



OPTIMIZATION OF THE NURSING SERVICE AT THE LEVEL OF PRIMARY HEALTH CARE

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<https://doi.org/10.5281/zenodo.7943430>

Annotation

The nursing profession is considered a cornerstone in the healthcare system, and the contribution to its importance is invaluable when it comes to monitoring and caring for patients. The question of patient awareness about taking medications showed that this function is not included in the duties of a nurse, which was confirmed by 112 people (63%) of the total number of respondents. In foreign countries, a nurse knows the issues of prescribing a medical examination from the standpoint of standards of care for patients with cardiovascular diseases (CVD). The surveyed contingent indicates that this is not their responsibility (44.6%). Little attention is paid to risk factors (FR) of CVD, for example, the level of nicotine addiction is not determined by 94 nurses (53%) and the level of anxiety-depressive syndrome - 118 (66%) respondents. When analyzing these types of patient information, it turned out that 125 nurses (69.8%) perform their function, but do not indicate the source of information, and the remaining of them do not have a source and do not own this information. A comparison of foreign scientific studies, including compliance with the standards of diagnosis and care for patients with coronary heart disease and GB according to the competencies of nurses with the results of our survey showed an almost negative trend for each of the questions posed.

Keywords: nurse, family polyclinic, risk factors, work efficiency, coronary heart disease, hypertension, prevention, body mass index.

Family medicine is one of the medical areas based on the provision of comprehensive medical care to people of all ages. Doctors in this category provide various types of care, including preventive, diagnostic, therapeutic, and rehabilitation services. By providing primary care to the whole family, they support the ongoing care of each family member and establish a trusting relationship. In the issue of the implementation of the latter types of assistance and services, the role of the nurse of the family polyclinic becomes significant. The profession of nursing is considered a cornerstone in the healthcare system, and the contribution to its importance is invaluable when it comes to monitoring and caring for patients. The nurse is one of the first to establish contact between the doctor and the patient, and also beneficially contributes to the subsequent implementation of an effective consultative process, observation and monitoring of the patient's condition.

In different countries of the world and different medical structures, the role of the primary health care nurse, her tasks and responsibilities, as well as the satisfaction of the population with the medical care they provide, are being studied. In addition, scientists are

conducting research on the satisfaction of the nursing staff with their work, the problems of their psycho-emotional burnout, and others.

To improve the quality of life of the population and their health, priority is given to the qualitative fulfillment of the tasks assigned to the nurse of the family clinic. The Decree of the President of the Republic of Uzbekistan No. UP-6110 dated November 12, 2020 "On measures to introduce fundamentally new mechanisms in the activities of primary health care institutions and further increase the effectiveness of reforms carried out in the healthcare system" states that "... using the available forces and means, first of all, a comprehensive strengthening of primary health care, the introduction of a completely new system of medical prevention and patronage system, the creation of an integral system covering the level of microdistricts and households for the formation of a healthy lifestyle and ensuring the health of the population ... ". Taking into account these reforms, it is necessary, in connection with this, to study the actions of a nurse in relation to the prevention of cardiovascular diseases and the tactics of their management in primary health care. Studying the experience of foreign family clinics in Europe, Britain and the United States is an integral part of improving the work of family clinics in our country.

Since the family doctor program abroad and in our country is developed taking into account a preventive approach aimed at improving health and reducing the burden of disease, the low level of knowledge of nurses in relation to educational and consulting functions is somewhat alarming. This may indicate that nurses are not sufficiently trained or have an insufficient level of motivation to perform these functions [1]. In contrast, the results of other studies indicate a positive impact of the educational and advisory role of nurses on the condition of patients and their families [2]. Based on the above, there is a need to create effective nursing care in the direction of the prevention of major cardiovascular diseases (CVD).

The aim of the study was to study the contribution of a nurse to the effectiveness of the prevention of coronary heart disease (CHD) and hypertension (AH) in a family clinic.

Material and methods of research: 179 nurses of family polyclinics in Tashkent participated in the scientific research, who agreed to participate in the survey. The questionnaire consisted of 10 items, compiled taking into account the duties of nurses in family clinics in Europe, the USA and Britain. The questionnaire contained questions on the tactics of managing patients with cardiovascular diseases in primary health care (Table 1). These functions are performed by a nurse in foreign countries.

Table 1

Questionnaire for a family clinic nurse

No	Question	Answer options
1.	Do you keep records of the state of the patient with CVD in the outpatient card when he contacts a doctor or prescribes treatment?	- no, I do not record data on the patient's condition - yes, I record information about the patient's condition - not my responsibility
2.	Do you inform the patient about taking medications for an attack of	- I do not know the standards of emergency care and do not inform



	angina pectoris or a hypertensive crisis?	- know the standards of care and prescribe - not my responsibility
3.	Do you conduct feedback (communication with the sick) with the patient after his visit to the doctor about an attack of angina pectoris, or shortness of breath or hypertensive crisis?	- I monitor the patient's condition by phone - I visit the patient at home to monitor his condition - it's not my job, the doctor does it
4.	What research methods can you assign to a patient with angina pectoris or hypertension to monitor his condition?	- I do not know and do not appoint - not my responsibility - I know and appoint (list which ones)
5.	Do you conduct a physical examination of a patient with angina or hypertension at the beginning of their visit? (underline as appropriate):	measurement of blood pressure - yes or no measurement of pulse and heart rate - yes or no determination of body mass index, waist circumference - yes or no determination of the degree of nicotine addiction - yes or no determination of the level of anxiety-depressive syndrome - yes or no determination of blood sugar level - yes or no determination of cholesterol, high and low density lipids - yes - or no
6.	Do you conduct and prescribe monitoring of the patient's condition according to the above tests?	Yes - No - It's not my responsibility, it's the doctor's responsibility
7.	Do you educate families of CVD patients about risk factors? (harm of smoking, physical inactivity, malnutrition, increased physical activity, blood sugar control and the level of psycho-emotional stress)	Yes - No Don't know how to prevent Partially inform patients orally about risk factors and their prevention
8.	Do you use diagnostic research methods at work and at home with the patient: stethoscope, blood	Specify which



	pressure monitor, pulse oximeter, glucometer, ECG? not using?	
9.	Do you educate patients at home using the information on the tablet, booklet, brochure on cardiovascular diseases? (angina pectoris, hypertension)	Yes (specify the source by whom it was developed) No (there is a source, but I do not post) I don't have that information
10.	Do you provide home care for the sick? (hygienic procedures) Do you support the patient emotionally? Are you giving him medication?	Yes No, I don't

In addition, each of the respondents had to indicate how many patients with coronary heart disease and hypertension are in your area. And also, how many patients the nurse visited at home over the past year to monitor coronary heart disease and hypertension in the area attached to it.

Research results. The analysis of the data obtained showed that on the issue of keeping a record of the condition of a patient with coronary heart disease and hypertension after contacting a doctor, it is not the responsibility of a nurse, as indicated by 89 respondents (50%) out of 179 respondents. The question of the awareness of the patient with this diagnosis about taking medications also showed that this function is not the responsibility of a nurse, which was confirmed by 112 people (63%) of the total number of respondents.

The most important is the outpatient feedback with patients about the prevention of complications of the underlying disease. Monitoring is carried out by only 105 respondents (58.6%), and 45 people indicate that this is again not part of their duties (25%) and this is done by a family doctor.

In foreign countries, a nurse knows the issues of prescribing a medical examination from the standpoint of standards for providing care to patients with coronary heart disease and hypertension. The newly surveyed contingent indicates that this is not part of their duties - 80 people (44.6%), although 52 respondents (29.1%) indicate that they prescribe an ECG, daily measurement of blood pressure, timely control of sugar levels and total cholesterol in blood.

Carrying out a preliminary medical examination of a patient with angina pectoris and hypertension at home or at the first visit greatly simplifies the work of the family doctor and saves the time of seeing the patient during the doctor's office hours. Almost all nurses measure blood pressure, pulse, heart rate, determine body mass index, measure waist circumference, monitor blood sugar, lipid spectrum indicators. But on their part, little attention is paid to risk factors (RF) for coronary heart disease and hypertension, for example, the level of nicotine addiction is not determined by 94 nurses (53%) and the level of anxiety-depressive syndrome - 118 (66%) respondents.

For the most part, on the above issues, monitoring of the patient's condition is carried out by 92 respondents (51.4%) of the total number of respondents, but 45 people (25.1%) indicate that this item of the survey is not included in their duties.



A very important preventive intervention is considered to be work with the family in relation to risk factors for coronary artery disease and hypertension. The work of a nurse in this direction is an integral part of the primary prevention of these diseases. According to the answers of the respondents, 138 people (77.1%) inform family members about risk factors for diseases, 22% of nurses who are ignorant and partially inform about risk factors in the clinic are concerned.

The initial examination of the patient at home involves the use of diagnostic methods introduced in the functions of a nurse. Most of the respondents use blood pressure monitors, pulse oximeters, glucometers, take ECG, but 16 people (9%) do not use medical devices in their work.

The creation of conditions for increasing the patient's adherence to treatment and combating CVD risk factors in modern medicine is achieved through the use of printed and electronic means or media containing information on preventive intervention methods. When analyzing the data on this issue, it turned out that 125 nurses (69.8%), but do not indicate the source of information (links are not indicated), and the rest of them do not have a source and do not own this information. Psychological support and medication (first aid at home) are also important in this matter; 48 (17%) nurses do not provide any assistance on this issue.

Discussion. For more than 40 years, nurses and graduate nurses have played a key role in the management of single and multiple risk factors, including hypertension, smoking, hyperlipidemia, and diabetes mellitus, as well as their consequences for coronary artery disease and heart failure, both in specialized clinics and in primary healthcare institutions [3-6].

By taking on the primary role of patient management team leaders, nurses have proven their ability not only to reduce CVD risk factors, but also to comply with treatment guidelines and protocols, reduce hospital admissions, and reduce morbidity and mortality in patients with established disease. Programs demonstrating improved results and cost-effectiveness of their work have been noted in both developing and developed countries. Research findings showed that nurses were more interested in playing a supportive and caring role than in general education and prevention activities. Health authorities in different countries are trying to expand the interests and potential of nurses to enable them to play a leading role in preventive and educational activities [7-9].

Comparison of foreign scientific studies, including compliance with the standards of diagnosis and care for patients with coronary artery disease and hypertension according to the competencies of nurses, with the results of our survey showed an almost negative trend for each of the questions posed. Timely and high-quality primary examination of the patient by the nurse, identification of risk factors for diseases according to questionnaires and medical diagnostic tools significantly improves the effectiveness of the doctor's work in terms of prevention and monitoring of ongoing preventive interventions.

Conclusion. The issues of patient awareness about risk factors and the fight against them with the help of booklets, mobile devices and electronic links (carriers) are the main work of a nurse at home. Covering the family and increasing their level of knowledge regarding smoking, overweight, physical inactivity, the first signs of diabetes, the consequences of anxiety-depressive syndrome and others directs all family members to lead a healthy lifestyle. The presentation of this information may be different, but there is an evidence base and sources based on which we enable the patient and his family members to be convinced of

their reliability and effectiveness. Adaptation and development of a fundamentally new structural program of preventive intervention and a program for managing patients with coronary heart disease and hypertension in the family clinic according to the services of the nurse category should affect the efficiency of the family doctor and give impetus to the introduction of a completely new system of medical prevention and patronage system at the level of primary health care.

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