

Evaluation of Health Education Provided for Patients in Surgical Units: Patients' Perspective

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Abstract

Objective: To evaluate of health education provided for patients in surgical units from Patients' Perspective and To achieve feedback from patients about the weakest and strongest points in health staff role in providing health education. **Methodology:** A descriptive quantitative study is carried out at the surgical units in Al-Najaf teaching hospitals. The study was began from November, 2nd, 2018 to April, 1st, 2019. A non-probability (purposive) sample of hospitalized patients. It was intended to include all the patients who were hospitalized in the defined surgical unit in the sample group. The study was carried out with 100 patients after excluding those who declined to participate, those under the age of 18 or over 85 years, and those with communication problems, such as a language barrier. The data was collected by using the following tools: Part 1 Scio-Demographic characteristics, and Part 2 Health education which include (18) items concerned with the health education should be provided for patient in surgical units. **Results** The finding of this study reveals that the quality of health education should be provided for patient before surgery were fair **Conclusion:** The study concluded that the patients' views have become an important element in the evaluation of health care. **Recommendation:** The study recommends that the ongoing monitoring of patient satisfaction specific to nursing services and policy should be initiated to provide a special educational session for surgical patients about their illness and therapy.

Keywords: Evaluation, Health education, Patient perspective.

1. Introduction

In surgery, its essential for surgical patient to fully prepared physically and emotionally regarding the procedures they are about to go through (Adamson, et al, 2012). Surgical patients go through either planned (elective) or emergency surgery. In planned surgeries, patients go through a specialist team proficient examination depending on the patient's condition. Some of these proficient include the nurse, the anesthetist, the surgeon, the clinical psychologist, laboratory technician and others (Aziato & Oluyinka Adejumo, 2014).

Perioperatively, patient education helps patients understand their condition and the plan of care, to identify and manage potential complications, and to reduce hospital re-admission. This type of information reduces healthcare associated costs through decreased length of stay and improved self-management after discharge. Effective patient education has multiple requirements; some relate to the form, content, and mode of delivery required for adults, whereas other contingencies are patient-sided challenges related to illness and hospitalization. Finally, there are multiple requirements of providers (Cook, et al, 2014).

It is indicated that 80% of the patient's undergoing surgery seem to be highly motivated to change their lifestyle when they are informed about the increasing rate of complications associated with smoking, alcohol drinking and being overweight (Fraczyk & Godfrey, 2010). However, in other studies, surgical

patients did not receive adequate information about their surgery and the need to stop certain habits that could affect their healing process postoperatively (Berg, Arestedt, & Kjellgren, 2013).

This indicates the need for appropriate information provision to patients and their relatives. According to World Health Organization (WHO), about 37,000 deaths occur annually due to infection related to poor personal hygiene and other complications (World Health Organization, 2016).

It is therefore important that surgical patients shower thoroughly the evening before surgery to minimize the risk of infection. It is important that nurses educate surgical patients on the importance of deep breathing and coughing, regular gentle leg exercise and early mobilization to reduce the risk of postoperative complications. Physiologically, surgical patients are advised not to take food the night before the surgery. However, patients could be given clear fluids up to two hours and food up to six hours before surgery since fasting can be difficult to manage if the surgery is delayed. Ensuring the appropriate fasting time increases patients' comfort and satisfaction with anesthesia (Adugbire, et al, 2017).

Nurses encourage patients' participation, employ measures that could reduce anxiety and ensure proper positioning during surgery to avoid pressure sores or neurological injuries and pain (Kelvered, et. al, 2012). The nurse anaesthetist undergoes further training in administering anaesthesia and they assess and monitor patients during surgery. Their care also

includes maintaining the security of the patient. Also, nurses provide specific pain management strategies during surgery such as using multimodal analgesics and preventive analgesia to reduce patients' sensitization during surgery. Nurses optimize fluid therapy to help to reduce pain during surgery (Adugbire, et al, 2017).

2. Methodology

Design of the Study

A descriptive study was carried out through the present study in order to achieve the early stated objectives. The study was began from November, 2nd , 2018 to April, 1st, 2019.

The Sample of the Study

A non-probability (purposive) sample of hospitalized patients. It was intended to include all the patients who were hospitalized in the defined surgical unit in the sample group. The study was carried out with 100 patients after excluding those who declined to participate, those under the age of 18 or over 85 years, and those with communication problems, such as a language barrier. Data were collected by face-

to-face interviews.

The Study Instrument and Data Collectio

The data was collected by using the following tools Part 1: Scio-Demographic characteristics structured interview questionnaire sheet was designed by the researchers to meet the aims of the study, based on the literature review and was written in English language. (age, gender, residency, marital status, socio-economic status, education level, occupation status, and clinical data). Part II. Health education: The second part of the questionnaire was comprised of (18) items concerned with the health education should be provided for patient in surgical units.

3. Data Analyses

Data are analyzed through the use of SPSS (Statistical Package for Social Science) version (19) application. The following statistical data analysis methods are used to analyze and assess the results of the study:

1. Frequency, Percentage
2. Mean of score
3. Standard deviation

4. Results

Table (1): The observed frequencies and percentages of patients' in surgical units according to socio-demographic data:

Items Sub-groups		Frequency	Percent	Cumulative Percent
Age / Years	<= 20	32	32.0	32.0
	21 - 25	16	16.0	48.0
	26 - 30	8	8.0	56.0
	31 - 35	11	11.0	67.0
	36+	33	33.0	100.0
	Total	100	100.0	
Gender	Male	36	36.0	36.0
	Female	64	64.0	100.0
	Total	100	100.0	
Residency	Urban	45	45.0	45.0
	Rural	55	55.0	100.0
	Total	100	100.0	
Marital Status	Single	40	40.0	40.0
	Married	58	58.0	98.0
	divorced	2	2.0	100.0
	Total	100	100.0	
Socio-economic Status	Satisfied	15	15.0	15.0
	Satisfied to some extent	53	53.0	68.0
	Un satisfied	32	32.0	100.0
	Total	100	100.0	
Educational Level	Does not read and write	31	31.0	31.0
	Read and writes	15	15.0	46.0
	Primary school	27	27.0	73.0
	Secondary school	18	18.0	91.0
	College and Postgraduate	9	9.0	100.0
	Total	100	100.0	
Occupation Status	Housewife	47	47.0	47.0
	Retired	34	34.0	81.0
	Governmental	19	19.0	100.0
	Total	100	100.0	
Type of surgery	Urgent	31	31.0	31.0
	Emergency	34	34.0	65.0
	Elective	35	35.0	100.0
	Total	100	100.0	

Table (2): Descriptive Statistics of overall assessment of health education provided for patients:

Assessment		Frequency	Percent
Health Education	Poor health education	41	41.0
	Fair health education	54	54.0
	Good health education	5	5.0
Total		100	100.0

A total of 100 patients were screened for health education questions. table (1) shows that the majority of the study sample more than 36 years of age groups and accounted for (33.0%). also shows the majority of the study sample (64.0%) are females and the remaining are males (36.0%). Relative to subject, residency, the results indicate that the majority of study sample (55.0%) were from rural area and majority of study sample (58.0%) are married. In addition, the study results indicate that (53.0 %) of patients were exhibit satisfied to some extent in related to socio-economic status. Also the study results indicate that the high percentage (27.0%) of study sample are graduated from primary school in

related to the level of education. In addition to the occupational status the high percentage (47.0%) of study sample were housewife. Furthermore, with type of surgery, the study result shows that the high percentage of the study subjects (35.0%) with emergency surgery. This table shows the overall assessment of health education provided to the patients from nurse that work in surgical units. Table shows the majority of health education provided for patient in surgical units were fair (54.0%).

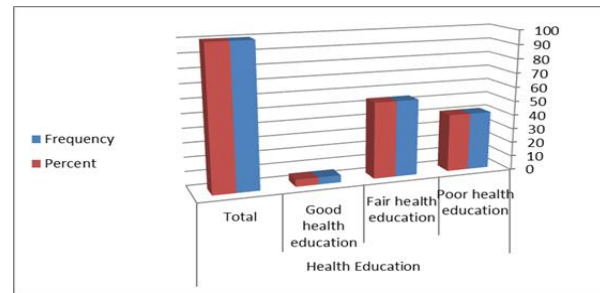


Figure (1): Overall assessment of health education.

Table (3). Mean difference of patients responses regarding health education according to the different type of surgeries:

Type of Surgery	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Urgent	31	1.6932	.35800	.06430	1.5619	1.8245
emergency	34	1.6891	.41217	.07069	1.5453	1.8329
elective	35	1.8969	.36126	.06106	1.7728	2.0210
Total	100	1.7631	.38732	.03873	1.6862	1.8400

This table shows that the patient with elective type of surgery have enough time for surgery preparing. So, this lead to increase the efficient of health education offer to the patient in surgical units.

5. Discussion

Part 1// Discussion of socio-demographic data of study sample:

Concerning their age, the majority of study sample are at age group of (36) years and more. This result match with the result of Freitas, et.al, (2014) in this study "Quality of nursing care and satisfaction of patients attended at a teaching hospital" They conclude (41-50) years as the most frequent age range.

About gender of the study sample the highest percentage were female, which is inconsistency with Goktas, et al, (2016) stated that the majority of study sample were female about (58.8 %) from study subject. Regarding the marital status, the present study shows that the majority of sample in the study groups are married. Shawa, (2017) They pointed in their study that the highest percent of study sample were 42.3 % married.

concerning the socio-economic status, the highest percentage of study sample is Satisfied to some extent. High percent of the study sample does not read and write. Shinde and Kapurkar, (2014) in agreement with this result, they found that the majority of study subject were Illiterate.

Regarding to the occupation status, the present study sample shows the high percentage (47.0%). This result is supported by a study done by (Shinde and Kapurkar, 2014) as his result indicated that the higher percentage of study sample 60.0% were unemployed. Finally, the result reveal that the most of patients have emergency operation with type of surgery.

Part 2 // Discussion of the health education provided to the patient in surgical units

The health care system is basically a service-based industry and customer satisfaction is as important as in other service-oriented sectors. Patient satisfaction and their expectations of care are valid indicators of quality nursing care. In this study, the quality of nursing care and the patient’s satisfaction with that care were investigated. The finding of this study reveals that the quality of health education were fair. Many surgical patients were not adequately prepared physically and emotionally for the surgery despite the fact previous study suggested the need to prepare patients emotionally prior to surgery (Adamson et al, 2012). This implies that it is imperative to let patients or their relatives understand and be emotionally prepared so that they will be well informed prior to the surgery. Physiologically, the nurses took patients vital signs such as temperature, pulse, respiration and blood pressure accurately to serve as a baseline for treatment as supported by previous studies (Cathy,

2013). The nurses ensured that the necessary laboratory and radiological investigations requested such as haemoglobin level, blood group, presence of Human Immuno-deficiency Virus, hepatitis B, C status and computerized tomography scan requested for surgical patients were done before surgery (Aziato & Adejumo, 2014; Bohmer et al, 2014).

6. Conclusions

According to the result of present study, the researcher concluded that: high percentage of health education provided to the patients in surgical units were fair. Patients' views have become an important element in the evaluation of health care. Also the results provided that the nurses need to know what factors influence patient satisfaction, if we have to improve the quality of health care.

7. Recommendations

Base on the result of the study the researcher recommended are following:

Ongoing monitoring of patient satisfaction specific to nursing services.

Nursing continuous education should be strengthened regarding health education.

Identify care issues that benefit from performance improvement efforts.

Develop and test nurse-sensitive indicators that is related to patient satisfaction.

Nursing job satisfaction environment will need to be improved, to enable nursing staff to dedicate themselves for serving the morbid and injured human beings.

Policy should be initiated to provide a special educational session for surgical patients about their illness and therapy.

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