

EVIDENCE 26

PAGES 172-185

# **NIGERIAN JOURNAL OF HEALTH EDUCATION**

Vol. 21, No.1, 2017

UNIVERSITY OF IBADAN LIBRARY

h j h e

ISSN: 119-7323

# **NIGERIAN Journal of Health Education**

**Vol. 21, No. 1, 2017**

njhe is an Official Journal of the  
Nigerian Association of Health Educators.

# CONTENT

PERCEIVED CULTURAL INFLUENCE OF DELIVERY PRACTICES ON SAFE MOTHERHOOD AMONG WOMEN IN OGUN STATE, NIGERIA  
Omotoso, Adebayo Muini & Olaitan, Olukunmi Lanre ..... 1

INFLUENCE OF SOCIOECONOMIC FACTOR ON THE EFFECTIVENESS OF SAFEMOTHERHOOD IN REDUCING MATERNAL MORTALITY IN IREPODUN LOCAL GOVERNMENT AREA OF KWARA STATE.  
Alebiosu Emmanuel Olorunleke, Sindamah Helen & Adamu Kabir ..... 14

CHANGING FAMILY SUPPORT AND THE HEALTH OF THE ELDERLY  
Osayande Eric, Iyobo & Erhabor, Igbinosa Norris ..... 27

KNOWLEDGE AND ATTITUDE OF WOMEN TOWARD MENOPAUSE IN RIVERS STATE  
Elechi, Comfort Emma ..... 38

THE EFFECT OF A 6-WEEK HEALTH EDUCATION PROGRAMME ON MOTHERS' KNOWLEDGE OF THE BENEFITS AND ATTITUDES TOWARD CHILD BIRTH IN HEALTH CENTER IN EKEREMOR LGA OF BAYELSA STATE.  
Walker, Doubrapade ..... 56

ASSESSMENT AND IMPLEMENTATION OF SCHOOL HEALTH SERVICES IN SECONDARY SCHOOLS IN SHOMOLU LOCAL GOVERNMENT AREA OF LAGOS STATE, NIGERIA  
Fasoranti, Afolabi Joseph & Onwauama, M.A.C ..... 69

INFLUENCE OF PRACTICE VARIABLES ON EFFECTIVE HEALTH EDUCATION PRACTICE IN PRIMARY HEALTH CARE FACILITIES, DELTA STATE  
Joseph O. Ogbe & Monica O, Afoh ..... 79



HEALTH LITERACY: A VERITABLE TOOL IN HEALTH PROMOTION AND HEALTH CARE DELIVERY <b>Hamilton-Ekeke, Joy-Telu</b> .....	96
FACTORS INFLUENCING STUDENTS ATTENDANCE OF HEALTH EDUCATION CLASSES IN COLLEGES OF HEALTH TECHNOLOGY, OFFA, KWARA STATE <b>S.O. Oniyangi &amp; Alaro, Amuda Funsho</b> .....	108
UTILIZING COMMUNICATION STRATEGIES TO IMPROVE EFFECTIVE HEALTH CARE DELIVERY SYSTEM IN NIGERIA <b>Odejerho Emmanuel &amp; Aghatotikolo Ogbeide</b> .....	117
NURSING MOTHERS ATTITUDES TOWARDS CHILDREN IMMUNIZATION IN UWELU PRIMARY HEALTH CENTER EGOR. <b>Olowomeye .T.A, &amp; Makinde O. A.</b> .....	135
INFLUENCE OF DEMOGRAPHIC FACTORS ON THE PERCEIVED CAUSES AND PREVENTION OF HYPERTENSION AMONG PATIENTS IN UNIVERSITY OF ILORIN TEACHING HOSPITAL, ILORIN. <b>Fashiku Adeoti Elizabeth &amp; Abdulraheem, Adijat Mojisola</b> .....	148
HEALTH EDUCATION: A PANACEA TO CHILD MORTALITY IN SCHOOLS <b>Akinmusere, Ayo Kayode &amp; Adisa, TimothyOluwole</b> .....	164
CONSTRAINTS TO BEDSIDE HEALTH EDUCATION OF DIABETIC PATIENTS AT THE UNIVERSITY COLLEGE HOSPITAL, IBADAN NIGERIA <b>Jacob Olusola Odelola</b> .....	172
PERCEIVED DETERMINANTS OF CHILD MORTALITY IN ONDO NORTH SENATORIAL DISTRICT, ONDO STATE, NIGERIA. <b>Obalase Stephen Babatunde &amp; Adelusi, Joseph Olusegun</b> .....	186

OBESOGENIC ENVIRONMENT AS PREDISPOSING FACTOR TO OBESITY AMONG SCHOOL-AGE CHILDREN FROM HIGH SOCIO-ECONOMIC FAMILIES IN A NIGERIAN CITY <b>Anyanwu, Francisca Chika &amp; Akinpelu Grace</b> .....	201
IMPROVING ROUTINE IMMUNIZATION THROUGH DATA MANAGEMENT IN NASARAWA EGGON LOCAL GOVERNMENT AREA OF NASARAWA STATE <b>Odia Jerry Ilegbenehi &amp; Oladipupo Segun Peter</b> .....	211
COMPUTER VISION SYNDROME AMONG COMPUTER USERS AND ITS IMPLICATIONS FOR EYE HEALTH EDUCATION IN NIGERIA <b>Julius Olugbenga Owoyemi</b> .....	218
PREVALENCE AND RISK FACTORS OF COMMON PREGNANCY COMPLICATIONS AMONG PREGNANT WOMEN IN OWRERI CAPITAL TERRITORY IMO STATE <b>Eze-Ufodiana, Stella .C.; Okafor, Jerome .O &amp; N.M Onuzulike</b> .....	231
PATIENT EDUCATION: THE ROLE OF NURSES WITHIN THE HEALTHCARE DELIVERY SYSTEM <b>Shuaib Khadijat, Ohunene; Ibrahim, Ologele; Abdullahi Kilani Shehu &amp; Ajara, Taofiq Abiola</b> .....	250
INFLUENCE ON SOCIOECONOMIC STATUS ON UTILIZATION OF ANTE NATAL CARE HEALTH FACILITIES AMONG PREGNANT WOMEN IN KWARA STATE, NIGERIA <b>F.M. Rejuaro, Ph.D<sup>1</sup> M. J. Umar, Ph.D<sup>2</sup> A. A. Imam Afolayan<sup>3</sup>, J. Adeleke Ph.D<sup>4</sup> A. O. Onasoga, M.Sc<sup>5</sup></b> .....	260
KNOWLEDGE AND UPTAKE OF POSTNATAL CARE AMONG RURAL AND URBAN WOMEN OF CHILD BEARING AGE IN BAUCHI STATE <b>Sani Buba; Bulus Yuyu Maiyanga &amp; Abdullahi Mohammed Isiyaku</b> .....	271
A COMPREHENSIVE OVERVIEW OF THE ROLE OF RECREATION SPORTS AND DANCE ON COMMUNITY WELLBEING <b>Omaka-Amari Lois Nnenna &amp; Obande- Ogbuinya Nkiru Edith</b> .....	282



MATERNAL AND CHILD HEALTH IN NIGERIA: ACHIEVEMENTS IN RIVERS STATE AND IMPLICATION FOR HEALTH EDUCATION Azuoko, Ubong George-Best; Chukumati, Christiana Nkanunye & Walker, Doubrapade .....	294
CONSTRAINTS TO EFFECTIVE DISSEMINATION OF HEALTH EDUCATION IN THE HEALTH CARE DELIVERY SYSTEM Oladimeji Ayodeji Amos and Olofintuyi Oluwaseyi O. ....	307
RATIONAL EMOTIVE BEHAVIOUR THERAPY AND THE TEACHING OF SEX EDUCATION AMONG SECONDARY SCHOOLS STUDENTS IN OYO STATE Ojewola, Florence O. ....	318
ACCEPTANCE OF MODERN METHODS OF FAMILY PLANNING AMONG WOMEN OF CHILD BEARING AGE IN OLUKU COMMUNITY, OVIA NORTH EAST LOCAL GOVERNMENT OF EDO STATE Ehiorobo Ehiosumwen Helen .....	332
ASSESSMENT OF GENDER DIFFERENCE ON UTILIZATION OF HEALTH INFORMATION FOR HEALTHFUL DECISION MAKING AMONG STUDENTS OF TERTIARY INSTITUTIONS IN KANO STATE A.I. Hassan, & Auwal Nura Magaji .....	343
INFLUENCE OF HEALTH EDUCATION SERVICES IN THE IMPLEMENTATION OF PRIMARY HEALTHCARE ON LACTATING MOTHERS IN ETHIOPE EAST LOCAL GOVERNMENT AREA, DELTA STATE Onohwosafe, Suoke. Peter Ph.D <sup>1</sup> Oniomovigho, Uche Tessy <sup>2</sup> .....	354

## CONSTRAINTS TO BEDSIDE HEALTH EDUCATION OF DIABETIC PATIENTS AT THE UNIVERSITY COLLEGE HOSPITAL, IBADAN NIGERIA

Jacob Olusola, Odelola Ph.D

### Abstract

The study examined institutional and personal factors as constraints to bedside health education of diabetic patients among nurses at the University College Hospital, Ibadan Nigeria. Descriptive survey research design was employed in the study. A sample of 50 respondents was selected using purposive sampling technique. Two research questions were answered and six research hypotheses were tested. Self-developed and validated questionnaire with reliability co-efficient of 0.89 was used to collect data. Data were analysed with the use of percentage and inferential statistics of chi-square at 0.05 level of significance. The result showed that workload, health education training programme, health education teaching aids, ward environment, attitude of nurses to patients and communication skills were constraints to bedside health education of diabetic patients. Provision of human and material resources are recommended to facilitate effective health education of hospitalised patients.

**Keywords:** (1) institutional and personal factors, (2) bedside health education, (3) nurses (4) diabetic patients (5) University College Hospital.

### Introduction

Diabetes mellitus otherwise known as diabetes is as a result of metabolic disorder leading to the presence of sugar in the blood at a level which can be regarded as very high over a long period. The implication is that there will be more glucose in the blood that can result in the damage of many systems in the body particularly blood vessels. WHO (2017) defined diabetes as a disease in which the body's ability to produce or respond to hormone insulin is impaired resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood. Essentially metabolic disorder is



caused by body's inability to produce or respond to hormone insulin. Insulin is supplied into the blood by beta cell ( $\beta$ -cells) located in the islets of Langerhans, found in the pancreas and functions to balance glucose level in the body.

Diabetes is chronic a disease that causes considerable damage to human health. Symptoms of diabetes include polyuria (increased urination), polydipsia (increased thirst), polyphagia (increased hunger), weight loss and fatigue. Serious complication of diabetes is hyperglycemia which can lead to blindness, glomerulosclerosis of the kidney, coronary disease and poor immunity. WHO (2017) reported that approximately 150 million people have diabetes mellitus worldwide and that the number may double by the year 2025. Developing countries of world are likely to have a larger share of the increase. This is because factors that support the occurrence of the disease such as sedentary lifestyle, consumption of food high in sugar and saturated fats, obesity, rapid ageing process and urbanization are on the increase in the countries.

There is no known cure for diabetes, therefore management becomes compulsory option. Expert committee on the Diagnosis and Classification of Diabetes Mellitus (2007) reported that a good control of diabetes is achieved when fasting plasma glucose is within a specific range (set by individual), glycosylated haemoglobin tests show that blood sugar levels have stayed within normal limits from one testing period to the next, the patient's weight is normal, blood lipids remain within normal limits and patient has a sense of health and well-being. Effective management is achieved when diabetes is put under control. Avsar and Kasikci (2011)

Noted that patient education had long been considered a major component of standard care given by nurses.

Education process is a systematic, sequential, logical, planned course of action consisting of two major interdependent operations, teaching and learning (Bastable, 2008). According to Aghakhani, Nia, Ranjbar, Rahbar and Beheshti (2012) education is used to empower the patient and is an important aspect of quality improvement given that it has been associated with improved health outcome. Visser, Deccache and Bensing (2001) described patient education as all educational activities directed at patients, including aspects of therapeutic education, health education and clinical health



promotion. Bonnie (2014) asserted that health education involves giving information and teaching individuals and communities how to achieve better health, common role within nursing. In the same vein, Ojo, Rasheed and Oyeleye (1998) noted that in order to improve patients' knowledge about their health problems, focus on teaching, particularly by nurses who are known to remain with patient most of the time during hospitalization, ought to be an essential part of nursing care.

Nurses work in hospitals or outpatient facilities where they provide hands-on care to patients by administering medications, managing intravenous lines, observing and monitoring patients' conditions, maintaining records and communicating with doctors. (Study Com.2016). An important component of nursing care is patient education and coaching. (IPE, 2016)

The problem of diabetes is control, therefore the major role of nurses is to provide patients with knowledge, skill and understanding of the disease condition so that they can manage their blood glucose levels by adopting moderate lifestyle. In most times nurses do put aside bedside health education which is the process of developing self-management skill of patients. Hekmatpou, Mohammadi, Ahmadi and Arefi (2009) corroborated this when they noted that patient teaching has been ignored in health care centres. Ojo, Rasheed and Oyeleye (2009) identified inadequate staff, patients' uncooperativeness, patients' socio-economic status, lack of teaching aids and lack of periodic training programme for nurses as constraints to bedside teaching in a study. In the same vein, Oyetunde and Akinmoye (2015) identified nurses' experiences, cultural barriers, work place culture, lack of time; heavy workload, insufficient staffing, and the complexity of patients' condition as the factors influencing the practice of patient education.

In Nigerian hospitals, much attention is always given to medical treatment at the expense of health promotion of which health education is an important component. This extent of neglect of health education has continued to reduce the standard of health care services in Nigerian hospitals to a level that can be regarded as abysmally low.

## STATEMENT OF THE PROBLEM

Diabetes has no known cure thereby making management the only option. Iwueze (2007) noted that diabetes being a chronic disease requires sound knowledge of self-care by sufferers so that they can contribute meaningfully in the management of their lives. However, Okolie, Ehiemere, Iheanacho, and Kalu-Igwe (2009) found in a study that diabetic patients lacked knowledge of diabetes causes, prevention, control, self-monitoring and other self-care measures. Bedside teaching of patient in the hospital ward remain an important function of nurses. Oyetunde and Akinmeye (2015) concluded in a study that nurses at the University College Hospital have a good knowledge and positive attitudes towards patient education but could not practice. Certain factors are suspected to constitute constraints to effective performance of the role by nurses with particular reference to Diabetes Mellitus. This study was designed to find out institutional and personal factors constraining bedside health education of diabetic patients among nurses at the University College Hospital Ibadan.

## OBJECTIVE OF THE STUDY

The objective of the study was to ascertain institutional and personal factors that constitute constraints to bedside health education of diabetic patients in tertiary health institution in Nigeria.

## RESEARCH QUESTIONS

1. What is the perception of nurses on benefits of bedside health education to diabetic patients at the University College Hospital, Ibadan Nigeria?
2. What is the perception of nurses on the status of bedside health education of diabetic patients at the University College Hospital, Ibadan Nigeria?

## RESEARCH HYPOTHESES

1. Workload will not be a significant constraint to bedside health education of diabetic patients among nurses at the University College Hospital Ibadan, Nigeria.



2. Health education training programme will not be a significant constraint to bedside health education of diabetic patients among nurses at the University College Hospital, Ibadan, Nigeria.
3. Teaching aids will not be a significant constraint to bedside health education of diabetic patients among nurses at the University College Hospital Ibadan, Nigeria.
4. Ward environment will not be a significant constraint to bedside health education of diabetic patients among nurses at the University College Hospital, Nigeria.
5. Attitude to patients will not be a significant constraint to bedside health education of diabetic patients among nurses at the University College Hospital, Ibadan Nigeria.
6. Communication skill will not be a significant constraint to bedside health education of diabetic patients among nurses at the University College Hospital Ibadan, Nigeria.

## **METHOD**

### **Research Design**

The descriptive survey design was used for this study. This was considered appropriate because it enables a researcher to carefully describe and explain factual and detailed information about variables under investigation.

### **Population**

The population for the study comprised all nurses at the University of Ibadan Teaching Hospital.

### **Sample and Sampling Technique**

The respondents for the study were nurses in diabetic patient wards. All the 50 nurses in the wards were purposely selected as respondents.

### **Research Instrument**

The main instrument used was a questionnaire which was subjected to content and item validation and had reliability co-efficient of 0.89. The questionnaire was drawn on modified Likert format of a 4-point rating scale

to collect respondents' opinion on institutional and personal factors as constraint to bedside health education of diabetic patients in the University College Hospital, Nigeria.

### Data Collection

The administration of the questionnaire was done with the assistance of two research assistants. Copies of questionnaire forms were distributed and collected on the spot hence; high rate of return was recorded.

### Data Analysis

The descriptive statistics of frequency counts and percentage were used for demographic information of the respondents and to analyse research questions. Chi-square was used to analyse the stated hypotheses at 0.05 alpha levels.

## RESULT AND DISCUSSION

**Table 1: Summary of mean Scores of Nurses' responses on benefits of bedside health education to diabetic patients in the University College Hospital**

S/N	Items	SA (4)	A (3)	D (2)	SD (1)	Total	Mean
1.	Bedside health education is an important health service for hospitalised diabetic patients.	20 (80)	12 (36)	10 (20)	8 (8)	50 (144)	2.88
2.	Bedside health teaching can enhance patients' compliance with treatment regimen	22 (88)	10 (30)	09 (18)	9 (9)	50 (145)	2.90
3.	Health education of hospitalised diabetic patient can improve his/her knowledge of complications associated with the disease	12 (48)	18 (54)	09 (18)	11 (11)	50 (131)	2.62
4.	Health education at bedside can enhance self-management skill of diabetic patients.	11 (44)	17 (51)	12 (24)	10 (10)	50 (129)	2.58
5.	Health education at bedside can provide psychological succour to hospitalised diabetic patients.	12 (48)	13 (39)	15 (30)	10 (10)	50 (127)	2.54



Grand Mean Scores	77 (308)	70 (210)	55 (110)	48 (48)	250 (676)	2.70
-------------------	-------------	-------------	-------------	------------	--------------	------

Cut-off mean = 2.50

Table one indicates that the mean scores of 2.88, 2.90, 2.62, 2.58 and 2.54 for items 1, 2, 3, 4 and 5 respectively were greater than the cut-off mean score set at 2.50. Also, the grand mean score of 2.70 was also greater than the cut-off mean of 2.50. This implies that bedside health education is beneficial to hospitalised diabetic patients in the perception of nurses.

**Table Two: Summary of mean scores of nurses' responses on status of bedside health education at the University College Hospital.**

S/N	Items	SA (4)	A (3)	D (2)	SD (1)	Total	Mean
1.	Quality health care service regarding health education delivery at bedside of hospitalised patient has not fared better in the hospital	12 (48)	16 (48)	10 (20)	12 (12)	50 (128)	2.56
2.	Health education of patient with diabetes at bedside has not been effective in the hospital.	13 (52)	14 (42)	12 (24)	11 (11)	50 (129)	2.58
3.	Patient health education is an aspect of health care service that often suffers neglect in the hospital.	11 (44)	17 (51)	09 (18)	13 (13)	50 (126)	2.52
4.	Health care delivery service cannot be regarded as been standard without effective bedside health education of hospitalised patients.	12 (48)	17 (51)	10 (20)	11 (11)	50 (130)	2.60
5.	Bedside health education of hospitalised diabetic patient is constrained in the hospital.	10 (40)	16 (48)	14 (28)	10 (10)	50 (126)	2.52
	Grand Mean Scores	58 (232)	80 (240)	55 (110)	57 (57)	250 (639)	2.56

Cut-off mean = 2.50

Table two shows that the mean scores of 2.56, 2.58, 2.52, 2.60 and 2.52 for items 1, 2, 3, 4 and 5 respectively were greater than the cut-off mean score set at 2.50. Also, the grand mean score of 2.56 was also greater than the cut-off mean of 2.50. This indicates that bedside health education is in a poor state in the hospital.

**Table 3: Analysis of result on workload as constraint to bedside Health Education**

N	X <sup>2</sup>	X <sup>2</sup> crit.	$\alpha$	Df	P	Decision
50	24.2	7.82	0.05	3	.002	Ho Rejected

Table three above shows that the calculated chi-square value of 24.2 is greater than the critical value of 7.82 obtained at alpha level of 0.05 and degree of freedom of 3. Therefore the hypothesis which states that workload will not be a significant constraint to bedside health education of diabetic patient among nurses is rejected. In other words, workload is a significant constraint to bedside health education of diabetic patients.

**Table 4: Analysis of result on Health Education Training Programme as constraint to bedside Health Education**

N	X <sup>2</sup>	X <sup>2</sup> critical	$\alpha$	Df	P	Decision
50	33.84	7.82	0.05	3	.000	Ho Rejected

Table above shows that the calculated chi-square value of 33.84 is greater than the critical value of 7.82 obtained at alpha level of 0.05 and degree of freedom of 3. Therefore the hypothesis which says that Health Education training programme will not be a significant constraint to bedside health education of diabetic patients among nurses is rejected. Put differently, Health Education training programme is a significant constraint to bedside health education of diabetic patients.

**Table 5: Analysis of result on Health Education teaching aids as constraint to bedside Health Education**

N	X <sup>2</sup>	X <sup>2</sup> critical	$\alpha$	Df	P	Decision
50	16.60	7.82	0.05	3	.035	Ho Rejected



Table above shows that the calculated chi-square value of 16.60 is greater than the critical value of 7.82 and degree of freedom of 3. Therefore the null hypothesis that says Health Education Teaching aids is not a significant constraint to bedside Health Education of diabetic patient among nurses is rejected. In other words, Health Education Teaching aid is a significant constraint to bedside Health Education of diabetic patient.

**Table 6: Analysis of result on Ward environment as constraint to bedside Health Education**

N	X <sup>2</sup>	X <sup>2</sup> critical	$\alpha$	Df	P	Decision
50	30.64	7.82	0.05	3	.000	Ho Rejected

Table above shows that the calculated chi-square value of 30.64 is greater than the critical value of 7.82 and degree of freedom of 3. Therefore the null hypothesis that says ward environment will not be a significant constraint to bedside health education of diabetic patients is rejected. In other words, ward environment is a significant constraint to bedside health education of diabetic patients.

**Table 7: Analysis of result on Attitude to patient as constraint to bedside Health Education**

N	X <sup>2</sup>	X <sup>2</sup> crit	A	Df	P	Decision
50	24.88	7.82	0.05	3	.002	Ho Rejected

The table above shows that the calculated chi-square value of 24.88 is greater than the critical value of 7.82 and degree of freedom of 3. Therefore the null hypothesis that says attitudes to diabetic patients will not be a significant constraint to bedside Health Education of patients among nurses is rejected. Put differently, attitude of nurse to diabetic patients is a significant constraint to bedside Health Education of diabetic patients.

**Table 8: Analysis of result on Communication Skill as constraint to bedside Health Education**

N	X <sup>2</sup>	X <sup>2</sup> crit	$\alpha$	Df	P	Decision
50	64.4	7.82	0.05	3	.000	Ho Rejected



Table above shows that the calculated chi-square value of 64.4 is greater than the critical value of 7.82 and degree of freedom of 3. Therefore the null hypothesis that, says communication skill is not a significant constraint to bedside Health Education of diabetic patients is rejected. In other words, communication skill is a significant constraint to bedside Health Education of diabetic patients.

## DISCUSSION OF FINDINGS

In this study nurses perceived that bedside health education is beneficial to diabetic patients but the status of health education in the University College Hospital did not fare better. This finding is consistent with that of Mardanian, Salahshorian and Mohammed (2004) who reported that patient education led to increase in the level of patients satisfaction and their participation in self-care, improvement of the quality of life, a decrease in stress and anxiety level, an enhancement in psychological and physiological outcomes, a decrease in the side effects of the disease, and treatment expenditure in the patients readmission in the perception of nurses. In spite of the reported benefits Zmanzadh, Valizadeh, Mahjl and Kzaqlyfam (2010) found in a study that nurses face several obstacles in performing their educational role.

The study found that, workload is a constraint to bedside health education of hospitalised patients. This is in complete agreement with Yael, Ilana and Jannah (2017) who found in a study that workload was perceived by nurses as major constraints to the delivery of patient education. Increase in hospitalised diabetic patients and dwindling staff strength have continued to put heavy workload on the nurses in the hospital. It was found that health education training programme is a constraint to bedside health education of diabetic patients. In the same vein, Marcum, Ridenour Shaff, Hammon and Taylor (2002) identified lack of training as contributory factor to nurse's resistance to conduct patient education. This finding could be as a result of the fact that required skill and confidence for effective teaching can be acquired only through training.

In this study, teaching aid is a constraint to bedside health education. In support of this finding Halse, Fonn and Christiansen (2014) reported that lack of materials, supplies or teaching tools to adequately teach the patient



was frustrating. Also, ward environment was reported in this study as constraint to bedside health education of diabetic patients. Given the busy nature of the teaching hospital, frequent interruptions is a possibility, in this way meaningful health teaching and learning can hardly take place.

Attitude of nurses to patients was found to be a constraint to bedside health education in the teaching hospital. Jangland, Gunningberg and Carlsson (2009) reported poor nurse-patient relationship in a study. Suffice it to say that interaction between the teacher and learner is inevitable if effective teaching and learning is to take place. Therefore, personal dislike, nurses' perception of patients' uncooperativeness and high handedness could hinder effective bedside health education of diabetic patients.

Communication skill on the part of nurses was reported in this study as a constraint to bedside health education in the teaching hospital. Norouzinia, Aghabarari, Shiri, Karimi and Samami (2016) identified such communication barriers as differences in colloquial language of nurses and patients, nurses being overworked, family interference, presence of emergency patients in the ward. Instances of inappropriate explanation of a concept, language deficiency and use of clinical terms which patients may not understand all account for why communication skill constitute constraint to bedside health education in this study.

## Conclusion and Recommendations

Bedside health education of hospitalised patients is one of the most important aspects of nursing practice. However, workload, health education training programmes, teaching aids, ward environment, attitude to patients and communication skills are constraints to effective performance of the function. Meanwhile, bedside health education can empower diabetic patients with knowledge and skill for self-monitoring and self-care thereby making them responsible for their health and living an independent life.

Therefore, it is important that all challenges to effective bedside health education should be realistically tackled. It is along this line that the following recommendations are made:

1. Hospital management should urgently address the problem of shortage of staff that puts heavy workload on few available ones in tertiary health institutions in Nigeria.



2. University College Hospital management should create teaching and learning friendly ward environment in terms of allowing time for health teaching, providing enabling policy and making available teaching resources.
3. Effort should be made to orientate health care providers in hospitals towards adopting holistic approach to health care through seminars and workshops.
4. Hospital management should give consideration to the idea of employing health educators specifically meant for health education of hospitalised and out patients. This will allow the ward nurses to concentrate on patient medical treatment assignment which they seem to be more comfortable doing.
5. Communication is an important index of gaining diabetic patient's satisfaction with care. In order to ensure effective communication, hospital management should give consideration to training of nurses to acquire communication skills.

## References

- Aghakhani, N., Nia, H., Ranjbar, H., Rahbar, N. and Beheshti, Z. (2012). Nurses attitude to patient education barriers in educational hospitals of Urmia University of Medical Sciences. *Iranian Journal of Nursing and Midwifery Research*, 17 (1) 12-22.
- Avsar, G. and Kasikci, M. (2011). Evaluation of Patient education provided by clinical nurses in Turkey. *International Journal of Nursing Practice*, 17 67-71. Accessed from <http://dx.doi.org/10.1111/j.1440-172X.2010.01908.X> on 07-12-2017.
- Bastable, S.B. (2008). *Essentials of Patient education* Jones & Bartlett Learning Pp. 203.
- Bonnie R. (2014). *Health Education, Health Promotion and Health: What do these Definitions have to do with nursing?* Jones, V Bartlett Learning. Accessed online <http://samples.jbpub.com/9781449697211/28123-CHO> on 12-12-2017.
- Expert Committee on the Diagnosis and Classification of Diabetes Mellitus of American Diabetes Association in *The American Heritage Medical Dictionary* (2007). Diabetes mellitus. Houghton Mifflin Company.



- Hakmatpou, D., Mohammadi, E., Ahmadi, F. and Arefi, H. (2009). Lack of sensitivity of readmission: A grounded theory for explaining the process of readmitting patients suffering from congestive heart failure. *European Journal of Cardiovascular Nursing*, 8:355-363.
- Halse, K.M., Fonn, M. and Christiansen, B. (2014). Health Education and Pedagogical Role of the Nurse: Nursing Students Learning in the Clinical Setting. *Journal of Nursing Education and Practice*, 4, 30-38.
- Iwueze, J.O. (2007). Managing your diabetes: Assessment and Management of Patients with Diabetes Mellitus: Owerri. SkillMark Media Limited pp. 42.
- Jangland, E., Gunningberg, L. and Carlsson, M. (2009). Patients and relatives' complaints about encounters and communication in health care: Evidences for quality improvement. *Journal of Public Medicine* 75 (2): 199-204. Accessed from <http://dx.doi.org/10.1016/j.pec> on 07-06-2017
- Mardanian, L., Salahshorian, L. and Mohammed, A. (2004). Nurses perception of patient education: Enhancing and inhibiting factors on patient teaching. Master of Science Thesis, University of Medical Science. Tehran, Iran.
- Marcum, J., Ridenour, M., Shaff, G. Hammons, M. and Taylor, M. (2002). A study of professional Nurses' Perceptions of Patient Education. *Journal of Continuing Education in Nursing* 33, 112-118.
- Norouzinia, R., Aghabarari, M., Shiri, M. and Samami, E. (2016) Communication barriers perceived by nurses and patients. *Global Journal of Health Sciences*. 8(6) :65-74 Accessed on line <http://www.ncb.do,10.5539gih.vbn6p65>
- Okolie, V.U., Ehiemere, O.I., Iheanacho, N.P. and Kalu-Igwe, I.N. (2009). Management and Control by diabetic patients at Federal Medical Centre Umuahia Abia State, Nigeria. *International Journal of Medicine and Science* 1(9): 353-358. Accessed online from <http://www.academicjournals.org/ijmms> on 12-07-2017.
- Ojo, A.A., Rasheed, T.O. and Oyeleye, B.A. (1998). Nurses perceived constraints to Bedside Teaching of Hypertensive Patients in a Teaching Hospital in Nigeria. *Nigerian School Health Journal* (1 & 2) 19-24.
- Oyetunde, M.O. and Akinmeyer, A.J. (2015). Factors influencing Practice of Patient Education among Nurses at the University College Hospital,

- Ibadan. Open Journal of Nursing. Accessed <http://www.scirp.org/journal/ojn> on 12-07-2017.
- Study.com (2016). Nursing duties: Responsibilities and Career options. Accessed from [study.com/nursing-duties.html](http://study.com/nursing-duties.html) on 07-12-2017.
- World Health Organisation (WHO) (2017). Diabetes Mellitus. Fact Sheet.
- UT IPE (2016). Nursing role. Interprofessional Practice and Education. Accessed online <http://www.healthipe.org/healthcare-role/nursing> on 12-07-2017.
- Visser, A. Deccache, A. Bensing, J. (2001). Patient Education in Europe: United Differences. *Journal of Public Medicine* 44(1): 1-5.
- Yael, L., Ilana P., and Jana S. (2017). Barriers to patient education and their relationship to nurses' perceptions of patients education climate. *Clinical Nursing Studies* 5(4) 65-72.
- Zmanzadh, V., Valizadeh, L., Mahji, A. and Rzaqlyfam, L. (2010). Current status of patient education: Perception of nurses in health centres-training. *Journal of Nursing and Midwifery*, 19: 39-46.



