



Orthopaedic patient education practice

Sini Eloranta RN, PhD (Clinical Lecturer)^{a,b,*}, Jouko Katajisto MSc (Statistician)^c, Helena Leino-Kilpi RN, PhD (Professor)^{a,b}

^a Turku University Hospital/Intermunicipal Hospital District of Southwest Finland, P.O. Box 52, 20521 Turku, Finland

^b Department of Nursing Science, University of Turku, Lemminkäisenkatu 1, FIN-20014 Turku, Finland

^c Department of Statistics, University of Turku, Assistentinkatu 7, FIN-20014 Turku, Finland

KEYWORDS

Orthopaedic nurses' perspective;
Patient education;
Survey

Abstract *Aim:* The aim of this study was to explore orthopaedic nurses' perceptions of patient education practice; the educational skills of a nurse, the content, structure and educational approaches to patient education and its changes during nine years at a university hospital in Finland.

Methods: The subjects of this survey were orthopaedic nurses at one university hospital – 56 nurses in 2001 and 51 nurses in 2010.

Results: On the whole, no statistically significant change had taken place in the nurses' patient education skills in the two periods compared. In 2001, the nurses discussed more often the learning objectives with patients compared to 2010. In both years, individual education sessions and written material were often used. In both years, the bio-physiological area of patient education was found to be dealt with most adequately, while the social area received less attention in 2010 than in 2001.

Conclusions: According to our results, no change in a positive direction in nurses' patient education skills and the implementation of patient education can be seen over the past decade. The results of the study indicate clear development needs in patient education practice.

© 2016 Elsevier Ltd. All rights reserved.

* Corresponding author. Turku University Hospital/Intermunicipal Hospital District of Southwest Finland, P.O. Box 52, 20521 Turku, Finland. Tel.: +358 45 369 9493; fax: +358 2 333 8413.
E-mail address: sinelo@utu.fi (S. Eloranta).

Editor comments

The need to ensure that patients are well prepared for both surgery and discharge is more of an imperative now than ever, given the increasingly shortening length of hospital stay and the focus on enhanced recovery pathways. The literature relating to the importance of patient education in providing quality care with good outcomes is conclusive and long standing. Although the study reported here highlighted a lack of improvement in nurses' skills over time at one hospital, it would be surprising if this were not the case in many similar units elsewhere in the world. Patient education has to be a priority for practice development and central to this is putting processes and resources in place to ensure it takes place and is effective.

JS-T

Introduction

The number of orthopaedic patients is increasing across the EU as the population ages (OECD, 2013). At the same time, the number of acute care beds in hospitals has decreased (Eurostat, 2009; OECD, 2010). For example, on average across EU countries, the number fell from 7.3 beds per 1000 population in 1995 to 5.7 in 2008. This reduction in the number of hospital beds has been accompanied by a reduction in the average length of hospital stay (3.8 days) and, in some countries, a reduction in hospital admissions (3.7 days) (OECD, 2010). This means that in most cases, orthopaedic patients are discharged home after only a few days in hospital (Fagermoen and Hamilton, 2006; Sendir et al., 2013). In view of these considerations, effective patient education is particularly important so that patients can manage activities of daily living, exercise/rehabilitation, physical limitations, possible complications and self-care after surgery (Ben-Morderchai et al., 2010; Esoga and Seidl, 2012; Hartley et al., 2012; Valkeapää et al., 2014).

Patient education has become an important aspect of nursing care in recent years. Patients' rights to education and information are statutory, for example, in Finland (Law on patients' rights/Finland, 1992), Denmark (Law on patients' rights/Denmark, 1998) and Sweden (Social Department Sweden Act, 1982). In this study, patient education is seen as an empowering educational activity, consisting of the following phases: planning (assessing patients' learning preferences and expectations, setting learning objectives), implementation (methods, place, timing) and evaluation of outcomes. The content of empowering patient education is divided into seven knowledge dimensions: bio-physiological, functional, cognitive, social, experiential, ethical and financial. In empowering patient education, the educational structure and methods are based on a patient-centred approach and patient participation

is the core of these educational activities (Bastable, 2006; Falvo, 2011; Johansson et al., 2003; Leino-Kilpi et al., 1998; Pellino et al., 1998).

A review of the literature by Johansson et al. (2005) showed that patient education has a wide variety of benefits for orthopaedic patients. They concluded that education has a positive impact on patients' postoperative pain, knowledge, anxiety, and length of hospital stay. There also seems to be a positive relationship between the knowledge gained and health-related quality of life among hospital patients (Danielsen and Rosenberg, 2014; Koekenbier et al., 2015; Leino-Kilpi et al., 2005). Knowledgeable patients seem to cope better with surgery than those with less knowledge (Esoga and Seidl, 2012). It has also been found that effective patient education increases patient satisfaction, promotes adherence to the plan of care, enables better continuity of care, decreases potential complications and maximises patients' active role in their own care process and decision-making (Andersson and Olheden, 2012; Gilmartin and Wright, 2007; Johansson et al., 2002a, 2002b; Larsson et al., 2011; Pellino et al., 1998).

Previous studies have shown that the orthopaedic patients were not given the information they needed (Ingadottir et al., 2014; Sendir et al., 2013). A recent study by Ingadottir et al. (2014) concluded that orthopaedic patients receive less knowledge than they expect. The negative difference between received and expected knowledge was lowest within the bio-physiological and functional dimensions and highest within the financial dimension. A systematic review by Suhonen and Leino-Kilpi (2006) concluded that information tailored to individual patient needs has an important role for surgical patients. In recent years, patient education has been developed to be more patient-centred, taking into account patients' individual needs and situations (Baraz et al., 2010; Fredericks et al., 2009; Nørgaard et al., 2012). Studies focusing on

Download English Version:

<https://daneshyari.com/en/article/2656134>

Download Persian Version:

<https://daneshyari.com/article/2656134>

[Daneshyari.com](https://daneshyari.com)