

Effectiveness of Education on Healing for Covid-19 Patients in Special Isolation Room of Karsa Husada General Hospital

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Effectiveness of Education on Healing for Covid-19 Patients in Special Isolation Room of Karsa Husada General Hospital, East Java Province Government City of Batu

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ABSTRACT

Background: Education for Covid-19 patients is crucial concerning the current lack of knowledge of the disease at hand. This study sought to explore the difference between Covid-19 patients who were educated and were not educated about the lengths of stay in isolation rooms. This study aimed to determine the difference in length of stay in hospitalization for Covid-19 patients who received and those who did not receive education from the hospital.

Methods: The authors utilized an analytical-experimental method using purposive sampling with inclusion criteria to encompass inpatients in the isolation room who could communicate and not on life support machines. The authors calculated the LOS from those who recovered and subsequently discharged to self-isolate and not those who returned to the shelter. 13 patients were educated about the length of stay in isolation rooms and 7 were not. The analysis technique employed was Mann-Whitney.

Results: The authors obtained a sig value of $0.046 < 0.05$, signifying that there was a difference in LOS between patients who were given education and those who were not.

Conclusion: Thus, providing education to patients with confirmed Covid-19 infection made a significant difference in the lengths of stay at the hospital.

Keywords: Education, special isolation

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BACKGROUND

The Article 36 of the 2009 Constitution on Health states that everyone has the right to receive balanced and responsible information and education about health and everyone has the right to obtain information about their own health data, including procedures and medications they have or will receive from health workers.

Coronavirus is a large family of viruses that cause mild to severe illness, from the common cold/coryza to severe diseases such as MERS and SARS. Most transmissions are zoonotic i.e. from animals to humans, whereas the transmission from human to human is extremely limited. It remains unclear how 2019-nCoV (Covid-19) is transmitted; presumably from animals to humans because the cases that emerged in Wuhan all had a history of contact with the Huanan animal market. Symptoms are fever $> 38\text{ C}$, cough, and shortness of breath, which may require treatment in a hospital/health care facility. These symptoms are worse if the patient is elderly and has other comorbidities, such as chronic obstructive pulmonary disease or cardiac disease.

According to Notoatmojo (2012), the concept of education is an effort to make people behave or adopt healthy behaviors through persuasion, influencing, affection, solicitation,

providing information, providing awareness, and so forth. Hospital as a secondary care institution, providing complete individual health services which include promotive, preventive, curative, and rehabilitative. Promotional and preventative services in hospitals are accomplished through the implementation of Hospital Health Promotion. For this reason, the hospital plays an important role in conveying health promotion for patients, patients' families, hospital human resources, hospital visitors, and the surrounding community. This study sought to determine the difference in length of stay in hospitalization for Covid-19 patients who received and those who did not receive education from the hospital.

Hospital health promotion is conducted at 5 (five) levels of prevention, which includes health promotion in healthy community groups to improve health, preventive level in high-risk groups to prevent them from falling ill (specific protection), curative level so that patients recover quickly or do not deteriorate (early diagnosis and prompt treatment), rehabilitative level to limit or reduce disability (disability limitation), and ultimately, recovery and rehabilitation level.

The treatment of Covid-19 patients has been more of symptom control in nature, as the drug to treat the virus is yet to be discovered. Thus, the patient's immune condition is related to the healing of the virus itself. The factors that can enhance the body's immune system, according to Lenny Jusup, include: avoiding stress, relaxation, consuming a high-fiber diet and antioxidants, consuming mineral-rich diets, regular exercise, getting enough sleep, maintaining food hygiene, maintaining good nutritional intake, consumption of fluid-rich and warm diet, socializing, and sunbathing (Lenny J, 2010)

The current Covid-19 pandemic requires extra attention from all health workers, including in hospitals. The number of Covid-19 patients in hospitals continually increasing and the available treatment rooms remain largely statistically, hence it is necessary to make a breakthrough to shorten the existing LOS and to increase the recovery rate. Education of Covid-19 patients is essential due to the patient's lack of knowledge of the disease at hand. Therefore, educating relevant information to patients on what ought to be done whilst inpatient in the isolation room by delivering short and clear health messages through a tailored approach to increase the patients' knowledge and promote behavior change.

The goal of health education for patients and their families is behavior change to support efforts to cure patients in the hospital. These objectives can be further broken down into:

1. Building the awareness that health is valuable through the experience of illness
2. Building the responsibility for the patients and their families to actively participate in the healing program
3. Facilitating the patients and their families in making the right decisions in the healing efforts
4. Building the confidence of the patients and their families to be able to deal with the source of health problems independently by preventing disease, preventing deterioration, and preventing dependency on rehabilitation

Effective communication law (REACH):

1. Respect: mutual respect for people to build synergistic cooperation
2. Empathy: the ability to put ourselves in situations conditions faced by others. One of the main requirements in having an empathetic attitude is our ability to listen or understand first before being heard or understood by others.
3. Audible: the ability to be heard or to be understood well. Audible means that the conveyed message can be received by the recipient of the message.

4. Clear: paying attention to the conveyed message. Care also means listening carefully to the contents of the conversation, and, if necessary, giving feedback to get an explanation.

5. Humble: building a sense of respect for others based on humility

(The 7 Habits of Highly Effective People, Stephen Covey)

METHODS

The authors employed an analytical-experimental method using purposive sampling with the following inclusion criteria:

1. Patients who are positive for Covid-19

2. Patients who can communicate/not on life support

3. Inpatients at the hospital

4. Patients who are to be discharged for self-isolation at home and not the shelter

5. Patients with calculated LOS/length of stay who recover are to be discharged for self-isolation at home and not in the shelter

13 patients received the tailored education and seven were not. The analytical technique used was Mann-Whitney as normal assumptions were not met.

RESULTS

The authors discovered differences in LOS between the patients who were given tailored education and those who were not during their inpatient stay at the special care room (isolation) using the Mann Whitney test $0.046 < 0.05$. H_0 is hence rejected.

Table 1. Tailored Education to Covid-19 Patients

Patients	Total	Mann-Whitney result exact sig
Non-recipients	7	0.046
Recipients	13	
Total	20	0,046<0,05

Patients included within the study were all Covid-19 patients in the treatment room from March to July 2020 and their tailored education began in June and July 2020. Patients who did not receive tailored education collected during the March to April 2020 periods.

DISCUSSION

Hospitals face challenges in providing provisions to Covid-19 patients not only to ensure that the services are optimal but also to safeguard the health workers. Covid-19 patients are increasing daily, but this is not accompanied by the appropriate addition of inpatient rooms, creating a further burden. The patients must also be swabbed which may take time because the referral laboratory as appointed by the government remains outside the area.

The hospital launched a breakthrough to deploy personnel from the public health department who assume the functional position as educators. These educators are sent directly to the inpatient isolation rooms. Their targets are patients with suspected Covid-19 who require relevant education whilst waiting for the swab results and patients who have recovered and for discharge to self-isolate in their respective homes.

Preparations before the education comprise:

1. Assessment of the patients' general data, learning styles, learning needs, and learning barriers.
2. Planning to set goals, to intervene with the learning barriers, to determine the materials as well as learning methods and techniques
3. Implementation of tailored education per the learning plan
4. Evaluation to assess the success of educational activities

The assessment and planning processes are recorded in the educational needs section of the medical record (RM 10) and the initial assessment of educational needs is recorded on the CCTVs in and around the isolation room, coordinated by the supervising consultant and staff nurses. The technique applied in the education process:

Open the talk

1. Say hello to the patient who is visited
2. Talk about the general things first e.g. about their background, their family, and their condition
3. State the purpose of your arrival.
4. Clarify your capacity as an educator who will help them with health protocols relevant to their condition.

Invite to talk

1. Encourage the patient to talk openly and freely about their condition
2. Discuss their obstacles while in the isolation room and other issues related to their condition

Explain and help

1. Having known more about the problems especially concerning their knowledge, attitudes, and behavior towards their condition as well as tips/steps for recovery and towards the results of the Covid-19 negative swab, convey information about the benefits of education in an easy-to-understand language using health promotion media.

Remind

At the end of the education, remind them the main points of the conveyed message and what to do and insert moral messages relevant to their health condition, e.g. be grateful for their condition relative to less fortunate Covid-19 patients, enjoy your health and what we feel after we recover, it is necessary to be grateful, etc.

Select the patients who are to receive the education by observing their conditions to ascertain that the education can be carried out; if they are very sick, the education will be suboptimal. If they are resting, postpone education for the next day. The education process will be repeated if from the initial observation and education it is found that education is suboptimal or it needs repetition. Education is carried out by considering the effective time i.e. a minimum of 15 minutes per patient to ensure that the conveyed message can be received by the recipient of the communication. Evaluation is done by:

1. Fill out the educational forms in medical records
2. Evaluate integrated patient progress notes that are carried out periodically so that the patient's condition after receiving education shows good Covid-19 recovery
3. Carried out periodical evaluation to the 13 patients who received education through integrated patient progress records (RM 08) and who showed good progress from vital signs and integrated records of all existing medical, pharmaceutical, nutrition, and other health workers

4. When the integrated patient progress notes show good recovery and the patients are discharged home after receiving negative swab results, they are to self-isolate at home for 14 days

After carrying out the education, the educator doff their PPE according to doffing protocol by the hospital's infection prevention and control team and takes a shower before wearing work clothes and continuing activities.

CONCLUSIONS

1. The Karsa Husada General Hospital made a breakthrough by involving educators in providing education to Covid-19 patients directly in the inpatient isolation room to facilitate patients' understanding of their condition, the relevant health protocol, and enabling them to participate better to promoting health through the education provided
2. From the results of the study, the Mann Whitney test $0.046 < 0.05$ Reject H_0 revealed that there were differences in LOS between patients who were given education and those who did not get an education in the inpatient isolation room
3. The development of educated patients can be monitored regularly through integrated patient progress notes by monitoring the progress of their vital signs
4. Education continues to be carried out and improved, involving all caregivers in an integrated and comprehensive manner in the hospital so that the LOS of Covid-19 patients becomes faster and the cure rate increases

SUGGESTIONS

1. Adding educational resources for patients to improve the effectiveness of the education
2. Increasing the capacity of educators in conducting education considering that Covid-19 patients are on the increase
3. Future research
"The effect of education on reducing blood pressure in the elderly with hypertension in the working area of Purwodadi Public Health Center, Grobogan Regency, 2013" needs to be taken into consideration in improving educational abilities.

REFERENCES

- Adhi I.S. (2020). 10 Cara Meningkatkan Meningkatkan Daya Tahan Tubuh. Retrieved from <https://health.kompas.com/read/2020/04/25/193100668/10-cara-meningkatkan-daya-tahan-tubuh?page=all>.
- Agus A. F., Didiek P., Yuwono. (2016). Emosional Detoks (Membuang Emosi beracun, Mengubah Kemarahan, Kecemasan, dan Depresi, Menjadi Energi Sehat), Pustaka RA.
- Agus A. F., Didiek P., Yuwono. (2016). Emotional Wellness (Menyelaraskan Pikiran-Tubuh, Mencapai Sehat-Seimbang), Pustaka RA.
- Deni P, Nenggih W. (2016). Komunikasi, Informasi, & Edukasi Efektif Bagian dari Mutu layanan Rumah Sakit. Yogyakarta: Betha Grafika.
- Peraturan Menteri Kesehatan No 44 Tahun 2018. Penyelenggaraan Promosi Kesehatan Rumah Sakit.

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