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**THE IMPORTANCE OF MOTIVATION IN THE CARE FOR
PATIENTS AFTER HIP**

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Abstract

Fear of complications, from the future, and many other concerns are normal by patients before and after a surgery. Support of the motivation can significantly streamline the nursing care. Research Questions: What are the specific concerns and fears of patients before the HIP, how do nurses use their skills in this area? Purpose of the Study: The aim of the survey is to identify as precisely as possible the concerns and fears of patients before and after the HIP. Furthermore, to determine how nurses use their skills in the context of the motivation of these patients.

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1. Introduction

Artificial hip joints have a wide range of benefits for patients. The most significant of these is improvement of the quality of life of patients with advanced degenerative disease. However, this procedure also has some negative points, including the risk of infection, excessive blood loss or some restrictions if post-surgery care is not adhered to, etc. According to statistical data, over ten thousand hip joint replacement surgeries are executed every year in the Czech Republic (uzis. cz, 2012). A gradual increase in these types of operation can be expected due to rising average life expectancy.



One serious problem of old age is falling. Two different groups of patients suffer from fractured femurs. The first, smaller group of patients consists of young people whose fracture is caused by a traffic accident, sports accident, falling from a height, etc. The second, larger group of patients (65 – 70 %) is made up of older people, mainly women. These fractures originate with minimum force when a patient falls (Luckerová, 2014). Treatment of this situation depends on many factors: the type of fracture, the patient's age and overall state of health and his mobility before the accident.

As well as conservative treatment, both the aforementioned causes can lead to surgical treatment of the patient's situation. Surgery related hospitalisation places a lot of stress on the patient. This fact is markedly expressed particularly as changes to a patient's mental health. Within the terms of hospitalisation the patient must adapt to a new environment, situation and to the new regime of the treatment unit. This new situation frequently makes hospitalised patients concerned and afraid.

1.1. Motivation

Nakonečný (2014) states that the concept of motivation endeavours to explain the direction, duration and intensity of behaviour in psychology: "to be highly motivated to do something" may mean that "someone mobilises all their strength to achieve something specific and does not allow himself to be distracted from this goal, he has one goal before him, is fixated only on this goal and will not rest until he achieves this goal". It is therefore a process, which determines the direction, strength and duration of specific behaviour and actions. We understand the reason for specific actions to be the fact that human behaviour is not random, but is based on specific current needs (Trachtová, 2001). According to Vymětal (2003), in psychological terminology motivation is "a process, which evokes specific, possibly complicated behaviour by a person, maintains this behaviour and subsequently, after the need for this behaviour has been satisfied, ends this behaviour". Any new need initiates the process of motivation. This need is therefore basically the motive for specific behaviour and actions. Motivation of patients and people close to them depends mainly on the psychological approach of medical professionals. In this situation, patients and people close to them expect medical professionals to satisfy their needs and motivate them. Motives originate on the basis of motivation. These are personal reasons for specific behaviour, psychological causes for a person's reactions and activities. Situational motives lead individuals to resolve specific situations in which an individual has found himself (Šamánková et al., 2011). Motivation of patients and people close to them is an integral element of the medical profession.

Seeking and finding motivation for cooperation and recovery is very difficult for some groups of patients in specific situations and requires a very professional and psychological approach by the medical team.

1.2. Fears and concerns during hospitalisation

Fear and concerns about the surgery itself, about possible complications, about the future and many other concerns are a normal mental phenomena. Expressions of concern in patients may include irritability, behavioural changes, imbalance of vegetative activity and also, for example, disinterest or unreasonable calmness. Uncertainty, which frequently originates on the basis of insufficient information about actual treatment or nursing care, is a main reason for fear and its intensity. The concerns and fears

of patients, particularly geriatric patients, must be identified in good time and chiefly eliminated so that they do not exceed a tolerable limit, in order for treatment and nursing care to be successful.

Working with these aforementioned facts and finding an effective method to help the patient with adaption is unavoidable, particularly for improving the effect of the surgery or treatment. Motivation plays a crucial role in coming to terms with the mental situation of hospitalised patients. The task of health care professionals and people caring for the patient is to direct the senior patients towards achieving self-sufficiency by utilising his own abilities and compensatory equipment (Klevelandová, 2008). This is why medical professionals and the patients must work together, practical examples of practicing self-care must be provided in a benevolent and supportive environment, without a lack of humour and willingness, as well as a clear and specific system and rules (Klevelandová, 2008). The medical professional may have significant influence over the hospitalised patient's experience. He should support the patient's efforts to retrain his motoric skills, appreciate partial success, explain potential failure and endeavour to support the patient in his efforts. The medical professional should help geriatric patients create positive expectations – that everything will end well, that the patient will manage rehabilitation, that he will return to the life he was used to.

1.3. Factors influencing the patient's motivation

Factors influencing the motivation of patients, not only geriatric patients, include their current mental health, a safe environment, a feeling of certainty, the presence or absence of fear of pain, concerns about failure, about the future, support by the family or partner, the medical personnel's attitude, communication, creation of realistic expectations, appreciation of partial success – progress, creation of positive expectations, reinforcement of self-confidence, cooperation between medical professionals and cooperation with the family – coordination of the patient's motivation (Nakonečný, 2014).

2. Problem Statement

Fear of complications, of the future and many other concerns, are normal in patients before and after surgery. Support of motivation may significantly increase the effectiveness of nursing care.

3. Research Questions

What are the specific concerns and fears of patients before a total hip replacement?

What role does the patient's family play in the patient's motivation?

How can nurses use their skills and competence in this area?

4. Purpose of the Study

The purpose of research was to identify concerns, fear and motivation to restore mobility, rehabilitation and self-sufficiency and a return to normal life in selected patients.

5. Research Methods

The executed research was qualitatively and quantitatively orientated. Two methods were chosen to compile data and multiple research methods were used in order to assure the high quality of the research

The method of individual semi-structured interviews was used to compile qualitative data. The advantages of this technique include personal contact, the opportunity to ask additional questions and greater flexibility. All these attributes are a great advantage with regard to the chosen group of respondents. Thirteen hospitalised respondents (5 men and 8 women) were questioned. The common attribute of these patients was their senior age, a pertochaneric fracture and these patients were questioned on the 5th to 7th day post-surgery. The duration of each interview did not exceed 20 minutes. The average age of respondents was 77 years.

In the subsequent the research the quantitative data will be expanded into a broader range of respondents (patients) and it will be acquired by means of a questionnaire, which takes the answers of respondents within the terms of qualitative research into consideration.

The cluster analysis technique was used in order to execute and evaluate qualitative data acquired through interviews. The cluster analysis method is usually used to group and conceptualise specific statements into groups. The basic principles of the cluster analysis method are based on comparison and aggregation of data.

6. Findings

The executed questioning provided valuable data, which will be analysed further with regard to the limited scope of paper.

Evaluation of the field of questions focusing on concerns and fears resulted in quite a surprise, we identified very little or no fear of the future in the questioned patients and patients express the most intensive concerns and fear of subsequent insufficient self-care. We can suppose that this low intensity of concern and fear is related to the expected care when hospitalisation ends, in which family plays an important role. This is also confirmed by the statements of all respondents, who say that they find the separation from their family during hospitalisation difficult. It can therefore be concluded that fear of the future and of other medical complications is significantly or may be significantly influenced by family.

During communication with the patient, which is the most important means of motivation, the presence of pain and discomfort, which all respondents stated (with the exception of one female patient), must also be taken into consideration. The medical professional must accept concerns about pain as a possible obstacle to the patient's motivation. However, he must also use the possibility of the reduction of pain as a goal for rehabilitation when motivating the patient. It is therefore essential that medical professionals (not only rehabilitation workers) are capable of working with a patient's pain.

Over half of respondents stated that they have sufficient information about rehabilitation and subsequent treatment. All respondents stated that their efforts to make progress are sufficiently appreciated by medical professionals. The respondents' willing attitude to hospitalisation, their perception and appreciation of the care provided by medical professionals and their knowledge about rehabilitation,

are conditions for successful cooperation between patients and medical professionals and also for motivation of the patients.

Respondents considered the fact that they are motivated to rehabilitate by medical professionals very positive, and they consider this motivation to be very beneficial and inspiring. All respondents agree that the medical professionals help them.

Answers to questions focusing on care after being discharged from hospital demonstrate the interest expressed by families of these patients. The patients state that they will be cared for after they are discharged from hospital. Care by families and life partners predominates. However, it is disputable whether this is a truly objective finding or whether some respondents may have answered more on the basis of their expectations and their wishes.

From our own experience we can state that partners and families are an important factor, which influences the motivation of patients towards rehabilitation for example. On the basis of their answers the addressed patients clearly indicated the significance of their family. Medical professionals should reflect this fact. Cooperation with the family of, not just, geriatric patients should be a basis for motivation by medical professionals, whether this means motivation for rehabilitation or the patient's return to his previous manner of life. It is not enough to inform the family of the state of health of their family member and rely on work by physiotherapists, nurses and doctors. It is necessary to communicate with the family and unify procedures, which have a motivating effect on the patient.

We consider it important that patients consider support from their family and care by their family to be fundamental. They believe that their families will take care of them, they have positive expectations of their families. This faith in family care also eliminates concerns about medical complications in the future and fear of pain. The finding that geriatric patients are most motivated to rehabilitate and return to their normal lives by their families and medical professionals is a very important finding for medical professionals. Research clearly indicates that the influence families and medical professionals have on motivation is considered decisive by these patients.

7. Conclusion

Motivation of patients (not only geriatric patients) with a pertochanteric fracture to renew their mobility by rehabilitation, self-sufficiency and the return to their normal life is of fundamental importance for the success of treatment. The current results of research demonstrate the influence of the patient's current state of health on his motivation. If the patient has positive expectations, self-confidence and the desire to achieve progress, the patient's assumption of successful rehabilitation increases, fear of medical complications in the future lessens and concerns about pain also lessen. This positive expectation was confirmed by the respondents. It is linked to good tolerance of hospitalisation, faith in progress and management of rehabilitation, as well as faith in support and help from medical professionals.

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