The Process of Education in Health and Social Work

Faltová, B.; Paprštеinová, M.; Pechová, V.
Faculty of Health Studies, University of Pardubice

Abstract

Introduction: Every one of us may face an adverse social situation due to his ill health. If the health condition requires it, a person is admitted to a medical facility, where a multi-disciplinary team takes care of him or her. Health social workers are part of such a team; they analyse and evaluate the patient's social situation. Based on a developed social case history profile, the health social worker educates the given patient on the options and/or tools available to improve his current adverse social situation.

Objective: To describe the process of patient education provided by health social workers in selected healthcare facilities.

Method: The sample of respondents consisted of health social workers working in healthcare facilities on the territory of Prague and the Central Bohemia Region. The research study was conducted using our own questionnaire and descriptive statistics were used to process the study results.

Results: Health social workers educate clients mainly by means of an interview over a time range of 10 to 15 minutes, which takes place repeatedly during their hospitalization. Education tools include leaflets containing information on social services and application forms for social benefits; they are distributed by the educators to the clients. Education takes place in the social department and in the department where the client is hospitalized. The client's family his or her next of kin are educated in the social department in the client's absence. In most cases, health social workers do not evaluate the achieved results together with the client.

Conclusion: Health social workers provide patient education regularly. In the sample under consideration, the record of education was a part of the nursing documentation. The educational process faces certain barriers. To prevent them, we see a suitable solution in demanding continuous feedback from educators in the course of the educational process and the involvement of the patient's family in shared education. We also think that an appropriate method of reducing educational barriers due to sensory impairment consists in a deeper cooperation within the multidisciplinary nursing team. Based on our study we consider it valuable to recommend continuous improvement in the quality of care for the client in healthcare facilities, with emphasis placed upon careful preparation of the educational process.

Keywords: educational process, educator, health social worker

Introduction

The roots of the term *education* originate from the Latin words *educo*, *educare* meaning *to lead forward* or *to train*. In a healthcare facility, education is part of the care for the patient (Nemcová & Hlinková, 2010). Juřeníková (2010) considers the education procedure to be

a process that constantly influences an individual's behaviour and conduct with the objective to incite positive changes in their knowledge, attitudes, habits and skills. The key components affecting the education process are: the educated person, educator, education constructs and education environment. The educated person is deemed any subject of learning, in a healthcare facility usually a healthy or ill client or his/her family, but also a healthcare professional enhancing his/her knowledge and skills. Every educated person is an independent individual with differentiated physical, affective and cognitive properties, ethnic identity, religion and original social environment. The educator's role in health and social work is adopted by the health social worker. Owing to the knowledge of education methods, forms and ability to practically apply them, the health social worker also acts as the patient's consultant and supporter in the context of education provided to a hospitalized patient. The professional scope of practice of the health social worker is defined by Act No. 96/2004 Coll. on Non-Medical Healthcare Professions (Czech). Decree No. 55/2011 Coll. on Healthcare Employees' Activities (Czech) further regulates the activities and competences of health social workers such as social prevention and an active identification of clients that find themselves in an adverse social situation due to their illness. By collaborating with public administration bodies, they develop a report assessing the client's life situation based on the obtained information. Subsequently, they diagnose the client's needs and draw up a psycho-social intervention plan in the client's life situation. In it, they specify the range and type of the necessary social action. These actions may be executed by the worker in cooperation with the client's nursing team. The health social worker participates in the integration and preparation of the patient's discharge and in this context provides social and legal consultancy concerning his/her illness or the consequences of such illness. He or she executes activities towards the provision of further care or services. As educational aids, they utilize informative leaflets and brochures on the services or care provided. They act as coordinators of the entire education process and at the same time as evaluators.

According to Kuzníková (2011), the task of the health social worker is to reduce or eliminate adverse impacts of the client's illness that reduce his/her quality of life. As part of health social rehabilitation in a healthcare facility, their task is to assist the client while creating a desirable level of quality of their life and at the same time, to act preventively against his/her readmission to the healthcare facility. The factors positively affecting the process of education include the educated person's compliance, taking the form of his/her effort to collaborate, high-quality educational materials and suitable educational environment. Contrariwise, factors slowing the education process down can be mainly seen in the patient's bad mental condition taking the form of anxiety, mistrust, lack of interest or poor physical condition. Also, cultural barriers, language barriers and adherence to different values may occur.

The interview method is used to understand the needs, express the wishes, formulate life planning towards meeting the client's expectations from the assistance provided. Therefore, the capability to engage in active listening is a vital skill for all the workers. It involves the art of focusing on what the client is telling them. And to recognize what they put major emphasis on in their communication (Matoušek et al., 2008).

Furthermore, the education process is affected by education constructs, understood to represent all laws, regulations, plans, education standards and materials, certificates, awards etc. (Magurová & Majerníková, 2009). Education barriers on the educator's part consist mainly in insufficient preparation of the education plan, which represents the base of education. Goals, methods and means of education are not clearly set. Education standards have been developed for the purpose of a professionally provided education. They determine

the standard and quality and, as Juřeníková (2010) states, an education standard should define the topic and objective of education, for whom the standard is binding, as well as the criteria for meeting the standard and the period of standard validity.

Objective

The objective was to describe the process of education while providing health social care within the competence of health social workers in healthcare facilities. The research questions determined in what manner, by what means and methods education is implemented by health social workers.

Methodology

A quantitative method, in the form of a questionnaire survey containing 24 questions formulated by the author, was selected to meet the research objective. The various questions in the questionnaire relate to the research questions, comprising 16 closed and 8 semi-closed questions. The research survey took place from March 2016 to June 2016. Questionnaires were administered in the selected facilities personally by the researcher in a printed form. The research sample was purposive. The purpose of the selection was to achieve considerable homogeneity of the research sample, representing certain common properties (Bártlová & Hnilicová, 2000). The respondents were health social workers in health social facilities in Prague and on the territory of the Central Bohemian Region. 31 health social workers from 5 healthcare facilities took part in the survey. The respondents were mainly in the 31–40 age category and also above the age of 50, with secondary and higher professional education, up to a university education degree. The return rate was 100 percent; one questionnaire was disqualified due to failure to respect the instructions specified in the introduction. The data obtained was processed and evaluated by means of descriptive statistic methods with graphic indication of absolute and relative frequencies.

Results

Findings concerning the number of educational sessions provided to hospitalized clients were observed; 13 respondents / health social workers (43%) educate a client more than three times over the period of his/her hospitalization. Seven respondents (23%) educate a client three times during the hospitalization period. 5 respondents (17%) educate a client twice during hospitalization and the same number (17%) educate a client once during hospitalization (Fig. 1).

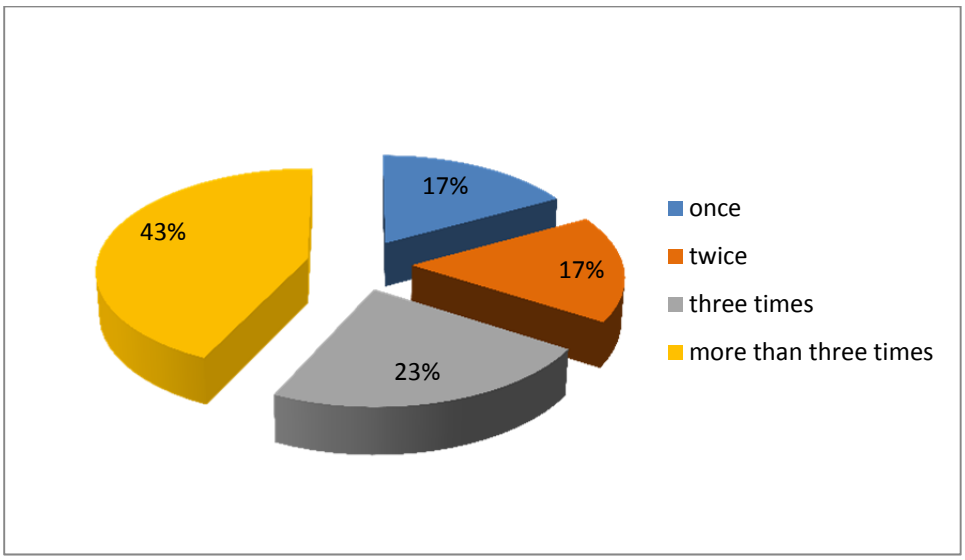

Fig. 1 **Graph of variables under consideration – frequency of education of one client in the course of his/her hospitalization**

The majority of respondents i.e. 19 (63%) reported that they educated clients by practicing a skill and 11 respondents (37%) did not use skill practice (Fig. 2).

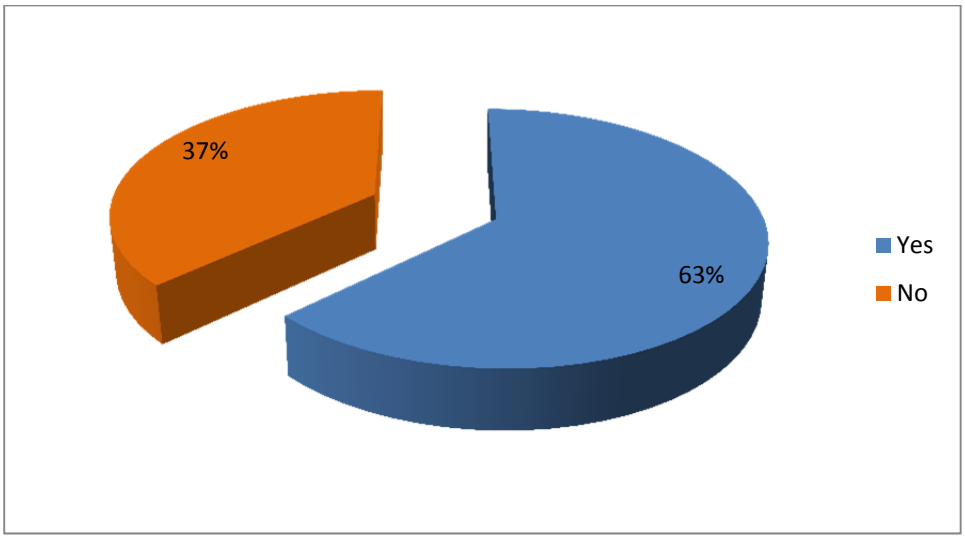

Fig. 2 **Graph of variables under consideration – education by practicing a skill**

Twelve respondents (40%) do not evaluate the implemented process of education. Final evaluation is carried out by 10 respondents (33%). Another 8 educators (27%) carry out continuous evaluation of education. None of the respondents carry out both continuous and final evaluation (Fig. 3).

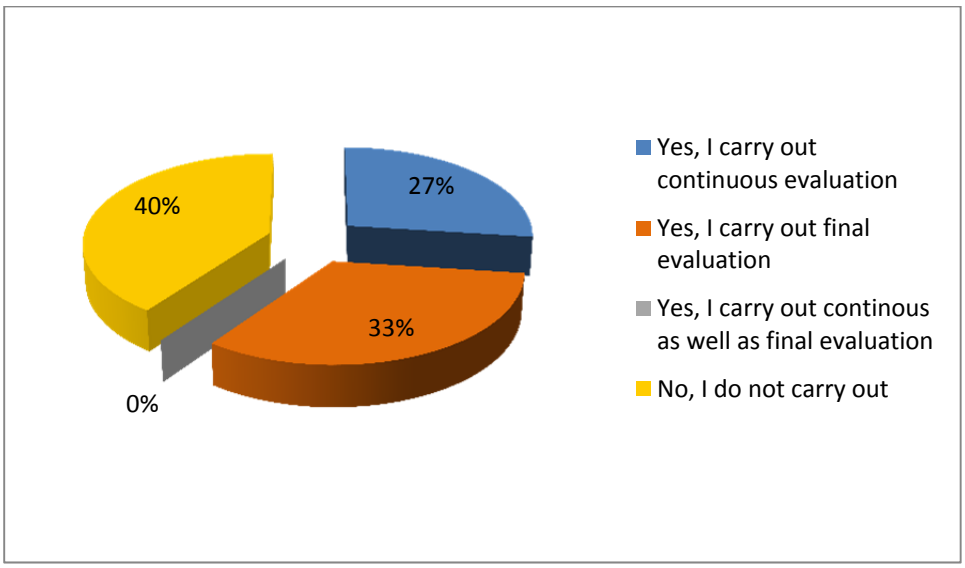

Fig. 3 **Graph of variables under consideration – evaluation of education**

Discussion

Due to a lack of similar surveys in the past, it was challenging to compare the research results in the discussion part with other research works concerning the same or a close topic. Research surveys focusing on patient's education by a health social worker in a healthcare facility mainly focus on education of patients with a specific illness. Therefore, comparison with expert literature and partially also with similar works focused on education in nursing practice was used in this discussion.

In order to describe the education process provided by health social workers in selected healthcare facilities, health social workers in hospitals in Prague and in the Central Bohemian Region were approached. The research sample consisted of health social workers, mainly in the age categories of 31–40 years and above 50 years, with education degrees ranging from secondary (13%) and higher professional education (34%) to university bachelor (33%) and master degrees (20%). Education is provided by health social workers to hospitalized patients repeatedly, usually more than three times, during 10 to 15 minutes per session. Seven health social workers (23%) educate their clients longer than 25 minutes. The educated clients are mainly patients with chronic illnesses and persons with dementia. Twenty-eight health social workers (93%) gain social case history and 2 health social workers (7%) do not. Clients are educated in the area of social services. Six respondents mentioned specifically community care services (18%). Frequent social care facilities that use education are retirement homes, as reported by 5 respondents (17 %); 4 respondents stated day care centres (13 %). As for the question concerning the setting up of education plans, most health social workers responded that they did set up an education plan – 10 respondents (33%) with occasional frequency and 10 respondents (33%) nearly always. According to Juřeníková (2010), an education plan should be set up in writing, ideally in cooperation with the patient and filed in the records. The vast majority of respondents (90%) mentioned the education plan as being part of the nursing documentation. Education in a healthcare setting in the Czech Republic was addressed by a survey that took place in 2015 (Černíková, 2015). In this survey, the author studied patients' education concerning self-care. The findings of the work show that education documentation is used. In this research, the respondents / general nurses specified that an education record also serves as a way how to inspect what the client has already been educated about and what further information needs to be provided. Based on this

characteristic of education materials, it can be concluded that such records may be parallel to the education plan, fulfilling the same purpose. Furthermore, the above-mentioned study focused on the length of the patient's education session. The findings mention that the length of education session is individual but the usual time range is 15 to 20 minutes, which is comparable with the results of our study. The research results of Zámečková's master's thesis (2011), addressing nursing documentation in practice, present different findings as only 35 respondents / general nurses (5%) out of 204 respondents mentioned the education plan as being a part of documentation.

As for the concrete benefit of education time planning, 11 respondents in our research (37%) see the main benefit of education time scheduling in that it supports implementation of the plan, and another 10 health social workers (33%) mentioned that owing to the education plan they could better describe the content of the necessary education. All health social workers execute client education in the form of interviews and by means of social benefit application forms. At the same time, all 30 health social workers provide clients with education materials.

As for the question concerning the education environment, 27 health social workers (87%) find their environment satisfactory and 4 health social workers (13%) do not. A half of the health social workers implement education both on the ward where the client is hospitalized and on the social ward. Eight health social workers (27%) mentioned that education was provided only on the ward of the client's hospitalization and 7 health social workers (23%) only educated clients on the social ward. None of the respondents mentioned another place where the client's education took place. Nine health social workers (30%) mentioned that they educated clients' families and close persons on the social ward in the clients' absence. Seven health social workers (23 %) mentioned that they educated clients' families and their next of kin on the social ward in the clients' presence. Shared education provided to clients and their families on the ward of the client's hospitalization was reported by 8 respondents (27%). Six educators (18%) indicated possible education of the client's family and their next of kin on the ward of the client's hospitalization but in the client's absence. The previously mentioned research by Černíková (2015) also studied the involvement of the family in the hospitalized client's education. The findings indicate that general nurses try to involve the family in education; in cases of non-self-supporting clients, nurses recommend home care agencies. Another method of involving the family in education consists in practicing the client's skills. Such education takes place on the ward of the client's hospitalization and in his/her presence. Based on these findings it can be anticipated that involving the family in shared education may prevent education barriers and other complications, which may occur as a result of the client's health condition. Similar assertions can also be found in Bártlová's research (2005), who considers maintaining the patient's active contact to his/her family members important not only for the natural continuation of personal relationships but also to increase the patient's motivation for self-care. Muma and Lyons (2012) perceive family involvement in the educational process as a form of support in moments when the patient has difficulty performing complex tasks. For 15 respondents in our survey (50%), education is obstructed by the client's health condition; specifically 5 health social workers (17%) perceive barriers due to the client's sensory impairment. Foreign language represents a barrier in education for 4 health social workers (13%). Three health social workers (10%) mentioned poor level of the client's information about his/her health condition as a barrier in education. Only 3 health social workers (10%) identified no education barriers. At the same time, none of the health social workers indicated different cultural habits as a possible barrier to education. Only 3 health social workers (10%) reported that their clients sign a declaration on the provided

education at the end of such education; other respondents do not let their clients sign any such declaration.

Conclusion

Health social workers meet the hospitals' international accreditation standards of care for patients at a medical facility by providing regular education. Education usually takes place on the social ward and on the ward of the client's hospitalization. The client's family and close persons are typically educated by health social worker at the social ward in the client's absence. Prior to the actual education, health social workers determine the client's social case history and when educators develop an education plan, they mostly do so in collaboration with the client. To make the education process more effective, we find valuable the setting of education goals and increasing continuous control of the level of the acquired knowledge or the patient's practical skills. All respondents use education materials and aids and at the same time, provide them to the client. These include mainly brochures and education leaflets concerning follow-up care after the patient's discharge from the healthcare facility. Health social workers make records of the content of education in the patient's documentation. Based on our findings we determined that a low percentage of educated persons/patients signed a document confirming that education had been provided. An important component of the treatment of every patient is team work involving both medical and non-medical professionals but also the patient himself/herself and his/her family. Based on our findings, as we found barriers in care for the patient due to his/her sensory impairment, we also think there is room for recommending a more intensive collaboration, involving both the interdisciplinary team and the actual family in a shared education with the patient. We believe that the positive effect of an adequate education process is beneficial both for the patient himself/herself and for the caring healthcare personnel. Based on our study, we find it valuable to recommend a further improvement of the quality of care for the patient in healthcare facilities with an emphasis placed on careful preparation of the education process, which focuses on actual and potential problems of health care and can be used to set plans for assessing the patient's needs. We should support the involvement of the patient's close family circle in shared education in order to improve the quality of follow-up care for the patient after his or her hospitalization in the healthcare facility.

In our opinion, the limitations of our study consist in the fact that the length of the educator's practical experience, frequency of education depending on the duration of the patient's/client's hospitalization and his/her actual social situation were not considered. We consider these topics relevant for further research studies on the education process in the practice of health social workers in healthcare facilities.

Ethical aspects and conflict of interest

Ethical principles were adhered to and no conflict of interest was encountered in the course of the research survey. While processing the survey results, the respondents' anonymity was maintained.

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Mgr. Barbora Faltová
Faculty of Health Studies, University of Pardubice
Barbora.Faltova@upce.cz

Mgr. Markéta Paprštеinová, Ph.D.
Faculty of Health Studies, University of Pardubice
Marketa.Paprsteinova@upce.cz

Bc. Vendula Pechová
Faculty of Health Studies, University of Pardubice
Vendula.Pechova@student.upce.cz