

Assessment of the role of the Nurses in Implementing Health Education for clients in Primary Health Care Centers in Erbil.

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الخلاصة :

الاهداف للتعرف على دور الممرضات و الممرضين فيما يتعلق بالتنقيف الصحى و ما هى العلاقة بين بعض المتغيرات و التنقيف الصحى .
التنقيف الصحى هى عملية التنقيف الصحى للمواطنين وان WHO تعرف التنقيف الصحى بانه عملية اعطاء الفرصة للمواطنين للحصول على المعلومات و المهارات حول الصحة و مشاركة افراد المجتمع حول ذلك .
المنهجية تعتبر هذه الدراسة دراسة وصفية حيث استعمل استبيان لجمع العينة ما بين الفترة 20-1-2011 الى 20-5-2011 و توزيعها على الممرضات و الممرضين لملئها و جمعها و من ثم تحليلها من خلال حقيبة SPSS لغرض الاطلاع على النتائج و ان عدد الممرضات و الممرضين اللذين شاركوا فى هذا البحث هى 100 .

النتائج: اظهرت من النتائج ان الممرضات لديهم معلومات جيدة و لكن لم يطبق فى المراكز الصحية و ذلك بسبب عدم وجود برنامج تنقيفى صحى جيد للممرضات فى المراكز الصحية من قبل وزارة الصحة. اظهرت نتائج الدراسة بان الممرضات اللواتى لديهن خدمة طويلة لديهن معلومات حول التنقيف الصحى لكن هناك بعض المتغيرات مثل الجنس والعنوان لا يؤثران على هذه المعلومات .

التوصيات بناء على ذلك يجب ان يكون هناك تعاون وثيق بين وزارة الصحة والمراكز الصحية حول التنقيف الصحى و يجب على الممرضات تحديد المشاكل الصحية التى تحتاج الى التنقيف الصحى قبل البدء بالبرنامج لكى يكون البرنامج اكثر فاعلية.
الكلمات الدالة: الممرضة و الممرض،التنقيف الصحى ، المراكز الصحية

Abstract:

Health education is the profession of educating people about health. The WHO defined health education as comprising of consciously constructed opportunities for learning involving some form of communication designed to improve health literacy , including improving knowledge and developing life skills which are conducive to individual and community health. Health education begins with people. The study aimed to identify nurse's knowledge about health education in Primary Health Centers and to identify the effect of variables on their knowledge. A descriptive study was carried out to assess the role of nurses in primary health care centers in Erbil city; from 20-1-2011 to 20 -5-2011. One hundred nurses were included in the study.

The questionnaire was designed which consisted of: socio demographic characteristics for study sample, and questions related to knowledge about health education and nurses roles.

The total sample of the study was 100 nurses

From the results indicate that most nurses have good knowledge about health education but they don't practice their role in primary health centers because there is not good program about health education.

The conclusion of this study indicates that most of the study sample has good knowledge about health education because most of them have long employment and gained good experiences but

some variables like address and sex does not affect on their knowledge

Health education should be done for clients in all primary health centers by nurses depending on priority needs, trained nurses, and good cooperation with ministry of health

Key words: *Nurses, Health education, Primary health centers.*

Introduction:

Health education is the profession of educating people about health (¹).The World Health Organization defined health education as comprising of consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual and community health (²), (³). Health education hopes to motivate them with whatever interests they may have improving their living conditions. Its aim is to develop in them a sense of responsibility for health conditions for them selves as individuals, as members of families and as communities . (⁴). A variety of different approaches to health promotion can be adopted by nurse in practice including education ,persuasion , manipulation and attempts to promote an environment where healthy decisions about life style can be made(⁵).Nurses may theoretically accept the notion of being a health promoter, but that in the reality of the practice their role may be primarily that of the health educator. (⁶). Nurses in primary health centers should strive to improve their health education practices and further embrace wider perspectives of health promotion practice (⁷). The study aimed to identify nurse's knowledge about health education in Primary Health Centers and to identify the relation between variables and knowledge.

Methodology:

A descriptive study was carried out to assess the role of nurses in primary health care centers in Erbil city; from 20-1-2011 to 20 -5-2011. One hundred nurses were included in the study.

The questionnaire was designed and consisted of: questions related to knowledge about health education and nurses roles and socio demographic characteristics for study sample. The purposive sample was selected in 10 health centers in Erbil city included (Mali fandy, nazdar bimarny, kudistan, nafih ikraee, azady, hafilin, taeriwa, muzafria, zanko, and layla kasm)

Answers of the questions:

- 1-The questions were answered with yes or no .
- 2-Number of questions were 11 .
- 3-The answers were evaluated with most yes or most no .
- 4-The answers were analyzed by using score 1, 2 .

Results of the study:

Table 1 demographic characteristics of sample study:

| Variables | Frequency | Percentage |
|--|------------------|-------------------|
| Age: | | |
| 20-24 | 12 | %12 |
| 25-29 | 9 | %9 |
| 30-34 | 32 | %32 |
| 34-39 | 25 | %25 |
| 40 and over | 22 | %22 |
| Sex: | | |
| Male | 33 | %33 |
| Female | 67 | %67 |
| Address; of H. center | | |
| City center | 84 | %84 |
| Suburbs | 16 | %16 |
| Level of nurses education | | |
| : | | |
| College nurses | 5 | %5 |
| Institute nurses | 20 | %20 |
| Secondary school nurses | 20 | %20 |
| School nurses | 30 | %30 |
| Graduated nurses from training courses . | 25 | %25 |
| Employment of nurses by years: | | |
| 1-10 | 50 | %50 |
| 11-20 | 21 | %21 |
| 21-30 | 20 | %20 |
| 30 and over | 9 | %9 |

Table 1 indicated that the majority of their age are between 30-34 years old while the lowest number of age is between 25-29 , the majority of them are female , most of them are from city center , majority of them were school nurses , and nurses college are the lowest number of sample study and the highest number of nurses about employment is between 1-10 years , while the lowest number of nurses about employment is 9.

Table (2) level of their knowledge about health education :

| Variable | No. | Mean | Sd | t-value | Sig. |
|-----------|-----|------|-----|---------|-------|
| Knowledge | 100 | 6.7 | 3.6 | 3.4 | 0.001 |

Table (2) indicates that there is significant differences between mean score of the sample and score of hypothesis mean which is (5.5). So it came from $11 \div 2 = 5.5$, because the questionnaire consists of eleven questions and each question receives one score .That mean the individuals of sample study have good knowledge about health education.

Table (3) Effect of sex & address on the knowledge of nurses regarding health education:

| variable | Group | Mean | Std. | t-value | Not (Sig). |
|---------------------|-------------|------|------|---------|------------|
| Sex | Male | 6.9 | 2.5 | .324 | .747 |
| | Female | 8.8 | 4.1 | | |
| Address of H.center | City center | 6.9 | 3.8 | 1.5 | .120 |
| | Suburbs | 5.4 | 1.9 | | |

These results indicate that there is no effect of sex and address on knowledge about health education.

Table (4) Effect of age on the knowledge of nurses about health education (ANOVA)

| variable | F | Sig. |
|----------|-------|------|
| Age | 6.195 | .001 |

The results show that there is significant effect of age on health education.

A **p-value** of equal or less than (0.05 or 0.01) was considered as statistically significant.

Table (5) Nurse's knowledge about health education :

| Do you know what health education is? | (%) |
|--|------------|
| Yes | 75% |
| No | 25% |
| Do you know the barriers of health education in your Community? | |
| Yes | 40% |
| No | 60% |
| Do you know types of health education methods? | |
| Yes | %55 |
| No | %45 |

Table 5 indicates that the majority of nurses have knowledge about health education.

Table (6) Nurse's knowledge about population and health beliefs model

| Do you know the target population for health education? | (%) |
|--|------------|
| Yes | 40% |
| No | 60% |
| Do you know any thing about health beliefs model? | |
| Yes | 25% |
| No | 75% |
| Have you desire to participate in training course about health education? | |
| Yes | %65 |
| No | %35 |

Table 6 indicates that the majority of nurses have simple knowledge about target population and health beliefs model.

Table (7) Nurse's role about health education.

| | |
|--|--------------------------|
| Do you implement health education for clients ? | (%) |
| Yes No | 40% 60% |
| Do you have ability to do health education for clients? | |
| Yes No | 70% 30% |
| Do you advise clients about prevention from diseases? | |
| Yes No | %65 %35 |
| Are you ready to participate in training program for health education? | |
| Yes No | %60 %40 |
| Have you done any skills by your self about health education with clients? If yes specify. | |
| Yes No 1-Advise them about hand washing.2-Advise them about diet.3- educated them about benefits of breast feeding. 4-prepare all requirements for that.5-I do health education according priority. | %45 %55 |

Table 7 indicates that the majority of nurses have roles about health education.

DISCUSSION:

The research showed that the majority of their age was 32 while the lowest number of their age was 25-29 years. The majority of study sample was female and most of them from city center, because nursing profession is more acceptable by female . The research shown that there was significant differences between mean score and hypothesis mean it means their knowledge about health education was good especially to those who have long years of employment in these centers .The result of this study indicated that nurses who are working in the primary health centers for along time they can do health education for clients who are attending to these centers so the study is agreed with the study of (⁸). Findings of the study indicate that sex of nurses hasn't effect of their knowledge like the study of (⁹). Also there is not effect of their address on their knowledge because nurse's knowledge depending on their skills, self learning, and their curriculum in the college or institute and their program of practice in clinical area and not depending on sex and address as study of (¹⁰), as supported by WHO (¹¹). The research

shown that there is significant effect of age on their knowledge about health education because they have gained experiences in different knowledge in their employment about health education (¹²) So when they do participation in health education program and participation in the training course so they can't gain knowledge and practices (¹³) .This result is supported by PCN (Permanant Committee of Nursing (PCN) (¹⁴). Other findings of this study indicate that the majority of nurses have good information about methods health education and they have desire to do this role , this is agreed with the study of (¹⁵). Other findings of the study indicate that nurses have some barriers to do health education so they don't know target population, the importance of health beliefs model and requirements for doing this role so it is agreed with the study of (¹⁶). Findings of the study indicate that nurses should be familiar with methods of health education and health beliefs model to do change in health status of clients who are attending to primary health centers, so this study is agreed with the study of (¹⁷).

CONCLUSION:

The study concluded that most of the study sample has good knowledge about health education especially those who have long services in such health centers but some other variables like address, and sex are not affected on their knowledge.

RECOMMENDATIONS:

- 1-Health education should be done for clients in all primary health centers by nurses depending on priority needs.
- 2- All nurses in primary health centers should be trained on how they do health education for clients who attending to primary health centers with co-operation of ministry of health in Kurdistan Region by preparing an organized program in the ministry of health.
- 3-There must be co-ordination among trained nurses who have experience of health education and long employment nurses of primary health centers to put a schedule of health education for clients who are attending to these centers and they should be focused on necessary topics which are selected according to priority needs to increase level of health education for population.

References:

- 1-Mackenzies J, Neiger B , Thackery R. . Health education and health promotion programs.5th edition .Sanfrancisco, CA person education, 2009 Inc p.p:3-4
- 2- Donatelle R . Promoting healthy behavior change .Health: the basics .8th edition . Sanfrancisco CA, Pearson education,(2009) Inc p.p; 4-7
- 3-WHO, List of basic terms .Health promotion Glossary .Retrieved May 1-2009 Available from
<http://www.Who.int / hpr/NPHdoes /hp glossary en 2009 Pdf pp4-8>
- 4-Kann L, Brener N.D etal. Health education: Results from school health policies and programs study 2000.Journal of school health 2001:71(7) 266-278.
- 5-Bundy D, Guya H.L,: Schools for health education and the school age child .Paracitology today 1996 : 12(8) 1-16 .
- 6-Pattersons, S.M, and Vitello E.M, Key influences shaping health education : Progress toward accreditation .The health education monograph series2006: 23(1) 14-19

7-Simons –Morton B.G, Greene W.H etal: Introduction to health education and health promotion. 2005:2nd edition Waveland press.

8-Adebajo,C.F. The potential role of Nursing and Midwifery in public health .Nursing/Midwifery discussion papers No.2. 1998, WHO,Geneva.

9- WHO, : Alama- Ata Conference :Dclaration of Alama- Ata .Adopted at the international conference on primary health care .Alma-Ata 6-12 September 1987 .Geneva ..

10-National Strategy providing health for all and by all .Sert, Libyan Arab Jamahiriya, General people, secretariat, 1995.

11- Libya: Human development report 1999. Tripoli , National Authority for information and documentation 2000.

12- WHO , : Ottawa charter for health promotion Geneva,.1986.

13-Restrepo H. Increasing community capacity and empowering communities for promoting health . Technical paper presented at the fifth global conference on health promotion: bridging the equity gap, maxi co city, 2000, 5-9 June.

14-Craig,P.M .The nursing contribution to public health. In nursing for public health population based care (Craig.P.M and Lindsay,G.M,eds).Churchill Livingstone, Edinburgh. 2000 PP.1-12().

15-WHO:Munich Dedaration –Nurses and midwives –Aforce for health .WHO. Europe, EUR/00/50/9309/6 Copenhagen .2000.

16-PCN Permananent Committee of Nursing of the European Union (PCN). Primary health care .Draft policy statement .Standing Committee of Nurses of the European Union Brussels. 1999.

17-Cottrell, R.R, Girvan, J.T, and Mckenzie, J.F: Principles and foundation of health promotion and education .New York. 2009.