

Effect Assessment of Health Education on Nursing Staff for Medical Patients

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ABSTRACT **Objective:** To analyze the effect of health education on nursing for medical patients for clinical reference. **Method:** 180 cases of patients were adopted by our medical department during the time period from March 2013 to February 2014. They were divided into control group and observation group with 90 cases in each group. All the patients received conventional drug treatment and nursing intervention, and the observation group was given health education on this substructure. The distinctions between these patients' emotional state and compliance were observed. **Results:** The two groups were compared by SAS scores and observation group was significantly lower than control group. The difference was statistically paramount ($p < 0.05$). As for the comparison of compliance between the groups, observation group was conspicuously better than the control group. The difference was statistically consequential ($p < 0.05$). **Conclusion:** Health education for medical patients can significantly amend the patients' emotional state and their compliance behaviors, which is of positive clinical consequentiality in rehabilitation of medicine patients.

KEYWORDS

Health education
Medical Department
Effect assessment

1. Introduction

A large number of domestic and foreign studies have confirmed that a reasonable and effective health education allows medical patients and their families to fully grasp the basic knowledge of internal disease and related factors, and it is very favorable for medical staff to provide better health care services to patients. Today, requirements and evaluation of health education in our country is mainly classified as a category of knowledge transfer. However, with a gradual increase in public's requirements on public health and medical career, the sharing of nursing health education in the nursing field has been increased. By denotes of information transmission and behavioral intervention, health education helps patients grasp disease-related knowledge, establish a proper concept of health, improve emotional state and consciously improve compliance behavior. This

implementation in clinical practice has been more and more extensive [1]. As the focus of patient admission has been shifted, related medical workers gradually come across more critically ill patients, for example upper gastrointestinal massive hemorrhage and severe acute pancreatitis. Our medical department attached importance to health education when nursing the patients so that we achieve satisfactory results. The results are analyzed and reported below.

2. Data and Method

2.1. General Data

180 cases of patients adopted by our medical department during the period from Mar. 2013 to Feb. 2014 were selected as subjects and minors, the elderly, unconscious people, people with psychiatric history and others who cannot cope with the study were excluded. All patients were informed of the intervention and consented to it. This study was approved by the hospital's ethics committee.

There patients were divided randomly into control group and observation group with 90 cases in each group. Patients in control group were aged from 20 to 65 years old and the mean age was 48.24 ± 10.05 years old. There were 47 males and 43 females. Education levels included 23 cases of college degree, 36 cases of high school degree and 31 cases of junior middle school degree. There were 45 cases

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of digestive disease, 28 cases of disease of cardiovascular system and 17 cases of nervous system disease. Patients in observation group were aged from 18 to 64 years old and the mean age was 48.12 ± 10.28 years old. There were 48 male and 42 female. Education levels included 24 cases of college degree, 36 cases of high school degree and 30 cases of junior middle school degree. And there were 47 cases of digestive disease, 27 cases of disease of cardiovascular system and 16 cases of nervous system disease.

The difference of the two groups of patients in gender, age, type of disease, education levels, etc. was not statistically significant ($p > 0.05$), thus it is comparable.

2.2. Health education

Nurses learnt more about the patient's general information, and then appropriately communicated and exchanged the information with them. During this process, nurses learn about the patients' personality traits, education level, etc. And they developed an appropriate health education program according to the patients' receptivity.

Due to lack of illness related knowledge and long-term torture of illness, most patients often show anxiety, depression and other negative emotions, or even world-weary psychology. They are unwilling to cooperate with the treatment and nursing. Nurses should provide psychological counseling, instill proper knowledge of the disease in patients and cultivate their optimism so that patients can recognize the importance and necessity of active cooperation with treatment and bravely fight with the disease. Nurses should encourage patients to pour out inner anguish and find an outlet to vent their negative emotions, and then help them build confidence to overcome the disease [2].

Personalized health education was performed by knowledge lecture, one-on-one education, distributing promotional materials and other ways. Based on the patient's own specific conditions, patients were explained about the pathogenesis, treatment, and precautions of the disease. Nurses can take previous clinical cases with significant effects as examples to improve patients' confidence in rehabilitation, and pay attention to foster patients' self-health awareness so that they could know about the effects of diet, exercise intensity, emotional state and adherence to medication on the disease.

Ask patients to eat light, nutritious, easily digestible food and increase intake of food with high protein, high vitamin, low salt and low fat content. Diabetic patients were given sugar-free food. In particular, patients with digestive diseases cannot eat excessively greasy, spicy, hard, too hot or too cold food and should quit smoking and drinking. Patients should have more meals per day but with small portion of food during each meal and avoid overeating. They are supposed to maintain moderate exercise and choose a sports center with good supply of fresh air. Exercise intensity should be increased step by step, in which the

standard is not to make patients tired and they should persevere in exercise. Patients should adhere to the intake of medicine by following the doctor's advice and regularly return for visits. According to the changes in condition, adjust the medication dosage and variety under the guidance of doctors, and patients must not stop, increase or decrease the dosage by themselves. Nurses should explain about the treatment time, precautions and possible adverse reactions to patients so that they are capable in self-protection and monitoring [3,4].

2.3. Judgement Standard

The degree of anxiety was evaluated by Self-Rating Anxiety Scale (SAS). SAS includes a total of 20 contents and are all scored in four levels. The standard points are judged by the total points obtained by adding the score of each item multiplied by 1.25. 50 standard points indicates critical value and the higher score indicates more severe anxiety.

2.4. Statistical Methods

All data were processed by the statistical software SPSS 17.0; measurement data was presented by $\bar{x} \pm s$ and comparison was tested by t -test. $p < 0.05$ shows that difference was statistically significant. Count data was shown by rate (%) and comparison were tested by X^2 (t -test). $p < 0.05$ showed that the difference is statistically significant.

3. Results

The two groups were compared by SAS scores and observation group was significantly lower than control group. The difference was statistically significant ($p < 0.05$). As for the comparison of compliance between the groups, observation group was obviously better than the control group. The difference was statistically significant ($p < 0.05$). Specific data are shown in Table 1.

Table 1. Comparison of intervention effects between the two groups.

Group (<i>n</i> = 90)	SAS scores	Reasonable diet	Moderate exercise	Medication on time
Control group	54.12 ± 10.74	52 (57.78)	44 (48.89)	68 (75.56)
Observation group	$45.42 \pm 9.95^*$	78 (86.67)*	70 (77.78)*	85 (94.44)*

Note: Compared with control group, * $p < 0.05$

4. Discussion

This study shows that after receiving health education, 90 medical disease patients' awareness rate of knowledge related to preventing internal diseases is significantly higher than that before they received health education. We conclude that health education for medical patients will produce very good results. The concept of health education can effectively influence patients' behaviors so that patients can correct their behaviors during the process of gradu-

ally knowing more about the disease. It can strengthen patients' autonomy in participating in the treatment and enhance their confidence in overcoming the disease [5]. Various forms of health education can effectively alleviate the mental stress, correct the bad mood, increase compliance behaviors of patients so that they can have a reasonable diet, exercise, medication on time and establish healthy behaviors.

Rehabilitation of medical illness needs to go through a long period of treatment and the rehabilitation process is relatively slow. In this process, patients were subjected to different levels of psychological stress and they need to understand the disease-related knowledge and treatment programs [6]. Treatment and precautions of different diseases vary as there are many kinds of medical diseases. Therefore, it is very important to develop different methods and content of health education for different diseases. Medical illness is undoubtedly a huge disaster to humans. It is now a public problem that has a great impact on health of our citizens and it also restricts the sustainable development of society and economy. It is one of diseases that are controlled strictly in our country. Health education is the core of holistic nursing. It refers to launching of a series of educational activities systematically, in organized form with plans and evaluation. Its purpose is to allow patients and families to master the whole process which related to diseases' occurrence, development and prevention, to push people to build and form the behaviors and lifestyle that are good for wholesome development and to further promote people's increasing attention towards health. In the prevention of internal diseases, the launch of health promoting is to preach the hazards of internal diseases and importance of prevention and treatment to the public, to encourage people to maintain and improve their own health and to make behaviors and living conditions develop in a way that is conducive for health. Although we cannot guarantee that there is no problem when health education is taken to control medical disease, it is still a relatively safe and effective method to control medical disease at the present stage [7]. Research on treatment of medical diseases started relatively late in our country and there are still

no professional staffs in some places. Therefore, it may lead to misdiagnosis and wrong treatment. And some patients lack comprehensive understanding of their disease. In order to improve the treatment effects on medical patients, nursing is very important, especially health education. Health education not only has been great help for patients' nursing effect in hospital, but also has a significant role in patients' maintenance after leaving hospital. In addition to these major aspects of health education, nurses also teach the patients specific training methods so that patients can apply them in practice.

Results of this study show that health education for medical patients can significantly improve the patients' emotional state and improve their compliance behaviors, which is of positive clinical significance for rehabilitation of medicine patients.

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