# Sarcouncil Journal of Medicine and Surgery

ISSN(Online): 2945-3534



Volume- 04| Issue- 04| 2025

**Research Article** 

Received: 02-03-2025 | Accepted: 28-03-2025 | Published: 17-04-2025

Patient Education and Self-Management: Assessing the Effectiveness of Patient Education Programs and Self-Management Strategies in Improving Patient Outcomes, Promoting Self-Care, and Enhancing Patient Empowerment (Surgical Patients)

Dr. Mohammed Naji Kadhim<sup>1</sup>, Dr. Maha Abdulrazzaq Abbas Alkhafaji<sup>2</sup>, and Dr. Sarmad Abdulwahhab Hussein Waheeb<sup>3</sup>

<sup>1</sup>M.B.Ch.B., F.I.C.M.S., C.A.B.S \ (General Surgeon), Iraqi Ministry of Health, Holy Karbala Health Directorate, Imam Hussain Medical Teaching City, Karbala, Iraq

<sup>2</sup>*M.B.Ch.B., F.I.C.M.S. (Family Medicine), Iraqi Ministry of Health, Holy Karbala Health Directorate, Primary Health Care Center in Al-Nasr District, Karbala, Iraq* 

<sup>3</sup>*M.B.Ch.B.*, *F.I.C.M.S.*, *C.A.B.S* \ (General Surgeon), Iraqi Ministry of Health, Al-Karkh Health Department, Al-Yarmouk Teaching Hospital, Baghdad, Iraq.

**Abstract:** The objective of this study is to evaluate the efficacy of patient education programmes and self-management strategies in enhancing patient outcomes, promoting self-care, and empowering patients. In this care management project, the modified logical framework methodology was employed as a management strategy, which was implemented in health services or other practice settings, subsequent to the identification of priority problems in people's care with alternative solutions from a nursing theoretical perspective. In this study, demographic information and data were collected from several different hospitals in Iraq for a period of one year from 2024 to the beginning of 2025 for 200 patients. The objective of these methodologies is twofold: firstly, to enhance the quality of life, as measured by the SF-36 questionnaire, and secondly, to elevate self-esteem, mood, and quality of life for individuals who opt for these procedures. In the context of the evolution of the medical model, the role of patient education has assumed a position of increasing prominence. The findings of patient education demonstrate that it facilitates patient mastery of disease-related knowledge and enhances their self-management abilities through meticulously planned, organized, and systematic educational activities. Consequently, patients are able to more effectively collaborate with treatment, prevent disease recurrence, and improve their quality of life. The combination of the physician's role and patient education has been shown to enhance patients' health knowledge, thereby ensuring more effective care. The findings of this study demonstrate a statistically significant positive treationship between the role of the physician and patient education and the enhancement of patients' self-management ability through patient education, which contributes to an improvement in the overall quality of life following surgery.

Keywords:. Quality of life, Efficacy, Self-management, Strategies, Self-care, Education.

#### **INTRODUCTION**

In recent decades, there has been a marked increase in the prevalence of chronic diseases, thereby profoundly impacting the delivery and reception of healthcare. Current statistics indicate that one in three people will be affected by a chronic condition at some point in their lives (Wagner, E.H. et al., 2001; Ford, E.S. et al., 2009; Pedersen, B.K. et al., 2006). This phenomenon, compounded by the demographic shifts of an ageing population and the escalating costs of healthcare, is projected to exert a substantial financial strain on medical and human resources in many countries worldwide (Nutbeam, D., 2008). This global situation means that physicians will be present for only a fraction of a patient's life and that these people will live for a long period of time, most of them outside the formal health care system. It is imperative that these individuals are accorded an integral role in management, given that the rate of disease progression and the vast majority of health outcomes are mediated by their own behaviour (Wills, J., 2009). A promising approach to improving outcomes and reducing healthcare costs associated with chronic diseases is self-management, where individuals. in collaboration with healthcare professionals, take greater responsibility for making healthcare decisions (Consumer Assessment of Healthcare Providers and Systems, 2013). Historically, healthcare and education have been predominantly provided by healthcare professionals; however, there is now an acknowledgement that numerous clinical functions (e.g., monitoring of HbA1c, blood pressure, and weight) and educational activities can be competently executed by patients. A fundamental philosophical reorientation is now underway, with healthcare professionals viewing their relationship with patients as a partnership and a coaching relationship (Paterick, T.J. et al., 2008; Delić, D. et al., 2006). The emergence of selfmanagement support programs is a multifaceted phenomenon that demands changes at various levels, including the clinical, the patient, and the policy and environmental domains. The conclusion drawn is that self-management is an effective therapeutic modality and that healthcare provision

Sarc. Jr. Med. Sur. vol-4, issue-4 (2025) pp-15-23

that does not incorporate a robust self-management component will not satisfy quality standards (Kraschnewski, J.L. *et al.*, 2014; Alhuwail, D. *et al.*, 2019).

The ETP is predicated on the notion that the patient or caregiver should be situated at the nexus of the patient-healthcare provider relationship, thereby acknowledging their role as an integral component within the healthcare process. A fundamental element of this approach is the acknowledgement of the patient's existing knowledge, skills, and experience (Fiksdal, A.S. et al., 2014), which should be recognised, fostered, motivated, and/or investigated. In the same vein, health professionals are charged with the responsibility of acknowledging the patient's selfknowledge and abilities. The ETP model is one of education and support for individuals living with one or more chronic diseases (Ferreira, G. et al., 2019). The overarching objective of ETP is to empower individuals receiving care to engage in their own care through an educational programme that is comprehensible to them. This approach is designed to reduce the risk of complications and enhance the quality of life of the patients (Smith, D.A., 2020). The utilisation of ETP instruments fosters authentic collaboration between patients and healthcare providers. This necessitates a comprehensive, integrated, and multidisciplinary approach (Chen, X. et al., 2018).

The objective of therapeutic patient education is to facilitate the patient's emotional adaptation to the disease and the gastric stoma, thereby enabling them to incorporate these elements into their daily lives. The patient's acquisition of skills to deal with the stoma and treatment, as well as psychosocial skills to integrate the stoma into their daily life, is the ultimate goal. A significant challenge for healthcare professionals is to integrate these two forms of learning within the professional training programme, considering the challenges faced by the patient and their educational needs. The establishment of a therapeutic relationship predicated on trust and mutual cooperation is a prerequisite for the educational process. Within this alliance, emphasis is placed on the relationship of ethical equality between the patient and the health professional.

## MATERIAL AND METHODS

The statistical data through which the relevant inferential analyses will be conducted to determine the effectiveness of the nursing intervention on the level of patients' knowledge in postoperative care were determined. The results of these analyses, conducted utilising the SPSS Statistics 24 program, are hereby presented.

This care management project employed the modified logical framework methodology as a management strategy, which was applied in health services or other practice settings, subsequent to the identification of priority problems in people's care with alternative solutions from a nursing theoretical perspective. In this study, demographic information and data were collected from several different hospitals in Iraq for a period of one year from 2024 to the beginning of 2025 for 200 patients. All concerned parties were contacted in order to maintain the privacy of this study and the privacy of the patients who were included, and their information was included as research results. The present study was designed according to a questionnaire distributed to patients in order to ascertain the quality of life before and after a series of educational and training sessions by specialist doctors according to the surgical procedure used.

The methodology was selected on the basis that "the practice of care and education focused on the middle range theory favors the achievement of the proposed goals for the benefit of people's health and the quality of health services provided where The inclusion criteria encompassed adults who were categorised as having level I or II surgical risk, underwent surgery in a level II hospital in Iraq, and were admitted to hospital. Patients with cognitive impairment, or a health condition that limited the acquisition of knowledge or communication, and those requiring hospitalization in intensive care units were excluded from the study. The sample was nonprobability for convenience, as patients who were seen on specific days or who were hospitalized with specific medical diagnoses were included. In this instance, the researcher simply entered "available subjects" into the study, i.e., people who met the inclusion and exclusion criteria and were on the morning schedule during a 9-month period.

It's really important to have educational activities for surgeons, surgical staff, patients, and their caregivers to help prevent infections. These activities are now a key part of how hospitals are accredited. But when we're doing our infection control and surveillance work in hospitals, we've noticed that the full potential of education to prevent surgical site infections isn't being used as much as it could be. Patients and their families aren't being involved enough in making sure they get safe medical care. So, we're aiming to figure out the key elements of getting patients involved in preventing complications after surgery.

## RESULTS

Table 1: Classification and description of demographic and patient data for 200 Iraqi patient
---

Variable	f	P%
Age		
20-29	70	35
30-39	60	30
40-49	40	20
50-60	30	15
BMI		
Obese	110	55
Overweight	90	45
Smoking		
Yes	150	75
No	50	25
Education		
Primary	35	17,5
Secondary	90	45
College	40	20
High	35	17,5
Incomes		
<1000\$	80	40
>1000\$	120	60
Comorbidities		
High blood pressure	60	30
Diabetes	45	22.5
Obesity	35	17.5
Osteoporosis	30	15
None	30	15
Type of surgery		
Cholecystectomy	45	22.5
Appendix	40	20
Pregnancy	42	21
Thyroid	36	18
Joints	37	18.5
anesthesia		
General anesthesia	120	60
Spinal anesthesia	80	40



Figure 1: Assessment of the patient's quality of life before surgery and education by doctors

Table 2: Evaluation	n of general	complications	of surgical	procedures	s tha	t patier	nts have	undergone
					-			

Variable	f	P%
low-birth-weight	10	5
Infection	22	11
Bleeding	16	8
Digestive disorders	14	7
Injury to nearby organs, such as the bile duct	12	6



Figure 2: Methods used for education and learning in this study

The surgical model is a term used to describe the comprehensive and ongoing care provided to patients during the three phases of surgery:

preoperative, intraoperative, and postoperative. The fundamental objective of this model is to enhance patient outcomes by ensuring the

Copyright © 2022 The Author(s): This work is licensed under a Creative Commons Attribution- NonCommercial-NoDerivatives 4.0 (CC BY-NC-ND 4.0) International License

coordination of high-quality care throughout the surgical process.

In the preoperative phase, the patient is prepared for surgery by means of a range of measures, including the collection of relevant information, preoperative medical assessments, and the education of the patient regarding the forthcoming procedure. This phase encompasses various components, including patient preparation for surgery, preoperative medical assessments, patient education about the procedure, and the establishment of expectations.

Intraoperative: The period during which the surgical procedure is performed. This phase encompasses the administration of anesthesia, the surgical procedure itself, and ongoing monitoring of the patient.

Postoperative: This phase encompasses immediate postoperative recovery, in addition to mid- and long-term follow-up, including pain management, complication prevention, and rehabilitation.

The overarching objective of this model is to enhance patient safety, mitigate risk, and expedite recovery through meticulous and proactive management at each stage of the procedure.

Surgical education is an essential component of patient care undergoing surgical procedures and includes informing and preparing patients before, during, and after surgery. The main goal is to ensure that patients are well informed about the procedure they will undergo, understand the care they will need after the procedure, and are aware of the potential risks and benefits of the procedure. The goal of surgical education is to reduce patient anxiety, improve cooperation, promote recovery, and ultimately increase patient satisfaction with the healthcare process. It is also essential to promote a faster and more efficient recovery and reduce the risk of complications after surgery. The primary responsibility of the nurse is to provide care to patients across a range of physiological systems, including the respiratory, circulatory, neurological, muscular, cutaneous, and urinary systems.

In addition to monitoring vital functions, the nurse is tasked with assessing the patient's state of consciousness, monitoring potential complications, and addressing the emotional aspect of care. Empathy and a comprehensive understanding of the patient's situation are crucial components of the nurse's role, as patients often experience a stressful environment during their recovery. Furthermore, the involvement of family members in the patient's recovery process is of paramount importance, as the mere knowledge that they are awaiting their loved one's recovery can significantly enhance their well-being. This is particularly crucial given the novelty and uncertainty surrounding the healthcare environment and the unfamiliarity with the recovery process. The role of the specialized nurse is to mitigate the risks to which the patient, the institution, and the healthcare team may be exposed. The prerequisite for the optimal outcome is that the nurse possesses the requisite experience, preparation, adequate training, basic guidance, advice, supervision, and continuous training. The aim is to facilitate the shortest possible recovery time from surgical procedures and anesthesia and to ensure a safe return to the recovery room.

19



Figure 3: Quality of life assessment after patient education and training

**Table 3:** Patient satisfaction with the results and information provided by the doctors to reduce general complications

	P%	Frequency
Very good	70	35
Good	60	30
Moderate	50	25
Poor	20	10

### DISCUSSION

The way health workers and their patients have been interacting with each other has changed a lot recently. In the past, patients were pretty much passive in the healthcare process, but now, there's a move towards a more active and participatory approach with the goal of making healthcare safer (Hoyt, R.E. et al., 2018; Hoong, J.M. et al., 2023). Now, getting patients involved in prevention through education is a must if healthcare institutions want to be accredited. The Joint Commission International is an organization that works to improve the quality and safety of health care, and that includes making sure patients are educated in its hospital accreditation standards. The standard on access to health services and continuity of care says that patient education should be given in a way that's easy for patients to understand and in a simple and easy-to-understand way (Kneipp, S.M. et al., 2019; Busetto, L. et al., 2020). And when it's needed, the family should be included too. The standard on patient and family education says that professionals should work together on educational activities so that the information given to patients and families is as complete, consistent, and effective as possible. The WHO has also said that patients should be encouraged to play a more active and participatory

role in their own healthcare to improve their condition and the efficiency of the healthcare system. So, to achieve this, we need to train health workers in educational and promotional techniques that include things to consider when educating patients and their families and achieving appropriate communication between the two parties in the field of healthcare (Mengistu, G. *et al.*, 2024; Ma, D. *et al.*, 2024).

Tartary *et al.* say that getting patients involved in preventing surgical site infections means doing things like teaching patients how to keep the surgical site clean before surgery, making patients feel more in control by reminding practitioners not to shave the surgical site and washing their hands before touching the surgical site, among other things (Harvey, I.S. & Janke, M., 2014).

The patient's ability to participate effectively in making decisions about his or her health problem is seriously limited when the patient is not adequately informed about the care he or she will receive, the potential complications (Haslbeck, J. *et al.*, 2015), and the chances of satisfactory recovery if he or she complies with the recommendations made by his or her health team where the review identified several key reasons for the utilization of contemporary educational and

cultural methodologies in contemporary society (Fletcher, J.M. et al., 2020). These methodologies are intended to enhance the quality of life, as measured by the SF-36 questionnaire, and to elevate self-esteem, mood, and quality of life for individuals who opt for these procedures. However, it is imperative to consider the psychological dimension, as individuals who suffer from psychological disorders, in addition to the desire to enhance their physical appearance, may have a distorted perspective of the outcomes due to these disorders. With regard to the impact of pain, its management, the pain control guidelines applied in certain institutions, and the analgesics provided in each procedure, these have been found to be inadequate. It is imperative to acknowledge that in the postoperative period, multidisciplinary pain management should be implemented to enhance the user's recovery and ensure that the social (Kakumanu, S. et al., 2019), psychological, and pain experience of the procedure does not hinder the patient's rehabilitation. Anxiety has been found to be a significant factor in the recovery process, with studies indicating that patients who experience reduced anxiety tend to have a more positive outlook on their recovery and report lower levels of pain (Campbell, D.J.T. et al., 2023). This suggests that by addressing anxiety, we can enhance patient confidence, reduce the use of pain medication, and promote a more tranquil atmosphere during the recovery process. The most effective approach to reducing anxiety is through the provision of education that clarifies patients' concerns regarding salient aspects of the procedure. The pivotal role of nursing care is underscored by the analysis of numerous studies that have proposed nursing diagnoses as a foundation for care protocols. A notable element is the scheduled preoperative nursing visit, which facilitates the collection of user data through interviews, the completion of requisite documentation, and the evaluation of the head and chin to identify potential risk factors that could lead to major complications in the context of plastic surgery. In the context of nursing care, it is imperative to acknowledge the significance of physiological factors associated with normal organic systems and diseases. This aspect is crucial in the formulation of care protocols, as it enables the collection of pertinent data through completion interviews. the of requisite documentation, and the evaluation of the patient's head and chin. This comprehensive approach facilitates the identification of potential risks and

complications associated with plastic surgery, thereby ensuring the safety and well-being of the patient.

### CONCLUSION

Post-operative patient care is a multifaceted responsibility that encompasses all aspects of a patient's well-being, including physical. psychological, and social needs. The nursing staff caring for post-operative patients must possess highly developed skills and competencies, particularly the expertise to manage the care of this demographic, which necessitates customized and specialized interventions. It is imperative to a programme of implement continuous professional development (CPD) in relation to nursing care processes and to improve the practice of the main techniques in one's field. It is imperative that nursing professionals are driven to pursue continuous self-learning opportunities, a commitment that should be shared by all healthcare professionals. They should not rely on external institutions for training and professional development. The competencies that the nurse must possess encompass empathy, understanding, knowledge acquisition, and the capacity to act professional appropriately in practice. Comprehensive care is defined as the provision of care that encompasses the physical, psychological, and social aspects of patients' lives, thereby ensuring their well-being and addressing their needs during a period of vulnerability to complications. This approach is intended to alleviate the stress and lifestyle changes experienced by patients during their treatment and recovery.

### **REFERENCES**

- Wagner, E.H., Austin, B.T., Davis, C., Hindmarsh, M., Schaefer, J. & Bonomi, A. "Improving chronic illness care: translating evidence into action." *Health Affairs* (*Millwood*) 20.6 (2001): 64–78.
- Ford, E.S., Bergmann, M.M., Kröger, J., Schienkiewitz, A., Weikert, C. & Boeing, H. "Healthy living is the best revenge: findings from the European Prospective Investigation into Cancer and Nutrition–Potsdam study." *Archives of Internal Medicine* 169.15 (2009): 1355–1362.
- Pedersen, B.K. & Saltin, B. "Evidence for prescribing exercise as therapy in chronic disease." *Scandinavian Journal of Medicine & Science in Sports* 16.Suppl 1 (2006): 3–63.

21

- 4. Nutbeam, D. "The evolving concept of health literacy." *Social Science & Medicine* 67.12 (2008): 2072–2078.
- Wills, J. "Health literacy: new packaging for health education or radical movement?" *International Journal of Public Health* 54.1 (2009): 3–4.
- Consumer Assessment of Healthcare Providers and Systems (CAPHS). *About CAPHS Item Set for Addressing Health Literacy* [Document No. 1311]. Washington, DC: Agency for Healthcare Research and Quality.
- Paterick, T.J., Carson, G.V., Allen, M.C. & Paterick, T.E. "Medical informed consent: general considerations for physicians." *Mayo Clinic Proceedings* 83.3 (2008): 313–319.
- 8. Delić, D., Polasek, O. & Kern, J. "Internet health-information seekers in Croatia—who, what, and why?" *Medical Informatics and the Internet in Medicine* 31.4 (2006): 267–273.
- 9. Kraschnewski, J.L., Chuang, C.H., Poole, E.S, *et al.* "Paging 'Dr. Google': does technology fill the gap created by the prenatal care visit structure? Qualitative focus group study with pregnant women." *Journal of Medical Internet Research* 16.6 (2014): e147.
- 10. Alhuwail, D. & Abdulsalam, Y. "Assessing electronic health literacy in the state of Kuwait: a survey of internet users from an Arab state." *Journal of Medical Internet Research* 21.5 (2019): e11174.
- 11. Fiksdal, A.S., Kumbamu, A., Jadhav, A.S, *et al.* "Evaluating the process of online health information searching: a qualitative approach to exploring consumer perspectives." *Journal of Medical Internet Research* 16.10 (2014): e224.
- Ferreira, G., Traeger, A.C., Machado, G., O'Keeffe, M. & Maher, C.G. "Credibility, accuracy, and comprehensiveness of internetbased information about low back pain: a systematic review." *Journal of Medical Internet Research* 21.5 (2019): e13357.
- 13. Smith, D.A. "Situating Wikipedia as a health information resource in various contexts: a scoping review." *PLoS One* 15.2 (2020): e0228786.
- 14. Chen, X., Hay, J.L., Waters, E.A, *et al.* "Health literacy and use and trust in health information." *Journal of Health Communication* 23.8 (2018): 724–734.
- 15. Hoyt, R.E., Hersh, W.R. & Bernstam, E.V. *Health Informatics: Practical Guide.* Morrisville: Lulu.com, 2018.

- 16. Hoong, J.M., Koh, H.A., Wong, K. & Lee, H.H. "Effects of a community-based chronic disease self-management programme on chronic disease patients in Singapore." *Chronic Illness* 19.2 (2023): 434–443.
- Kneipp, S.M., Horrell, L., Gonzales, C., et al. "Participation of lower-to-middle wage workers in a study of chronic disease selfmanagement program (CDSMP) effectiveness: implications for reducing chronic disease burden among racial and ethnic minority populations." *Public Health Nursing* 36.5 (2019): 591–602.
- 18. Busetto, L., Wick, W. & Gumbinger, C. "How to use and assess qualitative research methods." *Neurological Research and Practice* 2 (2020): 14.
- 19. Mengistu, G., Wondiye, H., Bogale, E.K. & Anagaw, T.F. "Lived experience of an adult with heart failure at Tibebe Ghion Specialized Teaching Hospital northwest Ethiopia, qualitative phenomenological study." *Risk Management and Healthcare Policy* 17 (2024): 127–144.
- 20. Ma, D., Li, B., Liu, X., Sun, Y. & Sun, J. "The moderating effect of self-efficacy on pregnancy stress and smartphone addiction of pregnant women in late pregnancy: a longitudinal study." *Risk Management and Healthcare Policy* 17 (2024): 41–48.
- Harvey, I.S. & Janke, M. "Qualitative exploration of rural focus group members' participation in the Chronic Disease Self-Management Program, USA." *Rural and Remote Health* 14.3 (2014): 2886.
- 22. Haslbeck, J., Zanoni, S., Hartung, U, *et al.* "Introducing the chronic disease selfmanagement program in Switzerland and other German-speaking countries: findings of a cross-border adaptation using a multiplemethods approach." *BMC Health Services Research* 15 (2015): 576.
- Fletcher, J.M., Saunders-Smith, T., Manns, B.J, et al. "Pharmacist and patient perspectives on recruitment strategies for randomized controlled trials: a qualitative analysis." BMC Medical Research Methodology 20 (2020): 270.
- 24. Kakumanu, S., Manns, B.J., Tran, S, *et al.* "Cost analysis and efficacy of recruitment strategies used in a large pragmatic community-based clinical trial targeting lowincome seniors: a comparative descriptive analysis." *Trials* 20 (2019): 577.

Copyright © 2022 The Author(s): This work is licensed under a Creative Commons Attribution- NonCommercial-NoDerivatives 4.0 (CC BY-NC-ND 4.0) International License

25. Campbell, D.J.T., Pannu, R. & Manns, B.J. "Incorporating principles from commercial advertising into cardiovascular health promotion efforts." *European Heart Journal* 44 (2023): 3715–3717.

23

#### Source of support: Nil; Conflict of interest: Nil.

Kadhim, M.N., Alkhafaji, M.A.A. and Waheeb, S.A.H. "Patient Education and Self-Management: Assessing the Effectiveness of Patient Education Programs and Self-Management Strategies in Improving Patient Outcomes, Promoting Self-Care, and Enhancing Patient Empowerment (Surgical Patients)." *Sarcouncil Journal of Medicine and Surgery* 4.4 (2025): pp 15-23.