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Original research article

Selected aspects of education process realization in preventive cardiology



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ABSTRACT

Introduction: Prevention is necessary in order to decrease the incidence of cardiovascular diseases. Effective intervention is an educational activity in the competence of general nurses. This research was focused on the educational activity regarding cardio prevention (nurse activities during the education of patients with cardiovascular disease).

Aim: To monitor the conditions for realization of the educational process in preventive cardiology used by nurses in the Czech Republic (CR).

Method: A quantitative method using the questionnaire technique of a voluntary standardized guided interview. Data were processed using descriptive statistics and the SASD programme, as well as contingency tables of chosen indicators of the second classification degree. The degree of dependence of selected signs was determined based on chi-squared and t-tests and the independence test. The sample group consisted of 1000 general nurses from surgeries of general practitioners, internists, cardiologists and hospital wards focused on cardiovascular diseases. Nurses were selected by quotas from 14 regions of CR. The questionnaire areas included identification data, data on realization of the educational process aimed at individual risk factors influencing the incidence of cardiovascular diseases and effectiveness of the educational process. The tested individuals had the possibility of selecting one or more answers, or they decided on the level of their experience and opinion on a scale of 1–5; the degree of agreement was: absolutely yes, yes, no, certainly no, I cannot say. The frequency was: always, often, sometimes, seldom, never. For the comparison of cardio preventive activity of nurses in selected European countries a survey with a half-structured interview was used through e-mail communication with representatives of nurse sections of professional cardiovascular societies (Slovakia, Poland, Hungary, the Netherlands, Finland and Switzerland).

Results: Overall the answers received from the questioned individuals were positive, at the same time they vary in terms of the conditions that influence the effectivity of educational activity in cardio prevention. Most nurses (75.2%) employed in surgeries of general practitioners, internal and cardiology clinics lack the education focused on cardio prevention.

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Nurses in these surgeries (75.3%) state they have an agreement with the physician on who is responsible for conducting the educational activities. In relation to nurse education focused on cardio education this is more frequent ($p < 0.05$). During their clinics, 60.8% of nurses always or often conduct health education about influential risk factors responsible for cardiovascular diseases. In relation to the education of nurses aimed at cardio prevention this is a much more frequent occurrence ($p < 0.01$). In 81.0% cases the time of cardio education does not exceed 15 minutes per patient. The absolute majority of nurses (92.3%) educate the patients on how they can improve their health state. Nurses (59.9%) see the time they spend on educating the patients as sufficient. Also, in 77.0% of cases nurses judge their health-educational activity in the area of the heart and blood vessel diseases as sufficient. Also in the cases when nurses are educated in cardio prevention the frequency is higher ($p < 0.05$).

Conclusion: General nurses working in surgeries of general practitioners, internists, cardiologists, and hospital wards focused on these areas usually lack education aimed at cardio prevention but state they conduct the education. They aim the education at risk factors although the quality and effectiveness is questionable due to the existing barriers they encounter. To these belong above all the lack of time available for each patient for him to not only learn but also adapt to, live in and keep to the necessary lifestyle suitable for prevention of cardiovascular diseases.

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Introduction

As the document of the National Cardiovascular Programme of the Czech Cardiology Society [1] shows, the most frequent cause of death (50% of population) in the Czech Republic is cardiovascular diseases. In 2012, 44.6% of men and 48.7% of women died because of a cardiovascular disease. Although we have succeeded in decreasing the rate of mortality up to about 20%, it is especially thanks to development and application of more effective diagnostic and therapeutic procedures. It is a question whether preventive procedures in care would contribute much more to the reduction of the rate of mortality and first of all to quality of life. The Czech Cardiology Society, in its National Cardiology Programme of the Czech Republic from 2013 [1] defines primary prevention of cardiovascular diseases (care of healthy population) as a prevention that should be guided with effective interventions, focusing on influence of one's lifestyle. Health-educational intervention (education) has a big role, and the education of patients and motivation controlled by a medical staff. We add that general nurses have a significant educational potential in preventive cardiology. They could implement such programmes under the supervision of doctors. As the documents and paper state [2–4], an effective education process provided by a nurse enables a client to manage abilities and skills connected with their disease (incl. change of their lifestyle). The main point of the primarily preventive work of cardiologists, general practitioners and doctors of other specializations (including general nurses) is an individual daily routine, health education, and counselling activity in families of patients with cardiovascular diseases. Participation in primary preventive programmes and the organization of public events increasing general public awareness about these problems are important too [1]. In this case a routine activity cannot be perceived as a familiar skill

given by long experience, but as Dart states [5], an activity that should unconditionally be part of care of clients and groups. On the contrary, a holistic approach shall be applied not only to an individual but to groups while planning and implementing the educative process and their possibilities, differences and needs shall be taken into account in order to increase the effectivity of prevention. An educator's task is to create an environment that does not bring a feeling of fear or harm and threat. Dart [5] further mentions that the educators themselves plan the change of lifestyle through acquisition of support and cooperation of other team members while planning, compiling a pilot scheme, distributing information and education. Education to change is not related solely to an educator's skill development, but also with the ability to communicate clearly and motivate others [6]. Saffi et al. [7] add that the education process includes education related to a change, like the philosophy of an individual approach and the nursing process too. To make a change it is essential to set clear aims so that the individuals who are involved in education know what to achieve and how much they are concerned in the whole activity. Maintenance of an adopted change can often be more difficult than the introduction of the change [8,9]. Education and counselling activities provided by a general nurse place demands on their preparation and even on the health care system that has not provided any opportunity and conditions for their effective implementation yet. Therefore the aim of our research was to monitor the conditions for implementation of the education process in preventive cardiology which is used by nurses in the Czech Republic.

One of the aims of the extensive research project about intervention processes in preventive cardiology was to monitor the conditions for implementation of the education process in preventive cardiology and how it is used by nurses in the Czech Republic.

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