Biological and Clinical Sciences Research Journal
eISSN: 2708-2261; pISSN: 2958-4728
www.bcsrj.com
DOI: https://doi.org/10.54112/bcsrj.v6i1.1541
*Biol. Clin. Sci. Res. J., Volume 6(1), **2025**: 1541*
Original Research Article

Challenges and Barriers in Implementing Community Health Education Faced by BSN Students at the College of Nursing, Sir C.J Institute of Psychiatry, Hyderabad

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(Received, 04th January 2024, Revised 28th January 2025, Published 31st January 2025)

Abstract: *Health education empowers individuals to enhance their health knowledge and make health-related decisions.* ***Objective:*** *This research aimed to assess the challenges and barriers BSN students face in implementing community health education.* ***Methods:*** *The descriptive non-experimental design was the research methodology employed in this study from September 17 to December 23, 2024. The study was conducted with 106 BSN students from the College of Nursing at Sir C.J. Institute of Psychiatry, Hyderabad. A structured questionnaire was utilised to identify the challenges and barriers to health education. In IBM SPSS version 23, descriptive statistics were used to analyse the data as frequencies and percentages.* ***Results:*** *Major challenges included managing diverse client groups, preparing appropriate audiovisual aids, addressing clients' time limitations, finding suitable session venues, and balancing additional clinical assignments. Significant barriers were identified, such as difficulties translating medical terminology into the local language, noise, environmental distractions, challenges in controlling external factors, and insufficient time to evaluate the client's knowledge effectively.* ***Conclusion:*** *The study concluded that BSN students encounter various challenges and barriers in delivering health education, relating to students, teaching materials, audiovisual aids, clients, environmental factors, and evaluation processes. Identifying these challenges is essential for developing strategies to overcome them, ultimately facilitating more effective health education in community settings.*

Keywords: Nursing Students, Health Education, Community Health Nursing, Challenges, Barriers

[***How to Cite:*** Junejo Z, Talpur, M.A., Chandio, I.A., Soomro, F., Rai, Y., Korai, S.P., Khowaja, Z. Challenges and barriers in implementing community health education faced by BSN students at the college of nursing, sir C.J institute of psychiatry, Hyderabad. *Biol. Clin. Sci. Res. J.*, **2025;** 6(1): 4-7. doi: https://doi.org/10.54112/bcsrj.v6i1.1541]

Introduction

Communicating information about health and nurturing the essential strengths, abilities, and self-confidence regarding personal health promotion activities as well as the persuasion needed to prompt healthy behaviors is defined as health education. (1). Health education is the intentional process of designing educational experiences that involve communication to promote health literacy. This includes gathering knowledge and establishing personal and communal health life skills.(2) In every society, a person has a right to be informed about their health, and healthcare providers have a professional responsibility to impart that knowledge. (3, 4). To enhance health in developing nations, health education includes a range of activities designed to raise public awareness and attitudes. In addition to imparting basic health knowledge and preventive skills, it fosters concepts that help individuals with unhealthy lifestyles alter their habits. This type of training impacts not only the students receiving the instruction directly but also subsequent generations (WHO, 2012) (5). An essential component of health promotion is this issue that refers to the maintenance, repair, and change of health education for people's health. Therefore, it deals with active skills that help people make rational decisions about their health and the values connected with health and illness. (6).

The steps of the health education process parallel the nursing process and are divided into five categories: The first is to evaluate the clients' knowledge, knowledge gaps, learning skills or preferences, understanding, perception, interest, and willingness to listen; The second is to identify the assets, limitations and learning requirements of the clients; The third is to map the educational plan and goals and choose the appropriate approaches to use; the fourth is to translate the plan into action and deliver the education; The last is to assess the educational process. (7, 8). Nursing Students receive theoretical courses in health education and communication skills to help them apply these concepts appropriately. They must use health education concepts while responding to clients and families. However, they encounter many challenges and constraints before, during, and after teaching, affecting health education when they address clients in teaching settings. (9). Moreover, several factors hinder nursing students from employing health education compassionately, including their perceptions of the content, their responsibilities as health educators, lack of time, inadequate resources, unclear objectives, criteria, insufficient expertise, physical and clinical environment constraints, unexpected situations and patients' unwillingness to engage in teaching interactions. (10).

The community healthcare setting aims to provide healthcare to individuals who cannot learn in typical places like workplaces, schools, hospitals, or homes. Each environment offers opportunities to connect with individuals through the existing social networks. Nursing students perceive community health care settings as the most critical clinical learning environment (CLE). Students studying community nursing undergo 15 weeks of practice, including home visits and primary care clinics in rural and urban areas. Nursing students should impart helpful health education throughout their practical practice in community health nursing; however, they encounter many challenges. (11, 12).

Furthermore, the evidence suggests that nursing students are not engaged in patient health education, highlighting the need for analysis as a component of evaluating the nursing program to find out the hindrances causing this disengagement. Previous research indicates that nurses' performance in patient education is often unsatisfactory (13). Thus, this research aims to explore whether BSN students at the Sir C.J. Institute of Psychiatry in Hyderabad perceive challenges and barriers that impact

their ability to implement health education before, during, and after the process.

Methodology

The study was conducted at the College of Nursing, Sir C.J. Institute of Psychiatry, Hyderabad, Sindh, a reputable institution offering a BSN program. The target population comprised BSN students enrolled in Community Health Nursing courses who actively participated in community visits. A purposive non-probability sampling technique was used to select 106 BSN students from the 2nd, 3rd, and 4th years, deliberately excluding first-year students to focus on those with sufficient exposure to community health practice. The sample size was determined using Raosoft online software to ensure an adequate and representative number of participants. Data were collected using a structured questionnaire adapted with permission from the original author. The instrument was organised into several parts: demographic data were collected initially; health education challenges were assessed using a 3-point Likert scale (disagree, neutral, and agree); barriers to health education were examined with a focus on challenges occurring before, during, and after the implementation of health education; obstacles related to students, clients, and the environment were identified; and finally, barriers related to the evaluation process in the terminal stage of health education were addressed. (2) .

Ethical approval was obtained from the principal of the College of Nursing, and informed consent was secured from each participant through verbal and written processes after providing a comprehensive explanation of the study's objectives. Data analysis was performed using IBM SPSS version 23, with descriptive statistics to summarise the findings in frequencies and percentages.

Results

The demographic information of the research population is presented in Table 1: 65.1% are aged 20-22 and 29.2% are in the 23-25 age range. Other small groups include 3.8% between the age of 26-28 and 0.9% above 28. As per marital status, 85.8% are single, 13.2% are married and 0.94% are divorced. Regarding study year, 38.7% of respondents indicate 3rd year, 37.7% 2nd year, and 23.6% 1st year. The place of residence is nearly balanced with 50.9% of the recipients as day scholars and 49.1% as hostlers.

Challenges in providing health education are listed in Table 2: When evaluating the learning needs of their clients, 83.0% emphasise language barriers, 76.4% indicate it's hard to manage different age groups, and 64.2% find it hard to handle sensitive topics. 53.8% of respondents find it challenging to retain their attention, and 41.5% to instruct informed clients. Furthermore, 50.0% are overwhelmed by additional clinical responsibilities, and 54.7% deal with clients' constraints on time.

Table 3 reveals barriers nursing students encounter during the preparation phase of health education: 56.6% of the participants admitted that they could not accurately identify clients' learning needs. In comparison, 61.3% found it difficult to manage many clients. Almost half (45.3%) have a problem in categorising the client's needs, and 40.6% struggle to define measurable objectives for health education. Lack of time in preparing affects the preparation of material in students' interest, and 48.1% of students fail to prepare materials on time. Moreover, 64.2% stated they do not have any related educational material, and 51.9% reported difficulties understanding medical terminology. Regarding AV-aid, 60.4% reported finding it hard to source the right materials, while 71.7% assumed it is expensive.

Table 4 outlines barriers to implementing health education: Clients' lack of motivation and preparedness was cited by 65.1% as a significant barrier, while 55.7% of students believed they lacked sufficient skills and knowledge. 62.3% of respondents agreed that uncomfortable environments hindered teaching. Furthermore, 57.5% had difficulties with noise and interruptions during sessions, and 50.0% had problems retaining attention from clients.

Table 5 highlights key barriers in health education at the terminal stage: 62% of the students stated that feedback on efforts was insufficient, approximately 51% were unable to develop the evaluation questions, and approximately 58.5% did not learn any evaluation methods. Additionally, 50.9% responded that time constraint affected their ability to assess the clients based on their knowledge.

Table 1: Demographic Analysis (n=106)

Characteristics	Frequency	Percentage %
AGE (YEARS)		
20-22	69	65.1%
23-25	31	29.2%
26-28	4	3.8%
28-30	1	0.9%
Above 25	1	0.9%
MARITAL STATUS		
Single	91	85.8%
Married	14	13.2%
Widower	0	0.0%
Divorced	1	0.94%
YEAR OF STUDY		
2nd Year	40	37.7%
3rd Year	41	38.7%
Final Year	25	23.6%
PLACE OF RESIDENCE		
Day Scholar	54	50.9%
Hostler	52	49.1%

Table 2: Challenges of Health Education among BSN Students (n=106)

S. No	Challenges Faced By Students	Disagree		Neutral		Agree	
		n	%	n	%	n	%
1	Language barriers make it challenging to assess clients' learning needs.	7	6.6%	11	10.4%	88	83%
2	Unable to prioritise the problems of clients based on their needs.	33	31.1%	19	17.9%	54	50.9%
3	Managing a large group of clients of different ages may be challenging	10	9.4%	15	14.2%	81	76.4%
4	Challenges with delivering effective health education on sensitive topics	12	11.3%	26	24.5%	68	64.2%
5	Finding it difficult to use modern technology and preparing proper audiovisual (AV) aids	34	32.1%	23	21.7%	49	46.2%
5	Having difficulty engaging clients to give attention to health-related topics	19	17.9%	30	28.3%	57	53.8%
6	Clients' limitations on time	21	19.8%	27	25.5%	58	54.7%
7	Educating individuals who are already knowledgeable about the topic is difficult	44	41.5%	24	22.6%	38	35.8%
8	All Challenges in choosing an appropriate location for health education	26	24.5%	24	22.6%	56	52.8%
9	Unable to get feedback from clients on health information	37	34.9%	19	17.9%	50	47.2%

10	Feeling overwhelmed by other clinical responsibilities while implementing community health education into practice	28	26.4%	25	23.6%	53	50%

Table: 3 Barriers in the Health Education Preparation Stage (n=106)

A. Barriers Related To Students		**Disagree**		**Neutral**		**Agree**	
		n	**%**	**n**	**%**	**n**	**%**
1	Unable to accurately assess the clients' learning needs	28	26.4%	18	17%	60	56.6%
2	Unable to prioritise problems with clients based on what they need.	31	29.2%	27	25.5%	48	45.3%
3	Not able to develop health education objectives based on assessment of needs.	41	38.7%	22	20.8%	43	40.6%
4	Unable to manage a large number of clients	20	18.9%	21	19.8%	65	61.3%
5	Unable to choose effective teaching strategies based on the selected objectives	46	43.4%	20	18.9%	40	37.7%
6	Not enough time to produce appropriate material for instruction.	24	22.6%	31	29.2%	51	48.1%
Barriers Related To Teaching Contents							
7	Lacking references that address the area's educational needs.	18	17%	20	18.9%	68	64.2%
8	Insufficient time to properly look for and arrange materials for instruction.	31	29.2%	32	30.2%	43	40.6%
9	Translation of medical words into the local language is challenging.	34	32.1%	17	16%	55	51.9%
10	The problem of transforming a topic content or instructional content into simple terms	24	22.6%	27	25.5%	55	51.9%
11	The careful selection of health education materials.	19	17.9%	32	30.2%	55	51.9%
12	The large amount of material available causes overload.	34	32.1%	19	17.9%	53	50%
Barriers Related To Audio-Visual Aids							
13	Unable to arrange suitable audiovisual aids	18	17%	24	22.6%	64	60.4%
14	Audio-visual aids are not handled or used effectively enough.	27	25.5%	32	30.2%	47	44.3%
15	Unable to use modern technology or updated audiovisual aids.	31	29.2%	21	19.8%	54	50.9%
16	The expensive planning costs for the audio-visual content.	20	18.9%	10	9.4%	76	71.7%

Table 4: Barriers in the Implementation Stage of Health Education (n=106)

A. Barriers Related To Students:		**Disagree**		**Neutral**		**Agree**	
		N	**%**	**n**	**%**	**n**	**%**
1	Lacking health education skills and knowledge	24	22.6%	23	21.7%	59	55.7%
2	Unable to attract the client's attention to the problem.	24	22.6%	29	27.4%	53	50%
3	Unable to give examples of the instructional objectives.	37	34.9%	26	24.5%	43	40.6%
4	Unable to provide the subject's writing and materials for instruction	24	22.6%	22	20.8%	60	56.6%
5	An obstacle in providing information in an organised format.	21	19.8%	23	21.7%	62	58.5%
6	Ineffective way to communicate	31	29.2%	21	19.8%	54	50.9%
7	Inadequate confidence in self.	33	31.1%	21	19.8%	52	49.1%
8	Inability to start conversations among the clients.	31	29.2%	18	17%	57	53.8%
9	Difficulty in summarising the topic or emphasising the main points.	36	34%	27	25.5%	43	40.6%
10	Inadequate peer group collaboration and support	26	24.5%	30	28.3%	50	47.2%
Barriers Related To Clients							
11	A lack of readiness & motivation to learn from the clients.	14	13.2%	23	21.7%	69	65.1%
12	A lack of trust with students as information providers.	17	16%	25	23.6%	64	60.4%
13	Clients' limitations on time	36	34%	27	25.5%	43	40.6%
14	Clients have been aware of this topic before.	40	37.7%	30	28.3%	36	34%
15	The cultural background of the clients affects their response to the knowledge	15	14.2%	20	18.9%	71	67%
16	Refusal of clients to listen to students	25	23.6%	24	22.6%	57	53.8%
17	Lack of feedback from clients and direct communication	27	25.5%	24	22.6%	55	51.9%
Barriers Related To the Environment							
18	The uncomfortable location for health education.	18	17%	22	20.8%	66	62.3%
19	Disturbance and distraction.	23	21.7%	22	20.8%	61	57.5%
20	Environmental influences are difficult to handle.	18	17%	24	22.6%	64	60.4%
21	Not Enough Privacy	29	27.4%	15	14.2%	62	58.5%

Table 5: Barriers in the Terminal Stage of Health Education (n=106)

A. Barriers Related Evaluation		**Disagree**		**Neutral**		**Agree**	
		n	**%**	**n**	**%**	**N**	**%**
1	Unable to receive feedback on health education.	20	18.9%	20	18.9%	66	62.3%
2	Unable to formulate evaluation questions.	35	33%	17	16%	54	50.9%
3	Lack of familiarity with different methods of evaluation.	15	14.2%	29	27.4%	62	58.5%
4	Not enough time to evaluate the client's knowledge	40	37.7%	12	11.3%	54	50.9%

Discussion

The current study revealed that 55.7 % agreed they never possessed the correct health education skills and knowledge. This is consistent with the conclusion made by (2), where only 53.6% of students affirmed their readiness to face a group education environment. Furthermore, 65.1% and 65.1% of students who participated in the study pointed out clients' unwillingness and perceived motivation to learn significant challenges; the findings validate the studies. (13) Which 91.5% of the students indicated the same challenge. In addition, 62.3% of students stated that environmental discomfort, including unsuitable places for health education, affected its delivery. This is in line with the difficulties found by (14, 15) Which stated that environmental factors were often mentioned as barriers.

In this study, 44.6% of students said they do not have sufficient time to adequately search and prepare teaching content. This is in line with the work of (16)Who found time to address the main challenge exhibited by students. Similarly, 54% of participants had issues in translating medical terms into the local language; this is in line with what was reported in (17). Similarly, 63% of our participants had issues in simplifying complex terminology. Furthermore, 42.6% stated high costs experienced while preparing audio-visual materials, which corresponds with (2) 65.2 % of students responded the same way.

The current study established that 30% of the students experienced challenges on clients' inability and/ or unwillingness to learn. This agrees with other researchers, who identified a lack of motivation among the clients as the main barrier. (18). In addition, 51.6% reported that noise and distraction interfered with carrying out health education, while 90.6% realised that these environmental factors were barriers. (19).

In the current study, about half of the students (50.9%) responded that they did not have adequate time to evaluate clients' knowledge. A similar conclusion is made by Mohammed et al., where 67.5% of students agreed on similar time constraints that affected their evaluation process.(2, 13).

Conclusion

The study found significant barriers and challenges that impact the effectiveness of BSN students. More than half of the students stated they lacked the skills and knowledge required for health education. Many acknowledged that environmental uneasiness from inappropriate teaching locations and clients' lack of readiness and motivation were significant barriers. Barriers were evident during the preparation phase; many students reported insufficient time adequately preparing teaching content. Several participants expressed concerns about the high costs of creating audio-visual materials and faced challenges translating medical terminology into the local language. During the conducting phase, challenges related to clients' lack of motivation and readiness were common, while noise and interruptions diminished instructional effectiveness. In the termination phase, almost half of the students reported that they could not adequately assess their clients' knowledge in a limited time. Concerning the provision of health education, it is essential to know these barriers and challenges. Solving these will enhance the nursing students' skills and preparedness, ultimately enhancing client health education. Educational institutions can effectively assist nursing students in overcoming these challenges and contribute to positive transformations in delivering public health education.

Declarations

Data Availability statement

All data generated or analysed during the study are included in the manuscript.

Ethics approval and consent to participate

Approved by the department concerned. (IRBEC-MCS-0377-24)

Consent for publication

Approved

Funding

Not applicable

Conflict of interest

The authors declared the absence of a conflict of interest.

Author Contribution

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Statistical Analysis, Data Interpretation
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Statistical Analysis, Data Interpretation.

All authors reviewed the results and approved the final version of the manuscript. They are also accountable for the integrity of the study.

References

1. Khamaiseh AM, Altarawneh FZ. Factors and barriers influencing practice of health education among nursing students in Jordan. Journal of Education and Health Promotion. 2023;12(1):441.
2. Ravindra PS, Borude S. A study to identify the challenges and barriers while imparting health education in community among students from selected nursing institutes of Pune city. Lat Am J Pharm. 2023;42:6.
3. Hamidzadeh Y, Kamran A, Shekarchi A, Moghaddam HR. Health Education Programs Challenges in Rural Communities: Experiences of Health Educators and Healthcare Authorities. Annali di Igiene, Medicina Preventiva e di Comunità. 2020;32(6).
4. Hwang Y, Oh J. Factors affecting health-promoting behaviors among nursing students. International Journal of Environmental Research and Public Health. 2020;17(17):6291.
5. Aron MB, Ndambo MK, Munyaneza F, Mulwafu M, Makungwa H, Nhlema B, et al. A time-motion study of community health workers delivering community-based primary health care in Neno District, Malawi. Human Resources for Health. 2023;21(1):51.
6. Benes S, Alperin H. The essentials of teaching health education: Curriculum, instruction, and assessment: Human Kinetics; 2022.
7. Sharma M. Theoretical foundations of health education and health promotion: Jones & Bartlett Learning; 2021.
8. Wang J, Guo J, Wang Y, Yan D, Liu J, Zhang Y, et al. Use of profession-role exchange in an interprofessional student team-based community health service-learning experience. BMC Medical Education. 2020;20:1-10.
9. Reid K, Armstrong N, Todd D, Ballard L, Szczepaniak C, Tinsley C. Examining mental health, perceived barriers, and outreach recommendations among Rural college students. American Journal of Health Education. 2021;52(2):101-10.
10. Ferreira R, Baixinho CL, Ferreira ÓR, Nunes AC, Mestre T, Sousa L. Health promotion and disease prevention in the elderly: the perspective of nursing students. Journal of Personalized Medicine. 2022;12(2):306.
11. Betancurth-Loaiza DP, Pico-Merchán ME, Castillo LO. Community practice in nursing programs in the context of primary health care. Entramado. 2024;20(1):1.
12. Gonella S, Viottini E, Gastmans C, Tambone S, Conti A, Campagna S, et al. Lived experience of ethical challenges among undergraduate nursing students during their clinical learning. Nursing Ethics. 2024:09697330241262311.

13. Mohammed NY, Elkaluby EA, Mohamed AM. Nursing students' perspectives regarding health education challenges and barriers at different community clinical settings in Alexandria, Egypt. Int J Novel Res Healthc Nurs. 2019;6:488-502.
14. Fallahnezhad T, Aghaie B, Norouzadeh R, Ebadi A, Abbasinia M. The challenges of nursing presence at the patient's bedside from the perspective of nurses: a qualitative study. Ethiopian Journal of Health Sciences. 2023;33(2).
15. Ashipala DO, Matundu M. Nursing students' communication experiences in a multilingual and multicultural clinical environment: A qualitative study. Nursing Open. 2023;10(10):6875-84.
16. Carless-Kane S, Nowell L. Nursing students learning transfer from classroom to clinical practice: An integrative review. Nurse Education in Practice. 2023:103731.
17. Baumeister A, Chakraverty D, Aldin A, Seven ÜS, Skoetz N, Kalbe E, et al. "The system has to be health literate, too"-perspectives among healthcare professionals on health literacy in transcultural treatment settings. BMC Health Services Research. 2021;21:1-16.
18. Kim S, Kim M. Nursing students' experiences and perceptions of barriers to implementing person-centred care in clinical settings: A qualitative study. Nursing open. 2023;10(3):1889-99.
19. Guttman OT, Lazzara EH, Keebler JR, Webster KL, Gisick LM, Baker AL. Dissecting communication barriers in healthcare: a path to enhancing communication resiliency, reliability, and patient safety. LWW; 2021. p. e1465-e71.