

Faculty of Nursing and Health Sciences
Medical University of Lublin

KAZIMIERA ADAMCZYK, MARIUSZ WYSOKIŃSKI,
EWA JAKUBASZEK, ANNA ZAJKO, MIRELLA SZCZEPANIK,
REGINA LORENCOWICZ

The study of the level of self-care among neurological patients

The most frequently quoted definition of self-care indicates that this is the ability to take care of oneself in order to provide the proper functioning of the body, preserve life, health and well-being. This definition also means assuming responsibility for one's own health, provided that the individual is capable of acting rationally, of choosing the appropriate life style and health promoting behaviour (1, 2, 3, 4, 5).

OBJECTIVE

The assumption of the study was to show the differences in shaping self-care by patients in two different models of nursing: traditional and modern (nursing process). The preparation of patients for self-care was evaluated in two groups: experimental group – where the stimulus was introduced in the form of the method of work, i.e. nursing process, and the control group – where there was no such stimulus and the ongoing changes were observed. The research method was a nursing experiment, and the techniques were: observation, interview and measurement for which the following research tools were prepared: an observation chart, questionnaire form, index of nursing activities, educational charts and an interval scale: Neurological Patient Self-Care Efficiency Scale (NP SES). The level of self-care was measured three times at defined time periods by means of the aforementioned research tools.

The population for the study was selected by matching (selection in pairs), i.e. people with identical sociodemographic data and initial features of the elements within the range of self-care and health education were selected for the two groups: experimental and control. For each group 75 people were selected who retained verbal contact. The study covered 30 males and 45 females aged 20–70 in each group.

RESULTS

Based on the results of individual measurements, progress was noted with reference to motor activities and self-care.

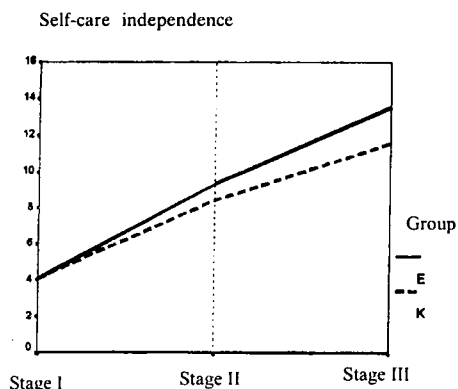


Fig. 1. Curve of the level of independence in self-care in individual groups and measurements

In the first measurement, patients of both groups (Groups E and C) represented the same data concerning independence in self-care (mean value 3.99 for each group). In the third measurement, a more than threefold increase was observed (up to 13.42) in Group E and a nearly threefold increase in Group C (up to 11.47).

Considering health education (health promoting knowledge, skills of coping in illness, self-observation and self-control) radical changes were noted with regard to all the elements mentioned, but only in the experimental group (Group E). In the control group (Group C) these changes were minimal.

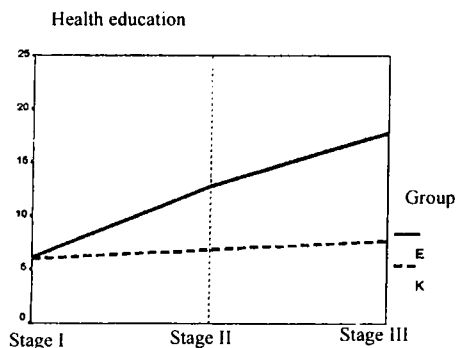


Fig. 2. Curve of the level of health education

The initial mean values of the level of health education in Groups E and C were comparable (6.04 and 5.93 respectively); however, in the second measurement they increased to 12.73 in Group E and to 6.79 in Group C, and in the third measurement to 17.77 in Group E and to 7.63 in Group C. Thus the level of health education in the experimental group ultimately increased nearly three times, whereas in the control group this increase was only by one third of the initial value.

The level of self-care effectiveness was also determined, which is the sum of the variables mentioned above. The level of this effectiveness was considerably higher in Group E, and the significance of the differences between groups as determined by means of t-test was on the level of $p=0.001$.

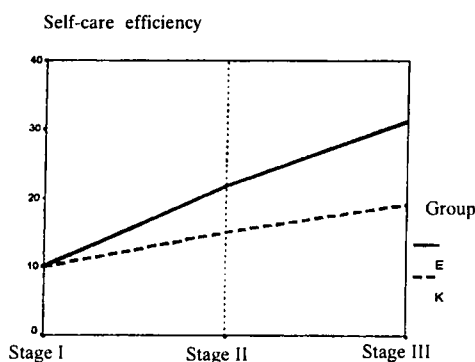


Fig. 3. Curve of the level of self-care efficiency in individual groups and measurements

In Group E self-care efficiency increased from the initial value of 10.02 to 31.13 in the third measurement, i.e. over three times, whereas in Group C – from 9.93 to 19.15, i.e. nearly twice as high. Only positive effects of changes were observed in both groups which consisted of patients attaining higher categories of self-care. This determined the dynamics of the increase in self-care efficiency in both groups, the intensity of this increase being greater in the experimental group (Group E).

In summing up the results it should be stated that the mean value of self-care efficiency obtained in experimental groups fluctuated around optimum values. In the group of patients nursed by the traditional method the level of self-care efficiency was considerably lower, i.e. the scope of patients' retaining independence was considerably lower.

DISCUSSION

The study consisted in the determination and registration of changes with respect to increase or decrease in the phenomenon examined, i.e. shaping of self-care, in the form

of an indicator – self-care efficiency – under the influence of a stimulus (the method of work called the nursing process) in Group E and without such a stimulus in Group C. This efficiency was significantly more effective in experimental groups, compared to the control group, which was confirmed by statistical calculations and presented in the form of graphs.

In order to better visualise the shaping of self-care in both groups (Groups E and C), a comparative analysis of the elements of this care was presented by means of linear graphs. Independence with regard to self-care was similar in all groups; however, the level of health education was subject to radical changes, preserved a great dynamic of growth in the experimental group (Group E) but was little changed in Group C. The record of self-care efficiency is similar, with the level being considerably higher in Group E than in Group C.

The implementation of the nursing process creates greater possibilities with respect to shaping self-care in neurological wards, results in an increase of the feeling of responsibility for own health, according to D. Orem concept of self-care, and is manifested by the optimum self-care efficiency.

CONCLUSIONS

1. Preparation for self-care takes its course with various dynamics according to the model of care.
2. In the traditional model this process is considerably slower and less satisfactory, especially with reference to health education.
3. In the modern model the process takes place in an optimum way.
4. The differences in shaping self-care between the models mentioned in the present paper are for the benefit of the modern model and are statistically significant.

REFERENCES

1. Blak A.: Theories of nursing. *Nursing* 2000, 11, 1995.
2. Blak A.: Around Orem's theory. *Nursing* 2000, 3, 15, 1996.
3. Blak A.: Around Orem's theory. *Nursing* 2000, 4, 10, 1996.
4. Blak A.: Around Orem's theory. *Nursing* 2000, 5, 11, 1996.
5. Soderhamn O. et al.: A Swedish version of the appraisal of Self-Care Agency (AS) scale. *Scand. J. Caring Sci.*, 10 (1), 3, 1996.

SUMMARY

The assumption of the study was to show the differences in shaping self-care by patients in two different models of nursing: traditional and modern (nursing process). In Group E self-care efficiency increased from the initial value of 10.02 to 31.13 in the third measurement, i.e. over three times, whereas in Group C – from 9.93 to 19.15 i.e., it was nearly twice as high. Only positive effects of changes were observed in both groups which consisted of patients attaining higher categories of self-care.

Badanie poziomu samoopieki u pacjentów neurologicznych

Założeniem pracy było wykazanie różnicy w zakresie kształtowania samoopieki u pacjenta neurologicznego w dwóch modelach opieki pielęgniarstwa: tradycyjnym i nowoczesnym (proces pielęgnowania). Wydolność samoopiekuńcza w grupie eksperymentalnej wzrosła od wartości początkowej 10,02 do 31,13 w trzecim badaniu, a więc ponad trzykrotnie, zaś w grupie K od 9,93 do 19,15, czyli prawie dwukrotnie. Występowały tylko pozytywne efekty w obu grupach, polegające na pozyskiwaniu przez chorych wyższych kategorii samoopieki.