Utjecaj edukacije na samozbrinjavanje bolesnika s kroničnim srčanim zatajivanjem

Influence of education on the self-care of patients with the chronic heart failure

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Uvod: Zatajivanje srca je klinički sindrom koji nastaje kao posljedica poremećaja strukture i funkcije srca. Incidencija raste sa životnom dobi tako da 10% populacije iznad 70 godina boluje od srčanog zatajivanja.¹ Briga o sebi je važan oblik nefarmakološkog liječenja, a uključuje pacijentovo ponašanje vezano uz održavanje stabilnog fiziološkog stanja i prepoznavanje znakova pogoršanja bolesti. Ciljevi rada: Ispitati utjecaj edukacije na samozbrinjavanje bolesnika s kroničnim srčanim zatajivanjem. Ispitati utjecaj edukacije u odnosu na dob, spol, obiteljski status, mjesto stanovanja, stručnu spremu te broj hospitalizacija. Ispitati u kojim je aspektima samopomoći edukacija imala značajan utjecaj.

Pacijenti i metode: U istraživanje je uključeno 50 bolesnika liječenih na Zavodu za bolesti srca i krvnih žila Kliničkog bolničkog centra Osijek, od kojih je 14 preminulo u prvoj fazi istraživanja. Ostalih 36 ispitanika od kojih 23 (63%) muškarca i 13 (36%) žena, starosti od 51 do 90 godine je sudjelovalo u istraživanju. Kao instrument istraživanja upotrijebljen je anketni upitnik *European Heart Failure Self-care Behavior scale* (EHFScB-9) i anketni upitnik kreiran za potrebe ovog istraživanja.

Rezultati: Značajno je veći ukupni prosječni rezultat nakon edukacije $46,67 \pm 6,01$, od minimalnih 34 do maksimalnih 58 bodova, u usporedbi sa ukupnim prosječnim rezultatom prije edukacije $33,94 \pm 6,85$, od minimalnih 23 do maksimalnih 49 bodova ($p < 0,001$). Gledajući odvojeno po skupinama i muškarci ($n=23$) 63 % i žene ($n=13$) 36 %, i stanovnici grada ($n=19$) 52 % i stanovnici sela ($n=17$) 47 %, i ispitanici sa osnovnim ($n=18$) 50 % i sa srednjim obrazovanjem ($n=18$) 50 %; i ispitanici koji žive sami ($n=13$) 36 % i koji žive s nekim ($n=23$) 63 %, svaka skupina za sebe ima statistički značajno bolje rezultate nakon edukacije uz $p < 0,001$. Odnosno nema značajne razlike u napretku nakon edukacije niti između muškaraca i žena ($p = 0,373$), niti onih koji žive u gradu odnosno na selu ($p = 0,485$), niti onih koji imaju tek osnovno odnosno srednje obrazovanje ($p = 0,639$), ni onih koji žive sami odnosno s nekim ($p = 0,415$). Nije nađena korelacija između dobi i napretka u ukupnom broju bodova ($p = 0,704$) niti između broja hospitalizacija i napretka u ukupnome broju bodova ($p = 0,261$).

Introduction: Heart failure is a clinical syndrome which occurs as a result of disorder between structure and function of the heart. Incidence increases with age so that 10% of population above 70 years old have chronic heart failure.¹ Self-care is important form of nonpharmacological treatment and it includes patients behavior with regard to keeping a stable physiological condition and recognition of signs of disease progression. Aims: Examine the impact of education on self-care of a patient with chronic heart failure. Examine the impact of education in comparison with age, gender, family status, place of living, level of education and number of hospitalizations. Examine in which aspects of self-help education had greatest influence.

Patients and Methods: Study included 50 patients who were treated at Department of Cardiology in University Hospital Centre Osijek, 14 of whom died in the first phase of the study. The remaining 36 patients, from whom 23 (63%) were males and 13 (36%) were females, age between 51-90, took part in the study. European Heart Failure Self-care Behavior scale (EHFScB-9) questionnaire and a specific questionnaire created for this research were used as instruments of the study.

Results: Significantly higher average result after education 46.67 ± 6.01 , from minimal 34 to maximal 58 points in comparison with average total result before education 33.94 ± 6.85 , from minimal 23 to maximal 49 points ($p < 0.001$).

Looking separately inside subgroups both males ($n=23$) 63% and females ($n=13$) 36%, city inhabitants ($n=19$) 52% and village inhabitants ($n=17$) 47%, examinees with elementary ($n=18$) 50% and highschool education ($n=18$) 50%; and examinees who live by themselves ($n=13$) 36% and who live with somebody ($n=23$) 63%; every subgroup for themselves had statistically higher and better results after education with $p < 0.001$. Respectively, there is no significant difference in progress after education between males and females ($p=0.373$), nor between those who live in the city or in the village ($p=0.485$), nor between those who have elementary school versus those with high school education ($p=0.639$), nor in those who live alone versus those who live with someone ($p=0.415$). There was no correlation between age

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Zaključak: Edukacija statistički značajno utječe na ukupan broj bodova ispitanika ako ih promatramo zajedno ili pojedinačno kao skupine po spolu, dobi, mjestu stanovanja, stručnoj spremi žive li sami ili s nekim, te po broju hospitalizacija. Nije nađena značajna razlika u broju postignutih bodova prije i nakon edukacije niti po spolu, dobi, broju hospitalizacija, mjestu stanovanja, stručnoj spremi, niti socijalnom statusu. Bolesnici koji boluju od zatajivanja srca trebaju edukaciju medicinskih sestara, koja je usmjerena na samopomoć i samokontrolu.

and progress in overall number of points ($p=0.704$) neither between number of hospitalization and progress in overall number of points ($p=0.261$).

Conclusion: Education statistically significantly influences the overall results of patients, both if we examine them together or independently as subgroups according to gender, age, place of living, level of education, living alone or with someone, and according to the number of hospitalizations. There were no significant differences between the overall results before and after education with regard to gender, age, number of hospitalizations, place of living, level of education or social status. Patients with chronic heart failure need the education from nurses that is orientated toward self-help and self-control.

LITERATURE

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