

## ASSESSMENT OF SURGICAL NURSES' COMPLIANCE WITH HEALTH EDUCATION ON PERI-OPERATIVE CARE AND MANAGEMENT AMONG MORBID OBESE PATIENTS IN THE 35 FILES REVIEWED

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**Statement of the Problem:** As defined by the World Health Organization (2017), Morbid Obesity is considered to be a major risk factor for a number of chronic diseases, which includes diabetes, cardiovascular diseases and cancer. Several factors were evident to influence the development of obesity, among them: lifestyle, diet, ethnicity, socioeconomic background, and genetic susceptibility. Furthermore, Morbid Obesity, once considered a problem only in developed and high income countries, overweight and obesity are now dramatically on the rise in low- and middle-income countries, particularly in urban settings. Saudi Arabia, is a Middle Eastern country that has gone through significant change in nutritional habits, norms, health, education and practices, and ways of life for the past decades. Such changes are expected to have a huge impact on the magnitude of chronic diseases, including obesity (Al-Nuaim, Al-Mazrou, Al-Rubeaan, & Khoja, 1996). In the Western region of Saudi Arabia, Security Forces Hospital Makkah (SFHM) is considered as one of the most important Ministry of Interior (MOI) health projects. The hospital commenced in the last quarter of 2013 and is located in Makkah Al-Mukarrama, Al-Awali Region with 262 bed capacity. As per Male Unit Surgery department's January – October 2017 statistics, Morbid Obesity is consistently ranked to be the no. 1 most admitted cases in the unit, only during the month of June 2017 ranked as the top 3. Furthermore, as per cross sectional and retrospective method review of the 35 patient files, surgical nurses' initial assessment, post-operative reassessment, and discharge health teaching, there were inconsistencies of practice on health education, teaching methods, and documentation of care among these patients. Among the 35 random and reviewed patient files, the total average in percentage of surgical unit's health teaching focused documentation is only 63.57%. Although there were documented health teachings, but the variations and non-compliance with the complete nurses' assessment, post-operative reassessment, and discharge health teaching documentations are evident. Methodology & Theoretical Orientation: the initiation of the improvement project through the utilization of FOCUS-PDCA (Find, Organize, Clarify, Understand, Select, Plan, Do, Check, Act) aims to specifically achieve the following concepts within twelve (12) months duration:

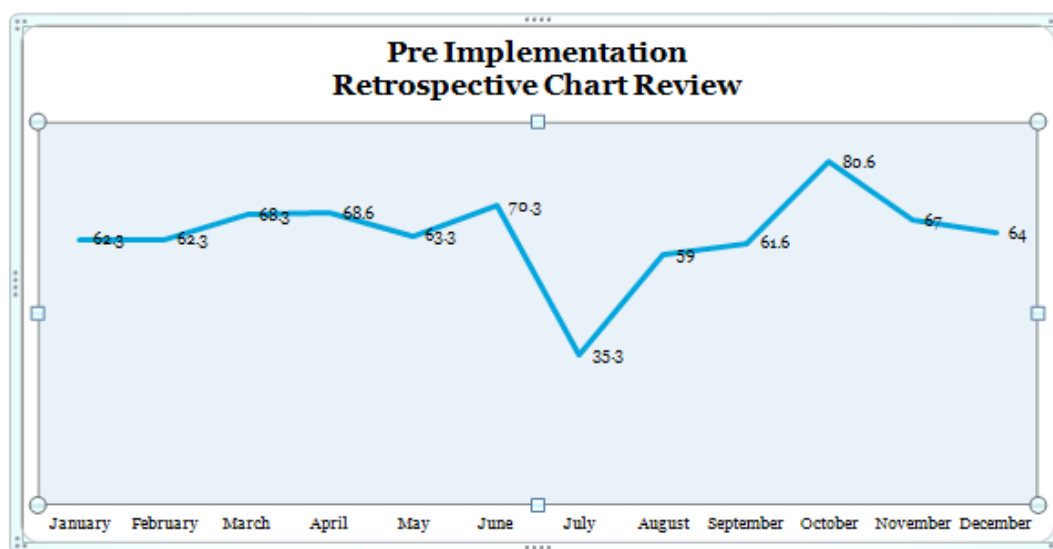
1. Improve patient and family knowledge deficit on Morbid Obesity as a disease and perioperative compliance.
2. Reinforce nursing-tailored health education and teaching focused through integrated technology and audio-visual methods.
3. Standardized the nursing health teachings as per SFHM policy and evidence-based teaching initiated by nurses.
4. Conduct a more organized information dissemination to the patients and their families in perioperative compliance with the disease intervention.
5. Reinforce compliance and awareness throughout the hospitalization period and be reflected in the documentation and patient's post-hospitalization interview.
6. Improve patient experience through the effective and efficient use of technology and audio-visual teaching.

September 10-11, 2018  
Prague, Czech Republic

Raiza Jaafar Jumah, J Nurs Health Stud 2018 Volume: 3  
DOI: 10.21767/2574-2825-C4-010

**Findings:** On November 2017 the core team was organized and were consisted of project sponsor (Nursing Director), 2 project managers (Quality Nurse Specialists), project leader (Surgical Unit head nurse) and 3 project members (staff nurses). Essentially, the project focus on the improvement of nursing staff compliance in health teaching through a standard education, training and methodology among Morbid Obese patients admitted in SFHM – Surgical Unit. Initially, the Ischikawa diagram (Fish Bone) was utilized to review the current practice and came up with the supportive evidences, proposed interventions, supplies, and barriers were identified and categorized (based from different features, such as environment, equipment, method, material, measurement, and man).

Consequently, the strategy for the improvement process' Matrix: Impact versus Difficulty was used to plot for the topmost and impactful strategic solutions: 1.) to provide standard education materials (pamphlets, poster, and videos) to be accessible for the nurses in doing health teachings and will be uploaded in the Health Information System (HIS) for efficient documentation; 2.) to integrate teaching skills competency and to conduct orientation program on effective bedside teaching, specifically for morbid obesity patients in coordination with the Nursing Education team; and 3.) to provide evaluation tool or form for the patient on efficiency of health teaching provided, respectively. As of the moment, the project implementation is still ongoing



The Line graph illustrates the Retrospective Chart Review from the Thirty-five (35) Morbid Obese patient files at MSU starting from January – December 2017.

## Biography

Raiza Jaafar Jumah is registered nurse in the Philippines and finished her Master in Nursing at Ateneo de Zamboanga University, Philippines. She has an extensive experience dealing with clinical teaching and supervision as a clinical nurse instructor. Furthermore, she is interested in surgical nursing, health care research, leadership and management. Currently, she is working as a surgical head nurse at Security Forces Hospital – Makkah, Saudi Arabia and pursuing her Master in Health Care Administration at Bellevue University, U.S.

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