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KAZIMIERA ADAMCZYK

### *Promotion of nursing services*

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Promocja usług pielęgniarskich

In the face of rapid and profound changes in health care system, promotion of medical services, including nursing services is becoming a very important element of providing with the quality of care.

Promotion of nursing services is understood as encouraging to using them and should be realised through (3):

- different forms of advertisement, both written and spoken
- quality of nursing services: a) nurse's competence, b) her attitude towards profession
- patient's satisfaction

Two elements – competence and attitude towards profession define the quality of nursing care. By her behaviour nurse can encourage to using services, provided that she represents the appropriate attitude and competence, which guarantees the high level of nursing services. Nurse can also act discouragingly, in other words antipromotionally, if her behaviour is inappropriate and she is incompetent, her services are of low quality.

In nursing competence and attitude of a nurse can be evaluated. The problem of advertisement has not been studied, because it does not exist in any form, neither written nor spoken. Patient's satisfaction also has not been checked, thus it requires a separate study.

The aim of the study was to find out the process of promotion of nursing services on the basis of their quality analysis.

#### MATERIAL AND METHODS

The study was carried out in Department of Neurology Public University Hospital No 4 in Lublin in the group of 80 patients, among whom 50 were women and 30 were men in the age group between 20 and 80 years.

Two kinds of diagnostic tools were used to perform the study:

1. the sheet of care category, which was used to define the demand for nursing care (4);
2. the sheet of surveillance containing the description of nursing activities such as: instrumental activities (introducing patients to self-service, therapeutic and diagnostic activities), psychotherapeu-

tic activities (elementary and supporting psychotherapy), pro-health education (health promotion, secondary prevention, preparing patients for self-care) (6, 7) and also the following features of a nurse: reliability in fulfilling duties, readiness to bring help to a suffering patient, respecting of dignity (the approach towards patients, preserving privacy) (1, 2, 5).

The first step of the study was to assemble patients according to 4 groups. Patients belonging to the first, second and third category were examined. Patients from the fourth category were not included because of difficult verbal contact.

The first category was represented by mobile patients, requiring support and stimulation towards self-care. The second category was formed by patients mostly staying in bed, to some extent physically efficient, also requiring education and emotional support. Patients belonging to the third category were staying in bed all the time, need help in self-care, support and teaching. The last group – fourth – consists of bed-ridden patients, requiring complex nursing care, often without verbal contact.

With reference to each of the above mentioned categories, the nurse's competence in promotional aspect has been estimated; in other words, the level of services and attitude towards profession.

## RESULTS

### PATIENTS INCLUDED INTO THE FIRST CATEGORY

The relationship between supply for care and providing care is presented in Table 1. All patients from the first category were self-reliable in moving, hygiene, nourishment, excreting, in other words – elements coming into the range of instrumental activities. Demand and satisfaction were low, but emotional support, help in adaptation to hospital conditions, in illness acceptance and stress reduction was unfortunately insufficient – deficit ranged up to 90%. Because patients were physically efficient, nurses paid less attention, realising emotional support and educational activities in a small range, which is clearly seen in the table. Contact with this group has been limited to therapeutic and diagnostic activities (administering medicines, measure of vital parameters) and physical preparation to specialist examination. Nurses did not motivate neither patients nor their families towards pro-health activities. Great shortage can be observed in this group; it reaches 80%.

Table 1. Providing with nursing care among patients from the first category

Kind of nursing activities	Demand	Shortage	Overall
Instrumental activities	95%	5%	100%
Psychotherapeutic activities	10%	90%	100%
Pro-health education	15%	85%	100%

PATIENTS INCLUDED INTO THE SECOND CATEGORY

Interactions between supply and satisfaction is presented in Table 2. The second category patients are described as requiring help and stimulation from nurses. They represented different supply for nursing care. In this group were patients staying in bed but with basic mobility. They received mainly instrumental care such as: help in hygiene, eating, preventing lung and heart complications. They received an adequate help in this range.

In reference to emotional support, they got little help (only 20%). Support consisted in creating the appropriate atmosphere. Help in adaptation to hospital conditions, teaching patients and families self-service activities were fulfilled in a little extent (40%), spontaneously, or as an answer to patient's \ family's expectations and wishes.

Pro-health education, except for motivating and enforcing co-participation in self-care has not been realised. Patients have been encouraged to activities during washing and eating (20%).

Table 2. Providing with nursing care among patients from the second category

Nursing activities	Satisfaction	Deficit	Overall
Instrumental activities	90%	10%	100%
Psychotherapeutic activities	20%	80%	100%
Pro-health education	20%	80%	100%

PATIENTS INCLUDED INTO THE THIRD CATEGORY

Patients from this group were bed-ridden. They required bed position changing every two hours, full hygiene, feeding, actions assisting circulation and respiration (massage), excretion control.

Table 3. Providing with nursing care among patients from the third category

Nursing activities	Satisfaction	Deficit	Overall
Instrumental activities	90%	10%	100%
Psychotherapeutic activities	25%	75%	100%
Pro-health education	25%	75%	100%

Nurses secured the optimal hygiene level, sometimes less severe patients were joined in self-service. For the sake of the possibility of complications, being a result of a long term immobilisation, nurses performed patting, but only once daily in spite that indications were more frequent – at least 4 times a day.

Bedsore prevention was carried in all cases, where it could occur. Already existing bedsores (10%) were taken care of in a standard way. All patients from this group were permanently catheterised, with catheter being changed periodically.

To a minimum extent nurses helped patients in adaptation to hospital conditions and acceptance of illness and / or disability. Also contact with family of those patients was not kept. Activities like teaching the ability to observe, interpreting the symptoms, measuring blood pressure and forming pro-health attitude, were not realised.

The second problem, beside nurse's competence was the observation and estimation of nurse behaviour towards patients. Elements of professional attitude were presented in the table below. As far as the reliability in fulfilling duties is concerned, it can be said that it occurred in half of the cases. In the range of instrumental activities reliability was rather satisfying and in the rest of activities including emotional support and pro-health education it was insufficient.

Table 4. Nurse's professional attitude

Reliability in fulfilling duties	Yes	No	Overall
Readiness to bring help	70%	30%	100%
Respect of dignity	30%	70%	100%

The following features connected with attitude had the poorest outcome: respecting patient's privacy and rights. During procedures requiring patient's undressing no device (like screens) was used to protect them against public.

## DISCUSSION

The most neglected group of patients as far as nursing care is concerned, was the first category. These patients did not need help in instrumental activities, because they were self-efficient. Because of that, they were constantly out of the range and interest of a nurse, who, overworked with immobilised patients did not sacrifice much time for first category patients, not giving them emotional (90%) and educational (85%) support.

The second category patients received mainly instrumental care, but also not in all cases. Nurses besides job connected with providing hygiene, feeding, preventing complications, spent not much time for these patients' education and emotional support.

Nurses spent much less time for the third category patients, it resulted from bed-ridden character of their illness. Nurses provided an optimal level of hygiene and were employed in different preven-

tive activities (like lung and circulatory complications, excreting complications, muscle atrophic changes, bedsores, chafes), but frequency of these endeavours was insufficient.

As a general rule, it can be stated, that nurses most time devoted for close-to-bed activities (instrumental function) but in a small extent they informed patients about the basic things concerning treatment and nursing process. It is a result of missing the role of information and education in the process of treatment and nursing.

Nurses also did not care about enabling a patient adaptation to hospital conditions. They did not fulfil educational role in secondary prevention program, and also did not come with the initiative of organising free time in wards.

Attitude towards job. There are no reservations about it, especially if instrumental function duties and activities are concerned. In this field readiness to bring help and reliability were almost ideal. But respect of dignity and attitude towards patient were not appropriate. Patients very often suffer from pain, lack of respect, shame, and they feel deprived of humanity, which is conducive to depriving privacy.

To recapitulate, it can be stated that nurses acted neither promotionally nor anti-promotionally, but indifferently; they neither encouraged nor discouraged patients from using health care services.

## CONCLUSIONS

1. Instrumental function is being realised in a satisfying extent.
2. Psychotherapeutic and educational function left a lot to be desired.
3. Reliability and readiness to bring help in instrumental activities were satisfactory.
4. Respect of dignity unfortunately was not appropriate.

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## STRESZCZENIE

Promocja usług jest to zachęcanie do korzystania ze świadczeń pielęgniarских. Zasadniczym elementem promocji usług jest reklama, ale tej nie badano, ponieważ w praktyce nie istnieje. Badano dwa elementy promujące instytucje jako dawcę usług: kompetencje pielęgniarki i jej postawę zawodową, które to elementy stanowią o jakości świadczeń. Pielęgniarka swoją postawą może zachęcać lub zniechęcać do korzystania ze świadczeń. Badaniami objęto 40 chorych, głównie kobiety. Zaszeregowano ich do trzech kategorii opieki: 1 – pacjenci samodzielni, 2 – pacjenci wymagający pomocy, 3 – wymagający pełnej opieki i z zachowanym kontaktem słownym. Najwięcej czasu pielęgniarki poświęcały chorym z trzeciej kategorii, realizując głównie funkcję instrumentalną (opiekuńczą). Najbardziej zaniedbaną grupą byli chorzy z kategorii pierwszej, ponieważ wydolni ruchowo, potrzebowali pomocy psychicznej, motywacji i edukacji, a te obszary pozostawały poza sferą zainteresowań pielęgniarek, które musiały w pierwszym rzędzie zaspokoić potrzeby chorych leżących. Postawa zawodowa pielęgniarek nie budzi zastrzeżeń, jeśli chodzi o rzetelność i gotowość niesienia pomocy, natomiast respektowanie praw pacjenta, zwłaszcza zapewnienie intymności, nie zawsze jest przestrzegane.