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*Selected aspects of the nursing care offered
to patients with lumbar discopathy*

**Wybrane problemy opieki pielęgniarskiej
nad chorym z dyskopatią lędźwiową w okresie pooperacyjnym**

INTRODUCTION

Spinal pains are so common that they can be regarded as a social problem. There are various causes of such pains: congenital degeneration of discs, traumas, excessive strain due to overweight, hormonal disorders, sedative lifestyle and many others. About 60 – 80% of the population is affected by spinal pains. For 20 – 30 % pains may become chronic. Some authors claim that 60% of hard working men suffer from spinal pains and 86% of hard working women have the same problem. The proportions are as follows: 30% of drivers, 33% of miners, 30% of seamstresses, 28% of steelworkers, 25% of bricklayers, 15,5 – 30% of those who have sea jobs. These proportions are similar in western countries. The results obtained in the USA reveal that in the age group up to 45 years, spinal pains are the main factor impairing the physical condition of people, whereas in the age group from 45 to 67, spinal pains come third after heart diseases and degeneration of joints. Spinal pains constitute a serious economic and social problem because they affect professionally active people, making them temporarily or chronically disabled. A number of them have to change their work or even retire. The costs of the medical treatment are also very high. Usually long-lasting, spinal ailments restrict people's mobility, discourage them from many activities and frequently lead to depression and medicine dependence.

The quality of nursing care depends to a large extent on the general conditions of health care system. The system should establish certain standards that should be aspired to when nursing services are planned, modified or evaluated. Such clearly defined standards would make it possible to render nurses responsible for the services they offer.

Nursing care after the surgery of the lumbar section of the spine

The most important tasks of the nurse who takes care of a patient after an operation:

- to observe basic life parameters: pulse, blood pressure, breath, consciousness, skin color;

- to observe if there appear neurological disorders such as difficulty in urinating, dysfunction of the lower urinary tract, paraesthesia in the perineum, paresis;
- to control the dressing and the drainage;
- to immobilize and to relieve the spine – the patient should lie flat, preferably on his/her side or abdomen with the head turned sideways; the patient should not have a soft mattress;
- to administer prescribed pain soothers and other strain relieving medicines;
- to prevent constipation: to introduce an appropriate diet and to apply laxatives if necessary;
- to activate the patient early, to introduce a motor therapy in order to avoid embolism;
- to inform the patient about a healthy lifestyle s/he should adopt after the surgery.

Nurses' role in rehabilitation and educational programmes

Rehabilitation is a complex process involving the coordinated actions of many specialists such as a neurologist, fitness instructor, physiotherapist, clinical psychologist and a nurse.

A nurse assists a patient in his/her every day activities. Nurses help patients to strain their muscles, to take an upright position, to keep personal hygiene, to urinate, to void, to eat, to move. They also teach patients some forms of active exercises which are to strengthen their abdomen, pelvis and spine muscles. Nurses frequently go in between the patient and the family. The nursing staff may also influence patients' spirits. Before a patient is discharged from hospital, a nurse should inform him on the recommended lifestyle. Nurses should make it clear what positions are inappropriate for the patient when h/she is working or taking a rest. They should demonstrate the correct sitting, standing and lying positions. Nurses are expected to show how to get up safely, how to lean forward and lift objects. They instruct the patient how s/he should proceed when the ailment recurs.

MATERIAL AND METHOD

The research was carried out from January to May 2004 at neurological and neurosurgical wards of two hospitals. The informants were 42 nurses employed in these hospitals and 50 patients (28 males (56%) and 22 females (44%) aged from 24 to 62) hospitalized because of lumbar discopathy. On admittance to hospital, the patients were given a test consisting of 13 tasks concerning their knowledge on discopathy, positions that were inappropriate for the spine and rules of conduct under pain. Further information was obtained during the interviews. Patients' views on related topics were collected during the whole period of hospitalization.

The nurses filled in a questionnaire concerning the work organization in particular wards.

RESULTS

The most numerous group among nurses (24 people – 57%) were those who had worked for 10-20 years, then those who had worked for 5-10 years (10 people – 23,8%); the smallest group contained 3 people (7,1%), who had worked for 5 years at the longest. Twenty six informants (61,9%) believe that the most important nursing task is following doctor's recommendations. Ten people (23,8%) find the care of the sick the most important. The least important aspects for the tested nurses are record keeping, work organizing and rehabilitation.

The overall evaluation of the nursing care

Most informants (78,5%) share the view that the care they offer is good; 11,9% find it excellent and 9,1% consider it poor. During a twelve-hour duty time, 66,6% devote 30-45 minutes to educating patients. More time (45-60 minutes) and less time (15-30) is allotted to that purpose by 5 nurses (11,9%). Only 4 nurses (9,5%) devote 60 minutes to educating patients. At the same time, 90% of the informants notice that nurses are not particularly involved in propagating healthy lifestyles. The same 90% believe that nurses should be trained in how to cope with discopathic patients, whereas the remaining 10% believe nurses can gain necessary knowledge on their own, referring the literature of the subject.

The analysis of the collected material has indicated that the patients knew little how to relieve the spine in coerced positions: sitting (36%) and standing (38%). It was no better with their knowledge concerning the rules of conduct when pain got stronger (38%). Very few had some idea as to how objects should be lifted (41%). Half of them knew how to lift objects without overstraining the spine (48%). The same number of patients knew what properties healthy shoes should have. The patients

confirmed that they were familiar with the basic characteristics of the disease (83%), the positions relieving the spine and the rules of getting up (77%) and leaning forward safely (75%)

The most important problems patients with discopathy face (patients' evaluation)

The most important for all the patients (100%) was pain caused by the disease. Twenty two patients (44%) were afraid of the surgery, whereas 17 patients (34%) were afraid of the diagnostic procedures. Such fears arise out of ignorance.

Twenty one patients (42%) wanted to be advised on their future lifestyle.

Twenty one patients (42%) expected some encouragement and instruction as to how to lose weight. Eighteen patients (36%) thought that their problems had been solved successfully. Nine patients (18%) were not satisfied. Twenty three patients (46%) found the medical assistance fair enough.

The results obtained in questionnaires filled in by ward nurses

The nursing work is organized in a similar way in the compared wards. The number of nurses working in the afternoon in relation to the number of patients that have to be looked after is alarmingly low. One nurse usually takes care of 12 or even 15 patients. Only two wards employ a fitness instructor who works 7 hours and 35 minutes a day. It is expected that part of the duties (motor exercises) will be taken over by nurses who are not qualified in the field. All wards provide nurses with written instructions, but only few offer specialized trainings for nursing staff members. Of four examined wards, only one tries to monitor the quality of nursing care in the form of evaluation tests given to patients and their families.

DISCUSSION

The research carried out among the patients has revealed that their knowledge on the prevention of the disease was scarce. They did not know how or relieve the spine in coerced positions, how to cope with pain and how to lift objects. Gorham et al. showed that only 71% of patients had been informed how to proceed during the disease, how to protect the spine and how to prevent the recurrences. Our results indicate that the situation has improved considerably. Yet, patients still do not know how to lift objects (an inappropriate way of lifting and carrying things results in a rupture of the fibrous peccary, which in turn causes discopathy) and how to protect the spine in coerced positions. Our research has shown that it is absolutely indispensable to educate patients in various aspects of lumbar discopathy. Patients knowledge is fragmentary and has to be supplemented. Instruction may change patients' habitual behaviors and reduce the consequences of the disease. It may also help those who are not affected to avoid the ailment. Yet, it is not possible to provide an educational programme when patients are hospitalized. There are too few nurses for that. Besides, educational programmes demand co-operative efforts of many professionals.

Nowadays there is a strong, economically motivated tendency to shorten the period of hospitalization. Thus, hospitals will no longer be able to educate their patients. It seems that the "School of the Back" nicely responds to patients' need for education. It has been called into being to offer new methods of treating recurrent spinal pains. Such ailments frequently become chronic and the therapeutic effect of non-invasive methods is of short duration. What are looked for are the therapies that can strengthen post-operative effects on the one hand, and on the other, prevent the recurrences of the disease.

CONCLUSIONS

The nursing care in the sense of medical assistance offered to the patients seems to be fair enough.

The educational aspect is almost missing from the services provided by nurses. Appropriate measures should be taken in order to propagate healthy lifestyles.

What seems to be also missing from the care programmed is the emotional support nurses should give to patients' families. The members of the nursing staff should cooperate with the other professionals of the therapeutic team.

All wards satisfy the standards of keeping records.

Patients differ considerably from one another as to what they know about the disease. Many of them have no idea how to cope with the problem and how to take a good care of the spine.

There are too few nurses in relation to the number of patients they have to look after.

The more experienced nurses are, the longer they work, the less keen they become on introducing changes into the medical care system.

There are no professional trainings offered to nurses that might update their knowledge.

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SUMMARY

The aim of the work is to present the model of nursing care of patients with discopathy. The focus is the post-operative period of that care. The evaluation of nurses' work is based upon questionnaires given to patients with lumbar discopathy. Forty-two nurses from neurological and neurosurgical wards were evaluated. Fifty-two patients were asked to fill in the questionnaires. The patients, aged from 24 to 62, were administered either a non-invasive or an operative treatment. The structure and organization of the involved wards were evaluated by ward nurses. The conclusion is that the standards of medical care provided by nurses are not very high. New initiatives have to be undertaken if we are to successfully propagate healthy lifestyles. Nurses do not provide emotional support to their patients. Nor do they co-operate with the other members of a therapeutic team. Patients' knowledge on discopathy is scarce.

STRESZCZENIE

Celem pracy jest przedstawienie poziomu wiedzy pacjentów na temat dyskopatii lędźwiowej oraz zasad profilaktyki i rehabilitacji pacjentów 50 pacjentów leczonych zachowawczo lub operacyjnie na oddziałach neurochirurgii i neurologii. Grupę badanych stanowiło 28 mężczyzn i 22 kobiety w wieku od 24 do 62 lat. Ocenę wiedzy pacjentów przeprowadzono za pomocą ankiety obejmujące między innymi zagadnienia istoty dyskopatii, zasad zachowania w czasie bólu i pozycji odciążających kręgosłup.

We wnioskach autorzy stwierdzają że poziom wiedzy pacjentów cierpiących na dyskopatie na temat istoty ich choroby jest zróżnicowany. Stwierdzono mały zasób wiadomości dotyczących sposobów zapobiegania przeciążeniom kręgosłupa, oraz metod postępowania w przypadkach wystąpienia bólów kręgosłupa. Opieka pielęgniarstwa w zakresie promowania zdrowia wymaga zdecydowanych działań korekcyjnych gdyż jest świadczona na niskim poziomie. Najlepszym elementem opieki pielęgniarstwa jest udzielanie wsparcia emocjonalnego współpracownikom pielęgniarek innymi członkami zespołu terapeutycznego.