Major Aspect of Health and Nursing Process

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AS everyone knows 'Health for All by 2000 A.D.' is the motto of W.H.O. To achieve this goal, various projects and programmes have been planned and implemented at national and international levels. One of the important means to achieve this goal is by Health Education.

Health care is undergoing rapid changes. Many needs, issues and problems are being identified and pursued. Technology and treatment modalities are developing rapidly and thus becoming more sophisticated and complex. Many health care workers are themselves evaluating the needs of their patients and the quality and effectiveness of their care. The goal of these efforts is to develop and ensure high standards of care for all to be healthy. As a result of these forces health education is gaining greater importance. The responsibility for providing health education is being recognised as fundamental to the comprehensive health care delivery system.

There are various definitions available for health education and each one explains about the process of imparting health knowledge to the people to promote, to maintain and to restore health. The main objective of health education is to help people to achieve better health status by their own action and efforts.

The Six Dimensions

The National Institute of Health and the American College of Preventive Medicine have explained the scope of health education in six broad categories. They are : 1. Patient Education. 2. School Health Education. 3. Occupational Health Education. 4. Community Programmes. 5. National Programmes. 6. Media Programmes.

Out of these six categories of health education, patient education can give fruitful results. Patient education is directed towards persons already having access to the health care system. Patients enter into the hospital with certain health problems and their primary goal is to get well. Hence they are motivated within themselves which is a favourable condition for learning. When learning is directly related to one's personal problems it is bound to give a good result.

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For patient teaching either individual patient teaching or group patient teaching methods can be used. The media that may be used for this are: (a) personal interview, (b) audio visual aids such as charts, pamphlets, booklets, slides, educational films, etc.

One may wonder why patient education is necessary nowadays. Historically, many health professionals have been caring for patients rather than helping patients to care for themselves, i.e. doing *for* the patient rather than doing *with* the patient. But nowadays the patient is taught because he has a need and right to know those things that are relevant to his condition or disease.

Goals of Patient Teaching

1. Teaching to promote health : that is, teaching to improve the quality of life such as good nutrition, clean environment, good personal hygiene, etc.

2. Teaching to prevent illness : This is to help to eliminate or reduce preventable illness, discomforts and misery.

3. Teaching to cope with illness.

In this the patient and his family members are considered as important team members in order to participate in the prescribed treatment schedule and to live with a condition that can not be cured or relieved, e.g , chronic condition like residual crippling due to arthritis or residual paralysis of a stroke patient.

For the fruitful effect of patient education special attention should be given in the areas such as the language we use, the quality of interest we create, the way in which we make our health and medical services available, the way in which we show our professional responsibility and the followup programmes to evaluate our success or failures.

The approach to patient education must be organised specially designed to meet the needs of the patient. Organisational structure, philosophy and objectives, allocation of resources, system design, care giver involvement and patient involvement are the six important components for an effective system of patient education.

Halth education can not be separated from the total health care delivery system. Therefore, all the health workers are responsible for the education and

preparation of the patient. The hospital administrators, doctors, nurses, techinicians, physiotherapists, other para medical members and the students of health professionals are responsible for patient teaching.

But the provision of health education requires trained personnel, knowledgeable in both health topic and teaching-learning process. Though many people contribute to the process of patient teaching, the nurse may be viewed as the primary health teacher. The Nurse Practice Acts of several countries and States now spelt patient teaching as a function of a nurse. She is potentially the most significant teacher because of factors related to knowledge, opportunities for teaching and nature of the patient-nurse relationship. Nurse is considered as a best patient educator because : (a) she has greater knowledge of matter related to health and illness than non-professional persons, (b) she spends more time with patients and is able to note his needs and readiness to learn, (c) she is able to plan her teachings for individuals and groups accordingly, (d) teaching has long been accepted as an integral part of Nursing practice.

The activities of teaching may take place at any time but learning occurs only when there is readiness to learn. For the hospitalized patients the whole day may not necessarily be spent on teaching but atleast three times such as upon admission, at the onset of tests or therapy and upon discharge are likely to be a concentrated period for teaching. A time of great stress is not appropriate time for an extensive teaching. When the patient is less anxious, less tense, the activities of explaining, demonstrating are useful. The optimal times for more extensive teaching occur when the patient is as physically comfortable and psychologically relaxed as possible. This time is referred to as 'the teachable moment'.

Patient Teaching and Nursing Process

Nursing Process can be described as a systematic way to organize the activities of professional Nursing into an effective framework for Nursing practice. It is orderly steps or phases that enable the nurse to combine the scientific methods with the act of Nursing. The five steps or phases for Nursing process are assessment, diagnosis, planning, intervention and evaluation.

In the assessment phase the nurse obtains necessary information about the patient from a variety of sources such as from people (patient's family and others), physical findings (physical signs) and records. From the data collected she comes to the second phase of diagnosis by making Nursing diagnosis. This diagnosis will indicate the condition of the patient in terms of his or her responses to his or her mental or physical well being. A medical diagnosis usually refers to a specific disease, while a Nursing diagnosis is more closely related to human response to pain, immobility, disturbance in elimination, anxiety, etc. A Nursing diagnosis usually indicates the need for a change in Nursing activity.

During the planning phase the nurse selects her activity fro m possible Nursing actions to meet the needs of the patient in a best way. She or he will also decide how and when these actions will be implemented and establishes the possible outcome for each action. This outcome criteria forms the basic line for evaluation.

The fourth phase of Nursing process that is intervention phase includes all those actions that are needed to implement the plans made in the preceding phase. Since the nurse sets outcome criteria for each intervention she modifies her actions to achieve the desired outcome. During evaluation she evaluates the effectiveness of her Nursing care. She compares the actual outcomes with her desired outcome. This enables her to improve the quality of care.

Patient teaching is a Nursing intervention and like any other Nursing action it is planned, implemented and evaluated within the Nursing process. Teaching is also a process, similar in many ways to Nursing process. The teacher may describe her activities in terms of assessment, planning intervention and evaluation.

Assessment phase of patient teaching : The first step in teaching is the assessment of the learner teacher and the teaching situation. Data must be collected about the learner's (patient's) ability to learn, his physical and psychological readiness to learn, the medical and Nursing diagnosis, his physical condition and prognosis, the treatment regime, his attitude and motivation. These informations are needed for specific patient teaching situation.

Though teaching diagnosis has not been developed the goal or objective of patient teaching is based upon the assessment.

Planning phase of patient teaching : After formulating the objectives, planning is made as what, how when and where the patient teaching can be done. Information obtained during assessment phase will be used in making plans for action, and the outcome criteria is also established.

Intervention in phase of patient teaching : This phase includes all the activities of teaching such as demonstrating, explaining, testing, etc., depending upon method and media that we choose.

Evaluation phase of patient teaching : This final phase enables to determine the effectiveness of our teaching in terms of objectives. We can evaluate the patient's learning and depending upon the outcome additional assessment and teaching can be made as needed.

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