

Enhancing patients' employability through informal eLearning while at hospital

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Summary

Access to lifelong learning provisions for all citizens and enhancement of their employability are central aims of European policies in education and training. *eHospital*, a European pilot project seeks to bring learning opportunities to people who do not normally have the chance to learn: adult patients who are forced to spend a longer period of time in hospitals. *eHospital* has demonstrated that blended learning can be an adequate means to overcome patients' isolation and ease their way back to normal life and employment.

In this article the intervention framework of the project is presented and two of the seven eLearning pilots with directly employment-related learning topics are described in more detail.

Four main results of the pilot project *eHospital* are highlighted:

- The eLearning offers provided by *eHospital* were very much appreciated by the patients and hospital staff involved. This demonstrates the need for further initiatives which help to ease the transition between hospital and employment.
- New technologies have a considerable potential for enabling patients to use the time in hospital for maintaining or restoring their employability: Hospital patients are restricted in their mobility and are forced to adhere to a rather rigid hospital routine. They can therefore profit from being independent on the time-space arrangements of conventional face-to-face learning. Also, social interaction and joint learning activities with peers become possible with the help of virtual tools.
- Specific educational strategies need to be developed for patient learners. Only blended learning can be a successful eLearning strategy in a hospital context. The personal relationship between patient learner and tutor is crucial.
- And, at last, the provision of eLearning for hospital patients poses considerable organisational challenges: New partnerships between education providers and healthcare institutions need to be formed. Different - public and private - mechanisms to fund learning in hospitals need to be developed in times of increasing financial pressures in the health sector and in education and training.

Keywords: Accessibility, Blended, Informal learning, Training, Hospital, Patient, e-learning, eInclusion, teaching tools, long-term patients

1 Introduction

Access to lifelong learning provisions for all citizens and enhancement of their employability are central aims of European policies in education and training. *eHospital*, a European pilot project seeks to bring learning opportunities to people who do not normally have the chance to learn: adult patients who are forced to spend a longer period of time in hospital. *eHospital* demonstrated that blended learning can be an adequate means to overcome patients' isolation and ease their way back to normal life and employment. The article presents the main

educational and organisational results gained in the *eHospital* project and aims at encouraging further initiatives to use the potential of new technologies for patient education and reintegration into the labour market.

2 Learning while at hospital?

It is a matter of course for young patients: In most European countries so-called hospital schools ensure that school-age children with a long-term illness can continue their school education while they are forced to stay at hospital. Or mobile hospital pedagogues teach these patients individually at their homes. These pedagogues have even been organised in a European interest group: H.O.P.E. (Hospital Organisation of Pedagogues in Europe¹).

Moreover, there are a number of innovative projects and initiatives which make use of information and communication technologies to enable children to attend classes², to maintain communication with their teachers and classmates³ or to offer supportive edutainment⁴.

Three important lessons can be learnt from these initiatives for teenage patients:

- If the eLearning offer has an element of edutainment, this can be a strong motivating factor for learning in a life situation which is often depressing.
- Virtual communication tools like forums, chat, SMS texting or video-conferencing can bridge the gap between hospital patient learners and their peer groups in the world outside the health care centre.
- The flexibility from time and space that e-learning offers has an enormous potential for patients, who are subject to a tight hospital routine and to changing states of health.

However, whereas such initiatives for school-age children exists you will search in vain in Europe's hospitals for structured learning offers for adult patients who are hospitalized for a longer period of time. A large hospital will be likely to have a patients' library, may organise cultural events, but there do not seem to be any targeted learning offers beyond compulsory schooling.

Informal learning while at hospital, however, could create substantial value and meaning for ill people:

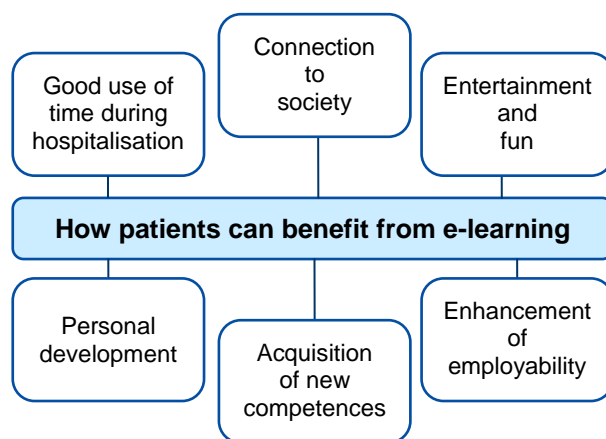


Fig. 1: Potential benefits of eLearning for patients

¹ www.hospitalteachers.eu

² E.g. <http://virtuelles-klassenzimmer.connectiv.de/>

³ www.virtuelle-schule.de

⁴ E.g. www.aiteile.ie, www.estrellas.org

Engagement in learning activities can boost motivation of long-term hospital patients and so contributes to their emotional and convalescence. Moreover, learning may serve the purpose of enhancing patients' employability and thus ease their re-integration into the labour market.

In the specific context of adult education in hospitals eLearning has a great potential. Hospital patients are restricted in their mobility and can therefore profit from being independent on the time-space arrangements of conventional face-to-face learning. Learning becomes possible at any time and place. Also, social interaction and joint learning activities with peers become possible with the help of virtual tools. The flexibility and autonomy eLearning offers needs to be exploited in the interest of patients who are forced to adhere to a rather rigid hospital routine.

3 The project *eHospital*

A demonstrative example for the benefits of eLearning for patients is the European project *eHospital*⁵. The project has been financed by the EU funding programme Grundtvig from October 2005 to September 2008. Coordinated by the Austrian company *die Berater®*, eight training providers and higher education institutions from Austria, Spain, France, Poland, Germany, and Switzerland formed a partnership and cooperated with local hospitals.

eHospital promotes among stakeholders in the education and health systems the idea of providing informal, computer-supported learning opportunities for long-term patients in hospitals. To demonstrate how diverse such informal learning provisions may be seven different eLearning offers for different groups of patients were developed and piloted:

- Information management for patients with pulmonary diseases.
- Development of e-portfolios for patients with burnout syndrome or other mental problems.
- Creativity and history of art for patients in psychiatric units.
- Basic computer and Internet skills for patients suffering from Alzheimer's.
- Maintenance of physical mobility and self-reliance of old-age patients.

Two of these pilot courses specifically aimed at enhancing patients' employability:

The Spanish project partners Centro de Supercomputacion de Galicia (CESGA) and University of Santiago de Compostela developed and implemented a course on increasing digital competence for re-entry into the labour market for patients with spinal cord injuries.

Many of those patients were restricted in their mobility because of an accident (e.g. with a motor bikes) and have lasting impairments which force them to change their career plans and will be forced to look for a new job. Training in basic ICT skills was very adequate to this life situation, as they increase patients' chances in the labour market.

An important issue of the course was to help the targeted patients to overcome their isolation by using the Internet as a leisure and communication space. Moreover, they learned to use online navigation and communication tools, search engines, spreadsheets and database management programmes and got an introduction to Internet administrative services. Basic knowledge about ergonomics in their future workplace was also built up.

What learning success of a hospital patient can mean a quote from a Spanish doctor illustrates: "There are patient learners who can't move their hands. One of them, the nearest computer he had seen before was in the bank, and now it is impressive to see the whole world opened before his eyes, as he can use the computer with a visual mouse".

In Austria *die Berater®* offered a blended learning programme on job orientation for young adults (15-25) whose age-appropriate process of education and career selection was disrupted due to neurological surgery, cardiological or metabolic diseases or dialysis treatment. Their stay in hospital can take up to one year, including periods of daytime treatment.

⁵ www.ehospital-project.net

The group of learners was very heterogeneous as the patients had different medical and psychological needs. Some patients who had just undergone brain surgery had deficiencies in their ability to concentrate, and problems in learning and memory, so extremely individual approaches were needed. On the other hand the patients were highly motivated to participate in the learning activities and appreciated the support at the crucial time of transition from school to the labour market.

The course introduced the young patients to the concept of eLearning, helped them to analyse their individual strengths and challenges and to identify adequate career aims. In a more practical part active job-seeking strategies were jointly developed, and patients learned how to produce high-quality application documents and how to make a good impression in a job interview. Perhaps even more importantly, motivation and confidence for the entry into working life were built up.



Fig. 2: Patient and trainer

4 The lifelong learning context

The idea of informal computer-supported learning for hospital patients is very much in line with the European policy of lifelong learning. In the European context lifelong learning is defined as *all learning activity undertaken throughout life, with the aim of improving knowledge, skills and competences within a personal, civic, social and/or employment-related perspective* (Making a European Area of Lifelong Learning a Reality COM(2001) 6789).

Ultimately, promotion of lifelong learning is a means of reaching the ambitious goal set by the Lisbon European Council in March 2000, i.e. for Europe to become, within 10 years, *the most competitive and dynamic knowledge-based economy in the world, capable of sustained economic growth with more and better jobs and greater social cohesion*.

A complementary term to lifelong learning has been established: *life-wide learning*. Here the focus is on learning not only at all stages of life, but on learning in all contexts (private- social-professional) and in formal as well as in informal settings.

As a consequence a central aim of education policies must be to ensure and enlarge people's access to lifelong learning provisions. In particular those people who are (temporarily) excluded from education due to personal, social or economic disadvantages. Long-term patients in hospitals belong to this group of disadvantaged adults.

In order to reach marginalised groups new places of learning need to be explored in order bring learning provisions to the potential learners instead of waiting for them to come to educational institutions. In the debate of such new places of learning hospitals are mentioned, along with supermarkets, train stations or public houses.

Information and communication technologies are another important means to overcome spatial barriers to learning. A barrier of this kind is of course the forced stay at hospital and the restricted mobility due to illness and hospitalisation.

5 The challenge posed by the health system

To promote eLearning offers for patients in hospitals is certainly not an easy mission with a view of the current situation of health systems in European countries. Patient education requires considerable additional resources. This financial need is likely to meet resistance by decision makers who are under extreme pressure to reduce costs in healthcare institutions. Basic funding of educational institutions is not more promising either.

On the other hand the pressure to become more cost-efficient also entails growing competition among health centres. The patient is now regarded as a customer, and hospitals need to canvass patients-customers not only with high quality of medical (*tech dimension*), but also with additional services and the perceived quality of personal attendance and support.

Patients' experience of completing a meaningful eLearning course while at hospital can be an important factor of the touch dimension: The hospital proves that it is up to recent information and communication technologies and is able to use their potential for the well-being of the patient (tech dimension). Sensitive and committed face-to-face trainers and online tutor contribute to the patients' impression that they are cared for in a comprehensive way that exceeds their expectations. Thus, patient-centred, holistic concepts of healthcare can be realised. This will be of growing importance in a time when the patient structure is changing dramatically due to the increase of elderly patients, long-term patients, lifestyle diseases and multi-morbidity.

6 The challenge of cooperation

In spite of such favourable factors it will need great efforts to transform hospitals into places of lifelong learning. In most cases this will only be possible if education providers and medical centres work together. At the level of human resources this means that team members from quite different occupational fields and professional backgrounds working in quite different institutional contexts will have cooperate smoothly.

If the eLearning programme is offered by an external education provider the facilitators are not in every-day contact with their learners. Nor do they know the rather complex institution hospital, its regulations, routines and processes from the inside. Cooperation between educators and various groups of hospital staff is therefore fundamental. At least six categories of hospital staff are potentially involved:

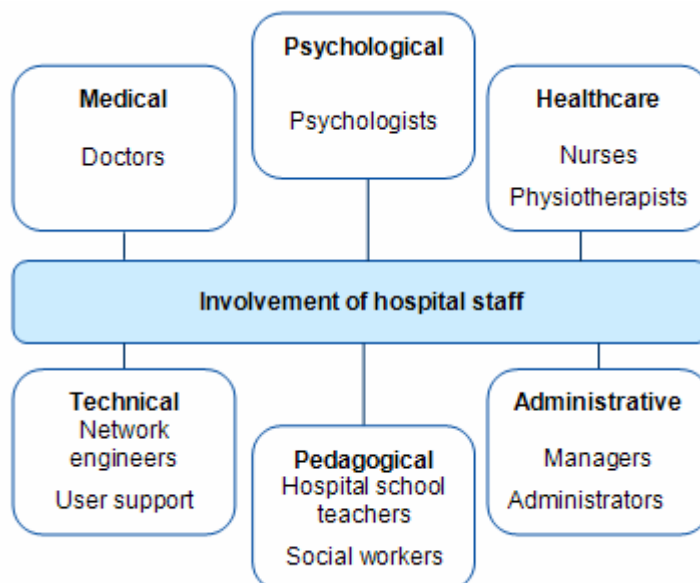


Fig. 3: Hospital staff potentially involved in the facilitation of blended learning projects

Members of these groups of hospital staff undertake important functions without which eLearning courses cannot be organised and implemented. These functions may include:

- Providing educators with information on the target group (general state of health; medical, therapeutic, and hygienic needs; definition of learning needs)
- Ensuring a functioning infrastructure (access to the Internet; technical assistance with PC problems, access to the hospital, and to computer and seminar rooms)
- Recruiting course participants (promotion and information; (pre-)selection of potential participants; introduction of the tutor)
- Organising face-to-face sessions (day-to-day organisation of the course, scheduling of face-to-face sessions; communication of changes in the schedule to the tutor)
- Supporting the learners (motivation; encouragement; psychological assistance in stressful situations)
- Observing and giving feedback (regular observation of effects of learning on the patients; feedback to the tutor; assessment; evaluation; suggestions for improving the course)

Probably the biggest challenge in the interaction between educators and hospital staff is to ensure intensive and continuous communication between the two groups:

Hospital staff normally works under extreme pressure of time and emotional strain. They are often overworked and their working time is organised in a shift system - this means that it is difficult to plan regular interaction with staff members. Moreover: The idea of patient education may be welcomed as beneficial for patients, but is not the core business of hospital staff and therefore not very high on their agenda. This needs to be taken into account when planning the communication system. Wherever possible, the project-related communication ought to be integrated in the existing hospital routine and should not produce additional strains.

7 Pedagogical success factors

From the experiences gained in the e-Hospital project highlights some key factors to successful eLearning projects in hospital can be highlighted:

Identification of needs

People suffering from severe illnesses are a particular and vulnerable target group with specific emotional and educational needs. It is indispensable to thoroughly analyse these needs in advance in order to develop learning topics, aims, content, and methodologies which are adequate for a specific patient group. To this end, patients, their friends and families, as well as medical, psychological and healthcare staff should be involved in the planning process where possible.

Creation and communication of benefits

To get engaged in eLearning while at hospital cannot be an end in itself, nor is it the normal thing to do. Patients will only show interest in the learning programme if they can see concrete benefits which support them in a rather difficult life situation. These benefits may range from improvement of their employability to mere diversion from the illness. ELearning facilitators need to make sure that these benefits are communicated and marketed to the patients.

Guidance and support

Learning with the help of information and communication technologies cannot succeed without guidance and support through pedagogic professionals. The *eHospital* pilot courses have shown that learners very much appreciate the support by trainers, tutors or counsellors very much. It is through these contacts that (patient) learners feel encouraged and motivated to get and remain engaged in eLearning. It is extremely important for learners to be able to reach their tutors/trainers via familiar communication channels like e-mail or telephone whenever they feel the need to do so.

Blended Learning with frequent face-to-face meetings

In the hospital context eLearning should always be understood as blended learning.

Frequent and intense face-to-face-meetings of patients and their trainers are vital and cannot be entirely substituted by computer-mediated communication. In the *eHospital* pilots for many patients the personal encounters with their trainers and the evolving relationship was the motor of the whole learning activity. It is in these meetings where patient learners can receive much of the necessary support in their learning process, feedback and motivation to go on.

Simple, usable and accessible technology

It cannot be taken for granted that all hospitals provide the technical infrastructure necessary for patient eLearning, availability of (mobile) computers, or fast and accessible Internet connection. Facilitators should make sure that all learners really have sufficient possibilities.

All hardware and software used should be as simple as possible, have a high degree of usability and comply with basic accessibility standards. Moreover, frustration of patients through technical problems should be avoided at any rate, as they might crush patients' learning motivation altogether.

Enhancement of patients' ICT competence

The acceptance of eLearning highly depends on how familiar with computers the patient learners are. It can only be successful if the learners accept the media computer or Internet. The skills and attitudes necessary cannot be taken for granted with all patients. As a consequence facilitators will in many cases have to check patients' basic ICT skills before the actual eLearning can start. A thorough introduction to the learning management system and other technological tools to be used is indispensable at the beginning of the course.

8 Conclusion

Elearning to enhance employability and, more general, informal learning provisions for adult patients in hospitals are still terra incognita in the field of education and training. The pilot project *eHospital* demonstrated that it can be of great value for patients and ease their way back into social life and the labour market. However, the project was only a first attempt, and it will need many more initiatives of a similar kind to promote this educational strategy, which has a high potential for lifelong learning.

Different financing models need to be developed and tested in suitable contexts (public funding, sponsoring, individual fees etc.), and the impact of such training activities need to be carefully evaluated. This is a precondition to convince decision makers in the health system, labour market service and in training and education. Once the general idea is accepted, it will be necessary to develop specific in-service training offers which prepare educators and hospital staff for the new tasks. The patients, i.e. potentially anybody, will appreciate it.

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