



VISOKOŠOLSKO SREDIŠČE NOVO MESTO
Higher Education Centre Novo mesto
FAKULTETA ZA ZDRAVSTVENE VEDE NOVO MESTO
Faculty of Health Sciences Novo mesto

CELOSTNA OBRAVNAVA PACIENTA V ZDRAVSTVENEM IN SOCIALNEM VARSTVU

Zbornik povzetkov

HOLISTIC APPROACH TO THE PATIENT IN
HEALTH AND SOCIAL CARE
Book of Abstracts

Mednarodna znanstvena konferenca
International Scientific Conference

Novo mesto, 14. november 2014

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BOOK OF ABSTRACTS

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dr. Nevenka Kregar Velikonja

Lektorirali/Language Editors

Melanija Frankovič – slovenski jezik, Katja Kropce – angleški jezik

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Opolnomočenje medicinskih sester pri odprti komunikaciji

V zadnjem desetletju se je v temelju spremenilo dojetje bolezni in zdravja, zato tudi odnosi med zdravstvenimi delavci in pacienti ter zdravstvenimi delavci med seboj. Predvsem zdravstvena obravnava pacienta postaja predmet javnih razprav, medijskih obravnav in splošnih diskusij. Zdravstvo je delovno intenzivna panoga. Brez medsebojnega usklajevanja zdravljenje ni mogoče: in to velja tako za odnose med zdravstvenimi delavci različnih poklicnih skupin kot tudi za odnose med pacienti in zdravstvenimi delavci. Ob podpori supervizije, ki počasi, a vztrajno prehaja na področje zdravstvene nege, lahko medicinska sestra razvija ustrezne spretnosti za strokovno in kakovostno delo. Opolnomočenje je večdimenzionalni družbeni proces, ki ljudem pomaga pridobiti nadzor v življenju. To je proces, ki veča posameznikovo moč, moč pa je sposobnost ravnanja na področjih, ki so zanj pomembna. Namen prispevka je pregled teoretičnih izhodišč, kaj je supervizija in kako jo predstaviti anonimni skupini medicinskih sester, kateri pogoji morajo biti zagotovljeni, da bo supervizija uspešna za supervizante in supervizorja. Predstavljena je analiza podatkov kvalitativne raziskave v anonimni supervizijski skupini medicinskih sester.

Ključne besede: opolnomočenje, medicinske sestre, supervizija, komunikacija

Nurses Empowerment with Open Communication

In the last decade, the understanding of disease and health and consequently the relationship between health professionals and patients, including the relationship among healthcare professionals as well, has fundamentally changed. In particular, medical treatment has become the subject of public debates, media treatments and general discussions. Health care is a labour-intensive industry. Without mutual coordination treatment is not possible; it applies to relationships between health workers from different professional groups and also between patients and health professionals. With the support of supervision, which is slowly but steadily shifting to the health care area, nurses can develop appropriate skills for professional and quality work. Empowerment is a multidimensional social process, helping people to gain control of their lives. It is a process that increases an individual's power; power being defined as the ability of enforcement and implementation, to respond and conduct in areas the individual deems important. The purpose of this paper is to review the theoretical starting points, what the supervision is and how to present it to an anonymous group of nurses; which conditions must be provided for a successful supervision, both for the supervisee and the supervisor. The analysis of the qualitative research data in an anonymous supervision group of nurses is presented.

Key words: empowerment, nurses, supervision, communication

Kakovost v medicini dela

Po definiciji Svetovne zdravstvene organizacije je kakovostna oskrba tista, ki zadošča dogovorjenim zahtevam in ob upoštevanju trenutnega znanja in razpoložljivih sredstev izpolnjuje pričakovanja za povečanje koristi in zmanjšanje tveganj za zdravje in dobro počutje bolnika. Gre za uporabo učinkovitih postopkov zdravstvene oskrbe pri pravih bolnikih v danih razmerah na učinkovit način. Zaradi specifičnosti, ki so posledica stroke, je tudi medicina dela eno izmed tistih področij, kjer je mogoče z ustreznim sistemom nadzora kakovosti izboljšati kakovost dela. Zdravniške napake je treba sprejeti kot vsakdanje spremljevalke našega dela in vir dragocenih izkušenj, s pomočjo katerih bomo zagotovili našim bolnikom in nam samim večjo varnost. Odkrivanje in odpravljanje odstopanj bi zato moralo postati predvsem eno izmed orodij izboljševanja kakovosti pri iskanju prednostnih nalog. Strokovni nadzor s svetovanjem je usmerjen na pregled pogojev dela, vključno z usposobljenostjo izvajalcev. Izvaja se lahko rutinsko po programu, kot to predvidevajo predpisi, ali kot izredni strokovni nadzor ob težavah, ki se pojavljajo pri nudenju oskrbe. Lahko ga smatramo kot metodo za odkrivanje področij v oskrbi, kjer bi bilo treba uvajati spremembe. Pomemben namen nadzora s svetovanjem je namreč prav svetovanje zdravnikom, kako naj izboljšajo svoje delo.

Ključne besede: medicina dela, kakovost, nadzor

Quality Assurance in Occupational Medicine

According to the World Health Organization's definition, quality healthcare is healthcare agreed-upon criteria, using all current knowledge and available funds to meet expectations regarding the well-being of a patient improvement and reducing health risks they are exposed to. Quality healthcare uses effective healthcare procedures by treating the right people and does so in an efficient manner, considering the circumstances, of course. Due to the specifics that arise in the field, occupational medicine is one of the fields where an appropriate implementation of a quality assurance system could greatly improve the quality of work. Medical errors should be accepted as everyday companions of our work and as a source of valuable experience, which will help us ensure greater safety for our patients as well as ourselves. Discovery and elimination of deviations should thus become primarily the means of quality improvement as we try to establish our priorities. Professional supervision and consulting are used to review working conditions, including providers' qualifications. They can be carried out regularly, according to a schedule as required by regulations, or as an extraordinary professional supervision in case of problems occurring with the provision of care. It can be considered a method for the discovery of those areas of healthcare that would benefit from changes, as one of the primary aims of supervision and consulting is also giving advice to physicians on how they could improve their work.

Key words: occupational medicine, quality, supervision

Pomen načrtovanja kariere med študenti zdravstvene nege

Strokovna javnost na področju zdravstvene nege poudarja, da k napredku zdravstvenega in socialnega varstva bistveno prispeva karierni razvoj medicinskih sester. Ta je neposredno povezan z zagotavljanjem kakovosti oskrbe. Stroka hkrati ugotavlja, da medicinske sestre ne poznajo pojma kariera in zato preveč odgovornosti glede načrtovanja kariere prepuščajo drugim in se premalo udeležujejo same. V prispevku preverjamo, koliko se študenti zdravstvene nege, ki so na začetku poklicne poti, zavedajo odgovornosti za lastni karierni razvoj. Sodobno pojmovanje kariere namreč poudarja individualizacijo karierne poti, kjer je posameznik ultimativno odgovoren za svojo kariero. Vsak sam mora znati poskrbeti za svojo uveljavitev in izpostavitve samega sebe s pridobljenim znanjem, spretnostmi in zmožnostmi ter pri tem izkazovati interes za aktivno vlogo pri razvoju lastne kariere. Da bo medicinska sestra lahko razvijala in upravljala svojo karierno pot, potrebuje nabor kariernih kompetenc za uspešno vodenje svoje karierne poti. Govorimo o inteligentni karieri, ki izpostavlja sposobnosti posameznika pri uspešnem upravljanju z lastno kariero in označuje tri temeljne elemente za doseganje tega cilja: »vedeti zakaj«, »vedeti kako« in »vedeti komu«. Namen prispevka je preveriti prepoznavnost pojma kariera med študenti zdravstvene nege, ugotoviti, koliko študenti zdravstvene nege načrtujejo kariero in analizirati vsebino kariernih kompetenc za uspešno udeleževanje na načrtani karierni poti. Predstavljena je analiza podatkov kvantitativne empirične raziskave.

Ključne besede: kariera, medicinske sestre, karierne kompetence, načrtovanje kariere, zdravstvena nega

Significance of Career Planning among Students of Nursing

Professionals in the field of healthcare point out that career development of nurses contributes significantly to the advancement of healthcare and social care systems, and is directly linked to providing quality care. The profession also notes that nurses are not familiar with the term career and therefore too much responsibility for planning their own career is left to others while they themselves are too passive. In this paper we investigate to what extent are the nursing students, starting their career, aware of their responsibility for its development. Contemporary perception of career emphasizes individualization of the career path, where individuals are ultimately responsible for their career. They must be able to take care of their recognition and exposure with the acquired knowledge, skills and abilities, while showing interest in an active role of their own career development. To be able to manage and develop their own career, a nurse should possess a set of career competences to be successful. We are talking about the intelligent career, which highlights the ability of an individual in successfully managing his own career and identifies three fundamental elements to achieve this goal: "knowing why", "knowing how" and "knowing whom". The purpose of this paper is to examine the visibility of the term career among students of nursing, to determine the extent to which students of nursing plan a career and to analyze the content of career competences for a successful engagement of following the outlined career path. The data analysis of quantitative empirical research is presented.

Key words: career development for nurses, career competences, career planning, nursing care

Timska obravnava stanovalcev v domovih za starejše na osnovi njihove biografije

Poznavanje biografije dementnih stanovalcev v domovih za starejše je nujno potrebno pri njihovi celostni obravnavi. Biografija stanovalca omogoča boljše prepoznavanje njegovih potreb in je temelj individualne obravnave s strani različnih profesij. Delo s stanovalci v domovih za starejše je na posameznih področjih še vedno usmerjeno v skupinske zaposlitvene aktivnosti, ki niso plod ugotovitev in raziskovanj, temveč so postale ustaljen način dela. Prepoznavanje potreb stanovalca s pomočjo njegove biografije pa nudi sodobno individualno obravnavo. Kvalitativna raziskava je bila podlaga za našo študijo, katero bomo predstavili kot primer dobre prakse.

Ključne besede: biografije, starejši ljudje, domovi za starejše, timsko delo, individualna obravnava

Team Treatment Based on Residential Care Homes Residents' Biography

For a comprehensive treatment of residents with dementia in residential care homes it is extremely necessary to have the knowledge of their biographies. A resident's biography allows better recognition of his or her needs and is the foundation for individual treatment by various professions. Working with residential care home residents is in some areas still focused on group work activities that are not the result of observations and surveys, but of the established practice. Identifying the needs of residents with the help of their biography offers a modern individual treatment. Qualitative research, a combined case study was used, which we will demonstrate as an example of good practice.

Key words: biography, elderly, residential care homes, team work, individual treatment

Medgeneracijsko sodelovanje na področju računalništva

V teoretičnem delu je v prispevku opisano sodelovanje na področju računalništva med različnimi generacijami, izpostavljeni pa so tudi pozitivni učinki takšnega sodelovanja. Uporabili smo anketni vprašalnik, ki so ga izpolnili stanovalci Doma ob Savinji Celje (13 anket) in direktorji domov po Sloveniji (20 anket). Rezultati so pokazali, da so se stanovalci v 46 % udeležili krožka zaradi veselja, 54 % udeležencev ni imelo predhodno nobenega znanja s področja računalništva, 77 % jih ocenjuje, da so zelo dobro sodelovali s predavatelji in 61 % jih želi še nadgradnjo obstoječega znanja. To dejavnost ima 65 % domov po Sloveniji in so jo uvedli na pobudo direktorja (30 %) in zaradi želje kontaktirati z zunanjim svetom (40 %). To dejavnost po domovih v 15 % izvajajo kar njihovi zaposleni. V domovih za starejše obstaja še posebno velika potreba po načrtnem medgeneracijskem povezovanju in učenju. Mnogo starih ljudi v teh ustanovah nima družine ali pa ima z njo le redke stike. Zaposleni zaradi delovnih obveznosti hitijo mimo stanovalcev, mladih pa je v tem svetu malo. Ob tem pa je dom pravzaprav prostor, kjer je na enem mestu nakopičenih mnogo raznovrstnih in dragocenih življenjskih izkušenj, ki največkrat ostajajo neizkoriščene.

Ključne besede: medgeneracijsko sodelovanje, stanovalci, računalništvo, domovi za ostarele

Intergenerational Cooperation in the Field of Computer Literacy

The theoretical part of the article describes cooperation in the field of computer literacy among different generations, including the positive effects of such cooperation. For our research we used questionnaires that were answered by the residential care home residents at Dom ob Savinji Celje (13 surveys) and by the directors of residential care homes in Slovenia (20 surveys). The results showed that the 46 % of residents attended a club because of cheerfulness, 54 % of participants had no prior knowledge of computer science, 77 % estimated that they had very good cooperation with lecturers and 61 % of them want to improve their knowledge even further. The activity is held by 65 % of residential care homes around Slovenia; to 30 % it was introduced by the initiative of the director and to 40 % it was organised due to residents' demand to have contact with the outside world. The activity is mainly performed by the resident care home employees (15 %). There is also a particularly strong need for the systematic intergenerational integration and learning. Many elderly people in these institutions have no or rare contacts with their families. Due to their work, the employees just pass the residents by, nevertheless, young people are not very common in the mentioned environment. Although the residential care home is a place filled with diverse and valuable life experiences, they unfortunately remain unexploited in most cases.

Key words: intergenerational cooperation, resident, computer science, residential care homes

Poznavanje društva Hospic

Namen prispevka je bil ugotoviti, koliko je slovensko društvo Hospic poznano med dijaki, zdravstvenimi delavci in med naključno izbranimi ljudmi. Cilj raziskovalne naloge pa je bil, da dijake in širšo javnost osvestimo o pomenu društva Hospic. Osnova za obdelavo podatkov je bilo 257 izpolnjenih anketnih vprašalnikov. Dijaki Srednje zdravstvene šole Celje so jih izpolnili 125, zdravstveni delavci v domovih upokojencev 107 in naključno izbrani ljudje 25. Rezultati so pokazali, da se 46 % dijakov, 58 % zdravstvenih delavcev in 44 % naključno izbranih ljudi doma ne pogovarja o smrti ter da se umiranja in smrti boji povprečno 16 % anketirancev. 59 % dijakov, 74 % zdravstvenih delavcev in 44 % naključno izbranih meni, da bi bilo dobro, če bi pridobili še več informacij na temo umiranja. Slovensko društvo Hospic pozna 38 % dijakov, 89 % zdravstvenih delavcev in 48 % naključno izbranih, ki so za to društvo izvedeli večinoma preko časopisa, revij in brošur. K društvu bi pristopilo kot prostovoljci samo 18 % dijakov, 16 % zdravstvenih delavcev in 8 % naključno izbranih. Za boljšo prepoznavnost društva med ljudmi bo treba še veliko narediti.

Ključne besede: Hospic, prostovoljci, umiranje, smrt

Understanding Hospic Society

The purpose of the research entitled Understanding Hospic Society was to find out how the Slovenia's palliative care society Hospic is known among students, health professionals and among randomly selected people. The aim of the research was that students and general public become aware of the importance of the society. The basis for data processing have been 257 questionnaires, which were filled in by 125 students of Secondary School for Nurses Celje, 107 health workers in residential care homes and 25 randomly selected people. The results showed that 46 % of students, 58 % of health workers and 44 % of randomly selected people do not talk about death at home, and on average 16 % respondents are afraid of dying and death. 59 % students, 74 % health workers and 44 % randomly selected people think that it would be useful if people could be provided with more information about death. Slovenian society Hospic is known by 38 % of students, 89 % of health workers and 48 % of randomly selected people, who heard about it mainly from newspapers, magazines and brochures. Only 18 % of students, 16 % of health workers and 8 % of the randomly selected people would join the Hospic society as a volunteer. A lot will still have to be done for a better recognition of the Hospic society.

Key words: Hospic, a volunteer, dying, death

Andreja Černoga
Fakulteta za zdravstvene vede Novo mesto
Dr. Mojca Zvezdana Dernovšek
Psihiatrična klinika Ljubljana Polje
Dr. Boštjan Gomišček
Fakulteta za organizacijske vede Kranj

Dokumentiranje incidentov v psihiatrični zdravstveni negi

Z raziskavo smo želeli ugotoviti, ali v psihiatričnih bolnišnicah po Sloveniji dokumentirajo incidente, do katerih je prišlo zaradi nasilnega vedenja pacienta, in ali jih analizirajo. Kontinuirano spremljanje in analiziranje incidentov ob agresivnem vedenju v zdravstveni negi predstavljata ključni člen pri zagotavljanju in izboljševanju kakovosti dela, saj omogočata oblikovanje ukrepov in smernic za delo na področju preventive ter kakovostnega strokovnega delovanja ob nastopu takega dogodka. K raziskavi smo povabili vse psihiatrične ustanove v Sloveniji. Odzvale so se Psihiatrična bolnišnica Ormož, Psihiatrična bolnišnica Begunje, Psihiatrična bolnišnica Idrija in Psihiatrična bolnišnica Vojnik. Vzorec je zajel 157 zaposlenih v zdravstveni negi. Anketiranje je bilo izvedeno v obdobju od 12. 2. 2013 do 14. 3. 2013. V drugem delu raziskave smo uporabili poizvedovanje, opravili smo standardizirani intervju z vodji zdravstvene nege oziroma z zaposlenimi, odgovornimi za kakovost glede dokumentiranja incidentov v bolnišnici. Ugotovili smo, da zaposleni v zdravstveni negi v psihiatričnih bolnišnicah na sekundarni ravni dokumentirajo incidente, do katerih je prišlo zaradi nasilnega vedenja pacienta. Incidente analizirajo v Psihiatrični bolnišnici Begunje in Psihiatrični bolnišnici Ormož. Zaposlene je treba spodbujati k dokumentiranju incidentov na delovnem mestu in njihovemu analiziranju mesečno, kvartalno in na letni ravni ter na podlagi analiz izvajati preventivne in korektivne ukrepe.

Ključne besede: incidenti, dokumentiranje, nasilje, zaposleni, psihiatrija, zdravstvena nega

Recording Incidents in the Psychiatric Health Care

The research was aimed to find out whether psychiatric hospitals in Slovenia record incidents which occur due to the violent behaviour of patients and if these incidents are analysed. Continuous monitoring and analysing of incidents incurred by violent behaviour represent the key factor for ensuring and improving the quality of work in health care, since in this way measures and guidelines can be established to prevent and professionally act when an incident does occur. All psychiatric institutions in Slovenia have been invited to take part in this research. The following hospitals accepted our invitation: Psychiatric Hospital Ormož, Psychiatric Hospital Begunje, Psychiatric Hospital Idrija and Psychiatric Hospital Vojnik. The sample covered 157 employees in health care in the participating psychiatric hospitals. The survey was conducted between 12th February 2013 and 14th March 2013. The second part of the research included inquiries and standardized interviews with heads of health care and employees regarding the quality of recording incidents in their hospitals. It was found that health care employees in psychiatric hospitals in Slovenia at a secondary level do record incidents which occur due to the violent behaviour of patients. Such incidents are analysed in the Psychiatric Hospital Begunje and Psychiatric Hospital Ormož. Employees should be encouraged to record such incidents at work, analyse them monthly, quarterly and annually and conduct prevention and correction measures based on these analyses.

Key words: incident, recording, violence, employees, psychiatric health care

Primarno zdravstvo: preventivna dejavnost otrok in mladine v Sloveniji

Avtorici se v prispevku osredotočata na analizo preventivnih programov otrok in mladine iz naslova primarnega zdravstva. Primarna preventiva se ukvarja z zdravimi ljudmi in odkriva dejavnike tveganja, ki vplivajo na nastanek bolezni. V teoretičnem delu avtorici prikažeta, katere pravice, rešitve prinaša pravno-formalni okvir in katere dileme praksa na tem področju. V empiričnem delu pa s pomočjo podatkov Zdravstvenega statističnega letopisa analizirata preventivne preglede predšolskih in šolskih otrok ter mladine v zadnjih petih letih in primerjata zdravstveno stanje otrok, ugotovljeno na preventivnih pregledih. Ugotavljata, da so preventivne storitve sicer sestavni del obveznega zdravstvenega zavarovanja, vendar v smislu, da je bolje preprečevati kot zdraviti, zato je pomembno ozaveščati in učiti otroke in mladino o zdravih temeljih življenja vsakega posameznika. Za doseganje tega cilja pa je potrebno sodelovanje med inštitucijami, kot so vrtci, šole, zdravstveni domovi, knjižnice, športni centri, društva, lokalna skupnost idr.

Ključne besede: primarno zdravstvo, preventivni programi, predšolski otroci, šolski otroci, mladina

Primary Health Care: Prevention Programmes for Children and Youth in Slovenia

Authors in this paper focus on the analysis of prevention programmes for children and youth from the primary health care. Primary prevention deals with healthy people and detects risk factors, which influence the formation of the disease. In the theoretical part, the authors show which rights, solutions come from formal legal framework and which are the dilemmas in this area's practice. In the empirical part, with the help of the data from Health Statistical Yearbook, the authors analyse preventive medical examinations of preschool and school children and youth in the last five years and compare children's health condition assessed on preventive medical examinations. They note that preventive services are an integral part of the compulsory health insurance, but in the sense that "prevention is better than cure", it is important to raise awareness and teach children and youth about healthy life foundations of each individual. The achievement of this goal requires cooperation between institutions such as kindergartens, schools, medical centres, libraries, sports centres, different associations, local community and others.

Key words: primary health care, prevention programmes, preschool children, school children and youth

Holistična paradigma za kakovostno obravnavo pacientov

Holistična zdravstvena nega je umetnost in znanost, je način razmišljanja ter osebna in profesionalna odgovornost. Medicinska sestra pomaga drugi osebi, da se razvija kot celota, da so skladni njegovo telo, razum in duša. Holistična paradigma se je razvila z vključevanjem idej filozofije, sistemske teorije in holističnega procesa oskrbe. Kaj porečete sebi o stopnji vašega zdravja? Je vaše zdravje izvrstno, dobro ali slabo? To vprašanje nam omogoča nadaljnje vprašanje, kaj nam zdravje pomeni – kaj nam predstavlja ali simbolizira v naših mislih in domišljiji. Kaj počnemo z njim? Kako ga ohranjamo? Vsak ima svojo življenjsko zgodbo preteklosti in sedanjosti. In le, če je pomen jasen, lahko izkušnja postane paradigma, ki jo izberemo kot osnovo za uporabo v prihodnosti. Nesmiselne izkušnje je bolje pozabiti. Bolezen lahko pomeni za osebo, ki zboli, življenjsko krizo. Ljudje lahko gledamo na bolezen iz najmanj osmih zornih kotov: bolezen kot izziv, sovražnik, kazen, slabost, olajšanje, strategija, nepopravljiva izguba ali škoda in bolezen kot vrednota. Izbira je ključna. Preprosto se moramo osredotočiti na to, kaj nam bolezen pomeni. Lažje se je koncentrirati na nivo našega holesterola, krvnega tlaka, na dieto, jemanje vitaminov, telesno težo, kot pa na pomen bolezni za naše življenje. Če verjamemo, da lahko umremo ne le zaradi srčnega popuščanja temveč tudi zaradi »pomena odpovedi«, potem bomo morda bolj pozorni na pomene, ki smo si jih sami ustvarili. Ker mnogi avtorji navajajo, da je vsebina holizma še vedno nejasna, različno definirana in slabo razumljena, smo študente prvega letnika zdravstvene nege povprašali, kaj njim pomeni holizem in celostna obravnava pacienta.

Ključne besede: holizem, zdravstvena nega, medicinske sestre, študenti

Holistic Paradigm of Quality Treatment of Patients

How would you define your health status? Is it excellent, good, nice or bad? This question enables the following question, what health means to us – what it presents or symbolize in our thoughts or imagination. What do we do with it? How do we look after it? Every person has got their life story from the past and the future. Only if the meaning is clear, experience becomes a paradigm chosen to be used in the future. Meaningless experiences are better to be forgotten. Disease, for the person who becomes ill, might cause a life crisis. An illness can be observed from at least eight aspects: an illness as a challenge, enemy, punishment, weakness, relief, strategy, irreparable loss or damage and illness as a value. Our choice is essential. Simply, we have to put focus on what meaning an illness has in our life. It is easier to concentrate on the level of our cholesterol, blood pressure, diet, vitamin intake, body weight, than on the meaning of health in our life. If we believe that we can die not only because of heart insufficiency but also because of "the meaning of failure", than we might become more aware of the meanings we have formed in our life. Since many authors express that the content of holism is still not completely clear and is differently described and poorly/not well understood, we asked the first year students of nursing care what holism and holistic treatment of patients mean to them.

Key words: holism, holistic nursing, holistic nurse, students

Ali jih poznamo? (Medicinske sestre - migrantke v Sloveniji)

V prispevku je predstavljen problem medicinskih sester, ki so v slovensko družbo imigrirale iz republik bivše skupne države in analiza problemov njihove socializacije. Avtorji se sprašujejo, kateri so bili vzroki njihovega prihoda, ali so imele ustrezne strokovne kompetence in kako so se asimilirale v novem družbenem okolju; zasebno in profesionalno; katere vrednote so spremenile in katere (lahko) ohranile. Na osnovi dobljenih podatkov ugotavljajo, da so medicinske sestre z območja nekdanje Jugoslavije pravzaprav stalnica. Njihov priliv številčno nikakor ni zanemarljiv, aktualno pa je (vedno bilo) njihovo strokovno znanje in vživljanje v slovenski sistem zdravstvene nege. Vedno bolj se pomena njihove prisotnosti zavedamo tudi v družbi, natančneje njihovega vpliva na učinkovito zdravstveno nego in s tem na zadovoljstvo pacientov. V raziskavo vključene intervjuvane medicinske sestre so poročale o dejavnikih njihovega vključevanja v slovensko družbo; na zasebni in profesionalni ravni.

Ključne besede: migracije, medicinske sestre, slovenska družba, inkulturacija, zdravstvena nega

Do We Know Them? (Nurses-Migrants in Slovenia)

The paper presents a view on nurses, which immigrated into Slovene society from the former Yugoslavia State republics and the analysis of their socialization problems. The authors asked about the causes of their arrival, how they assimilated in the new social environment, privately and professional; did they possess the needed professional competences; which values they changed and which they were able to retain. On the basis of empirical data it was established that nurses from former State area are permanent and constant. Their inflow is not to be neglected numerically, as their professional knowledge in nursing and socialization in the Slovene health system were always actual. The awareness about the importance of their presence, or to be more precise, their influence on the effective nursing as well as on patients' contentment is rising. We conducted a research study in which the interviewed nurses reported about the factors of their integration into Slovene society; on personal and professional level.

Key words: migration, nurse, Slovenian society, inculturation, nursing

Bożena Gorzkowicz, PhD

Faculty of Health Sciences, Pomerania Medical University in Szczecin, Poland

Elwira Skierlak, MSc

Independent Public Clinical Hospital No. 2 in Szczecin

Małgorzata Knap, PhD

Voivodship Specialist Hospital of Saint Raphael in Chęciny

The Jan Kochanowski University (JKU) in Kielce, Faculty of Health Sciences

The Influence of “Pain-Free Hospital” Certification on the Quality of Nursing Care in Poland

The “Pain-Free Hospital” programme started in Poland in September 2008. The programme was created for the improvement of the quality of care in postoperative pain management in Polish hospitals. Nurses play a key role in the therapeutic team. It is reflected in the quality of nursing care through certain actions. The aim of this paper was to evaluate the influence of the “Pain-Free Hospital” certification on the quality of nursing care. The study was conducted in the group of 208 patients treated on 4 surgical wards with various periods of functioning in the “Pain-Free Hospital” programme. A diagnostic poll method with the use of the Polish version of the standardized “Clinical Quality Indicators of Postoperative Pain Management Scale” was applied. The Kolmogorov–Smirnov test was used for the statistical analysis of two independent samples. Conclusions are: The quality of nursing care is assessed higher in the hospitals with the “Pain-Free Hospital” certificate and longer functioning within the framework of the procedure standards is important for the effectiveness of postoperative pain-relief.

Key words: pain, postoperative, quality assurance, nursing care, patient satisfaction

Kako certifikat programa »Bolnišnica brez bolečine« vpliva na kakovost zdravstvene oskrbe na Poljskem

Program »Bolnišnica brez bolečine« so na Poljskem začeli izvajati septembra 2008. Njegov namen je bil izboljšati kakovost zdravstvene oskrbe v pooperativnem obvladovanju bolečine v bolnišnicah. Medicinske sestre imajo ključno vlogo v terapevtski skupini. To se kaže v kakovosti zdravstvene nege skozi nekatere dejavnosti. Cilj te raziskave je bil ovrednotiti vpliv certificiranja programa »Bolnišnica brez bolečine« na kakovost zdravstvene nege. Študija je bila izvedena s skupino 208 bolnikov, zdravljenih na 4 kirurških oddelkih z različnim obdobjem oskrbe v tem bolnišničnem programu. Diagnostična metoda je bila anketa z uporabo poljske različice standardizirane lestvice »Kazalnikov klinične kakovosti pri obravnavi pooperativne bolečine«. Za statistično analizo dveh neodvisnih vzorcev je bil uporabljen »Kolmogorov-Smirnov test«. Ugotovljeno je bilo: kakovost zdravstvene nege je ocenjena višje pri bolnišnicah s certifikatom »Bolnišnica brez bolečine« in daljše delovanje v okviru standardnih postopkov je pomembno za učinkovito lajšanje pooperativnih bolečin.

Ključne besede: bolečina, pooperativna nega, kakovost, zdravstvena nega, zadovoljstvo pacientov

Dr. Sergej Gričar

Visoka šola za upravljanje in poslovanje Novo mesto

Dr. Štefan Bojnec

Univerza na Primorskem, Fakulteta za management

Zagotavljanje varne (pre)hrane pacienta

V raziskavi preučujemo statistične podatke – spremenljivke o bruto domačem proizvodu, številu ljudi, ki so se zastrupili s hrano, in znesku sredstev, porabljenih za hrano. Podatke smo dobili s Statističnega urada Republike Slovenije in z Nacionalnega inštituta za javno zdravje. Preučujemo jih z enostavno metodo opisne statistike in z regresijsko analizo. Opisna statistika prikazuje povezavo med povečanjem zastrupitev s hrano in istočasnim zmanjšanjem bruto domačega proizvoda v Sloveniji od leta 2008. V Sloveniji je bruto domači proizvod v času krize upadel za 7,8 % v letu 2009, 2,6 % v letu 2012 in 1,0 % v letu 2013; merjeno v tekočih cenah. Slovenci v času krize vsako leto potrošimo več denarja za hrano. In sicer: v letu 2008 smo porabili 13,81 % denarja za hrano od celotne potrošnje, v letu 2009 16,6 %, leta 2010 14,0 % in v letu 2012 pa smo dali 14,29 % za hrano od celotne/skupne potrošnje. Multipla regresijska analiza potrjuje povezanost bruto domačega proizvoda z višino porabljenih sredstev za hrano. Pridobljene rezultate raziskave primerjamo s podatki o zagotavljanju varne hrane v prehrani pacientov. Prispevek izhaja iz vedenja, da večina bolezni izvira iz človekove prehrane. Poudarki so na čistoči rok, prevozu hrane, temperaturi hrane in na odpadkih.

Ključne besede: varna hrana, BDP, pacienti, Slovenija

Assuring Safe Food in Patient Nutrition

In the survey we study statistical data – variables of gross domestic product, number of people who suffered from the food poisoning and the amount of funds spent on food. The data were collected from the Statistical Office of the Republic of Slovenia and from the National Institute for Public Health. We use the simple method of descriptive statistics and bivariate regression analysis. The descriptive statistics has shown an increase in food poisoning associated with decrease of gross domestic product during the crisis period in Slovenia since 2008. In Slovenia, gross domestic product declined by 7.8 % in 2009, 2.6 % in 2012 and 1.0 % in 2013, as measured in current prices. Slovenians spend more money on food each year during the crisis. As follows: in 2008, 13.81 % of overall consumption was spent on food, in 2009 -16.6 % , in 2010 - 14.0 % and in 2012, Slovenians spent 14.29 % of overall consumption money on food. The multiple regression analysis confirms the association between gross domestic product and amount of funds spent on food. The results from our research are compared to data about the assurance of safe food in patient nutrition. The knowledge that most of illnesses are caused by the nutrition has been taken into account. Highlights are on hand cleanliness, food transportation, temperature of food and waste.

Key words: food safety, GDP, patient, Slovenia

Pogled potrošnikov in zdravnikov na oglaševanje zdravil

Tržno komuniciranje, in s tem oglaševanje kot eno izmed najpomembnejših orodij poslovnega sporazumevanja na trgu končnih potrošnikov, postaja pomembna komponenta uspešnosti podjetij. Danes ni več dovolj, da podjetje ponuja samo kakovosten proizvod, vedno pomembneje je, da lahko o kakovosti svojega proizvoda obvešča ciljni trg. Vedno pogosteje pa se to dogaja tudi na trgu zdravil in prehranskih dodatkov. Oglaševanje zdravil je v Sloveniji zelo regulirano. Tako je za končnega potrošnika dovoljeno le oglaševanje zdravil brez recepta, medtem ko se o zdravilih na recept lahko obvešča le strokovno javnost, torej osebe, ki so pooblaščenke za predpisovanje ali izdajanje zdravil, ter po novem tudi zdravstvene delavce, ki opravljajo zdravstveno nego, in tiste, ki usposabljujejo pacienta za pravilno uporabo zdravila. Ne glede na strogo zakonsko ureditev oglaševanja zdravil in tudi različno samoregulativo pa so mnenja o primernosti oglaševanja zdravil deljena. Prav soočenje mnenj o oglaševanju zdravil brez recepta med potrošniki in pacienti je tema tega prispevka. V njem najprej teoretično predstavimo pojma oglaševanje nasploh in oglaševanje zdravil. Potem pa so prikazani rezultati raziskave med potrošniki in zdravniki, s pomočjo katere smo želeli preučiti (ne)naklonjenost obeh skupin oglaševanju zdravil.

Ključne besede: zdravila, recepti, trženjsko komuniciranje, oglaševanje, oglaševanje zdravil, Slovenija

The View of Consumers and Physicians on Medicine Advertising

Marketing communication along with advertising, one of the most important tools of marketing communication on the market of end consumers, is becoming an important component of success on the market. Nowadays, it is not enough that a company offers only quality product, more and more important is the fact that the quality of the product communicates with the target market. However, this is increasingly happening on the medicine market and on the market of dietary supplements. Medicine advertising in Slovenia is highly regulated. Thus, the end consumer is permitted to advertise only non-prescription medicines, while prescription drugs can be advertised only to professionals, that is, persons who are authorized to prescribe or supply medicine products. Moreover, the recent new law has enabled prescription writing to professionals engaged in nursing and to those who are training patients for the proper use of medicine. Although there is the strict regulation of medicine advertising and a different self-regulation, opinions on the appropriateness of medicine advertising differ. The very confrontation of views on the advertising of the non-prescription medicines among consumers and patients is the subject of the article. The article firstly represents the theoretical concept of advertising in general and medicine advertising. The rest of the article portrays the results of our research among consumers and physicians, which helped us to consider (dis)affection of both groups with the medicine advertising.

Key words: non-prescription medicine, marketing communications, advertising, medicine advertising, Slovenia

Smernice za premeščanje pacientov kot dejavnik preprečevanja poškodb medicinskih sester

Zdravstvena nega je fizično naporna dejavnost in zaposleni v zdravstveni negi imajo več mišično-skeletnih obolenj kot številne druge poklicne skupine. Temeljni namen je bil na podlagi pregleda dostopne domače in tuje strokovne literature ter izkušenj iz klinične prakse preučiti, katere tehnike in ergonomsko tehnični pripomočki olajšajo delo zdravstvenega osebja pri premeščanju pacienta na invalidski voziček. Uporabljena je bila deskriptivna metoda dela. Za osnovno zbiranje in analizo literature je bil izbran pregled domače in tuje strokovne literature po bibliografsko-kataložni bazi podatkov slovenskih knjižnic in mednarodnih bazah podatkov. Pregledane so bile smernice, izdelane s strani American Nurses Association (ANA), Occupational Health and Safety (OHS), WorkSafe Victoria, Avstralija, Accident Compensation Corporation (ACC) Nova Zelandija, Canadian Centre for Occupational Health and Safety (CCOHS), OSHA Europa ter druge. Pojavnost mišično-skeletne bolečine v slovenskem prostoru je zelo visoka (nad 90 %). Ob pregledu literature ugotavljamo, da je zelo malo strokovnih in znanstvenih prispevkov, ki bi obravnavali smernice za varno premeščanje pacienta v slovenskem prostoru. Glede na rezultate raziskav moramo boljše varovati zdravje zaposlenih. V ta namen pripravljamo okvirne smernice, ki bi to omogočile.

Ključne besede: varnost, pacienti, medicinske sestre, premeščanje, ergonomija, prosto stoječa dvigala

Guidelines for Patient Transfer as a Factor of Preventing Injuries in Nursing

Nursing care is physically demanding therefore individuals working in the health care environment suffer more from musculoskeletal disorders than many other professionals. The main objective is that by using available literature and clinical experience to examine which techniques and ergonomic technical aids would ameliorate the effort of the nursing staff when transferring the patient to a wheelchair. A literature review of the available domestic and foreign database was performed as a stand-alone form of qualitative research. The data were retrieved from the bibliographic catalogue database covering Slovenian libraries and international databases. The guidelines from American Nurses Association (ANA), Occupational Health and Safety (OHS), WorkSafe Victoria, Australia, Accident Compensation Corporation (ACC) New Zealand, Canadian Centre for Occupational Health and Safety (CCOHS) Canada, OSHA Europe and others were evaluated. The incidence of musculoskeletal pain in Slovenian area is very high (over 90 %). According to our overview of the available scientific literature on safe transfer of the patient in Slovenia, we found out that there is very little available literature on the topic. The results of studies show that the health of the employees in health care has to be more preserved. Therefore, we are preparing guidelines that would enable a more secure work.

Key words: patient safety, nursing safety, patient handling, transferring, ergonomic principles, ambu lift

Celostna obravnava pacienta, okuženega s HIV

Okužba z virusom HIV povzroča strah in nesporazume. To ni več nova bolezen, a zavedati se moramo, da je nalezljiva, smrtna in pogosto povezana z vedenjem, ki ga družba ne sprejema. V Sloveniji predstavljajo najbolj rizično skupino pri okužbah z virusom HIV moški, ki imajo spolne odnose z moškimi, zato je preprečevanje okužb pri njih posebej pomembno. Kot primarna zaščita je priporočen kondom. Hkrati z nasveti za zaščito pa smo se začeli zavedati pomena izobraževanja ljudi, kjer je pomembna tudi strategija. Vsako novo okužbo je treba prijaviti na Inštitutu za varovanje zdravja, s čimer lažje sledimo pojavnosti v populaciji, hkrati pa bo lažji nadzor nad uspešnostjo strategije. Pri omejevanju okužb je pomembno tudi testiranje, saj lahko le z njim in ustreznim izobraževanjem, tudi s HIV okuženih oseb, omejimo širjenje okužb. Testiranje pa je pomembno tudi za posameznika, saj ga lahko le tako pravočasno zdravimo in s tem podaljšamo čas do razvoja aidsa. V Sloveniji je še vedno preveč na novo odkritih okužb v stadiju razvitega aidsa, ki v kratkem času vodi v smrt. Cilj strategije je čim bolj zamejiti širjenje okužbe s pomočjo izobraževanja ljudi o virusu in načinu njegovega širjenja, s propagiranjem varnega spolnega življenja in preprečevanja prenosa virusa z matere na otroka. Pandemija okužbe s HIV je človeška, socialna in ekonomska katastrofa s hudimi posledicami za posameznike, družine, skupnosti in države.

Ključne besede: HIV, AIDS, preprečevanje okužbe

Comprehensive Approach to Treatment of an HIV Infected Patient

An HIV infection often causes fear and misunderstanding. It is not a new disease, but we should be aware that it is infectious, deadly and often connected with behaviours that are not accepted in general society. The highest-risk group for HIV infection in Slovenia are men who are sexually active with other men, so preventing infections is especially important for them. Condoms are the primary recommended protection. The current HIV management strategy emphasizes not only giving advice regarding protection, but also general education of the population. Each new infection must be reported to the Institute of Public Health, allowing easier tracking of HIV incidence as well as easier monitoring of the strategy's success. There is also a strong focus on testing, as only testing and appropriate education (of both HIV-negative and positive people) can reduce the spread of the infection. Testing is also important for each individual, as it enables an early treatment and delayed development of AIDS. There are still too many cases in Slovenia where infections are only discovered once AIDS has already developed and death is imminent. The goal of the strategy is to limit the spread of infection by educating people about the virus and the way it spreads as well as by promoting safe sex and to restrict the spread of the virus from mothers to infants. The HIV pandemic is a human, social and economic catastrophe with dire consequences for individuals, families, societies and nations.

Key words: HIV, AIDS, infection prevention

Prevenција moralnog distresa kod medicinskih sestara

Moralni distres je stanje psihološkog ekvilibrija koji se javlja u situacijama kada medicinska sestra jasno prepoznaje problem i ispravan način njegovog rješavanja, ali ne može djelovati zbog nedostatka vremena, nedostatne podrške upravljačke strukture, institucionalne politike i nejasne pravne regulative. Stanje moralnog distresa popraćeno je poremećajem fizičkog zdravlja, poremećajima emocionalnog stanja, poremećajima u ponašanja i duhovnom životu. Moralna tjeskoba se ne manifestira samo na radnom mjestu, nego ima snažan utjecaj na sve aspekte privatnog života. U cilju prevencije potrebno je provoditi stalnu edukaciju osoblja (simulacija mogućih konfliktnih situacija, vježbanje ispravnog načina multiprofesionalnog komuniciranja, organizacija radionica, grupne diskusije ...). Kad je riječ o organizaciji rada ili institucionalnoj politici važno je uključiti sve medicinske sestre (one iz procesa rada /uz krevet bolesnika i medicinske sestre na rukovodećim mjestima) u proces planiranja organizacijske politike i donošenja odluka, uključujući jedan vrlo važan aspekt – promicanje kulture sigurnosti bolesnika i zdravstvenih djelatnika. Jedan od vrlo važnih indikatora kvalitete u zdravstvenim ustanovama zadovoljstvo je medicinskih sestara. Stoga zdravstvene radne organizacije moraju stvarati takvo etičko okruženje u kojem medicinske sestre mogu slobodno iznositi svoje mišljenje, treba se "čuti", njihovo mišljenje, poštovati njihovo znanje i vještine, njihovu ulogu u zdravstvenom timu te poticati međusobnu komunikaciju i suradnju.

Ključne besede: moralni distres, prevencija, kultura sigurnosti

Prevention of Moral Distress of Nurses

Moral distress is a state of psychological equilibrium which occurs in situations when a nurse clearly recognizes the problem and the correct way to solve it, but cannot take action due to lack of time, insufficient support of the management structure, institutional policy and unclear legislation. Moral distress is accompanied by a disturbance of physical health, emotional disorders, behavioural and spirituality disorders. Moral anxiety is manifested not only in the workplace, but also has a strong influence on all aspects of private life. For the purpose of prevention, it is necessary to carry out continuous staff training (simulations of potential conflict situations, practising proper way of multiprofessional communication, organization of workshops, group discussions, etc.). When it comes to work organization or institutional policy, it is important to include all the nurses (those in work processes / bedside nurses and nurses in management positions) in the planning process of organizational policies and decision-making, including one very important aspect - promoting the cultural safety of patients and nurses. One of the most important indicators of quality in health care institutions is the satisfaction of nurses. Therefore, healthcare organizations have to create such ethical environment where nurses can freely express their opinion and their opinions are taken into account; their knowledge, skills and role in the health care team respected, and mutual communication and collaboration encouraged.

Key words: moral distress, prevention, cultural safety

Od kakovosti do upravljanja znanja v domovih za starejše

Organizacija, kot je dom starejših občanov, se mora ves čas prilagajati novim zahtevam, potrebam in pričakovanjem s strani uporabnika, ta cilj pa lahko dosega le z organizacijo, ki deluje po principu »ba« učnega prostora (model Nonaka in Takeuchi), kjer je nujna medsebojna izmenjava idej in izkušenj. Uporabnik postaja središče kakovosti, samozadostnost ob strokovnem znanju je premalo, da bi lahko zadostili pričakovnjem uporabnika. Ravno ta pa je tisti, ki določa kakovost. Kako uskladiti zakonske zahteve, nova pričakovanja in nove potrebe, skladno s tendenco po vse bolj »vitki« organizaciji, manjši kadrovski zasedbi, z nestimulativnimi orodji. Odgovor lahko najdemo v upravljanju znanja s poudarkom na upravljanju s talenti in vodenjem v stilu coachinga – treba je čim bolj usposobiti zaposlene, da čutijo odgovornost za kakovost opravljenih storitev in se ob tem strokovno in osebno razvijajo. Njihov razvoj, dobri medsebojni odnosi in stimulatívno vodenje omogoča učni prostor znotraj organizacije, kar pa je nujni pogoj za dolgoročni trajnostni razvoj. Samozadostnost strokovnega znanja brez zavedanja, da je pomembno uporabnika obravnavati celostno in ga upoštevati, postaja slepa ulica obravnave. Primerjava upravljanja kakovosti z modelom upravljanja znanja omogoča vodjem spodbuditi zaposlene k polni zavzetosti in usmerjenosti k uporabniku.

Ključne besede: kakovost, znanje, domovi za starejše

From Quality to Knowledge Management in Residential Care Homes

An organization, such as a residential care home needs to be constantly adjusted to new requirements, needs and expectations of the users, however, this objective can only be achieved by the organization, which operates on the principle of "ba" learning space (Nonaka and Takeuchi model), where mutual exchange of ideas and experiences is necessary. The user becomes the center of the quality; self-sufficiency and the expertise is not enough to satisfy the user's expectations. The user is namely the one who determines the quality. We have to balance regulatory requirements, new expectations and new needs in accordance with tendency towards increasingly "lean" organization, staffing and less stimulative tools. The answer can be found in knowledge management with a focus on talent management and leadership style of coaching – to recruit the employees to feel the responsibility for the quality of services and to take care of their professional and personal development. Personal and professional development, good interpersonal relations and management provides a stimulating learning environment within the organization, which is a necessary condition for the long-term sustainable development. Self-sufficiency skills without awareness to comprehensively consider the user become a dead end treatment. Comparison of the quality management with the model of knowledge management enables managers to encourage their employees to full commitment and orientation towards the user.

Key words: quality, knowledge, residential care homes

Sociološki pogled na znanje kot vrednoto in kulturni kapital družbe

Prispevek obravnava sociološki pristop razumevanja pomena znanja za kvalitetnejše razumevanje vrednot in hkrati zdravja kot najvišje vrednote družbe in posameznika. V sociološki koncept razumevanja znanja v odnosu do družbene pozicije posameznika je nedvomno največ prispeval Pierre Bourdieu, francoski sociolog, ki izpostavlja status privilegiranih družbenih razredov v odnosu do izobraževanja in izobraževalnega sistema, ki s svojimi mehanizmi kroji in hkrati pozicionira kulturo vladajočega razreda. Le-ta predstavlja tudi kulturo vrednot in hkrati privilegijev. Eden izmed njih, zagotovo funkcionalno pomemben za delovanje družbe, je (tudi) zdravje. Zdravje je vrednota in »privilegij postmoderne družbe«. Analiza prispevka Sistematični pregled razmerja med socialnim kapitalom in socio-ekonomskimi neenakostmi v zdravju: prispevek k boljšemu razumevanju psiho-sociološke neenakosti v zdravju (Eleonora P Uphoff, Kate E Pickett, Balitica Cabieses, Neil Small in John Wright, 2013) in primerjava podatkov, pridobljenih na Statističnem Uradu RS (Kakovost življenja, 2012), omogočata kritično analizo družbe oz. njenega odnosa do zdravja posameznikov, ki izhaja iz sociološke determinante, torej socialnega in kulturnega kapitala družbe. Družbena neenakost, ki se pozicionira že v elementarnem pridobivanju znanja, drastično vpliva na posameznika, in njegov statusni položaj in zdravje.

Ključne besede: kulturni kapital, znanje, vrednote, zdravje, družbeni status

The Sociological Aspect of Knowledge as a Value and Cultural Capital of Society

The article discusses the sociological approach of understanding the meaning of knowledge for a more qualitative comprehension of values and at the same time health as the utmost value of both, the society and the individual. Pierre Bourdieu, a French sociologist, was the one who without doubt contributed the most to the sociological concept of understanding knowledge in correlation towards the social position of the individual. He exposed the status of privileged social classes in correlation to education and education system which, using its mechanisms, shapes and at the same time establishes the culture of the leading class. The culture of the leading class also presents the culture of values and privileges as well. One of them, which has definitely a functional meaning for the operation of society, is (also) health. Health is a value and "a privilege of the postmodern society". The analysis of the article "A systematic review of the relationships between social capital and socioeconomic inequalities in health: a contribution to understanding the pathway of health inequalities" (Eleonora P Uphoff, Kate E Pickett, Balitica Cabieses, Neil Small and John Wright, 2013) and a comparison of data obtained at the Statistical Office of the Republic of Slovenia (Quality of life, 2012) introduce a critical analysis of the society towards the health of individuals, which originate in the sociological determinant of both, the social and the cultural capital of the society. Social inequality which already positions itself in the elementary knowledge acquisition, has a drastic influence on the individuals and consequently on his status and health.

Key words: cultural capital, knowledge, values, health, social status

Dr. Iva Konda

Visoka šola za upravljanje in poslovanje Novo mesto

Dr. Petronije Jevtić

Visoka škola primenjenih strokovnih studija Vranje

Zagotavljanje kakovosti zdravstvenih storitev

Zagotavljanje in nenehno izboljševanje kakovosti zdravstvenih storitev je ključna prioriteta vseh razvitih držav, skupaj z zagotavljanjem dostopnosti do storitev ter finančne vzdržnosti zdravstvenega sistema. Pooblaščenice institucije za merjenje kakovosti v zdravstvu so v številnih državah razvile raznolike metodološke pripomočke in orodja, s katerimi izbiramo ustrezne kazalnike za oceno kakovosti zdravstvene storitve in parametre za njihovo vrednotenje. Slovenija je s sprejetjem Nacionalne strategije za kakovost in varnost v zdravstvu (2010-2015) pospešila sprejem ukrepov na področju zagotavljanja kakovostnih zdravstvenih storitev. V prispevku predstavljamo mednarodna izhodišča za razvoj kakovosti v zdravstvu in zadnje merjenje Evropskega indeksa uporabnikov zdravstvenega varstva za Slovenijo. Izpostavimo investiranje v ohranjanje in izboljševanje zdravja ter se osredotočamo na pristope za zagotavljanje kakovosti. Posebno pozornost namenjamo menedžmentu celovite kakovosti, saj postaja zaradi vedno večje soodvisnosti strok in izvajalcev v zdravstveni dejavnosti njegova vloga vse pomembnejša. Ugotavljamo, da kakovost zajema vrsto dejavnosti, ki pa v grobem pomenijo kakovostno izvedbo storitev oz. izdelkov. Le-ta se doseže s sistematičnim izboljševanjem znanja izvajalcev, organiziranostjo zdravstvene oskrbe in delovnega okolja ter vodenja, kar se kaže v dvigu uspešnosti zdravljenja, povečani dostopnosti zdravljenja, bistveno boljših delovnih pogojih ter predvsem v večji varnosti in zadovoljstvu uporabnikov.

Ključne besede: kakovost, zdravstvene storitve, zagotavljanje kakovosti, menedžment celovite kakovosti

Assuring Quality of Health Care Services

Besides providing access to health services and financial sustainability of the health system, assurance and continuously improving quality of health care services is a key priority of all developed countries. For measuring the health care quality in various countries all over the world, authorized institutions developed number of methodological accessories and tools for selection of more or less appropriately defined criteria and indicators of quality health care performance. Slovenia has accelerated adoption of measures in the field of quality assurance of health services by the National Strategy for Quality and Safety in Health Care (2010 – 2015). In this paper, we present international starting points for the development of quality in health care and the last measurement of European Health Consumer Index for Slovenia. We expose investments in maintaining and improving health, and focus on approaches to quality assurance. Particular attention is paid to the total quality management which is becoming progressively important because of the increasing interdependence of disciplines and practitioners / actors in health care. We find that the quality covers a range of activities, which roughly means the quality of performance of services or products. This is achieved by systematically improving the skills of operators, organization of processes in health care and working environment, as well as management. Improvements in all these fields result in higher treatment success, increased availability of treatment, significantly better working conditions, and especially in the greater security and user satisfaction.

Key words: quality of health services, quality assurance, total quality management

Pacient – enakopraven član zdravstvenega tima

Zdravje je temeljni pogoj za kakovostno življenje posameznika in družbe. Skladno z definicijo Svetovne zdravstvene organizacije je pomembna vključitev pacienta v proces zdravstvene obravnave, saj tako tudi sam prevzame del odgovornosti za svoje zdravje. Pozornost mora biti usmerjena na proces mobilizacije pacientovih življenjskih sposobnosti in njihovega vpliva na socialno-ekonomsko okolje. Aktivna vključitev pacienta v zdravstveni tim kot tudi v proces zdravstvene obravnave močno vpliva na dvig kakovosti zdravstvene obravnave. Pomembno je zavedanje, da s prenosom odgovornosti oziroma z delitvijo odgovornosti pridobijo vsi udeleženci v procesu zdravstvene obravnave pacienta. Partnerski odnos, ki upošteva principe vključevanja pacienta in njegovo soodgovornost za zdravstveno obravnavo, je mogoče vzpostaviti s pomočjo komunikacije, motivacije in z vključitvijo v zdravstveni tim. Pri tem je pomembno zavedanje, da je zdravstveno osebje odgovorno za strokovni del zdravstvene obravnave. Pacienti za aktivno vključitev potrebujejo dovolj znanja, sposobnosti, želja in samozavedanja o potrebi po izboljšanju kvalitete življenja. Poleg izvajanja strokovnih del je naloga zdravstvenega osebja, da pacienta poduči, mu nudi strokovno pomoč in enakopravno partnerstvo v timu. Pacient ima tako možnost vplivati na zdravstveno obravnavo, zdravstveno osebje dobi pacienta, ki je visoko notranje motiviran in dobro sodeluje v procesu zdravstvene obravnave.

Ključne besede: pacienti, zdravstveni timi, zdravstvena obravnava

Patient – an Equal Member of Health Care Team

Health is a fundamental prerequisite of a quality life of an individual and the society. Pursuant to the definition of the World Health Organization the patient's involvement into the process of health treatment is of great importance, since by doing so the patient takes over the responsibility for his or her own health. The focus should be on the process of mobilization of the patient's life skills as well as his or her impact on the socio-economic environment. An active cooperation of the patient with the health team as well as his or her involvement into the process of health treatment plays a key role in raising the quality of health treatment. It is important to recognize that by transferring responsibility respectively and by sharing responsibility all participants gain something in the process of health treatment of the patient. A partner relationship, taking into account the principles of patient's involvement and his or her co-responsibility for the health treatment, can be achieved through communication, motivation and integration into the health team. With all this it is important to recognize that the health staff is responsible for the professional part of the health treatment. In order to be involved actively, patients need sufficient knowledge, skills, wishes and self-awareness on the need to improve the quality of life. In addition to performing professional work, one of the tasks of health staff is to instruct the patient, to provide for professional assistance and equal partnership in the team. The patient thus has the possibility to have influence on his or her health treatment, the health staff gets the patient who is highly motivated and cooperates in the process of health treatment very well.

Key words: patient, health team, involvement, health treatment

Dostopnost do zdravstvenih storitev kot pomembna determinanta (ne)enakosti v zdravju

Del neenakosti v zdravju lahko pripišemo tudi dostopnosti do zdravstvene oskrbe oziroma zdravstvenih storitev. Vpliv socialno-ekonomskih determinant na dostopnost zdravstvenega varstva je kompleksen in je odraz različnih dejavnikov. Takšna dejavnika sta neenakomerna dostopnost zdravstvenih storitev, tako geografska, finančna in kakovostna kot neenakost pri uporabi zdravstvenih storitev. Na dostopnost in uporabo zdravstvenih storitev naj bi vplivala tudi razdelitev zdravstvenih stroškov med javna in zasebna sredstva. Neenakosti so večje v državah, kjer je delež neposrednih plačil višji (Or et al., 2008). Tako sistem oziroma model zdravstvenega varstva pomembno vpliva na dostopnost do zdravstvenih storitev. Žal v Sloveniji (pre)dolge čakalne dobe za posamezne zdravstvene storitve nujno vodijo v plačevanje iz zasebnih sredstev (plačevanje iz žepa) in s tem do ekonomsko-socialne neenakosti v dostopnosti do zdravstvenih storitev. V državah z zdravstvenimi sistemi, ki imajo dobro organizirano primarno zdravstveno varstvo, naj bi bile razlike pri uporabi zdravstvenih storitev manjše (Starfield et al., 2005). Prost dostop do primarnega zdravstvenega varstva je v Sloveniji geografsko formalno zagotovljen vsem zavarovancem, pri tem pa obstajajo med regijami pomembne razlike.

Ključne besede: neenakost, zdravje, dostopnost, zdravstveno varstvo

Accessibility of Health Services as an Important Determinant of (In)equality in Health Care

Part of inequalities in health can be attributed to the accessibility of health care or health services. The impact of socioeconomic determinants on access to health care is complex and reflects a variety of factors. Such factors are unequal access to health services, geographic, financial, quality factor and inequalities in the use of health services. The distribution of health care costs between public and private funds should also affect the use of health services. Inequalities are greater in countries where the share of direct payments is higher (Or et al., 2008). Therefore the health care system has a significant impact on access to health services. Unfortunately, in Slovenia (too) long waiting periods for individual health services necessarily lead to payments from private funds and paying out of pocket and cause economic and social inequalities in access to such health care services. In countries with well-organized primary care, there is much less differences in use of health services (Starfield et al., 2005). Free access to primary health care in Slovenia is geographically provided formally to all people, while there are significant differences between regions.

Key words: inequality, health, accessibility, health care

Vrednotenje kakovosti življenja bolnikov z metodo EQ-5D

Nove medicinske tehnologije je treba pred uvedbo v redno klinično prakso ustrezno ovrednotiti. Pri tem se upoštevajo vidiki klinične učinkovitosti, varosti, tehnične in organizacijske vzdržnosti, pa tudi etični, pravni in ekonomski ter njihov prispevek glede na obstoječe tehnologije. Eden od pomembnih vidikov je spremljanje kakovosti življenja bolnikov. Za to se uporabljajo različna standardizirana orodja, ki so splošna ali prilagojena za določeno skupino bolnikov. Tisti, pri katerih smo spremljali uspešnost zdravljenja sklepnega hrustanca po vsaditvi avtolognih hondrocitov, so izpolnili tudi vprašalnik EQ-5D, ki se uporablja za splošno oceno kakovosti življenja. Bolniki so vprašalnik izpolnili pred operacijo in ob kliničnih pregledih po enem, dveh in petih letih. V raziskavi je zajetih 120 bolnikov, ki so bili po operaciji vsaj na enem pregledu, kjer so izpolnili tudi navedeni vprašalnik. Rezultati kažejo, da bolniki večinoma ocenjujejo kvaliteto življenja po operaciji bolje kot pred operacijo, kar je pri posameznem bolniku povezano s kliničnim uspehom zdravljenja. Za namen vrednotenja zdravstvene tehnologije je treba oceno kvalitete življenja obravnavati v širšem kontekstu zdravstvenega stanja bolnika.

Ključne besede: kakovost življenja, EQ-5D, bolniki, sklepni hrustanec, avtologni hondrociti

Quality of Life Assessment with EQ-5D Method

New medical technology should be properly evaluated before introduction into regular clinical practice. The aspects of the clinical efficacy, safety, technical and organizational sustainability, ethical, legal and economic issues as well as the contribution in relation to the existing technology should be considered. One of the important aspects is the monitoring of the quality of life of patients. This uses various standardized tools that are either general or adapted for a particular group of patients. The efficacy of the treatment of articular cartilage was evaluated in patients after implantation of autologous chondrocytes. These patients also filled in a questionnaire EQ-5D that is used for an overall assessment of quality of life. Patients completed the questionnaire before surgery and at clinical examinations after one, two and five years. The study included 120 patients that had at least one post-operative examination where they filled the specified questionnaire. The results show that patients in most cases assess the quality of life after the operation better than before the surgery. This is in high correlation with clinical results of the treatment in individual patient. For the purpose of health technology assessment it is necessary to consider these estimations in context of patient's health status.

Key words: Quality of life; EQ-5D; articular chondrocyte implantation

Raziskovanje življenjskega sloga in dejavnikov tveganja za visok krvni tlak

V prispevku želimo predstaviti pomen zavedanja o življenjskem slogu in odgovornosti vsakega posameznika za svoje zdravje. Z zgodnjim prepoznavanjem dejavnikov tveganja in ustreznimi ukrepi lahko zmanjšamo nastanek simptomov in obolenj, ki so za družbo velik ekonomski strošek, posamezniku pa onemogočajo kakovostno življenje. Težišče raziskave je usmerjeno v prepoznavanje dejavnikov tveganja za nezdrav življenjski slog 135-ih študentov in 17 zaposlenih na Visokošolskem središču Novo mesto. Ugotovili smo, da ima skoraj polovica anketiranih sistolični krvni tlak optimalen, istočasno pa ugotavljamo, da ima več kot deset odstotkov anketiranih previsokega. Čeprav jih je s kakovostjo svoje prehrane zadovoljna manj kot četrtina, se jih večina zaveda pomena ustreznega načina prehranjevanja in pripravljanja zdrave hrane. Anketirani poznajo načela zdravega življenjskega sloga, a jih to le deset odstotkov v vsakdanjem življenju upošteva. Glede na rezultate naše raziskave lahko trdimo, da je za vsakega posameznika zelo pomemben primeren življenjski slog, urejen krvni tlak, primerna telesna teža, primerna prehrana in način prehranjevanja ter telesna aktivnost. Cilji in aktivnosti družbe, posameznikov in zdravstvenih delavcev morajo biti usmerjene v spodbujanje zdravega načina življenja oziroma zdravega življenjskega sloga, ki s seboj prinese manj težav in boljšo kakovost življenja.

Ključne besede: raziskovanje, življenjski slogi, dejavniki tveganja

Researching Lifestyle and High Blood Pressure Risk Factors

In this article we would like to present the importance of lifestyle awareness and responsibilities of each individual for his or her health. With early recognition of the risk factors and appropriate measures we can reduce the occurrence of symptoms and disorders, representing a big economic cost to society and affecting the quality of life of the individual. The focus of the research is oriented towards identifying risk factors of an unhealthy lifestyle with 141 students and 18 employees at the Higher Education Centre Novo mesto. We found out that almost half of the respondents have systolic blood pressure optimal, but at the same time more than ten percent of the respondents have high blood pressure. Although less than a quarter of respondents is satisfied with the quality of their diet, most of them are aware of the importance of eating and preparing healthy food. Respondents are familiar with the principles of healthy lifestyle, but only 10 percent take this into account in their daily lives. According to the results of our research, we can claim that for each individual it is very important to live a convenient way of life, to have a clutter-free blood pressure, ideal body weight, a suitable diet and eating routine and physical activity. The objectives and activities of the society, individuals and health care professionals must be aimed at promoting a healthy lifestyle, which brings less problems and better quality of life.

Key words: research, lifestyle, risk factors

Stališča študentov zdravstvene nege do higijene rok

Upoštevanje smernic za izvajanje higijene rok je najbolj odvisno od stališč, ki jih imajo do tega problema zdravstveni delavci. Študenti zdravstvene nege med študijem pridobijo veliko znanja in veščin, povezanih s tem. Namen raziskave je bil ugotoviti, kakšna stališča do higijene rok imajo študenti zdravstvene nege in ali se ta v času študija kaj spremenijo. Za ugotavljanje tega je bil uporabljen anketni vprašalnik. Anketiranih je bilo 269 študentov in diplomantov zdravstvene nege na Fakulteti za zdravstvene vede Novo mesto. Rezultati raziskave so pokazali, da se večina anketirancev zaveda pomena higijene rok in meni, da je to pomemben del vsebine študijskega programa. Večina jih verjame, da lahko svoje znanje prenesejo v klinično okolje. Po mnenju anketirancev zdravstveni delavci ne spoštujejo dosledno smernic za izvajanje higijene rok. Do trditev, ki so definirale situacije, ko je higijeno rok dovoljeno izpustiti (npr. preobremenjenost, odsotnost primernega mila), so se opredelili zelo neenotno. Ustreznejša stališča do tega so navedli starejši, izredni študenti, zaposleni oziroma diplomanti. Stališča se oblikujejo med študijem in dodatno ob vstopu v klinično okolje. Kljub običajno pozitivnim stališčem izvajalcev zdravstvene nege in drugih zdravstvenih delavcev do higijene rok, ostaja problem nedoslednega spoštovanja teh smernic v praksi.

Ključne besede: zdravstvena nega, razkuževanje rok, umivanje rok

Nursing Students Attitude to Hand Hygiene

Compliance of guidelines for the implementation of hand hygiene is largely dependent on the attitudes held by health workers. Nursing students gain a lot of knowledge and skills related to hand hygiene during the course. The aim of the study was to determine what attitudes have the nursing students towards hand hygiene, and whether the attitudes change during the study period. The questionnaire has been used to determine our results. Respondents were 269 students and graduates of nursing at the Faculty of Health Sciences, Novo mesto. The results showed that the majority of respondents were aware of the importance of hand hygiene and believed that hand hygiene is an important part of the curriculum. Most of them believe that their knowledge can be transferred into the clinical environment. According to respondents, health care workers fail to comply with guidelines for the implementation of hand hygiene. The situations when the hand hygiene may be omitted (eg. having too much work, lack of adequate soap) were estimated diversely by the respondents. More appropriate attitudes towards the implementation of hand hygiene stated older students, part-time students, employees and graduates. Attitudes towards hand hygiene are formed during the study and additionally at the entry into the clinical environment. Despite the generally positive attitudes of nurses and other health care workers to hand hygiene it remains the problem of inconsistent compliance with the guidelines for the implementation of hand hygiene practice.

Key words: nursing, hand disinfection, hand washing

Poučevanje prve pomoči skozi okvir kakovosti (primer zloma ključnice)

V nezgodi lahko laik s predhodno usvojenim znanjem prve pomoči bistveno vpliva na zdravstveno stanje poškodovanega. Temeljna elementa vsakega pedagoškega procesa sta učenec (udeleženec tečaja) in učitelj (praviloma licenciran predavatelj) s svojimi individualnimi značilnostmi. Vsebina učnega načrta prve pomoči mora biti skladna z aktualno doktrino. Izhajajoč iz navedenega se pojavlja dilema o smiselnosti vključitve nekaterih tem prve pomoči v učni načrt prve pomoči, namenjene laični populaciji. Tak primer je imobilizacija zloma ključnice z optrtjo. Namen raziskave je ugotoviti, ali laiki in zdravstveni delavci poznajo aktualno doktrino prve pomoči v primeru zloma ključnice in ali obstajajo razlike v praktičnem znanju prve pomoči med tema skupinama. Uporabljena je bila kombinacija deskriptivne in eksperimentalne metode dela. Zbiranje podatkov je potekalo s pomočjo anonimnega anketnega vprašalnika in s praktičnim preizkusom med aprilom in junijem 2014, pri čemer sta primerjani skupina laikov (eksperimentalna skupina) in skupina zdravstvenih delavcev (kontrolna skupina). Tako laiki kot tudi zdravstveni delavci slabo poznajo aktualne napotke za prvo pomoč pri zlomu ključnice. Ljudje so pripravljeni priskočiti na pomoč sočloveku, a jim primanjkuje znanja, da bi to lahko storili samozavestno in učinkovito.

Ključne besede: prva pomoč, zlom ključnice, poučevanje prve pomoči

Teaching First Aid in the Context of Quality (the case of the fracture of clavicle)

At an accident, a layperson with previously acquired knowledge of first aid can have an essential influence on the condition of the injured. The two basic elements of every pedagogical process are a pupil (a participant of the course) and a teacher (licenced lecturer by the rule) with their individual characteristics. The curriculum has to be in accordance with the current doctrine. Such a case is the immobilization of the clavicle fracture with a support clavicle strap. The intention of the research is to find out whether laypersons and health workers know the current doctrine of first aid in case of clavicle fracture and whether there are differences in practical knowledge of first aid between these two groups. We used the combination of descriptive and experimental methods of work. Collecting of data was accomplished by an anonymous questionnaire and a practical experiment during April and June 2014; the group of laypersons was the experimental one and the group of health workers was the control one. Both, laypersons and health workers have insufficient knowledge of the current first aid doctrine in case of the clavicle fracture. The results of the questionnaire show that people are willing to help a fellow human being, but they lack knowledge to done it with confidence and efficiency.

Key words: first aid, fracture of clavicle, teaching first aid

Doplerska ultrazvočna preiskava in fotopletizmografija pri diagnostiki bolezni venskega sistema

Klasifikacija CEAP za venske bolezni vključuje klinični, etiološki, anatomski in patofiziološki vidik kroničnega venskega popuščanja. Cilj raziskave je bil ugotoviti pomen ultrazvočnega Dopplerjevega detektorja in fotopletizmografije pri diagnosticiranju bolezenskih sprememb na venah spodnjih udov glede na klinični vidik klasifikacije CEAP. V raziskavi sta zajeti dve skupini preiskovancev. Prva je zajela 60 bolnikov med 41. in 81. letom, povprečna starost je bila 61 let, od tega 36 žensk in 24 moških z lažjo stopnjo kroničnega venskega popuščanja, klinični stadiji C1, C2 in C3 po klasifikaciji CEAP. Druga skupina pa je zajela 60 bolnikov med 45. in 82. letom, povprečna starost je bila 63 let, od tega 33 žensk in 27 moških s težjo stopnjo kroničnega venskega popuščanja, klinični stadiji C4, C5 in C6. Testirali smo razliko v številu patoloških ultrazvočnih in pletizmografskih izvidov med preiskovanci obeh skupin. V prvi skupini smo ugotovili insuficienco safenofemoralnega ustja pri 19 (31,7 %) bolnikih, medtem ko smo v drugi skupini obratni tok krvi ugotovili pri 47 (78,3 %) bolnikih ($p < 0,001$). Istočasno smo ugotovili patološko pletizmografsko krivuljo s skrajšanim časom polnitve pri 23 (38,3 %) bolnikih v prvi in pri 57 (95 %) bolnikih v drugi skupini ($p < 0,001$). Pri skupini bolnikov s težjo stopnjo kroničnega venskega popuščanja (klinični stadiji C4, C5 in C6) smo ugotovili pomembno večje število patoloških fotopletizmografskih in ultrazvočnih izvidov v primerjavi s skupino bolnikov z lažjim kroničnim venskim popuščanjem (klinični stadiji C1, C2 in C3) kot posledico funkcionalnih motenj pri napredovalih stadijih bolezni.

Ključne besede: krčne žile, klasifikacija CEAP, noge, preiskovalne metode, pletizmografija

Doppler Ultrasound and Photoplethysmography in the Diagnostic Work-Up of Chronic Venous Diseases

CEAP classification of venous diseases included the clinical, etiological, anatomical and pathophysiological mechanisms of chronic venous insufficiency. The aim of this study was to evaluate the convenience of Doppler ultrasound and photoplethysmography in the diagnostic work-up of chronic venous diseases, according to the CEAP clinical classification. Two groups of subjects were incorporated in the study. The first group included 60 patients with mild chronic venous insufficiency, clinical stages C1, C2 and C3 classification, while second group included 60 patients with severe chronic venous insufficiency (stages C4, C5 and C6). Venous hemodynamic evaluation was performed with Doppler ultrasound and photoplethysmography. A cross insufficiency was found by Doppler sonographic investigation in 19 (31.7 %) cases from the group of patients with mild venous insufficiency, whereas in the group with severe chronic venous insufficiency in 47 (78.3 %) cases ($p < 0.001$). In the group of patients with mild venous insufficiency, as pathological plethysmographic curve was observed in 23 (8.3 %) out of a total of 60 subjects examined. At the same time, in the group of patients with severe chronic venous insufficiency, a shortening of plethysmographic curve was detected in 57 (95 %) subjects ($p < 0.001$). In the group of patients with severe chronic venous insufficiency, clinical stages C4, C5 and C6, a significant higher number of pathological photoplethysmographic and ultrasound Doppler values were found, which indicates that the varicose veins are associated with functional disturbances.

Key words: varicose veins, CEAP classification, leg, non-invasive diagnostics tests, plethysmography

Utjecaj suživota mladih i starih te medija na razvoj predrasuda o starosti

Svrha ovog rada je istražiti odnos mladih prema starosti i starenju, te utjecaj medija na stvaranje predrasuda o starenju. Cilj rada je saznati da li osobe mlađe životne dobi ukoliko žive sa starijom osobom imaju pozitivniji pogled na starost i starije, te da li češća upotreba različitih medija smanjuje predrasude o starima. Korištena je kvantitativna metoda. Podaci s prikupljeni pomoću anketnog upitnika koji je podjeljen studentima treće godine studija sestrinstva Sveučilišta Sjever na izbornom kolegiju. Koristili smo metodu za testiranje hipoteza o razlici dviju aritmetičkih sredina na temelju malih uzoraka / t-test. Provedeno istraživanje na uzorku od 16 studenata pokazuje da nije točno da osobe mlađe životne dobi koje žive sa starijim osobama imaju pozitivniju sliku o starenju. Isto tako rezultati pokazuju da mediji imaju veliku ulogu u stvaranju stavova o starosti i starenju, posebice Internet i televizija čak u 50 % naših ispitanika. Mali broj ispitanika nije dao relevantne podatke, već smjernice za neka nova istraživanja. Stereotipnim prikazivanjem starijih ljudi na televiziji, a također i u novinama, radiju, internetu mogu se stvoriti predrasude, ali i netolerantno društvo. Nužno je osvještavanje javnosti o tom problemu, a ono bi prvo trebalo krenuti iz akademskih krugova.

Ključne besede: starenje, ageizam, stereotipi, utjecaj medija, mladi

The Effect of the Young and Elderly Coexistence and Media on the Development of Prejudices About Age

The purpose of this paper is to investigate the attitude of young people to elderly and aging, and the impact of media on the creation of prejudices about aging. The aim was to find out if young people who live with elderly have more positive view of age and elderly, and whether frequent consuming of different media sources reduces prejudice against the elderly. Quantitative method was used. Data was collected by questionnaire applied on 16 students of third year of nursing studies on elective course at the University North. Hypotheses were tested by t-test for small independent samples. T-test for small independent samples has shown that there is no statistical difference between two groups indicating that there is no difference in perception of elderly between young people who lives with elderly and those who don't. The results have also shown that the media play an important role in creating attitudes about age and aging, particularly the Internet and television, even in 50 % of our respondents. Due to a small sample, result is not statistically relevant, but still can be used as the guidelines for the future research. Stereotypical portrayal of elderly on television, newspapers, radio, Internet etc. can create a bias, but an intolerant society as well. It is essential to raise public awareness about this issue, starting with those of high education.

Key words: aging, ageism, stereotypes, media influence, young

Assessment of Cancer-Related Fatigue

Cancer-related fatigue (CRF) is subjective symptom experienced by patients at all stages of disease. Fatigue prevalence is estimated between 75 – 96 % . Its incidence is related with cancer treatment and the advanced disease. The coping with this symptom requires a multidisciplinary approach. Knowledge of the aetiology cancer-related fatigue and its factors is necessary for the correct management of CRF symptoms. Nursing as a scientific discipline may institute a standard interventions and non-pharmacological procedures for the assessment of CRF. Therefore, it is important to use a range of instruments for objective analysis this phenomenon. We offer overview of validated scales for measurement of CRF for deeper understanding of its consequences in a patient's life and using them for interdisciplinary applications. CRF affects the patient's life. CRF is manifested a physical and mental decrement in performance. The changed health condition in cancer patient often causes mental and emotional distress such as a sense of inferiority, low self-esteem, low self-sufficiency and weakness. Present issue is very actual for the quality of life decrease with cancer patients because it requires interdisciplinary attention of all health professionals. Health professionals may carry out their professional competencies based to objective assessment health status of patient with using rating scales and instruments of CRF. The evaluation of CRF by different available tools for measuring CRF in clinical practice will ensure a comprehensive understanding of this serious problem and its subsequent solution in cancer patients.

Key words: cancer-related fatigue, measurement scales, assessment of CRF, cancer patients

Vrednotenje utrujenosti, povezane z rakom

Cancer-related fatigue (CRF) ali kronična utrujenost zaradi raka je subjektivni simptom, ki so ga izkusili bolniki v vseh fazah bolezni. Razširjenost utrujenosti je ocenjena med 75-96 %. Njen nastanek je povezan z zdravljenjem raka in napredovanjem bolezni. Za obvladovanje tega simptoma je potreben multidisciplinarni pristop. Znanje o etiologiji tovrstne kronične utrujenosti in njenih dejavnikov pa je izjemno pomembno za pravilno obvladovanje simptomov. Zdravstvena nega kot znanstvena disciplina lahko vzpostavi nek standard za intervencije in nefarmakološke postopke za oceno utrujenosti zaradi raka. Zato je treba uporabiti različne vrste diagnostičnih instrumentov za objektivno analizo tega pojava. Pri nas nudimo pregled že potrjenih lestvic za merjenje CRF, predvsem za globlje razumevanje posledic v bolnikovem življenju in za uporabo interdisciplinarnih aplikacij. CRF vpliva na bolnikovo življenje in se kaže v zmanjšanju fizičnih in mentalnih sposobnosti. Spremenjeno zdravstveno stanje bolnika z rakom pogosto povzroča duševne in čustvene stiske, kot so občutek manjvrednosti, nizko samospoštovanje, nizka samopodoba in šibkost. Ta problematika je izrednega pomena za upad kakovosti življenja bolnikov z rakom, saj zahteva interdisciplinarno pozornost vseh zdravstvenih delavcev. Ti sicer lahko uporabijo svoje poklicne kompetence, ki temeljijo na objektivni oceni zdravstvenega stanja bolnika po rating lestvici in instrumentih CRF. Ampak šele vrednotenje CRF s strani različnih razpoložljivih merilnih orodij v klinični praksi bo zagotovilo celovito razumevanje tega resnega problema in posledično rešitve pri bolnikih z rakom.

Cljučne besede: utrujenost, rak, merilne lestvice, vrednotenje CRF, bolniki

Mag. Ana Podhostnik, dr. Nevenka Kregar Velikonja

Fakulteta za zdravstvene vede Novo mesto

Bożena Gorzkowicz, PhD

Faculty of Health Sciences, Pomerania Medical University in Szczecin, Poland

Problematika izseljevanja medicinskih sester

Preseljevanje zdravstvenih delavcev je globalni pojav, ki je predvsem posledica neravnotežja med izobraževanjem in potrebami po zaposlovanju. V razvitih državah se srečujejo s pomanjkanjem zdravstvenih delavcev, v Sloveniji pa je po podatkih Zavoda RS za zaposlovanje v septembru 2014 preko 900 nezaposlenih medicinskih sester s srednjo izobrazbo, preko 140 je tudi nezaposlenih diplomiranih medicinskih sester. K anketi o odnosu do izseljevanja medicinskih sester oz. zdravstvenega kadra v tujino so bili povabljeni študentje zdravstvenih ved in zdravstveni delavci. V pilotni fazi raziskave je na spletno anketo odgovorilo 151 oseb, od tega 34 % študentov, 52 % zaposlenih in 14 % brezposelnih zdravstvenih delavcev. Analiza rezultatov ankete kaže, da 22 % anketirancev načrtuje odhod v tujino zaradi iskanja dela (15 % verjetno da; 7 % absolutno da), hkrati pa jih je 85 % prepričanih, da bi v tujini dosegli višji življenjski standard za enako delo. Le 3 % jih že ima izkušnje z delom v tujini. Glavni motivi za odhod na delo v tujino so: učenje tujega jezika, pridobivanje delovnih izkušenj in sposobnost zagotavljanja dostojnega življenja za družino. Glede na različno izraženo problematiko brezposelnosti medicinskih sester po regijah, načrtujemo pilotno raziskavo razširiti v smislu regijske primerljivosti.

Ključne besede: medicinske sestre, izseljevanje, nezaposlenost

The Issue of Emigration of Nurses

Migration of health workers is a global phenomenon that is largely the result of an imbalance between education and employment needs for health care professionals. While in developed countries they are experiencing a shortage of health workers, data of the Employment Service of Slovenia declare over 900 unemployed nurses with secondary education and over 140 unemployed graduated nurses in Slovenia in September 2014. The survey on attitudes towards emigration of nurses and health care professionals was conducted among students of medical sciences and health care professionals. In the pilot phase of the research 151 persons answered the online survey, of which there were 34 % students, 52 % employees and 14 % unemployed health workers. Analysis of the survey results shows that 22 % of respondents have plans to work abroad (15 % likely; 7 % absolutely). 85 % of respondents believe that they would achieve a higher standard of living for equal work if they moved abroad. Only 3 % of respondents had already had experience of working abroad. The main motives for working abroad are: learning a foreign language, work experience and ability to provide a decent living for the family. According to the differentially expressed problem of unemployment of nurses across different regions in Slovenia, we plan to expand a pilot study in terms of regional comparability.

Key words: nurses, migration, unemployment

Mag. Biljana Prinčič

Marand d.o.o. Ljubljana

Marinka Purkart

Univerzitetni klinični center Ljubljana, Pediatrična klinika

Elektronsko podprta zdravstvena nega

Dokumentacija zdravstvene nege je pomemben del celotne zdravstvene dokumentacije pacienta. Predstavlja dokumentacijo posameznih faz procesa zdravstvene nege. Vpliva na zagotavljanje kontinuirane in kvalitetne zdravstvene nege in komunikacijo med člani zdravstvenega tima, hkrati pa je lahko osnova raziskovanju. Da bi zmanjšali napake in delovne preobremenitve medicinskih sester, se v zadnjem času, v dobi »eksplozije« tehnologije v medicinski stroki, vso informacijsko tehnologijo uporablja tudi na področju zdravstvene nege. Ta tehnologija vključuje elektronsko dokumentiranje pacientovega stanja in aktivnosti zdravstvene nege, odčitavanje črtne kode, sisteme za prepoznavanje govora, uporabo tabličnih računalnikov in uporabo medicinskih informacijskih standardov, vključno z openEHR, IHE in HL7/CDA, kar zagotavlja hitro in popolno integracijo zdravstvenih informacijskih sistemov in medicinskih naprav.

Ključne besede: zdravstvena nega, dokumentacija, proces zdravstvene nege, elektronska dokumentacija, elektronski kartoni, pacienti

Electronically Supported Health Care

Documentation of nursing care is an important part of an overall patient's health records. It represents various stages of documenting nursing processes. It has an impact on providing a continuous and quality health care, on communication between members of the medical team and it can also serve as a basis for research. In the era of "technology explosion" in medical professions, nurses use more and more information technology in the field of nursing, in order to reduce errors and work overload. These technologies include electronic documentation of patient status and nursing activities, reading bar codes, speech recognition systems, the use of tablet PCs and medical information standards, including the openEHR, IHE and HL7/CDA, ensuring rapid and complete integration of healthcare information systems and medical devices.

Key words: nursing, nursing documentation, nursing process, electronic nursing documentation, electronic patient record

Zlata Rebolj
Zastopnica pacientovih pravic
Robert Sotler
Splošna bolnišnica Brežice

Zakon o pacientovih pravicah in celostna obravnava pacienta v zdravstvenem in socialnem varstvu

Zakon o pacientovih pravicah govori o pravicah, ki morajo biti zagotovljene pacientu pri obravnavi v zdravstvenem in socialnem varstvu. Pomemben je za velik del prebivalstva, saj nudi uporabno podlago za zagotavljanje kakovostne, varne in strokovne obravnave pacienta, zdravstvenim delavcem pa pomaga izvajati ustrezne zdravstvene storitve. V prispevku predstavljamo nekaj posameznih pravic v povezavi s primeri kršitve pacientovih pravic, ki jih je reševal zastopnik/-ca pacientovih pravic za področje Dolenjske, Bele krajine in Posavja. Predstavljamo še dolžnosti pacienta, ki jih predpisuje Zakon o pacientovih pravicah in so prav tako pomembne za zagotavljanje kakovostne in varne oskrbe.

Ključne besede: zakoni, pacientove pravice, varnost, kakovost, varna obravnava, pravice, dolžnosti

Patient Rights Act and Comprehensive Treatment in the Health and Social Care

The Patient Rights Act explains the rights which have to be arranged for every patient in the health and social care treatment. Not many acts are of such great importance for the majority of the population. The Act serves as a useful foundation for providing quality, safe and professional treatment of the patient, as well as an assistance to the providers of health care services in implementing the treatment in health and social care. In the paper we present a few individual rights in connection with the examples of the patient's rights violations, being dealt with by the patient's rights representative for the area of Lower Carniola (Dolenjska), White Carniola (Bela Krajina) and the Posavje region. In addition, the patient's duties as determined by the Patient Rights Act are presented, which are also important to ensure the quality and safe care.

Key words: Patient Rights Act, safety, quality, safe treatment, rights, duties

Klinične poti v Splošni bolnišnici Novo mesto

Namen prispevka je predstavitev pomembnosti kliničnih poti za paciente v Splošni bolnišnici Novo mesto. V vseh slovenskih bolnišnicah bi se morali vprašati isto: kakšno kakovost pravzaprav potrebujemo? Odgovor je zelo preprost. V današnjem času, ki je poln pretresov in sprememb, potrebujemo v bolnišnici predvsem kakovostne zdravstvene storitve. S tem izboljšamo zadovoljstvo pacientov pri njihovi oskrbi. Klinične poti to zagotavljajo. Pri uvajanju kakovosti v bolnišnicah moramo izhajati iz dejstva, da je pacient v središču dogajanja in mora biti pri tem deležen tako kakovostne kot vame oskrbe. V prispevku predstavljamo primer dobre prakse pri uvajanju kliničnih poti v neposredno klinično prakso in ugotavljamo zadovoljstvo pacientov s postopkom obravnave po klinični poti. Da bi dosegli želeni cilj, smo opravili anketo »Zadovoljstvo pacientov z obravnavo postopka po klinični poti«. S pomočjo vprašalnika smo pridobili posnetek dejanskega zadovoljstva uporabnikov naših storitev s kliničnimi potmi.

Ključne besede: klinične poti, kakovost, zadovoljstvo

Clinical Trails in the General Hospital Novo mesto

The purpose of the article is to present the importance of clinical pathways for patients in the General Hospital Novo mesto. We should ask the same thing in all Slovenian hospitals: what kind of quality do we need? The answer is very simple. In today's world, which is full of shocks and changes, we need to provide especially the quality of health services. With this we improve the patients satisfaction with their care. Clinical trails provide this. When initiating the process of quality in hospitals, we must start from the fact that the patient is in the heart of the action and must receive quality and secure care. The purpose of this paper is to present an example of good practice in the implementation of clinical pathways in direct clinical practice and to determine patient satisfaction with the procedure after clinical treatment paths. In order to achieve the desired objective, we conducted a survey, entitled "Patient satisfaction with the treatment process after clinical trails." The aim of this paper is to obtain the condition of the satisfaction of users with our services with clinical pathways through a questionnaire.

Key words: clinical trails, quality, satisfaction

Kakovost bivanja starejših ljudi v Domu Viharnik z vidika socialne gerontologije

Domovi četrte generacije stremijo k načinu življenja po zgledu bivanja v domačem gospodinjstvu. Življenjska doba starejših se podaljšuje, zvišuje se povprečna starost starejših ljudi v domu, kar predstavlja nov izziv za kakovostno bivanje teh ljudi. V kvalitativni raziskavi je sodelovalo 45 stanovalcev in 33 njihovih svojcev. Podatke smo pridobili s pomočjo anketnega vprašalnika o zadovoljstvu z bivanjem v domu. Obdelani so bili s statističnim programom SPSS 19.0. Približno polovica anketirancev meni, da so za prilagoditev na bivanje v domu potrebovali več kot mesec dni. Največjo oviro jim je predstavljalo novo okolje. Zadovoljni so z zdravstveno nego in oskrbo. Želijo si aktivno preživljati prosti čas. Dom Viharnik kot dom četrte generacije stanovalcem ustreza tako po arhitektumem konceptu kot po socialni oskrbi in zdravstveni negi. Treba pa jim je zagotoviti čim bolj kakovostno preživljanje prostega časa, ki bo izhajalo iz potreb posameznih stanovalcev.

Ključne besede: starejši ljudje, domovi za starejše, socialna oskrba, zdravstvena nega, prosti čas

Life Quality of Elderly People in Viharnik Residential Care Home from the Social Gerontology Aspect

Residential care homes of the fourth generation follow the need for home-like hospitality. Lifespan of the elderly is expanding; average age of elderly in such homes is growing, which represents a challenge for the quality of the well-being for the residents. 45 residents from the residential care home and 33 relatives participated in the qualitative research. The data was gained with the survey about satisfaction of residence in the home. The data was processed by Statistical Package for the Social Sciences SPSS 19.0. Nearly half of respondents said that they needed more than one month to adjust to the residential life in the home. The biggest obstacle they faced was the new environment. They are pleased with health care and nursing. They express wishes about spending their life time active. Dom Viharnik, as the fourth generation home is suitable for people due to its architecture concept and also because of its social care and medical nursing. However, it still has to provide and ensure spending quality free time for the residents, which will be based on the needs of each individual.

Key words: elderly people, residential care homes, social care, medical nursing, free time

Prenova in informatizacija procesa intervencije reševalnih ekip NRV

Učinkovito reševanje ponesrečencev, ki ga izvajajo ekipe NRV (nujno reševalno vozilo), je pogojeno z več dejavniki: natančno definiranimi protokoli reševanja, ustrezno tehnično opremo za oskrbo ponesrečenca in tudi učinkovito komunikacijo med ekipo na terenu in osebjem v sprejemnem centru (v bolnišnici ali zdravstvenem domu). Če je za prva dva dejavnika po navadi ustrezno poskrbljeno, pa je še veliko prostora za izboljšavo pri komunikaciji, saj ta danes večinoma poteka ročno (z uporabo mobilnega telefona). Hiter razvoj tehnologij za mobilne podatkovne komunikacije v zadnjih letih je omogočil, da se lotimo prenove aktivnosti, povezanih z izmenjavo podatkov med vsemi akterji v procesu reševanja. V prispevku se osredotočamo na izboljšavo procesa intervencije ekipe NRV, ko le-ta prevzame bolnika in ga transportira v sprejemni center, ob tem pa se v ta center sporočijo še vsi potrebni podatki o stanju bolnika, ki so ključni za ustrezno pripravo na njegov sprejem in zdravljenje. Osnovni namen prispevka je pokazati, kako uvedba mobilne programske rešitve, kot rezultat prenove poslovnega procesa intervencije ekip NRV, poenostavlja delo reševalcev na terenu in s tem izboljšuje kvaliteto reševanja. Sledi predstavitev prenovljenega procesa, ki vključuje avtomatizacijo komunikacije med reševalci in sprejemnim centrom. Na koncu je prikazana še zasnova mobilne programske rešitve (s funkcionalnega in tehnološkega vidika), ki prenovljeni proces podpira.

Ključne besede: reševalci, urgentna medicina, mobilni programi, menedžment, poslovni procesi, avtomatizacija

Renovation and Informatization of NRV Team Intervention Process

Effective rescuing carried out by NRV (abbreviation for the emergency ambulance vehicle in Slovene) teams, is conditioned by several factors: well-defined rescuing protocols, appropriate technical equipment for casualty care, and last but not least, effective communication between the rescue team and the staff at the reception centre (e.g. hospital or health centre). If the first two factors are usually adequate, it is still much space for improvement in the communication, as it is now usually done by hand (using a mobile phone). The rapid development of mobile data communication technologies in recent years has made it possible to renovate activities related to the exchange of information between all actors in the rescuing process. In the paper we will focus on improvement of the NRV team intervention process, where the NRV team takes the patient and transports him to the reception centre and during the transport communicates all necessary information about the state of the patient, which are key for the appropriate reception and treatment. The main purpose of the article is to present how implementation of a new mobile application, which is the result of the renovation of NRV team intervention process, simplifies the work of rescuers at the scene and thus improves the quality of rescue services. This is followed by the presentation of the revised process, which includes automated communication between rescuers and the reception centre. At the end, a design of the mobile application (functional and technological point of view), which supports the renewed process, will be shown.

Key words: emergency medical systems – services, emergency medicine, mobile application, business process management

Kolegialni coaching za celostno in kakovostno obravnavo pacientov

Kolegialni coaching je namenjen podpori zaposlenim v smislu izgradnje medsebojnega zaupanja in sodelovanja med njimi, kakor tudi osebni izgradnji poklicne identitete. Gre za to, da dva sodelavca, kolega ali vrstnika uporabljata veščine coachinga, da bi podpirala drug drugega. Podpora je lahko vzajemna, lahko pa tudi enosmerna, če te veščine obvlada le eden. Za celostno in kakovostno obravnavo pacientov je pomembno, da se zaposleni v zdravstvu zavedajo pomena in vloge kolegialnega coachinga, katerega osnovni namen je podpora kolegov pri različnih izzivih na delovnem mestu. Pri tem morajo upoštevati naslednja načela: zavedanje odgovornosti, prepričanje vase, odsotnost obtožb, usmerjenost v rešitve, izziv in akcija. V prispevku predstavljamo mnenja diplomiranih medicinskih sester in diplomiranih zdravstvenikov Fakultete za zdravstvene vede Novo mesto glede prisotnosti kolegialnega coachinga v njihovem delovnem okolju. Ugotovili smo, da večina anketiranih ne pozna tega termina, vendar pa svoje delo opravljajo po njegovih načelih. Zavedajo se, da bi se morali vsi zdravstveni delavci ravnati po teh načelih in se udeleževati delavnic na to temo.

Ključne besede: kolegialni coaching, načela, diplomirane medicinske sestre, diplomirani zdravstveniki

Peer Coaching for a Comprehensive and Quality Treatment of Patients

Peer coaching is intended to support the employees in terms of building mutual trust and cooperation between co-workers, as well as for the personal development of the individual's professional identity. It is a process in which two professional colleagues work together using coaching techniques to support each other in their workplace. The support can be reciprocal, however, it may also be one-way only, if just one of the colleagues masters the skills of coaching. For a comprehensive and quality treatment of patients, it is important that the health care professionals are aware of the role and importance of peer coaching, since its primary purpose is to support the colleagues in various challenges that arise at work. The main principles of coaching have to be taken into account at peer coaching as well, such as awareness, responsibility, self-confidence, the absence of allegations, solution oriented approach, challenge and action. This paper will present the opinions of graduate nurses and graduates of the Faculty of Health Sciences Novo mesto on the presence of peer coaching in their work environment. We found out that most of the respondents are not familiar with the term "peer coaching", but their work is done according to its principles. They are aware that all health care workers should follow the principles of peer coaching and participate in the workshops on the topic of peer coaching.

Key words: peer coaching, the principles of peer coaching, graduate nurses, graduate health care professionals

Sociološki pogled na nasilje v družini

Izhajali bomo iz raziskav, ki so pokazale vzroke za nasilje med družinskimi člani. Najbolj so nasilju izpostavljeni otroci in ženske (nanje se bomo osredotočili), manj pa so deležni nasilja moški, v zadnjih letih pa narašča tudi nasilje nad starejšimi. Živimo v času gospodarske krize, zunanji dejavniki pa vplivajo tudi na življenje v družini, kjer se kriza pojavlja kot nasilno vedenje med njenimi člani. Teoretično bomo preučili družinsko nasilje, ki je v javnosti označeno kot nasilje moža nad ženo in žene nad možem, redkeje se omenjajo otroci. Govoriti o nasilju v družinah pomeni govoriti o nasilju v enostarševskih in dvostarševskih družinah, razširjenih, pa tudi istospolnih družinah. Leta 2008 je bil sprejet Zakon o preprečevanju nasilja v družini, ki vodi k drugačnemu razumevanju družine kot osnovne celice družbe; družino, ki smo jo v tradicionalnem smislu pojmovali kot kraj, kamor se posameznik umakne pred napetostmi okolja in najde razumevanje. Problematiko družinskega nasilja je težko na kratko in celovito predstaviti, a z namenom prikazati sociološke poglede nanj in njegovo razumevanje skozi sociološke teorije, ki ne odgovorijo na vsa vprašanja, ki se med seboj ne izključujejo, ampak druga drugo dopolnjujejo.

Ključne besede: družine, oblike nasilja, vrste nasilja, nasilje nad otroki, vloga in pomen družine, kriza družine

Sociological Aspects of Family Violence

The article discusses family violence. We will derive from the researches which showed us the causes for violence between family members. Children and women are the most exposed to violence in a family and during this presentation we will focus especially on them, since men are less present as victims in this process of violence; what is more, in the last years the rate in violence to old people has increased. We live in the age of transition from modern to postmodern society and we still feel great depression, and all these elements are present in families and they also have a huge impact on family life. The question is whether we can discuss the crisis today, which occurred within the modern family and what kind of impact this crisis has on violent behaviour between family members. We will speak about theoretical research of family violence, which in public opinion is present as violence between husband and wife, not so much between children. Discussing violence in families means discussing violence in one-parental and two-parental families, extended families and homosexual families. In 2008, the law of prevention of violence in the family was passed, which has led to a different understanding of the family. This problem of violence in the family is very difficult to present in short, but our purpose is to show the sociological aspects to this problem and their meaning through different approaches of sociological theories, which do not have the answers on all the questions of this problem, they do not execute but fulfil each other.

Key words: violence to children, family function, family crises

Unstable Shoes Can Reduce Chronic Low Back Pain among Employees of the University Hospital

Chronic low back pain is a very common health problem all around the globe and causes important socio-economic costs. Health professionals, specially nursing staff are more exposed to physical and psychological stressors and that might lead to a higher prevalence of low back pain. The management of low back pain is a complex process and should be based on a three-dimensional bio-psycho-social approach. We have previously demonstrated in randomized controlled trial that chronic low back pain can be reduced at 6 weeks with the use of unstable shoes. The purpose of this study is to observe the long-term effect of these unstable shoes on chronic low back pain. Low back pain parameters were evaluated in a prospective, observational study following a randomized controlled study where health professionals with non-specific moderate chronic low back pain, using or not-using unstable shoes were enrolled. Pain characteristics were evaluated with validated questionnaires at baseline and at follow-up of 1-year after post-intervention. Finally 83 % (33/40) subjects were followed-up at an average of 19 months. Nearly 90 % of all participants experienced low back pain 1-year ago. Clinical pain characteristics from baseline to follow-up reduced, especially in users group. The number of visits of pain specialist decreases, as well painkiller drugs intake. Frequent use of unstable shoes during a longer period seems to decrease some chronic low back pain parameters.

Key words: low back pain, shoes, walking, randomized controlled trial

Čevlji z zaobljenim podplatom lahko zmanjšajo kronično bolečino v križu med zaposlenimi na Univerzitetni kliniki

Kronična bolečina spodnjega dela hrbta oz. križa je globalni zdravstveni problem in povzroča tudi pomembne socialno-ekonomske stroške. Strokovnjaki na področju zdravstvene nege, še posebno medicinske sestre, so vedno bolj izpostavljene fizičnim in psihološkim stresorjem, kar pa lahko vodi tudi v pogostejše pojavljanje bolečine v križu. Obvladovanje te bolečine je zahteven proces in naj bi temeljil na t. i. tridimenzionalnem bio-psiho-socialnem pristopu. Z uporabo randomizirane kontrolne raziskave je bilo ugotovljeno, da nošenje čevljev z zaobljenim podplatom lahko zmanjša intenzivnost bolečine v križu v šestih tednih. Namen te študije je bil ugotoviti dolgoročni učinek čevljev z zaobljenim podplatom na bolečino v križu. Opazovalna študija je sledila randomizirani kontrolni študiji. Zajela je zdravstvene delavce z nespecifično zmerno kronično bolečino v križu, ki so nosili čevlje z zaobljenimi podplatom, in tiste, ki jih niso nosili. Značilnosti bolečine so bile ocenjene s pomočjo validiranih vprašalnikov na začetku študije in nato po več kot enem letu. 83 % vključenih v primarno raziskavo smo spremljali povprečno 19 mesecev. 90 % sodelujočih je imelo pred 1 letom bolečine v križu. Klinične značilnosti bolečine so se zmanjšale od začetka do konca spremljanja, še posebej v skupini uporabnikov čevljev z zaobljenim podplatom; bolečina pred enim letom se je zmanjšala za 82 % v obeh skupinah, vendar bolj v skupini, ki je nosila omenjene čevlje. Zmanjšalo se je število obiskov pri specialistih in uživanje protibolečinskih zdravil. Kaže, da dolgotrajna uporaba čevljev z zaobljenim podplatom prispeva k zmanjšanju kronične bolečine v križu.

Ključne besede: bolečina v križu, čevlji, hoja, raziskave

Etična načela v zdravstveni dejavnosti

Etika in morala sodita med temeljne vrednote zdravstvenih delavcev, ki morajo imeti najvišje vrednote, saj so le-te izhodišče za ustrezno opravljanje dela z ljudmi. V demokratičnih družbah so vrednote in miselnost vseh vpletenih višje, drugje se stanje počasi spreminja. Pacient ima popolno pravico odločati o vsem, zdravstveni delavci pa so mu dolžni v izbiri slediti. Vsak odmik od takih načel nima opravičila. Medicinska etika temelji na izhodišču Hipokratove prisege, ki je eno najbolj znanih grških medicinskih besedil. Ta zaprisega je še dandanes dragocen in pomemben dokument zdravniške etike, saj zajema nekatera še danes pereča medicinsko-etična vprašanja in ne zadeva samo zdravniške etike, ampak tudi poklicno etiko vseh strok, ki se ukvarjajo s človekom in njegovim zdravjem. Razvoj zdravstvenih poklicev zaradi pristojnosti in specifičnih odnosov terja postavitev strokovnih izhodišč in etičnih načel poklicnega delovanja. Razvila so se delovna področja in različne poklicne skupine, ki se razlikujejo po specifičnih zdravstvenih obravnava. Glede na področje dela in specifik v obravnavi so posamezne poklicne skupine izoblikovale poklicne kodekse, ki v osnovi določajo etična načela poklicne skupine. Medicinske sestre so kot najštevilčnejša skupina zdravstvenih delavcev in v odnosu do pacienta pomemben člen pri zagotavljanju zdravstvene oskrbe. Kodeks etike pomeni konsenz strokovnih združenj za poklice v zdravstveni in babiški negi na nacionalnem nivoju. Tako je tudi izhodišče v Zakonu o zdravstveni dejavnosti. Dejansko stanje v Sloveniji pa se kaže v popolnoma drugačni luči. Kljub temu pa so strokovna izhodišča in etična načela poklicnega delovanja jasna.

Ključne besede: etika, morala, etična načela, kodeks etike, zdravstveni poklici

Ethical Principles in Health Care

Ethics and morality belong to the core values of health care professionals. Healthcare professionals must have the highest values, which are the starting point for working with people. In democratic societies the values and mindsets of all involved are higher, elsewhere the situation is slowly changing. The patient has the full right to decide about his or her health care and health care workers are obliged to follow the patient's decision. Any deviation from these principles is not excusable. Medical ethics is based on the Hippocratic Oath, which is one of the most famous Greek medical texts. Hippocratic Oath is still a valuable and important document of medical ethics today, as it covers some very important medico-ethical issues. The oath itself is not only a matter of medical ethics, but also the professional ethics of all disciplines that deal with humans and their health. The development of the medical professions of competence and specific relations requires professional installation guidelines and ethical principles of professional practice. There has been a development of the work areas and different occupational groups, which differ according to the specific health treatment. According to the field of work and the specifics of the treatment, the individual professional groups have formed professional conducts, which basically define the ethical principles of the professional groups. Nurses as the largest group of the health care workers and in relation to the patient are an important part in the provision of health care. Code of Ethics represents a consensus of professional associations for nursing and midwifery care at the national level. That approach is also defined in the Health Services Act. However, the situation in Slovenia is reflected in a completely different light. Nevertheless, the professional starting points and ethical principles of professional practice are clear.

Key words: ethics, morality, ethical principles, code of ethics, medical professions

Izboljšanje varnosti bolnikov z usposabljanjem v simulacijskem centru

Ena izmed najuspešnejših strategij zagotavljanja kakovosti v zdravstvenem in socialnem varstvu je zagotovo filozofija vseživljenjskega učenja s pomočjo simulacij. To je varen, učinkovit in etičen način izobraževanja. Simulacijski (SIM) center Zdravstvenega doma Ljubljana zagotavlja usposabljanje vseh zaposlenih. Njegovi glavni dejavnosti sta izobraževanje in raziskovanje, prav na teh področjih pa želimo postati prepoznavni z načinom oskrbe pacientov. Natančno želimo definirati procese dela, jih oceniti skozi znanstvenoraziskovalni vidik ter jih standardizirati. S tem poskušamo dosegati klinično odličnost za uporabnike naših storitev. S SIM centrom vzpostavljamo enotni sistem oskrbe bolnikov v Zdravstvenem domu Ljubljana (ZDL) s pomočjo standardizacije postopkov in širitev slednjega na nacionalni nivo. Pri tem se povezujemo s kliniki in akademiki s področij izobraževanja in raziskovanja. SIM center ustvarja novo vrsto znanja v harmoničnem odnosu med kliniki, predavatelji, inštruktorji in pacienti, to znanje pa prenaša v klinično okolje.

Ključne besede: kakovost, vseživljenjsko učenje, simulacije v zdravstvu

Improving Patient Safety with the Simulation Centre Training

One of the most successful strategies for quality assurance in health and social protection is certainly the philosophy of lifelong learning through simulations. Learning by simulations is a safe, effective and ethical way of education. The Simulation Centre (SIM) of the Community Health Centre Ljubljana provides training for all employees. The main activities of the SIM Centre are education and research, areas of work where we want to become recognizable by our care of patients. We strive that the work processes are defined precisely and we assess them through scientific research aspect, the standardization procedures are included. In this manner, we want to achieve clinical excellence for the users of our services. We have established a uniform system of patients' care in the Community Health Centre Ljubljana with the help of standardization, expanding the latter to a national level. In doing so, we connect with the clinics and academics from the fields of education and research. SIM Centre creates new knowledge with a balanced relationship between clinics, lecturers, instructors, and patients and this knowledge is transmitted into the clinical environment.

Key words: quality, lifelong learning, simulation in health care

Zadovoljen pacient v domačem okolju kot cilj celostne obravnave pacienta v SBI

Cilj celostne obravnave na sekundarni ravni je najvišja stopnja samostojnosti pacienta v domačem okolju ali v socialnovarstvenem zavodu. V SBI se ob načrtovanju odpusta pacienta stremi k doseganju čim višje stopnje samooskrbe in spodbuja pozitivno sprejemanje trenutnega zdravstvenega stanja in samopodobe. V ta namen se v procese dela uvajajo primeri dobrih izkušenj s celostno obravnavo pacienta, ki v središču postavljajo njega in njegove potrebe. Pacient je tako obravnavan v multidisciplinarnem timu s poudarkom na individualnosti primera, dobrem sodelovanju s svojci, fizioterapijo, socialno službo, paliativnim timom, osebnim zdravnikom in patronažno službo. Po svetovnih smernicah kakovostne priprave pacientov na operativne posege se izvaja zdravstvena vzgoja že ob pregledu v specialistični ambulanti in vse do odpusta iz bolnišnice. Zdravstvena vzgoja poteka med prehranskim ocenjevanjem, učenjem pacienta in svojcev, kako živeti s stomo, kako po amputaciji udov, po operaciji kolka, tumorjev in po poškodbi glave. Pacienti ob odpustu prejmejo pisna in ustna navodila. V okviru dnevne bolnišnice in ginekološke dejavnosti v SBI se izvajajo aktivnosti in postopki po klinični poti, ki že vnaprej omogočajo pravočasno pripravo pacienta na sprejem in odpust ter izdelavo individualnega načrta, ki je ključen za varen in kakovosten odpust. Neustrezen načrt odpusta po nepotrebnem vodi v daljšo ležalno dobo, poslabšanje zdravstvenega stanja ali ponovni sprejem, kar vpliva na nezadovoljstvo pacienta in svojcev, za bolnišnično zdravstveno dejavnost pa pomeni povečanje stroškov in doseganje slabih rezultatov dela.

Ključne besede: celostna obravnava, pacienti, načrtovanje, sprejem, odpust

Satisfied Patient in Home Environment as the Main Aim of Comprehensive Treatment in SBI (the Hospital of Izola)

The aim of a comprehensive treatment on the secondary level is the highest point of autonomy of the patient in the home environment or in the social care institution. The SBI is planning on taking the remission of the patient strives to achieve the highest possible degree of self-sufficiency and promote positive acceptance of the current health status and self-esteem. To this end, the workflow introduces examples of good practice comprehensive treatment of the patient, centred on the patient and his or her needs. The patient was also treated in a multidisciplinary team with an emphasis on individuality case, good collaboration with relatives, physiotherapy, social work, palliative care team, physician and home care service. According to the global guidelines of the quality patient preparation on surgical procedures the health education is performed from the time of the review in a specialist clinic until the discharge from hospital. Health education takes place between nutritional assessment, education of the patient and relatives on how to life with a stoma, how to live with the amputation of limbs, after hip and tumours surgery and after head injuries. Patients at discharge receive both written and oral instructions. In the context of day hospitals and gynaecological activities in SBI, activities and procedures according to the clinical path are implemented to enable in advance preparation of the patient for admission and dismissal, as well as making an individual plan, which is essential for safe and high-quality dismissal. Inadequate plan can unnecessarily lead to a longer period of hospitalization, worsening health status or readmission, which affects the dissatisfaction of the patient, relatives and increases costs of the hospital medical activity, including poor working results.

Key words: Comprehensive treatment, patient, planning, admission, remission

Dušanka Zaić

Splošna bolnišnica Izola

Mag. Mirko Prosen

Univerza na Primorskem, Fakulteta za vede o zdravju

Čustveno doživljanje ginekološkega pregleda

Ginekološki pregled je še vedno ključna diagnostična metoda pri zaščiti reproduktivnega zdravja žensk. Namen raziskave je bil preučiti doživljanje žensk ob ginekološkem pregledu in identificirati dejavnike, ki vplivajo na pozitivno ali negativno dožemanje te preiskave. Raziskava temelji na kvalitativni metodologiji, analizi odprtega vprašanja. Spletno anketiranje je bilo opravljeno na nenaključnem, priložnostnem vzorcu žensk ($n = 476$). Zadnji del strukturiranega vprašalnika, ki je bil sestavljen iz 21-ih vprašanj, je omogočal opis osebnega doživljanja ginekološkega pregleda. Povprečna starost anketiranih je bila 32 let. Največ jih je zaključilo srednješolsko izobrazbo ($n = 161, 33,8\%$). Z metodo analize vsebine, kjer je bil v ospredju tematski vidik, so bile identificirane 4 kategorije: (1) čustvenost doživljanja, (2) odnos zdravstvenega osebja, (3) varovanje zasebnosti in (4) organizacija delovnih procesov. Čustveno doživljanje ginekološkega pregleda potrjujejo številne študije, pri čemer je v ospredju negativni čustveni vidik (strah, nelagodje). Z upoštevanjem teh dejavnikov pri zagotavljanju kakovosti nujenih storitev bi prispevali k zmanjšanju strahu in nelagodja pred in med ginekološkim pregledom, s tem pa tudi k večjemu zadovoljstvu uporabnic storitev.

Ključne besede: kakovost, pravice pacientov, čustva, zdravstvena nega, storitve

Emotional Experience of a Gynaecological Examination

Gynaecological examination remains an essential diagnostic method in the protection of female reproductive health. The aim of this study was to evaluate the women's experiences regarding gynaecological examination and to identify factors that have an influence, in a positive or negative manner, on the perception of this procedure. The study is based on the qualitative methodology, analysis of an open-ended question. Online survey questionnaire was carried out on non-random, convenience sample of women ($n = 476$). In the last part of the structured questionnaire, which consisted of 21 questions, the participants had an opportunity to describe their personal experiences regarding gynaecological examination. The questionnaire was pilot tested before implementation on a sample of 10 women. The average age of participants was 32 years. Most of them had completed secondary education ($n = 161, 33.8\%$). Thematic content analysis identified 4 categories: (1) emotional experience, (2) the attitude of health care personnel, (3) insuring privacy and (4) the organization of work processes. Emotional experiences surrounding gynaecological examination are confirmed by numerous studies, with the prevailing negative emotional aspect (fear, discomfort). Taking into account the identified factors in ensuring the quality of services rendered, we would contribute to the decrease in level of anxiety and discomfort before and during gynaecological examination and consequently increase users satisfaction.

Key words: quality assurance, patients' rights, emotions, nursing care, qualitative methodology

Kultura varnosti v domovih starejših občanov

Leta 2005 je bila sprejeta Luksemburška deklaracija, v kateri je zapisano, da je dostop do kakovostne zdravstvene oskrbe osnovna človekova pravica, ki jo priznavajo in spoštujejo Evropska unija, vse njene institucije in državljani Evrope. Skladno s tem dejstvom imajo pacienti pravico pričakovati, da jim bo vedno zagotovljena vama zdravstvena obravnava. V slovenskem prostoru so poleg Ministrstva za zdravje pomembni glasniki vame zdravstvene obravnave nekateri zdravniki in mnoge medicinske sestre, ki delujejo predvsem na področju bolnišnične zdravstvene nege. To sicer ne pomeni, da za vamo zdravstveno nego in oskrbo v domovih starejših občanov ni poskrbljeno, vendar o tem ne zasledimo veliko objav. Seveda to velja tudi za druge izvajalce zdravstvene obravnave in oskrbe. Zdravstveni delavec mora zavestno razmišljati o varnosti bolnika in poskrbeti zanjo. To mora zahtevati tudi od oseb, ki z njim sodelujejo pri zdravstveni in socialni obravnavi stanovalcev domov starejših občanov. Iz pregleda slovenske in tuje literature, je razvidno, da je kultura varnosti pomembna v institucijah skrbi za staro populacijo, a premalo raziskana in slabše predstavljena kot na področju sekundarne in terciarne ravni zdravstvene dejavnosti. Poudarjajo pomen organizacijske kulture in, enako kot v dokumentih Ministrstva za zdravje, pomen primernih delovnih razmer in delovnega vzdušja, dobre organizacije dela, zmanjševanja stresa in napetosti, ustvarjanja dobrih in varnih socialnih in zdravstvenih pogojev za zdravstvene in druge delavce. Izboljševanje kulture varnosti v zdravstvu in socialnem varstvu je dolgoročen, sistematičen in nenehen proces, ki ga želimo s tem prispevkom spodbuditi.

Ključne besede: kultura varnosti, domovi starejših občanov, organizacijska kultura

Safety Culture in Residential Care Homes for Elderly People

In 2005, the Luxembourg declaration was adopted which states that access to quality healthcare is a basic human right that is recognized and respected by the European Union, its institutions and the citizens of Europe. Accordingly, the fact patients have a right to expect a safe health treatment. In the Slovenian area, in addition to the Ministry of Health, some doctors and many nurses who work in the field of hospital nursing are defenders of safe health treatment. This does not mean that safe nursing and social care are not in residential care homes for the elderly, but there is a lack of its publication. Of course, this also applies to other providers of health treatment and nursing care. The health worker must consciously think about the safety of the patient and thus treat the patient in that manner. This is also required from persons who cooperate with them in the implementation of health and social care in residential care homes. The descriptive method of work was used with overview of foreign and Slovenian literature. Even in the foreign literature it is observed that organizational culture is an important factor of safety in institutions for the aged population, but under-researched and less well represented than in the secondary and tertiary levels of health care. The importance of organizational culture is emphasized the same as in the documents of the Ministry of Health, the importance of appropriate working conditions and atmosphere, good organization of work, reduced stress and tension, creating a good and safe social and health conditions for health and other professionals is emphasized. Improving safety culture in health and social care is long-term, systematic and continuous process that we want to encourage with this contribution.

Key words: safety culture, residential care homes, organizational culture

Osebna odgovornost kot pogoj za kakovostno delo v zdravstvenem varstvu

Naše življenje naj bi bilo podrejeno nalogam, ki vplivajo na naše duševno in duhovno zdravje. Pri delu z ljudmi in reševanju težav, ki nastopajo v delovnih in osebnih odnosih, pa ugotavljamo, da je čas tisti element, s katerim se v zadnjem času največ ukvarjamo. Ljudje kar ne moremo razumeti, da so v življenju odnose naloge pomembnejše od materialne blaginje, in raje žrtvujemo svoje najdražje za neko navidezno srečo. Na področju medosebnih odnosov pa velja pravilo, da lahko drugemu damo samo tisto, kar nosimo v sebi, tj. veliko ljubezni, strpnosti, upanja in ustvarjalnosti ali obratno: sovraštva, nestrpnosti, razočaranj in otopelosti. Vsak dan sproti in v vsakem novem položaju je treba premisliti, za kaj bomo porabili svoj čas. Kot posamezniki smo odgovorni za svoje odločitve, ki se nanašajo na naše odnose in na delo, ki ga opravljamo.

Ključne besede: čas, delo, odgovornost, odločitve

Personal Responsibility as a Condition for Quality Work in Health Care

Time has become our main motivation for life, instead of living in subordination to the tasks that affect our mental and spiritual health. According to my experience in working with people and solving problems that occur in work and personal relationships, time is that element, which is mostly being dealt with recently. People just cannot understand that in life relational tasks are more important than material well-being and we prefer to sacrifice our loved ones for a seemingly chance. However, in the area of interpersonal relationships there is a rule that we can give to each other just what we carry within ourselves; a lot of love, tolerance, hope and creativity, or vice versa: hatred, intolerance, frustration and apathy. Every day at a time and in every new situation it has to be considered what we are going to spend our time on. As individuals we are responsible for our decisions related to our relationships and work that we are doing.

Key words: time, work, responsibility, decision

Workshop form of Training of Operating Room Nurses in Poland

Workshop training is one of the forms of educating operating room nurses that enables them to get qualifications in performing instrumental activities. The workshops are to teach specific skills in a particular time. Their basis is an exchange of experiences, acquisition of an adequate efficiency and rate during assisting in an operation. In Poland, education program does not involve practical preparation for working as an operating room nurse. Qualification course and specialization are the only post-graduate trainings that enable to acquire the knowledge of the specificity of working in an operating room. Thus we learn assisting from older, more experienced colleagues, according to the established procedure of internal employee training. Innovative educational solutions for operating room nurses based on formal and substantial core curriculum are essential. Workshop training is one of the forms of training which will allow preparation for the realization of task in a degree that will enable independent work in an operating room. In order to be up to any challenges of operating room nursing, we need better legislative instruments and tools and the operating room nurse model must be also based on practical education.

Key words: operating room nursing, workshop, education

Delavnica kot oblika usposabljanja operacijskih medicinskih sester na Poljskem

Usposabljanje v obliki delavnice je eden od načinov izobraževanja operacijskih medicinskih sester, ki omogoča pridobivanje kvalifikacij pri opravljanju instrumentalne dejavnosti. Cilji teh delavnic so naučiti se posebnih spretnosti v določenem času. Osnova delavnic je izmenjava izkušenj, pridobivanje ustrezne učinkovitosti in vrednosti med asistenco pri operaciji. Izobraževalni program na Poljskem ne vključuje posebne prakse za operacijske medicinske sestre. Kvalifikacijski postopek in specializacije so tako edina oblika podiplomskega usposabljanja, ki omogoča pridobiti znanje o specifičnosti dela v operacijski sobi. Tako se navadno učimo predvsem od starejših, bolj izkušenih kolegov, v skladu z ustaljenim postopkom internega usposabljanja zdravstvenih delavcev. Ključne so inovativne rešitve izobraževanja operacijskih medicinskih sester, ki morajo temeljiti na formalnem in obsežnem učnem načrtu. Delavnica je ena izmed oblik usposabljanja, ki bodo omogočale pripravo na realizacijo določene naloge do te mere, da bo medicinska sestra lahko svoje delo v operacijski sobi opravljala popolnoma avtonomno. Da bi lahko premagali vse izzive operacijske medicinske sestre v zdravstveni negi, potrebujemo brezhiben zakonodajni sistem, hkrati pa mora model operacijske medicinske sestre v celoti temeljiti na praktičnem izobraževanju.

Ključne besede: operacijske medicinske sestre, delavnice, izobraževanje

Indikatorji za vrednotenje celostne obravnave pacienta

Sodobna zdravstvena nega temelji na prizadevanjih za celovito obravnavo pacientov. Za razrešitev njihovih problemskih situacij v procesu zdravljenja je pogosto potrebno medsektorsko sodelovanje, največkrat med izvajalci zdravstvenega in socialnega varstva. Kot ključni sta pri odzivu izvajalcev zdravstvene obravnave na potrebe pacientov in pri premagovanju pomanjkljivosti v obstoječih modelih skrbi prepoznani koordinacija in integracija. Pojavlja se vprašanje izbora indikatorjev za vrednotenje teh procesov na poti razvoja skupnostne skrbi za zdravje prebivalcev. Na podlagi anketnega vprašalnika, ki so ga za analizo stanja koordinacije in integracije zdravstvenih storitev pripravili v okviru Regionalnega urada za Evropo Svetovne zdravstvene organizacije (CIHSD iniciativa), je bil pripravljen seznam indikatorjev. Indikatorji merjenja usklajenosti in celovitosti zdravstvenih storitev pri obravnavi pacienta so v okviru vprašalnika združeni v treh sklopih: prepoznavanje sprožilnih dejavnikov za procese integracije na področju zdravstvenega varstva (gonila za spremembo), načrtovanje sprememb in vodenje sprememb. Skupno je identificiranih vsaj 88 indikatorjev, ki razkrivajo kompleksnost obravnavane situacije.

Ključne besede: zdravje, zdravstvena nega, skupnostna skrb, vrednotenje, integracija

Indicators for Evaluating Integrated Patient Treatment

Contemporary nursing care is based on efforts for comprehensive patient treatment. In order to resolve problem situations during the treatment process, cross-sectoral cooperation is often required, mostly between health care and social assistance providers. The processes of coordination and integration have been identified as key in the response of health care providers to the needs of patients and in overcoming deficiencies in existing care models. A question is raised on the selection of indicators for evaluating these processes in the development of community care for the health of the population. Based on an analysis of a questionnaire developed in the WHO Office for Europe (CIHSD initiative) to analyse the state of coordination and integration of health services, a list of indicators was compiled. The indicators for measuring the consistency and comprehensiveness of patient treatment health services are grouped into three sets within the questionnaire: recognizing trigger factors for integration processes in health care (drivers for change), planning changes and management of changes. Altogether, at least 88 indicators have been identified. The identified indicators reveal the complexity of the discussed situation.

Key words: health, nursing care, community care, evaluation of medical treatment, integration

Celostna obravnava pacienta pri sprejemu v bolnišnico

V zadnjih nekaj letih smo na temo celostna obravnava pacienta imeli že kar nekaj simpozijev in predavanj, napisanih pa je bilo tudi veliko diplomskih in magistrskih nalog. Iz teh lahko sklepamo, da celostna obravnava pacienta na področju zdravstvene nege ni možna brez ustrezne metode dela po procesu zdravstvene nege. Toda, ali res pristopamo celostno in ali se resnično potrudimo, da pacienta obravnavamo skladno z določili in resolucijami? Med teorijo in prakso je še vedno viden velik razkorak. Glavni dejavniki, ki onemogočajo celostni pristop k obravnavi pacienta na področju zdravstvene nege, so pomanjkanje zaposlenih in časa. V enoti centralnega kirurškega sprejema se trudimo kar najbolj približati celostni obravnavi pacienta. Naše vodilo iz dneva v dan je: »Obravnavaj pacienta in se obnašaj do njega tako, kot bi želel, da v podobni situaciji obravnavajo in se obnašajo do tebe ali tvojih bližnjih.«

Ključne besede: celostna obravnava, pacienti, centralni sprejem, zdravstvena nega

Comprehensive Treatment of a Patient at Admission to Hospital

There has been a lot of data published about the comprehensive treatment of the patient in the past few years. After reading some of it I have realised that comprehensive treatment of the patient in health care is not even possible without the nursing care process. But do we really use the comprehensive approach and do we really try hard to treat the patient in accordance with the provisions? There are still large gaps between theory and practice. Factors that prevent us from treating the patients comprehensively are lack of nursing staff and time. In the Central Surgery Admission Unit we try as much as possible to comprehensively treat our patients. Our motto is: "Treat patients the same way as you and your family members would want to be treated in a similar situation."

Key words: comprehensive treatment, patient, Central Surgery Admission Unit, nursing care process

Častni pokrovitelj simpozija

Zbornica zdravstvene in babiške nege Slovenije - Zveza strokovnih društev medicinskih sester, babic in zdravstvenih tehnikov Slovenije

