

найды, ол созылмалы және науқастанған жағдайлары бар науқастарды жоғары дәрежеде емдеуге мүмкіндік береді (мысалы, диабет, бронхиальды демікпе, жүрек жеткіліксіздігі, психикалық аурулар); сондай-ақ медбикелерде дәрілерді тағайындаудағы шектелулер бар. Швециялық медицина орталықтарында науқасты алдымен жоғары білімі бар медбике қарап тексереді, содан кейін медбике жалпы тәжірибелі дәрігерге немесе аурухана жібереді

Кілт сөздер: *мейірбике, алғашқы медициналық-санитарлық көмек, жоғары білім, қанағаттану, аурухана.*

АННОТАЦИЯ

Актуальность: во многих зарубежных и европейских странах специалисты сестринского дела составляет основу первичной медико-санитарной помощи. Например, в шведской системе здравоохранения медсестры играют все более важную роль, предоставляя высококвалифицированную помощь пациентам с хроническими и сложными состояниями (такими как диабет, бронхиальная астма, сердечная недостаточность, психические заболевания); им также предоставляется ограниченное право выписывать лекарства. В шведских медицинских центрах пациент сначала осматривается медсестрой с высшим образованием, которая затем может направить пациента к врачу общей практики или в больницу.

Ключевые слова: *медсестра, первичная медицинская помощь, высшее образование, удовлетворенность, больница.*

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EMOTIONAL SUPPORT FOR PATIENTS AWAITING CARDIOVASCULAR SURGERY PROVIDED BY NURSES

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SUMMARY

Open heart surgery is one of the methods of treatment of cardiovascular diseases, in which special surgical procedures are carried out. In other words, it is a surgical procedure that opens the chest and affects the muscles, valves or arteries of the heart. Patients undergoing heart surgery subconsciously perceive the fact of aggression towards their body, while fully aware of the need and potential benefits of the operation. The preoperative period is especially psychologically difficult for the patient. This period is characterized by a feeling of insecurity, helplessness, fear of anesthesia, surgery and its consequences. The results of studies [1, 2, 3, 4] show that the reduction of fear and anxiety has a positive effect on the success of the operation and rehabilitation after surgery. In this regard, the sensitive and attentive attitude of medical workers towards the patient is of particular importance. The emotional support of health professionals helps to establish a trusting relationship with the patient to create an atmosphere of peace and confidence in the successful outcome of the operation.

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In Kazakhstan, emotional support is provided mainly by doctors, but world practice shows that nurses provide the most effective support [1, 4, 5]. It is nurses who spend more time with the patients and have a greater emotional connection with them than doctors. In connection with the large-scale reform of nursing in Kazakhstan, it is possible to delegate this function from doctors to nurses.

Key words: *emotional support, health professionals, nursing, nurse, heart surgery, anxiety, fear.*

Introduction. What is emotional support in general? According to the Psychology Dictionary, emotional support is “the confidence, encouragement and understanding that we give to someone or receive from someone”. In other words, this support is provided to us by people who understand, encourage and reassure us [6]. The emotional support provided by nurses is important for the topic of research. In Mosby’s Medical Dictionary [7], this is defined as a sensitive, understanding approach that helps patients to take and fight their diseases; report their anxieties and fears; get comfort from a gentle, responsive, caring person; and increase their ability to take care of themselves. In addition, Emotional support is listed in the nursing interventions of the Nursing Interventions Classification (NIC) and is defined as providing assurance, acceptance and encouragement during stress [8]. Therefore, we can conclude that in the world practice of nursing preoperation support, emotional support is provided by nurses, not doctors, as is the case in Kazakhstan and other post-Soviet countries. Unlike a doctor who deals with the medical side of treatment, it is the nurses who spend most of their time with the patient and his or her family - from admission to the discharge itself, day and night. Nurses know the patients more from their personal sides, they know what psychological state they are in, and they talk to them more since nurses come to the ward several times a day. It is not without reason it is called «nursing care”. Therefore, it is crucial that the emotional support is also provided by nurses.

In this study, a narrower area is being considered - emotional support just before open heart surgery.

According to an Ascari RA et al. study [9], any operation is essentially a fact of

aggression against the body of the patient. Therefore, anxiety, doubts, and fears of patients are natural companions of each surgical procedure. The preoperative period is especially emotionally difficult for the patient. This period is characterized by a feeling of uncertainty, helplessness, fear of anesthesia, the operation itself and its consequences. In this regard, it is of important to be sensitive and attentive to the patient on the part of healthcare professionals.

Therefore, preoperative emotional support of the patient is aimed at the well-being of the patient and to reduce the level of stress and negative feelings in relation to surgery.

Coronary Artery Bypass Graft (CABG) and patient fear. One of the numerous diseases in worldwide groups is heart disease and diseases of the circulatory system [5, 10]. Cardiovascular diseases are considered the leading cause of death worldwide [11]. Although drug treatment and recent advances in new treatments have been effective in fighting coronary artery disease, surgery remains the only treatment option for many of these patients [12]. Cardiac surgery is the most effective way of treating ischemic heart disease, which helps to prevent the development of myocardial infarction. Such an operation is called aorto - coronary bypass surgery.

Coronary artery bypass surgery (hereinafter CABG) is not only the first, but also one of the best options for patients [13, 14]. This operation is complex and extensive and according to the literature, most of the patients experience depression and anxiety both before and after the operation [15, 16, 5, 17]. CABG is a very stressful operation [18], and according to many studies, the expectation of cardiac surgery causes more stress than

other types of surgical interventions [15, 16, 5, 17]. Depression is noted in 14% to 47% [19] and anxiety in 15% to 52% of patients who had the CABG operation [20].

The Tully et al. [21] research suggests that depression and anxiety are associated with post-surgical complications, such as heart complications, function level and quality of life [21]. Furthermore, increased preoperative anxiety can delay the postoperative recovery period [22]. Similarly, a high level of anxiety before surgery determines a high incidence of postoperative pain [23], a negative effect on the mood of the patient, and delayed hospitalization [24].

Moreover, a systematic review of Stenman et al. [25] demonstrates an increase in all causes of death due to preoperative depression in four of the seven studies analyzed [25]. In addition, the Blumenthal et al. [19] study showed that among the 817 patients who underwent CABG, the increased symptoms of depression before and after surgery were associated with an increase in the causes of death.

Elevated anxiety symptoms prior to surgery were associated with increased mortality after surgery [26, 27].

Preoperative nursing care. In connection with the reasons described above, the question arises about the qualified preparation for the operation not only from the mechanical side (shave before the operation, to give soothing overnight, etc.), but also from the emotional side. Particularly, it is a confidential conversation, the manifestation of empathy towards the patient in order to reduce fear and anxiety before surgery.

In terms of the development of medical care as well as optimization, hospitalization periods have changed, and patients now spend less time in the hospital. In Kazakhstan, patients often go to the hospital just one day before surgery and are discharged as soon as their vital functions are restored from a medical point of view. Therefore, preparation for the operation is an important step, but there is only one day to prepare.

In general, perioperative care is a term used to describe the various functions of

nursing related to the surgical experience. It consists of three stages: preoperative, intraoperative and postoperative [28, 29].

All phases play a big role in patient care, but the preoperative phase is the most important, as patients during this period are most vulnerable both physiologically and psychologically [29, 30]. During the preoperative phase, patients undergo various situations that cause psychological anxiety, and this can lead to stress during and after the surgical procedure [1]. According to many studies, the expectation of cardiac surgery causes more stress than other types of surgical interventions [5, 15, 17].

Preoperative education helps the patient understand what the operation will be like and mentally prepare for surgery as well as improve recovery in the postoperative period [31]. Preoperative patient education implies the intervention of nurses, which includes providing information to patients about the forthcoming operation and includes answers to questions about what they can expect after the operation, the possible outcomes and results, and providing psychological and emotional support. To put it more simply, nurses help patients reduce their anxiety and fear before the operation, which reduces the level of postoperative complications and leads to a more rapid recovery after surgery [1, 2, 3, 4]. Therefore, and according to a systematic review [1], it can be concluded that preoperative activities reduce preoperative anxiety in patients scheduled for surgical procedures.

Situation in Kazakhstan. According to previous studies [1, 4, 5], nurses turn out to be an important source of emotional support for patients and an integral part of their life during hospitalization. Unfortunately, very few scientific articles have been written in Kazakhstan or Russia about the emotional or psychological support to patients before surgery and they are all written from the perspective of doctors or psychologists, not nurses.

According to the Ministry of health of the Republic of Kazakhstan in the 1990s, after Kazakhstan separated from the USSR

and became an independent state in medicine, there was a period of acute shortage of medical personnel, especially nurses. Therefore, many of the functions and responsibilities of nurses were taken over by doctors and since then, it has remained unchanged. At present, the health sector in Kazakhstan has moved forward in development, but the foundations and some guidelines remain the same. Delegating these duties from doctors to nurses would help improve the patients' postoperative outcome.

Since doctors do not always have enough time for pre-operative conversation, the care is selective. If these conversations could be carried out by a nurse, the care would be the same to all patients. Moreover, all this would develop the counseling skills of nurses and enhance their confidential relations with patients, further their basic knowledge of cardiac surgery, and overall, expand the professional role of nurses. Reforms are necessary for further growth and development of nursing as an independent unit of health care.

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ТҮЙІНДІ

Ашық жүрек операциясы жүрек-қантамыр ауруларын емдеу әдістерінің бірі болып табылады, онда арнайы хирургиялық процедуралар жүргізіледі. Басқаша айтқанда, бұл

кеуде қуысын ашатын және бұлшықеттерге, клапандарға немесе жүрек артерияларына әсер ететін хирургиялық процедура. Жүрек ауруына ұшыраған науқастар агрессияның фактісін өз денесіне сезінеді, ал операцияның қажеттілігі мен әлеуетті мүмкіндіктері туралы толық біледі. Пациенттің операциядан кейінгі кезеңі әсіресе психологиялық жағынан қиын. Бұл кезең сенімсіздік, дәрменсіздік, анестезия, хирургия және оның салдары туралы қорқыныш сезімімен сипатталады. Зерттеулердің нәтижелері [1, 2, 3, 4] қорқыныш пен алаңдаушылықтың төмендеуі операциядан кейін оңалтуға оң әсерін тигізеді. Осыған байланысты медицина қызметкерлерінің науқасқа қатысты сезімтал және мұқият қарым-қатынасы ерекше маңызды. Медициналық қызметкерлердің эмоционалдық қолдау науқаспен сенімді қарым-қатынас орнатуға көмектеседі, ол операцияның сәтті нәтижесіне сенімділік пен бейбітшілік атмосферасын құруға көмектеседі.

Қазақстанда эмоционалдық қолдау көбінесе дәрігерлермен қамтамасыз етіледі, бірақ әлемдік тәжірибе медбикелердің ең тиімді қолдау көрсетуін көрсетеді [1, 4, 5]. Науқастармен көбірек уақыт жұмсайтын және олармен дәрігерлерге карағанда эмоционалдық байланыс бар медбикелер. Қазақстандағы мейірбикелерді кең ауқымда реформалауға байланысты бұл функцияны дәрігерлерден медбикеге тапсыруға болады.

Кілт сөздер: эмоционалдық қолдау, денсаулық сақтау мамандары, мейірбике, мейірбике, жүрек операциялары, қорқыныш, қорқыныш.

АННОТАЦИЯ

Операция на открытом сердце - один из методов лечения сердечно-сосудистых заболеваний, при котором проводятся специальные хирургические процедуры. Другими словами, это хирургическая процедура, которая открывает грудную клетку и влияет на мышцы, клапаны или артерии сердца. Пациенты, перенесшие операцию на сердце, подсознательно воспринимают факт агрессии по отношению к своему телу, в то же время полностью осознавая необходимость и потенциальные выгоды от операции. Предоперационный период особенно психологически сложен для пациента. Этот период характеризуется ощущением неуверенности, беспомощности, страха перед наркозом, хирургического вмешательства и его последствий. Результаты исследований [1, 2, 3, 4] показывают, что уменьшение страха и беспокойства положительно сказывается на успешности операции и реабилитации после операции. В связи с этим особое значение имеет чуткое и внимательное отношение медицинских работников к пациенту. Эмоциональная поддержка медицинских работников помогает установить доверительные отношения с пациентом, чтобы создать атмосферу мира и уверенности в успешном исходе операции.

В Казахстане эмоциональную поддержку оказывают в основном врачи, но мировая практика показывает, что медсестры оказывают наиболее эффективную поддержку [1, 4, 5]. Именно медсестры проводят больше времени с пациентами и имеют с ними большую эмоциональную связь, чем врачи. В связи с масштабной реформой сестринского дела в Казахстане, эту функцию можно делегировать от врачей к медсестрам.

Ключевые слова: эмоциональная поддержка, медицинские работники, уход, медсестра, операция на сердце, тревога, страх.