

INTENSITY OF NURSING CARE OF GERIATRIC PATIENTS

Iveta MATIŠÁKOVÁ ^{1*}, Adriana ONDRUŠOVÁ ¹

¹ Faculty of Healthcare, Alexander Dubček University of Trenčín in Trenčín, Študentská 2, 911 01 Trenčín, Slovak Republic

* Corresponding author E-mail address: iveta.matisakova@tnuni.sk

Received 23. 07. 2013; accepted 16. 08. 2013

Abstract

Nursing care of geriatric patients is highly individualized, specific and challenging. It doesn't consist merely of satisfying of the needs. However, it lies especially in communication, patience, getting confident, listening skills, the education of not only the patients themselves but also their relatives, which is considered to be very difficult in this work for many nurses.

Keywords: old age, geriatric patient, immobility, nursing process, quality of life

1 Introduction

The aim of medicine and nursing is to maintain and improve the quality of life for older people [1]. Quality of nursing care is provided only if the geriatric department staff have sufficient education and also good conditions for the provision of nursing care. Each hospital ward has specifications, which are different from other departments. Geriatric wards are very different compared to other wards [2]. The following highlights some of the differences that are mainly in:

- level and intensity of physical work activity of nurses in a geriatric wards,
- level of mentally demanding work of nurses in geriatric wards, more patients die in geriatric wards than in other departments, reduced ,
- level of geriatric patients cooperation with medical staff [3].

2 The most common nursing problems of elderly patients and the possible solution by method of nursing process

Nursing process is appropriate and useful in geriatric nursing. It is a systematic and rational method of planning and providing of nursing care. In case of geriatric patients, it is important that the nurse manages to know to identify and to assess the specifications of patients' health condition and to formulate, in conjunction with it, the diagnoses. The nurse should control objectives and criteria for evaluation of the overall medical condition of elderly patients, determine appropriate interventions, implement them or ensure their implementation and evaluate the objective and effectiveness of interventions [4, 5].

The basic idea of nursing process is acceptance of the rights of the individual patient care, possibly even participation in such care, including decision-making [6].

3 Assessment

All phases of the nursing process depend on accurate and complete collection of data and information [7].

When assessing health condition of geriatric patient, the nurse takes into account the physical, psychological and cognitive aging changes. The nurse obtains information not only from the patient but also from his family, friends, and carers (for keeping fairness of data). It is important to evaluate the bio-psycho-social needs, independence, self-sufficiency, social

environment, and economic security, patient's perception of the current situation, lifestyle, habits, activities, and interests [8].

4 Diagnosis

The nurse organizes; groups identified data, compares data with standards or identifies gaps and inconsistencies in the data in this phase of the nursing process. Subsequently she formulates actual or potential nursing diagnoses. Nurse has to take into consideration the patient's age, natural changes in the physical and mental condition of the patient affected by the age, polymorbidity, chronic disease. All the previously mentioned must be considered while formulation of nursing diagnoses of geriatric patients. It is necessary that nurse focuses not only on current problems, but also on the possible problems of geriatric patients, which must be known and solved, thereby avoiding many complications, which may worsen the patient's condition.

"Correct diagnosis - medical or nursing one is the basis of proper treatment and nursing. Physical examination and anamnesis can help to perform the proper treatment" [9].

5 Planning

Nurse care plan is drawn up by the nurse together with the patient, his/her family or carers. Individual goals and interventions are to be realistic. The nurse plans objectives implementation not only for hospital care, but also for home care.

6 Implementation

In this phase of the nursing process it is important for geriatric patients to perform of not only dependent activities, but also independent and interoperable activities as the nurse collaborates with the physical therapist, the nutrition assistant, speech therapist, psychologist and other staff of the hospital. The nurse must not overlook the fact that individual therapeutic activities of the patient must not be a burden to the patient. We should monitor in implementing nursing activities the following:

- Changes in patient's condition (we change interventions accordingly),
- Involvement of the patient in the nursing process,
- Interest and involvement of family in the nursing process,
- Involvement of the nursing team.

7 Evaluation

When evaluating the objectives to be met at geriatric patient, it is important to consider even small successes as a result of improving the health condition of the patient. It is important that the nurse is able to explain why certain objectives were met partially or they were not met at all, what options to meet the objectives are available [5].

The most common problems in geriatrics include: maladaptation, instability, immobility, incontinence, impaired nutrition and malnutrition, sensory and communication deficit, falls and injuries, cognitive changes, pressure sores, confusion, dehydration, pain, social isolation, reduced self-sufficiency [10-12]. Taking care of geriatric patients with these problems is considered as very difficult (table 1).

Therefore in the research, which was aimed at the demandingness of nursing care in geriatrics, we have asked the nurses working in geriatric wards about the toughest and most demanding field of nursing care in geriatrics.

In the first question we were interested in what respect the nurses assess the difficulty of their work.

Table 1 *Difficulty of work*

Possibilities	n	%
the physical demands of work	33	8.53%
psychological demands of work	39	10.07%
physical and mental demands of work	309	79.84%
I can not judge	3	0.78%
I do not want to comment	3	0.78%
N	387	100%

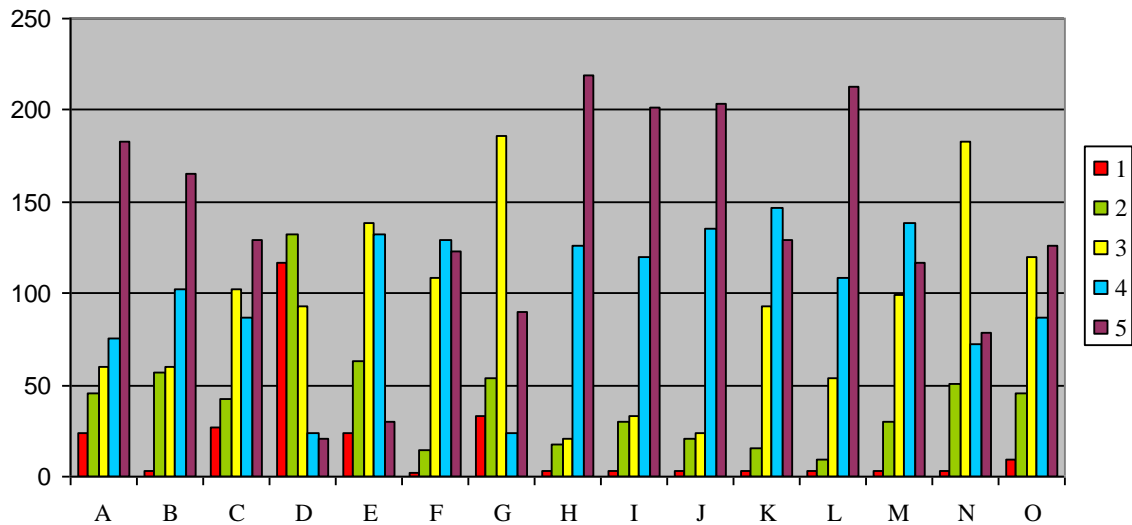
In terms of the physical demands of work 33 (8.53%) respondents, 39 (10.07%) respondents in terms of psychological demands of work, 309 (79.84%) respondents also in terms of physical and mental demands of work, 3 (0.78 %) respondents could not assess the difficulty of their work and 3 (0.78%) respondents did not want to express.

In the next question we wanted to find out what from the nurses what kind of patients care do they consider to be most difficult. We wanted them to circle one number from 1 to 5 for each item. no. 5 - very difficult, no. 1 - least difficult).

Table 2 *The most demanding nursing*

Possibilities	1	2	3	4	5	Modus
A	24	45	60	75	183	5
B	3	57	60	102	165	5
C	27	42	102	87	129	5
D	117	132	93	24	21	2
E	24	63	138	132	30	3
F	2	14	108	129	123	4
G	33	54	186	24	90	3
H	3	18	21	126	219	5
I	3	30	33	120	201	5
J	3	21	24	135	204	5
K	3	15	93	147	129	4
L	3	9	54	108	213	5
M	3	30	99	138	117	4
N	3	51	183	72	78	3
O	9	45	120	87	126	5

Legend: A - care for immobile patient; B - care for patient with decubitus; C - care for patients with incontinence; D - patient care with the introduction of the permanent catheter; E - care for patients with established oro / nasogastric tube; F - patient care with PEG; G - care for patients with constipation; H - disoriented patient care; I - confused patient care; J - care for patients with dementia; K - care for patients with cognitive changes; L - care for patients with final stage; M - care of the patient with pain; N- care for patients with malnutrition; O - care for patients with adjustment disorder. The scale is ascending from 1 (least difficult) to 5 (very difficult).



Legend: A - care for immobile patient; B - care for patient with decubitus; C - care for patients with incontinence; D - patient care with the introduction of the permanent catheter; E - care for patients with established oro / nasogastric tube; F - patient care with PEG; G - care for patients with constipation; H - disoriented patient care; I - confused patient care; J - care for patients with dementia; K - care for patients with cognitive changes; L - care for patients with final stage; M - care of the patient with pain; N- care for patients with malnutrition; O - care for patients with adjustment disorder. The scale is ascending from 1 (least difficult) to 5 (very difficult).

Fig 1 The most demanding nursing care

We have chosen the 15 most common problems of the patients in this age, which must be solved by the sisters. We assigned numbers 1-5 to each item and the respondents determined the difficulty of the problems circling one number in that scale. We calculated the average from each item. Maximum average of 4.39 was calculated in the care of disoriented geriatric patient and geriatric patients with dementia. The lowest average of 2.05 was calculated in the care of geriatric patients with PK. When mental and physical problems we present the modus (variable value that occurs most frequently in the file) (tab. 2) [5].

8 Conclusion

In order to maintain and improve the quality of nursing care, to reduce the intensity of care there is need of sufficient amount of nurses, medical assistants, sufficient amount of tools, equipment, health education materials. But this is not enough. There is a need of sufficient professional qualifications, interest in the patient and his family, empathy, understanding, respect, compassion, support, help and love.

References

- [1] Š. Litomerický: Quality of life and human intervention gerontology, *Lekársky obzor*, 1996, Vol. 45, No. 6, p. 177, (in Slovak).
- [2] Safe staffing. Can it be used by nurses to determine whether staffing levels are safe on their wards? *Nurs Older People*, 2012, Vol. 24, No. 10, p.12.
- [3] I. Matišáková, I. Gulášová: Difficulty of managing work on geriatric departments, 5th International symposium of Nursing: conference proceedings. Ostrava, 2006, p. 279-287.
- [4] C. Taylor.: Clinical problem-solving in nursing: insights from the literature, *J Adv Nurs*, 2000, Vol. 31, No. 4, p. 842-849. [5] I. Matišáková: Difficulty of nursing care in geriatric

- patients, PhD. Thesis, Vysoká škola zdravotníctva a sociálnej práce sv. Alžbety n. o. 2008, (in Slovak).
- [6] P. Dobříková- Porubčanová, K. Adamicová, P. Beržinec, S. Fabuš, Ž. Fetisovová, M. Jankechová, M. Jasenková, J. Jendrejovský, K. Križanová, I. Martuliak, Z. Otrubová, L. Radková, L. Scheidová, M. Šimková: Terminally ill at present: the importance of palliative care. 1st ed., Spolok svätého Vojtecha, Trnava, 2005, (in Slovak).
- [7] B. Kozierová, G. Erbová, R. Olivierová: Nursing 1, 2, 1st ed., Osveta, Martin, 1995, (in Slovak).
- [8] E. Poledníková: Geriatrické a gerontologické ošetrovatel'stvo. 1st ed., Osveta, Martin, 2006, (in Slovak)
- [9] M. Kaščák: Clinical medicine. 1st ed., Osveta, Martin, 2006, (in Slovak).
- [10] L. Hegyi, Š. Krajčík: Geriatrics for the general practitioner. 1st ed., Herba spol. s. r. o., Bratislava, 2004, (in Slovak).
- [11] M. Bachrach-Lindström, S. Jensen, R. Lundin, L. Christensson: Attitudes of nursing staff working with older people towards nutritional nursing care, J Clin Nurs, 2007, Vol. 16, No. 11, p. 2007-2014.
- [12] A. Nordam, V. Sørli, R. Förde: Integrity in the care of elderly people, as narrated by female physicians, Nurs Ethics, 2003, Vol. 10, No. 4, p. 388-403.

*Review: Andrea Botíková
Darina Šimovcová*