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Faculty of Nursing and Health Sciences, Medical University of Lublin

DANUTA ZARZYCKA, BARBARA ŚLUSARSKA,
KAZIMIERA ADAMCZYK

Dynamics of changes in self-care and non-professional care in a selected group of patients

A patient plays a crucial role in the provision of health care, both with respect to himself/herself and those who are dependent on him/her. He undertakes activities important for the maintenance of health, life and obtaining well-being. Self-care consists in making everyday life decisions and undertaking actions concerning health and life (1, 2).

Non-professional care concerns mainly care providers who are family members. The family plays an important role in the provision of unqualified care, often conditions the health of its members, arouses a feeling of life satisfaction, psychological comfort and provides the possibilities to give vent to conflicts and stresses from outside the family environment which are unfavourable for health, shapes patterns of behaviour which are correct from the aspect of health, provides care and protects against illness (5, 7).

The hip joint is often subject to degenerative-deforming changes, which impair its function and to a great extent limit the general body fitness. Total replacement of the hip joint is a surgical procedure aimed at the replacement of the destroyed joint. Alloplasty of the hip is a form of changing an inefficient, deformed joint into an artificial one (3, 4, 6).

The main objective of the study was the determination of the scope and character of changes within the area of self-care and non-professional care in the group of patients who had undergone the procedure of implanting a hip joint prosthesis.

The efficiency of a patient and his/her main care provider was determined based on the Patient and Care Provider Efficiency Scale, and their self-care activities were evaluated after the surgical procedure (Stage 1 of the study) and prior to discharge from hospital (Stage 2 of the study). The first study was conducted for days after surgery, while the second – one day before discharge. These are the first days when patients are activated after the implantation of hip joint prosthesis with respect to the following markers: respiration, consumption of meals, excretion, personal hygiene, provision of clean and aesthetic immediate surroundings, life style, self-control, self-acceptation, acceptation of the disease.

The study covered 50 patients in an orthopaedic ward who had undergone implantation of hip joint prosthesis, aged 45–70, including 21 males and 29 females.

RESULTS

Table 1 below presents the results obtained concerning individual scopes of self-care and care providers behaviours.

With respect to the marker – respiration, a vast majority of patients showed a partial scope of self-care activities at Stage 1 of the study, while before discharge 39 patients showed a complete scope of behaviours, 32 care providers – a partial scope of care activities, the remaining – lack of

behaviours – at Stage 1 of the study, prior to discharge, 45 – lack of care behaviours, and the remaining a partial scope of behaviours. In the area of self-care with respect to respiration, self--care efficiency before discharge in relation to Stage 1 increased in 39 patients, whereas in the area of non-professional care efficiency prior to discharge in relation to Stage 1 decreased in 45 care provides examined.

Table 1. Self-care and care providers behaviours – individual scopes

Efficiency rates	Stage 1 of the study						Stage 2 of the study					
	complete scope of behaviours		partial scope of behaviours		lack of behaviours		complete scope of behaviours		partial scope of behaviours		lack of behaviours	
	N	%	N	%	N	%	N	%	N	%	N	%
self-care efficiency:												
- respiration	10	20	39	78	1	2	39	78	11	22	-	-
- consumption of meals	5	10	43	86	2	4	45	90	5	10	-	-
- excretion												
- personal hygiene	11	22	38	76	1	2	41	82	9	18	-	-
- provision of clean and	6	12	41	82	3	6	39	78	11	22	-	-
aesthetic immediate	7	14	11	22	32	6	33	66	17	34	-	-
surroundings												
- life style												
- self-control	30	60	20	40	-		37	74	13	26	-	-
- self-acceptance	7	14	43	86	-		33	66	13	26	4	8
- acceptance of the	5	10	41	84	4	8	42	84	1	2	7	14
disease	4	8	44	88	2	4	46	92	4	8	-	-
Non-professional												
self-care efficiency:												
- respiration	39	78	32	64	18	36	-	-	5	10	45	90
- consumption of meals	32	64	-	-	11	22	6	12	36	72	9	18
- excretion												
- personal hygiene	10	20	25	50	-	-	5	10	40	80	5	10
- provision of clean and	19	38	15	30	25	50	4	8	8	16	38	76
aesthetic immediate	32	64	29	58	2	4	8	16	19	38	23	46
surroundings												
- life style												
- self-control	6	12	10	20	8	16	12	24	30	60	8	16
- self-acceptance	3	6	2	4	42	84	-	-	8	16	42	84
- acceptance of the	5	10	32	64	15	30	-	-	6	12	44	88
disease	-	-	2	4	33	66	5	10	2	4	33	66

Consumption of meals was the subsequent marker of care, where the majority of patients also showed a partial scope of self-care behaviours, while the smallest number of the people examined showed lack of behaviours after the procedure, and prior to discharge – the greatest number of patients – a complete scope of behaviours, the remaining patients – a partial scope. Also the greatest number of care providers showed a complete scope of care behaviours and the remainder – lack of behaviours, whereas before the discharge 36 respondents showed a partial scope of care behaviours, and the smallest number – a complete scope of behaviours. In the area of self-care with respect to the provision of nutrition patients' self-care efficiency increased at Stage 2, compared to Stage 1, while the efficiency of non-professional care decreased.

Considering excretion, a vast majority of patients showed a partial scope of self-care behaviours, and before the discharge, 41 showed a complete scope of behaviours, whereas the remainder – only a partial scope. With respect to non-professional care, it decreased at Stage 2 as only five people continued to show a complete scope of this care. Thus, self-care efficiency increased, while that of care provider decreased.

With respect to personal hygiene, 41 patients showed a partial scope of self-care behaviours immediately after surgery, at Stage 2, 39 – a complete scope, and 11 – partial scope. Half of the care providers did not represent any care behaviours at Stage 1, and at Stage 2 – 38 respondents. An increase was noted in the number of patients representing a complete scope of self-care behaviours, while the number of non-professional care providers with a complete scope decreased.

Considering the marker: provision of clean and aesthetic immediate surroundings the majority of patients showed a lack of self-care behaviours, and 11 – their deficiency at Stage 1 of the study, while at Stage 2 the majority showed a complete scope while the remainder – a partial scope. The greatest number of care providers showed a partial scope of care behaviours and the remainder – a complete scope, and at Stage 2, 23 care providers showed a lack of behaviours. Thus, self-care efficiency increased, while care efficiency decreased.

With respect to style life, less than 50% of patients showed a partial scope of self-care behaviours, and 30 – a complete scope at Stage 1, and at Stage 2, 37 showed a complete scope, and 13 – a partial scope of self-care behaviours. Care providers represented mainly a complete scope of care behaviours at Stage 1, and at Stage 2 this number decreased to 12. A slight increase was observed in the number of self-care behaviours, while the number of care providers with a complete scope of care behaviours considerably decreased.

Considering the marker of self-control, the vast majority of patients showed a partial scope of behaviours – a complete scope of self-care behaviours, and at Stage 2 of the study, 33 people a complete scope, and a smaller number – a partial scope of behaviours. Also, the greatest number of patients showed lack of behaviours, the remainder – a complete or a partial scope at Stage 1, similarly at Stage 2: 42 patients showed lack of behaviours and 8 – a partial scope of care behaviours. In the area of self-care concerning the knowledge of the effect of the consequences of the disease on the state of health, an increase was observed in self-efficiency of a patient at Stage 2, whereas care efficiency remained on an unchanged level.

With respect to the marker of self-acceptance, the greatest number of patients showed a partial scope of self-care behaviours, the smallest number – lack of behaviours at Stage 1, while at Stage 2 – 42 people – a complete scope of behaviours, one person – an incomplete scope, and the remainder – lack of behaviours. Thirty-two care providers showed a partial scope of care behaviours, and several people – a complete scope at Stage 1 of the study. At Stage 2, 44 people showed lack of behaviours, and the remainder – a partial scope. In the area of self-acceptance, self-care efficiency increased, while care efficiency decreased similarly to the previously mentioned markers.

The last marker of self-care and non-professional care examined was acceptance of the disease. The majority of patients showed a partial scope of self-care behaviours, and several of them a complete scope of behaviours at Stage 1 of the study. At Stage 2, 46 patients showed a complete scope of behaviours and the remaining – a partial scope. Care providers at both stages represented mainly lack of care behaviours. Self-care efficiency increased, while care efficiency did not change.

RESULTS AND DISCUSSION

In the area of self-care with respect to respiration, patients' self-care efficiency at Stage 2 (before discharge from hospital) increased in relation to Stage 1 (after surgery) almost four times within the scope of complete self-care efficiency. Opposite proportions, however, were observed with respect to non-professional care, where the care efficiency of the care provider decreased. Similar tendencies were noted in the remaining areas, such as: provision of correct nutrition (ninefold increase), excretion (fourfold increase), personal hygiene (sixfold increase), clean and aesthetic immediate surroundings (fivefold increase), life style (minimum increase), self-control (fivefold increase), self-acceptance (eight-fold increase), acceptance of the disease (eleven-fold increase).

Although an increase in patient self-care efficiency was confirmed with respect to all markers, a decrease in care provider care efficiency before discharge from hospital in relation to the period after the surgical procedure was noted for seven markers, apart from two: self-control and acceptance of the disease, where as the efficiency of the care provider did not change, which means that care providers did not help patients in these areas.

In general, an increase in self-care behaviours within a complete scope was observed, as well as a decrease in care behaviours within the complete scope, apart from two markers at Stage 2 of the study, which is a desirable trend in patient care because this is an evidence that during hospitalization a patient is stimulated in the direction of gaining independence, and to a minimum degree uses the assistance of care providers at the final stage of the hospitalization period. This remains in accordance with the theoretical assumptions of D. Orem and is an evidence of correct patient-care provider relations (2).

CONCLUSIONS

1. Hospitalization stimulated the dynamics of changes in self-care and non-professional care in the group of patients examined.

2. Patients gained self-independence during the hospitalization process which was manifested by: an increase in patient self-care efficiency, a decrease in care efficiency of care provider (non-profesional care) in the main markers.

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SUMMARY

The aim of the study was determination of the scope and character of changes in self-care and non-professional care in a group of patients who had undergone the implementation of hip joint prosthesis. The study covered 50 patients in an orthopaedic ward after the surgical procedure for hip joint implementation. The patients aged 45–70, were 21 males and 29 females. The study was conducted in two stages: Stage 1 – a period up to 4 days after surgery, and Stage 2 – before discharge from hospital. An analysis of the markers examined (respiration, consumption of meals, excretion, personal and environment hygiene, self-control, self-acceptance, life style and acceptance of the disease) showed an increase in patients self-care efficiency and a decrease in care efficiency of care providers (non-professional care) before discharge (Stage 2 of the study) in relation to the period after surgical procedure (Stage 1 of the study). The hospitalization period stimulated the dynamics of changes in self-care and non-professional care in the group of patients

examined, and led to gaining independence by patients who, to a minimum degree, used the help of care providers at the final stage of hospitalization.

Dynamika zmian samoopieki i opieki nieprofesjonalnej w badanej grupie pacjentów

Celem badań było określenie zakresu i charakteru zmian w obszarze samoopieki i opieki nieprofesjonalnej w grupie pacjentów poddanych zabiegowi wszczepienia endoprotezy stawu biodrowego. Badaniami objęto 50 pacjentów oddziału ortopedycznego po zabiegu wszczepienia endoprotezy stawu biodrowego w wieku od 45 do 70 lat, w tym 21 mężczyzn i 29 kobiet. Badania prowadzono w dwóch etapach: 1 faza – okres do 4 dni po zabiegu i 2 faza – przed wypisem ze szpitala. Analizując badane wyznaczniki (oddychanie, przyjmowanie posiłków, wydalanie, higiena osobista i otoczenia, samokontrola, samoakceptacja, styl życia i akceptacja choroby), wykazano wzrost wydolności samoopiekuńczej pacjenta i spadek wydolności opiekuńczej opiekuna (opieka nieprofesjonalna) przed wypisem ze szpitala (2 faza badań) w stosunku do okresu po zabiegu operacyjnym (1 faza badań). Pobyt w szpitalu stymulował dynamikę zmian samoopieki i opieki nieprofesjonalnej w badanej grupie pacjentów, prowadząc do usamodzielnienia pacjenta, minimalnie korzystającego z pomocy opiekunów w końcowym etapie hospitalizacji.