

## Nursing Care For Diseases of the Digestive System

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**Abstract:** Almost half of the world's population suffers from diseases of the gastrointestinal tract. Although the prognosis for diseases of the gastrointestinal tract is generally favorable, the disease negatively affects indicators of the quality of life of patients, their ability to work, and socio-psychological adaptation. In addition, a long course of the disease is accompanied by dysfunction of other digestive organs, as well as persistent inadequate mental reactions to the disease [2, 3]. Reducing the number of relapses and achieving long-term remission is the most important task of clinical medicine [5, 7]. Many people do not know the risk factors for diseases of the gastrointestinal tract, cannot recognize the first signs of the disease, therefore, do not seek medical help on time, cannot avoid complications [4, 6]. The article presents data on the role of a nurse in caring for patients with diseases of the gastrointestinal tract.

**Key words:** nurse, gastrointestinal tract, disease, prevention, healthcare, patient

### Introduction

Analyzing mortality statistics related to Noncommunicable Diseases (NCDs) in different countries, presented as standardized rates per 100,000 populations in the WHO collections for 2012, several observations can be made, that highest mortality rates were recorded in Turkmenistan - 1025.0, the State of Guyana - 1024.0, Mongolia – 967.0, Kazakhstan – 950.0, and Kyrgyzstan - 835.0, Russia had a rate of 790.0, and so on. In the Republic of Uzbekistan, this index stood at 811.0 per 100,000 populations [11]. Projections indicate that without effective measures to prevent NCDs, the number of deaths attributed to them will double by 2060 [6].

Given that NCDs pose a global socio-economic and demographic threat, during the 136th session of the Executive Committee of the World Health Organization in Geneva (2015), there was an acknowledgment of the growing socio-economic and demographic burden caused by NCDs. It was also emphasized that NCDs constitute a worldwide challenge to healthcare systems, necessitating the development and implementation of effective policies for their prevention [12].

Among the most prevalent diseases worldwide, including respiratory diseases, circulatory diseases, and cancer pathology, are those related to the digestive system. The occurrence and progression of these diseases are largely attributed to modern lifestyle factors such as stress, poor nutrition, an increased consumption of low-quality foods, physical inactivity, and unhealthy habits, as well as environmental pollution [4].

For instance, approximately 14% of the global population suffers from gastrointestinal ulcers. Gastroesophageal reflux disease (GERD), characterized by symptoms like heartburn, affects 40% to 81% of cases in Western European and US epidemiological studies [2]. In Uzbekistan, digestive disorders rank third in the list of primary causes of morbidity among the population [1]. According to Sh.A. Umarova and et al. (2019), functional gastrointestinal tract disorders affect 15% to 23% of the country's population. Herewith children and adolescents accounting for 43.8% of these cases [9].

Given the rather unfavorable dynamics of the prevalence of NCDs, including digestive disorders, it is necessary to intensify therapeutic and preventive work, in which the interaction of medical and nursing staff plays a huge role.

A special place in solving this problem is given to increasing the role of nurses, since their number is 2-4 times higher than the number of doctors, and they represent the largest part of health care workers in all countries of the world, providing medical care to the population, including in the most remote and hard-to-reach territories. In addition, a change in the approach to the development of nursing in many countries in the late twentieth and early twenty-first centuries gave positive results in improving the quality of nursing [5]. Almost everywhere, including in the Republic of Uzbekistan, a three-level system of training nursing staff has developed and is developing. The nomenclature of positions has been introduced in accordance with the level of education of the nursing staff. The approach to the training and retraining of specialists of this level has changed, which has a positive effect on the qualifications of nurses [8].

The role of nursing personnel in public health education in such important areas as the formation of a healthy lifestyle and disease prevention is growing. The nurse should be well aware and be able to use the nursing process as a scientifically based method for solving patient problems [1]. For the implementation of the nursing process, a nurse must have the necessary level of theoretical knowledge, have the skills of professional communication and patient education, perform nursing manipulations using modern technologies. Nursing is a scientific method of organizing and executing systemic patient care, focused on meeting human health needs. It includes a discussion with the patient and (or) his relatives of all possible problems (the patient does not suspect the presence of some of them), help in solving them within the nursing competence. The goal of the nursing process is to prevent, alleviate, reduce, or minimize the problems that the patient has [11].

The purpose of the study described in this article is to study the role of a nurse in caring for patients with diseases of the gastrointestinal tract.

### Material and methods

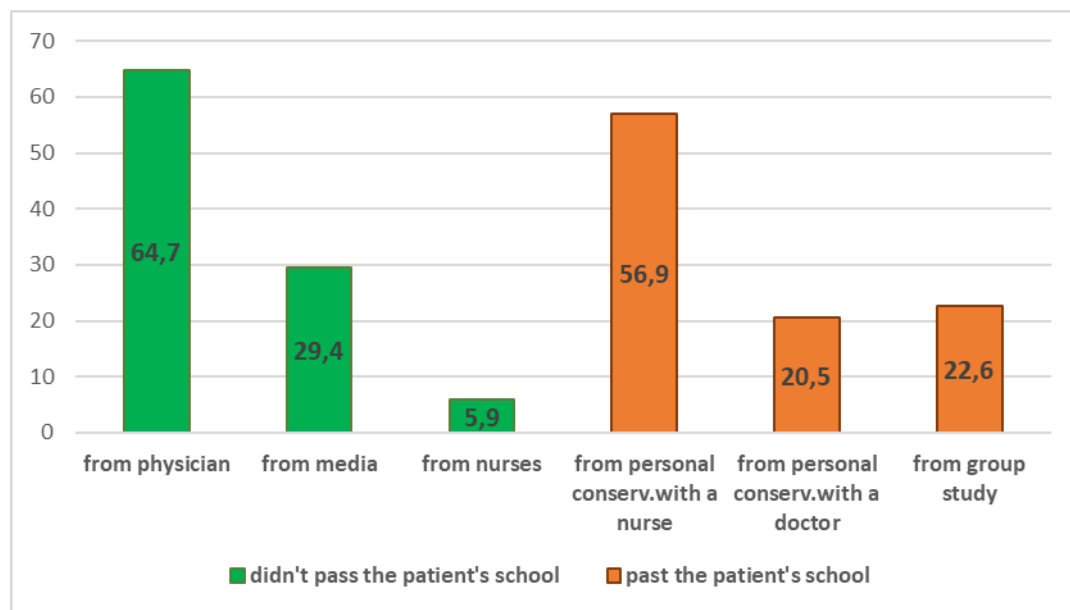
In accordance with the goal, the objects of the study were patients with diseases of the gastrointestinal tract with different course of the disease and nurses with different levels of education. The first group consisted of 85 patients with complicated course of peptic ulcer, the second group 83 patients with uncomplicated course of gastrointestinal diseases who underwent therapeutic training at a health school for patients with diseases of the gastrointestinal tract (table 1).

Table 1. distribution of the patients with diseases of the gastrointestinal tract by the participating in a health school for patients and gender.

	Patients who didn't underwent a health school for patients (n=85)		Patients who underwent a health school for patients (n=83)	
	Abs.	%	Abs.	%
male	27	31	28	33
female	58	69	55	67

### Results and discussion

The study found that the main source of information about the disease for  $64.7 \pm 3.7$  per 100 patients was the attending physician, for  $29.4 \pm 3.5$  media and only  $5.9 \pm 0.4$  patients responded that received information about diseases of the gastrointestinal tract from a nurse. The most acceptable forms of training for  $56.9 \pm 3.8$  per 100 patients were a personal conversation with a doctor or nurse, and for  $22.6 \pm 3.2$ , a health school. This suggests that new methodological approaches to training and new forms of its organization are needed using the potential of nurses, who comprise the largest group of medical workers (figure 1).



**Figure 1. Основные источники информации у пациентов в зависимости от участия в школе пациента (n=168), (%).**

Training at the school of health for patients with diseases of the gastrointestinal tract was carried out using the model "Nurse - Patient" and a five-stage technology of the nursing process. The manager of nursing organized health schools, taught nurses the basics of pedagogy and psychology, developed nursing documentation, algorithms for nursing care; Standards for a nurse supervised the quality of care and training. Doctors have an advisory role in nursing health schools and are invited to discuss drug therapy issues.

The training program included sections: anatomy and physiology of the gastrointestinal tract; the concept of diseases of the gastrointestinal tract and its complications; types of operations on the stomach, the concept of post-gastroresection syndromes; nutrition for diseases of the gastrointestinal tract and in the postoperative period in need; drug and non-drug therapy of diseases of the gastrointestinal tract; physical activity; help with stress, depression and insomnia; the role of unhygienic habits in the development of diseases of the gastrointestinal tract and its complications; ways to increase adherence to treatment.

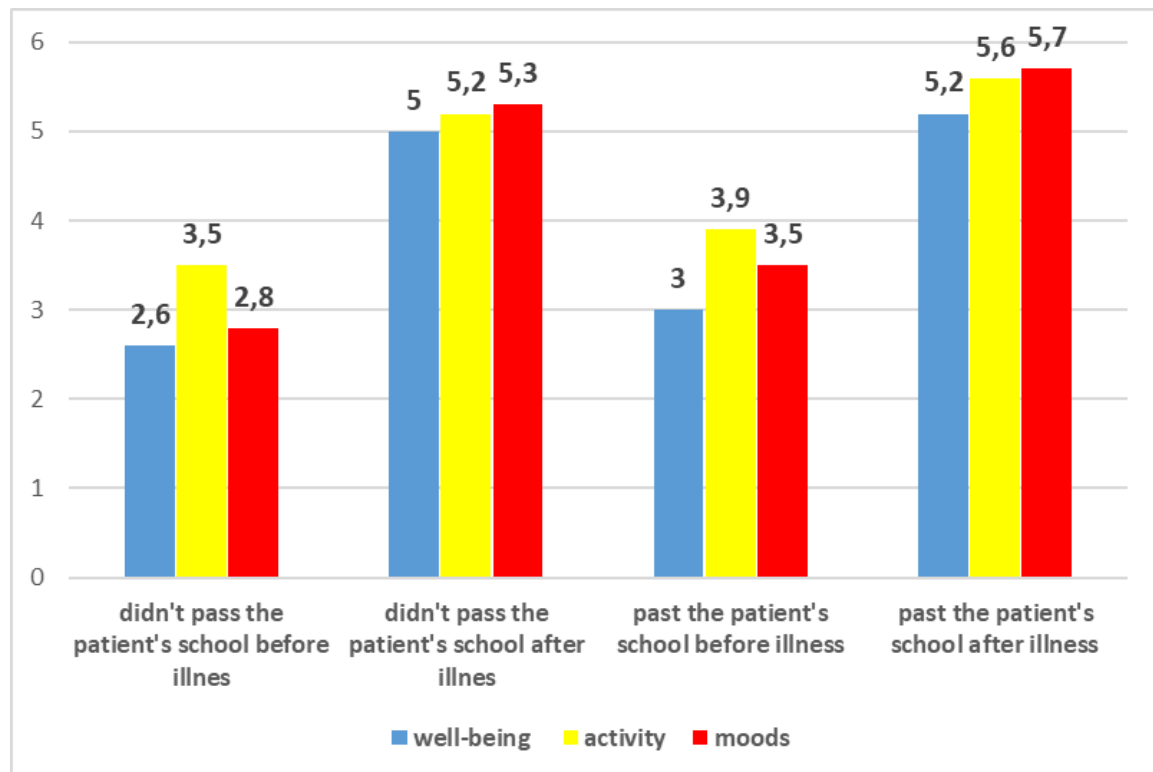
The classes were carried out by the method of active learning, which took into account the priority problems of patients according to innovative technology - the nursing process and had a single structure, consisted of three main parts: introduction; basic, consisting of an information section and active forms of training; final. The introductory part included greeting patients, introducing them to the topic and purpose of the lesson. The main part was devoted to the explanation of educational material, control of acquired material and the development of practical skills. When summarizing the results of each lesson, the nurse emphasized the main aspects of the topic of the lesson, noted the obligatory success of patients, and asked questions about the digestibility of the material.

The introduced method of an organizational experiment for the development and testing of a structured therapeutic training program according to the proposed model has shown high efficiency according to the nearest and long-term results.

Deepening knowledge about the disease and the principles of a healthy lifestyle has led to a change in the attitude of patients to their own health. An important component of a healthy lifestyle in addition to rational nutrition and physical activity for  $94.1 \pm 2.6$  and  $89.2 \pm 3.4$  per 100 patients of both groups after training (before training -  $9.4 \pm 0.5$  and  $26.5 \pm 4.8$ ) became self-control of their condition. If

before training only every tenth respondent of the first group considered self-control to be one of the important factors in maintaining health, then after training -  $92.8 \pm 2.8\%$ . Significantly ( $p < 0.001$ ) in both groups the motivation of patients to perform wellness practices, compliance with the regime of work and rest, rational and balanced nutrition, and activation of the motor regime increased.

The positive effect of the use of therapeutic training was judged by the positive dynamics in the emotional status of patients, which was characterized by an increase in well-being from 2.6 to 5.0 points and from 3.0 to 5.2 points in the first and second groups, respectively, activity from 3, 5 to 5.2 and from 3.9 to 5.6 points, moods from 2.8 to 5.3 and from 3.5 to 5.7 points, respectively (figure 2).



**Figure 2. the changing of the subjective health sense in depend of the pass the patient's school (n=168)**

The average quality of life profile significantly increased in such indicators as the need for treatment - by  $91.1 \pm 2.8\%$ , dieting - by  $80.4 \pm 3.9\%$ , avoiding emotional stress - by  $99.0 \pm 0.9\%$ , smoking restriction - by  $70.6 \pm 4.5\%$  (Fig. 2). The quality of life index increased from  $-12.6 \pm 0.6$  and  $-12.5 \pm 0.7$  points to  $-7.4 \pm 0.8$  and  $-7.6 \pm 0.6$  points in the first and second groups, respectively ( $p < 0.001$ ).

In conducting a system of treatment and prophylactic measures aimed at improving the health of patients with diseases of the gastrointestinal tract, the leading role belongs to the district pediatrician together with the nurse.

The nurse, together with the therapist, determines the contingent of patients with diseases of the gastrointestinal tract according to the incidence rate for the previous year. In this case, the nurse with the doctor finds out the causes of frequent diseases of the gastrointestinal tract. According to the history of the disease, they analyze the dynamics and nature of the diseases, the effectiveness of the treatment and preventive measures.

In terms of the treatment of patients with diseases of the gastrointestinal tract, it should be indicated what activities will be carried out in the polyclinic and what they should perform at home. In this

regard, the nurse of the family polyclinic needs to conduct constant explanatory work with the patient, monitor the organization of treatment and the implementation of doctor's prescriptions.

During the treatment period, the nurse of the family polyclinic tries to create a favorable microsocial climate here, eliminating overwork of patients, ensuring their positive emotional mood and the necessary conditions for treatment, work and good rest. The nurse also performs weekly monitoring of the patient's condition and well-being. In this case, if necessary, the correction of the regimen and nutrition by the doctor is carried out.

In family clinics, a significant part of the treatment and prophylactic measures to improve the health of patients with diseases of the gastrointestinal tract is carried out:

- courses of prevention of acute diseases of the gastrointestinal tract;
- preventive and therapeutic physiotherapeutic procedures;
- courses of anti-relapse treatment of patients with chronic diseases;
- rehabilitation treatment in the period of convalescence of acute diseases of the gastrointestinal tract;
- hardening in combination with elements of physiotherapy exercises (with appropriate staff training).

In organized groups, special attention is paid to patients who have suffered another acute illness. In addition to prescribing for the treatment of residual symptoms of the disease, the doctor decides on the diet and admission to work.

Therapeutic and recreational activities are carried out in the clinic (physiotherapy, physiotherapy, rehabilitation of chronic foci of infection, etc.) under the supervision of a family polyclinic nurse.

Nurses of kindergartens and schools monitor the timeliness of the appearance of children with diseases of the gastrointestinal tract with their parents at the clinic and, promptly receiving information about the results of the dispensary examination and treatment, ensure that recommendations are made for their further recovery and treatment.

The nursing process in working with patients of a young age includes: conducting a conversation with the patient and his relatives about the strictly diet, inform the patient about drug treatment of disease of the gastrointestinal tract (drugs, doses, rules for their administration, side effects, tolerance). To convince the patient of the need for regular intake of prescribed medications. To control the food / drink transfers to the patient by relatives and friends. Assist with vomiting. Constantly monitor the patient's diet, bed regimen, monitor patient body weight.

## Conclusion

Thus, pain in the epigastric region is a priority problem; of the psychological problems, 100% of respondents experienced a decrease in their emotional background. Recovery of a patient in a hospital depends not only on well-chosen treatment by a doctor, but also on properly organized nursing care.

Nursing care is important, because after discharge from the hospital the patient will have to adhere to the diet and daily routine, and it is the duty of the nurse to convey to the patient the importance of following these rules for his health. The redistribution of responsibilities in the field of prevention and independent reception of nursing staff makes medical care more accessible, which improves the quality of primary and secondary prevention.

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