Patient Education, Counselling and Empowerment in a Health Promoting Hospital

Tiiu Härm

Contact:
Tiiu Härm, MD
National Coordinator of Estonian HPHs Network, Estonian Centre for Health Education and Promotion
doctor-educator, East-Tallinn Central Hospital
Rüütili 24, 10130 Tallinn
Phone: +372 6 279 280, fax: +372 6 279 281
e-mail: Tiiu.Harm@mail.ee or tiiu@tervis.ee

In the present day context, patient's rights constitute an important aspect of everyday hospital practice. The right to be informed about one's health, the right to take an active part in the process of treatment and rehabilitation, the right to be educated and counseled in managing a chronic disease and coping with everyday life, the right for a better quality of life — these are issues that have emerged in patient oriented activities during the recent years in Estonia.

Patient Education is defined as "a planned learning experience using a combination of methods such as teaching, counselling and behaviour modification techniques which improve patients' knowledge and influence health and illness behaviour". (Adriaan Visser, Patient Education and Counseling 36, 1999, 97)

Patient Education (PE) = Therapeutic Education and Health Education.
PE is an integrated part of treatment and care especially for long-term care patients. It is multiprofessional and intersectoral teamwork, and includes networking. It is a life-long learning process. Therapeutic patient education should enable patients to acquire and maintain abilities that allow them to optimally manage their lives with disease. It is patient-centred and includes organized awareness, information, self-care learning and psychosocial support regarding disease, prescribed treatment, care, hospital and other health care settings, organizational information and behaviour related to health and illness.

Patient Counselling is defined as "an individualised process involving guidance and collaborative problem solving to help the patient to better manage the health problem". (Adopted from Adriaan Visser, Patient Education and Counseling 36, 1999, 97)
Empowerment of patients and the responsibility of patients are important parts of health care. "Empowerment is a process through which people gain greater control over decisions and actions affecting their health" and aims "at mobilisation of resources by providing access to information on health, by facilitating skills development, and supporting access to the political process which shape public policies affecting health (HP-glossary)."

Patient is a co-operator in treatment and care and producer of his/her own health. Provider-patient interaction is changing from paternalistic, provider-centered approach into a more co-operative, patient-centered and relationship-oriented approach aimed at shared responsibility and shared decision-making.

The physician's communication has a direct and strong relationship to quality of care. The quality of provider-patient communication has an impact of patient satisfaction. Patients view the health care provider as a key, first contact and credible source of preventive advice. Health education messages have a large impact when delivered by the doctor or nurse. When patients present with symptoms and concerns, they are more respective to advice about how to minimise or avoid illness. Doctors can encourage their patients to participate in protecting their own health through better knowledge, increased skills and better access to services and programs.

The purpose of patient education and counselling is to help patients manage their chronic disease by using available health, social and economic resources. Patients need to develop their own understanding of the problem and what can be done about it. A well trained patient obtains a higher quality of life, the disease remains under control, the treatment is consistent and hospital costs are smaller for both the individual and the state.

5 important factors are identified in the development of PE:
1. research and evidence-based standards
2. the organisation of care
3. training and methodological support
4. professional values
5. acknowledgement, funding and PE in health policy
(Adriaan Visser, Alain Deccache – Patient Education 44, 2001, 1-5)

As a result of the initial role as a pilot hospital in the Estonian Network of HPHs (1999 - 2001) Tallinn Järve hospital, now East-Tallinn Central Hospital Järve Unit, has developed into a pioneering institution in implementing innovative strategies and methods of integrated health care services.

In 2001, Järve Hospital launched a PEC program/project, financed by the Association of Estonian Adult Education (AEAE) ANDRAS in cooperation with Ministry of Education. This study is a Lifelong Process to share the knowledge and educate adult population (inc. health providers and patients).

Our PEC program is going on in several levels:
1. A Therapeutic Patient Education Program – WHO continuing educational program for health care providers (doctors, nurses, physiotherapists, psychologists, occupational therapists, social workers, health promoters-educators etc.) in the field of prevention of chronic diseases with a view to create a competent health care staff and provide them with all materials necessary for instructing patients –
videos, internet programs, booklets, leaflets and the like). The activities are studies correspond to the long-term illnesses mentioned in the Report on Therapeutical Patient Education (WHO_EURO Working Group, 1997): cardiac rehabilitation, post-stroke rehabilitation, Chronic Obstructive Pulmonary Disease, asthma, smoking cessation, osteoporosis, cancer etc.

2. **PEC Program – for patients and their family members** with a view to educate and counsel them in health related behaviour; to help them improve their self-care skills and regain self-confidence in coping with a chronic disease as well as the everyday life. Therapeutical PE must include the educational and psychological-support roles of the families. There is a need to emphasize the role of patients' families in a long-term care. It is essential to the long-term well-being of patients that their family members understand their difficulties and realize that their assistance to the patients can be considerable value.

3. **"The Manager's Health and Ability to Work" Program** in cooperation with Estonian Administrative Management Institute - to give an overall picture of the state of health of medium and top level managers; to provide the latter with information about the risks that come with high responsibility and hyper-intensive life-style; to share solutions how to cope with problems and sustain health and working capacity.

4. **A Smoking Cessation Program** for patients and staff – to help smokers quit and give advices on smoking cessation, to move towards a smoke-free hospital

5. **Occupational and creative therapies – training programs.**
   Under occupational therapy we mean a therapeutic use of self-care work and play activities to increase independent function and prevent disability and cope with everyday life, especially after stroke. The project "Arts in the Service of Health" brings arts into our hospital, giving patients the possibility to engage in practical creative activities. Art therapy (chromatics, painting, modelling etc) is connected with other creative activities such as senior-dance, drama and music therapy. Creative activities help to build self-confidence and create a positive attitude towards health.

Hospital services tend more and more to include – quality of life and patient satisfaction – in their outcomes criteria, in addition to – best quality, effectiveness and efficiency of their services.

**Evaluation of results by:**
- assessment pf patient's satisfaction by anonymous questionnaire
- interviews with hospitalized patients and their families
- evaluation of information booklets, leaflets, health-related websites and guidelines for patients (to have more visual images and be easier to understand)
  www.kliinikum.ee/patisendiinfo
- evaluation the attitude of patients towards health education programs
Outcomes:

The benefits of PEC for hospitals are:
- shortening the length of stay
- decreasing medical, personal and social costs
- increasing patient satisfaction
- improving quality and effectiveness of health care

The benefits for people with chronic diseases are:
- improving the quality of life
- fostering independence for the patient
- improving the control over disease
- emphasizing the importance of prevention and early recognition of the disease

Our experiences and conclusions are short-term and preliminary. We have not yet the common program for management of chronic disease. But our study is based on:
1. Evidence-based Health Promotion and Medicine
2. Clinical guidelines
3. Recommendations and requirements of medical specialists of their particular field of expertise etc.
4. Case studies of best practices
Our Lifelong Learning process is carried out by qualified specialists and trained hospital staff.

The role of Health Promotion and Disease Prevention—whether primary, or secondary, or tertiary, whether through life-style changing or routine screening procedures or Patient Education and Counselling program—will help to improve the quality of life of Estonians and their longevity.