

PATIENT HEALTH EDUCATION — AN EXPERIMENT

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Patient Education Systems are being practised widely in the United States and other developed countries with varied experiences and sophistication. Patient Education in Malaysia is perhaps a new experiment.

Changes in life style, stimulated through planned education intervention by the professionals in health care system, can be obtained, do have an impact, and are absolutely essential (Simond, 1974). This has of course resulted in the various Health Education Programmes of the Ministry of Health Malaysia. The burden of bringing about this change should not only be the responsibility of the general health worker but extended further to include hospital staff as well. In fact the hospital provides an excellent environment for health education of the patients, relatives and visitors. When an individual is ill he is impressed with effect of failure to take adequate precaution and the gravity of the situation strongly affects his friends and relatives (Ghosh, 1969). With this hope and from the experience gained in hospitals in Kelantan that a large percentage of our patients especially children enter hospitals for treatment of preventable diseases and are frequently readmitted for similar conditions or their sequelae due to amongst other factors, the lack of knowledge and the improper personal health practises of the patient/parents (personal communication Dr. S. Bala Krishnan former Paediatrician, General Hospital Kota Bharu) kindled the thought and concept of an activity in the field of patient health education as an integrated part of patient management in hospitals in Kelantan.

It was felt that if a positive start was made to provide useful pragmatic health information and practises demonstrated to patients, it would produce some beneficial effects not only in those sick and

admitted but perhaps also trickle into the community, through the patient's — the new agent of change — return from hospital. These individuals who form the community which is in fact an aggregate of individuals between whom is an interdependent relationship that forms the basis of way of life (Pirrie Denis & Dalzell-Ward A.J. 1966) would constitute another nucleus for changes in health behaviour in that community. This could be another additional channel to other efforts for implementation of preventive education in the community.

While it is true at present that patients acquire some knowledge of illness and its prevention during their stay in hospital, this is strictly limited in effect and extent especially from point of view of compliance as shown by several studies (Boyd *et al*, 1974, Marchal, 1970).

Keeping in mind these basic principles and problems, a pilot project to integrate health education activities or patient education was launched in October 1978 in the district hospitals of Kuala Krai and Machang, Kelantan after full concurrence and support of the State Director of Medical and Health Services, the Director of Dental Services and other senior staff concerned. This programme was designed to achieve the following objectives.

To impart knowledge, through providing information and demonstration on simple and basic health problems to the patients which when applied properly and regularly, would motivate to benefit the patients, family and the community as a whole in the maintenance and promotion of their basic needs of survival, safety and life enhancement (Mico & Ross 1975).

It is also aimed to provide a better understanding of disease conditions and its preventive aspects which would give positive and long term beneficial effect to hospital treatment.

It is hoped that in the long term these continuous

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trations under the microscope and by other means was encouraged. The project is still in its infancy needing much perseverance, frequent supervision, guidance, consultation and adjustments. Several problems have been elicited in the early phases of the implementation of this project.

PROBLEMS

The push, devotion and enthusiasm or otherwise of the individual Medical Officers and the senior staff coupled with the rapid turnover of staff involved directly affected the progressive implementation of the project. Most of the replacement staff members are fresh graduates from training schools and therefore their contribution is limited in effect and extent.

Secondly the absence of suitable, satisfactory space for the carrying out of this activity and absence of storage space has created some problems in organization of this activity within the crowded ward space.

Thirdly the response from the participants in the form of queries, clarifications and part taking in the discussions was far from satisfactory partly due to the fact that the language and terms used at times were not well understood by them.

SUGGESTIONS

In view of the problems outlined it is necessary that certain remedial action be taken to improve the running of the programme. All levels of staff involved in the programme should be highly motivated to initiate, to co-ordinate and to lead other staff members in view of the problem of frequent turnover of staff.

The subject matter must be simple to adopt and applied and be presented in its simplest and practical form using local language dialect and vernacular terms which are easily understood. Information overload must be avoided with greater emphasis on the use of audio-visual aids and demonstration rather than a lengthy and detail discourse. Frequency of such activities should be increased preferably as a daily activity once the project is launched and running smoothly. A suitable space adjoining wards for this group educational activity with space for storage, use and display of audio-visual aids should be provided.

As health education is an intimate and personal matter inherent to medical and nursing practise

(W.H.O. 1959) it is essential that besides the regular organised and planned group activities, each staff member when attending a patient should take the opportunity of discussing the patients illness, progress, other preventive aspects of that particular disease and answer as far as possible the queries of the patient if time permits. This person to person education would be introduced soon in these project hospitals.

A system of close supervision, regular monitoring and an in-built evaluation mechanism must be planned and implemented along with follow-up mechanism in the community through strengthening the existing home visits programme.

Finally it is also suggested that patient education should also be adopted and encouraged in the special clinic of specialist clinics e.g. Diabetic Clinic, Hypertension Clinic, Malnutrition Clinic, etc. as part and parcel of treatment and follow-up activity. Improved, better planned, organized and co-ordinated trial programmes in patient education should also be tried in other hospitals in the country.

CONCLUSION

An effort in the introduction of any kind of planned patient education activity should be encouraged in hospitals in improving individual and community health behaviour. This is a progressive step which when implemented in an organized fashion, based on situational priority from point of view of health, should in the long term bring about beneficial effects not only to the patient but also to the community to which he belongs, so that health will be considered a valued community asset.

SUMMARY

A brief of an attempt in integration of health education of patients as a part and parcel of treatment and management in hospitals in Kelantan is outlined. The methodology used in the context of local situation is described, problems and short-comings highlighted, and a few suggestions made including recommendations for further such trial efforts in other hospitals in the country.

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