



Therapeutic Patient Education and Retention of People Living With HIV within the Healthcare Area of Emana (Yaounde, Cameroon)

Yannikc François Ebanga

A higher Technical Teacher' Training College of Ebolowa, University of Ebolowa (HTTTC), Department Of Education Sciences, 886, Ebolowa, Cameroon

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Corresponding Author:
Yannikc François Ebanga

ABSTRACT

Introduction: Therapeutic patient education (TPE) helps individuals suffering from chronic illnesses to become capable of managing their disease, produce health benefits, and make financial savings. However, many healthcare providers lack the necessary abilities to educate their patients.

Objective and method: In this study, we aim to answer the following research question: Does therapeutic patient education influence the retention of people living with HIV (PLHIV) within the healthcare area of Emana? In doing so, we wanted to verify the hypothesis that therapeutic patient education influences the retention of PLHIV within the healthcare area of Emana.

Results: The context plays an essential role in understanding and assimilating new information, encompassing both the physical environment and the social, cultural, and psychological elements that influence the learner; The development of psychosocial skills becomes crucial as a person's ability to maintain mental well-being by adopting appropriate and positive behavior in relationships with others, their own culture, and their environment; A strong sense of self-efficacy can have significant benefits in various situations, including the belief in one's ability to achieve goals and overcome obstacles; and information alone is not sufficient to help patients manage their illness on a daily basis.

Conclusion: Our study allows us to note that learning the practice of TPE influences the retention of PLHIV within the healthcare area of Emana; and that the role of healthcare actors in practice influences the retention of PLHIV within the healthcare area of Emana.

KEYWORDS: Intervention, therapeutic education, retention, HIV, healthcare, Cameroon

1. INTRODUCTION

In its historical sense, the art of taking care of someone, then introduced in medicine in the 17th century to name the study and the means used to treat diseases, the concept of therapeutics is sometimes reduced to the study or administration of drug treatments [1]. It includes in its meaning a model of health and care. It is easy to imagine that the health model leaves its mark on therapeutic education programs and activities [2]. This is a fact in Cameroon in general and particularly in the Emana health area. However, there are multiple challenges in retaining PLHIV in the health facilities of this geographical jurisdiction. These challenges are numerous and varied, compromising continuous access to care and necessary treatments for PLHIV.

Stigma and discrimination related to HIV persist, creating barriers to the retention of people living with HIV (PLHIV) [3]. The fear of judgment and isolation pushes many people

to avoid healthcare facilities, hindering their access to essential services and medications [4]. Financial constraints are also a significant factor, with high medical costs that can prevent some individuals from continuing their treatment. Additionally, the availability and accessibility of healthcare services can be obstacles, with distant facilities, a lack of qualified personnel, and emergency situations that disrupt regular medical follow-up. To overcome these challenges, integrated strategies must be implemented, including interventions against stigma, financial support, improvement of geographic accessibility to health services, and consideration of the specific needs of PLHIV in emergency situations [5, 6]. Strengthening partnerships between health authorities, civil society organizations, and local communities is also essential to ensure the retention of PLHIV in this region. An analysis of the influence of patient therapeutic education on the retention of PLHIV in four

health facilities will be presented, followed by the presentation of results and discussion.

According to OMS-Europe [7], patient therapeutic education aims to help patients manage their lives with a chronic illness. It includes organized activities to inform and raise awareness among patients about their illness, care, hospital procedures, and health-related behaviors. This helps them understand their illness, collaborate with their families, and take charge of their own care to improve their quality of life. Patient therapeutic education integrates a behaviorist approach, a neo-behaviorist approach, and a critical and cultural dimension. It aims to acquire self-care and adaptation skills, taking into account the patient's previous experience and promoting a therapeutic alliance between the caregiver and the patient [8]. Positive reinforcement of adapted behaviors and metacognition are used to support patient learning. Patient therapeutic education contributes to relieving symptoms, improving self-monitoring, performing technical gestures, and strengthening the patient's self-confidence [9]. This study aims to determine if patient therapeutic education affects the retention of PLHIV in the Emaná health area. It will examine the learning and practice of patient therapeutic education, the role of healthcare actors, and their impact on the retention of PLHIV. The specific objectives of this study are: (1) to assess the impact of constructivist and socio-constructivist approaches, (2) to analyze the role of experiential knowledge in therapeutic education, and (3) to evaluate the effectiveness of therapeutic education in patient empowerment.

2. METHOD

2.1. Survey Methods

To carry out the investigations, the questionnaire and interview guide were used as data collection instruments because this research is a mixed exploratory study of a combinatory type (semi-open and closed).

The questionnaire has three parts, namely the preamble, respondent identification, and the actual questionnaire. The preamble or introduction is the introductory phase that informs the respondent of the purpose sought by the investigator. Respondent identification enables us to know the respondent and determine which category they belong to. The actual questions are asked based on the research hypotheses and directly stem from the indicators and modalities.

This is a form of open-ended questions necessary for qualitative information. For this study, the interview guide consists of open-ended questions that allow the respondent to give their point of view on the subject of the investigation. These tools were pretested before being used for data collection. Once the data was collected, the analysis was carried out by adopting the manual technique of sorting questionnaires and interview guides by respondent categories. Since the questionnaires were well completed by

the respondents, the analysis was quite easy. Following this exercise, the data was subjected to statistical processing.

2.2. Sampling

In the context of this work, an empirical technique was used. This involves determining the sample size by the inverse of the square of the tolerable error expressed as a percentage. For the constitution of the sample, the stratified probabilistic method, which consists of dividing the population into subsets called strata and conducting a survey in each of them, was used. In practice, the accessible population was subdivided into homogeneous groups (called strata), which are mutually exclusive depending on whether the individuals are doctors, nurses, psychosocial assistants, community relay agents, or patients. For the sample size, a number of respondents were set per stratum and per health structure. This technique allowed obtaining the results below.

2.3. Data Analysis

The data was processed using SPSS 17.0 software. The Statistical Package for the Social Sciences (SPSS) software is a general-purpose software for managing and analyzing statistical data. This software enabled the execution of statistical tests. It should be noted here that statistical analysis is a technique for numerical analysis of quantitative data. It allowed us to calculate the proportions and frequencies of individuals belonging to a specific modality. Therefore, we chose to present the results in the form of table. These results were thus converted into relative frequency or percentage. The mathematical formula derived from the data collected, coded, and processed by the Statistical Package for Social Sciences (SPSS version 17.0) software. The chi-square test allowed testing the adequacy of a series of data to a family of probability laws or testing the dependence between two qualitative variables. The principle of the chi-square test requires the formulation of a null hypothesis (H_0) whose validity can be tested based on the data of a calculated theoretical size.

3. RESULTS AND DISCUSSION

3.1. Impact of constructivist and socio-constructivist approaches

When therapeutic education centers on fostering the patient's self-awareness within a social context, it can be approached from either a constructivist perspective, which emphasizes the patient's capacity to influence their environment, or a socio-constructivist perspective, which places greater importance on the collective construction of shared meaning through knowledge exchange with others (Figure 1).

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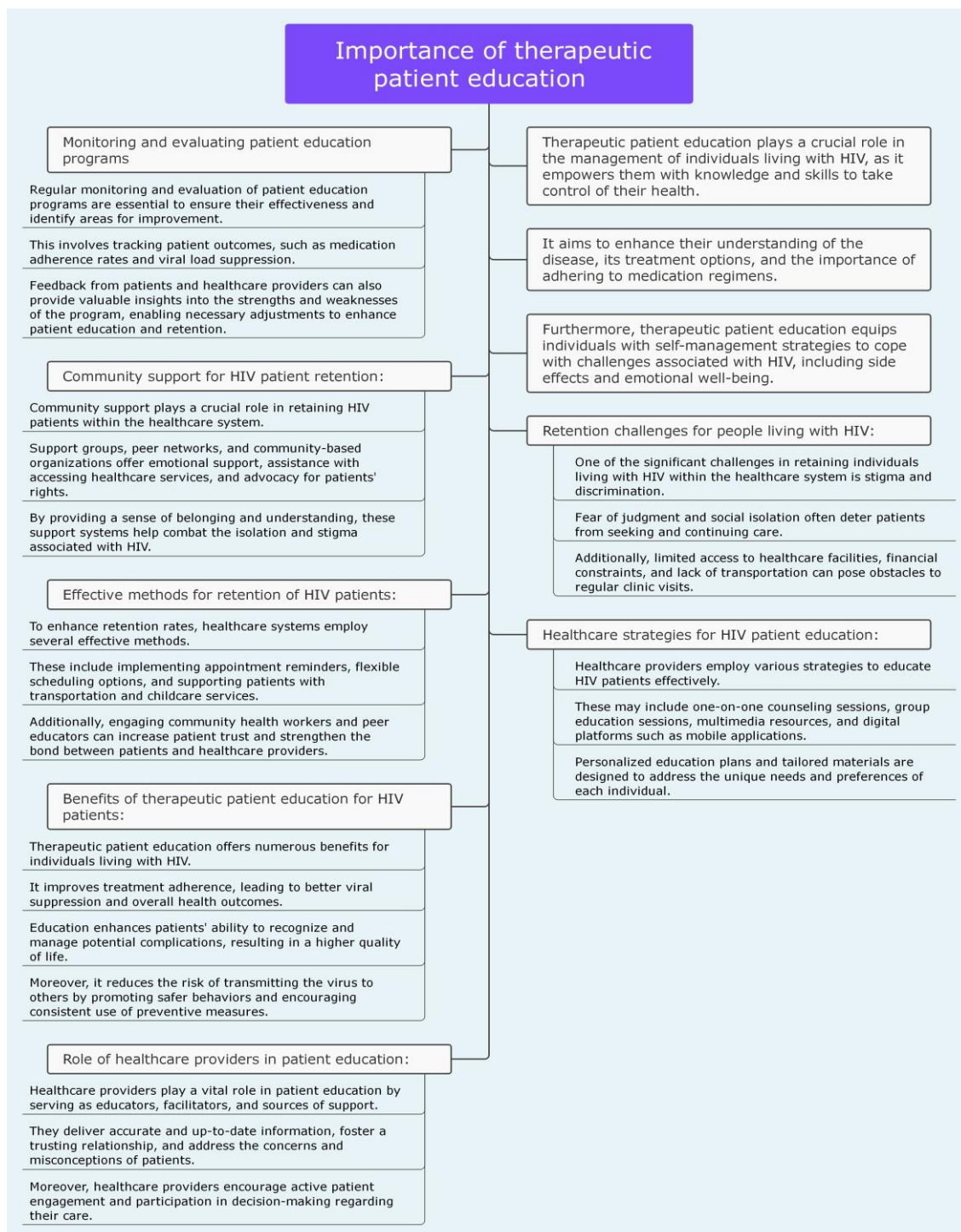


Figure 1. General importance of HIV therapeutic patient education.

Learning is considered interdependent on the context in which it is constructed, knowledge is built through experience and the ability to explain one's actions. According to Tricot and Bastien [10], the context plays an essential role in understanding and assimilating new information. The context can be defined as the set of circumstances, conditions, and factors that surround a learning situation. It encompasses both the physical environment in which learning takes place and the social, cultural, and psychological elements that influence

the learner. There is no dominance of one type of knowledge over the other (theoretical and practical), but a necessary interplay between theory and practice, or practice and theory, in order to develop the patient's awareness [11].

3.2. Role of experiential knowledge in therapeutic education
The patient's experiential knowledge occupies a central place in therapeutic education activities, which include work on the development of the patient's self-knowledge (patient development). Educational programs prioritize attention to

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unfamiliar situations in order to broaden skills and anticipate potential errors or problems. This interplay enables learners to move from mere acquisition of knowledge to a true understanding and mastery of concepts (Figure 1). Action, that is, active engagement in concrete tasks, allows learners to experiment and put acquired knowledge into practice. This promotes a better understanding of concepts and strengthens memory [12]. The data below inform us about the distribution of patients in the different healthcare facilities in the Emana health area over a period of 12 months. The educational activity is based on the formalization of experiences and learnings, and it adjusts to the learning processes of patients. It prioritizes the analysis of situations involving the patient in order to develop an understanding of the requirements related to their health problem, their awareness, their shortcomings,

and their desires, in order to design a life plan that is adaptable to the patient's health situation.

Table 1 presents the number of patients retained within each facility over a specific period, often used to assess the effectiveness of healthcare services in retaining patients under their care. The purpose of tracking overall retention statistics is to evaluate the success of healthcare facilities in maintaining patient engagement and continuity of care. It provides valuable insights into the effectiveness of patient management strategies, the quality of care provided, and the ability of healthcare facilities to retain patients within their programs. This data can inform decision-making, resource allocation, and quality improvement efforts within healthcare organizations.

Table 1. Overall retention statistics by health care facility.

FOSA/Modality	Personnel	TFA	DP	PMST	NPDV
CSIE	52	2102	2102	199	51
HD	77	3618	3618	2122	51
MRE	58	3092	3092	1790	131
CNS	53	863	863	343	42
Total	240	9675	9675	4454	275

FA: Active File; H: men / F: women; TFA: 2102; sample: 40; DP: positive case screening; PMST: Patient put on treatment; NPDV: Number of lost to follow-up; CSIE: Integrated Health Center of Emana, HD: Deogratias Hospital, MRE: Marie Reine Etoudi Medical Center, CNS: Health care Center in Emana.

By carefully examining these elements, practitioners can assess the severity of the situation and determine appropriate measures to improve the patient's health [13]. For example, if a patient presents respiratory symptoms such as coughing and shortness of breath, the analysis of the situation could reveal that they work in an environment where they are exposed to toxic substances. This information would enable the healthcare professional to recommend preventive measures, such as wearing personal protective equipment, to reduce the health risks for the patient. Autobiographies and patient life stories can be used in this case.

3.3. Efficacy of therapeutic education in patient Empowermen

The aims of therapeutic education are therefore the development of self-esteem, self-confidence, self-efficacy, and self-determination, in order to accompany the patient in the development of personal skills that will allow them to feel free to manage their life, be in control of their health plan, their quality of life, and be the originator of their actions (empowerment) (Figure 1). The feeling of self-efficacy indicates an individual's belief in their ability to act in a given situation. It has a strong impact on motivation to act and persevere. According to Galand and Vanlede [14], self-

efficacy refers to a person's conviction in their ability to successfully accomplish a specific task. This sense of self-efficacy directly influences a person's motivation to take action and persevere in the face of difficulties. When individuals have confidence in their own abilities, they are more likely to adopt a proactive attitude and face challenges in a constructive manner. For example, a person who believes in their ability to succeed in a professional project will be motivated to fully engage in their work and overcome any obstacles that may arise. It is developed through personal experiences of successes or failures, as well as through observation of others. Hence the importance of promoting group training exercises (support groups) and recognizing successes. By promoting cooperative learning, meetings between patients can be organized to encourage sociocognitive conflict and cooperation in knowledge construction.

The socioconstructivist approach does not solely involve valuing group work, but also the potential for a group or several patients to understand and create meaning together in specific knowledge areas. Knowledge is therefore discussed and constructed. The knowledge embodied by the individual is transmitted through adaptation to the environment, linked to a theory-practice recursivity (socialization). A strong sense of self-efficacy can have significant benefits in various situations. According to Faurie and Costalat-Founeau [15], this sentiment refers to the belief a person has in their own abilities to achieve their goals and overcome obstacles. In the field of career orientation, for example, a strong sense of self-

efficacy can be a key factor for success. Students who believe in their own ability to succeed academically are more likely to actively engage in their studies and persevere through difficulties. This self-confidence can also translate into better stress management and greater resilience.

The caregiver-educator becomes the organizer, facilitator, and/or provider of co-construction situations among patients, allowing them to develop their critical capacities by exchanging their adaptation strategies within familiar situations [16]. In this model of therapeutic education, the development of psychosocial skills becomes crucial as a person's ability to maintain mental well-being by adopting appropriate and positive behavior in relationships with others, their own culture, and their environment. Table 1 shows that patient therapeutic education is a process that cannot be reduced to the delivery of information, even if of good quality. Meta-analyses of randomized controlled studies regarding long-term antiretroviral therapy have shown that information alone is not sufficient to help patients manage their illness on a daily basis, with approximately 90% of cases. Oral or written information, advice, or prevention messages can be delivered by a healthcare professional on various occasions, but they do not equate to patient therapeutic education [17]. The same applies to information about treatments, with a view to patient participation in decision-making.

4. CONCLUSION

The present study aimed to analyze the retention of PLHIV within the health area of Emaná. Its overall objective was to analyze the influence of patient therapeutic education on the retention of PLHIV within the health area of Emaná. Specifically, it aimed to measure the degree of influence of learning and practicing therapeutic education on the retention of PLHIV within the health area of Emaná, and to establish the degree of influence of the role of healthcare actors in practice on the retention of PLHIV within the health area of Emaná. Following our field recognition and review of the facts, the collected data were processed using SPSS version 17.0 software and the chi-square method. The research's conclusion is that patient therapeutic education influences the retention of PLHIV within the health area of Emaná. The quantitative and qualitative analysis of the obtained results reveals overall good retention of PLHIV within the health area of Emaná, but there are some obstacles that need to be addressed.

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