

Determinants of Learning

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Chapter 4

Objectives

At the end of this discussion, YOU will be able to:

- Explain the health educator's roles in the learning process
- Identify the three components of the determinants of learning.
- Describe the steps involved in the assessment of learning needs.
- Explain methods that can be used to assess learner needs

The Health Educator's Role in Learning

- Assessing the problems or deficits
- Providing important information and presenting it in unique ways
- Identifying progress being made
- Giving feedback and follow-up
- Reinforcing learning
- Evaluating learners' abilities

Assessment of the Learner

The importance of assessment to the educational process:

- Identify and prioritize information to set goals and objectives, plan instructions, and evaluate learning
- Ensure optimal learning with least amount of stress and anxiety
- Prevents needless repetition of known material
- Increases the motivation to learn

The Health Educator's Role in Learning

- Identifying the various factors that influence how an individual learns
- Assessing the three determinants of learning:
 1. The needs of the learner
 2. The state of readiness to learn
 3. The preferred learning style
 4. The personality of the learner

Assessing learning Needs

Learning needs:

- Gaps in the knowledge exist between a desired level of performance and the actual level of performance
- Gaps between what someone knows and what someone needs or wants to know
- Individual perceived need for education
- Educator perceived need for education

Assessing Learning Needs

- There are differences between the perception of needs identified by patients versus the needs identified by health care professionals.
- According to cognitive experts 90-95% of the learners can master the subject if they given sufficient time and appropriate support.

Steps in Assessing of Learning Needs

- **Identify the learner:**
 - Who is the audience? One individual or group of individuals.
 - Is there a single need or many needs?
- **Choose the right setting:**
 - Establishing trusting environment helps the learner in confiding information
 - Privacy and confidentiality essential in establishing trustful relationship

Steps in Assessing of Learning Needs

- **Collect data about the learner:**

- By exploring typical health problems or issues interest to that population.
- A literature search can help the educator identify the content. E.g. search studies about cancer patients to determine their needs.

- **Collect data from the learner:**

- Allow patients/family members to identify what is important to them.
- This motivated them to learn.

Steps in Assessing of Learning Needs

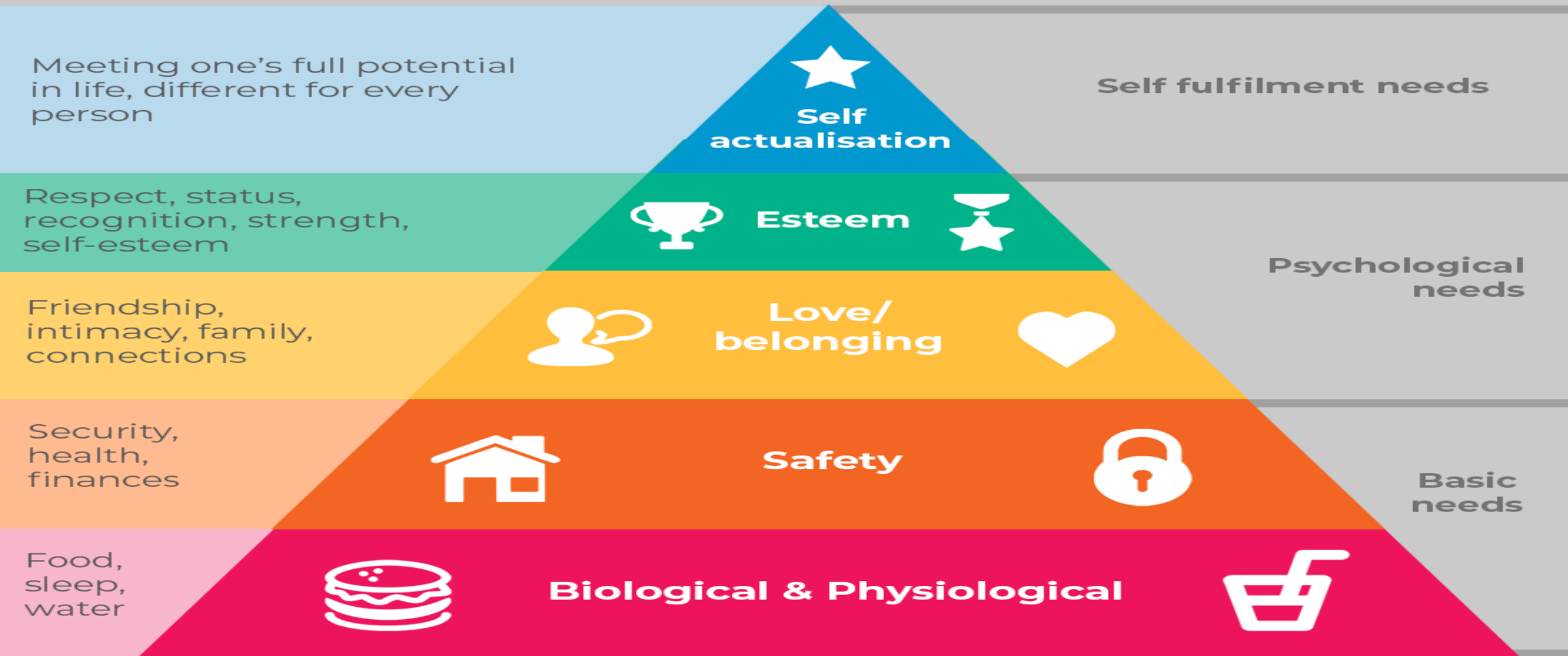
- **Involve members of the health care team:**

- Collaborate with other members of the health care team to enrich the assessment.

- **Prioritize needs:**

- Use Maslow's (1970) hierarchy of human needs can help educator to prioritize learner needs.
- E.g. if the patient has been or discomfort you he can not learn about low-sodium diet.

MASLOW'S HIERARCHY OF NEEDS



<https://www.professionalacademy.com/blogs-and-advice/marketing-theories-maslows-hierarchy-of-needs>

Steps in Assessing of Learning Needs

- **Criteria for prioritizing learning needs:**

- **Mandatory:** Needs that must be learned for survival in which the learner's life or safety is threatened. e.g. a patient with heart attack needs to know signs and symptoms to get help.

Steps in Assessing of Learning Needs

- **Criteria for prioritizing learning needs:**
 - **Desirable:** Needs that are not life dependent but are related to overall quality of care e.g. teaching HTN patient the effect of high fat diet.
 - **Possible:** Needs for information that is nice to know but not essential to current situation e.g. teach newly diagnose DM patient about self-care.

Steps in Assessing of Learning Needs

- **Determine availability of educational resources:**
 - E.g. a patient who has asthma needs to learn how to use inhaler, if the equipment is not available for demonstration, the nurse should concentrate on other needs.

Steps in Assessing of Learning Needs

- **Assess the demands of the organization:**
 - Check the mission and goals of the organization.
 - E.g. organization that focus on health promotion will have education focus on that topic.

Steps in Assessing of Learning Needs

- **Take time-management issues into account:**
- **Take the following points into consideration:**
 - It is more efficient to take time to do good initial assessment.
 - Give learner time to offer their perception of learning needs.

Steps in Assessing of Learning Needs

- **Take time-management issues into account:**
- **Take the following points into consideration**
 - Assessment can be conducted at any time(during formal and informal contact with learners).
 - Informing the learner ahead of time that educator wishes to spend time discussing his/her health needs and problems

Steps in Assessing of Learning Needs

- **Take time-management issues into account:**
- **Take the following points into consideration**
 - Minimizing interruptions and distractions during planned assessment interviews maximizes productivity

Methods to Assess Learning Needs (Client/Patient)

- **Informal conversations:**

- That take place with other healthcare team members involved in client/patient care, and between the health care providers and client/ patient or family.

- **Structured interviews:**

- Ask the clients/patients point of view by asking direct predetermined questions to collect information about their needs.
- Telephone interviews can be used but in able non-verbal cues.

Methods to Assess Learning Needs (Client/Patient)

- **Structured interviews:** if the learner is a **client/patient, you might ask:**
- What do you think caused your problem?
- How severe is your illness?
- What do you do to stay healthy?
- What are your strengths and limitations as a learner?
- How do you learn best?

Methods to Assess Learning Needs (Client/Patient)

- **Structured interviews:** if the learner is **health care provider or student**, you might ask:
 - What do you think are your biggest challenges/obstacles to learning?
 - Which skills do you need help in performing?
 - How do you learn best?

Methods to Assess Learning Needs (Client/Patient)

- **Focus groups:**

- Get together small number (4-12) of potential learners, and a facilitator leads the discussion using open-ended question to encourage discussion.
- The groups should be homogenous.

Methods to Assess Learning Needs (Client/Patient)

- **Self-administered questionnaires:**

- Obtain learner written responses to questions about learning needs.
- Checklists are most common forms of questionnaires.
- Easy to administer, provide more privacy compared to interviews

Methods to Assess Learning Needs (Client/Patient)

- **Tests:**

- Written pretests before conducting the education program teaching can help to identify the knowledge level, prevents repeating known material, and pretest scores can be compared to post test to evaluate learning.

Methods to Assess Learning Needs (Client/Patient)

• Observations:

- Observing health behavior in **different times** can help to assess needs more than single observation.
- Reflection on action: learners who can observe a videotape of them performing a skill can more easily identify their needs.

Methods to Assess Learning Needs (Client/Patient)

- **Documentations:**

- Assessing learning needs using by gathering information through:
 - Initial assessment
 - Progress notes
 - Nursing care plans
 - Discharge planning forms


Assessing Learning Needs of Health Care Providers

Assessment Methods:

- **Written job descriptions:**
 - The need for (orientation/induction program) and professional development
- **Formal and informal requests:**
 - In- service Education Unit
 - Staff professional development committee

Assessing Learning Needs of Health Care Providers

- **Quality assurance reports:**

- Incident reports  identify the needs for further education

- **Chart audits:**

- Does the staff have a learning need in terms of the actual charting?
- Is a new intervention being implemented?

Assessing Learning Needs of Health Care Providers

- **Rules and regulations**
- Health care providers' self-assessment through:
 - Peer review
 - Analyze the strengths, weaknesses, opportunities, and threats (SWOT) analysis or
 - Analyze the strengths, limitations, opportunities, threats/barriers (SLOT/B)

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Smile
CHANGE THE WORLD
but don't let
THE WORLD
Change
YOUR SMILE

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Readiness to Learn

Readiness to learn:

- The time when the learner **demonstrates** an **interest** in learning the information/skills necessary to maintain optimal health or to become more skillful in a job
- It occurs when the learner is **receptive, willing**, and able to participate in learning
- If the learner **ready** the information will be absorbed
- **Anything affect physical or psychological comfort will affect readiness**

Readiness to Learn

Types of readiness:

(4 PEEK)

- **P**hysical readiness
- **E**motional readiness
- **E**xperiential readiness
- **K**nowledge readiness

3. LAW OF READINESS

Individuals learn best when they are physically, mentally and emotionally ready to learn, and they do not learn well if they see no reason for learning



Readiness to Learn

the four types of readiness to learn(4PEEK)

P = PHYSICAL READINESS

- Measures of ability
- Complexity of task
- Environmental effects
- Health status
- Gender

E = EMOTIONAL READINESS

- Anxiety level
- Support system
- Motivation
- Risk-taking behavior
- Developmental stage

E = EXPERIENTIAL READINESS

- Past coping mechanisms
- Cultural background
- control
- Orientation

K = KNOWLEDGE READINESS

- Present knowledge base
- Cognitive ability
- Learning disabilities
- Learning styles

Physical Readiness

- **Measures of ability:**

- The ability to perform task require gross or fine motor movement.
- Depend on developmental stage
- E.g. if the person has visual deficit the educator can make eye glasses available to see lines.

Physical Readiness

- **Complexity of the task:**

- To which extent the learner can master the behavioral changes in cognitive, effective and psychomotor domains

- **Health status:**

- The amounts of energy available and the present comfort level
- Healthy learners have energy available for learning

Physical Readiness

- **Health status:**

- Unhealthy learners focus their energy on physiological and psychological demands of their illness.
- E.g. giving health education to a patient after receiving a sedative medicine may result in less apprehension but impair cognitive and psychomotor abilities.

Physical Readiness

- **Environmental effect:**

- The environment should be conducive of learning to hold client/patient attention
e.g. high level of noise interfere with client/patient perception.

- **Gender:**

- Women are more receptive to medical care compared to men, because they:
 - Traditionally have taken on the role of caregivers
 - Have more frequent contact with health care providers during child bearing

Emotional Readiness

- **Anxiety level:**
- Affects a person's ability to perform at cognitive, affect and psychomotor levels
- **Anxiety levels:**
 - **Mild anxiety:**
 - Individuals is not driven to take steps to promote health or prevent disease

Emotional Readiness

- **Anxiety levels:**

- **Moderate anxiety:**

- Drives some one to take action.
- Optimal time for teaching
- Best for success in learning

- **Severe anxiety:**

- Decrease readiness to learn and inhibit learning

Emotional Readiness

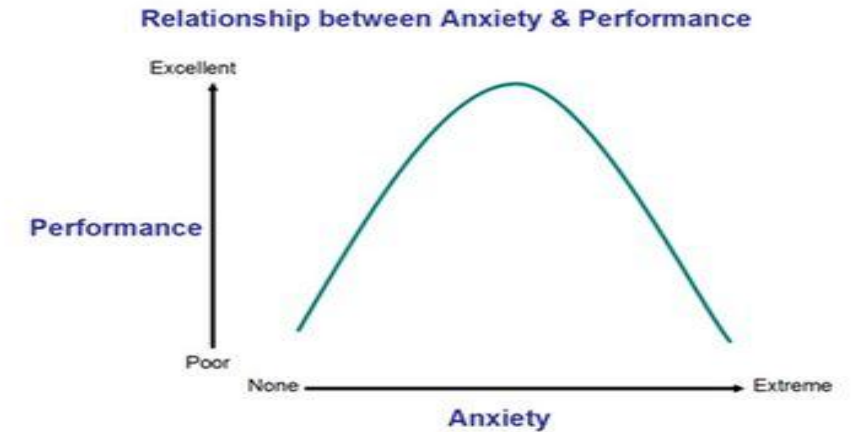
Emotional readiness

- **Anxiety level**

**Mild or sever anxiety may
Lead to an inability to learn**

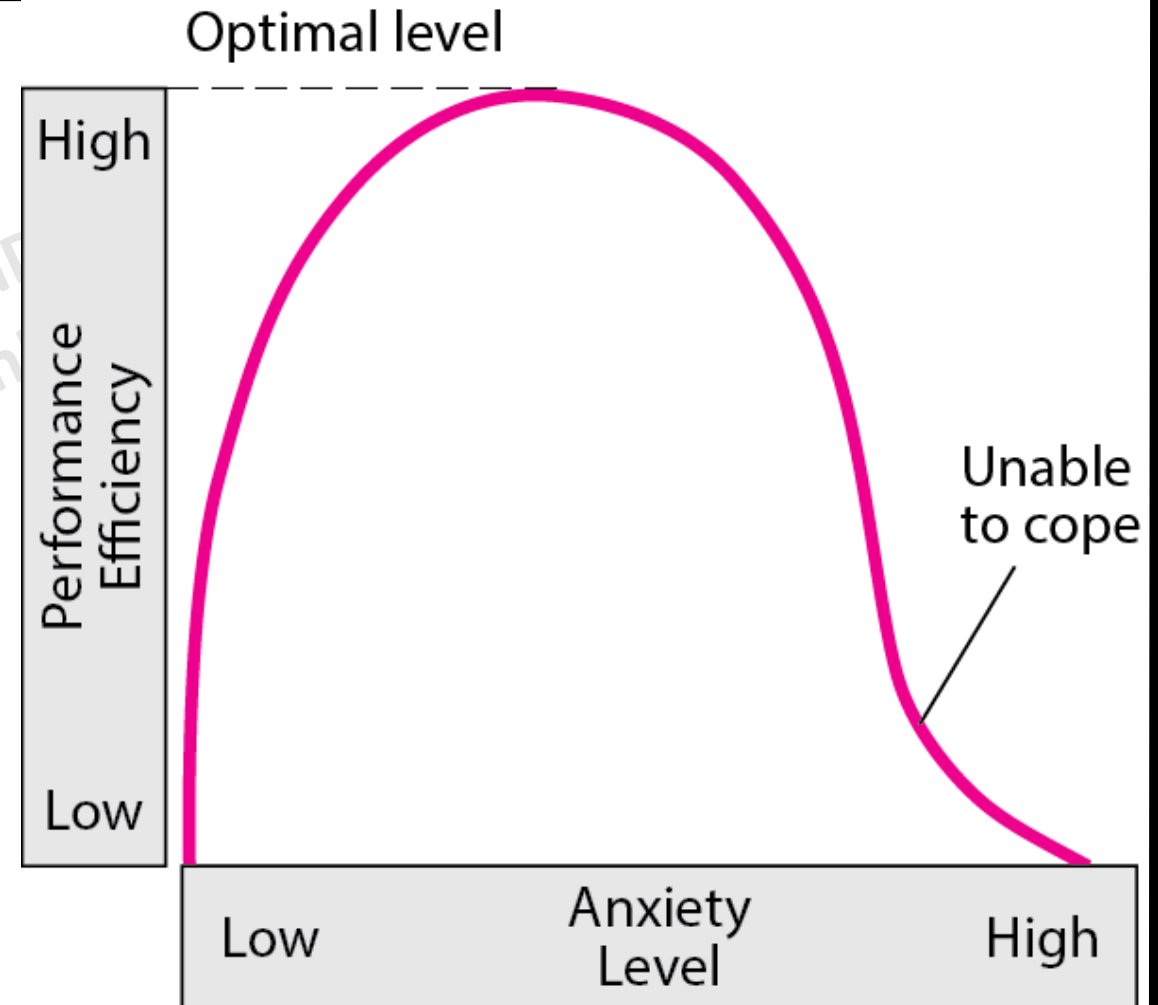
**Moderate anxiety will derive
Someone to take action.**

**Moderate level of anxiety is best for success in
learning**



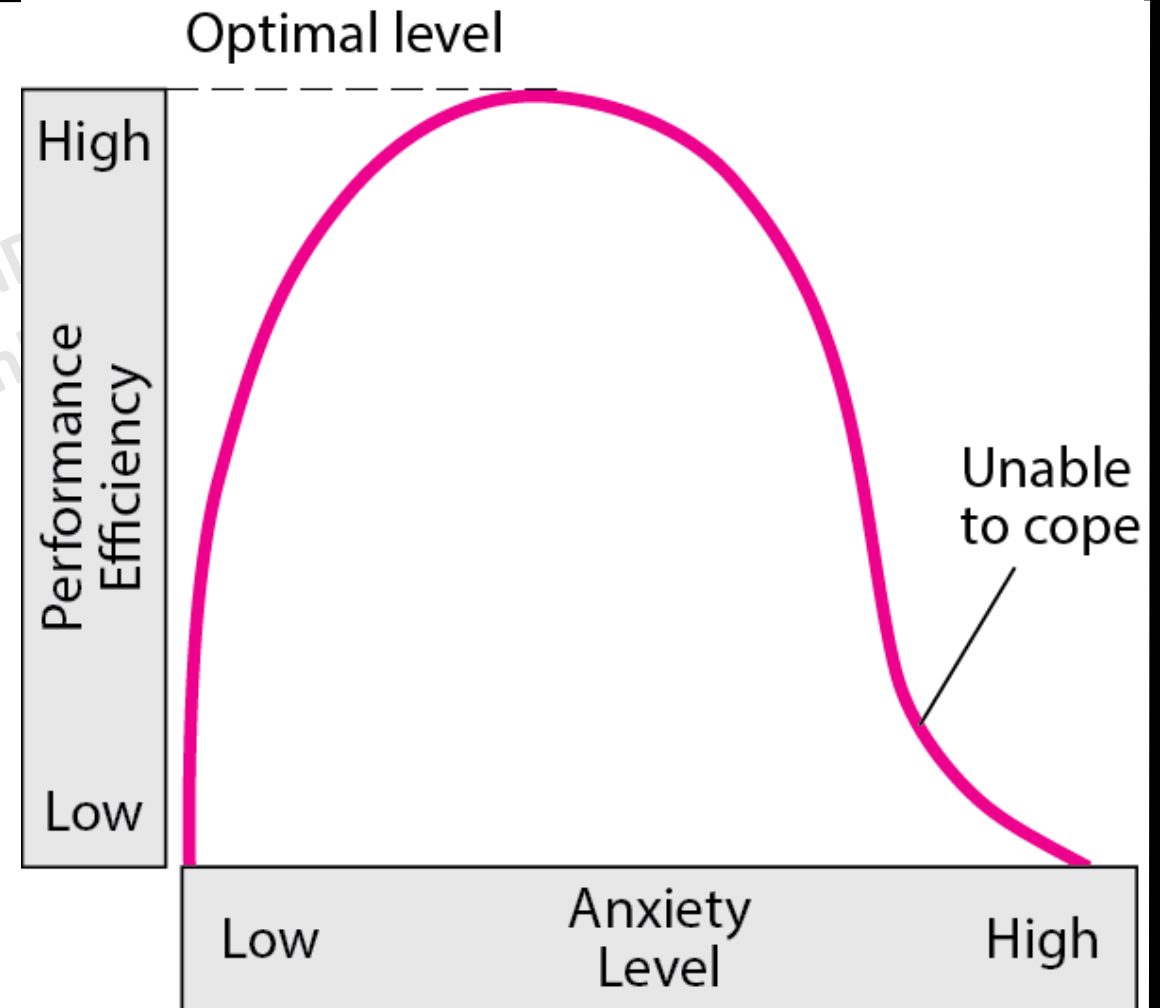
Emotional Readiness

- Fear is a major contributor to anxiety e.g nursing student may have difficulty learning new skill because of fear harming the patient.



Emotional Readiness

- Identification of the source and level of anxiety
- In case of high anxiety level, encourage the person to:
 - Participate in support groups
 - Use relaxation techniques (Yoga)



Emotional Readiness

- **Support system:**

- The availability and strength of the support system (family, friends, nurse),
- Health care professional act as a source of social and emotional support to clients.

- **Motivation:**


- Is willingness to take action.
- A cue to motivation: a learner who is ready to learn shows an interest in what educator doing by asking questions

Emotional Readiness

- **Risk-taking behavior:** Activities done without thinking about the outcome
 - Some patients (depending on their personality) take risks more than others do
 - **Health care Educator should:**
 - Assist them to develop strategies that help to reduce the level of risk
 - Be willing to teach them how to recognize symptoms of the disease and what to do

Emotional Readiness

- **Frame of mind:**

- Concerns about the here and now versus the future.
- If survival is of primary concern  readiness to learn will focuss on the present in order to meet basic human needs
- People from low socioeconomic status tend to concentrate on current needs (food)
- Adults who reached self actualization are more ready to learn health promotion tasks

Emotional Readiness

- **Developmental stage:**

- Teachable moment: each task associated with person development produces a peak time for readiness to learn
- Unlike children, adults can build on meaningful past experience and driven to learn information that help them with life tasks
- Children desire learning to the sake of pleasure and comfort

Experiential Readiness

- **The learner's past experiences with learning**
- **Level of aspiration:**
 - Previous failures and past success influence goals of the learner.
 - Early success is an important motivator in learning subsequent skills.
 - Satisfaction once achieved, elevates the level of aspiration.

Experiential Readiness

- **Past coping mechanisms:**

- How the person dealt with previous problems
- If past coping mechanisms effective
- Determine whether they work well in the present learning situation

Experiential Readiness

- **Cultural background:**

- The educator should be sensitive to the behavioral differences between cultures.
to avoid teaching in opposition to cultural beliefs
- Building on the learners' belief system rather than attempting to change it
- Language is a significant obstacle to learning

Experiential Readiness

- **Locus of control:**
- Determine whether readiness to learn is influenced by internal or external stimuli
 - **Internal locus of control:**
 - When the person is internally motivated to learn (drive comes within the learner)
 - **External locus of control:**
 - They are externally motivated. Somebody else should encourage them to learn, the responsibility on the educator to motivate.

Experiential Readiness

- **Orientation:**

- **A parochial (closed-minded) orientation:**

- Tend to be close minded in their thinking, less willing to learn new things

- **Cosmopolitan orientation:**

- More worldly perspective in life, more likely to receive new ideas

Knowledge Readiness

- **Present knowledge base:**

- How much learner already knows. Prevent repetition and boredom.

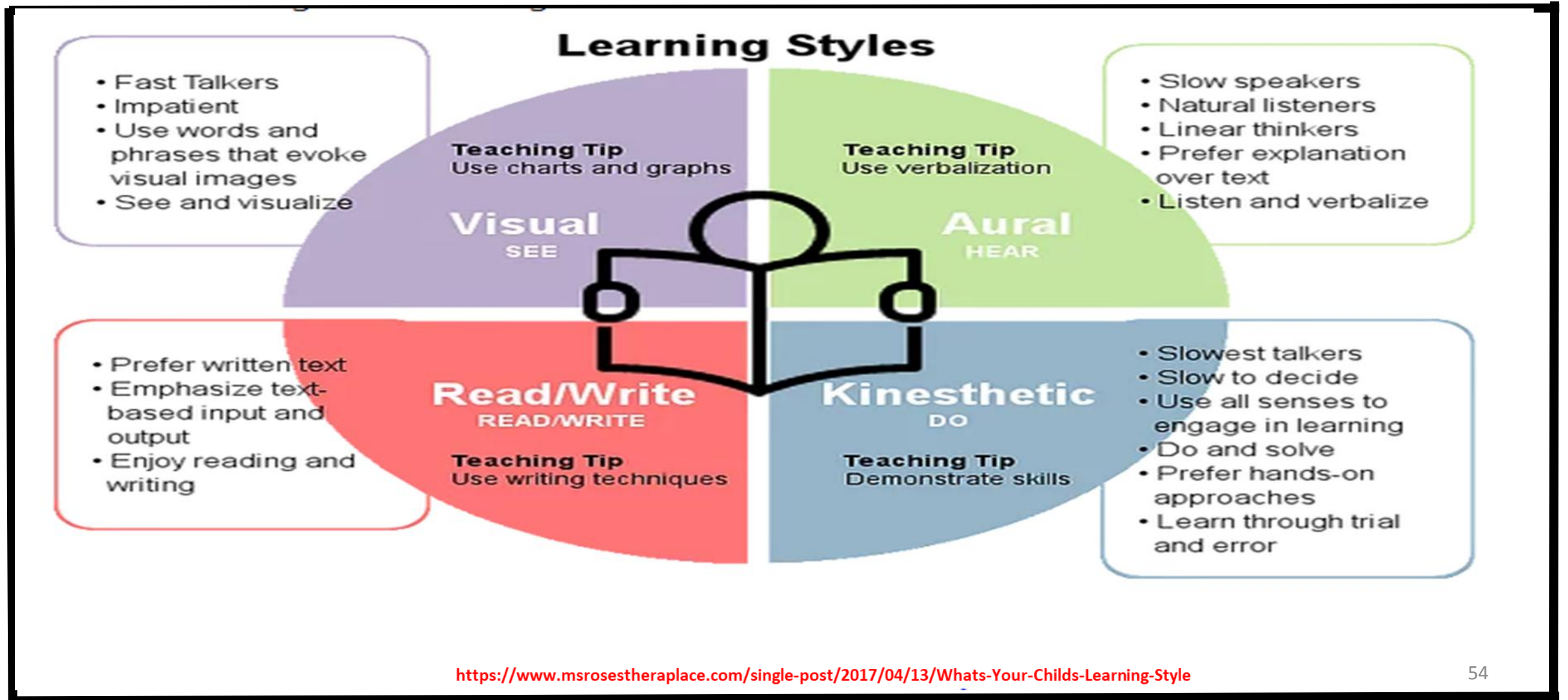
- **Cognitive ability:**

- To which extent information can be processed at higher (application) and lower levels of cognitive domain (memorizing).
- Individuals with cognitive impairment need simple explanation and repetition.

Knowledge Readiness

- **Learning and reading disabilities:**
 - Not necessary indicative of intellectual abilities.
 - Need innovative approaches to instruction learning .
- **Learning styles: (VARK)**
 - Visual
 - Auditory
 - Read/Write
 - Kinesthetic

Preferred Learning Styles (VARK)



Thank You

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