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Aktywizacja jako wskaźnik jakości opieki nad pacjentami z chorobami układu nerwowego

Streszczenie

Osoby aktywne ruchowo znacznie rzadziej zapadają na różnego typu choroby. Konsekwencją siedzącego trybu życia, tak popularnego w naszym społeczeństwie jest otyłość, miażdżyca, cukrzyca, choroba wieńcowa, wady postawy i wiele innych chorób. Każdy człowiek powinien zabiegać o utrzymanie na jak najwyższym poziomie własnej aktywności nie tylko fizycznej, ale również w ujęciu psychicznym, społecznym i duchowym, co umożliwia prawidłowe funkcjonowanie jednostki w otaczającym go środowisku. Choroba i niepełnosprawność nie przekreślają obszaru aktywności i funkcjonowania w społeczeństwie, jednak często znacznie je ograniczają i utrudniają.

Osoba dotknięta schorzeniem o podłożu neurologicznym na ogół potrzebuje pomocy i wsparcia. Choroby te w późniejszym stadium doprowadzają najczęściej do zniedołężnienia, samotności i utrudnień w czynnościach codziennego życia. Często stają się problemem przekraczającym możliwości samodzielnego egzystowania w normalnym środowisku prowadząc do zmniejszenia aktywności na różnych poziomach zaspokajania przez człowieka własnych potrzeb.

Na podstawie przeglądu piśmiennictwa oraz przeprowadzonych badań w grupie pacjentów z chorobami układu nerwowego omówiono w jaki sposób jakość sprawowanej opieki w zakładach opieki długoterminowej wpływa na poziom aktywizacji chorych.

Na podstawie przeprowadzonych badań starano się stwierdzić: na jakim poziomie pacjenci z chorobami neurologicznymi oceniają własną aktywność; czy jakość sprawowanej opieki wpływa na poziom aktywności pacjenta; czy potrzeby pacjenta na płaszczyźnie życiowej, społecznej, ekonomicznej oraz podmiotowości mają wpływ na jakość sprawowanej opieki.

Słowa kluczowe: aktywizacja pacjentów, jakość opieki zdrowotnej, rodzaje aktywności, choroby układu nerwowego.

Activation as the quality index of medical care provided to patients suffering from nervous system diseases

Abstract

Active people fall for various types of diseases very rarely. Obesity, atheromatosis, diabetes, coronary heart disease, faulty posture and many other diseases are the consequence of sedentary life style. Each person should endeavor to maintain the highest level of activity, not only in its physical, but also mental, social and spiritual sense thus enabling proper functioning in the surrounding environment. Diseases and disabilities do not eliminate the ability to act and to function in society, however these ailments frequently limit and hamper these spheres f life.

In general, a person afflicted with a chronic disease with neurological background requires help and support. It is most common that these diseases in a later phase lead to decrepitude, loneliness and impediments in everyday life. Frequently, they become a problem and impair self-sufficient existence in normal environment leading to decrease in activity on various levels of patient's life.

On the basis of literature review and performed tests in the group of patients with nervous system diseases, it was discussed how the quality of care taken by a long-term institution influences the patients' level of activity.

On the basis of the conducted tests the following questions were raised: what level of activity do the patients suffering from neurological diseases obtain in their opinion; does the quality of taken care influence the level of patient's activity; do the patient's needs in living, social, economic and subjectivity spheres have impact on the quality of the care taken.

Key words: patients' activation, medical care quality, types of activity, nervous system diseases.

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INTRODUCTION

One of the essential elements of a healthy life style and good health is always regular activity and concern for our physical fitness and spiritual efficiency. The lack of activity is a risk factor for the occurrence of many chronic diseases and disorders, mainly heart diseases, obesity, chronic spine diseases, faulty posture, disorders and diseases of the respiratory system and others.

It is not easy to define "activity" in a straightforward way. First of all, activity means any actions of the organism. Secondly, this is the feature of a human being or an animal which can be described as frequent taking and running intensive activity. Activity – is always associated with movement, action, moving from one place to another and when we start to think about it profoundly, the applicable concept can also touch mental, social and even spiritual spheres of life. [1,2] There are two types of actions connected with everyday activity of a human being, fulfillment of which or its lack can be evaluated from the perspective of life quality. These are the basic (personal) and complex (instrumental) activities [3].

Among simple life activities there are as follows: dressing, eating, moving, fulfilling physiological needs, personal hygiene, etc. The scope of activities within which the patient is able to fulfill the above mentioned needs independently, also defines the patient's demand for help received from other people and helps to define the tasks of health care. As long as, coping with basic everyday life needs can be an aspect of the patient's personal independence, the fulfillment of complex activities frequently constitutes the condition of capability of living an independent life. These are as follows: activities connected with meal preparation, tidying up, using means of transport etc. The ability to perform this kind of activities defines the scope of necessary institutional help which is indispensable for a given person [4,5].

Taking into account a varied scope of human activities performed in natural environment, the activity almost always takes the lead, and without it an individual cannot function normally, in order that the most important social roles could be fulfilled [6].

The patient who starts to suffer from a chronic disease faces a task of psychological nature – he/she has to accept the reality of a disease and the need to adjust to life with a disease. Existential and psychical issues become important to the person. These are usually the former links with needs resulting from deficiency. A human being does not gain these needs, but he/she tries to fulfill them in compliance with prevalent customs, traditions and culture. These needs can be distinguished according to A. Maslow's classification as:

- needs fulfilling various kinds of physiological wants: (for food, sex, sleep),
- safety needs: (shelter, security, protection from aggression),
- belongingness needs: (affiliation) and identification (friendship, exchanging ideas, public and social life),
- esteem needs: (self-esteem and desire for esteem of others) and love (emotional support) [7,8].

The second category of needs refers to the development of an individual. Fulfillment of the applicable needs is necessary to obtain complete psychosocial development. The basic need and at the same time the most significant one among other needs, is the need of self-actualization which expresses in creativity, gaining knowledge, interpreting beauty [8].

Decreasing activity can be observed in patients suffering from nervous system diseases such as: multiple sclerosis, Parkinson's disease, stroke or Alzheimer's disease. The theory of "disengagement" is being created, which is opposite to "activity" theory. The theory is formulated by E. Cumning and W.E. Henry. According to this theory a person reduces their activity and contacts with other people [7,8]. Someone who is active at work, rapidly becomes passive; social roles in the family change. Reduction of psychical activity comes before and speeds up physical organism atrophy [3].

Activity always comes together with activation. The concept of "activation" means increase, also the increase in activity, becoming active [1,9,10]. Activation (elicitation) stimulates initiative to take action e.g. patient's activation to cooperate with a therapeutic team and family and to be self-reliant [9,11]. It is necessary to make any possible effort that would help patients who stay in long-term care medical centers to develop their own activity in all spheres of life. It is necessary to motivate a person to perform any activities and mobilize internal energy. This is the main task for people who look after the patient – keep and strengthen health of the patient afflicted with a disease or disability [12,13].

Complete akinesis or movement constraint for longer periods of time, resulting from necessary immobilization, staying in bed or considerable limitation of spontaneous motor activity causes lots of disorders in the process of organism functioning. With respect to the above, there are observed lots of negative changes and phenomena in some organs:

- osteoarticular system: bones are subject to decalcification, they are more susceptible to injuries and fractures, destructive changes in articular cartilages take place faster, the scope of movement in joints decreases;
- muscular system: muscles lose their strength, elasticity and weight, ligaments and articular capsules are more susceptible to mechanical injuries;
- circulatory system: reduced heart ejection volume and cardiac output, hypovolaemia, orthostatic lowering of the arterial blood pressure which can be demonstrated by proneness for fainting at assuming the erect position;
- respiratory system: reduced tidal volume, expiration is shallow, cough is little effective with proneness for remaining secretion in the respiratory tracts;
- alimentary system: peristalsis of the intestines becomes impaired, the proneness for constipation grows, the liver activity is weaker hence susceptibility to biliary calculosis increases;
- urinary system: diuresis with the growth of calcium egestion by kidneys decreases, which is the basis for renal calculosis and infections of the urinary system;
- nervous system: "bed rest" syndrome occurs – namely,

long-term immobilization leads to disorders in the psychical sphere, excessive emotional reactions, disorders of deep sensibility, slowness of intellectual activity, fluency of speaking, ability to understand, decrease in ability to perform complex movements [14].

Physical, psychical and social activity reduction is being observed in the group of elderly people and among the people afflicted with nervous system diseases, and as a rule a long-term care is provided to those people whose injuries or chronic diseases cause the reduction of already low physical activity to the level which prevents them from conducting independent everyday life activities and it also makes them dependent on other people. That is why, the essential element, in the process of treating the applicable diseases, is to improve the above mentioned activities. The purpose is to maintain or regain the ability to start independent functioning, especially in the scope of basic family life activities, as well as to improve particular organs and systems, where a given dysfunction appears.

Multiple sclerosis:
- disease reveals at young people, the first symptoms occur between 20 and 40 years of age,
- the course of the disease is very varied,
- this is a chronic disease,
- new attack of this disease and development of disability cannot be predicted,
- as a rule, disability increases in the course of multiple sclerosis,
- the patient's needs change in time,
- the disease symptoms can influence each other in a varied and complicated way,
- pathological changes in the course of the disease can develop in all areas of the central nervous system, which is the reason for multitude clinical symptoms,
- career, family life and functioning in society – evaluated as increasing problems.

Parkinson's disease:
- disease reveals at older people, symptoms occur over 50 years of age,
- problems refer to the patients themselves and to their closest family (carers),
- this is a chronic disease, requiring permanent, long-term pharmacological and non-pharmacological treatment,
- therapeutic activity is dependent on the course of the disease (disease stage),
- the course of the disease is individual for each patient,
- apart from basic chronic illness there occur other diseases connected with old age,
- additionally, psychotic disturbances, dementia and depression can occur,
- family life, functioning in society and career – evaluated as increasing problems.

Alzheimer's disease:
- this chronic illness refers to elderly people (very young people rarely suffer from Alzheimer's disease),
- this is a chronic incurable disease,
- there are no remission periods, there is a permanent disease progression,
- in the initial stage of this particular disease, activities connected with looking after and supervising dominate, in the later stage, as the disease progresses, the patient becomes more and more dependent to the carer,
- this particular disease is overwhelming not only for the patient but also for the carer (burnout), in this case institutional help is required (nursing centers, long-term care centers),
- Alzheimer's disease leads to complete degradation of the patient in biological, psychical and social spheres of life preventing him/her from self-reliant existence.

Stroke:
- this disease touches people over 60 years of age,
- this disease usually exhibits symptoms of a chronic nature, recovery is a long-term process,
- recovery depends on institutional, as well as social support,
- suitable treatment, improvement and minimization of the stroke results enable to achieve the patient's comeback to family life and functioning in society.

The purpose of this thesis is to evaluate how the quality of care provided by a long-term center influences the activity level of the patients suffering from nervous system diseases.

MATERIAL AND METHODS

The research was performed in the group of 283 patients (106 men and 177 women) suffering from nervous system diseases and who are under care of long-term centers in the province of Lublin.

The research was carried out through drawing of lots in 10 centers providing long-term care, namely in 5 stationary centers (care and healing centers, care and nursing centers) and in 5 centers providing nursing care at the patient's. The total number of the examined persons in stationary centers was 121 (42 men and 79 women), whereas in the centers providing home care 162 persons were examined (64 men and 98 women). The patients affected with a stroke were in the majority, specific data is presented in Table 1.

An author's questionnaire was used as a research instrument. In the questionnaire there are questions characterizing the examined group with respect to gender, age, place of living, marital status, education, main source of income and state of health self-assessment. Self-efficiency Scale, which is a standardized instrument, was helpful at the preparation of questions used in the questionnaire for the patients suffering from nervous system diseases [15]. The patient's activation and the quality level of provided care were examined with the use of Likert scale and rating scale [3,16]. Likert scale is an ordered five-point scale which is used in questionnaires and questionnaire enquires/ interviews. Thanks to this scale it is possible to receive

TABLE 1. The number of respondents with division into disease units.

Disease unit	Women		Men		Total	
	n	%	n	%	n	%
Alzheimer's disease	23	8.13	10	3.53	33	11.66
Parkinson's disease	10	3.53	26	9.19	36	12.72
Brain tumour	13	4.59	8	2.83	21	7.42
Spinal cord tumour	4	1.41	6	2.12	10	3.53
Subarachnoid haemorrhage	2	0.71	4	1.41	6	2.12
Myasthenia gravis	5	1.77	2	0.71	7	2.48
Infantile cerebral palsy	3	1.06	2	0.71	5	1.77
Epilepsy	6	2.12	4	1.41	10	3.53
Multiple sclerosis	33	11.66	17	6.01	50	17.67
Stroke	78	27.56	27	9.54	105	37.10
Total	177	100.00	106	100.00	283	100.00

answers regarding a degree of a specific phenomenon acceptance, opinions on a given subject etc. Frequently, it is very helpful in measuring attitudes towards a specific problem or in obtaining opinions on a specific subject. The rating scale is a scale which helps the examined person to assign categories / issues as per provided criteria.

Pearson's chi-square test was used in the analysis of independences between two features. P-value of $p<0.05$ was assumed as the level of significance. Critical level of p significance was provided in the study, this is the lowest one, under which a null hypothesis can be rejected.

With respect to the above, significance level of $p>0.05$ was not the basis to reject the null hypothesis on the lack of dependences between two features.

RESULTS

The analysis of the examined patients allows stating that among the patients in the majority there were women (62.54%), whereas the percentage for men was 37.45%. The majority of respondents come from the country (59.71%), while (40.28%) come from the city.

More than half of the patients (64.67%) acquire social security in the form of pension or disability payment, (0.71%) of the examined patients still work, (30.03%) of the patients make a living by receiving permanent disability payment given by the Office of Labour, and (4.59%) of the examined patients work running their own farms – detailed data is presented in Table 2.

The research shows that more than half of the respondents (64.67%) are married, (4.59%) are single, (30.03%) became widowed, whereas (0.71%) of the examined patients are divorced or separated.

The research has not proved that the following features as the patient's marital status and source of income had a significant influence on the type of implemented activation. Only the patient's age has an influence on the assessment of efficiency. The patients over 81 years old did not evaluate activity to a very high degree. Hence, the persons between 41 and 60 years of age (58.44%) defined activity on a high level. In the group of men, no one defined activity on a very low level. Among the examined patients the better activity belongs to people who come from the country (57.79%) with elementary education (58.44%) – Table no. 2.

On the basis of the conducted research it was stated that the quality of provided care in relation to the level of fulfilling needs is evaluated in the majority of examined patients to a proper degree; detailed data is provided in Tables 3 and 4.

The research proved unambiguously that the needs of "physical condition" constitute the most important category. Secondly, there are needs of "psychical condition" and finally, the needs of "functioning in society" and a need of "activity".

It was stated that the needs of physical condition were the most important for all patients suffering from nervous system diseases – Tables 3 and 4.

In the majority there were the patients suffering from:
- stroke (51.67% of the examined patients),
- infantile cerebral palsy (40%),
- brain tumour (38.10%).

Respondents' answers showed that in this category of needs the following were highly estimated:
- assistance at dressing (61.84%),
- carrying out treatments / exercises and sitting (54.06%).

Whereas, some limitations appeared at:
- changing the position (82.69%),
- eating (70.32%).

The examined patients have the biggest difficulties with:
- personal hygiene (39.57%).

On the second place there were the needs of psychical condition.

In the second group there were the patients suffering from:
- epilepsy and spinal cord tumour (30%),
- Parkinson's disease (29.17%).

In this category of needs the following were highly estimated:
- sense of security (79.51%).

TABLE 2. Influence of age, place of living, education and sources of income on the level of provided activation to the patients suffering from nervous system diseases (1- gender, 2- age, 3-place of living, 4- education, 5- marital status, 6- source of income).

The examined characteristics:			The level of implemented activation at the examined patients						Statistic
			Very high	High	Partially high	Low	Very low	Total	
1	Man	n	52	30	19	5	0	106	p>0.05
		%	33.77	46.15	43.18	41.67	0.00		
	Woman	n	102	35	25	7	8	177	
		%	66.23	53.85	56.82	58.33	100.00		
2	20-40	n	20	11	5	2	1	39	p>0.05
		%	12.99	16.92	11.36	16.67	12.50		
	41-60	n	90	30	21	3	3	147	
		%	58.44	46.15	47.73	25.00	37.50		
	61-80	n	34	15	14	2	4	69	
		%	22.08	23.08	31.82	16.67	50.00		
	81 and over	n	0	5	4	9	10	28	
		%	0.00	41.67	9.09	13.85	6.49		
3	Country	n	89	39	26	8	7	169	p>0.05
		%	57.79	60.00	59.09	66.67	87.50		
	City	n	65	26	18	4	1	114	
		%	42.21	40.00	40.91	33.33	12.50		
4	Higher	n	0	5	4	9	10	28	p>0.05
		%	0.00	41.67	9.09	13.85	6.49		
	Secondary	n	34	15	14	2	4	69	
		%	22.08	23.08	31.82	16.67	50.00		
	Vocational	n	20	11	5	2	1	39	
		%	12.99	16.92	11.36	16.67	12.50		
	Elementary	n	90	30	21	3	3	147	
		%	58.44	46.15	47.73	25.00	37.50		
5	Unmarried (male/female)	n	4	4	2	1	2	13	p>0.05
		%	2.60	6.15	4.55	8.33	25.00		
	Married (male/female)	n	104	40	30	6	3	183	
		%	67.53	61.54	68.18	50.00	37.50		
	Divorced (male/female)	n	0	2	0	0	0	2	
		%	0.00	3.08	0.00	0.00	0.00		
	Widower/widow	n	46	19	12	5	3	85	
		%	29.87	29.23	27.27	41.67	37.50		
6	Pension/ Disability payment	n	104	40	30	6	3	183	p>0.05
		%	67.53	61.54	68.18	50.00	37.50		
	Paid work	n	0	2	0	0	0	2	
		%	0.00	3.08	0.00	0.00	0.00		
	Farmer	N	4	4	2	1	2	13	
		%	2.60	6.15	4.55	8.33	25.00		
	Regular benefit/ unemployment benefit	N	46	19	12	5	3	85	
		%	29.87	29.23	27.27	41.67	37.50		

TABLE 3. Assessment of provided care level with division into disease units (1- physical needs, 2- psychical needs, 3- activity assessment, 4- needs of functioning in society).

Disease unit	The quality of provided care including the patient's needs							
	Physical needs		Psychical needs		Activity		Needs to function in society	
	n	%	n	%	n	%	n	%
Alzheimer's disease	23	17.42	35	26.52	49	37.12	25	18.94
Parkinson's disease	50	34.72	42	29.17	52	36.11	0	0.00
Brain tumour	32	38.10	0	0.00	22	26.19	30	35.71
Spinal cord tumour	11	27.50	12	30.00	0	0.00	17	42.50
Subarachnoid haemorrhage	8	33.33	5	20.83	7	29.17	4	16.67
Myasthenia gravis	8	28.57	8	28.57	7	25.00	5	17.85
Infantile cerebral palsy	8	40.00	3	15.00	6	30.00	3	15.00
Epilepsy	15	37.50	12	30.00	0	0.00	13	32.50
Multiple sclerosis	67	33.50	55	27.50	45	22.50	33	16.50
Stroke	217	51.67	77	18.33	58	13.81	68	16.19

The questioned evaluated each type of provided care

TABLE 4. Of the patient's needs versus the level of provided care (1- physical condition, 2- psychical condition, 3- activity assessment, 4- functioning in society).

	Type of needs Difficulties in:	Quality of provided care					
		high		average		low	
		n	%	n	%	n	%
1	- walking	105	37.10	148	52.30	30	10.60
	- standing	153	54.06	105	37.10	25	8.83
	- sitting	0	0	234	82.69	49	17.31
	- making the morning / evening toilet	151	53.36	93	32.86	39	13.78
	- personal hygiene	38	13.43	133	47.00	112	39.57
	- eating	30	10.60	199	70.32	54	19.08
	- dressing	175	61.84	93	32.86	15	5.30
	- carrying out treatments / exercises	153	54.06	105	37.10	25	8.83
2	- remembering	54	19.08	199	70.32	30	10.60
	- speaking	30	10.60	148	52.30	105	37.10
	- coping with fear / depression	38	13.43	112	39.57	133	47.00
	- communicating with family / the closest persons	15	5.30	175	61.84	93	32.86
	- sense of security	225	79.51	0	0	58	20.49
	- spending leisure time	2	0.71	278	98.23	3	1.06
3	- establishing relations / communicating	105	37.10	148	52.30	30	10.60
	- performing family duties	0	0	121	42.76	162	57.24
	- performing social duties / work	0	0	125	44.17	158	55.83
	- active participation in selecting the type of treatment	0	0	234	82.69	49	17.31
	- ability to convey information	133	47.00	93	32.86	57	20.14
4	- confidence in therapeutic team	175	61.84	93	32.86	15	5.30
	- coping with architectural problems	30	10.60	148	52.30	105	37.10
	- gaining support	105	37.10	148	52.30	30	10.60
	- attitude towards surroundings	38	13.43	112	39.57	133	47.00
	- accessibility to benefits	30	10.60	199	70.32	54	19.08

Table includes selected types of needs

At average level:
- spending leisure time (98.23%),
- help with remembering (70.32%).

The biggest difficulties regarded:
- coping with fear / depression (47%),
- difficulties connected with words articulation / speaking (37.10%).

Category of the patients' needs in relation to activity assessment was evaluated best by the patients suffering from:
- Alzheimer's disease (37.12%),
- Parkinson's disease (36.11%).

In this category the following activities got high assessment:
- ability to convey information at (47%) of the examined patients,
- establishing relations / communicating (37.10%).

More than half of the patients estimate their own activity in the process of treatment on the average level (82.69%) whereas (17.31%) of the examined patients – on the low level.

Category of the patients' needs in relation to functioning in society was evaluated best by the patients suffering from:
- spinal cord tumour (42.50%),
- brain tumour (35.71%).

In this category of needs it is worth noticing that:
- (61.84%) of the examined patients highly evaluated confidence in the therapeutic team,
- (37.10%) of the patients – the ability to gain support from third persons.

Accessibility to benefits (welfare) was estimated on the average level (70.32%) and coping with architectural obstacles and gaining support from other people (52.30%). Less than half of the examined patients defined difficulties in coping with architectural problems (37.10%) and lack of confidence in the surroundings (47%).

SUMMARY

A chronic disease and disability do not shatter the sphere of activity and functioning in society, however these ailments frequently limit and hamper these fields of life. A patient under the system of medical care should always be treated individually and his/her activation and the level of satisfaction should be one of the most important conditions of high quality. The role of therapeutic team in long-term care centers should not only come down to replacing the patients in the performance of actions aiming at fulfilling elementary needs that the patient cannot cope with due to a given disease, but also the personnel should help the patient to adapt to the situation connected with a disease and/or disability [13]. The role of medical personnel should come down to the act of collecting precise indispensable information which can be used to get to know a patient better, his/her surroundings, some habits and family traditions, which at the end would help to make a final diagnosis, select a proper method of treatment and provide suitable care. The results of the conducted research allow to state that the examined patients gave high assessment to the ability and manner of conveying information by the therapeutic team (47% of the examined) and the manner of establishing relations (37% of the examined). Frequently, due to a specific disease, the active participation in everyday life is made difficult or the patient starts to withdraw from it gradually. Attending family and social/professional functions is very important for every human. The research proved that the patients suffering from a spinal cord tumour and epilepsy did not evaluate this category of activity. Frequent contact with a patient is also very important – informing him/her about proposed treatment and about nursing and care activities. Ensuring the patient active participation has an influence on obtaining better effects than passive performance of orders even at a wide scope of proposed medical services. Lots of researchers state that a variety of proposed services together with passive patient cooperation will not increase the center popularity and reputation or the efficiency of the treatment process. A decisive majority of the examined group gave a high assessment to confidence in the therapeutic team (62% of the examined), as well as gaining the support (37% of the examined) in relation to the people who provide care. The research has proved that none of the respondents in the group suffering from a spinal cord tumour and epilepsy take active part in the process of treatment.

Frequently, a chronic disease leads to various dysfunctions on the ground of pathological functioning of some organs or systems, or conditions of limited mental agility or physical fitness. The problem of disability imposes on the personnel of medical centers some tasks which should be defined precisely and adequately included in the offered care. Difficulties the patient faces in the period of disease development are frequently connected with everyday life activities.

The analysis of the carried out research suggests that the majority of patients afflicted with nervous system diseases have difficulties with walking, standing (changing the position), carrying out the morning/evening toilet, dressing or personal hygiene and also with the sense of security, remembering and coping with fear/depression. The results of the executed research prove that 62% of the examined have the biggest difficulties in the scope of physical needs e.g. dressing – 54% of the examined; maintaining standing position which is assuming erect position and – 53% of the examined; carrying out the morning/evening toilet. Whereas, most difficulties are caused by psychical needs; 79% of the examined refer to a sense of security, 19% of the examined – ability to remember (problems with memory) and 13% – difficulties with coping with fear / depression, resulting from a disease. The research has shown that for the respondents physical needs are most difficult to fulfill and psychical needs come second.

It is also worth noticing that provided care should be strictly integrated and constantly agreed between the whole therapeutic team ensuring appropriate care and treatment. It should cover all spheres of the patient's life. The patient's participation in all actions aiming at the acceptance of a disease and/or disability plays a very important role. The patient, as a central person in the integrated system of providing care, should have possibility to co-decide

in the process of treatment. The research has proved that none of the examined actively participates in the process of treatment on a high level. In 83% of cases the patient's participation in the process of treatment comes down to an average level.

Including the patients in the fulfillment of tasks conducted by the units providing long-term care constitutes the basis for their actual empowerment. In many respects, it is desired that close to the personnel working in a totally integrated system, the patients would always participate actively. Remember that a medical care center, where the patient with a given disease, becomes his place of living, chance to maintain and/or increase self-reliance.

CONCLUSIONS

1. The patients suffering from nervous system diseases positively evaluate activation as a quality index of care provided by units of long-term care, and at the same time this group of patients has the greatest needs regarding physical condition, and successively; psychical needs, needs to function in society and the need to be active.
2. Significant influence of such factors as marital status and sources of income on the level of provided activation was not proved.
3. The research proved that people coming from the country and having elementary education live a more active life. The elders evaluated their activity as very low.
4. Moreover, the research proved passive participation of the patient in the process of treatment. Frequently, a disease leads to limitation and withdrawal of the patient from active everyday functioning.
5. Research shows that the majority of patients suffering from nervous system diseases have difficulties with walking, standing (changing the position), carrying out the morning / evening toilet, dressing or personal hygiene and also with a sense of security, remembering and coping with fear / depression.

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