nurse's activities and viewpoints about motivational factors, facilitators, and barriers of patient education

Shahrbanou Talebi,^{1,} Hadi Shahrabadi,² Ali Vahidi Sabzevar,³ and Raheleh Arab Asadi⁴*

¹Msc of Nurse Education, Medical-Surgical Nursing, Educational Supervisor, Vasei Educational and Clinical Center, Sabzevar, IR Iran

²Msc of Exercise Physiology, Office of Education, Sabzevar, IR Iran

³Msc of Critical Care Nursing, North East Petroleum Industry Health Organization, Sarakhs, IR Iran

⁴Bsc of Nursing, Nursing-Service Manager, Vasei Educational and Clinical Center, Sabzevar, IR Iran

ARTICLE INFO

ORIGINAL ARTICLE

Article History:

Received: 20 May 2016

Accepted: 20 August 2016

***Corresponding Author:**
Shahrbanou Talebi

Email:
Vahidiali86@yahoo.com

Tel:
+989120510093

Keywords:

Nurse,
Patient Education,
Facilitators,
Barriers.

ABSTRACT

Background: Patient education is a dynamic and continuous process beginning from patient's admission to discharge and nurses play a vital role in this field. The aim of the study was investigation of Nurse's activities and viewpoints about motivational factors, facilitators, and barriers of patient education in Vasei hospital of Sabzevar in 2016.

Methods: This study is a descriptive cross-sectional research. Our research sample include 111 nurses employed at Vasei hospital of Sabzevar in 2016. Sample was selected by non-random method (easy to access). The data gathering instrument was a questionnaire divided into 5 sections as follows: (1) questions regarding demographic characteristics (2) nursing activities (3) nurses' motivational factors associated with Patient Education (4&5) determining the facilitators and barriers of patient education. Data was analyzed using SPSS (version 20) and descriptive statistics.

Results: Nurses pointed that most of their time is spent for writing tasks such as patient's situation report (89.2%). From nurses' point of view, the most important factor for patient education was job conscience (78.4%). They introduced that "Educational Aids" as well as the lack of nurse's manpower are the most important facilitator (75.7%) and barriers (79.3%) for patient education.

Conclusions: Too many responsibilities accomplished by nurse's result in lacking of proper education to patients. Therefore, it is suggested to authorities to take necessary actions to solve problems. Also, it is necessary to decrease educational barriers and to increase facilitating factors of educating with high frequency to improve educational programs to patients.

Background

Human tries hard to increase his ability in adjusting with new environment through knowledge and special skills. Disease and hospitalization are among Cases in which help and education increases, through this connection the concept of education to the sick is formed (1).

In 1973, educating to the sick was known as one of the sick's rights. For the first time this concept was named as a nurse's responsibility by Florence Nightingale (2).

On this matter Marcum asserts that:"The sick expect to get answer on their curing questions by nurses through a complete knowledge, as it is

her/his right to receive correct and comprehensive information on the disease" (3).

Whenever nurses communicate with the sick ready to learning, they can change the sick's living and be helpful in decreasing the signs of stress, and re-hospitalization, in increasing life quality, in recognizing the disease, and in affecting the disease by drugs through educating the sick (4).

However educating to the sick is considered as priorities of hygienic caring standards and priorities, previous studies on this matter indicates to the lack of efficient educating to everyone requiring help by the nurse (5). Mohammadi and Dadkhah's study on nurses' attitude toward educating the sick showed that 52.2% of nurses had a negative attitude toward educating to the sick (6). Also Heshmatifar et al.'s study accomplished in Sabzevar public hospitals showed the undesirability of educating to the sick in three temporal fields from nurses and the sick's viewpoints (7).

It is difficult to educate the sick and there are numerous obstacles to education interfering with the nurses' educational role. The sick do not look like to learn as a result of too much stress, improper physical health, or not understanding the effect and role of educating in disease. Also many nurses are not of having enough awareness and skill on educational methods and principles (8), some other factors such as environmental and managerial ones can be considered as educational barriers (9).

As educating to the sick is a high skillful action, a great motivation is needed. Therefore, the lack of motivation in nurses is considered as a most restraining factor in educating to the sick (9). Ashghali Farahani et al. appointed to the too tiny attention to this matter by the authorities, and presented motivations and barriers to be among the most important managerial actions (10).

The managers can apply nurses' viewpoints on considering the barriers to provide better conditions for the sick by analyzing these viewpoints, planning, and taking action. Also this method can be effective for nurses to remove or diminish these effects by taking some actions (8).

Numerous studies in Iran and foreign countries have classified nursing activities, motivating factors, facilitating and restraining factors of education. As paying attention to the effect of cultural factors on education process to the sick and by considering the dependence of education to the sick on cultural and structural factors in every area are the result of numerous humanistic, environmental factors, the sick's social

interaction, and team curing, therefore the present study considers nursing activities, motivating factors of education to the sick, facilitating and restraining factors of educating to the sick from nurses' viewpoints.

Methods

This descriptive cross-sectional study was accomplished in 2016. The studied population composed of 325 nurses employing in emergency department, surgery ward, ICU, interior ward, neurology, infectious, dialysis, heart, mind, CCU, and burn wards of Vasei Hospital of Sabzevar. Samples were selected by non-random method (easy to access). The study sampling was composed of 111 individuals evaluated according to the following formula:

$$n = [Nz^2p(1-p)] / [Nd^2 + z^2p(1-p)]$$

In above formula, n is the number of needed sample for the plan, N: the volume of aimed population, z: the certainty coefficient (1.96), p: the purpose of disturbance ratio of considered characteristics in population, and d: the accuracy of study.

Having at least one-year work experience in ward and working constantly in one place/ the work place's being constant during last year were criteria of taking part in the study.

Data collection instruments were composed of 5 questionnaires. The first questionnaire was concerned with demographic information, the second one concerned with nursing activities having 8 items, and time spending on each one of activities in one working period was calculated according to Likert scale (very high to very low). Previously this questionnaire was used by Mardaniyan Dehkordiet al. (11).

The third questionnaire was designed by inspiring from Hersburg's motivated-hygienic theory by Toloei et al. and calculated nurses' motivated questions concerning with educating to the sick in the form of Likert scale (from very high to very low) (1).

The fourth question included facilitating factors of educating to the sick, this questionnaire composed of 13 statements being calculated by Likert scale as I am agree, I have no idea, and I am not agree concerned with emphasizing on facilitating factors of educating to the sick from nurses' viewpoints. This questionnaire was a combination of Mardaniyan Dehkordi et al., Hekari and Mohammadzadeh, and Mansour Ghanaei et al.'s questionnaire (11-13).

The fifth one was related to the questionnaires of educational barriers including three parts, the first part had nine statements concerned with managerial barriers, the second part had nine statement concerned with the sick's barriers, and the last part composed of 12 statements concerned with the sick's barriers, and it was calculated by Likert scale as I am agree, I have no idea, and I am not agree concerned with emphasizing on facilitating factors of educating to the sick from nurses' viewpoints. Previously this questionnaire was applied by Arian et al., and Rostami et al., (8, 9).

It was used from retest method to check the reliability of the work. In this method, 15 nurses received the questionnaires, and after passing 10 days the questionnaires were filled out for another time by nurses, the reliability of tests was confirmed through Pearson and Spearman correlation test.

The correlative coefficient 83% was achieved on nursing activities. In the questionnaire of nurses' motivating factors, the correlative coefficient was 79%. Also in Arian et al.'s study this kind of coefficient was reported as 89% (8). The correlative coefficient of facilitating factors of educating to the sick was reported to be 87%. The amount of this kind of coefficient on educational barriers questionnaire was 81%, while in Arian et al., and Rostami et al.'s study it was reported to be 92% (8,9).

Data collected was accomplished by above questionnaire which was provided for them through nursing management office, after the questionnaires were filled, they were presented to the educational supervisor of hospital.

The participants became aware of the study purposes, and take part in the study via personal satisfaction. They were assured that personal information will be provided to the study team to accomplish the study purposes, and no individuals out of study team will have access to information.

It was used from SPSS version 20 and descriptive statistics to analyze data. The significance of statistical tests was considered to be less than 5%.

Results

82.9% of the participants were women. 31.5% were more than 30 years old, 30.6% were 25-30 years old, 23.4% were less than 25 and 14.4% of

them were 30-35 year old women. 77.5% of the nurses were married. 93.7% of them had a bachelor degree and only 6.3% had Master of Science in nursing. 47.7% of nurses worked less than 5 years, 36.0% worked more than 10 years, and 16.2% of them had a 5-10 year-working. 59.5% of nurses were not satisfied from their salary, while only 5.4% of nurses were satisfied. In terms of interesting to nursing, 46.8% of participants were interested in nursing, and only 15.3% had no interest in nursing.

Nurses pointed out that they spend most of their time on report writing (89.2%), also educating the patient needs more time, and it was placed in 7th preference in comparison to other responsibilities accomplished by nurses (table 1).

Also, nurses stated that job-consciousness (78.4%) was the factor with the most motivation to educate patients (table 2).

In order to achieve the purpose of the research, to determine the facilitating factors of educating to the sick according to nurses' understanding of preferences, the research results show that nurses know educational aids to apply in educating (75.7%), guiding informative papers to educate a specific subject (71.2%), and considering a specific time in educating to prevent interference with caring actions (63.1%) as the most facilitating factors in educating (table 3).

Nurses believe that generally the main obstacle in servicing the patient is lack of nurses (79.3%), lack of time among nursing staff (71.2%), and weighty responsibilities of nurses (71.2%). In management, the lack of balance between doctors and nurses in teaching the patient (66.7%), and on the patient the biggest obstacle is the patient's non-awareness of the rights in learning (46.0%), and in nursing part, the lack of nurses (79.3%) were the greatest obstacle in teaching to the patient (table 4).

Discussion

According to results, too many responsibilities accomplished by nurses results in lacking of proper education to patients. Also, job-satisfaction is considered as the most important motivating factor to educate patients. The lack of educational aids and nursing staff are considered as the most important facilitating factor and barriers in educating patients.

Table 1: The abundance distribution of nursing staff based on their opinions on the time of nursing activities (arranged according to the preferences).

number	Nursing activities	high	average	low
1	writing report	99 (89.2)	11 (9.9)	1 (0.9)
2	checking the physician`s orders	96 (86.4)	9 (8.1)	6 (5.4)
3	caring from the sick	88 (79.2)	19 (17.1)	4 (3.6)
4	venous cares	85 (76.5)	20 (18.0)	6 (5.4)
5	drug cares	81 (72.9)	23 (20.7)	7 (6.3)
6	planning to care the sick	57 (51.3)	19 (17.1)	13 (11.7)
7	educate to the sick	45 (40.5)	50 (45.0)	16 (14.4)
8	participating in sessions	43 (38.7)	46 (41.4)	22 (19.8)

Table 2: The abundance distribution of nursing staff based on their opinions on motivational factors concerned with educating patients (arranged according to the preferences).

number	motivational factors	high	average	low
1	job-consciousness	87 (78.4)	20 (18.0)	4 (3.6)
2	interest in job	55 (49.5)	45 (40.5)	11 (9.9)
3	awareness	50 (45.0)	51 (45.9)	10 (9.0)
4	job promotion	48 (43.2)	39 (35.1)	24 (21.6)
5	job security	43 (38.7)	28 (25.2)	40 (36.0)
6	recognition and acknowledgment	40 (36.0)	31 (27.9)	40 (36.0)
7	facilities	37 (33.3)	33 (29.7)	41 (36.9)
8	payment	32 (28.8)	39 (35.1)	40 (36.0)
9	controlling and supervision	23 (20.7)	65 (58.6)	23 (20.7)

Table 3: The abundance distribution of nursing staff based on their opinions on facilitating factors of educating to the sick (arranged according to the preferences).

Number	Educating constraint questions	Disagree	No comment	Agree
1	Educational aids to be used in education	2 (1.8)	25 (22.5)	84 (75.7)
2	Guiding informative papers to educate on a specific subject	5 (4.5)	27 (24.3)	79 (71.2)
3	Considering a specific time for educating to prevent interferences with curing actions	7 (6.3)	34 (30.6)	70 (63.1)
4	Considering a specific point for educating to the sick in annual evaluations	7 (6.3)	36 (32.4)	68 (61.3)
5	nurses` education and selection to educate the sick	20 (18.0)	28 (25.2)	63 (56.8)
6	Time allocation to educate the sick	8 (7.2)	41 (36.9)	62 (55.9)
7	Applying educational reaction from educator to make subsequent corrections	6 (5.4)	45 (40.5)	60 (54.1)
8	The educator`s belief and interest in recognizing the sick`s educational needs	6 (5.4)	46 (41.4)	59 (53.2)
9	The sick`s interest and participation in planning and accomplishing education to the sick	7 (6.3)	48 (43.2)	56 (50.5)
10	Presenting seminar on educational and learning approaches	11 (9.9)	44 (39.6)	56 (50.5)
11	Managers` more emphasis on education preference to the sick	9 (8.1)	52 (46.8)	50 (45.1)
12	More attention toward evaluating the education to the sick	12 (10.8)	47 (42.3)	52 (46.9)
13	Writing down the sick`s education process in medical folder to form communication and coincident among educators in different shifts	15 (13.5)	58 (52.3)	38 (34.2)

Table 4: The abundance distribution of nursing staff based on their opinions on educational barriers to the sick (arranged according to the preferences).

Number	The questions of educational barriers	disagree	No comment	agree
1	Noncooperation between physicians and nurses on educating the sick	6 (5.4)	31 (27.9)	74 (66.7)
2	The lack of budget to educate the people	12 (10.8)	28 (25.2)	71 (64.0)
3	The lack of regular planning to educate the sick	8 (7.2)	33 (29.7)	70 (63.1)
4	The lack of curing team`s cooperation	13 (11.7)	29 (26.1)	69 (62.2)
5	The lack of educational space in hospitals	9 (8.1)	38 (34.2)	64 (57.7)
6	Authorities` not paying attention toward nurses` educational role	9 (8.1)	39 (35.1)	63 (56.8)
7	The lack of codified laws on educating the sick	4 (3.6)	46 (41.4)	61 (55.0)
8	Authorities` not paying attention toward educating the sick	20 (18.0)	38 (34.2)	53 (47.8)
9	Disagreement among experts	10 (9.0)	56 (50.5)	45 (40.5)
1	The lack of awareness in the sick about their rights	10 (9.0)	50 (45.0)	51 (46.0)
2	Not being interest in changing behavior	15 (13.5)	47 (42.3)	49 (44.2)
3	The sick`s disability in caring him/herself	11 (9.9)	54 (48.7)	46 (41.4)
4	Undesired situation of the sick`s general health	8 (7.2)	58 (52.3)	45 (40.5)
5	The rejection of being educated by the sick	18 (16.2)	48 (43.2)	45 (40.6)
6	The sick`s illiteracy	18 (16.2)	54 (48.7)	39 (35.1)
7	Not having cooperation in the sick	18 (16.2)	56 (50.5)	37 (33.3)
8	The lack of interest in the sick to educate	22 (19.8)	57 (51.4)	32 (28.8)
9	Disability in forming communication	26 (23.4)	58 (52.3)	27 (24.3)
1	The lack of nurses` human force	5 (4.5)	18 (16.2)	88 (79.3)
2	Nursing staff`s lack of time	6 (5.4)	26 (23.4)	79 (71.2)
3	Nurses` weighty responsibilities	7 (6.3)	25 (22.5)	79 (71.2)
4	The lack of job satisfaction in nurses	10 (9.0)	37 (33.3)	64 (57.7)
5	The lack of written educational resources	8 (7.2)	47 (42.3)	56 (50.5)
6	Not identifying the sick`s educational need	20 (18.0)	53 (47.8)	38 (34.2)
7	The curing environment is not suitable for educating	22 (19.8)	51 (46.0)	38 (34.2)
8	Nurses` lack of awareness from principles of educating the sick	24 (21.6)	55 (49.6)	32 (28.8)
9	The lack of sufficient skill to communicate with the sick	23 (20.7)	57 (51.4)	31 (27.9)
10	The lack of nurses` educational skill	36 (32.4)	47 (42.4)	28 (25.2)
11	Nurses` not being interest in educating	42 (37.8)	44 (39.7)	25 (22.5)
12	The educator and the sick are not the same gender	43 (38.7)	44 (39.7)	24 (21.6)

While educating to the sick is in 7th priorities of nurses` activities, they spent most of their time on writing report and checking doctor`s orders. The results of Marcum et al.`s study as skillful nurses` understanding from educating to the sick show 92% of nurses put educating to the sick in their working priorities of nursing activities (3). In Mardaniyan Dehkordi et al.`s study, caring from the sick and writing report were in the first and second priorities; respectively in nursing activities, and educating to the sick was put in 7th place (11). This indicates that caring from the sick and writing report was more time-consuming in comparison to educating to the sick.

Nurses` motivation and other motivating factors are of high interest to authorities, since this matter is necessary in working promotion. As

individuals have different needs, they have different motivations, and awareness from these factors helps authorities to play an effective role in motivating the nurses (1). Although it was not too common in this study to educate the sick and was of less importance in comparison to other nursing activities, nurses asserted consciousness, monitoring, and supervising were the most and least motivating factors in educating to the sick; respectively.

In Arian et al.`s study consciousness and interest were the most and the least motivations; respectively (8). Consciousness and payment were the most and the least motivations; respectively in Toloei et al.`s study (1).

By comparing these three studies it is interpreted that consciousness is the most

motivating factor in encouraging the nurses to educate the sick. It is an important part of every individual to have physical, mental, and financial security. Welfare is of high importance in nurses' living, and in recent years decreasing in payment and living pressure caused nurses to show less interest (1).

In the present study, educational aids to apply in educating, guiding informative papers to educate on a special subject, to consider a specific time for educating to prevent interfering with curing actions are the most important facilitating factors of educating the sick, the reporting of education process to the sick in medical folder in different shifts to create communication and coincident among educators was announced as the least important facilitating factor.

In Marcum et al.'s study were three factors of facilitating the education including to put more educational resources in access, guiding informative papers to educate a special subject, and to allocate time (3), these factors coincides with the results of the present study. In Mansour Ghanaei et al.'s study the most important facilitating factor of education to the sick was the sick's interest and participating in planning and accomplishing education, and the selection and education of a special staff to educate the sick was considered as the least effective factor in motivating (13). Also in Hekari and Mohammadzadeh's study, the sick's interest and participating in planning and accomplish-ing education was expressed as the most important facilitating factor (12).

In this study the most important barriers of educating to the sick were the lack of human force, the lack of time for nursing staff, nurses' weighty responsibilities, and difference in gender between educator and the sick and lack of interest in nurse was considered as the factors with minimum importance.

In a study by Rostami et al., the most restraining factors were weighty responsibilities, the lack of human force, and lack of time in nursing staff. On the other hand, nurses' lack of interest was the factor with too trifle importance (9), these results coincides with our study results. Hekari and Mohammadzadeh announced nurse's lack of time and lack of staffs in ward as the most important restraining factors (12), these results are in the same direction with our results. Also these results coincide with Marcum et al., Mardaniyan Dehkordiet al., Aziznejad et al., Biranvand et al., and Shamshiri et al.'s study (3,11,14-16).

In Bastable's viewpoint, barriers concerned with nursing are restraining factors with much importance (17). The lack of nursing force makes many of active and star-spangled to work for long hours, and as all we know these long working shifts make nurses exhausted, so there is no enough time to educate (18).

In Arian et al.'s study, nurses believed that the lack of awareness in nurses on educating principles to the sick and the sick's illiteracy were the most restraining factors (8), these results do not coincide with the results of the present study.

In barriers related to management, non-cooperation between physicians and nurses on educating the sick was the most restraining factor, they coincide with the results of Hekari and Mohammadzadeh's study (12).

The lack of budget in educating to the sick and not having a regular planning were in 2nd and 3rd preferences; respectively. The lack of budget can be a possible cause of having no regular planning and codified laws being determined by authorities, this point was mentioned by numerous nurses (8).

In barriers concerned with the sick, the sick's not being aware from his/her rights and not having interest in changing behavior are the greatest barriers in receiving education, the results of the present study proceed in the same direction with Marcum et al. and Rostami et al.'s study results (3,9). On the other hand, disability in communicating was considered as the barrier with too less importance which was in harmony with Arian et al.'s study results (8).

In barriers concerned with nurses, lack of awareness in nurses in principles of educating to the sick, the lack of efficient skill in educating to communicate with the sick, the lack of educational skill in nurses, nurses' lack of interest in educating, the difference of gender between persons educating and receiving education are among the least important barriers in educating the sick from nurses' viewpoints, these findings are in harmony with Rostami et al.'s study (9), but are different from Celik et al.'s study in which the lack of awareness in nurses and not communicating with the sick in a suitable way were called as the most important barriers of educating to the sick (19).

According to these, it is suggested to the authorities to distribute human force in standard wards, to support the sick's educational needs, creating concord between nursing staff and the members of hygienic team, and to explain specified responsibilities in educating to the sick.

The limitation of this study was not being able to apply other member team's opinions such as physicians and the sick to identify all of the constraints. A better study on this matter needs more surveys to analyze educating to the sick from different angles.

Acknowledgement

The authors would like to acknowledge all the nurses of Vasei hospital dependent on Medical University and Sabzevar caring center for contributing in this study.

Conflict of interest

The Authors have no conflicts of interest.

References

1. Toloei M, Dehghannayeri N, Faghihzadeh S, Sadooghiasl A. The nurses' motivating factors in relation to patient training. *Hayat*. 2006; 12 (2):43-51.
2. Heshmati Nabavi F, Memarian R, Vanaki Z. The effect of implementing Clinical Supervision Model on the patient education outcomes. *Health Management*. 2012; 1(3):28-33.
3. Marcum J, Ridenour M, Shaff G, Hammons M, Taylor M. A Study of Professional Nurses' Perceptions of Patient Education. *J ContinEducNurs*. 2002; 33(3):112-18.
4. Rostamiyan A, Bahman Zeyari F, Mohseni M, Ali Mohammadi N, Davodi Monfared E. Principles of patient education. Esfahan. Farhang Pajohan Danesh. 2015.
5. Vahedian Azimi A, Alhani F, Hedayat K. Nurses' experiences of barriers and facilitators to patient education. *Iranian Journal of Medical Education*. 2011; 11(6):620-34.
6. Mohammadi MA, Dadkhah B. [Attitude of nurses related to patient education]. *Iranian Journal of Nursing and Midwifery Research of Esfahan University of Medical Sciences*. 2005; 7 (23): 24-27.
7. Heshmatifar N, Sadeghi H, Jometondoki H, Akrami R. Assessment of Patient education performance in three time points (admission, hospitalization, discharge) from patients and nurses' outlook in hospitals of Sabzevar. *Quarterly Journal of Sabzevar University of Medical Sciences*. 2014; 20(5): 635-42.
8. Arian M, Mortazavi H, TabatabaeiChehr M, Tayebi V, Gazerani A. The comparison between motivational factors and barriers to patient education based on the viewpoints of nurses and nurse managers. *Journal of Nursing Education*. 2016; 4(3):66-77.
9. Rostami H, Montazam SH, Ghahremanian A. Survey of education barriers from nurses and patients viewpoint. *Scientific Journal of Hamadan Nursing & Midwifery Faculty*. 2010; 18 (1):50-60.
10. Ashghali Farahani M, Mohamadi E, Ahmadi Maleki M, Hajizadeh E. Obstacles of patient education in CCU and post CCU: a grounded theory study. *Iran Journal of Nursing (IJN)*. 2009; 22(5): 55-73.
11. Mardaniyan Dehkordi L, Salahshorianfard A, Mohammad Aliha J, Hosseini F. Assessment of nurses of patient education, Facilitators factors and Barriers factors. *Iran nursing*. 2005; 17(40).
12. Hekari D, Mohammadzadeh R. Review patient education in nursing students and nurses and effective factors in hospitals of Tabriz. *Medical Scientific Quarterly Islamic Azad University, Medical Tehran Branch*. 2010; 20 (1):58-63.
13. Mansour Ghanaei R, Majidi S, Tabari R. Nurse's viewpoints about facilitator and inhibitor factors of patients education. *Research in Medical Sciences Education*. 2011; 3(1):27-33.
14. Aziznejad P, Zabihi A, Hosseini SJ, Bijani A. Nursing and nurse managers opinions about the patient's training barriers. *Journal of Babol University of Medical Sciences*. 2010; 12(1):60-4.
15. Biranvand S, Sheini Jaber P, Asadi Zaker M. The most important factor act as barriers to patient education. *Journal of Lorestan University of Medical Sciences*. 2010; 6(18, 19).
16. Shamshiri M, Mohamadi M, Mansorian M. Nurse's perception of patient education, factors facilitating and inhibitor in Hospital of Gonabad University of Medical Sciences. Article Collection National Conference Clinical Education in Nursing and Midwifery Ardabil University of Medical Sciences. 2010.
17. Bastable SB. *Essentials of Patient Education*: Jones and Bartlett Publishers. 2011; 2006:165-170.
18. Haddad M. Viewpoints of employed nurses in hospitals of Birjand city regarding existing barriers in patient education. *Modern Care*. 2011; 8 (3): 152-8.
19. Celik H, Abma T A, Widdershoven GA, Van Wijmen, Kling I. Implementation of diversity in health care practices: Barriers and Opportunities. *Patient Education and Counseling*. 2008; 71(1):65-71.