

NURSING CARE OF GERIATRIC PATIENTS

OŠETROVATEĽSKÁ STAROSTLIVOSŤ O GERIATRICKÝCH PACIENTOV

Iveta MATIŠÁKOVÁ

PhDr. Iveta Matišáková, PhD.

Alexander Dubcek University of Trenčín, Faculty of Healthcare

Abstract

The task of gerontology and geriatrics together with nursing is to provide for multi-lateral, highly professional and human care for old ill people. In the provision of up-to-date nursing care the care for a patient becomes individualised, focused on a patient and his or her family, to solve the problems which have arisen or increased in relation to age, the loss of independence and self-sufficiency.

Adequate nursing care leads to preserving the quality of life of elderly people. The important segment within this process is a nurse who helps the elderly in tough and difficult situations and many times she becomes the only person who helps them find their sense of life. We consider it necessary to highlight this difficult, demanding, but also rewarding and fruitful work provided by nurses in geriatric wards and in all the facilities where the elderly live. Considering the aforementioned we regard the work of a nurse to be a mission, because to take care of old, fragile and ill people requires not only wisdom, but also good heart.

Key words: old age - geriatric patient – nursing process – quality of life

Introduction

Aging and an old age belong to the basic qualities of human life which are the subject matter of every human being. They represent the final stage of life in which human beings have a right to lead a full-valued life. At present time, seniors in the period of decline are considered useless and the prevailing value is the cult of youth, beauty, wealth and power (Laca, 2012). The ageing process of today's population is highly debated. Current view present, as well as on whole of 21. Century, suggest that it will be the century of old people. Demographic data's, say clearly that the European and the world - wide population ages, old people are being

increased. These people need health care and social assistance or at least one type of this care. It is estimated that every third person, who enters the office of general practitioner or searches social assistance is more than 60 years old. Therefore from the mentioned results, we must gradually improve preparation of future medical workers in geriatrics. It is essential to be particular in acquirement of basic knowledge in geriatrics, on acquirement of useful experience in working with geriatric patients as well as nurture certain humane and ethical attitude towards old people.

We must be particular in acquirement of basic knowledge in geriatrics, to obtain useful experience in working with geriatric patients as well as nurture certain humane and ethical attitude towards old people.

Orientations in lengthening life differentiate. Earlier programs were focused to combat against the infectious illnesses. New targets were focused on old population and are focused on prevention and treatment of chronic affections.

Health Condition of Seniors

Aging adults can be objectively considered healthy if the signs of aging are compensated and their ability to adapt is not wasted. In terms of its impact on quality of life, objective health condition is considered less important than subjective health perception. Aging adults feel subjectively healthy when they do not complain about their health condition, feel good, are socially adaptable and tolerate their environment well (Hegyí, 1996).

Quality of Life in Seniors

The problem of quality of life belongs in present to the most discussed topics in our society. According to (Draganova, 2006) the subjective factors of quality of life can be attributed to moral agents, self-esteem, personal relationships, satisfaction with life, the possibility to control own life, spiritual life, and religious faith. The objective factors can be attributed to physical condition, cognitive function, emotional status, functional capacity, and to social and sexual function. Another important factor of quality of life for them is housing, environment, social network with social support, satisfaction with government, public institutions, and criminality.

(Šimová, 2004) says that quality of life of seniors depends on their physical health, extent of independence, psychological functioning in cognition, adaptation and coping, on their prevailing emotional experience, on the adoption and provision of psychological support, and on spirituality. The authors add that the quality of life of seniors depends also on the adoption of their own aging. (Krajčík, 2010) says that the most important values in life Senia belong partnership, family life and concern for their own health.

Nursing care in geriatrics

The aim of medicine and nursing is to maintain and improve the quality of life for older people. Quality 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.

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 (Gulášová, 2006).

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.

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 (Dobříková-Porubčanová et al., 2005).

Assessment:

All phases of the nursing process depend on accurate and complete collection of data and information (Kozierová, 1995).

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.

Diagnosis:

The nurse organizes, groups identified data, compares the data with the 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 " (Kaščák, 2005).

Planning:

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

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.

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 (Matišáková, 2008).

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. **Taking care of geriatric patients with these problems is considered as very difficult.**

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).

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) (Matišáková, 2008).

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

- DOBRÍKOVÁ-PORUBČANOVÁ et al. 2005. *Nevyliečiteľne chorí v súčasnosti. Význam paliatívnej starostlivosti*. Trnava: Spolok svätého Vojtecha, 2005. 280 s. ISBN 80-7162-581-7.
- DRAGANOVÁ, H. et al. 2006. *Sociálna starostlivosť*. 1. vyd. Martin: Osveta, 2006. 195 s. ISBN 978-80-8063-240-3.
- GULÁŠOVÁ, I., MATIŠÁKOVÁ, I. 2006. Náročnosť manažovania práce na geriatrickom oddelení. In *V. Mezinárodní symposium Ošetrovatelství: zborník z vedeckej konferencie*. Ostrava: Ostravská univerzita, 2006.
- HEGYI, L., KRAJČÍK, Š. 2010. *Geriatría*. Bratislava: Herba spol. s. r. o., 2010. 608 s. ISBN 978-80-89171-73-6.
- HEGYI, L. 1996. *Vybrané kapitoly zo sociálnej gerontológie a geriatricie*. Bratislava: IVZ, 1996. 72 s. ISBN 80-7163-005-5.
- KAŠČÁK, M. 2006. *Klinická propedeutika*. Martin: Osveta, 2006. 90 s. ISBN 80-8063-215-4.
- KOZIEROVÁ, B., ERBOVÁ, G., OLIVIEROVÁ, R.: 1995. *Ošetrovatel'stvo 1, 2*. 1. vyd. Martin: Osveta, 1995. 1474 s. ISBN 80-217-0528-0.
- LACA, S. 2012. *Sociálna práca v paliatívnej a hospicovej starostlivosti*. Bratislava: Vysoká škola zdravotníctva a sociálnej práce sv. Alžbety, 2012. 301 s. ISBN 978-80-8132-051-4.
- MATIŠÁKOVÁ, I. 2008. *Náročnosť poskytovania ošetrovateľskej starostlivosti u geriatrického pacienta*. Bratislava: Vysoká škola zdravotníctva a sociálnej práce sv. Alžbety n. o. 2008. 135 s. Dizertačná práca.
- ŠIMOVÁ, E. 2004. Kvalita života seniorov. In *DŽUKA, J. Psychologické dimenzie kvality života*. Prešov: Prešovská univerzita v Prešove, 2004. s. 128-137.

Kontaktné údaje:

PhDr. Iveta Matišáková, PhD.

Fakulta zdravotníctva TnUAD v Trenčíne

Študentská 2

911 50 Trenčín

email: iveta.matisakova@tnuni.sk

Recenzované: 3.8.2016

Prijaté do tlače: 11.10.2016

