نهادینه کردن آموزش بیمار با رویکرد اقدام پژوهی
رساله دکتری پرستاری

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پیم ۱۳۹۱
چکیده
عنوان: نهادینه کردن آموزش بیمار با رویکرد اقدام پژوهی

زمینه: پرستبری قبلاً در اطلاعات برای بیماران به شمار می‌آمد و در موقتی کمی برای آموزش سالمت فاردار. از سوی دیگر، استفاده از مراحل حل مسئله برای بهبود وضعیت بهبودی بیماری دریافت می‌شود. در سال 1930، یکی از ابزارهایی که برای این منظور از طریق بیماران در درمان پرستبری استفاده می‌شود، پیشنهاد گردید.

روش پژوهش: یکی از ابزارهایی که برای پرکردن بروز بیماری در بستر بیمارستان استفاده می‌شود، استفاده از مراحل حل مسئله برای بهبود وضعیت بهبودی بیماری دریافت می‌شود. در سال 1930، یکی از ابزارهایی که برای این منظور از طریق بیماران در درمان پرستبری استفاده می‌شود، پیشنهاد گردید.

نتیجه گیری: درک درمانی در اقدام پژوهشی و عمل برای تغییر نهادینه کردن آموزش بیمار در بخش را با موفقیت پایدار برای درمان بیماری در بستر بیمارستان می‌تواند، تقویت و بهبود وضعیت بهبودی بیماران را باعث کند.

کلید واژه‌های مهم: آموزش بیمار، تغییر، اقدام پژوهشی، پرستبری
Establishing sustainable patient education through action research approach

A thesis submitted in partial fulfillment of the requirements for the degree of PhD in Nursing

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Feb/ 2013
Abstract

Title: Establishing sustainable patient education through action research approach

Context: Nurses are the most available sources of information and are located in a key position to educate their clients. Despite the grate body of knowledge on the effects of patient education as a main aspect of nursing care, the existing realities in clinical settings indicates of limitations in nurses’ practices in this field. This study aimed at establishing a sustainable patient education in a university affiliated neurosurgery unit in Arak, Iran.

Method: The study was conducted using a cooperative inquiry as a form of action research in a 18-month period in 2011-2012. The participants including ten clinical nurses, the head nurse and the academic researcher as a facilitator engaged working through two cycles each consisted of reflection and action phases. In the first phase, the discovered the obstacles against patient education in the context using focus participants group discussions. The second and the third phase resulted in implementing action plan and immersing in action for change. In the fourth phase, the participants reflected on their own as well as their colleagues’ patient education experiences through story-dialogue method. On the basis of the lessons learned from reflections, the second action plan was developed and then was conducted in the fifth and the sixth phases. The participants reflected again on their actions in the seventh stage. The data were collected and analyzed using the concurrent mixed method. The qualitative content analysis was recruited for analyzing the qualitative data. The quantitative data including the scores of the nurses’ educational practices was analyzed using one way analysis of variance as well Scheffe test.

Results: Qualitative content analysis revealed three major categories including inadequate professional competency, inter-professional and organizational obstacles which resulted in immersing one major theme entitled "straits related to patient education in clinical setting". Reflecting on the experiences through story-dialogue method revealed the various dimensions of patient education including nurses’ responsibilities, patients and families’ learning, and the constraints of clinical environment as well as their interrelated relationships. The final reflection phase detected the major categories consisting empowerment for patient education, leading the change by the head nurse, receiving
reinforcing feedbacks, preparedness for developing patient education, and encountering organizational obstacles. One major theme was emerged which was entitled "progressive movement on the sustainable patient education path". The quantitative data showed significant improvement in the scores of the nurses’ educational practices after the implementation of the first and the second action plans (p < 0.01).

**Conclusion:** The participants passed the strait of inadequate professional competency and lay the foundation of establishing sustainable patient education in the situation through action for change and reflection on it. Continuity of moving in the path needs trying to overcome the organizational barriers including inadequate support from the nursing administrators and the limitations in the practice environment.

**Keywords:** patient education, sustainable change, action research, reflection