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KAZIMIERA ADAMCZYK

Realising nursing function in neurological ward

Realizacja funkcji opiekuńczej w oddziale neurologii

Nursing function means realising nursing tasks in order to provide a patient with physical comfort (providing with cleanliness and convenience, satisfying biological needs) and also physical comfort (mental support, respecting patient's laws, help in self-acceptation) during patient's stay in a hospital. These functions are very important while looking after disabled patients, in neurological ward – often immobilised.

Immobilisation is caused by paralysis or lower limbs paresis. Paralysis consists in lack of muscular strength and paresis – muscular weakness. In neurology six-grade scale is being used in order to classify paresis: 5 points – normal strength, 4 points – movements ability, but difficult in resistance, 3 points – lack of movements in case of resistance, 2 points – movements possible only with support, 1 point – vestigial movement, 0 points – lack of movements (9). In nursing three-grade scale seems to be very useful (author's proposal): 2 points – insignificant disability, self-caring abilities excellent (5 and 4 points according to neurological scale), 1 point – medium disability, self-caring abilities limited (3 and 2 points according to neurological scale) and 0 points – high level of disability, self-caring abilities limited or impossible (1 and 0 points according to neurological scale). Such scale facilitates a process of nursing diagnosis, with reference to three planes, according to differences in nursing.

Paralysis occurs in brain diseases of a vascular origin (stroke, acute tumours, injuries to the brain tissue, subarachnoid haemorrhage, severe infections of central nervous system) and paresis is the result of spine involvement and sclerosis multiplex (9).

The aim of the study was to determine the level of nursing service towards a disabled patient.

MATERIAL AND METHODS

The study was carried out among 42 patients, including 30 women and 12 men, in the age group between 50–80 years, in Department of Neurology, Public University Hospital No. 4 in Lublin, between September and December 1998, with the use of a direct observation methods. Before examinations, patients were divided into groups depending upon their movements ability. In this way the least active

patients were chosen, with disability grade 0 and 1. These patients needed help with moving, everyday activities, hygiene, feeding, even respiration circulation and excretion.

RESULTS AND DISCUSSION

Activating. Activities belonging to physical rehabilitation were carried out through position changes every 3–4 hours in 25 patients. Help with getting up, sitting was provided to 8 patients and walking lessons were provided to 9 patients.

Hygiene was ensured depending upon patient's state, 30 patients were cleaned in bed or in a toilet (group of 12 patients) where they were helped in basic activities. Head wash was performed in 5 bed-ridden patients and in 15 walking ones. Bed bath has not been done, but full body washing in 30 cases. Combing, dressing, nail care and final help – in 32 patients.

Feeding. 29 patients fed themselves, 9 required help and 4 patients were fed by nurses. Constipation problem has been solved by a diet, in 5 cases pharmacologically, and in 3 cases problem has not been solved.

Providing with breathing and circulation. All bed-ridden patients were rubbed by a spirit solution and had their back tapped several times a day. Breathing exercises were performed in 25 bed-ridden patients. Other breathing activities, like blowing feather and candle were not realised, and blowing into a water bottle – in 3 cases. Patients' rooms were aired always after morning cleaning and later, with regard to needs. Because of a great number of patients, air flow was made difficult, and so the microclimate was. If such a need existed, feet massage was done and feet were placed high. (5 patients)

Excretion regulation was done only by putting Foley catheter in for a long time (10 cases). No other procedures were used in order to facilitate excretion. Sclerosis multiplex patients were taught how to counteract urine incontinence (6 cases) and what to do in the case of retention of urine (3 cases).

Complications. Preventing muscle contracture was done with the use of passive exercises. This complication was observed in 2 patients. Subluxation in shoulder joint did not occur. Infection of respiratory tract and pneumonia is very threatening. Preventing this complication included body position changing and respiratory exercises, as stated above.

Infection of urinary tracts is dangerous, especially in bed-ridden patients and those with catheters (in acute phase of stroke, sclerosis multiplex, epilepsy state etc) Catheter placement was done in aseptic conditions.

In neurology bedsores occurs very easily, which is caused by a long-term immobilisation. Preventing bedsores included observation, massage and changing body positions which was done by nurses every 3–4 hours in 25 cases. Because of it, bedsores occurred only in 2 cases, reddening of skin in 7, which was eliminated at once, using massage and healing ointments. After-puncture syndrome occurred only in one case. Procedure of nursing activities in this case was proper.

In 15 cases family was included into nursing activities, in this way forming attitude towards patient.

PSYCHOTHERAPEUTIC NURSING ACTIVITIES

New patients (32 people) were mostly familiarised with medical and nursing personnel, also with ward system and hospital rules. Detailed information about diagnostic and treatment procedures (39 comments) was given. Explanation was given to 9 patients following their request. Attitude towards patients was always friendly and marked by empathy. Patients' laws were respected, which was reflected in appropriate treating and providing with privacy during cleaning procedures, though screens were not always used. Help in disability acceptance depended on motivating to rehabilitation activities (21 comments).

With the help of results, estimation of nursing activities was done (nursing intervention) providing with physical and psychological comfort with regard to neurological patient.

List of nursing interventions

Providing with physical comfort (1, 2, 3, 4, 6, 7, 10)

1. mobilisation in the case of immobilised patient:
 - functional position,
 - change of position,
 - passive exercises, active-passive exercises,
 - tilting a patient,
 - walking,
2. personal hygiene:
 - oral cavity hygiene,
 - body hygiene (in the morning and in the evening),
 - bed / tub bath,
 - hair washing,
 - combing,
 - shaving,
 - nail cleaning,
 - dressing,
3. respiration and circulation:
 - body position changing,
 - massage and tapping,
 - respiratory gymnastics,
 - room microclimate,
4. nutrition:
 - feeding,
 - help with eating,
 - eliminating constipation problems,
5. excretion - neurogenic bladder:
 - catheterisation,
 - bedpans and urinals service,
 - help with getting to water closet,
6. preventing complications:
 - bedsores,
 - chafes,
 - contractures,
 - muscle atrophy,
 - pneumonia,
 - urinary tract infection,
 - after - puncture syndrome,

Providing with psychical comfort (1, 2, 5, 8)

1. getting familiar with:
 - medical personnel,
 - nursing personnel,
 - other patients,
 - ward topography,
 - ward rules,
 - customs on the ward,
2. information regarding:
 - diagnostic procedures,
 - treatment consequences,
 - other topics connected with hospitalisation,
3. explaining difficult matters,
4. calming conversation,
5. respecting patient's laws:
 - instrumental way of treating a patient,
 - outlook acceptance,
 - providing with privacy,
6. help with accepting disability:
 - helping to reconcile to disability,
 - motivating towards self-dependency,
 - amplifying self-esteem,
 - organising help groups of disabled.

Point system defining level of nursing services is given in Table 1.

Table 1. Nursing services – system points

Physical comfort	Points	Psychical comfort	Points
1) mobilisation	2	1) information	2
2) personal hygiene	2	2) explanation	2
3) respiratory and circulation parameters	3	3) calming talks	1
4) feeding	3	4) attitude towards patient and family	2
5) excretion regulation	2	5) respecting patient's laws	1
6) preventing complications	2	6) help in self-acceptation	1

Point system: 3 points refer to full range of service included into a detailed nursing procedure, which means a high level of this service, 2 points – medium level of service, not all elements of procedure were taken into consideration, 1 point – procedure requirements were fulfilled only in a small extent–low level, 0 points means the lack of activity and stands for a very low level of service.

In the presented study a certain number of points is assigned to every single nursing activity, which is responsible for different levels of workmanship, therefore: high level of service – 18–14 points, medium level of service – 13–9 points, low level of service – 8–4 points, very low level of service – 3–0 points. In this situation number of points for instrumental activities (physical comfort)

was 14 points, which gives a high level of service also for psychotherapeutic activities – 9 points – medium level.

In general, for physical and psychotherapeutic activities point system is: high level of service – 36–28 points, medium level of service – 27–19 points, low level of service – 18–10 points, very low level of service – 9–0 points. In this situation number of points for nursing function was 23, which places it on a medium level.

SUMMING UP RESULTS OF THE STUDY

42 patients were examined by a direct observation and level of service was estimated by giving a number of points to detailed nursing interventions, for providing physical comfort – 14 points were received (mobilising, personal hygiene, providing with respiration, circulation and nutrition, regulation of excretion, preventing complications) and for psychical comfort – 9 points (emotional support, respecting patient's laws, help in accepting disability), so these elements are included into a nursing function.

Better care of a physical comfort and not a psychical one seems to be a rule, taking into consideration, that most patients were bed-ridden. Then more time has been devoted for typically nursing activities, connected with mobilising and ensuring hygiene. In general, nursing function was realised on a medium level, mainly because of introducing too few psychotherapeutic procedures (23 points).

Summing up, it must be stated that based on this study high level of instrumental care has been provided, which should be satisfying. Such level ought to be achieved constantly, recognising it as a model of nursing care. One fact should induce to reflection: nurses have too weak emotional contact with their patients and do not provide them with emotional support.

CONCLUSIONS

1. Fulfilling nursing function means providing a bed-ridden patient physical and psychical comfort.
2. Physical comfort was secured on a high level, psychical comfort – on a medium level.
3. Psychical comfort leaves a lot to be desired, because not all psychotherapeutic procedures were introduced.
4. Nursing function was realised on a medium level.

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STRESZCZENIE

Przebadano 42 pacjentów (30 kobiet i 12 mężczyzn) za pomocą obserwacji bezpośredniej oraz dokonano oceny poziomu usług, przyporządkowując poszczególnym interwencjom pielęgniarstwu określoną liczbę punktów. W zakresie zapewnienia komfortu fizycznego (uruchamianie, higiena osobista, zapewnienie oddychania, krążenia, odżywienia, regulacja wydalania, profilaktyka powikłań) uzyskano 14 punktów, czyli poziom wysoki. Zaś w zakresie komfortu psychicznego (wsparcie psychiczne, respektowanie praw pacjenta, pomoc w akceptacji niepełnosprawności) liczba punktów wyniosła 9, dając poziom średni. Generalnie funkcja opiekuńcza była realizowana na poziomie średnim, głównie z powodu niedoboru działań psychoterapeutycznych.