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NURSING DISCHARGE EDUCATION FOR THE
BABY BOOMER GENERATION

by

SARAH SPRADLIN

Presented to the Faculty of the Honors College of
The University of Texas at Arlington in Partial Fulfillment
of the Requirements
for the Degree of

HONORS BACHELOR OF SCIENCE IN NURSING

THE UNIVERSITY OF TEXAS AT ARLINGTON

May 2017

ACKNOWLEDGMENTS

I would first like to thank the Lord for giving me the opportunity to go into the field of nursing and for blessing me with such supportive friends and family. He gave me the strength and determination needed to complete this research.

To my husband Matt, thank you for staying up through late nights of writing, reading multiple revisions, and for standing beside me throughout this entire process. To my family, you have always encouraged me to set high goals and chase after them, and that is exactly what this research represents. You have given me a solid foundation on which to build my career. I would also like to thank all of the Honors College nursing students for their support and understanding as we ventured into the world of nursing research together.

My sincerest gratitude to my mentor, Dr. Deborah Behan. Without her, this project would not have been possible. From our first meeting to the last edit of this paper, her wisdom and advice made me a better writer, researcher, and future nurse. A special thanks to Marla Grant and the nurses of the oncology unit who helped me organize and interview patients. All of you have been instrumental in helping me achieve my goals and prepare for my professional career.

April 04, 2017

ABSTRACT

NURSING DISCHARGE EDUCATION FOR THE BABY BOOMER GENERATION

Sarah Spradlin, B.S. Nursing

The University of Texas at Arlington, 2017

Faculty Mentor: Deborah Behan

The Baby Boomer Generation is the largest generation to come into the health care system, but there is a lack of research in the nursing field on their unique needs for health care education. A 13- question descriptive study was created to assess Baby Boomer patient preferences on nursing discharge education and factors affecting their learning in the hospital. The survey was completed by 30 patients at a south-central U.S. hospital. The findings demonstrated that the majority of patients preferred face-to-face interaction with nursing staff and handouts they can take home to refer back to, once out of the hospital. Other technology based teaching methods such as educational videos and cellphone apps were less desired. A key for future nursing education is to incorporate preferred methods in patient discharge education, perhaps through a designated Nurse Educator or student nurse, to increase patient satisfaction with learning and compliance with treatment plans.

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CHAPTER 1

INTRODUCTION AND LITERATURE REVIEW

The Baby Boomers, all adults born between the years 1946 and 1964, is the largest generation of Americans to date. As this large cohort of adults is aging, the demands for their health care continue to rise. A large aspect of the nursing care of adults is discharge education; whether about their diagnosis, home health care needs, prevention of further disease spread, or resources to help patients and their families cope with the changes to their daily lives. Little research has been conducted about the Baby Boomer generation and their unique needs for health care education. This research aims to clarify in what ways the Baby Boomer generation prefers to be educated in order to enhance their understanding of health care information, lessen hospital readmissions due to patient noncompliance with treatment plans, and increase patient satisfaction with their health care.

1.1 Beliefs about Health Care

The generation of Baby Boomers is unique among aging Americans. Baby Boomers are “interested in self-improvement, better physical health, and are more highly educated” than any generation that has come before them (Newberry, 2013). These older adults are more aware of current knowledge in the health care system, and want to be personally involved in every aspect of their health care. In a study performed by Sellers et al. (2010), focus groups of adults in the Baby Boomer generation were asked about their beliefs on aging and the aging process. There were two main themes of aging that emerged from the focus groups. The first theme to emerge was “health- or the lack of it- as a central

and important issue to the aging population” (Sellers et al, 2010). They care about their health and have access to an internet full of information about their cancers and treatment options.

Their families also have access to this information, and many Baby Boomers welcome family involvement in their health care. A second theme to emerge from the focus groups interviewed was that “communities and families could and did contribute to an individual’s aging process” (Sellers et al, 2010). These men and women are not alone in their health care journey, and nurses must be sensitive to the need of family involvement in the teaching and treatment of the Baby Boomers. This calls for a nursing staff that is aware of the needs of this generation and how to educate them using methods that are comfortable for the Baby Boomers.

1.2 Education Values

The Baby Boomer generation is also the most educated generation to reach the age of retirement (*The Gerontologist*, 2012). They value learning and being involved in their care, so nurses should work to understand how this generation learns and what are the best teaching strategies to help them understand the material they are being presented in the hospital. In a recent study by doctoral student Shelia Newberry (2013), two focus groups of Baby Boomer learners were interviewed to determine which teaching styles they were most likely to respond to in the classroom. After coding all of the interviews and condensing the data, the research team found that the “majority of learners described themselves as visual learners, while others learned through a combination of both visual and auditory” styles. (Newberry, 2013, pg. 82). These learners like to be able to see the information they are being given. This can come in the form of pictures, charts, or even

hand-outs that have the information printed on them. The visual helps solidify the information and also gives them the reassurance that they can go back later and reevaluate the information if needed.

These learners also expressed their desire to have an instructor explain the information to them (Newberry, 2013). This auditory stimulation, coupled with visual representations of the information, helped them understand and feel comfortable with the information they were presented. Instructor involvement also gave them an opportunity to ask questions and interact with their teachers if they needed further clarification on a subject. This interaction was key to their success in the classroom.

1.3 Health Literacy

Health literacy is described as “the knowledge and skills that enable users to obtain, understand, and act upon health information” (Austvoll-Dahlgren et al, 2013). This understanding of medical terminology and practices is essential for the patient to have informed conversations with their health care staff to make decisions and build autonomy. The Baby Boomer generation will contain patients at many different levels of health literacy, and this variance in knowledge base can cause confusion in patient teaching when the patient does not understand terminology their nurse is using.

In a study performed by Guise et al. (2012), two experiments were conducted to test the advantages of personalized nursing discharge teaching based on patient’s health literacy levels and learning preference styles. In experiment one, the group of patients given discharge instruction catered to their personal health literacy levels performed better on post-discharge knowledge testing than patients given standard discharge teaching (Guise et al, 2012). In experiment two, patients given teaching based on their health literacy levels

and learning styles had an increase in questions answered correctly, ranging from 4% to 60% on individual questions (Guise et al, 2012). Surveying patients and determining their health literacy levels can help nurses personalize teaching, allowing the patient to have a confident voice in their health care conversation.

1.4 Technology Use in Education

The use of technology in healthcare has expanded greatly over the last few decades. While these technologies make it easy for staff to get information to patients quickly, it is important to understand the readiness of patients, especially the Baby Boomers, to use differing technology in their learning. In a survey given to 258 Baby Boomers from a pharmacy benefit company, participants were asked what kinds of technology they were comfortable using when dealing with health care information, and what barriers existed to using other kinds of technology (LeRouge et al, 2014). The survey found that most Baby Boomers were comfortable using technologies such as telephones, websites, and email, while fewer were ready to incorporate video conferencing and text messaging, and fewer than 35% of participants were okay with using podcasts and smartphone apps when dealing with their health care information (LeRouge et al, 2014). Many are familiar with the older technologies, making it easier to use in the health care setting while they may be unfamiliar with the newer technologies and unsure of how to use them. As health technology continues to advance, nurses must continually assess their patients to determine their readiness to use technology and how they can incorporate it comfortably into the patient's learning.

1.5 HCAHPS Scores

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey is a national survey of a patient's experience in the hospital setting

(Centers for Medicare and Medicaid Services. 2015). This survey provides data to the hospital about how they are doing in eight different areas of patient care, including how patient's felt about their discharge teaching and if they left the hospital with the information they needed. In order to boost HCAHPS scores, nurses must understand the personalized needs of patients and their families.

The subject matter being taught in the hospital is very important for patients to understand, and formatting our teaching styles to those that are most comfortable to the Baby Boomer generation will help both patient and nurse explore the needs of the patient and produce greater patient compliance with less re-admission rates. Further research needs to be conducted to determine what teaching methods are most effective for the Baby Boomers so they better understand and retain information given to them in the hospital setting. Therefore, this study will explore what teaching methods are preferred by the baby boomers on the oncology unit at a south-central U.S.A hospital.

CHAPTER 2

METHODOLOGY

This study was a descriptive design. For this descriptive survey thirteen questions were created from the literature for patients to complete. Upon approval from the IRB, patients in the oncology unit of this south-central hospital were approached and asked to complete a verbal consent that explained the survey. Random days were picked to conduct the research. The co-primary investigator is a nurse at the hospital who can access patient records, meaning she was the researcher who verified the inclusion/exclusion criteria before the data was collected. The co-primary investigator will look at all patient profiles on the unit to verify that the patient is between the inclusion age range of 52-70. If age is verified appropriate, the co-primary investigator will provide the primary investigator with the room numbers of patients who fit the inclusion criteria.

The primary investigator then goes to explain the study, provide a verbal consent to the patient, and if they consent, to survey the patient. There is no data collected on the patient's private information. The primary investigator and/or co-primary investigator enters a patient's room with a verbal consent form (see appendix A). Upon consent the patients are asked if they would like the survey questions read to them or if they would like to take the paper and answer the questions themselves. The survey (see appendix B) is then administered.

If completing the survey on their own, patients are given 15 minutes to fill out the survey. Once they have had about 15 minutes to complete the survey, the primary investigator asks for the completed survey. If they find the patient is still working on answering the survey they either wait in the room, or exit and give the patient a few more minutes to complete the survey. Data from the survey is then entered into SPSS and analyzed by the primary investigator and nurse scientist. Descriptive statistics, using frequencies and percentages, are completed for analysis of the data

CHAPTER 3

RESULTS

A total of 30 participants completed the survey. The ages of the participants ranged from 53 years to 67 years. Sixty percent (18) of the participants were male, and 12 participants were female (40%). Seventy-six percent (23) of the participants were at the hospital for a treatment related to a diagnosis that had been received at a previous hospital visit, while 23% (7) participants were at the hospital receiving their diagnosis for the first time.

3.1 Learning Style Preferences

Patients completing the survey were asked their preferred style of learning new information. Results are depicted below in Figure 3.1. Thirty percent of surveyed patients stated they like to listen to new information and 13.3% of patients liked to have new information read to them. Thirty-three of patients wanted to read the information themselves in a handout that included pictures, and another 23.3% preferred to learn by watching a demonstration where they can talk face to face with a nurse.

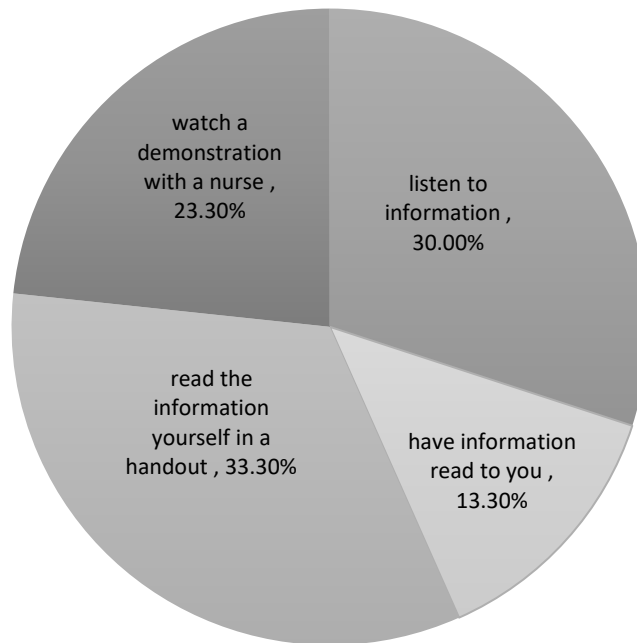


Figure 3.1: New Information Learning Style Preferences

Patients were also asked how they prefer to receive discharge education about their diagnosis and treatment options. Forty-three percent of surveyed patients want to be educated by a face-to-face discussion with the nurse/ hospital staff, 23.3% wanted a printed paper they could read later, 6.7% wanted an iPad program or a phone application they can download for more information, and 3.3% wanted a video to watch while in the hospital. Twenty percent of patients wanted both face-to-face discussion with a nurse and a printed paper to read later, while 3.3% wanted face-to-face discussion with a nurse, a printed paper to read later, and an iPad program or iPad application. Results of style preferences are shown in Figure 3.2. Eight-six percent (26) survey participants wanted their families to be involved when they received their discharge education while 13.3% (4) participants did not.

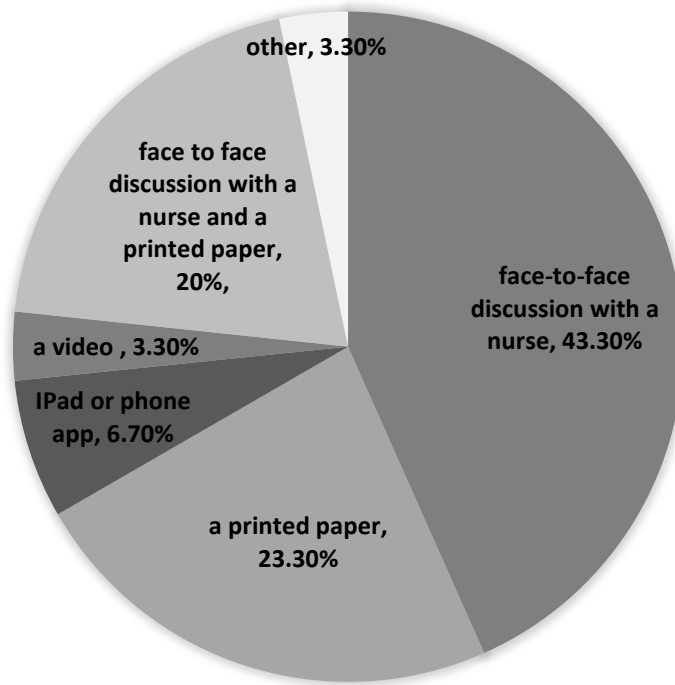


Figure 3.2: Discharge Education Style Preferences

3.2 Technology Use

EMMI is a system of teaching videos that has categories of diagnoses nurses can choose from to educate patients on their specific diagnosis and expected care. It is a very general educational video, meaning it is the general information about a diagnosis and general information about the care of someone who has been diagnosed with that disease process. The system does not allow for individualization for the patients. EMMI is utilized in the participating hospital to present patients with education on their diagnosis and treatments. Thirteen percent (4) survey participants stated they had videos assigned to them to watch while in the hospital, but 87.7% (26) of participants had not had videos assigned to them. Of those who had videos assigned, three participants watched the videos and one had not. Two participants believed the videos were a good length of time while the other believed the videos were too short. Two participants stated the videos helped them

understand their diagnosis or treatment while one stated the videos did not help. Participants were also asked if they would like a handout with internet sites regarding their treatments for additional information, and 56.7% (17) said yes.

3.3 Health Literacy

Patients in the hospital have many conversations with physicians, nurses, and other staff about their diagnosis and plan of care. Sixty-three percent of patients understood the terms the hospital staff used during educational conversations but 36.7% of patients did not. Sixty-three percent (19) of patients said that if they did not understand the terms used during education that they would ask the nurse or staff member to explain the meaning of the terms. Also, 53.3% of patients surveyed revealed that they do not know how to look at an internet site and see if it has correct and reliable health information. Overall, 80% of participants felt they were given adequate time to review health information given to them in the hospital.

CHAPTER 4

DISCUSSION

The purpose of this study was to define the preferred teaching styles of the Baby Boomer generation and the factors that influence their discharge education in the hospital. This survey revealed that during this study most patients were at the hospital for treatments related to a previous diagnosis they had received. These patients have already been given discharge education about their current disease processes, and now they are in need of specific treatment education. This information is specific to their treatment plans and needs to be personalized to relate to their illnesses. This time will also be used to answer questions that might have arisen since their last hospital/physician visit.

The majority of patients stated that a face to face interaction with hospital staff was their preferred discharge teaching method. This method was also favored in the Newberry study (2013). This allows for direct question answering. It also allows the patient to have a voice in their treatment plans, increasing patient autonomy. This interaction gives nurses the chance to assess the health literacy levels of the patients they are talking to as they teach them regarding discharge care from the hospital. While the majority of patients said they could understand terms used during their discharge teaching, 36.7% of patients did not. Nursing staff can simply ask the patient if they are understanding the words being used by the staff, and if the patient states they cannot understand, additional information can be given to the patient to increase their literacy and hospital outcomes. This invitation to the

patient to stop and ask if they do not understand terminology used during discharge teaching should be given by the nurse before starting to teach.

This preferred interactive teaching style also correlates to patient's popular choices of listening to information and having information read to them. All of these teaching styles indicate that the patient has direct access to a hospital staff member throughout the teaching experience. During the survey process, patients were given the choice of reading the survey and answering the questions themselves or having the survey read to them. Twenty-four out of 30, which is 80% of patients in this study, chose to have the survey read to them, further indicating their preference for these methods.

The face to face interaction also allows for greater family involvement in the treatment education process, a factor that was important for the majority of patient surveyed (86.7%). The patient and family are hearing and discussing the information with the health care team so they are on the same page with the care plan. This is beneficial because the patient may have received pain medication and not be as cognitively clear as the family member who is also hearing the education. In a 2012 article, factors affecting patient education were studied. It was found that patient understanding and knowledge about their disease and treatment alone were insufficient to reduce the number of readmissions and promote patient health; motivation and support for the follow up care outside the hospital was needed (Gozdzialski et al., 2012). The family members of the patients are often the ones to support the patient, and reinforce the correct information when they are no longer in the acute care setting and can ask the nurse caring for the patient.

The patients surveyed on the oncology unit are unique in that their illnesses and treatment side effects extend long beyond their stays at the hospital. This means their need

for health information also extends beyond the discharge teaching time. The preferred method of learning new materials for the majority of patients was to read the information in a handout, and the second most preferred teaching style was a printed paper handout. Both of these methods ensure that patients have information they can take with them out of the hospital. The patients have this material to review when they have questions after discharge from the acute care setting when a physician or nurse is not readily available to answer questions. Giving patients access to this information, and instructions for them to follow, can potentially increase compliance with treatment regimens and increase patient satisfaction.

While most of the Baby Boomer patients surveyed on this one unit preferred other methods, they are not afraid to embrace technology in health care. The majority of patients who watched the EMMI videos in the hospital stated that the videos were the right length of time and that they helped the patient better understand their diagnosis. When utilized, this video system could be very effective in helping teach patients about their diagnosis and treatments. The nurses in the acute care setting admittedly do not assign the EMMI videos as recommended because it takes time to do this. For example, they have to help the patient get to the right video in EMMI, and then they have a special code assigned to access the video that patients have trouble entering into the computer. Nurses spend more time entering the code and making sure it is working before they can leave the room. It would be helpful to nurses if the EMMI system was easier for patients to access and not require so much time from the nursing staff.

Fifty-six percent of patients also expressed interest in receiving a list of internet sites pertinent to their conditions. These patients are willing to use technology to seek out

information about their treatment plans and options. However, the Baby Boomer population needs to be educated on how to choose appropriate sites on the internet, as more than half of surveyed patients stated they did not know how to choose a reputable website. Increasing the patient's online health literacy will increase their confidence to research and be involved in their health care. Providing a list of internet sites for each diagnosis seen on that particular acute care unit would benefit patients regarding their education on diseases, medications, and expectations of care.

4.1 Study Limitations

4.1.1 Study Population

One limitation to the study was the small survey population. The survey took place on a small, 10-bed oncology unit. This is a very specialized unit of the hospital that did not allow for great patient diversity. The patients on this unit are undergoing several tests, treatments, and procedures throughout the day, requiring the patients to rest and recuperate during their down time. This presented a challenge for data collection in this study because when surveying the patients many were undergoing treatments or asleep during the allotted survey time period each day.

4.1.2 EMMI

One objective of the study was to determine what patients thought about the EMMI video learning system used to give patients discharge teaching. We found, through the surveys, that most of the patients had not been given the EMMI videos to view while in the hospital. Setting up the EMMI video system for each patient is just one more task for a nurse to complete in a long list of tasks to prioritize for the day. It also included nursing time to put in the password required for the individual patient, and to make sure the video

was starting up for the patient to watch. If more urgent procedures needed to be completed to maintain patient safety and care, the EMMI videos were not a priority.

4.2 Implications for Future Nursing

Patients want to have face-to-face interaction with their nurses during discharge education. This involves sitting down with the patient, and their families when possible, to review the treatment plan and answer any questions. This time is critical for the nurse to identify the health literacy of the patient and to provide additional resources as needed. Since the patients also preferred methods of teaching that included handouts, having pre-printed packets of information about diagnosis and treatment options for the patient would be beneficial. The nurse can also make notes in this packet for information pertinent to the individual patient and their specific treatments.

Nurses have very busy schedules when caring for multiple patients, and this face-to-face interaction is sometimes difficult to achieve. One suggestion to eliminate the time constraint of floor nurses is to have a discharge educator. This role would be strictly teaching patients information they need to know to continue their care outside the hospital, and could be filled by an RN. This nurse would have the time to set up video equipment, have lengthy conversations with patients and families, and be able to communicate acute needs with the nursing staff.

While in nursing school, we learn how to educate patients regarding each disease process, and we are taught that individuality is very important in addressing teaching needs. One of the things educators might task students with is to create other innovative ways of educating patients. This might include using options such as pertinent internet sites that provide information about diseases and treatment option and how to care for the patient

with that particular disease. Students could be taught how to pick those internet sites with correct and trustworthy information, so that as they begin their career, they already know how to go to those sites and resources for themselves and for their patients.

4.3 Future Research

For future research into this topic, larger sample sizes of patients on various units would give a more accurate representation of the entire Baby Boomer generation. Also, once an accurate body of knowledge is created for the preferences of the Baby Boomers, specific interventions can then be quantitatively tested to see what has the greatest positive outcomes for patient education and satisfaction.

CHAPTER 5

CONCLUSION

Proper discharge education is essential to patient outcomes in the community, patient satisfaction, and the decrease of readmissions to the hospital. There is a lack of research on the preferred learning/teaching methods of the Baby Boomer generation when receiving discharge education in the hospital setting. This study aimed to identify the preferences of the population and factors that contribute to their discharge education. We found that Baby Boomers like to have interaction with the nursing staff, and want to have conversations where they can listen to information and ask questions. These patients also like to read information and look at handouts that they can take home with them after the visit. In a hospital culture that is embracing technology and all of its advances, the Baby Boomer generation is hesitant to accept technology as the main method of discharge teaching. However, they are willing to utilize video education and websites to enhance their education when they are taught how to choose sites with reputable information. A nursing staff that is aware of these preferences can personalize the education for Baby Boomers to benefit patient care.

Schools of nursing can help students to better understand what sites are best to gather correct and pertinent information. This information can be used by students as they are in their own learning processes, and they can share those sites with patients as they begin their own career.

APPENDIX A

PATIENT VERBAL INFORMED CONSENT

Nursing Discharge Education for the Baby Boomer Generation

Primary Study Coordinator: Sarah Spradlin, SN

Co- Pi: Marla Grant

Nurse Researcher and Co-PI: Deborah Behan, PhD, RN-BC

I am an Honors Nursing Student at the University of Texas at Arlington. I am here to gather data on how baby boomer patients like to receive discharge education.

There are currently no studies showing the unique teaching needs of the patients who are in the baby boomer generation. This study would reveal which education methods help patients understand and retain information taught to them during discharge.

I am doing this research as part of my Honors Degree in Nursing. This study is a survey of 13 questions to be completed in your hospital room. The questions will ask about your preferences for discharge education and the ways you would like information presented to you by the nursing staff. Data obtained will be examined and used in my Honors Senior Project. Your name will not be used, recorded or reported. The only people with access to the data will be myself, the Co-Pi Mrs. Grant, and the Nurse Scientist, Dr. Behan.

Participation should take 15 minutes or less of your time. Participation is purely voluntary. If at any time you would like to stop participating, please tell me. We can take a break, stop and continue at a later time, or stop altogether. You will not be penalized in any way for deciding to stop participation at any time. Your nursing care will be the standard nursing care that is always provided whether you participate in this research or not.

There is no payment for participating in the study.

If you have question, feel free to ask them now. If you have questions later, you may contact me through my student email at sarah.lewis@mavs.uta.edu, or on the Nurse Scientists cell phone: 940-367-4758.

If you have any questions about your rights as a participant in this research, you can contact the

Institutional Review Board (IRB)

Texas Health Resources

Phone: (682)236-6746

Email: irb@texashealth.org

The IRB includes doctors, scientists, non-scientists, and community members. The IRB reviews, approves, and monitors all human research at Texas Health Resources. The IRB role is to review research studies in order to protect the rights and welfare of subjects taking part in research.

Are you interested in participating in this study?

APPENDIX B
PATIENT SURVEY

Nursing Discharge Education for the Baby Boomer Generation
Patient Survey

Participation is purely voluntary. If at any time you would like to stop participating, please tell me. We can take a break, stop and continue at a later time, or stop altogether. You will not be penalized in any way for deciding to stop participation at any time. Your nursing care will be the standard nursing care that is always provided whether you participate in this research or not.

1. Which of the following is the purpose for this hospital visit?
 - a. I am receiving my diagnosis for the first time.
 - b. I am here for a treatment related to a previous diagnosis.
2. When learning new information, do you like to
 - a. listen to information
 - b. have information read to you
 - c. read the information yourself in a book or handout that includes pictures and diagrams
 - d. watch a demonstration where you can talk face to face with the nurse
3. How do you prefer to receive discharge instruction or education about your diagnosis?
 - a. face to face discussion with the nurse and other hospital staff
 - b. a printed paper to read later
 - c. an internet site on the computer that I can visit for information
 - d. an iPad program that has been given to me or a phone app that I can download for more information
 - e. video that I can watch while in the hospital
 - f. Other- Please Explain:
4. When receiving education on your diagnosis or treatment do you want your family involved?
 - a. Yes
 - b. No
5. Have you had videos assigned to you while in the hospital to learn about your diagnosis or treatments?
 - a. Yes
 - b. No
6. If so, have you watched the videos.
 - a. Yes
 - b. No

Why or why not?

7. If you have watched a video how do you feel about the length of the videos?
- a. The videos are the right length of time.
 - b. The videos are shorter than needed.
 - c. The videos are longer than needed.
8. Did these videos help you to understand your diagnosis and/or treatment plan?
- A. Yes
 - b. No
9. Did you understand the terms that were used during education regarding your diagnosis?
- a. Yes
 - b. No
10. If not, did you ask the nurse to explain terms you did not understand?
- a. Yes
 - b. No
11. Would you like a handout with internet sites to go to regarding your specific diagnosis for additional information?
- a. Yes
 - b. No
12. If you look at internet sites about your diagnosis and treatment do you know how to choose a site that has correct information?
- a. Yes
 - b. no
13. Do you feel you are given enough time to review information about your diagnosis or treatment given to you?
- a. Yes
 - b. No

APPENDIX C
IRB APPROVAL DOCUMENTATION



DATE: November 22, 2016

TO: Deborah Behan, PhD

FROM: Texas Health Resources IRB

PROJECT TITLE: [940540-1] Nursing Discharge Education

REFERENCE #: N/A

SUBMISSION TYPE: New Project

ACTION: APPROVED

APPROVAL DATE: November 10, 2016

EXPIRATION DATE: November 10, 2017

REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category 45 CFR 46.110 Category (a) (7) - Research on individual or group characteristics or behavior or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

A waiver of documentation of consent was approved under 45 CFR 46.117 (c) (2).

Stipulations outlined in the November 10, 2016 notification letter were reviewed & approved by an Expedited Reviewer on November 22, 2016.

ITEMS APPROVED: Patient Verbal Informed Consent (stamped) Patient Survey (stamped) Study Protocol - Nursing Discharge Education (version 1) (not stamped)

Thank you for your submission of New Project materials for this project. The Texas Health Resources IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal

regulation.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

If your study involves waiving the HIPAA privacy authorization, please print out the approved study application and IRB approved HIPAA waiver and present it along with your approval letter when requesting access to protected health information (PHI).

The research may not continue beyond the end of the new approval period, as indicated by the expiration date above. In order for the research to continue beyond that date, the IRB must first conduct continuing review and designate a new approval period.

The IRB will send you a continuing review notice at least 30-60 days before the expiration date listed above. If not completely filled out, received, reviewed and approved by the IRB before the end of the expiration date above, enrollment of new subjects in the research must cease until IRB approval can be obtained. Continued involvement in the research of previously enrolled subjects may not continue unless explicitly approved by the IRB to prevent harm to subjects.

Based on human research regulations and THR human subject research policies, the IRB emphasizes the following requirements in granting approval for this research project:

1. Any changes, modifications, or amendments to any facet of the research must be reviewed and approved by the IRB before they can be initiated.
2. All reportable adverse events and unanticipated problems involving risks to subjects or others must be reported to the IRB according to THR IRB policy requirements. This includes reporting to this Committee any death or serious reactions(s) resulting from this study. Please consult the THR IRB Policy and Procedure Manual for specific definitions and reporting time-frames and requirements.
3. It is required to submit annual and terminal progress reports to the IRB and to receive continuing review of your activity annually by the IRB.

Failure to submit the above reports may result in severe sanctions being placed on Texas Health Resources. All research-related records and documentation may be

inspected by the IRB for the purposes of ensuring compliance with THR policies and procedures and federal regulations governing the protection of human subjects. The IRB has the right and authority to suspend or terminate its approval if THR and Federal requirements are not strictly adhered to by all study personnel.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

The JCAHO standards related to patients taking part in research require that they be informed about the benefits, risks, alternative treatments, research procedures and refusal to participate. This information is contained in each approved research consent form. All in-patients and out- patients that are actively taking part in clinical research must have a copy of their signed consent form on their open medical records.

If you have any questions or concerns, please contact the IRB Office at IRB@TexasHealth.org. The IRB thanks you for your continued commitment to the protection of human subjects in THR research.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Texas Health Resource's records.

REFERENCES

- Austvoll-Dahlgren, A., Danieslen, S., Opheim, E., Bjorndal, A., Reinar, L., Flottorp, S., Oxman, A., Helseth, S. (2013). Development of a complex intervention to improve health literacy skills. *Health Information and Libraries Journal*. 3(4): 278-293. Doi: 10.1111/hir.12037
- Centers for Disease Control and Prevention. (2013). *The State of Aging and Health in America 2013*. Retrieved from https://cdc.gov/features/agingandhealth/state_of_aging_and_health_in_america_2013.pdf
- Centers for Medicare & Medicaid Service. (2015). HCAHPS Fact Sheet. Baltimore, MD. <http://www.hcahpsonline.org/Facts.aspx>.
- Gerontologist, The. (2012). Not your Mother's Old Age: Baby Boomers at age 65. *The Gerontologist*. 52(2): 149-152. doi: 10.1093/geront/gns038
- Gozdzialski, A., Schlutow, M., Pittigilo, L. (2012). Patient and family education in the emergency department: how nurses can help. *Journal of Emergency Nursing*. 38(3): 293-295. Doi: 10.1016/j.jen.2011.12.014
- Guisse, N., Koonce, T., Storrow, A., Kusnoor, S., Ye, F. (2012). Using health literacy and learning style preferences to optimize the delivery of health information. *Journal of Health Communication*. 17(3): 122-140. Doi: 10.1080/10810730.2012.712610
- LeRouge, C., Van Slyke, C., Seale, D., Wright, K. (2014). Baby boomers' adoption of consumer health technologies: survey on readiness and barriers. *Journal of Medical Internet Research*. 16(9):e200. Doi:10.2196/jmlr.30

Newberry, S. (2013). Bridging the gap: identifying perceptions of effective teaching methods for age 50+ baby boomer learners (Doctoral dissertation, Capella University 2013.) (UMI No. 3553765).

Sellers, D., Bolender, B., Crocker, A. (2010). Beliefs about aging: implications for future educational programming. *Educational Gerontology*. 36:1022-1042. Doi: 10.1080/3060127090353485

BIOGRAPHICAL INFORMATION

Sarah Spradlin graduates *Summa Cum Laude*, with an Honors Bachelor of Science in Nursing in May 2017. In her time at the University of Texas at Arlington, she enjoyed being a part of the Honors College and the Sigma Theta Tau honor society. She also received the Clinical Excellence Award in Foundations of Nursing. During clinical rotations with the College of Nursing, Sarah fell in love with the field of pediatrics and hopes to spend her nursing career promoting the health of children and teenagers. Sarah plans to return to school to earn a Master's degree and become a preceptor to teach and lead Nursing school students through their clinical rotations. She also plans to use her nursing knowledge to help meet the physical and spiritual needs of people around the world through medical mission trips.