

HEALTH EDUCATION AS A FACTOR IN IMPROVING PUBLIC HEALTH

Pavlinka Petkova Dobrilova

Subsidiary "Prof. Dr. Ivan Mitev" to Vratsa - Medical University of Sofia, 3000, Vratsa, Bulgaria

Abstract

The health of an individual is the basis of the progress and prosperity of any society. In this aspect, the health care professionals' activities related to protecting, strengthening and improving the health and working capacity of the person and ensuring their active longevity are of particular importance. The paper examines the role of the modern nurse in terms of the health education of the population for the development of active health behavior in order to preserve and improve the public health.

Keywords: health education, public health, nurse

The progress and prosperity of each society depends on the individual's health, so preserving, strengthening and improving the health and working capacity of a person is not only personal but also public responsibility.

In recent decades, with the change in morbidity trends, our own responsibility for health, tackling the disease and the process of rehabilitation and re-socialization has increased. One of the results of this process is the expansion of the role of the nurse, which goes beyond its traditional functions of caring for the patient, including already the psychologically social dimensions of the health culture as well.

The high morbidity in Bulgaria shows that the health problems of the nation derive mainly from the unhealthy lifestyle, as well as from the inadequate health information. A number of studies shows that compliance with the basic health requirements reduces the risk of socially significant illness by about 50%; reduces the premature mortality by 39 to 70% and prolongs human life by an average of 10-11 years.

Health education and upbringing are communicative activities aimed at improving positive health and preventing negative health of individuals and in groups by influencing the beliefs, attitudes and behaviors of the key decision-makers and society as a whole. Health education and upbringing are a purposeful process of forming a subjective health culture. They can be defined as the aggregate influences and impacts that determine the knowledge, beliefs and behaviors associated with enhancing, maintaining and restoring the health of individuals and human communities, and unite formal and informal education in the family, school and society as a whole.

From a strategic point of view, public and professional opinion on the health reform can be considered as elements of the environment (external and internal) of the health reform. Some analyzes show that this environment is characterized by a number of features: unsatisfactory health culture of the population, poor awareness of the goals and likely effects of health reform, increasing information asymmetry (between the population and doctors), maximalist expectations from the health reform, a growing imbalance between the needs of healthcare services and their supply, a strong prevalence of the treatment activities over the prophylactic and health-promoting ones, a widening inequality in society regarding the access to high-quality health services. One of the biggest challenges faced by healthcare institutions is to learn to survive and develop under conditions of economic constraints and constant political changes. This puts nurses ahead of new opportunities and challenges. Especially the role of nursing for the achievement of sustainable development of public health is growing. Placing clear and significant priorities for the development of nursing, based on the best medical, social and ethical knowledge, becomes a primary task. It is necessary to create such an innovation policy that will ensure the training of the health care professionals for:

- Promotional, preventive, healing and rehabilitation activities of high quality;
- Building bridges between clinical medicine and public health services.

The contribution of nursing to public health services development is increasingly recognized internationally, which raises the need to strengthen and expand the responsibilities and functions of healthcare professionals in the public health services system. There is a direct correlation between specialist qualifications and better health outcomes for patients. Specialists, who apply a holistic approach in their clinical practice, disease prevention and health promotion activities, health care planning, health education and upbringing, family planning and health education of families how to support their sick members and to take care of the terminally ill ones, are particularly effective.

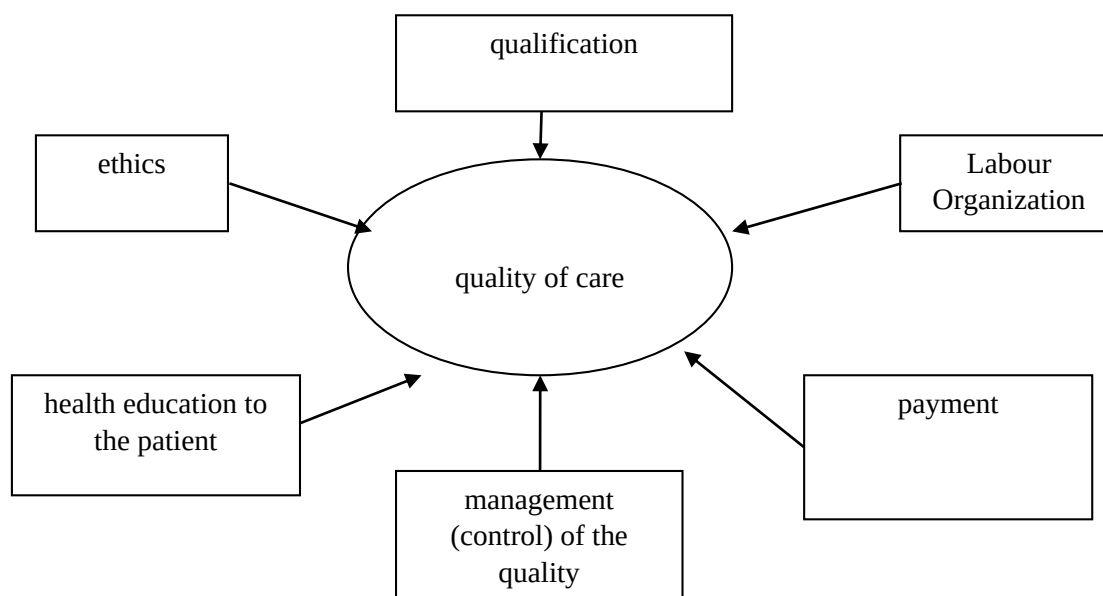
By educating people of different ages and knowing the risk factors for illnesses in any age, nursing staff helps people to understand how to change their behavior to keep their own health, the health of their children and relatives, or to maintain it to the maximum possible level. The training of patients and family members on health issues is an important function of nursing staff. In some cases this may be learning specific habits for caring for yourself or for a child, for an adult relative and in other cases, this is a preparation for a medical research or for taking medicines (for example, a technique of putting insulin), and in the third case, rational / dietetic / nutrition training. By training patients, the nurse helps them adapt to their condition in order to maintain the maximum possible level of body comfort or to change their lifestyle to reduce the risk factors for the illness (Muhina, 2006).

The processes of globalization and the steady increase in health care needs in Europe and the world have prompted the introduction and implementation of new healthcare delivery models. According to the World Health Organization (WHO), the mission of the nurse to society consists in "... helping individuals, families and groups to reach and develop their own physical, mental and social potential and to maintain it at the appropriate level in the complex conditions in which they live, learn and work."

The responsibilities of the nurse are mainly focused on the health care she has to provide to patients. In this aspect the advices, given to patients to protect and strengthen their health, to avoid risk factors, to deal with emerging health problems with subsequent resocialization, to prevent diseases, etc., are of particular importance.

This requires the nurse to communicate with the public as it is known that health is a top priority in every individual's life. Thus, the nurse becomes a link between the doctor and the patient.

Quality assessment is a complex of measures focused on collecting information to confirm whether the goals of a program or activity have been achieved.



The WHO outlines the following main functions of the nurse:

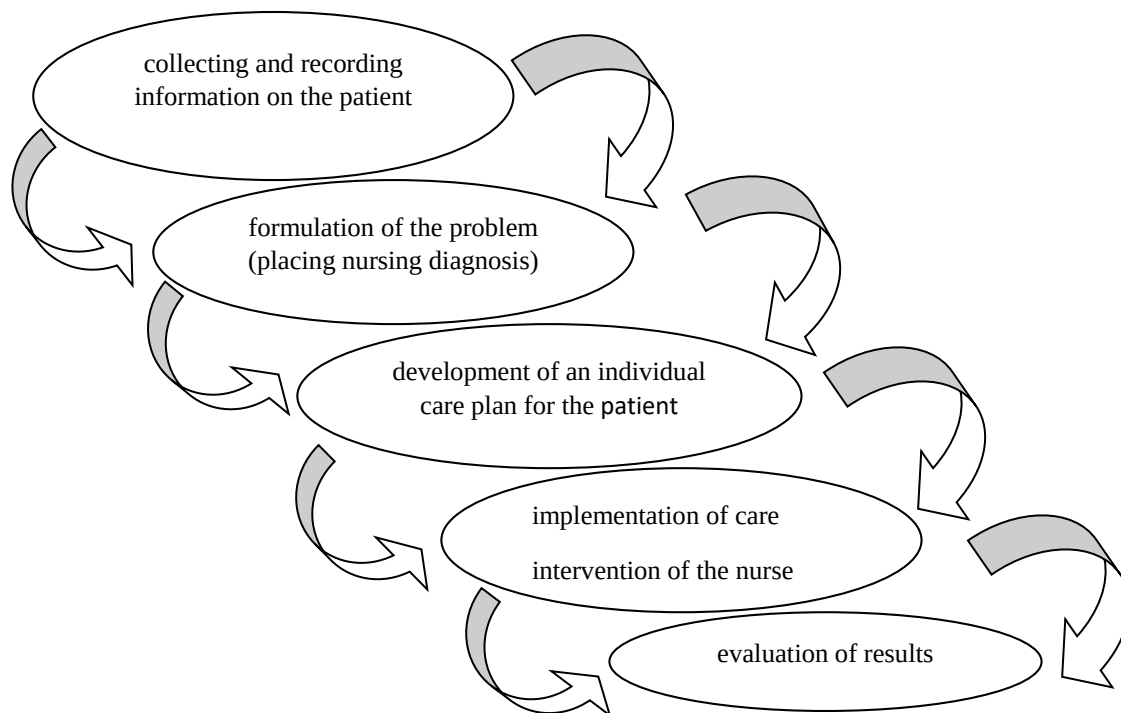
- health-promoting functions - they include activities with healthy patients to form health upbringing, health behavior and healthy lifestyle;
- prophylactic functions - they include activities related to the prevention of different types of diseases.

In the context of this, we offer the following types of prophylactic functions of the nurse:

- consultative functions – to consult and coordinate preventive applied and intervention activities on health education of patients and their families;
- expert functions – to have individual conversations or to conduct group activities with patients and their families on issues related to disease prevention;
- organizational functions – to support the prophylactic activity carried out by general practitioners (GPs), participating in working groups, programs, projects, etc.;
- medical-pedagogical functions - the nurse conducts training of the patient and the patient's relatives for self-help. Training the patient to develop active health behavior in aid of his treatment and recovery;
- medical-social functions - oriented towards family and community. Consultation with various specialists and social assistance;
- management functions - healthcare management. Goals setting, scheduling of nursing interventions, organizing, coordinating, and evaluating the results achieved for each patient, whether he is ill or healthy.

The central role of the nurse in the organization, coordination and implementation of patient care and the extension of autonomous nursing functions warrant the introduction of the “**nursing method**” concept. Grancharova defines the nursing method as a work process in which the nurse defines, performs and assesses the actions related to its own role (Grancharova, 2005). A number of authors describe concepts and theories of the approach to nursing care to define the autonomous functions of nurses.

Approach to nursing care



The full and qualitative performance of the nurse's functions can be done if she has the necessary professional competence, which is a set of knowledge, skills and behavior required to perform her functions and duties.

A modern nurse must be the person who, through his knowledge and competence, assists and helps the individual both to change his unhealthy habits and to maintain a healthy lifestyle. Today's professional training of the nurse increasingly meets the constantly growing health needs of the population.

The nurses that graduate today, have the theoretical and practical training needed to meet the needs of the population, including to train and provide information related to protecting and strengthening the health of individuals.

The constantly changing society has led to a significant development of the nursing profession and of the healthcare provided. The main activity of the nurse is to help individuals. Her responsibility is to assist the patient with his / her everyday habits, as well as to assist in carrying out activities that make the life of the patient significant.

It is especially important for the doctor and the nurse to motivate patients to maintain and improve their health and to apply the acquired health knowledge and skills. Therefore, a primary place in the nurse's health promotion activity is the formation of health upbringing and behavior for a healthy lifestyle.

The nurse has the opportunity to use different forms of education, but it's the most often needed to use an individual training. The group form of training is also appropriate, taking into account the health potential of the group members.

Primary healthcare is basic healthcare, and the primary role of GPs and their staff is to meet patients' basic health needs and to direct to narrow specialists only patients with specific health problems (39). In a number of countries (UK, Sweden, etc.), the general practitioner and the outpatient care nurse support meet about 90% of the health needs of the population, and the rest of the cases require specialized assistance or hospitalization. (45)

Deteriorated indicators of the health status of the population and public dissatisfaction require an analysis of the imbalance in the healthcare system's capabilities so to meet the health needs of different population groups by applying a holistic approach based on the social - liberal model in healthcare (25).

Public health services and the ongoing changes in it are a social process of a certain type of relationship between health professionals and the population. If this relationship is inadequate, the very process of change in public health services is disturbed, and the risk of its running in an unwanted direction is real.

According to Mrs Grancharova, "the 21st century nurse must be extremely perceptive about adopting alternatives and seeking innovative approaches to solving problems as the healthcare industry is facing erosion and extinction of traditional health care provision practices."

In the light of health promotion, a tendency for reorientation of the priorities of health activities arises:

- From the right to health to responsibility for health;
- From "health for people" to "health through people";
- From the sick person to the healthy person, i.e. from negative to positive health;
- From external influences on health behavior towards its self-regulation, self-motivation;
- From the professional isolation of healthcare professionals to a wide open professional partnership to strengthen health.

In different European countries the parameters of these functions have different characteristics. In this aspect, the role of the nurse can be defined as a process that ensures continuous, high quality and adequate to the health needs effective health care, where the formation of the health-conditioned way of life of the patients, the provision of the necessary health information and the enhancement of patient's health culture have leading position.

From here the crucial importance of health motivation, health behavior and healthy lifestyle comes out. Main method for increasing the health culture of the population is health education. According to the WHO, the main challenge to and the main mission of every health professional is to become a health educator of the population in the future. Health education is a difficult task because health culture is not only an awareness but also a certain value system. And the value system is formed mainly in the early age of the human being. On the other hand, the value system is formed not only through "education" and training, but under the decisive influence of the overall living environment of the human being. That is why the decisive approach to the health education is the integrated one, based on broad public support and professional partnership, primarily with pedagogues, psychologists, journalists and with the media as well. An important role in this direction is played by the direct engagement and active participation of the family.

The opportunities for early disease detection are limited due to poor patient health awareness on the modern diagnostic methods and a lack of time when visiting a GP as well. In the European countries, the following top health policy priorities during the reforms` period are outlined: primary healthcare, health promotion, resource efficiency, quality and ethics of health services, introduction of market mechanisms in healthcare, integrated approach with cross-sectoral cooperation, enhancing of the management culture through the implementation of health management (15,16) The nurse is the health care professional who is closest to the patient and his family and knows best his personal and social problems. Observations and information available to the nurse are extremely valuable for the overall process of health education, for the healing of the patient and his living environment. There are a number of tasks for nurses that are accomplished by performing their basic functions. They relate to enhancing their competence through continuous training; increasing the quality of nursing care by applying quality care tools; active collaboration of the nurse with the individual, family and community and engaging them in a partnership to achieve health welfare; increasing responsibility for preserving, strengthening and restoring the health of the serviced population; observance of the moral and professional code; applying a cholestelic approach to patient care; protecting the interests and prestige of the nursing profession by participating in alliances, professional organizations and their forums. (61)

Tasks of the nurse to improve public health are:

1. Health education.

- To study the level of health culture of the community in which it works: health knowledge, skills, habits, interests, etc.;
- To advise on the issues of healthy eating, physical activity, obesity, smoking, etc.;
- To motivate people to change their lifestyle in order to increase their positive health;
- To improve her communicative skills;
- To help people to deal with stressful situations, prevention of traumatism, etc.

2. Prophylaxis of diseases.

The new realities impose and raise to a new level the performance of the main prophylactic tasks of the nurse who, according to us, should devote particular attention to:

- tracking the changes in the data of the main indicators in the physical development;
- providing and disseminating in the region modern health education materials on topical issues related to disease prevention through the relevant regional health inspection (RHI) structure;
- giving advices on stimulating personal motivation on prevention of mostly socially significant diseases.

3. Health protection

- Organizing and participating in health programs to improve the health status of patients;
- Creating an active health position of the patient in society;
- Organizing and participating in cooperation and partnership with public and non-governmental organizations;

It appears that the nursing function of the nurse occupies a leading position among the activities she performs. Thus, her role should be assessed not only in a clinical aspect, but also in a social and health-organizational one.

High awareness and personal health culture coupled with good organization of public health services are the most reliable guarantee for good health status and quality health care of the population. Conclusion: The analysis of the public health services in our country shows that people live longer but in conditions of sickness and disability, which puts disease prevention as a priority area of the modern public health services. This raises the need to strike a balance between the increased average life expectancy and the living in good health in order to solve the problem of disease prevention by setting new challenges and priorities for healthcare professionals.

Health education is a basic method of improving the population's health culture. The main challenge and the main mission of every health professional is to become a health educator of the population in the future. Both high awareness and enhancement of the population's health culture are the most credible strategy to improve public health. They are also the most reasonable choice for anyone without the need for a large investment and spending considerable personal and public costs. In this aspect, it is necessary to emphasize on the educational functions of the nurses in the process of formation of health education in order to prevent the morbidity and to improve the quality of life by raising the awareness and the health culture of the population.

REFERENCES

- Alexandrova, M & Moskov, A 2001, *Development of the the nursing profession in Bulgaria and the influence of European countries*, Nursing, no. 4, pp. 20-23
- Attree, M 2001, *Patients and relatives experiences and perspectives of "good" and "not so good" quality care*. J.Adv.Nursing, no. 4, pp. 456-466
- Borisov, V 1994, *Health Policy and Management* (lectures), Schedule Consult Ltd., Sofia, pp. 94-96
- Borisov, V 1997, *Management of organizational change in health*, Sofia, Filvest
- Borisov, V & Vodenitcharov, T 2000, *Realities of health reform*, Sofia, Filvest
- Borisov, V 2001, *Quality health care., Social Medicine, a textbook for medical colleges*, GorekPres, pp. 20-23
- Borisov, V 2004, *Quality Management in Healt*, Health Management, Sofia, Filvest, pp. 243-258
- Borisov, V 2004, *Health Management, Foundation of health management*, Sofia, Filvest, vol.1, p. 249
- Brayant, R, Graham, M & Tigarq T 2000, *Advanced practice nurse: a study of client satisfaction.- J.Am.Acad.Nurs.Practice*, vol.14, no. 2, pp. 88-92
- Chaneva G 2008, *The quality of nursing care as a priority*, Ed "Artic 2001" Ltd., Sofia
- European Foundation for Quality Management, EFQM Excellence Model, Public and Voluntary Sector Version, 2003
- European Foundation for Quality Management (<http://www.efqm.org>)
- Grancharova, G 2005, *Management of health care*, Pleven, p 240
- Ivanov, L 1989, *Raising occupational skills for ensuring quality medical services*, WHO-EURO, Bratislava
- Doraliyski A 2006, *Management Policy, Economy*, Sofia, 2006
- Health Act, SG 70, 2004
- Health Establishments Act. SG 62, 1999, dop.br.108, 2000
- PROFESSIONAL ASSOCIATION of nurses, midwives and associated medical professionals. Prom. SG, issue 46 of 03.06.2005
- Zlatanova, T & Velikova, R 2011, *Approaches to improving the quality of management in the hospital*, Inga, Twenty-seventh session of the technological and scientific CONTACT 2011, 24.06.2011, Sofia, pp. 114-120
- Ivanova, T, Dimova, A & Gareva, G 2005 *Quality of health services*. Ed NPHC, Sofia, pp. 257-285
- Malcom Baldrige Awards (<http://www.asq.org/info/baldrige/index.html>)
- Marinova, P 2001, *Contemporary nurse. Sociological, educational and managerial aspects*, Sofia, New Day, pp. 7-17
- Marinova, P & Iankova, G 2010, *Implementation of Nursing Process - needed organizational priority of Health*, Medical meridians, vol. I., no. 3, pp. 38-42
- Markova, S, Stambolova,I & Chaneva, G 2001, *Autonomy and accountability in nursing practice. Nursing*, no. 2, pp. 8-12
- Morin.D 1999, *Mesure de resultants en soins infirmiers: satisfaction des. Usagers.-Res. Soins in firm*, no. 58, pp. 95-102
- National health strategy "Better Health for a Better Future of Bulgaria", Ministry of Health, Sofia, 2001, pp. 94-98

National Health Insurance Fund. National Framework Agreement 2012 Additional provision.
www.nhif.bg

Petrova, Z, Tchamov, K & Gladilov, S 2008, *Quality in health care, Contemporary dimensions and trends*, Media group, Sofia, pp. 69 - 82

Popov, M, David, B & Marinov, M 2000, *Humanized hospital - from concept to implementation*, Sofia, Open Society Foundation, p.13

Popov, M 2001, *Hospital management (theoretical aspects and practical solutions - Selected lectures)*, ed. "Heraclitus A & H", Sofia

Salchev, P 2004, *Report to the nation's health in the 21st century (Analysis of Health Reform)*, pp. 113-118 www.ncphp.government.bg

Stambolova, I & Chaneva, G 2007, *Health Care Management*, Filvest Press, p.56

Vodenitcharov, T 2004, *Hospital care, social medicine, textbook of medical colleges*, Acar PINT, pp. 108-112