

# The authority of the nurse as an educator

## Autorytet pielęgniarki jako edukatora

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### ABSTRACT

**Introduction:** Actions taken by nurses within the boundaries of their professional duties, aimed at the successful education of patients, should have a significant impact on both the attitudes and beliefs of this particular audience. The authority of an educator might have a decisive influence on the success of this process. Given the complexity of the problem of authority, the primary goal of this paper is to analyze and evaluate the authority of nursing personnel as educators of patients with renal disorders.

The aim of the study was to analyze and evaluate the nursing staff's authority as educators based on the opinions of patients

with kidney disease, while taking into account the complexity of the issue of authority.

**Materials and methods:** The authors' survey questionnaire was the main research tool. The study involved 255 people – patients in selected health care centres with renal care in Poland.

**Results and conclusions:** The study confirmed the hypothesis assumed in the introduction, which is also its final conclusion: most respondents agreed that nurses taking care of renal patients possess significant authority as educators, which largely influences patients' satisfaction with the care provided to them.

**Keywords:** nurse-patient relations; nephrology patient; patient's education; occupational status; health care satisfaction.

### ABSTRAKT

**Wstęp:** Działania podejmowane przez pielęgniarki/pielęgniarki w ramach obowiązków zawodowych, mające na celu skuteczną edukację pacjentów, powinny wywierać znaczący wpływ zarówno na postawy, jak i przekonania ich odbiorców. Decydujący wpływ na pomyślny przebieg tego procesu wywierać może autorytet edukatora.

Za cel główny pracy przyjęto dokonanie analizy i oceny autorytetu personelu pielęgniarskiego jako edukatorów pacjentów ze schorzeniami nerek, z uwzględnieniem złożoności problematyki autorytetu.

**Materiały i metody:** Badania przeprowadzono metodą sondażu diagnostycznego, w którym narzędzie badawcze stanowił

autorski kwestionariusz ankiety. Badaniem objęto 255 osób będących pacjentami w wybranych ośrodkach sprawujących opiekę nefrologiczną w Polsce.

**Wyniki i wnioski:** W przeprowadzonych badaniach autorki uzyskały potwierdzenie przyjętej we wstępie pracy tezy, która jednocześnie stanowi wniosek końcowy: Uczestnicy badania w większości uznali, iż pielęgniarki/pielęgniarki sprawujący opiekę nad pacjentem nefrologicznym mają znaczący autorytet jako edukatorzy, co w dużej mierze wpływa na ich satysfakcję ze sprawowanej nad nimi opieki.

**Słowa kluczowe:** relacja pielęgniarka-pacjent; pacjent nefrologiczny; edukacja pacjentów; status zawodowy; satysfakcja z opieki.

## INTRODUCTION

In an era of changes taking place in the Polish healthcare system, learning activities undertaken by a group of professional nurses, due to the fact that they can largely determine the sense of satisfaction of the patient, should be an important part of comprehensive patient care. The effectiveness of educational activities gains particular importance in the care of patients requiring long-term therapy. Regardless of the professional group by which those actions are taken and implemented, it is always necessary for them to be effective in the implementation process, and elements associated with the concept of the authority of the educator should be taken into account. The concept of authority is ambiguous, and has many definitions.

The word "authority" in Latin – *auctoritas*, is translated in two ways: on the one hand as a power or influence, on the other hand as a moral seriousness, so to be an authority in the proceedings, in daily operation, one needs to pursue three moral values, which constitute an inseparable whole. They are: truth, justice and accountability [1]. According to Wroczyński, authority is defined as the seriousness enjoyed by persons or institutions through the exertion of their effects on individuals, and the relationships between them [2]. According to Lenartowicz, authority means the respectability of a person, leaning to subordinate one's behaviour to his or her advice and orders. Generally, the following can be distinguished: a) personal authority based on knowledge, skills, intelligence, moral values and other qualities of character and mind, b) formal

authority, otherwise known as official, connected with the duties of office, in particular within the scope of the powers to make decisions on the job [3].

In pedagogy, in terms of the concept, authority is adopted as the understanding of it as a pattern or specific qualities and skills of educators, enhancing their ability to impact pupils, to provide them with knowledge, attitudes and values, and the formation of specific skills [4] deemed to be a prerequisite for the proper conduct of the educational process. The types of educational authorities are the following [5]:

- based on the life experience of the educator, and his or her knowledge, education, ability and wisdom,
- designated, referring to the social position of the educator, resulting from the recognition of his or her position or function,
- based on informal agreements, trust or contracts that educators incorporate in everyday interactions with their pupils,
- coming from a position of power that one holds over other people,
- emotional, resulting from feelings of respect, love or fear of educators.

Furthermore, when discussing the concept of authority in the context of the professional functions of a nurse it is worth recalling the following types of classification of authority:

- emancipating, in which the teacher inspires and has a constructive impact on the behaviour of people, and thus motivates their students to take the initiative and perform independent actions, deepening their sense of responsibility for their own development,
- enslaving, which comes not from the personal qualities or merits of educators, but with their exorbitant ambition, or even lust for power, the educator is someone who absolutely wants to subjugate pupils through applied external coercion, using arbitrary bans and orders and continuous persuasion, in which there is no room for discussion or compromise,
- internal, resulting from a fact typical for this kind of authority of voluntary submission to the teacher of others, and a willingness to comply with him or her due to the felt admiration and appreciation,
- external, when subordination to the educator is not voluntary, and influence on others is mainly determined through one's position.

In pedagogy, true authorities are characterized by the rule of bilateral interaction based on kindness, compassion, and the recognition of common values and standards, and indicate only the authority of the emancipation and procedure. Individuals with such authority are required to play a "servile" function to those who they exert their influence on through education. However, none of the above types of authority occurs in a pure form, but instead they complement each other [6].

In the context of the above theoretical assumptions associated with defining the term "authority", one would accept the idea that nurses pursuing professional functions related to health education should be considered in the opinions of the patients as authorities.

The aim of the study was to analyze and evaluate the nursing staff's authority as educators based on the opinions of patients

with kidney disease, while taking into account the complexity of the issue of authority.

## METHODOLOGY OF RESEARCH

The study was carried out based on a diagnostic questionnaire-based survey consisting of two parts: "A", representing Imprint, containing 10 questions, of which for the purposes of statistical analysis the majority were adopted as independent variables, and part "B", containing 12 questions, of which one of the questions (assessment of authority), for the purposes of statistical analysis, was adopted as the dependent variable.

When choosing a facility researchers looked for similar size of units (number of patients) and similar sociodemographic conditions (number of citizens of the city in which the centre was located), as well as obtaining the prior consent of the management to carry out research in the institution.

The study involved 255 people out of 398 who were patients at five centres (providing nephrological care in the country). The surveyed group accounted for about 64% of all treated people together in these centres at the time of the study, and in particular centres participating in the study among all treatment ranged from 42% to 70%.

Statistical analysis of the collected research material was performed using the statistical package Statsoft, Inc. (2010) Statistica 9.1 and MS Excel spreadsheet. In a preliminary analysis the collected research material was described by sizes and the corresponding interest (percentage distributions of answers expressed in absolute terms – "N" sample size and percentages). Further analysis of the statistical material focused on relationships between those variables was carried out using the  $\chi^2$  test, where the level of significance was set at  $p = 0.05$ .

## RESULTS OF RESEARCH

The study group consisted of 255 individuals whose characteristics are shown below in Table 1.

Percentage distributions obtained in the study group reflected similar proportions to the total number of patients with nephrological diseases in Poland.

Participants of the study assessed the authority of nurse as an educator at 4.5 (on a scale of 1 to 5, where 1 is the lack of authority, and 5 indicated the highest level of authority). Therefore, the results obtained show a high level of authority of nurses as educators in the opinion of the respondents. Detailed results of the study group are shown in Figure 1.

For the question of which of these criteria determine the authority of nurse as educator most frequently, 169 people, which accounted for 66.3% of all respondents, pointed towards the practical skills of a nurse. The detailed results obtained in the study group in this area are presented in Figure 2.

Since the respondents answering the question: which of the criteria are decisive for the authority of the nurse as educator? could provide more than one answer, as shown in Figure 2,

TABLE 1. Social and demographic structure of respondents

Variable	Variable characteristics	n	%
Age	under 35 years old	28	11.0
	35–55 years old	93	36.4
	over 55 years old	132	51.8
	no answer	2	0.8
Gender	female	117	45.9
	male	136	53.3
	no answer	2	0.8
Place of living	big city (over 150 000 citizens)	55	21.6
	city (30 000–150 000 citizens)	39	15.3
	town (under 30 000 citizens)	77	30.2
	country	82	32.1
	no answer	2	0.8
Education	bachelor, master, doctoral	31	12.1
	secondary education	122	47.8
	primary education	84	32.9
	no answer	18	7.1
Work status	physical worker	18	7.1
	blue-collar worker	15	5.9
	unemployed	6	2.3
	pensioner	201	78.8
	other, including students, individuals using social assistance and regular social allowances	10	3.9
no answer	5	1.9	
Family and social status (2 questions)	single, living alone	32	12.5
	single, not living alone	55	21.6
	married, living alone	28	11.0
	married, not living alone	139	54.5
	no answer	1	0.4
Material situation	net income per capita in family under 500 PLN	68	26.6
	net income per capita in family between 500–1500 PLN	142	55.7
	net income per capita in family over 1500 PLN	40	15.7
	no answer	5	1.9
Sickness	renal failure (acute or chronic)	168	65.9
	diabetic nephropathy	13	5.1
	polycystic kidney disease	11	4.3
	other	16	6.3
	no answer	47	18.4
Sickness duration	5 years and shorter	103	40.4
	between 5 to 15 years	83	32.5
	over 15 years	47	18.4
	no answer	22	8.6

results do not add up to 100. Further distribution of answers is shown in Table 2.

In addition, study participants were asked whether time spent by the nurse on educational activities is sufficient; the distribution of answers is shown in Figure 3.

In further statistical analysis the  $\chi^2$  test was used to investigate the potential correlation between the level of authority

TABLE 2. Percentage distribution of answers

Question	Answer	n	%
Importance of feeling of security	no answer	7	2.7
	no influence – 1	2	0.8
	insignificant influence – 2	6	2.3
	moderate influence – 3	14	5.5
	significant influence – 4	120	47.0
deciding factor – 5	106	41.6	
Importance of personal culture of a nurse	no answer	8	3.1
	no influence – 1	2	0.8
	insignificant influence – 2	5	1.9
	moderate influence – 3	17	6.7
	significant influence – 4	116	45.5
deciding factor – 5	107	42.0	
Importance of right communication in nurse/patient relations	no answer	9	3.5
	no influence – 1	3	1.2
	insignificant influence – 2	4	1.6
	moderate influence – 3	9	3.5
	significant influence – 4	133	52.1
deciding factor – 5	97	38.0	
Importance of practical skills of a nurse	no answer	9	3.5
	no influence – 1	2	0.8
	insignificant influence – 2	3	1.2
	moderate influence – 3	6	2.3
	significant influence – 4	83	32.5
deciding factor – 5	152	59.6	
Importance of nurse's theoretical knowledge level	no answer	10	3.9
	no influence – 1	3	1.2
	insignificant influence – 2	7	2.7
	moderate influence – 3	20	7.8
	significant influence – 4	101	39.6
deciding factor – 5	114	44.7	
Importance of time spent by nurse on patient's education	no answer	12	4.7
	no influence – 1	3	1.2
	insignificant influence – 2	10	3.9
	moderate influence – 3	30	11.8
	significant influence – 4	119	46.6
deciding factor – 5	81	31.8	
Importance of informal authority of a nurse	no answer	14	5.5
	no influence – 1	17	6.7
	insignificant influence – 2	16	6.3
	moderate influence – 3	43	16.8
	significant influence – 4	102	40.0
deciding factor – 5	63	24.7	
Importance of nurse's seniority	no answer	5	1.9
	no influence – 1	36	14.1
	insignificant influence – 2	36	14.1
	moderate influence – 3	52	20.4
	significant influence – 4	71	27.8
deciding factor – 5	55	21.6	
Importance of nurse's education level	no answer	8	3.1
	no influence – 1	51	20.0
	insignificant influence – 2	36	14.1
	moderate influence – 3	47	18.4
	significant influence – 4	67	26.3
deciding factor – 5	46	18.0	

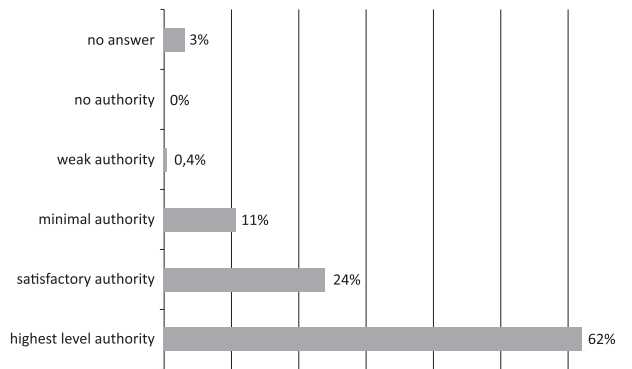


FIGURE 1. Evaluation of the authority of the nurse as an educator

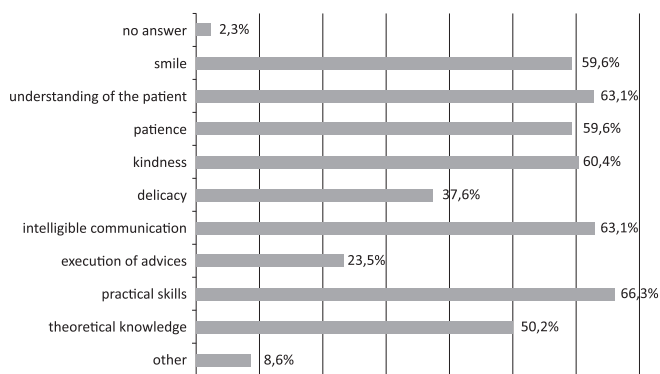


FIGURE 2. Criteria for determining the authority of nurse as an educator

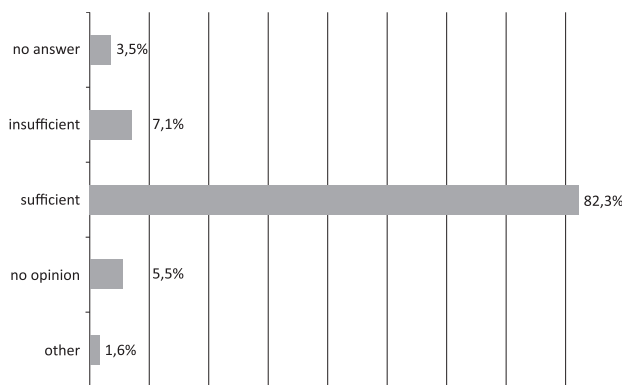


FIGURE 3. Evaluation of the time spent on education activities by nurse

TABLE 3. Results of statistical analysis of some chosen variables ( $\chi^2$  test)

Correlated variables	p
Authority / age of respondents	0.263
Authority / gender of respondents	0.066
Authority / place of living of respondents	<b>0.030</b>
Authority / education level of respondents	0.545
Authority / work status of respondents	0.623
Authority / family and social status of respondents	0.344
Authority / economic status of respondents	0.195
Authority / sickness duration of respondents	0.395

of the nurse and sociodemographic variables. The results are shown in Table 3.

As shown in Table 3, results indicated a significant correlation between the perception of the authority of the nurse as educator, and a given variable only for: the place of living of the respondent. The detailed analysis in this area revealed the lowest level of authority in the group of people living in cities with a population in the range of 30 to 150 thousand, and the highest in the group of people living in villages and small towns.

## DISCUSSION

Today we often hear about the collapse of authority, so it is advisable to assume that nurses carrying out their professional functions related to education should be considered an authority for patients. The authority is a person, idea or institution endowed with universal approval, enjoying widespread respect [7]. According to the Great Encyclopedia PWN, authority (Lat. seriousness, authority) is a person who, thanks to their characteristics, in particular competencies to a certain extent, shapes the attitudes and opinions of those recognizing their value, from the person or group of people, because of the space occupied by them in different hierarchical governance others comply with [8].

The authority is usually associated with the most accepted and widely respected person, but if anyone deserves this title, it is often up to certain insignia. Symbols can make a difference to a person who does not have to be a real authority. These include: clothing (apron, hospital uniform, gown, etc.), title, body size and social status (they also cause us to show respect [9]). In this context, we are dealing with a false authority; in patient care authentic authority is more important, which is characterized by the respective powers and wants, and knows how to share them, and therefore has good will [10]. In this way, an individual (nurse) can achieve the desired position, whereby the devotion to the care of the authority gives a sense of harmony and security [11]. In the group of patients – 88.6% believe that providing a sense of security is of vital and decisive importance as determinants of lifting the authority of nurses in patient education. Patient education is a process of successive, logically and causally related activities that are undertaken in order to induce changes in the behaviour of the patient [12]. In addition, authorities may not only be people that are well known, and admired for their unusual activities, whose opinions are valued, but also people from the immediate surroundings, who, thanks to their behaviour and way of life, can be role models for others, and affect change in their behaviour [13]. Three-quarters of respondents of CBOS in 2009 agree with the statement that having role models in their lives is important for people [13]. The role model is usually a personal authority, human institution, or master, and they are often characterized by a certain charisma, expressed by specific characteristics which provide and enforce their authority in others [14, 15]. For about

25% of the respondents in the study by Franek et al. – having certain characteristics, behaviours and attitudes which are a model worthy of emulation are found among nurses [15], confirmed among survey respondents, and that the importance of personal culture is crucial and critical (97.5%), and affects the authority of nurses.

Olbrycht believes that calling people a role model, an ideal example of the authority or the master, is an expression of recognition, and recalling them assumes a positive perception in people. At the same time, role models and examples are most often associated with being morally positive, the authority or the master, rather than highly professional competence [16]. The professionalization of the nurses occupation is not only associated with an increased level of responsibility for his or her tasks, but it also requires a progressively higher level of knowledge and skills, and the work itself is based on direct contact with the patient and most often refers to his or her personal affairs. Nursing is one of those professions where the ability to establish and maintain contacts with other people gains exceptional significance. The importance of proper communication in the nurse-patient relationship was recognized as crucial and important by the group of 230 people from 255 respondents. This applies in particular to the role of the expression associated with the efforts to achieve changes in the patient's emotional state. Nurses shape a sense of responsibility for the patient's own health, and teach patients how to live with the disease [17]. 62% of respondents believe that nurses deserve the highest level of authority, and 23.9% indicated a satisfactory level of authority. It is worth emphasizing that none of the respondents pointed to a lack of authority of a nurse as an educator. Important criteria which might establish the authority of the nurse as educator are practical skills – 66.3%, understandable message – 63.1%, kindness – 60.4%, a smile and patience – for 59.6%, and empathy – 59.2%. According to World Health Organization, health status up to 75% depends on knowledge and healthy behaviour, which is associated with health education [18].

The nurse must remember that authority is not given to them, but they still need to get it, in order to rightfully fulfil their professional roles. The recognition that someone deserves in order to be an authority forces them to respect the rules and principles, so as to consistently remain important for the people under their care. To quote Jean-Jacques Rousseau: *a virtuous and uniform discharge of little duties requires as great a degree of fortitude as actions which are called heroic* [19].

## CONCLUSIONS

Analysis of the research material confirmed the hypothesis adopted in the introduction, and has led to the following final conclusion: most study participants recognized that nurses caring for renal patient have considerable authority as educators, which largely influences the satisfaction with the care provided to them.

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