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Information Management in Nursing Process at the Department of Neurology

Zarządzanie informacją w procesie pielęgnowania w oddziale neurologicznym

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Abstract

Introduction. The specific character of nervous system diseases requires repeated and long-lasting hospitalisations or stays in sanatorium. One of the most important tasks of a nurse is teaching a patient how to be more self-dependent and limiting the help and support received from others in everyday activities such as sanitary functions and hygiene. Nurses must help patients to gain knowledge, get involved in interrelationships, develop proper habits which will allow them to use their abilities and resources.

Aim. Evaluation of information and knowledge flow management in nursing process, between nursing staff and patients of neurological ward.

Material and Methods. Diagnostic survey was used as a method for the purpose of this work. The questionnaire-polling, used for the study, employed two standardised instruments (EUROPEP and NEWCASTLE). The questionnaire also included questions aimed at gaining demographic data. The obtained data was statistically analysed. The level of significance was set at $p \leq 0.05$. The study was conducted from April to July 2014. The study included 120 patients hospitalised in the Department of Neurology, Independent Public Teaching Hospital No. 4 in Lublin, Neurology Ward, Provincial Special Hospital in Lublin, Department of Neurology with Stroke Unit, First Military Hospital in Lublin and Department of Neurology, Hospital of the Ministry of Interior and Administration in Lublin.

Results. The average level of care provided in the evaluated departments of neurology was 78.40% (5.7 in the scale from 1 to 7; 1 — horrible care, 7 — excellent care). The nursing care provided at the Department of Neurology of the First Military Hospital was evaluated by patients as delivered in 83.33% ($M=6.00$; $SD=0.45$). In other evaluated units, the level of satisfaction was higher than 75% but lower than 80%. Patients' expectations regarding the time devoted to them by nurses was met in 90.08%. The level of satisfaction from co-deciding about the nursing process was only 72.93%. The majority (89.2%) of subjects was satisfied with nursing advice they received. It was noted that the level of patients' satisfaction concerning their knowledge of performed nursing procedures was very high (93.75%).

Conclusions. 1) The study showed a very high level (82.14%) of patients' satisfaction from interpersonal relations with nurses at the department of neurology. 2) Time devoted to patients and nurse's interest in patient's problems do not always translate satisfactorily into nursing actions aimed at effective acquisition of information about their problems and involving patients' families in planning the nursing process. 3) The majority of patients was satisfied with the advice received from nurses. The preparation of patients for self-care was performed at a slightly lower level. 4) Good relations with patients are a condition precedent for high level of work organisation at the department of neurology. 5) Strong sense of security among patients indicates that there is efficient flow of information concerning patient's functional capacity and that nurses possess broad knowledge of potential risks to patients hospitalised at the department of neurology. (JNPN 2015;4(4):162–169)

Key Words: management, nursing process, neurology

Streszczenie

Wstęp. Specyfika chorób układu nerwowego wiąże się z koniecznością częstych i długich pobytów w szpitalu lub w sanatorium. Do jednych z najważniejszych zadań pielęgniarki należy nauczenie pacjenta jak największej samodzielności i możliwie maksymalnego uniezależnienia się od potrzeby korzystania z pomocy drugiej osoby przy załatwianiu

codziennych czynności fizjologicznych i higienicznych. Konieczne jest udzielanie pacjentom pomocy w zdobywaniu wiedzy, we włączaniu się w system wzajemnych powiązań, w rozwinięciu odpowiednich nawyków, które pozwolą im lepiej wykorzystać własne zdolności i zasoby.

Cel. Celem pracy była ocena zarządzania obiegiem informacji i wiedzy w procesie pielęgnowania między zespołem pielęgniarskim a pacjentami na oddziale neurologicznym.

Materiał i metody. Na użytek niniejszej pracy wykorzystano metodę sondażu diagnostycznego. Badania przeprowadzono za pomocą kwestionariusza ankiety, w którym wykorzystano dwa standaryzowane narzędzia (EUROPEP i Newcastle). W ankiecie zawarto także pytania mające na celu pozyskanie danych demograficznych. Pozyskane dane poddano analizie statystycznej. Przyjęto poziom istotności $p \leq 0,05$. Badania przeprowadzono w okresie od kwietnia do lipca 2014 roku. Badaniami objęto 120 pacjentów hospitalizowanych w Klinice Neurologii SPSK nr 4 w Lublinie, w Oddziale Neurologii Wojewódzkiego Szpitala Specjalistycznego w Lublinie, w Oddziale Neurologii z Oddziałem Udarowym I Szpitala Wojskowego w Lublinie oraz w Oddziale Neurologii Szpitala MSWiA w Lublinie.

Wyniki. Średni poziom opieki świadczonej w badanych oddziałach neurologii wyniósł 78,40% (5,7 w skali od 1 do 7; 1 — opieka okropna, 7 — opieka wyśmienita). Opieka pielęgniarska w oddziale neurologii I Szpitala Wojskowego w świetle oceny chorych była realizowana w 83,33% ($M=6,00$; $SD=0,45$). W pozostałych badanych jednostkach poziom satysfakcji pacjentów był wyższy niż 75% lecz nie przekroczył 80%. Oczekiwania chorych aby pielęgniarki poświęciły im odpowiednią ilość czasu zostały spełnione w 90,08%. Poziom satysfakcji badanych z współdecydowania o procesie pielęgnowania wyniósł zaledwie 72,93%. Zdecydowana większość (89,2%) podopiecznych wyraziła zadowolenie z otrzymanych porad pielęgniarskich. Odnotowano bardzo wysoki (93,75%) poziom satysfakcji pacjentów z posiadanej wiedzy o wykonywanych czynnościach pielęgniarskich.

Wnioski. 1) Przeprowadzone badania wykazały wysoki poziom (82,14%) satysfakcji pacjentów z relacji interpersonalnych z pielęgniarkami na oddziale neurologii. 2) Czas poświęcony choremu i interesowanie się jego problemami nie zawsze w dostatecznym stopniu przekłada się na działania pielęgniarki zmierzające do efektywnego pozyskiwania informacji o problemach pacjenta i włączenia go i jego rodziny w planowanie procesu pielęgnowania. 3) Zdecydowana większość podopiecznych wyraziła zadowolenie z otrzymanych porad pielęgniarskich. Na nieco niższym poziomie było realizowane przygotowanie chorych do samoopieki. 4) Dobre relacje z pacjentami warunkują wysoki poziom organizacji pracy na oddziale neurologicznym. 5) Wysokie poczucie bezpieczeństwa chorych wskazuje na sprawny obieg informacji na temat wydolności funkcjonalnej chorych oraz o dużej wiedzy pielęgniarek o potencjalnych zagrożeniach dla pacjenta jakie mogą się pojawić w trakcie hospitalizacji na oddziale neurologicznym. (PNN 2015;4(4):162–169)

Słowa kluczowe: zarządzanie, proces pielęgnowania, neurologia

Introduction

The specific character of nervous system diseases requires repeated and long-lasting hospitalisations or stays in a sanatorium. Long hospitalizations always create a security risk, caused mostly by the perspective of returning to life in a society with his/her disability and the necessity of limiting social contacts and daily routine actions [1].

Therefore, from the very beginning of patient's stay at the department of neurology, nurses should take into consideration not only therapeutic issues but also patients' future after they are discharged. One of the most important tasks of a nurse is teaching a patient how to be more self-reliant and limiting the assistance and support received from others in everyday activities such as sanitary functions and hygiene. It should be remembered that "replacing a patient in the activities which he/she can perform independently causes frustration and passive attitude" [2]. And it develops the sense of threat to security and fears for the future. For a person with limited functional capacity, and such are undoubtedly patients hospitalised at the department of neurology, the most important are the needs of integration, i.e. social integration, communication and interpersonal

relations. Freedom and liberty, efficiency and self-fulfilment constitute and determine one's quality of life. It should be mentioned that meeting the needs of lower order provides opportunity to meet subsequent needs. Therefore, a higher level of patients' satisfaction from meeting their basic nursing needs results in higher demand for their development and self-fulfilment, thereby becoming even more important in proper functioning of patients hospitalised for a long time [3].

Communication between people does not consist of a simple transmission of certain number of bites from one memory cell to another by means of a properly operating algorithm. Communication between people requires relations between two subjects (sender and receiver) by means of the third element of communication — message contents. The contents of a message cannot be separated from the sender and the receiver. The character of such relationship should coincide with the natural character of language, meaning and reference, and that is why such relation consists of various causal dependencies. Communication takes place when there are causal relations of defined types between the sender and the receiver via message contents [4].

The process of communication of patients with neurological problems is impeded by many factors,

including organisational and technical conditions as well as those of psychological and social character.

Organisational and technical barriers include, among others:

- Limitations of the information coding system result from the fact that it is not possible to describe all details about the surrounding real world in a finite number of words in a predetermined time. The character of neurological conditions often makes it impossible for a patient to present his/her problem in a precise way.
- Technical limitations — neurological diseases often result in damage of organs responsible for sending and receiving information (sight, hearing and speech). There are often no proper technical conditions at neurological wards which might facilitate effective communication between nurses and patients under their care.
- Limited perceptual ability of people forming the principal element of information system in every institution. This is particularly important in the case of communication with a patient in a threatening situation, as the very fact of nervous system disease often determines limited perceptual abilities [5].

However, the factors of psychological and social nature are the main barriers which may impair the thinking process and thereby make verbal communication between neurological patients and hospital personnel difficult or even impossible. These factors are attributed both to patients and therapeutic staff and they include:

- Biased conclusions. Drawing biased conclusions based on incomplete data about the interlocutor often leads to unsuccessful communication with the disabled. Stereotypes and prejudices in perceiving alterity, deep-seated in social consciousness, are the reasons why illness is often the basic criterion for judging another interlocutor. On the other side, when an impatient sick person notices that a nurse is in a hurry, he/she may misinterpret her behaviour as malevolent.
- Sketchy views. Sketchy views of hospital staff often cause false picture of patients' problems. There are certain situations when nurses, convinced about their competencies, do not ask patients about their experience in certain situations. Such attitude, when too confident hospital personnel, may unintentionally pay more attention only to one aspect and downplay some others. On the other hand, disaffected patients may presuppose that a nurse does not understand their problems and they turn away from the conversation.
- Overgeneralisation. This problem deals with applying the principle of "collective responsibility". Nurses or doctors can make a snap judgement of

an important issue for a patient while justifying their own attitude by the fact that in the past, a person with similar dysfunctions had some other problems. On the other hand, patients usually give up the possibility to improve functioning at the hospital ward as they assume that their problems would be neglected in the same way it happened during their previous hospitalisations, when similar problems could not be solved.

- Exaggeration. Exaggeration means an occurrence of an extreme and excessive response to a weak stimulus, linked usually with some complexes and weaknesses. When medical staff attaches too much significance to minor errors in patient's reception of some statements they address to him it can threaten the whole process of communication with the interlocutor. Such situation often occurs during the first contact with a patient. On the other hand subjects may cause misunderstandings when they overstate weak points of nurse's rash suggestions of solving the problem.
- "Black or white" thinking pattern. A line of thought about real life when everything is divided into two categories, black and white, often distorts the picture of the surroundings because it is most often grey — both people and things have their bright and dark sides. It can be illustrated with an example of a situation when medical staff treat a patient and do not try to relate with him. They expect sick people to communicate with hospital personnel through their family or carer. They usually suppose beforehand that communication with a subject would be impossible because of their problems with articulation of thoughts. Black or white thinking infects also patients hospitalised at the department of neurology. They often believe that because of their "suffering" they should have some kind of privileges in their relations with nurses. They expect excessive care and do not engage in co-operation with the nursing team for improvement of their functional efficiency.
- Improper choice of words (cacology). It should be emphasised that words are primary carriers of information. They are also the carriers of emotions and feelings and they give specific sense to a message. The process of decoding a statement is mostly determined by the listener's place in social structure. Proper wording may decisive impact on reception of the information by the listener [6]. The proper wording may have crucial influence on the whole process of communication in particular when we communicate with patients suffering from nervous system disorders. Patients hospitalised at the department of neurology usu-

ally have complexes associated with their disease. An inconsiderate statement and even a gentle admonition may be treated as a total rejection and would prevent any communication.

- Mind reading. Mind reading means jumping to conclusions with respect to information provided by an interlocutor which leads to two types of problems. First of all there is always a possibility of making a mistake and secondly it may contribute to the feeling of great uneasiness by the person who was unheard. Patients with neurological problems need much more time in order to explain their problems. It raises a temptation to take hasty decisions by nurses even before their subjects can present the essence of the problem. On the other hand, patients who notice hesitation in nurse's eyes often do not try to explain the problem. They think that a nurse cannot understand their situation and solve the problem and thus they do not start any conversation [7].

In order to minimise the above mentioned obstacles in a flow of information between a patient and a therapeutic team it is necessary to eliminate or limit, as far as possible, all factors associated with the situation caused by the disease. Such factors may be the source of negative emotions both in patients and medical personnel. It is advisable to search out and maintain those factors that may create enthusiasm in a team and patient's satisfaction from support [3]. It is necessary to help patients to acquire knowledge, engage in a system of interrelations, develop proper habits which let them use their own abilities and resources in a better way. These abilities, both personal and acquired in hospital, when connected with information and knowledge of hospital staff, determine decision making in a therapeutic, nursing or rehabilitation processes of patients in a neurological ward [8].

The aim of this paper is to evaluate information and knowledge flow management in the nursing process between nursing staff and patients of neurological wards.

Material and Methods

Diagnostic survey was used as a method for the purpose of this work. The questionnaire-polling, used for the study, employed two standardised instruments (EUROPEP and NEWCASTLE), used for the evaluation of the satisfaction from the nursing care the hospitalised patients receive.

The questionnaire EUROPEP is aimed at acquiring information on patients' satisfaction from nursing care. It includes 23 closed-end questions and the respondents can answer the questions according to a 5-point Likert

scale. The questions were grouped into five modules: 1) nurse — patient relations, 2) medical and technical care, 3) informing and supporting a patient, 4) care organisation, 5) availability of care [9].

The Newcastle Satisfaction with Nursing Scale (NSNS) comprises 3 parts. The first part refers to experiences resulting from nursing care and includes 26 statements (15 positive and 11 negative), with a possibility to answer according to 7-point Likert scale. The second part of the questionnaire refers to 19 aspects of nursing care which are evaluated according to 5-point Likert scale. The third part of the scale includes questions concerning demographic features of patients and their stay in the hospital [10].

The obtained data was statistically analysed. Normal distribution of the obtained measurable features was developed with the use of the Students' *t* test. Univariate test (ANOVA) was used to compare two independent groups. In order to compare more than two independent variables multivariate analysis of variance, post-hoc Dunnett's test and post-hoc Tukey's test were applied. The level of significance was set at $p \leq 0.05$. SPSS Statistics package (IBM Corporation) was used to perform all calculations.

The pilot study was conducted before the main research and it was carried out in the Department of Neurology, Independent Public Teaching Hospital No. 4 in Lublin, in December 2013. The pilot study included a group of fifteen patients of the department. The main study was conducted from April to July 2014. The survey included 120 patients hospitalised in the Department of Neurology, Independent Public Teaching Hospital No. 4 in Lublin, Neurology Ward, Provincial Special Hospital in Lublin, Department of Neurology with Stroke Unit, First Military Hospital in Lublin and Department of Neurology, Hospital of the Ministry of Interior and Administration in Lublin.

Results

The average level of care provided in the evaluated departments of neurology was 78.40% (5.7 in the scale from 1 to 7; 1 — horrible care, 7 — excellent care) (Figure 1). The nursing care provided at the Department of Neurology of the First Military Hospital was evaluated by patients as delivered in 83.33% ($M=6.00$; $SD=0.45$). In other evaluated units, the level of satisfaction was higher than 75% but lower than 80% (Figure 2).

The conducted study showed a very high level (82.14%) of patients' satisfaction from interpersonal relations with nurses at the department of neurology. Patients' expectations concerning adequate time devoted to them were fulfilled in 90.08%. The interviewees evaluated the availability of nurses as 4.6, in the rating

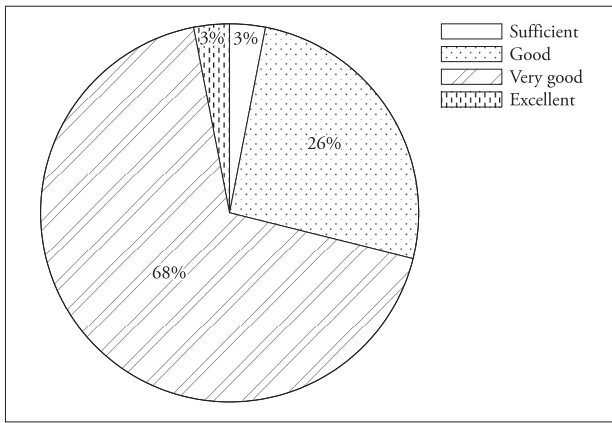


Figure 1. Overall evaluation of nursing care delivered at the department

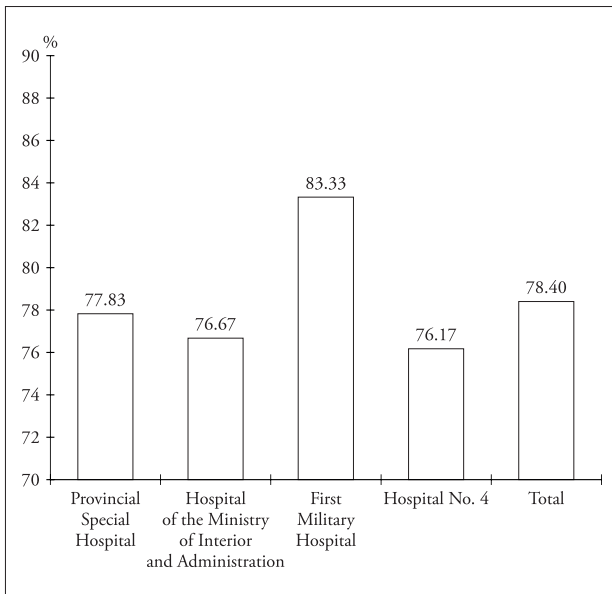


Figure 2. Overall evaluation of nursing care delivered at respective departments of neurology

scale from 1 to 5. 61.7% of the inquired persons were fully satisfied with the amount of time devoted to them by nurses. Nurse’s interest in patient’s problems gained an equally high appraisal, i.e. 4.40, in the rating scale

from 1 to 5. More than half of the patients (55.8%) stated they were very satisfied with fact that the nurses revealed their interest in patients’ problems (Table 1).

The study showed significant correlation between the evaluation of nursing care and satisfaction from hospitalisation and level of nurse — patient interpersonal relations. It has proved that at the wards where hospitalisation and holistic nursing care were better estimated, the level of nurse — patient interpersonal relations was also higher (Figure 3).

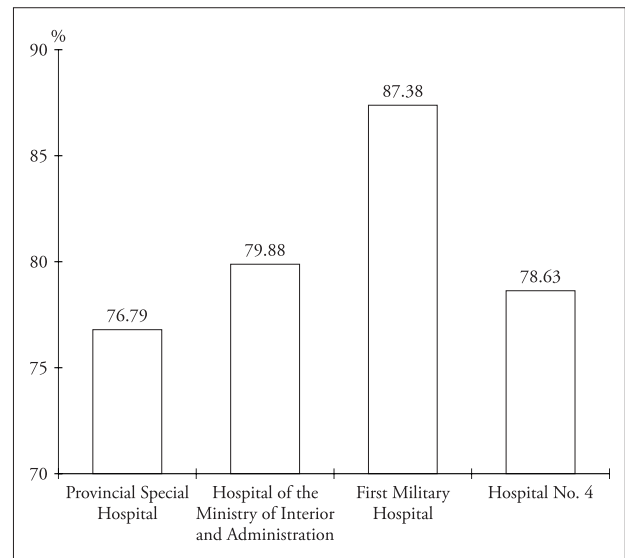


Figure 3. Level of interpersonal nurse — patient relations at respective departments of neurology

The respondents were also asked about the scope of execution of nursing activities concerning information support provided to the patients of examined departments. The interviewees evaluated nursing personnel activities concerning information support at the level of 83.87% (i.e. 4.36 in the scale from 1 to 5). The role of nurse in informing and supporting patients received equally high appreciation in all evaluated neurological departments. Thus it proves that appropriate procedures

Table 1. The level of nurse — patient interpersonal relations

Nurse — patient relation	1 (%)	2 (%)	3 (%)	4 (%)	5 (%)	Average grade	Satisfaction level
						4.41	85.20%
A nurse devoted enough time	0.0	0.0	1.7	36.7	61.7	4.60	90.08%
A nurse showed interest in problems	0.0	0.0	6.7	37.5	55.8	4.49	89.82%
A nurse encouraged patients to speak about their problems	2.5	0.0	31.7	30.8	35.0	3.96	73.95%
A nurse engaged patient’s family to participate in decision making regarding nursing care	3.5	2.5	26.7	34.2	33.3	3.92	72.93%
A nurse had enough time to talk freely with a patient and his/her family	0.8	2.5	19.2	39.2	38.3	4.12	77.93%
A nurse kept in secret information concerning treatment and nursing	0.0	0.0	7.5	32.5	60.0	4.53	88.13%

Table 2. Realisation of the function of informing and supporting a patient

Informing and supporting a patient	1 (%)	2 (%)	3 (%)	4 (%)	5 (%)	Average grade	Satisfaction level
						4.36	83.87%
Preparation for self-care	2.5	3.5	23.3	38.3	32.5	3.95	73.70%
Informing about nursing plan	0.0	1.7	9.2	35.0	54.2	4.42	85.48%
Informing about performed nursing activities	0.0	0.0	6.7	27.5	65.8	4.59	89.78%
Explaining nursing goals	0.0	1.7	11.7	29.2	57.5	4.43	85.68%
Emotional support	0.8	1.7	15.0	35.0	47.5	4.27	81.68%
Explaining nursing orders	0.0	0.8	10.0	30.0	59.2	4.48	86.90%

Table 3. Level of patients' satisfaction from availability of care

Availability of care	1 (%)	2 (%)	3 (%)	4 (%)	5 (%)	Average grade	Satisfaction level
						4.58	89.50%
Staff support	0.8	2.5	13.3	20.0	63.3	4.42	85.58%
Nurse availability	0.0	0.0	5.0	35.0	60.0	4.55	88.75%
Nurses' response to emergency situations	0.0	0.0	3.3	16.7	80.0	4.77	94.18%

Table 4. Level of patients' satisfaction from nurses' work organisation

Care organisation	1 (%)	2 (%)	3 (%)	4 (%)	5 (%)	Average grade	Satisfaction level
						4.46	86.62%
Patients' awareness of performed nursing activities	0.0	0.0	2.5	20.0	77.5	4.75	93.75%
Scope of information received from a nurse	0.0	2.5	5.0	22.5	70.0	4.60	90.00%
Information on post-hospital care	3.3	2.5	17.5	36.7	39.2	4.04	76.10%

were implemented in the examined hospitals (Table 2, Figure 4).

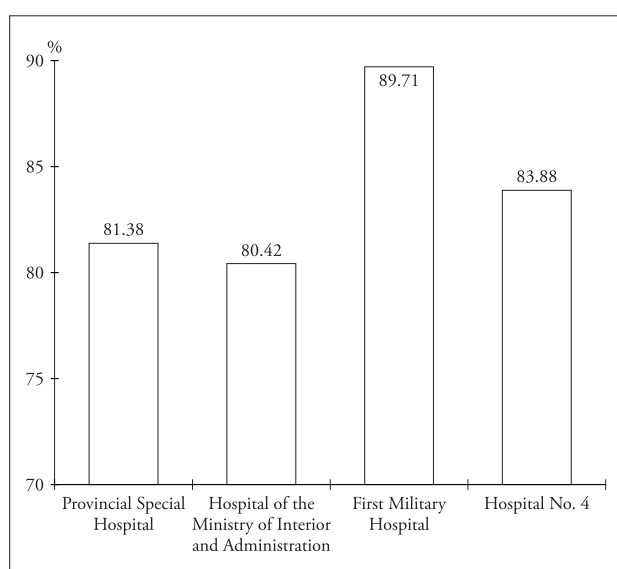


Figure 4. Realisation of the function of informing and supporting a patient in respective departments of neurology

Availability of hospital staff support received highest rating (i.e. 4.58 in the scale from 1 to 5) among the elements of the health care system in the department of neurology (Table 3 and 4).

Discussion

The quality and effectiveness of knowledge and information exchanged between a nursing team and a patient with neurological problems are the main components of medical services which determine the final success of the whole treatment process. Before analysing interactions between nurses and patients, hospitalised patients were asked about overall evaluation of nursing care delivered at the department.

The level of nursing care provided in the examined health care units exceeded expectations of the majority (70.80%) of patients. Few patients (3.30%) hospitalised in the examined departments of neurology noticed minor faults in the work of nurses. In spite of this, they evaluated the care as sufficient (Figure 1). The quality

of nursing care was a little higher in the Department of Neurology of the First Military Hospital in Lublin when compared with other examined medical units. Nevertheless, the study revealed no statistically significant difference (Figure 2).

The quality of patient — nurse relations are in many cases decisive in the successful therapy. Good nurse — patient relations are of central importance in planning and realisation of nursing process at the department of neurology. It is important to know patients' opinions on nursing activities regarding creation of good relations with a patient. The proof of which is a high level of patients' satisfaction (88.13%) from protection of sensitive data concerning their therapy and nursing process. It is worth mentioning that almost all examined patients (92.5%) were satisfied with the fact that nurses kept in secret and handled in a confidential manner the information concerning their treatment and nursing.

Unfortunately, the time devoted to patients and interest in their problems does not always translate satisfactorily into nursing actions aimed at effective acquisition of information about their problems and involvement of patients' families in planning the nursing process. The level of satisfaction from co-deciding about the nursing process was only 72.93% and nearly one third (32.7%) of patients could not find compelling reasons to be satisfied with nurses' actions aimed at active participation of patients and their families in decision making regarding nursing care. The way of acquiring information about problems the patients have difficulty to cope with because of their disease also received low rating (3.96 in the scale from 1 to 5). More than one third (34.2%) of patients could not find compelling reasons to be satisfied with nurses' actions concerning this area (Table 1).

Nurses' actions regarding informing and supporting a patient are also important in the system of exchange of knowledge with patients of the department of neurology. Quality and availability of statements concerning therapeutic and nursing processes determine patients' understanding and acceptance of implemented treatment procedures and their co-operation with hospital staff which enhance their chances of recovery and impair functional efficiency. Patients showed particularly high appreciation for advice and explanations received from nurses (4.48 in the scale from 1 to 5), concerning recommended nursing activities. The majority (89.2%) of subjects was satisfied with nursing advice they received. The preparation of patients for self-care was performed at a slightly lower level (73.70%; 3.95 in the rating scale from 1 to 5). However, also in the case of this activity, there was relatively a small percent (29.30%) of patients who expressed no significant satisfaction from the nursing team work in this respect and only 6.0% of patients

noticed certain faults in the process of their preparation for self-care (Table 2).

The next goal of the study was to verify in what degree good relations of a nurse with a patient and implementation of procedures for information-giving and supporting a patient translate into organisation of nurses work as seen in the opinions of the hospitalised subjects. The analysis of the opinions received from the respondents allows to state that good relations with patients are a condition precedent for high level of work organisation at the department of neurology. The proof of the above is a very high level of patients' satisfaction (93.75%) from their knowledge about the activities performed by nurses. Almost all interviewees (92.5%) were satisfied.

Knowledge about various aspects of nursing process gained by patients from nursing team was rated 4.74 in the scale from 1 to 5. The usefulness of information on post-hospital care the patients gained from nurses was rated a little bit lower and received 4.74 in the scale from 1 to 5. However some faults in this area of the nursing work organisation were noticed only by 5.8% of respondents (Table 4). This lower appraisal of knowledge gained on post-hospital care resulted from rather low level of patients' satisfaction from realisation of the procedure for preparation of patients for self-care (Table 2).

The last verified element of information flow in the nursing process was the level of patients satisfaction from availability of care in the department of neurology. A very high level (94.18%) of patients satisfaction from nurses' response to emergency situations proves that patients of the examined wards feel safe. A strong sense of security among patients indicates that there is efficient flow of information concerning patient's functional capacity and that nurses possess broad knowledge of potential risks to patients hospitalised at the department of neurology (Table 3).

Conclusions

1. The study showed a very high level (82.14%) of patients' satisfaction from interpersonal relations with nurses at the department of neurology.
2. The time devoted to patients and nurse's interest in patient's problems does not always translate satisfactorily into nursing actions aimed at effective acquisition of information about their problems and involving patients' families in planning the nursing process.
3. The majority of patients were satisfied with the advice received from nurses. The preparation of patients for self-care was performed at a slightly lower level.

4. Good relations with patients is a condition precedent for high level of work organisation at the department of neurology.
5. Strong sense of security among patients indicates that there is efficient flow of information concerning patient's functional capacity and that nurses possess broad knowledge of potential risks to patients hospitalised at the department of neurology.

Implications for Nursing Practice

The appropriate interrelations of the nursing team and patients at the department of neurology are decisive in the successful therapy and they constitute a primary instrument for providing patients' safety. The conducted studies show high awareness of nurses from neurological departments of the need for good relations with patients. Unfortunately, despite of great engagement of the personnel in the nursing process a weak side of the care provided at neurological departments is preparation of patients for their functioning outside hospital wards. The authors of this paper believe there is a need to develop a separate procedure for teaching a patient with neurological disorders how to function in home environment. The study presented in this dissertation proves that similar procedures for keeping confidentiality and ensuring safety operate efficiently in the verified departments of neurology. The first step in creating a procedure for teaching neurological patients self-care could be active involvement of patients and their families in planning the nursing process. It would allow efficient exchange of information and knowledge between professionals and patients who function with certain disabilities.

References

- [1] Jasik J., Mróz A. Jakość życia i sposób funkcjonowania osób niepełnosprawnych w szpitalu a zarządzanie informacją. W: Lewandowski J., Lecewicz-Bartoszewska J., Sekieta M. (Red.), *Ergonomia niepełnosprawnym w przyszłości*. Łódź 2003;232–239.

- [2] Adamczyk K. *Somoopieka w wybranych modelach opieki pielęgniarskiej*. Akademia Medyczna, Lublin 2000.
- [3] Jasik J., Płotka A. Management of knowledge and communication with the disabled patients and healthy lifestyle. *Ann. UMCS Sect. D*. 2003;58(Supl.13,cz.1): 522–530.
- [4] Muszyński Z. *Komunikacja i znaczenie. Semantyczny aspekt komunikacji*. Wydawnictwo UMCS, Lublin 2000.
- [5] Jasik J., Adamczyk K., Lorencowicz R. Difficulties in interpersonal communication as one of the reasons for passive attitude in the life of the disabled. *Ann. UMCS Sect. D*. 2006;60(Supl.16,nr3):26–29.
- [6] Hall E.T. *Bezglębny język*. PIW, Warszawa 1987.
- [7] Whitaker H., Whitaker H.A. *Studies in Neurolinguistics*. Academic Press Vol. 3, New York 1977.
- [8] Skrzypek E. Wpływ zarządzania wiedzą na jakość. *Problemy jakości*. 1999;11:4–9.
- [9] Pawelczyk K., Maniecka-Bryła I., Targowski M., Samborska-Sablik A. Satysfakcja pacjentów jako jeden ze wskaźników jakości opieki medycznej na przykładzie poradni lekarza rodzinnego. *Acta Clin. Morphol.* 2006;3: 20–21.
- [10] Thomas L.H., McColl E., Priest J., Bond S., Boys R.J. Newcastle Satisfaction with Nursing Scale: an instrument for quality assessments of nursing care. *Qual. in Health Care*. 1996;5(2):67–72.

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