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ORIGINAL PAPER

Administration of patient education in nursing: perspective of nurse administrators in Finland

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Abstract

Aim: To analyze administration of patient education in nursing from the perspective of nurse administrators to provide new information and support for evidence-based practice and development. *Design:* A descriptive study. *Methods:* Data were collected through individual semi-structured interviews. The informants were nurse administrators (n = 6) working in primary health care in two large Finnish cities. The data were analyzed using inductive qualitative content analysis. *Results:* Two main categories were identified: administration of patient education and areas for improvement in the administration of patient education. Each category was further divided into four subcategories. Administration of patient education involves recognizing it as a distinct nursing action, ensuring nurses' competence, supporting processes and resources, and fostering a value-based approach to patient education. Areas for improvement concern the identification, planning, implementation, and evaluation of patient education. *Conclusion:* At present, the administration of patient education in nursing appears to be unstructured and unsystematic. Moving forward, systematic administration and improvement of patient education will require a clear identification and delineation of the entire patient education process.

Keywords: administration, interview, nurse administrator, nursing, patient education.

Introduction

Patient education is a core component of both health care (Forbes et al., 2021; World Health Organization [WHO], 2023) and nursing, as emphasized in European Directive 2013/55/EU, which defines the minimum educational requirements for nurses responsible for general care (European Union, 2013). Patient education is understood as an interaction between a healthcare professional and a patient, aimed at increasing health-related knowledge and skills and supporting patients' empowerment in maintaining and promoting their health (Health Care Education Association [HCEA], 2021). Patient education is important in the various healthcare settings in primary or secondary healthcare (WHO, 2023; Organization for Economic Co-operation and Development [OECD], 2017) and has been shown to positively impact patient outcomes (Brunner et al., 2023; Feng et al., 2021). Primary health care is a society-wide approach to strengthening national health systems and bringing services closer to communities. It includes integrating health services for all stages of life, addressing broader health determinants through multisectoral action, and empowering individuals and communities to manage their health (WHO, 2018). Primary healthcare services are typically delivered in outpatient settings (Rajan et al., 2024).

The importance of patient education in health care and nursing is growing as long-term conditions become more prevalent and hospital stays shorter, which increases patients' responsibility for managing their health (WHO, 2023) while simultaneously reducing the time available for patient education in hospitals. As the largest group of health professionals, nurses have an important role in patient education, since they work in diverse settings, often serving as the primary contact for patients from all backgrounds (National Academies of Sciences, 2021). However, previous studies indicate that patient education is among the most frequently omitted nursing care activities, and it is informal and ancillary to other work (Bergh et al., 2012, 2015a, 2015b; Hätönen et al., 2010; See et al., 2020; Seyedin et al., 2015).

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Other organizational factors hindering the delivery of patient education include lack of time and organizational support (Spann et al., 2024; Wang et al., 2024).

Integrating patient education into practice has recently been emphasized in guidebooks for policymakers, highlighting administrators' roles in implementing health promotion measures to address public health challenges (OECD, 2022; WHO, 2023). In nursing, the role of nurse administrators in patient education has also been recognized (Ho et al., 2023; Paulse et al., 2020). However, research on the administration of patient education in nursing is limited, and most studies describe it in terms of its absence (Bergh et al., 2012, 2015a, 2015b; Fereidouni et al., 2019; Hätönen et al., 2010; Latter et al., 1992; Paulse et al., 2020; See et al., 2020; Seyedin et al., 2015). Nurse administrators' actions related to patient education have been identified, including strengthening commitment to patient education, ensuring the availability of necessary resources, and enhancing patient education policies (Linnavuori et al., 2024). However, some findings indicate that administrators do not always recognize their responsibility for patient education (Bergh et al., 2015a, 2015b).

Based on this evidence, examining the administration of patient education and the role of nurse administrators is warranted. This study focuses on patient education administration within the context of primary health care, where education and guidance play a central role in population services. In this study, a nurse administrator is defined as an individual working at various organizational levels, from unit to strategic level, with responsibility for administering nursing. Titles for these administrators may include nurse manager, nurse leader, nurse director, or head nurse, among others.

Aim

The aim of this study was to analyze the administration of patient education in nursing from the perspective of nurse administrators, in order to provide new insights and support evidence-based practice and development. The study addresses the following research questions: (1) How is patient education administered? and (2) What areas, if any, require improvement in the administration of patient education?

Methods

Design

An explorative descriptive qualitative approach was adopted to address the research aim and questions. This methodological approach was chosen because it is well-suited for exploring under-researched areas of healthcare practice (Hunter et al., 2019). It was employed in this study to explore and describe nurse administrators' perspectives on (1) the administration of patient education and (2) areas for improvement in its administration. For data collection, semi-structured individual interviews were used. The findings are reported following the consolidated criteria for reporting qualitative research (COREQ) checklist (Tong et al., 2007).

Sample

A sample of nurse administrators working at different organizational levels was recruited from purposively selected primary healthcare organizations in two large cities in Finland. In Finland, nurse administrators are typically registered nurses who hold a master's degree in health sciences (from either a university or a university of applied sciences), and some also hold a PhD. The inclusion criteria for participants were that (1) they worked in primary health care as nursing administrators and (2) they administered nursing staff delivering patient education in an outpatient context. Primary healthcare organizations were selected to encompass large populations with diverse health issues. The outpatient context was chosen because it typically involves a wide range of educational activities.

Participants were recruited from selected organizations via contact persons, who distributed the interview invitation, information letter, and informed consent form to all nurse administrators within their organization. Nursing administrators interested in participating contacted the researcher by email. Recruitment continued until data saturation was reached, at which point the interviews no longer yielded significant new insights.

Data collection

Semi-structured individual interviews were conducted from September 2021 to February 2022 via the Zoom video conferencing platform and were audio-recorded. The interviews were carried out by one of the researchers, who has a nursing background. The interview questions were designed to address the two research questions and were developed based on the researchers' experience and relevant literature on the topic. The duration of the interview ranged between 32–49 minutes

(average 40 minutes). A total of six participants (n = 6) were interviewed until the data became saturated, which was defined as the point at which no additional information was identified.

Data analysis

The statistical analysis was conducted using The data were analyzed using a qualitative inductive approach (Graneheim et al., 2017). First, all interviews were audio-recorded and transcribed verbatim. Next, expressions such as words and sentences relevant to the research questions were identified, and meaning units were extracted from the text. A total of 129 meaning units were identified for the first, and 29 for the second research question. Third, these meaning units were condensed and then coded focusing on the manifest content (Graneheim & Lundman, 2004). After that, codes were first grouped into subcategories and then into categories based on correspondence content (Table 1). All authors discussed and reviewed the codes and categories several times in their joint meetings until a consensus was reached.

Table 1 Example of coding and categorizing

Meaning unit in original data	Condensed meaning unit	Code	Subcategory
H4: "*What I like to invest in and where I feel that things get on to a good start is education – so that they have the opportunity to ask and learn and take their time to adopt it, and that's where it starts, the foundation for good client education as well*"	Patient education is included in the orientation programs.	Continuing education in patient education.	Ensuring the competence of nurses in patient education.

Results

Two categories were identified based on the responses to the research questions (Figure 1): administration of patient education, and areas for improvement in its administration. Each category was further divided into subcategories. The following sections describe these categories in detail.

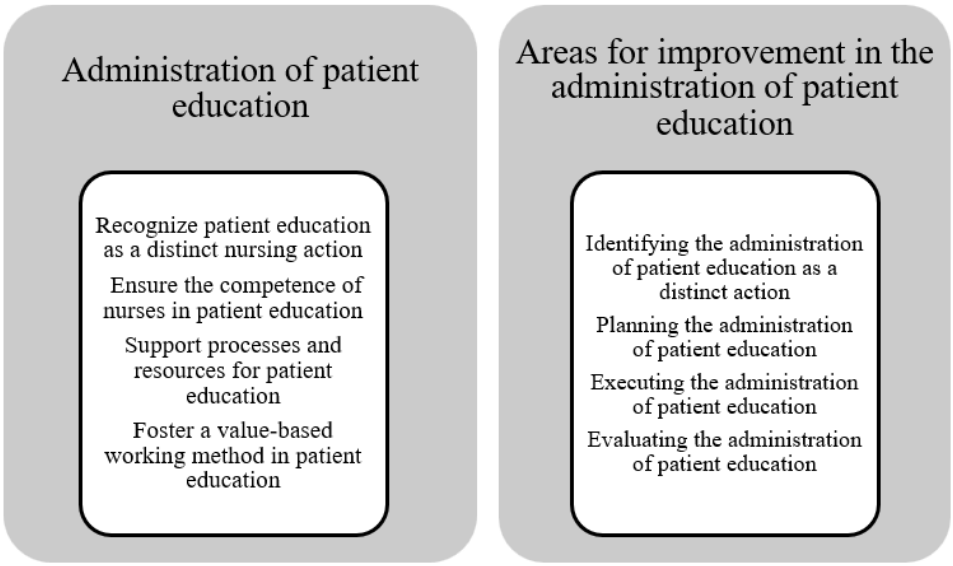

Figure 1 Administration of patient education and areas requiring improvement: categories and subcategories

Administration of patient education

Administration of patient education encompasses all actions related to patient education that nurse administrators described in their interviews as part of their professional responsibilities. It consists of four subcategories: (1) recognizing patient education as a distinct nursing action, (2) ensuring nurses' competence in patient education, (3) supporting processes and resources for patient education, and (4) fostering a value-based approach to patient education. These subcategories are described in detail below. First, experiences shared

by most interviewees are presented, followed by specific examples and direct quotes to illustrate individual perspectives.

Recognizing patient education as a distinct nursing action is reflected in how it is administered and integrated into administrative roles. Nurse administrators' responses indicated that patient education is currently acknowledged to varying degrees across units. Some participants noted that it was only addressed when problems arose. Patient education and its administration were often perceived as occurring alongside other tasks rather than as a standalone activity. For example, one administrator stated: *"Well, maybe there isn't so much that is clearly visible, so it's perhaps sort of embedded, but maybe that's what makes it a bit hard for me to grasp it"* (H1).

Ensuring the competence of nurses in patient education involves both maintaining sufficient nursing competence and providing ongoing education. Nurse administrators' responses indicated that the level of competence required for patient education varied and was often not clearly defined within healthcare units. Some administrators noted that basic nursing education was considered adequate, although certain roles, such as diabetes education, were expected to require additional expertise. Administrators emphasized that the most important competencies for delivering patient education included interpersonal skills and the ability to assess patients' knowledge needs. They acknowledged their responsibility for ensuring that nurses' knowledge remained up to date and grounded in evidence-based practice: *"We manage to keep people's skills and knowledge up to date, from the employer's perspective as well, that's important"* (H4).

Continuing education also contributes to supporting nurses' competence in patient education. However, administrators' responses revealed that opportunities for ongoing training varied significantly between units. Currently, the responsibility for identifying training needs often falls to the nurses themselves. To improve consistency, administrators suggested that patient education be more systematically integrated into training plans, orientation programs, and continuing education opportunities. They also acknowledged their responsibility in supporting this process: *"If a nurse comes to ask for advice we consider the matter together with the client, so there are like three of us involved in it, so that's where the superior's viewpoint is needed"* (H5).

Supporting processes and resources for patient education involves resource allocation, managing structural conditions, and monitoring and developing patient education. The allocation of resources includes factors enabling nurses to deliver patient education in their daily work. These were aspects that administrators felt they could influence, depending on their organizational level. One nurse administrator described these factors as including, for example, time, space, and resources: *"As a whole, the work is arranged so that there are possibilities for it, so that there is an allocated space and arrangements and time resources are in place"* (H4).

Administering structural conditions for patient education within an organization involves ensuring effective communication and consistent practices to facilitate proper information flow between nursing administrators and nurses. This includes the responsibility of acting as a link between strategic-level management and staff. Administrators recognized their own responsibility for example, providing information, and implementing new knowledge in practice: *"Forwarding them [the new guidelines] and on the other hand, going through them at nurses' meetings, well that is of course also kind of reflected in getting the correct information to patients and clients"* (H1).

Ensuring consistent practices involves promoting adherence to policies and best practices, providing a standardized approach to the systematic administration and quality of patient education. For example, one nurse administrator emphasized the importance of clearly defined roles and responsibilities: *"As to what the nurse's role is and how the nurse can promote it within the teamwork, and, like, act and educate the patient"* (H3).

Monitoring and developing patient education involves overseeing daily care practices using various methods and data sources, as well as improving practices to enhance patient education. Interviewees mentioned monitoring nurses' daily work, collecting patient feedback, and reviewing incident reports as part of their practice. One participant explained: *"It is also the superior's task to monitor it or follow the so-called quality, or the education and patient care"* (H2).

Fostering a value-based working method in patient education involves promoting a culture that emphasizes patient-centeredness, continuous learning, and the importance of a positive working environment. Administrators set an example through their own actions and serve as guides. Interviewees

noted, for instance, that patient education should be considered during the recruitment of nurses and developed with input from both employees and patients: *"It is patient-driven, so you must, like, think that you don't go into the organization to provide education by using bureaucratic jargon; instead, you must think about it from the patient's point of view, as it were"* (H5).

"It's pretty important that you are able to get people engaged, so maybe you must try to be inspiring and positive towards education" (H3).

Areas for improvement in the administration of patient education

Areas for improvement in the administration of patient education encompass all elements identified by nursing administrators during interviews when asked about potential enhancements. These were divided into four subcategories: (1) identifying the administration of patient education, (2) planning the administration of patient education, (3) executing the administration of patient education, and (4) evaluating the administration of patient education. The following sections describe these subcategories in detail. First, experiences shared by most interviewees are presented, followed by specific examples and direct quotes illustrating individual perspectives.

Identifying the administration of patient education involves defining patient education and establishing a shared understanding of its content across the organization. Such a common understanding is essential for recognizing patient education as a distinct nursing action. Participants emphasized the importance of viewing patient education as a whole and considering their work from this perspective. For example, one participant stated: *"You need to be, like, really aware of what is the dimension in relation to patient education in leadership and supervision work"* (H4).

Planning the administration of patient education involves proactivity, as well as defining and harmonizing consistent practices. Establishing consistent practices was viewed as a key area for improvement from both patient education and administrative perspectives. Interviewees emphasized that improvements should be implemented before issues manifested as negative patient feedback or adverse events in care. Developing these practices was considered part of their responsibility, as one administrator noted: *"We are there in the unit, so naturally we have the power and means to develop this practice and make it possible"* (H2).

Executing the administration of patient education can be viewed from two perspectives: project-based development and continuous development. These perspectives are not mutually exclusive and can overlap and complement each other. In continuous development, implementing new knowledge into practice was described as a concrete action. One administrator illustrated this by saying: *"And naturally there are the instructions for further care as well as availability, well those are everyday challenges for us. We think about them and try to impact them on a broad spectrum, from, like, the head nurse's perspective, so yes, we do this work all the time"* (H5).

Continuous evaluation, monitoring, and critical examination of current practices are essential for administering patient education effectively. Participants emphasized that improving administration requires identifying areas that may compromise the quality of patient education. For example, one administrator stated: *"As a rule, high-quality work starts right there, so you need to be able to look at those activities, and you must look at them and question them at times"* (H3).

Discussion

This study aimed to explore how patient education is administered in nursing by using nurse administrators as informants and addressing two research questions. By exploring the current practices of administrators and identifying areas for improvement, the research offers new insights into the field of patient education. This study focused on primary health care in an outpatient setting, an area that seems to have been less explored in previous research (Linnavuori et al., 2024).

As a result, various administrative actions were identified, often occurring alongside other work areas. Nursing administrators also recognized the need to improve the administration of patient education. Such improvement encompasses identifying, planning, executing, and evaluatingpatient education administration. Together, these findings indicate that, at present, systematic administration of patient education is lacking. This is an important finding, as the role of administrators has been highlighted as crucial for ensuring best practices in the future (OECD, 2022).

Based on the exploration of current practices, the administration of patient education appears to be unstructured and partly unconscious, a finding

that aligns with previous studies (Bergh et al., 2012, 2015a; 2015b; Fereidouni et al., 2019; Hätönen et al., 2010; Latter et al., 1992; Paulse et al., 2020; See et al., 2020; Seyedin et al., 2015). However, it should be noted that regulations regarding patient education vary from country to country and this may lead to differences in nursing administrators' perceptions of the administration of patient education. For instance, in Finland patient education is mandated by law, which states that patients have the right to receive information about their care, whereas in other countries the approach may be less formal. Nevertheless, in this study, administrators demonstrated limited familiarity with the process of patient education administration when asked about written guidelines or policies related to it. The topic of administration of patient education was mostly new for the interviewees and they had not considered it before. For example, they did not mention Finnish legislation on patients' rights to information (Act on the Status and Rights of Patients, 785/1992; Ministry of Social Affairs and Health, 1992), the promotion of this right through management (Inkeroinen et al., 2023), or ethical guidelines for nursing. Future empirical research with a larger sample is needed at the individual, unit, and organizational levels to identify, structure, and evaluate the administration of patient education and to develop relevant policies and practices. Although the results of this study pertain to primary care, future studies should extend across the entire healthcare system.

This study revealed that interviewees had varied approaches to nursing and patient education. Some participants focused more on patients' ability to receive and understand information, rather than on fostering two-way interaction between nurses and patients. This variation is also evident in other contexts, in which sociocultural factors play a role. In diverse patient populations, language barriers, differences in health literacy, and cultural beliefs about illness and health care can make implementing a uniform education strategy challenging. Looking ahead, patient empowerment and self-management will continue to be highly emphasized across clinical fields and organizations internationally (European Parliament, 2024; WHO, 2023), which also presents ongoing challenges for nurse administrators. A positive finding is that some participants highlighted the importance of nurses' interpersonal skills and the individuality and knowledge needs of patients. However, the interviews revealed that administrators' roles in promoting nurse–patient interaction or supporting these interpersonal skills were not clearly articulated. Similar challenges have been identified in other studies, in which nursing administrators struggled to support the less visible, fundamental elements of nursing care (Mudd et al., 2023; Poikkeus et al., 2014). Recent research suggests that recognizing and addressing nurse burnout, for example, may positively influence empathic behavior in nursing practice (Dong et al., 2025). Accordingly, in patient education, administrators can play a key role in fostering an ethical culture within work units and promoting high-quality patient education. Future research would benefit from examining the administration of patient education from this perspective.

There were areas in patient education administration that required improvement, consistent with previous research findings (Bergh et al., 2012, 2015a, 2015b; Fereidouni et al., 2019; See et al., 2020). These areas were identified directly by administrators themselves, without supporting evidence or formal evaluation. Notably, similar findings were first reported ten years ago (Bergh et al., 2012), highlighting the need for systematic development in these areas. The first step in administering patient education is therefore to define it clearly. Without such a definition, essential elements of patient education risk being overlooked or misunderstood. For instance, identifying the process of educational diagnosis aids in assessing patients' knowledge needs (Ait-Taleb Lahsen et al., 2023; Gorina et al., 2019). This should be followed by reflection on current practices and consideration of ways to enhance the implementation and quality of patient education. While administrative actions related to patient education already exist, raising awareness of them and making them visible requires knowledge, insight, and persistence.

This study has limitations regarding the transferability and credibility of its findings (Graneheim & Lundman, 2004). First, data were collected from a relatively small sample of participants from primary healthcare organizations in two cities in Finland. Therefore, the results should be interpreted with caution, and the study underscores the need for further research in this field. Additionally, limited knowledge or experience in administrative actions related to patient education among participants may have constrained the data, preventing the categories from being developed into broader themes. The findings may also have been influenced by the interviewees' perceptions of patient education, their views on nursing, and their understanding of the nurse's role. Nevertheless, data

saturation was achieved, and the findings are presented alongside participants' original expressions to enhance transferability. In the future, at least part of these results could be used to develop a structured instrument in this field.

Practice implications for nursing administration

This study can be considered a starting point for this understudied topic, highlighting the need for further research. Future studies should investigate nurse administrators' perceptions and practices related to patient education, evaluate the impact of patient education approaches, and identify evidence-based strategies, training programs, and organizational tools to strengthen the administration of patient education across healthcare settings.

At the organizational level, the results can inform strategies that foster a common understanding of patient education and its administration, clarify responsibilities, and establish consistent practices. At the individual level, the findings can help nurse administrators define their responsibilities and identify specific actions integral to their role. These actions include recognizing patient education as a core nursing activity, ensuring nursing staff are competent in delivering education, supporting processes and necessary resources, and fostering a value-based working approach.

Additionally, the results can encourage administrators to reflect on their role from a new perspective. Administering patient education should not be viewed merely as a task performed alongside other work; rather, it is a strategic responsibility that influences nurses' professional development, patient outcomes, and the overall quality of care.

Conclusion

The results of this study highlight the importance of recognizing patient education as a distinct nursing action for its systematic administration. At present, the administration of patient education appears to be inconsistent or sporadic. Administrative actions already undertaken by nurse administrators include recognizing patient education as a distinct nursing action, ensuring nurses' competence, supporting processes and resources, and fostering a value-based working approach. However, this study suggests that these actions are often performed unconsciously alongside other duties rather than deliberately for patient education. There remains a need to raise awareness of patient education as a distinct nursing responsibility, as its administration is still largely unstructured. Future research is needed to improve the administration of patient education. This study identified key areas related to identifying, planning, executing, and systematically evaluating the administration of patient education, but further research is required to enhance patient education and its administration across healthcare settings.

Ethical aspects and conflict of interest

Ethical approval for the study was obtained on June 7, 2021, from the Healthcare Division of the Ethics Committee for Human Sciences at the University of Turku. In addition, research permissions were obtained from the two participating healthcare organizations (9704-2021-3; 637/07.01.04.01.03/2022). All participants provided written informed consent prior to the interviews and took part voluntarily.

The authors declare that they have no competing interests or personal relationships that could have influenced the work reported in this paper.

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Author contributions

Conception and design (MV, HV, HLK), data collection (MV), data analysis and interpretation (EL, MV), manuscript draft (EL), critical revision of the manuscript (HV, HLK), final approval of the manuscript (EL, MV, HV, HLK).

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