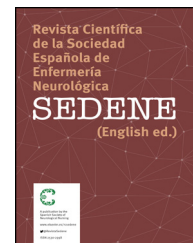




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ORIGINAL ARTICLE

Benefits of personalised nurse counselling in neurological patients[☆]



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KEYWORDS

Counselling;
Health educational;
Neurological disorders;
Nursing model;
Self-care

Abstract

Objective: To assess an educational counselling intervention, based on personalised nurse counselling (NC) in neurological patients [with a diagnosis of epilepsy, myasthenia gravis, multiple sclerosis, cerebrovascular disease, spinal cord injury, and aneurysms].

Method: A total of 171 patients were included and sequentially randomised into two arms and followed-up for one year: NC (n = 100), and controls (n = 71) who were given conventional inpatient care. The independence level was evaluated (Barthel Index), as well as the treatment adherence (Morisky Green Scale), both included in the Marjory Gordon Functional Health Pattern Assessment guidelines. ANCOVA and logistic regression were used (OR; 95% CI), and the size of effect (sef) was calculated.

Results: The NC group had a higher score of treatment adherence (sef, 74%) and independence (sef, 23%); engaged in recreational activities (OR = 6.0; 95% CI; 1.27–4.72), productive activities (OR = 4.0; 95% CI; 2.19–8.9), recognition of warning signs and symptoms (OR = 9.5; 95% CI; 4.63–21.5), received timely rehabilitation (OR = 13.37; 95% CI; 4.56–86.82), and had less urination problems (OR = 3.8; 95% CI; 1.89–7.8).

Conclusions: NC shows outstanding benefits for the patients' health, of treatment adherence, and independence, and enables the patient to return to work and to carry out other daily activities.

Discussion: We agree with other authors in that it is essential to provide personalised health education to patients with neurological disease and their families.

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PALABRAS CLAVE

Consejo;
Educación para la salud;
Enfermedad neurológica;
Modelo de enfermería;
Autocuidado

Beneficios de la consejería personalizada de enfermería en pacientes neurológicos**Resumen**

Objetivo: Evaluar una intervención de enfermería basada en consejería personalizada de enfermería (CE) dirigido a pacientes neurológicos con diagnósticos de epilepsia, miastenia gravis, esclerosis múltiple, enfermedad vascular cerebral, lesión medular y aneurisma.

Método: Los pacientes fueron asignados en forma secuencial a 2 grupos: CE (n = 100) o al grupo control, que recibió atención hospitalaria usual (n = 71). Los 2 grupos se evaluaron durante un año. Se identificó el efecto del CE en el grado de independencia (medido con el índice de Barthel), la adherencia al tratamiento (medido con la escala de Morisky Green) integradas en la guía de valoración con los 11 patrones funcionales de Marjory Gordon. Se realizó ANCOVA y regresión logística (OR; IC 95%) y se calculó el tamaño del efecto (ef).

Resultados: El grupo CE mostró mayor adherencia al tratamiento (ef: 74%), independencia (ef: 23%), realizó actividades recreativas (OR = 6,0; IC 95%: 1,27, 4,72), actividades productivas (OR = 4,0; IC 95%: 2,19, 8,9), identificó signos y síntomas de alarma (OR = 9,5; IC 95%: 4,63, 21,5), realizó rehabilitación oportuna (OR = 13,37; IC 95%: 4,56, 86,82) y tuvo menos problemas de micción (OR = 3,8; IC 95%: 1,89, 7,8).

Conclusiones: El CE mostró notables beneficios, destaca la adherencia al tratamiento y el aumento de la independencia, lo que favorece su reincorporación al trabajo y otras actividades cotidianas.

Discusión: Coincidimos con otros autores en que es indispensable dar educación para la salud a pacientes con enfermedad neurológica y a sus familiares de manera personalizada.

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Introduction

Neurological diseases have enormous physical, mental and social impact due to the extensive control that the nerve structures exercise over feelings, locomotion, cognition and vegetative activities, among other functions.^{1,2}

There are studies in the area of neurology that support the effectiveness of educational intervention for adults with epilepsy,^{3,4} multiple sclerosis⁵ and cerebral vascular disease (or stroke).⁶ All patients should receive education on the issues common to neurological disorders, such as: identifying the warning signs and symptoms of their disease,⁷⁻⁹ adherence to treatment, timely physical rehabilitation, and achieving partial or total independence for activities of daily living.

In a study performed in Navarra, Portillo's¹⁰ intervention plan included people with neurological conditions such as stroke, Parkinson's disease and multiple sclerosis. The intervention in this study was based on the fact that neurological diseases are associated with short and long-term physical, emotional and social changes that affect both the sufferer and their caregivers. However, the effects of this type of intervention were not conclusive¹¹ because specific scales with long-term follow-up were not applied, specifically in the area of specialist nursing assessment.

Therefore, it was essential to put personalised nurse counselling (NC) to the test, in offering information and specialist, organised care for all patients and their families¹² towards improving domiciliary care and preventing complications. The experience of NC in Mexico's *Hospital General* was systematically assessed in pregnant

women¹³ and people with COPD,¹⁴ studies of people with allergic rhinitis, high blood pressure and kidney damage are in the process of publication, therefore there is a need to establish nurse counselling for neurological patients.^{1,15}

NC as an educational health tool used for people with neurological disorders requires attentive and genuine listening, that enables the patient and their family to express their concerns in a warm and professional atmosphere to provide them support in their disease process and reinforce areas of opportunity by identifying, through human contact, any warning signs and symptoms, drug and non-drug treatment adherence, timely physical rehabilitation and, as an ultimate goal, achieve partial or total independence according to their state of health.

This study arose from a situational diagnosis of neurological patients and its results enabled the design of a nursing intervention plan. The objective of the study was to evaluate the results of the NC-based intervention aimed at neurological patients in Mexico's *Hospital General*. This assessment covered early physical rehabilitation, timely identification of warning signs and symptoms of the disease, adherence to treatment and the patient's capacity for independent living. The initial design covered achieving tangible benefits such as: fewer pressure ulcers, fewer nutritional problems due to poor diet (anaemia, malnutrition or obesity), less depression, better emotional support, adherence to treatment, partial or total independence, integration in productive activities and identifying warning signs and symptoms of their disease. However it was not possible to study all these variables, therefore we stress the importance of analysing the patients' adherence and independence rates.

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