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PATIENT HEALTH EDUCATION: A SYSTEM OF PATIENT EMPOWERMENT

N. Jibril Umar Ph.D¹,

A. Arimiyau Sanusi Ph.D²

Badaki Olusegun Ph.D³

Abstract

Patients world over are increasingly aware of their rights to health care and interested in adequate and appropriate health care services and wellbeing. The patient quest for effective health services has triggered their curiosity to learn and know more about their ill health. Health workers are continually faced with the challenges of meeting and providing patients with sufficient information concerning their health. The health care workers must provide patient opportunities for health information and communication to guide patient decisions for informed choices of action about their prevailing ill health conditions.

Health workers particularly the health educators are charged with responsibility of designing means of empowering patients with relevant health knowledge about their illness condition. This paper discussed patient education on his/her illness condition, methods of patient education, conditions that favours patient education. The paper also looked at various factors that influenced patient's right to choice of care and compliance to treatment regimen, explore strategies to adopt to communicate health information to patient on admission and as out-patient. The paper further discusses measures to encourage patient/family involvement and participation in their treatment and implication of patient education to health education.

Keywords: patient education, empowerment, health education, patient knowledge, impact

Introduction

Patient education is a process by which health professionals and others impart health information to patients and their caregivers that will alter their health status. Anyone could fall a victim of one form of illness or the other and once one is infected or affected with any form of disease or illness he/she assumed a sick role and labeled as patient. The individual who assumed sick role may seek for helps from health workers and other healing individuals in the society depending on his/her perception about the illness. The successful delivery of health care services to patient lies largely on the number of factors, principal among these are; accessible and affordable health care services, trained and qualified health personnel, provision of health facilities. Others are adequate involvement and mobilization of the beneficiaries of health care services and patient education about prevailing health problems. Involving the patients to actively participate in their care has become a priority for policy makers,

¹Department of Nursing Science, College of Health Sciences, University of Ilorin,

²Department of Health Promotion and Environmental Health Education, University of Ilorin

³Department of Science Education, Human Kinetics and Health Education Unit,
Federal University, Dutsinma, Katsina State, Nigeria.

with the goal of improving health care delivery system quality and efficacy (Hibbard, Mahoney, Stock, & Tusler, 2007; Hibbard & Cunningham, 2008; Johnson, (2011).

Several studies have confirmed that patient involvement levels in health care differ by race and ethnicity (Hibbard et al., 2008; Hibbard, Greene, & Overton, 2013), with African Americans and Latinos demonstrating lower engagement levels compared to Whites (Cunningham, Hibbard, & Gibbons, 2011). In Africa particularly in Nigeria health institutions patient involvement in their care was passive not much recognition is given to patient and family participation in health care delivery. The non-involvement in their care is probably responsible for patient's non-compliance to treatment regimen, readmission and was also linked to poor prognosis. This aforementioned problem of non-involvement of patient and family members has been partly attributed to poor patient knowledge about their disease condition, treatment regimen and lack of patient interest in the care plan.

In this article, "patient is defined as individual or groups either sick or well who seek for or come for health care services in the society. While, Education in the context of health is viewed as a process of imparting health information and messages to a well and sick individual for the purpose of improving knowledge and skills of target group about particular ill health situation and self-care. Health education according to World health Organization, is defined as any combination of learning experiences designed to help individuals and communities to improve their health, by increasing their knowledge or influencing their attitudes (WHO; 2003). While Peter and Koongstvedt, (2001) viewed health education as a tool used by managed care plans, and may include both general preventive education or health promotion and disease or condition specific education. However, in the context of patient education, Redmon (2006) defined patient education as the process by which the patient comes to comprehend his or her physical condition and self-care by the use of various medians and experiences. Patient education is acquired through trained health professionals and others by way of imparting health knowledge and information to patients and their caregivers by using combination or a variety of methods that will alter their health behaviors or improve their health status for the purpose of guiding patient for informed choice and take decision about their own health (Riemsma, Taal, Kirwan & Rasker; 2002; Jump up, 2014). These methods might include the provision of information and advice and behaviour modification techniques, which influence the way the patient experiences his illness and/or his knowledge and health behaviour, aimed at improving or maintaining or learning to cope with a condition, usually a chronic one (Riemsma, Taal, Kirwan and Rasker; 2002). Subsequently, patient education has been observed by Farlex, (2012) as a medium to assist the patient gain knowledge, skill and value or attitude related to health problem or for health promotion.

Types of patient health education

The types of patient education depend on the nature of patient ill health condition and the strategies to adopt for patient education. However, there are three main types of patient education based on Riemsma, Taal, Kirwan & Rasker (2002), Riemsma, Taal, Kirwan & Rasker (2004) classification.

The three types of patient education are:

1. **Information:** This involves interventions aimed primarily at the exchange of information by means of persuasive communication or information brochures. Patients need information to understand what is wrong, gain a realistic idea of prognosis, make the most consultations and understand the processes and the likely outcomes of possible tests and treatments. The information at the disposal of patient will assist in self-care, learn about available services and sources of help, provide reassurance and help to cope with situation (Molenaar, Sprangers MAG, Postma-Schuit, Rutgers, et al 2000).
2. **Counseling:** includes interventions mainly aimed at social support and giving patients the opportunity to discuss their health-related problems. Riemsma, Taal, Kirwan and Rasker (2002) opined that, emphasis should be on counseling patients to promote their health to cope better with their illnesses. This intervention should involve educating patients to better understand their medical conditions or the choice between two treatments. It will also encompass the need to facilitate communication between patients and health-care providers so as to respond to patients' concerns, help patients to make informed decisions on treatment and promote their ability to cope with health problems (Finset 2007).
3. **Behavioural treatment:** These are interventions that include techniques which aim at behavioural change; such as behavioural instruction, skills training and biofeedback, Riemsma, Taal et al (2002) gave examples of this as cognitive behavioural therapy, an evidenced-based and empirical way of using education to change behaviour.

Levels of Patient Education in Health Institutions

Patient health education is being practiced in all levels of health care and in any setting in Africa particularly in Nigeria. Health care institutions at tertiary, secondary and primary levels especially hospitals are increasingly challenged to engage patients and families in healthcare management and support them in making informed decisions to improve their overall health and wellness (Kathleen Roney, 2012). Patients world over are increasingly interested in their health and wellbeing, and they are becoming more conscious of their right to health and willingness to learn and know more about their ill health. Although patient health education has been in practiced among nurses and doctors in health institutions but not enough attention has been given to its effect on the patient knowledge, health promotion practices, illness prevention, compliance to treatment regimen and attitudinal change of the patient. This was also observed by other researchers that in daily practice, patient education is seen as mere health information by nurses and doctors in the health institutions in Africa and that patient education are often part of a treatment programme but seldom used as single intervention. Health workers are now faced with the challenges of providing patients with the right information regarding ill health, health promotion activities and provisions of health care services in all settings.

Purpose of Patient Health Education

The purpose of patient health education is multifaceted owing to the nature, severity and multidimensional approach of patient management. However, the following are the purposes of patient health education:

- To increase patient's and family's understanding of the patient's health status, health care options, and consequences of options selected to be encouraged in participating in decision making about health care options
- To increase the patient's and family's potential to follow the therapeutic health care plan to maximize their care skills in order to cope with the patient's health status and prognosis and outcome
- To enhance the patient's and family's role in continuing care, promote a healthy patient lifestyle, maintain health and illness prevention. It also includes restoration of health to reduce patient readmission, improve compliance to treatment regimen and coping with impaired functioning following discharge.

Conditions Necessary for Patient Health Education

In order to educate patient effectively and efficiently, the care givers must carefully design a care plan which will involve the patient and family to reflect his/her preferences. The patient's medical intelligent quotient (IQ) must be considered in the written and oral communication USAID (2012). Patients must understand their medications including reasons for use, symptoms that are cause for alarm and monitoring requirements. Similarly, they must appreciate the importance of pending test results, discharge services like durable medical equipment, home healthcare and scheduled follow up visits. It is vital to delineate whom to call with questions or concerns during and after normal business hours.

Principles of Patient Health Education

The goal of patient education has changed from telling the client the best actions to take, to now assisting clients in learning about their health care to improve their own health (Freda, 2004). Thus, the principles underline the concept of patient health education are:

- Principles of social responsibility and mutual respect to the dignity of patient as a person
- Principles of respect to patient privacy, confidentiality and trust between the care giver and the patient
- Principles of freedom of choice to personal health decision and participation in one's own care

Significance of Patient Health Education

The patient health education has become necessary owing to the challenges faced by health care institutions worldwide and that impose the need for a paradigm change in the approach to healthcare. The dimension of health care approach could be at policy level, political, economic and environmental level. At a healthcare implementation level in all settings and at lifestyle perspective, attitudinal change and behavioural modification is a key to new trend in health care delivery. In chronic disease, with the patient needing daily care and medication, patient health education becomes main focus and shift towards patient empowerment and self-management of

the condition, with guidance by primary healthcare providers (Busse, Blumel, Miriam, Schller-Kreinsen & Zentiner, 2010). Patient health education is also significant in the following areas:

- To increase patient's and family's understanding of the patient's health status, health care options, and consequences of options selected
- To encourage patient, family participation in decision making and increase their potential to follow the therapeutic health care plan
- To maximize patient and family care skills. To increase the patient's and family's ability to cope with the patient's health status and prognosis and outcome
- To enhance the patient's and family's role in continuing care, promote a healthy patient lifestyle, maintain patient health and illness prevention as well as restoration of health which will reduce patient readmission.
- Ensure patient compliance to treatment regimen, Coping with impaired functioning and provide opportunity for self-care following discharge (Health Compass: nd).

Approaches to Patient Health Education

A. Assessment for individualized teaching: In this first phase, for effective patient-education strategy care giver must first assess the individual/target group and family, identify the patient's needs and adjust teaching to these needs (Rankin, 2001). Find out what motivates each patient. What's important to him or her? Motivational interviewing can help make the teaching more effective. One idea is to let the patient choose the topic of most interest, and then address that area first. Nurse or other care giver must ask some key assessment questions to determine the effectiveness of the topic taught, including these according to London (2009):

1. What's the patient's educational level?
2. How well does the patient read?
3. Does the patient have the ability to read and comprehend instructions for medications, diet, procedures, and other regimens?
4. What's the patient's learning style? For example, does the patient prefer reading printed materials, viewing audiovisual materials, or watching demonstrations?
5. What are the patient's English language skills? Is the patient's first language something other than English?
6. Would the patient like to know everything possible about the health concern or just the basics?
7. Does the patient see and hear well?

B. Diagnosing patient learning needs: Based on this assessment of the patients' needs, the nurse then formulates a diagnosis and treatment plan. It should be tailored to the patient's health needs and educational level. The end product of this assessment is a diagnosis which will serve as a guide for treatment. This diagnosis is a sound judgment based on data and information (Rankin, 2001). In the hospital, it is especially important for nurses to begin patient teaching at the time of admission. It is equally important to document this teaching for