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Self-care in selected models of care in a nursing experiment

Samoopieka w wybranych modelach opieki w eksperymencie pielęgniarstwie

Self-care means an activity undertaken and realized by people in order to maintain their own health and life, to improve and enhance it, as well as to provide wellbeing. The scope of self-care covers the following elements: independence in self-care (increasing the efficiency in a motor aspect) and health education (acquiring health promoting attitudes, capabilities of coping in disease, skills of self-observation and self-control). The objective of the study was the determination of the level of self-care efficiency in neurological patients examined [1,3].

The studies were conducted by means of a knowledge-testing questionnaire, which consisted of tasks concerning the knowledge of cerebral stroke risk factors and prophylaxis principles. Multiple choice questions and filling in blanks in text match were applied in the questionnaire. The correct answer was granted 1 score, whereas an incorrect answer or lack of answer – 0 score. The maximum number of scores obtained in the questionnaire was 12 scores, therefore the level of knowledge among the respondents was not high [1,2,4].

The assumption of the study was to indicate the differences in the regaining by patients of psychological and physical independence in two models of care -traditional and modern (nursing process). Therefore, the theoretical section contains the review of literature and describes problems associated with providing the quality of nursing care and self-care. Within the scope of problems concerning self-care the following problems are discussed: psychological and social aspects of neurological diseases, the process of training a patient for self-care, and health education in selected diseases, such as: cerebral stroke, multiple sclerosis and radicular syndrome [1,2,3,5,7].

The determination of the dynamics of regaining psychological (health education level) and physical (self-service level) independence consisted in the assessment of the preparation of patients for self-care. The patients were divided into two groups: an experimental group -where the method of work, i.e. the nursing process, was properly prepared from the formal and methodological point of view and acted as a stimulus; and the control group -where there was no such stimulus and the ongoing changes were observed. The research method was an experiment, whereas the techniques were: observation, interview and measurement, for which the following research tools were prepared: an observation schedule, a questionnaire form, an index of nursing activities and an interval scale: Neurological Patient's Self-Care Efficiency Scale. In addition, standard of the preparation of a neurological patient for self care was determined by two models of nursing [4,6].

MATERIAL AND METHOD

An interval method was applied in the present study, which contained 17 indicators -each of which was ascribed a definite number of scores: 3 scores - complete psychological and physical independence; 2 scores -slight limitations; 1 score - considerable limitations; 0 score - lack of independence. The general result was equal to the product of the indicators and scores.

The selection of the population for the study was based on matching (selection of couples), i.e. people with identical socio-demographic data and the same initial features of the elements within the

scope of self-service, psychological and physical independence were classified into two groups: experimental and control. 160 patients were selected for both groups who still retained the ability of verbal communication.

The study covered two groups: 60 males and 100 females aged 60-75 in each group. The majority of them were married and had a secondary school education. The patients in the study were most often office workers, and the greatest number of them were those occupationally active, as well as pensioners and those who received health benefit. Patients reported a medium living standard. Most of them were urban inhabitants. The majority of patients in the study had suffered from cerebral stroke. The most frequent duration of the disease was a period of several weeks.

RESULTS

Based on the data obtained from the individual measurements, progress was noted in locomotor and self-service activities. In the experimental group, patients who were immobilized during the initial stage of the study, regained independence to a considerable extent at the end of the study -more so in Group E, compared to Group K.

Essential changes took place with respect to psychological and physical independence, i.e. pro-health education, skills of coping with the disease, self-observation and self-control, as well as self-acceptance and social functioning, but only in Group E. In Group K these changes were minimal, except for the last two components: self-acceptance and social functioning, where comparable results were obtained in both groups.

Positive results of changes were observed in both groups, consisting in the gaining by patients of higher categories of self-care, which determined the dynamics of growth, a greater intensification being noted in Group E.

In order to determine the differences between Groups E and K, as well as their significance, mean values of self-service, psychological and physical independence were adopted, disregarding the above-mentioned components.

No significant differences were noted between the two groups in the values concerning self-service independence; however, the effects were higher in Group E, and the differences indicated by means of the test function remained on the level of significance $p=0.001$.

Considerable differences were observed between Groups E and K with respect to psychological and physical independence -these differences being on the level of significance $p=0.001$, and were greater in Group E, compared to Group K. The scale of differences was manifested by the mean values of this parameter in individual groups and measurements.

The level of self-care efficiency was also determined as a sum of the parameters mentioned. The level of this efficiency was considerably higher in Group E, while the significance of the differences between groups determined by means of t-test was on the level $p=0.001$.

A comparative analysis of the parameters: self-service independence and psycho-social independence showed that considerably higher results were obtained for the latter parameter and in Group E. No significant correlations were noted. Similar results were obtained while comparing self-service independence and self-care efficiency. This efficiency rapidly increased due to psychological and physical independence (its component). Here, moderate correlations were observed. The compilation of psycho-social independence and self-care efficiency showed a significant difference between these two parameters, as well as significant correlations, as these parameters were increasing greatly, but only in Group E.

Socio-demographic data did not show clear relationships with self-care efficiency. Younger people, who were married, better educated, performed office types of occupations, had a higher material standard and were urban inhabitants showed a higher level of self-care. The highest self-care level was noted among patients with the mildest course of the disease (with radicular syndrome). The period of time considerably affected the level of efficiency, the growth of which continued up to several years. After this period the efficiency decreased.

The study covered an equal number of males and females aged 60 – 75. The majority of them were married, had secondary level education and performed an office-type of job. Half of the people in the study continued their occupational activities, a smaller number of them received pensions or health benefits. The patients described their living conditions as medium or good. The greatest number of

people in the study were urban inhabitants, and the most frequent disease was cerebral stroke. The duration of the disease -several weeks -occurred frequently.

All the results obtained here were close to those obtained in Group E. The dynamic changes which consisted in the obtaining by patients of higher categories of self-care were also observed. No statistically significant correlation was observed between socio-demographic data and self-care efficiency; however, younger people who were better educated, occupationally active, married, and female acquired knowledge and skills more easily.

DISCUSSION

A research issue in conclusion was the determination the realistic standard of the preparation of a neurological patient for self-care in two models of care: traditional and modern (nursing process), by means of comparing these models with an assumed one (theoretical).

The natural nursing experiment conducted consisted in the implementation of the method of nursing process, the registration of data in the Neurological Patient's Self-Care Efficiency Scale, and statistical calculations in order to achieve objective results with respect to the level of self-care obtained. This level was additionally verified by the evaluation of the standard of preparation for self-care of neurological patients. Based on the results of the study it was presumed that this method would provide a high standard of the patients regaining psychological and physical independence.

The review of literature concerning the scope of problems covered by the present paper provided information concerning, e.g. the effects of education activities and the method of the nursing process. These, however, were fragmentary reports concerning selected issues associated with self-care. The present paper comprehensively discusses the results of studies of the shaping of self-care in two different models of care, for the benefit of the nursing process.

CONCLUSIONS

1. The level of self-care is considerably higher in the model of care by a modern method – ‘nursing process’ represented by Group E, compared to the traditional nursing (Group C).
2. Nursing care conducted based on the concept by D. Orem is the optimum care in the preparation of a neurological patient for self-care.
3. Hospitalization in a neurological ward renders the development of self-care more dynamic.

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STRESZCZENIE

Badaniem objęto 320 osób, w tym, w grupie eksperymentalnej (E) - 160 i w grupie kontrolnej (K) również 160 osób. Dobór prób do badań odbył się metodą matching. W badaniach zastosowano obserwację bezpośrednią oraz pomiar. Populacje reprezentowane przez poszczególne grupy różniły się między sobą w zasadniczym stopniu, na korzyść grupy E, na co wskazują wartości wydolności samoopiekuńczej uzyskane w poszczególnych pomiarach i grupach. Poziom wydolności samoopiekuńczej pacjenta neurologicznego można uznać za efektywny i satysfakcjonujący w modelu opieki nowoczesnej (proces pielęgnowania), reprezentowanym przez grupę eksperymentalną (E).