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The Evaluation of Medical College Students' Preparation to Propagate Health Education

Ocena przygotowania słuchaczek Medycznego Studium Zawodowego do szerzenia oświaty zdrowotnej

The propagation of health education is within the range of nurses' professional duties. It necessitates the use of specific methods and techniques of work. "Inasmuch as the doctor treats, it is the nurse who creates best possible conditions for recovering and keeping health conditions permitting treatment or prevention" (3, 12).

The increased level of general education among people and changes in modern nursing make the nurse face new tasks in her work. Nurse must be qualified in the field of health education if she works in the out-patient medical service as well as in hospital. She must be able to convince people about the necessity of changing life style, harmful and improper habits. The fulfillment of this difficult, yet important task may change patient's and his family's health habits and behaviour. So, nowadays the nurse must combine two functions: health-nursing called health-missioner's work with sick-nursing (1, 4, 9).

Work in the field of health education requires high level of professional knowledge, skills, methods, recognition of educational and sanitary needs of a social group, personal direct influence based on proper social attitude, which is very important (10, 11). Health education is best and most effectively propagated in situations of individual contact with the patient (7). Patients seeking help in medical service institutions are interested in their health and want to do something in the field (8).

The analysis of nurse's and midwife's positions shows that work in out-patient health service and in hospital offers a close contact with the patient and his environment. Hence they can observe and collect information necessary for health education (6). Long term systematic nurse-patient contact is very useful, for educational nursing. Contrary to the doctor's role, the nurse offers her constant and not incidental presence and assistance. She tries to be helpful and arouses confidence. One of her professional skills is creating direct atmosphere, which makes proper contact with the patient possible. In her everyday routine she is obliged to respect the rules of cooperation with patients: i.e. friendliness, influencing patients consciousness, which is based on her knowledge, belief, and opinion, encouraging patients who are taken care of to individual actions, continuity of her actions, accessibility and individualization, reinforcement of proper behaviour, inhibiting improper ones by means of tactful approval and disapproval expressions, authority and her examplary behaviour, cooperation with other medical staff and social workers (5). During the participation in a therapeutic group she gets knowledge and experience, she learns proper coordination of her work with others for the good of the patient.

This paper attempts to evaluate medical college students' preparation to propagate health education in medical schools by teaching students how to realize the professional duties of a health service worker effectively and successfully.

The analysis of the results shows neither quantitative nor qualitative differences among the material obtained from particular schools. Hence come conclusions and generalizations. The students expressed opinion about health education and prophylaxis: the respondents are not exhaustive, they can hardly name methods, forms, and techniques applied in health education; noticeable is a very low percentage of answers concerning the topic of forms of systematic education. The majority of them know such forms as: lecture, brochure, magazine, booklet, poster, folder, film, board exhibition. Only few of them know other forms. In the process of education they have not been taught the whole range of the techniques recommended by methodologists of health education. Whatever they know of the subject is superficial, not systematized, and does not present the features of the applied knowledge.

The respondents reveal positive approach to the subject of health education, which proves the students understand the importance of health education, and they know its positive influence on public health. A good part of the respondents think health education in underestimated by people, which is different in the group affected by a disease. The analysis of the students' respondents to the problem of their motivation to undertake the job of a health teacher shows both positive and negative arguments.

Positive motivations are: positive approach to the problems of health education, awareness of the responsibility of their profession for public health, estimation of the role health service plays in health education, noticing the weaknesses of the public health culture, and accepting as important all the activities in the field of propagation of health knowledge. Negative motivations are: awareness of the small demand for health education, negative evaluation of previous activities of health service responsible for public health care, inadequate practical response to positive theoretical assumptions, bad experience in the field. The students notice the necessity of educational activities and are ready to undertake them, yet, they cannot obtain right conditions.

The analysis of the obtained material concerning the role of practice in students' preparation to propagate health education has led to the statement that practice does not give all expected results. The majority of students have not improved their abilities to propagate health education during their practice in health service. They undertake health-educational activities spontaneously, when in close contact with the patient, often answering his questions or explaining doubts. A great number of students underline the aspect of obligation and artificiality of health educational activities, which are treated as a task they

must obtain credit for among other nursing subjects. Students responses prove their poor preparation to propagate health education. Such problems are not, treated thoroughly, are taught schematically, verbally, without reference to practice.

Incorrect preparation of students results from the mistakes in the educational system. The analysis of the results has led us to postulate:

- 1. Reform of educational methods in the field of health education. It is desirable to bring this topic into prominence in the curriculum and educational plans by means of its recognition as a separate subject, by integration of disciplines dealing with health education and by increasing the number of classes teaching the subject.
- 2. Incorporation of demonstrative methods into the curriculum, interconnection of theory and practice as well as regularity and activity.
- 3. Including in the curriculum complementary subjects concerning the propagations of health education in industrialized society of great agglomerations with sensibilization to ecology and hygiene problems.

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STRESZCZENIE

Wyniki badań nad przygotowaniem słuchaczek Medycznego Studium Zawodowego do szerzenia oświaty zdrowotnej, uzyskane na podstawie analizy programu nauczania oraz wypowiedzi

ankietowych słuchaczek, potwierdziły hipotezy robocze głoszące, że stopień przygotowania do tej działalności jest niedostateczny. Aktualny system nauczania oświaty zdrowotnej nie zapewnia wszystkich warunków niezbędnych do przygotowania słuchaczek do działań oświatowo-zdrowotnych na odpowiednim poziomie. Na podstawie tych wyników wysuwamy następujące postulaty:

- 1. Wskazane jest wyeksponowanie tematyki oświaty zdrowotnej w programach i planach edukacyjnych przez wyodrębnienie w formie oddzielnego przedmiotu, zintegrowanie działów dotyczących oświaty zdrowotnej, zwiększenie liczby godzin przeznaczonych na realizację programu.
 - 2. W nauczaniu szczególnie należy uwzględnić poglądowość i łączenie teorii z praktyką.
- 3. Warto zwrócić uwagę na podkreślenie znaczenia medycyny zapobiegawczej, propagowanie oświaty zdrowotnej w środowisku wielkoprzemysłowym i wielkomiejskim z położeniem nacisku na problematykę ekologii i higieny.