

Determinants of Patient Health Education in University of Ilorin Teaching Hospital, Nigeria

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Abstract

Patient health education/teaching is an essential aspect of nurses and other health personnel responsibility that positively influences patient's health and quality of life. This study examined educational qualification and knowledge as determinants of patient health education in University of Ilorin Teaching Hospital (UITH), Ilorin, Nigeria.

A correlational research design was adopted using proportionate sampling technique to select a sample of 280 nurses, doctors and pharmacists. The hypotheses were tested using a cross-sectional correlation design with a sample of 275 nurses from 9 units in UITH. Data collected with structured self-administered questionnaires and was analysed using Statistical Package for Social Science (SPSS) version 20.

The study revealed that most respondents with mean age of 35.5 years had varying years of working experience with adequate educational qualifications. The educational status of the respondents influenced positively the knowledge of respondents about the significance of health education to patient self-care.

The study however, concluded that there was significant relationship between academic qualification and knowledge of health personnel about patient health education ($P < 0.05$, Chi-square(X^2) = 10.341, and P -value 0.035). Based on this conclusion, it is recommended that nurses, doctors and pharmacists should adopt patient teaching practices as part of their routine work schedule to improve patient compliance and adherence to treatment regimen in the hospital.

Keywords: Barriers, Health education, Health practitioners, Patient teaching strategies.

Introduction

Patient health education is an essential aspect of nursing practice that has positive impacts on patient's health and quality of life. Facilitating the patients' health education about their disease process and patients' effort to take care of themselves, as become necessary for nurses and other health workers due to changing disease pattern, increasing prevalence of chronic diseases, non-compliance and frequent readmission of patients. The need for patient self-care has also made patient education more significant on the current trend of health care needs now than ever (Oyetunde, & Akinmeyer 2015). Patient health education is a part of effective and therapeutic communication between caregivers and patients (Manias, 2010). The American Nurses Association as well as the International Council of Nurses emphasized teaching of patients as a significant element of nursing practice (Bastable, 2008), just as studies indicated that nurses indeed view patient teaching as an important part of their professional duties (Friberg, Granum, Bergh, 2012; QMarcum, Ridnour, Shaff, 2002).

Patients' health teaching is so important in patient care, but yet poor education is still a common source of patient's complaints in the health-care sector (Nader, et al., 2012). Unfortunately, it has been documented severally that patient teachings are rarely carried out by health personnel particularly in most African health institutions including Nigeria (Friberg, et al., 2016; Kääriäinen & Kyngäs, 2010). Even where it is practiced not much attention is given to it by both the health care providers and the institutional policy because of many factors including those outside control of health practitioners.

Several factors have been identified in some studies as predictor of nurses' engagement in patient health education in health institutions and these includes work overload and time pressure, insufficient knowledge and skills (Friberg, et al., 2016; Kääriäinen, Kyngäs, 2010), difficulty in communication with patients (Ibrahim, et al., 2016), lack of educational resources (Lahl, Modic, Siedlecki, 2013), limited managerial support Bergh, Karlsson, Persson, 2012; low priority given to patient education and inappropriate organizational culture (Casey, 2007; Farahani, Mohammadi, Ahmadi, 2013). Oyetunde and Akinmeyer (2014) also identified

nurses' experiences, cultural barriers, work place culture, and lack of time, as well as heavy workload, insufficient staffing, and the complexity of patients' condition as factors influencing the practice of patient education. Other barriers to patient education include clients' language differences, the dearth of educational materials in languages other than English, and the lack of reimbursement for time spent on patient education.

Bostock and Steptoe (2012) conducted a longitudinal study to determine the association between low health literacy and mortality in England; they discovered that adults with low health literacy were twice as likely to die within five years compared with adults who have high literacy skills. Limitations in health literacy have serious implications for health, resulting in a poor health status and an increase in mortality. The Health Improvement Strategy Division of the Scottish Government (2009) reported that, patients with low health literacy have poor health status and poor self-reported and longer hospital visits respectively.

In University of Ilorin Teaching Hospital (UITH), many patients for a variety of reasons have come to appreciate the deficit in their knowledge and understanding of ill health conditions and ailments they suffers. Some patients seem simply to be in denial, others choose to ignore advice possibly due to a lack of understanding and some fully understand the implications, follow advice and recommendations given by health personnel adequately. Health personnel in UITH do not consider patient education as part of routine care, but rather as opportunistic periods to other work demands. In parallel, they described educator role as difficult to grasp even if they in the hospital expressed enthusiasm for their patient-education role. Their claims were not the same as knowing how to teach nor given the time require for teaching. In this study, we hypothesized that there is no relationship between academic qualification, and knowledge level and practice of patient health education among nurses and other health workers in UITH.

Material and Methods

A correlational research design was used to

qualification, and knowledge level and practice of patient health education among nurses and other health workers in UITH. The target population for this study was 946 health workers in UITH from which 280 study population was drawn from seven wards in the hospital using proportionate purposive sampling technique. That is, 197 nurses, 45 doctors and 30 Pharmacists from male and female medical/surgical wards, Ear, Nose and Throat ward, and gynecology wards UITH. A questionnaire was designed to obtain information on socio-demographic data, relationship between educational qualification and knowledge of respondents about patient health education in UITH. The instrument used for data collection consisted all variables that determined various factors that influenced knowledge and practice of patient health education in UITH to ascertain the validity of the instrument base on the variables on the research objectives while, the internal

consistency reliability of the instrument was established through the conduct of a pilot study among 40 health personnel randomly selected in general Hospital, Ilorin, Nigeria, and the reliability index of 0.739 was obtained which shows that the instrument is reliable.

The permission for the conduct of this study was sought from ethical and research review committee of UITH and respondents were contacted for informed consent. A total of 280 questionnaires were administered and 275 completed questionnaires were retrieved with the aid of research assistants. The analysis of data was based on 275 questionnaires retrieved using Statistical Product Service Solutions (SPSS) version 20. The results were analyzed using chi-square test and results presented in percentages and tables.

Results

Table 1 showing socio-demographic of respondents (n=275)

Variables		Frequency	Percentage
Gender	Male	69	25.1%
	Female	206	74.9%
Highest Educational qualification	RN	52	18.9%
	RN/RM	62	22.5%
	BN.Sc	86	31.3%
	MBBS	45	16.4%
	B.PHARM	30	10.9%
Working experience (in years)	2-6	174	63.3%
	7-11	57	20.7%
	12 and above	44	16.0%

Table above showed majority (74.9 %) of respondents were female nurses who were mainly degree holders among the respondent respectively. Majority (63.3%) of then had put in 2-6years of working experience.

Table 2 Chi-square showing relationship between knowledge and academic qualification among health personnel in UITH (n=275)

Academic qualification	Knowledge patient health education			Pearson chi-square X^2	p-value	
	Good	Poor	Total			
RN/RM	109	8	117	10.341	0.035	4
BN.Sc	86	0	86			
MB.BS	40	2	42			
B.Pharm	30	0	30			
Total	265	10	275			

Table 2 showed that there was a significant relationship between academic qualification and knowledge about patient health education among nurses and other health personnel in UITH with p value (0.035) < 0.05, therefore the null hypothesis was rejected at $X^2(4, N=275) = 10.341, P = 0.035$. This implied that academic qualification of health personnel influence the knowledge about health education among health personnel in UITH

Table 3 Chi-square showing relationship between knowledge level and practice of patient health education among health personnel in UITH

(n=275)

Health professionals	Knowledge about practice of patient health education			X^2	P-value	
	Good	Poor	Total			
Nurse	172	28	200	52.625	0.001	2
Doctor	39	6	45			
Pharmacist	9	21	30			
Total	220	55	275			

Table 3 shows that there is significant relationship between knowledge level about and practice of patient health education with p value (0.001) < 0.05, therefore null hypothesis was rejected thus $X^2(2, N=275) = 52.625, P = 0.001$. This implied that knowledge of health personnel influence the practice of health education among health personnel in UITH.

Discussion

The socio-demographic profile of the respondents in this study showed 35.5 years as mean age of the respondents who have had 2 to 6 years of working experience. The nurses' constituted the largest groups of the respondents with dual (B.N.Sc and RN/RM) qualification just like Doctors and Pharmacist in their respective

areas of specializations. This implies that most respondents are adequately educated which by implication will translates into high level of knowledge about patient health education in the hospital. This study also showed that there was significant relationship between academic qualification and knowledge about patient health education among health personnel in UITH with p value (0.035) < 0.05, rejecting the null hypothesis. This means that academic qualification of health personnel influences health personnel knowledge about health education in UITH. It is however, not surprising in this study that the high knowledge level of health personnel about patient health education in the areas of effectiveness of patient teaching especially on the need for patient becoming healthy and avoid illness, compliance and adherent to treatment regimen in UITH. The

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