

The Phenomenon of Patient Health Education by Nurses in Hospital

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Abstract

Context: The National health problem in Indonesia from year to year tends to increase. The data from riset kesehatan dasar during 2007-2018 has shown that the trend of most diseases is increased. The increase of health problem in Indonesia mostly is caused by the lack of health education provided by hospital health worker to patient. Dealing with these challenges, a qualitative research was conducted whose aim to describe and explore the practice of patient health education done by nurses. The research method is qualitative descriptive with phenomenology study. The technique used to select the informant is purposive sampling, while the data collection done via depth interviews with 15 nurses. The research is implemented in one of the hospitals in East Java, Indonesia. The Source triangulation is done with patients and the data were analyzed using content analysis. The results of the study were that the health education was carried out in a treatment room with a small number of patients. Nurses knew that patient health education was the primary task of nurses, yet they consider it was not a priority. Health education was only provided if the patient raised questions to the nurse. Most nurses did not carry out the stage of patient health education correctly. Therefore, the hospital should make policies and regulations, develop planning, monitoring and evaluation on a regular basis so that patient health education can run optimally.

Keyword: Health Education, Nurse, Hospital.

Introduction

The national health problem in Indonesia from year to year tends to increase. The data from riset kesehatan dasar during 2007-2018 has shown that the trend of most diseases is increasing. The increase occurred in obesity by 6%, mental disorders by 2.6%, stroke 2.4%, hypertension 9.5%, diabetes mellitus by 1% cancer and TB increased by 0.7% [1,2,3]. The Increasing health problems in Indonesia are caused by a lack of patient health education provided by hospital health care workers. Health education must be provided by all health professional workers in the hospital. Among healthcare professionals in hospitals, nurses are the front-line health workers who spend most of their time with patients and family members of patients so that they have many opportunities to provide patient health education^[4] According to Kozier and Erbs (2010) health education is a major aspect in nursing practice and an important part of nurse's role and function. Health education is an interactive process between health care provider and

patient, family to improve knowledge, attitude, and skill via practice and experience [5]. Patient's education is the most interesting topic in the world [4]. The problem currently faced is that health workers mostly use a disease-centered approach rather than a patient-centered approach [6] thus even though patient health education is considered important[7] but it was neglected [8].

The patient's health education technique is a method used to implement health education in order to achieve the expected goal. Health education technique according to [8] include collecting data from the patient's family related to the education they have, analyzing the patient's education needs, planning the site and time and method of education, implementing health education, evaluating the improvement.

The benefit of health education is to increase the patient's capacity in hand hygiene to prevent nosocomial infection in hospital^[9], to overcome mental disorder, to improve symptom of illness, to increase adherence to

the treatment, to plan and support selected treatment to improve quality of life and social function^[10] to reduce patient anxiety^[11], and to contribute to the prevention of relapsing patient^[12].

Material and Method

This research is a descriptive study with a qualitative approach. Qualitative approach is chosen since it produces description of a rich phenomena and helps to investigate complex problem^[13]. The qualitative approach in this study aims to explore the phenomenon of patient health education in one of the hospitals in East Java.

The selection of informants was done by purposive sampling stating that the researcher was a key instrument^[14]. Purposive sampling means determining the informant who is considered to know the best related to what the researchers expect. In order to determine the number of informants, the researchers consider it to be sufficient if it reaches the level of “redundancy” (data is saturated and there are no more informants who provide new information). The research informants were 15 nurses with inclusion criteria, such as nurses who have worked for > 2 years. Triangulation of sources is patient. The initials used for nurse informants are “N” and the initial source of triangulation is “P”.

Triangulation of sources was done to keep the Source triangulation is applied to maintain the quality of data provided by informants in order to keep it valid. The analysis of research data is based on content analysis. Qualitative data collection is done via in-depth interviews. Data was collected in April-May 2019. Before the interview was conducted, informants were asked for their willingness to sign an informed consent form. Interviews were conducted using semi-structured interview guidelines with open questions. During the interview process, notebooks and recorders were employed. Researchers transcribed the information from the audio

Findings: Patient health education is one of the main tasks of nurse but it is still not optimally implemented. The informant said that the patient’s health education was the duty of the nurse, but it was considered unimportant so that the nurse preferred another action. This can be seen from the following statement.

“Health education is the duty of nurses but we consider health education is not emerging stuff so we

consider it unimportant. We prioritize another other nursing actions” (N4)

The similar information was also conveyed by informant N6 who stated that nurses did not always provide health education to patients. If the patient arrives at night, they will not give health education. The informant’s statement is written below

“Nurses do not provide patient health education when patients come at night. A lazy nurses also do not carry out health education, they only record on the medical record form only “(N6)

Other information revealed that patient health education was given only if the patient or family of the patient asked for it, otherwise nurses assumed that the patient was considered to understand. The quotation information supporting that statement is stated below.

“The patient’s family is not actively asking for it, if they are actively asking for it, we will definitely explain, if they don’t ask, we think that they have already understood!”(N7)

The uneffectiveness of the patient health education is also showed via informant N3 interview stating that patient health education done by the nurses so far has covered only general information such as handwashing, doctor’s schedule.

“The health education given by the nurse only covers general information such as handwashing, doctor’s schedule. Thus, the health education is not optimum” (N3)

Other Information found that nurses always provided health education as needed to each patient treated. The informant said that patients were given health education starting from basic human needs until further care at home. Informant N1 delivered the following statement

“The health education is provided to all patients as needed. The health education includes the function of medical devices and how long they are installed, the risk of fall, pain management, respiratory problem if a breathing disorder found, the cause of the disease and how to minimize it so that it is not infected. Discharge planning is also given to supervise of taking medication so that patients do not drop medication(N1)”

The next interview was conducted with other informants providing care for internal patient. The

informant claimed health education was given to all patients treated in the treatment room. Their statement can be seen below

“all nurses provided health education and they were recorded on the health education form in the medical record” (N8)

Next, the researchers triangulated with P7 patient. The patient was not cooperative because he was around 65 years old, so an interview was conducted with the patient’s family stating that he really wanted to know when the nurse entered and injected the type of drug but it was not delivered. Health education for hand washing and pain management is also not explained. So there is an inconsistency between the answers given by nurses and triangulation from source P7.

Then, an interview was conducted in the first class patient treatment room hoping that health education would be provided as needed. The interview produced satisfying answers from nurses and patients at once. The nurses gave a statement that the health education was always given. That statement was justified by the patient’s answer.

The description of health education by nurses varies, some claimed to do health education when they are on shift, and it was validated. There were also those considering that health education was not important, so it was better to take another nursing actions, there were also those stating to do it to patients, but after being validated, there was no significant effect to the patients. The conclusion of the description of patient health education is that health education is not given to all patients according to their needs.

The health education given by nurses had some stages that must be done. Most of the informants’ answers were that they immediately carried out health education to patients without following the procedures.

The informant admitted that he directly carried out the health education without analyzing first and did not evaluate the patient then. The informant admitted that if he had done health education to the patient, meaning that the task had been completed, later if they were confused they would come to the office to ask.

“we immediately carried out health education without conducting assessment and evaluation. We prioritized to nursing care not to health education(N9)”

Another informant stated that patient health education was only carried out in general, the more important thing was to record on the available patient health education sheet, meaning that the patient’s health education assignment has been carried out.

“We completed the health education sheet first, then we gave the education when we remembered (N3)”

Nevertheless, there was other information conveying that they did all stages correctly in health education such as data collection, needs analysis, planning, implementation, documentation, and evaluation.

Conclusion

The implementation of patient health education by nurses varies. In the treatment room with a small number of patients, the health education is given. Meanwhile, in the treatment room whose many patients, not all health education is implemented and given to patients. There were also informants who said that the patient’s education had been given but the patient felt that he had not been given. The gap occurs as informants do not evaluate patients after conducting health education so that information is not obtained well. Another reason is that the low level of patient’s education and psychology condition. This is in line with what was conveyed by [6] health workers mostly used a disease-centered approach rather than a patient-centered approach. There are even some nurses whose perception is that nursing action is more important than health education. Research [15] showed that patient education was often given a lower priority than other nursing tasks. [16] reported that although the majority of nurses in their study believed that patient education was an important part, they ranked lower than other tasks such as physical care, medical treatment, and writing report. [17] in his study also stated that low priority and low responsibility hindered patient health education activities.

Other information obtained was that the nurse conducted health education to the patient when the patient asked for it, this indicates that the patient does not understand. They assume that patients already have and receive enough information if questions are not raised. So, nurses tend to provide information only when patients ask question. Similar research showed that nurses rarely provided information to patients. Professionals only care about their own choice of routines and problems [18]. In addition, during the education process, patients don’t have a confidence to ask questions, and nurses also

rarely provide feedback or show concern for patients' non-verbal expressions.

In addition, most of informants did not complete all the process of health education starting from the assessment of patient needs, planning, implementation, documentation and evaluation. This is consistent with the research of the Health Service Medical Corporation, Inc. which states that only one-fifth of the 1500 nurses prepare to provide health education. The result of the study ^[19] also showed that in the management of cancer patient, nurse did not have a strategic plan for health education, even though they all had well-structured activities and health education media.

Nurses are in a key position to carry out health education, as they are health care providers making continuous contact with patients and families and they are usually the most accessible source of information for them. If the data collection stage is carried out effectively it will be a strong foundation to determine needs in implementing health education. Evaluation is also needed so that nurses know whether health education is acceptable to patients or not. Therefore education in patients and families becomes a more important function in the scope of nursing practice ^[20]. The nurse motivates patients to recover by providing support. One of them is emotional support. Emotional support consists of empathy, attention given by others in the form of trust and concern ^[21]. If individuals get intensive support, then individual will feel cared for and also valued ^[22] so that they can change the lives of patients via improving quality of life and recognizing the causes of disease suffered by patient and helping to reduce stress and returning hospitalization^[23].

This finding has some implications toward policy and regulation regarding patient health education and then incorporated into hospital accreditation standard for nursing practice. In addition, the organization must formulate regular planning, monitoring and evaluation and assistance so that health education with the concept of empowerment can run optimally. The hospital provides a media for patient health education so that it could be a tool to facilitate nurses in conducting health education

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