

NIGERIAN JOURNAL OF HEALTH EDUCATION

Vol. 21, No.1, 2017

njhe

ISSN: 119-7323

NIGERIAN Journal of Health Education

Vol. 21, No. 1, 2017

**njhe is an Official Journal of the
Nigerian Association of Health Educators.**

EDITORIAL BOARD

Professor Ikponmwosa Owie

Department of Health Safety and Environmental Education,
Faculty of Education, University of Benin, Benin City.

Editor-in-Chief

Professor C. O. Udoh

Department of Physical and Health Education,
University of Ibadan, Ibadan.

Consulting Editors

Professor O. G. Oshodin

Department of Health Safety and Environmental Education,
Faculty of Education, University of Benin, Benin City.

Consulting Editors

Professor Richard I. Papenduss

Division of Committee and Environment Health,
University of Arizona, Tuscon Arizon 85719, USA

Consulting Editors

Professor J. O. Okafor

Department of Physical and Health Education
Nnamdi Azikiwe University, Awka

Consulting Editors

Professor I. E. Achalu

Department of Physical and Health Education
University of Uyo, Uyo.

Consulting Editors

Prof. Ursula Nnabueze

Department of Health and Physical Education
Enugu State University of Technology, Enugu.

Consulting Editors

Prof. C. Ene

Department of Health Physical Education,
University of Nigeria, Nsukka.

Prof. A.I. Ogbalu

Department of Physical and Health Education
Nnamdi Azikiwe University, Awka

Consulting Editors

EDITORIAL ASSISTANTS

Daniel Aideyan, Norris Erhabor

Department of Health Safety and Environmental Education,
Faculty of Education, University of Benin, Benin City.

HEALTH LITERACY: A VERITABLE TOOL IN HEALTH PROMOTION AND HEALTH CARE DELIVERY Hamilton-Ekeke, Joy-Telu	96
FACTORS INFLUENCING STUDENTS ATTENDANCE OF HEALTH EDUCATION CLASSES IN COLLEGES OF HEALTH TECHNOLOGY, OFFA, KWARA STATE S.O. Oniyangi & Alaro, Amuda Funsho	108
UTILIZING COMMUNICATION STRATEGIES TO IMPROVE EFFECTIVE HEALTH CARE DELIVERY SYSTEM IN NIGERIA Odejerho Emmanuel & Aghatotikolo Ogbeide	117
NURSING MOTHERS ATTITUDES TOWARDS CHILDREN IMMUNIZATION IN UWELU PRIMARY HEALTH CENTER EGOR. Olowomeye .T.A, & Makinde O. A.	135
INFLUENCE OF DEMOGRAPHIC FACTORS ON THE PERCEIVED CAUSES AND PREVENTION OF HYPERTENSION AMONG PATIENTS IN UNIVERSITY OF ILORIN TEACHING HOSPITAL, ILORIN. Fashiku Adeoti Elizabeth & Abdulraheem, Adijat Mojisola	148
HEALTH EDUCATION: A PANACEA TO CHILD MORTALITY IN SCHOOLS Akinmusere, Ayo Kayode & Adisa, Timothy Oluwole	164
CONSTRAINTS TO BEDSIDE HEALTH EDUCATION OF DIABETIC PATIENTS AT THE UNIVERSITY COLLEGE HOSPITAL, IBADAN NIGERIA Jacob Olusola Odelola	172
PERCEIVED DETERMINANTS OF CHILD MORTALITY IN ONDO NORTH SENATORIAL DISTRICT, ONDO STATE, NIGERIA. Obalase Stephen Babatunde & Adelusi, Joseph Olusegun	186

ON 96	OBESOGENIC ENVIRONMENT AS PREDISPOSING FACTOR TO OBESITY AMONG SCHOOL-AGE CHILDREN FROM HIGH SOCIO-ECONOMIC FAMILIES IN A NIGERIAN CITY Anyanwu, Francisca Chika & Akinpelu Grace 201
Y, 108	IMPROVING ROUTINE IMMUNIZATION THROUGH DATA MANAGEMENT IN NASARAWA EGGON LOCAL GOVERNMENT AREA OF NASARAWA STATE Odia Jerry Ilegbenihi & Oladipupo Segun Peter 211
117	COMPUTER VISION SYNDROME AMONG COMPUTER USERS AND ITS IMPLICATIONS FOR EYE HEALTH EDUCATION IN NIGERIA Julius Olugbenga Owoyemi 218
135	PREVALENCE AND RISK FACTORS OF COMMON PREGNANCY COMPLICATIONS AMONG PREGNANT WOMEN IN OWRERI CAPITAL TERRITORY IMO STATE Eze-Ufodiana, Stella .C.; Okafor, Jerome .O & N.M Onuzulike 231
ENTS 148	PATIENT EDUCATION: THE ROLE OF NURSES WITHIN THE HEALTHCARE DELIVERY SYSTEM Shuaib Khadijat, Ohunene; Ibrahim, Ologele; Abdullahi Kilani Shehu & Ajara, Taofiq Abiola..... 250
164	INFLUENCE ON SOCIOECONOMIC STATUS ON UTILIZATION OF ANTE NATAL CARE HEALTH FACILITIES AMONG PREGNANT WOMEN IN KWARA STATE, NIGERIA F.M. Rejuaro, Ph.D ¹ M. J. Umar, Ph.D ² A. A. Imam Afolayan ³ , J. Adeleke Ph.D ⁴ A. O. Onasoga, M.Sc ⁵ 260
172	KNOWLEDGE AND UPTAKE OF POSTNATAL CARE AMONG RURAL AND URBAN WOMEN OF CHILD BEARING AGE IN BAUCHI STATE Sani Buba; Bulus Yuyu Maiyanga & Abdullahi Mohammed Isiyaku 271
186	A COMPREHENSIVE OVERVIEW OF THE ROLE OF RECREATION SPORTS AND DANCE ON COMMUNITY WELLBEING Omaka-Amari Lois Nnenna & Obande- Ogbuinya Nkiru Edith 282

MATERNAL AND CHILD HEALTH IN NIGERIA: ACHIEVEMENTS IN RIVERS STATE AND IMPLICATION FOR HEALTH EDUCATION Azuoko, Ubong George-Best; Chukumati, Christiana Nkanunye & Walker, Doubrapade	294
CONSTRAINTS TO EFFECTIVE DISSEMINATION OF HEALTH EDUCATION IN THE HEALTH CARE DELIVERY SYSTEM Oladimeji Ayodeji Amos and Olofintuyi Oluwaseyi O.	307
RATIONAL EMOTIVE BEHAVIOUR THERAPY AND THE TEACHING OF SEX EDUCATION AMONG SECONDARY SCHOOLS STUDENTS IN OYO STATE Ojewola, Florence O.	318
ACCEPTANCE OF MODERN METHODS OF FAMILY PLANNING AMONG WOMEN OF CHILD BEARING AGE IN OLUKU COMMUNITY, OVIA NORTH EAST LOCAL GOVERNMENT OF EDO STATE Ehiorobo Ehiosumwen Helen	332
ASSESSMENT OF GENDER DIFFERENCE ON UTILIZATION OF HEALTH INFORMATION FOR HEALTHFUL DECISION MAKING AMONG STUDENTS OF TERTIARY INSTITUTIONS IN KANO STATE A.I. Hassan, & Auwal Nura Magaji	343
INFLUENCE OF HEALTH EDUCATION SERVICES IN THE IMPLEMENTATION OF PRIMARY HEALTHCARE ON LACTATING MOTHERS IN ETHIOPE EAST LOCAL GOVERNMENT AREA, DELTA STATE Onohwosafe, Suoke. Peter Ph.D ¹ Oniomovigho, Uche Tessy ²	354

PATIENT EDUCATION: THE ROLE OF NURSES WITHIN THE HEALTHCARE DELIVERY SYSTEM

Shuaib Khadijat, Ohunene M.Ed¹ Ibrahim, Ologele Ph.D.²
Abdullahi Kilani Shehu³ Taofiq Abiola, Ajara⁴

Abstract

Information is power and as such, it is necessary to educate patients on the nature of their ailments, outcomes, benefits and risks of procedures, to involve them in decision making process and enable them to achieve fully informed consent. Patients have become more conscious consumers of healthcare, they expect to be given more information and many express a desire to participate in medical decision making. Patient education is a core component of nurses' training however, the skills are perfected over the years in the course of practice. Nurses therefore, need to appreciate the significance of patients' education and as such, make it an important aspect of nursing care in their day to day activities. It was recommended that; Patient education should be considered as a crucial aspect of healthcare and should be routinely carried out in all healthcare services, healthcare providers should use common or local language to impart health knowledge to patients so as to enable them understand the health information passed to them and this will encourage them to ask questions on areas not clear to them.

Key Words: Patient Education, Nursing, Health Care System.

Introduction

Information is power and as such, the nurse equipped with the adequate skills and knowledge of disease causal entities and preventive measures, takes it as a responsibility to impart the knowledge of how to promote and maintain a healthy lifestyle as well as how to prevent ailments. Nurses are key to providing effective health education; patient education is one of the most crucial aspect of nursing care. It is necessary to educate patients on the nature of their ailments, outcomes, benefits and risks of procedures, to involve them in decision making process and enable them to

^{1,2,4}Department of Health Promotion and Environmental Health Education, Faculty of Education, University of Ilorin, Kwara State, Nigeria,

³Kwara State College of Health Technology, Offa,

achieve fully informed consent. Patients have become more conscious consumers of healthcare, they expect to be given more information and many express a desire to participate in medical decision making. Information and participation needs of patient as well as increased awareness in the society of the healthcare ethics and respect for patients' autonomy, have become important elements of modern healthcare (Molenaar, Sprangers, Postma-Schuit, Norlander & Hendricks, 2000). The shift in the paradigm towards partnership with the patient and shared decision -making means that patients are expected to take an active health promotive and self-managing role (Whitehead, 2008).

Patient education is one of the fundamental aspects of holistic nursing care. It empowers people and encourages them to seek health improving behaviours and self-care leading to a healthy life and smooth recovery. Patient education plays a vital role in all aspects of care, from prevention to treatment. Nurses educate patients as well as their families by providing them with information that is understandable and appropriate for promoting awareness and optimal health (Beta, 2014). According to Bosch-Capblanc, Aba, Pictor & Garner (2009), health promotion by nurses can lead to many positive health outcomes including adherence, quality of life, patient knowledge of their illness and self- management. Communication is an important aspect of health promotion skill that helps the nurse in the patient education (Mc Donald, 1998; Nacion et al, 2000; Burge & Fair, 2003, Jerden et al 2006 & Casey, 2007). Aghakhani, Nia, Ranjbar, and Beheshti (2012), opined that effective patient education can be achieved through the use of an open communication style, written instructions and addressing barriers. In the same vain, Beagley (2011), asserts that the use of pamphlets, handouts, pictures, demonstration and rephrasing key points, are strategies to effective education. Patient education is a core component of nurses' training however, the skills are perfected over the years in the course of practice. Nurses therefore, need to appreciate the significance of patients' education and as such, make it an important aspect of nursing care in their day to day activities.

The need for patient education cannot be overemphasized because most times, cultural background, beliefs and value system affects health seeking behaviour of individuals. We have had cases of people who are ill and instead of accessing the hospital, will prefer to visit the traditional healers;

you hear statements like, "it is not the hospital type of ailment" their mind sets in this case, is that there are certain ailments that the hospital cannot handle. Some other categories will go to the hospital but will want to dictate their preferred line of treatment; they are the ones who will claim that some diseases do not require injections or surgical intervention or else the ailment will be aggravated, they usually exclaim and say " ah, won kin gba aberesi" meaning that injection must not be taken on this type of ailment otherwise, it worsens. Sometimes as an ophthalmic nurse working in the clinical area, when the ophthalmologist assesses a child with congenital cataract for instance and informs the parents that such child needs surgery, the parents usually decline vehemently claiming that the child is too young and more so, when they are informed that the baby will be on glasses for sometime; the parents turn to tell you even they as the parents of the child are not using glasses why then is it a child that is just some months old that will be using glasses? These are just a few of the numerous encounters the writer experienced in the course of her clinical practice. All these problems are borne out of sheer ignorance and misconception. However, understanding that has helped the writer to diligently educate them and with empathy as well as the ability to communicate with them well, the challenges were usually overcome and such patients or their parents as the case may be, usually come back being grateful.

Who is a patient?

Literarily speaking, a patient can be referred to as a person who requires medical care or someone who is sick and is waiting for health care, receiving or already received health care services. The patient can be as young as a day old to as old as over a hundred years. Irrespective of their ages, gender, socio-economic or cultural background, one thing they share in common is, there is a 'need' to be met and the nurse plays a significant role in meeting these needs.

A nurse on the other hand, is an individual who has undergone the prerequisite training in a recognized institution and has passed the prescribed examination and is licensed to practice as a nurse. The nurse gives care to the sick, the injured and also helps people stay healthy and fit; they also help people in end-of-life needs and assist other family members with grieving. It is the nurse who receives the child into the world, stays through the developmental stages of life and is there by the bedside when he /she takes

the last breath exiting the world. The nurse never leaves you! Henderson (1897-1996), a nurse and renowned theorist therefore, defined nursing in functional terms as, "The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery or to a peaceful death that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible."

The duties of the nurse transcends the misconception that all they do is just to give injections and administer drugs. Therefore, it will be worthy of note to state that the role of the nurse in the healthcare system is an unrivalled one. The presence of the nurse symbolizes a healthcare facility, the nurse in their angelic appearance, soft words and emphatic disposition towards the sick, gives a healthcare facility its unique healing quality and that is why the sick seeks healing in the hospital.

The role of the nurse has included clinical nursing practices, consultation, follow up treatment, patient education and illness prevention. This has improved availability of healthcare services, reduced symptoms of chronic diseases and increased cost effectiveness and enhanced customers' experiences of healthcare services (Stromberge, Martenson, Fridlund, Levin, Karlsson & Dahlstrum, 2003). Nurses do not just wait for the patients in the hospital but sometimes take their services to the doorsteps of the patients; this can be seen during immunization programmes, outbreak of diseases and during health campaigns for awareness creation. Nurses work in all the tiers of health care delivery system viz:

Primary care setting (preventive and wellness)- at this level of care, the goal is to decrease the risk of illness in individuals the nurse gives information ranging from simple hygiene, diet moderation, immunization, exercises, smoking cessation amongst others as ways of preventing diseases.

Secondary care setting- treatment at this level can be medical, surgical or a combination of both. The patients need to be guided through the medication dosing and ensuring that the patient is taking the correct drug and at the correct time, where there are likely reactions, it is the duty of the nurse to inform the patient of the likely side effects and prepare the patient's mind ahead of administration of the drug. When the patient has to undergo any other procedure whether surgical or not, the nurse owes the patient, the duty

of information to know what to expect and how to cope with the procedure. In surgical cases, the nurse gives both pre-operative and post operative education as the case may be. The nurses' role here as an educator cannot be overemphasized because information obtained by the patients have a great influence on their recovery time.

Tertiary care setting (restorative/rehabilitative)- this level of care is designed to restore an individual back to an optimal level of health. The goal is to decrease the risk of permanent disability related to disease or illness; some of the care at this level include: physical therapy, occupational therapy, speech therapy, respiratory therapy and use of durable medical equipment etc.

The nurse ensures that the patient is not alone throughout the restorative period. Henderson's definition of nursing encompasses all the roles of the nurse from the preventive, curative and restorative periods or to a peaceful death.

TIPS FOR PROVIDING EFFECTIVE PATIENT EDUCATION

Create and maintain good rapport with the patient- this enables the patient to gain trust and confidence in you and as such ready to listen to your teachings. Take advantage of technology- technology has made patient education materials and guidelines more accessible. Health education messages can be recorded as audio, visual or audio-visual messages. They can also be printed as posters, handbills and fliers; they can be made available in different local languages and distributed to patients when they visit the health facility. Ensure patients/clients are given the ones they can read and understand. Do not just hand them over to patients but review with the patients to ensure that they understand the instructions and endeavor to answer questions that may arise.

Consider your patients' limitations and strengths. Does the patient have any form of impairments? Physical, mental or emotional; which impacts his/her abilities to learning? Consider their varying limitations. For patients who are visually impaired, audio materials will be more effective; the hearing impaired will benefit from visual materials and hands on method instead of simply providing verbal instructions. Always have patients explain what you taught them to ensure they understood what was taught.

Involve family members – when family members are involved in the patient education, it improves the chances that instructions will be utilized. Families play a critical role in healthcare management.

Lastly, make it a habit to routinely educate the patients as this will enhance the skill in you.

The role of the nurse in patient education can be summed as:

Educational –offering, supplementing, renewing information, knowledge and skills.

Informative –identifying educational directions

Advisory –eliminating misunderstanding

Promoting understanding of health as a value and developing interest-promote cooperation for health preservation and prophylaxis. Develops patient's self –esteem understanding the personal role

Supportive –encouraging cooperation having increased patient's security. Show emotional understanding, empathy.

Organizing –identifying the meaning of time resources. Remove educational barriers.

Challenges in Patients' Education

Lack of the necessary skills for educating the patient that is, little or no experience- the skill of communication is acquired over the years of experience in clinical practice, therefore an inexperienced nurse may not be as efficient as the well experienced senior nurse in the hospital.

Language barrier (communication gap) - inability to speak in the patients' local language or language of communication is a great barrier to adequate health education. In this case, the nurse needs to employ the services of an interpreter to ensure that the information passed is adequately understood and not misinterpreted.

Non-availability of relevant educational materials to reinforce health talks- materials such as pamphlets, posters and flipcharts, are ways of constantly reminding the patient about the dos and don'ts of both the hospital policy as well issues concerning the patients' health.

Patients' varied learning styles – because of individual differences, variation is bound to exist in the level of understanding / assimilation. While some

prefer to listen to health talks, some prefer to read from the pamphlets some others will prefer to watch a video pertaining to the topic being discussed therefore, when this is considered, patients will be treated on individual basis (individualized care/nursing).

Patients' limitations- learning materials could be in prints, audio, visual or audio-visual. While the visually impaired will benefit from the audio materials, the hearing impaired will also benefit from the visual and print materials. The nurse has to assess the patient to know which of the materials will benefit the different patients.

Inadequate manpower- shortage of manpower can negatively affect patient education when the few hands on ground are over-burdened.

Non-availability of logistics like public address system, electricity etc.

In the works of Borhani (2001), lack of motivation and rewarding system is also a barrier to effective patient education. He opined that lack of motivation among nurses to educate patients is one of the most important reasons for ineffective patient education as motivation is a force which helps people to achieve their goals and creates eagerness and readiness to do their task.

In the course of the nurses performing their duties, Borhani (2001) & Azimi, Alhani & Hedayatiy (2011), assert that the nurses are faced with several problems which have been grouped into two from the nurses' perspective. The problems are those related to the nurses themselves and those related to the working environment. Among the factors related to the nurses are; lack of information regarding the techniques and tactics of education and lack of a recognition of the patient's educational needs. While factors related to the working environment are; shortage of nurses, lack of time and working personnel, insignificance and absence of priority for the patient education in the organization and absence of sufficient specific references are considered as the main barriers from the nurses' view (Goodarzi, 2004 & Hekmatpou, Mohammadi, Ahmadi & Arefi, 2009)

Conclusion

Patient education is a core component of nurses training, however, the skills are perfected over the years in the course of the practice. Patients have become more conscious consumers of healthcare, they expect to be given more information and many express a desire to participate in medical decision making. Nurses educate patients as well as their families by providing them

with information that is understandable and appropriate for promoting awareness and optimal health.

Recommendations

- ✓ Patient education should be considered as a crucial aspect of healthcare and as such should be routinely carried out.
- ✓ Healthcare providers should consider the local languages of their patients during health education and make provisions to accommodate the diversities by getting an interpreter which may either be a staff of the hospital or a willing patient relative to translate the information to patients' understanding.
- ✓ Relevant educational materials should be made available for patients to take home to serve as reminders.
- ✓ Patients should be individualized in their care and as such, healthcare providers should consider the individual differences that exist among them as this also affects their learning styles
- ✓ Consider their varied limitations and use appropriate channel of instruction
- ✓ There should be adequate hands on ground to attend to the different needs of the patients; where there are no enough working hands, there is the tendency that patient education may not be given adequate consideration since the nurse needs patience with the patient, if the workload is over bearing, it may jeopardize the desired attention.
- ✓ Availability of logistics promotes efficiency in services- finance is a major determinant of what materials are made available or not. Means of transportation to and from the communities, is equally a determinant of the success or failure of outreach programmes.

References

- Aghakhani, N. ,Nia, H., Ranjbar,N. & Beheshti,Z.(2012). Nurses' attitude to Patients' Education Barriers in Educational Hospitals of Urmi University of Medical Sciences. *Iranian Journal of Nursing and Midwifery Research*, 17(1) 12

- Azimi, A. Alhani, F. & Hedayatiy, K. (2011). Explaining the experiences of Nurses of barriers and facilitators of nurses in patient education. *Iranian journal of Medical Education*.11:632-20
- Beagley, L. (2011). Educating Patients: Understanding Barriers, Learning Styles and Teaching techniques, *Journal of Educational Research*, 2(7) 441-446.
- Beta, G. (2014). Patient Education –Relevance in Nursing Education and Practice. *American Journal of Educational Research*, 2(7) 441-446
- Bohrani, F. (2001). Barriers to Patient Education from the perspective of Nurses and Nurse managers. *Journal of Qazvin University Medical Science Health Services*.20:84-90
- Bosch-Capblanc, X, Abba, K. Pricitor, M., & Garner, P. (2007). Contracts between parents and healthcare practitioners for improving patients adherence to treatment, prevention and health promotion activities. *The Cochrane Database of system Reviews*,18(2) 71-73
- Burge, L. E. & Fair, J. (2003). Promoting prevention skills, sets and attributes of healthcare providers who deliver behavioural interventions, *Journal of cardiovascular Nursing*, 18(4) 256-66
- Casey, D. (2007). Findings from non-participant observational data concerning health promoting nursing practice in the acute hospital setting focusing generalist nurses, *Journal of Clinical Nursing*,16(3) 580-592
- Goodarzi N. L. (2004). Factors affecting client education process from the perspective of nurses. *Journal of Nursing and Midwifery*, Tehran University Medical Science. 10:57-65.
- Griffiths, C., Mites, K. Aldam, D. Cornforth, D. Miton, J. & Edward, S (2007). A Nurse-and Pharmacist-led Treatment Advice Clinic for patients attending an HIV Outpatient Clinic, *Journal of Advance Nursing*, 58(4)320-6
- Hekmatpou, D., Mohammadi, E. Ahmadi, F & Arefi, H.(2009). Lack of sensivity to readmission: A grounded theory study for explaining the process of readmitting patients suffering from congestive heart failure. *European journal of cardiovascular Nursing*. 8:355-63
- Jerden, L., Hillervik, C., Hansson, A. C. Flacking, R., & Weinehall, L.(2006). Experiences of Swedish community health nurses. *Scandinavian Journal of Caring Sciences*. 20(4) 448-454.

- Mc Donald, E. (1998). The role of project 2000 educated nurses in health promotion within the hospital setting, *Journal of Nurse Education*, 18(3)
- Molenaar, S., Sprangers, M A G., Rutgers, E J T, Mulder, J., Postma-Schuit, F C E, Hanneke, & C J M de Haes (2000). Decision Support for Patients with Early-Stage Breast Cancer: Effects of an interactive Breast Cancer CDROM on Treatment Decision, Satisfaction and Quality of Life *Journal of Clinical Oncology*. DOI:<http://dx.doi.org/10.1200/JCO.2001.19.6.1676>
- Stromberge, A., Martenson, J., Fridlund, B., Levin, L. A, Karlsson, J. E., & Dahlstrum, U. (2003). Nurse-led-heartfailure clinics improve survival and self carebehaviour in patients with heartfailure: *European Heart Journal* 24(11)1014-23.