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# Journal of Nursing Practices and Research (JNPR)

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Journal of Nursing Practices and Research (JNPR) is an International peer reviewed, open access journal aiming to publish high quality original research, review articles, short communications, case reports, technical notes and editorials. We offer wide range of knowledge on new trends and advances that contribute significantly to further the scientific knowledge related of nursing and healthcare research. The journal also includes various fields of research on Critical Care, Pain Management, Acute and Chronic Illness, Primary & Secondary Care, Healthcare & Education. The goal of this journal is to provide a platform for authors all over the world to promote, share, and discuss various new issues and developments and contribute through their research and scholarly outputs without any subscription fee. The journal creates resource for nurses, nurse researchers & clinical practitioners and aims to publish the most complete and reliable information on discoveries and current developments in the field of Nursing practices and Research.

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The journal is focused on publishing studies that evaluate and promote health care innovations & policies for the research question of interest, methodological papers presenting analytic techniques, measures, and research methods.

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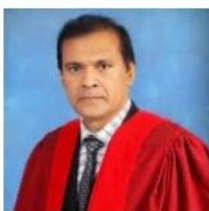


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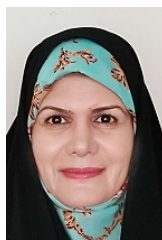
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# Journal of Nursing Practices and Research (JNPR)

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## Contents

Sr. No.	Articles / Authors Name	Pg. No.
1	Significant Nursing Practices for the Management of Diabetes <i>- Dr.Kamalam1 , J. Tracy Tina Angelina2</i>	1 - 7
2	Effective Nursing Practices in Cardiovascular Disease Management <i>- Gopinath Subramaniya 1, J. Tracy Tina Angelina 2</i>	8 - 13
3	Roles and Responsibilities of Nursing Professionals in Providing Psychological Support Severe Ill Patients <i>- Dr.Sharmila J, Dr.Dinesh Selvam S</i>	14 - 17
4	Effective Nursing Practices in the Prevention of Nosocomial (Hospital-Borne Infections) <i>- J. Tracy Tina Angelina1, S. Elizabeth 2</i>	18 - 23
5	Roles and Responsibilities of Nurses in End-of-Life Care Patients and Delivering Palliative Care <i>- Dr.Dinesh Selvam S, Dr Sharmila J</i>	24 - 27





# Significant Nursing Practices for the Management of Diabetes

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## **ABSTRACT**

*Over the past few decades, diabetes turns out to be a progressively more and serious health problem worldwide. It has been reported that increasing number of people are getting affected and living with this disease with a significant rise. Diabetes Specialist Nurse Work completely in diabetes care their support is considered vital in offering excellent patient care and advocating effective management. They will also offer training and support to Other nurses on general practices and diabetes management. The responsibilities in the management of diabetes and patient care involve guidance on disease control & prevention, advocating behavioural modifications and health training. Other important roles include early assessment of Type II diabetes, fostering self-care, creating awareness on the importance of mental health and monitoring urine, blood and glucose levels. Diabetic specialist nurses have a major positive impact when counselling diabetes patients on self-management especially when merged with pre-emptive care.*

## **INTRODUCTION**

Diabetes Specialist Nurse work completely in diabetes care their support is considered vital in offering excellent patient care and advocating effective management. In the year 2017, International Diabetes Federation has reported that approximately four hundred and twenty-five million people in the age group between twenty to seventy-nine years were living with this health issue. The study report also reveals that it will rise to six hundred and twenty-nine million by 2045 [1]. It has been mentioned that the incidence of this health issue had risen significantly particularly in low and income countries over the past ten years. Persons in the pre-diabetes stage are 1.3 times expected to be hospitalized and adults diagnosed with this disease are 3.5 times at higher risk of hospitalization when compared to patients without a history of this complication. A recent UK national data reported that a patient with diabetes have a prolonged hospital stay when compared to a patient without diabetes regardless of admission related to same complication other than diabetes [2].

According to TREND-UK, the diabetes specialist nurses play a prominent role in delivering cost effective care with improved patient outcomes. They will also offer training and support to other nurses on general practices and diabetes management. The responsibilities in the management of diabetes and patient care involve guidance on disease control & prevention, advocating behavioural modifications and health training. Other important roles include early assessment of Type II diabetes, fostering self-care, creating awareness on the importance of mental health and monitoring urine, blood and glucose levels [3].

Direct medical expenditures associated with this health issue involves prevention and treatment, covering OP and emergency care, IP care and long-term care with major expenditures to IP and OP care. Although diabetes is a matter of global health concern, there are not widely accepted or universal methodologies for treating diabetic individuals. In many countries, nurses also play a substantial role in

the management of diabetes in supporting doctors who play a central role in diabetes care [4]. Several improvements occurred in treatment and health care support to diabetes patients and how nursing interventions are effective in combating diabetes morbidity. Some modifications for effective diabetes management involve diabetes specialist nurse who will be participating in health care support with improved clinical outcomes and reduced OP attendances.

Diabetic specialist nurses have a major positive impact when counseling diabetes patients on self-management especially when merged with pre-emptive care. It is well accepted that majority of nursing professionals have good knowledge and experience on diabetes IP care. As a result of this, individuals suffering from diabetes would obtain high-quality care [5].

## **NURSES' ROLES IN DIABETES CARE**

### **Nurses as Educators**

Several investigations have reported that nurses are significantly involved in patient's education on the management of their disease. Furthermore, these studies also highlighted the impact of nursing interventions on diabetes management and education with the resultant positive outcomes by educating on the importance of improving glycemic controls. Bostrom and his team elaborated the significance of Diabetic Specialist Nurse role in patient's education on the disease, complications associated with the disease and control measures for preventing complications [6]. In a randomized trial study by Wexler et al. confirmed that nurses play a very important role in the management of Type II diabetes. In this study, group I received normal care and group II patients receive intervention care and education support from Diabetes Specialist Nurses. The results showed that group II patients had a decreased mean glucose levels and greater reduction in glycosylated haemoglobin levels (post one year discharge) in contrast to Group I i.e., normal care group [7]. Raballo et al. studies further confirmed that patients who were assigned to group care resulted in more positive attitude and outcomes when compared to patients who received usual care. Additionally, few patients who underwent usual care management reported to have negative implications. From many clinical findings, it was obvious that diabetes specialist nurses have a significant and a positive impact on educating diabetes patients [8].

### **Nurses as Advanced Caregivers**

Nursing professionals are very much engaged in performing administrative tasks for diabetes care. Previous studies have confirmed their roles and responsibilities as advanced caregivers through their daily routine. They play an essential role in plan and organize diabetes care and management [9].

### **Nurses as Motivators**

Nurses effectively take on diabetes management and several surveys suggest that they are also responsible for motivating diabetes patients. Numerous studies have highlighted the significance of nursing professionals offering psychological support to diabetic patients. Pevrot et al. studies showed that diabetic patients with psychological issues resulted in negative impact on control and management of diabetes. It is very important to note that diabetes specialist nurses are also actively involved in rendering great support and make them feel safe, secure and hopeful [10]. Other studies also reported that nurses actively participate in supporting patients to overcome denial and lack of hope.

According to a survey conducted by American Diabetes Association, incidence of diabetes is on the steady rise and turn out to be an escalating global health concern [11]. This raised up concern has called for several preventive approaches to mitigate the growing amount of diabetes. Of many strategic approaches, nursing professionals who were actively engaged in diabetes management shown to

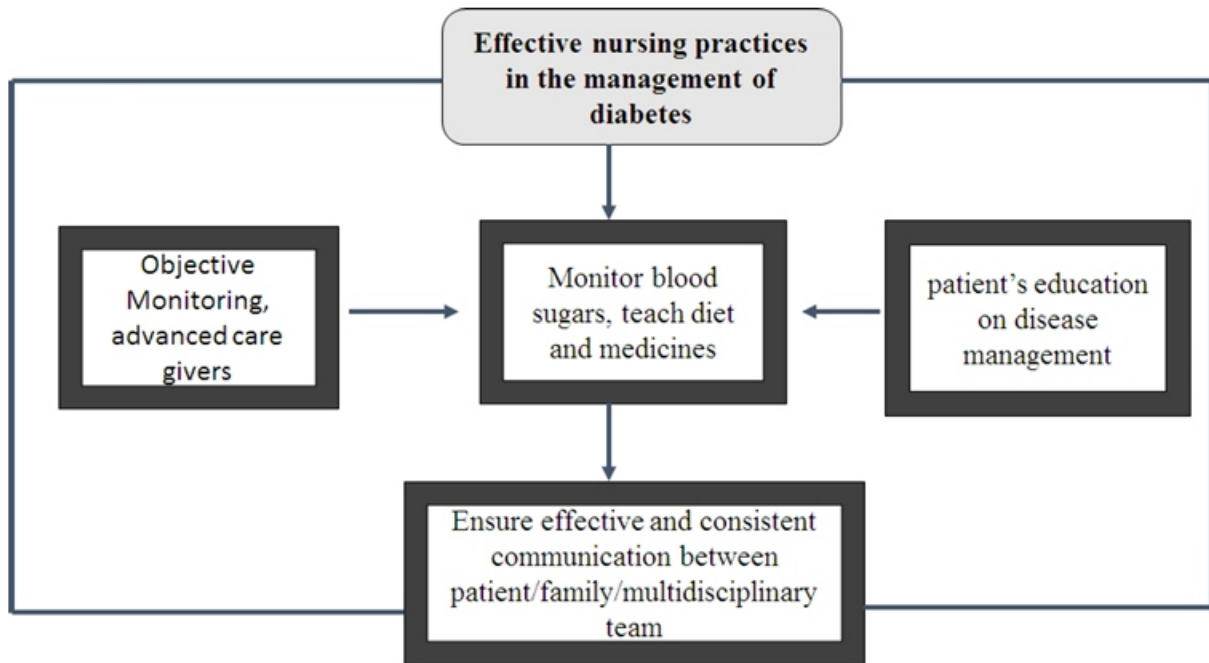
produce better outcomes amongst patients in diabetes care. Many healthcare systems are working to implement patient focused nurse-led models of care for improved outcomes. Several studies have elaborated nursing interventions greatly improved the patient care with better outcomes. Houweling at al. reported that patient's glucose, BP, lipid levels were well controlled and regulated. The study also highlighted that diabetic individuals assigned to nurse group developed to be more cautious of impending long-term risks if the disease left untreated [12]. The results of the investigation by Houweling and his team suggest that assigned nurses devoted additional time with the diseased individuals that contributed to improved outcomes. Gabbay and his team conducted a trial, and the results suggest that nurses play a significant role in the management of diabetes significantly when compared to general practices (GP) management [13]. The results of the study conducted by Gabbay et al. further confirmed the quality nursing care in diabetes management was very effective in achieving the treatment goals. There are many approaches developed for efficient nursing care in diabetes management. Personalized care plan, careful monitoring and adapting healthy lifestyle modifications are key components for effective diabetes management.

Many authors have reported that nursing professionals serve as an important source in affording quality care and is mainly depend upon appropriate intervening requirements and conditions involved. The nursing quality care in diabetes management is dependent on various factors such as nurse skills, compassionate behaviour, caring attitude, adequate information, appropriate communication, efficient organizational skills and effective management systems [14].

A study by Taylor et al. was primarily based on the perceptions of patient's respondents on the quality of nursing care [15]. The results of this study confirmed that respondents involved in the study had greater hopes and expectations on the quality of nursing care. Furthermore, the study states that expected outcomes of the management is primarily based on the nursing care quality. Findings of several research analysis confirmed diabetes patients' condition has been substantially improved with nursing interventions. In a treatment centre in Netherlands, Den Engelsen and his team observed the impact of collaborative nursing care with general practices shown to have a significant outcome [16].

### **Nurses – The Major Beneficial Contributors in Diabetes Management**

Of several healthcare providers around the world, nurses contribute to the major population and play a vital role in advancing patient outcome. Nursing professionals are appointed as “nurse practitioners, specialist in clinical nursing, surgery nurse specialists, cardiac nurses, paediatric nurses, geriatric nurses, diabetic nurses and generalist nurses” [17]. Nurse practitioners are primarily focused to promote health and disease control measures by adopting effective strategies such as counselling and patient's education. For instance, in majority of cases nurses related to clinical speciality also performed effective roles and undertake responsibilities as leaders and collaborators. The nurse practitioners were very efficient in providing required quality care, in addition to that, they have also actively participated in offering psychological support and assist the patients in disease management [18].



The roles and responsibilities of nurse practitioners is to offer care at primary, secondary and tertiary levels. Lifestyle modifications and control measures to prevent diabetes associated complications are the chief goals involved in the management of diabetes. Several clinical trials conducted earlier confirmed the nursing interventions were highly beneficial in positive outcome by efficiently educating patients and promoting health. Several studies demonstrated that school nurses were significantly contributed to educating children diagnosed with diabetes. Moreover, they have actively engaged in educating their parents and teachers and were effective in turning the school “into a safe place for these children”. Moreover, the reduced hospitalization effectively contributed to a decreased hospital cost. Similarly, Sakr et al. demonstrated that patients who received adequate level of self-care education through nursing practitioners reduced frequent hospitalization [19]. A clinical trial conducted by Davidson et al. showed that nurses who were under the guidance of a “Diabetologist” effectively contribute to the advancement of patient outcomes [19]. Similar results were observed by Olgan and team of authors on assessing the effectiveness of nursing care in diabetes management [20].

## CONCLUSION

Nurses role in educating patients diagnosed with diabetes is widely accepted worldwide. Diabetes management pertaining different age groups is the most important phase. Several reports have confirmed that nurse practitioners have played a superior role in delivering the quality of care. Nurses are engaged in different levels in the healthcare management and they play a crucial role in disease treatment and prevention. To achieve desired patient outcomes through nursing care, it is vital to adopt novel strategies such as conducting frequent educational programs with emphasis on risk factor prediction and reduction, close monitoring on blood sugar levels, early diagnosis and prevention, “treating hypoglycemic and hyperglycemic states”. Nurses effectively take on diabetes management and several surveys suggest that they are also responsible for motivating diabetes patients.

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# Effective Nursing Practices in Cardiovascular Disease Management

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## **ABSTRACT**

*Cardiovascular diseases (CVD) represent worldwide healthcare issue and considered to be one of the predominant factors in instigating morbidity and mortality among populations due to malfunctioning of heart valves resulting in heart failure, heart ischemic disease and cerebrovascular complications. There are numerous risk factors that contribute to increase in the incidence of cardiovascular complications. Due to the complexity and severe risk factors associate with this disease, it is imperative to combat the pathologies of CVD with clinical and surgical treatment modalities. Nurse professionals as well as psychologist are very important part of the eclectic team of medical professionals. Nursing team play a significant role in assisting the CVD patients during and after the surgery. They actively contribute in providing complete care to the patients who underwent cardiovascular surgery. Nurses with cardiovascular speciality play a significant part in combating the increased risk of CVD. Cardiovascular nurses actively participate in the improvement of health and well-being of the individuals.*

## **INTRODUCTION**

CVD represents a serious global health concern and nursing professionals from cardiovascular discipline play a crucial role in reducing this worldwide issue and promote positive outcomes in the CVD treatment [1]. These specialized nurses require thorough understanding of the disease treatment and follow up procedures, intensive skills and excellent resources that will permit and qualify them to perform as leaders in the management of CVD. Specific competencies of nurses specialized in cardiology with respect to World Health Organization core proficiencies of twenty first century healthcare employees in the prevention of CVD are outlined (knowledge, training and approaches) in detail. Development of strategies, leadership capabilities and mentorship are vital and a key approach for endorsing cardiovascular nursing role and promote nurses in the contribution of improvement in healthcare system by decreasing CVD and associated complications [2]. Nursing team plays a significant role in assisting the CVD patients during and after surgery. They actively contribute providing complete care to the patients who underwent cardiovascular surgery [3]. Several studies have reported that nursing professionals must plan and establish steps involved in the process of treatment and care to the CVD affected patients. For this process to be achieved, the intervention procedures should be directed by a scientific approach. This scientific approach (diagnosis, treatment plan and execution) permits the nurse to recognize and meet the requirements of the person. Nevertheless, to meet patients' requirements, they also must need intensive technical skills, intellectual competence and organizational relationships [4]. common and result in morbidity and mortality [5]. Therefore, there is a need for strategic planning that could alleviate complications and make a patient feel secure irrespective of new lifestyle modifications such as changes in diet and other related orientations that cater to the patient's requirements.

Patients discharge from the hospital is taken care by the members of multi-disciplinary team



intermediated by nursing professionals as they are connection between the eclectic medical professionals so that definite requirements of each CVD patient are met [6]. Due to the complexity of cardiovascular disease management, treatment centres must provide expert human and material resources along with highly proficient techno- scientific expert team of “cardiologist, cardiac and vascular surgeons, anaesthesiologist, electrophysiologist, psychologist and very importantly registered nursing staff” [7]. Nurse professionals as well as psychologist are very important part of the eclectic team of medical professionals. This is mainly due to the fact that many patients specifically in their post-operative phase present with signs of anxiety, lack of hope, negative apprehension about the future and decline in their confidence level. These issues can be overcome with the help of psychologist intervention and support during the hospitalization that positively results in patient’s recovery [8].

## **EPIDEMIOLOGY**

CVD is one of the major contributors to early mortality worldwide and their prevalence has increased drastically over the past two decades. According to the information available at the international council of nurses, around twelve million nursing professionals (from largest healthcare) are managing chronic illnesses and CVD complications worldwide [9]. The American Heart Association along with WHO identify the important aspects that nurses along with multi-disciplinary team members contribute with an aim to reduce the mortality rate by twenty-five percent in 2025. Over the past 40 years, nurses are being in-charge on key roles in the management of multiple risk factors associated infections and chronic illnesses such as CVD, coronary artery disease through primary care programmes and cardiac rehabilitation<sup>10</sup>. By playing a key role in the management of CVDs, they demonstrate excellent ability in reducing CVD complications. Furthermore, nurses have also adhered to the protocols and guidelines for CVD treatment and demonstrated positive outcomes in patients with reduced morbidity and mortality worldwide [9][10].

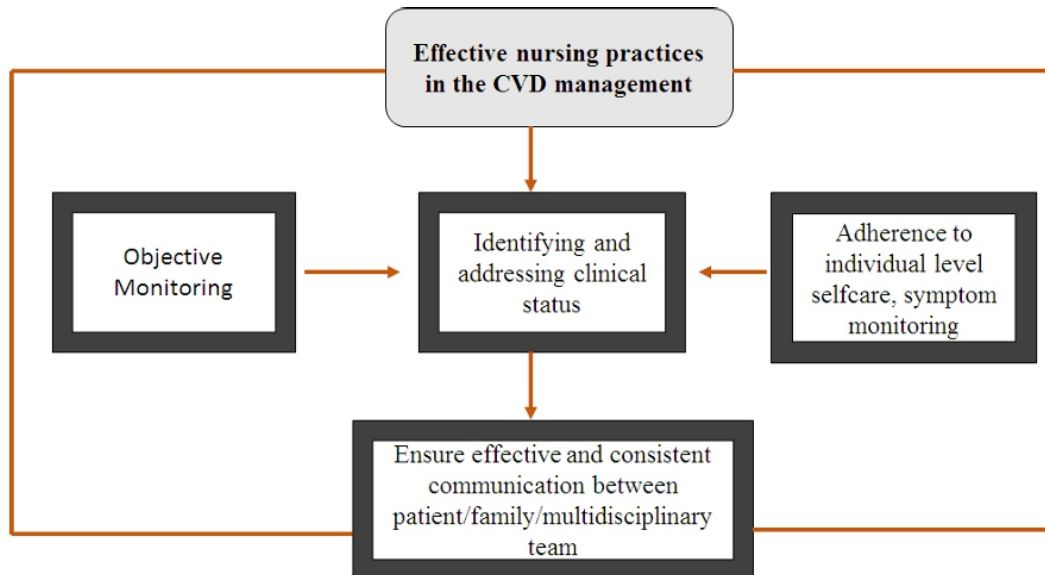
## **CARDIOVASCULAR COMPLICATIONS**

Because of CVDs increasing illness and causing deaths globally, they result in substantial burden on people as well as communities. However, nurses with cardiovascular speciality play a significant part in combating the increased risk of CVD. Cardiovascular nurses actively participate in the improvement of health and well being of the individuals. Leadership capabilities are imperative for effective nursing practices in cardiovascular disease management. To deliver energetic and supportive workforce in cardiovascular disease treatment and prevention, an array of skills is obligatory [11]. In cardiovascular nursing, apart from proficient knowledge in CVD care, it is essential to analyse and implement evidence-based approaches within the apt frameworks. Emerging clinical and research approaches and development of effective policies for CVD prevention and promoting policies are vital for improving the outcomes of CVD treatment [12].

## **CARDIOVASCULAR DISEASES – GLOBAL HEALTH CONCERN**

There is a drastic increase in the incidence of people living with chronic diseases and is a matter of great concern in the healthcare system. Of all the chronic illnesses, huge burden and impact is caused by CVD [13]. The need of the hour is to develop a competent multi-disciplinary team of professionals to advance and implement chronic care models such as CVD care that positively impact in the treatment and management of CVD. The core competencies of cardiovascular nursing care include “patient-centred care, quality improvement of methods and treatment, effective information & communication expertise and technology” [14]. In treatment centres and hospitals around the world, patient-centred care is being

implemented for effective care among individuals and communities. Quality improvement and effective treatment practices is to promote for efficient outcomes with stringent adherence to evidence-based procedures. Communication and IT competencies in healthcare system refers to attaining skills and employing technologies in patient care and support in cardiovascular management [15]. Adapting these core proficiencies as a straightforward framework will be very effective in driving healthcare prospectuses and CVD prevention. It is imperative to recognize educational and clinical capabilities that a cardiovascular nurse require for leadership in cardiovascular management [14][15].



## EFFECTIVE NURSING PRACTICES

Effective cardiovascular nursing professionals and tutors are required to contribute to CVD prevention and promote active healthcare delivery system. Development of leadership qualities is a significant part of cardio-speciality nurses with regard to professional growth as well as in all phases of healthcare system. Leadership qualities are very important for cardiovascular nurses in implementing policies for prevention and management of CVD, delivering effective patient care, pursuing research and translating them into practice, managing a treatment centre and holding an integral role on policy governing bodies [16].

Mentorship in effective nursing practices have shown increased outcomes in personal and professional levels. According to Barondess et al. mentorship instigates positive attitude and encompasses a dynamic interaction. In cardiovascular nursing practices, mentoring acts as a preceptor and support less experienced nurses and nursing interns to establish goals for CVD prevention and treatment [17]. Professional associations such as American Heart Association offer and promote mentorship activities. The activities generally include mentoring program for young cardiovascular nurses, interns, young scientists, post docs and postgraduates. AHA council sponsored an international mentorship program in 2008 on effective cardiovascular nursing and practices. The outcomes of this mentorship program were very successful in CVD management [18]. In reported cases of atherothrombosis, evidence-based guidelines and preventive measures are established depending on the pathophysiology of the illness. The cardiovascular nurse must have thorough understanding and knowledge on the physiological process (from fatty streak formation to dysfunction of endothelium, formation of plaque and its rupture) that associate that associate with this disease [18].

## **RECOMMENDATIONS**

It is highly recommended that a nurse should possess a basic understanding on the pharmacological agents mediated for reduction in cardiovascular complications. This will enable them and offers credibility in educating patients on management of long-term therapy. Many authors have reported that a good level of knowledge on the management of various chronic illnesses such as deep vein thrombosis, malfunctioning of heart valves resulting in heart failure, dyslipidaemia resulted in the positive outcome and healthcare delivery [19]. However, it is also extremely important for a cardiovascular nurse to have an additional knowledge on the pharmacological agents responsible for surge in cardiovascular complications. It is suggested for a cardiovascular nurse to have a basic understanding of genetic disorders and factors that contribute to CVD. Several research findings suggested that a nursing practitioner to have a good level of understanding on risk factors associated with atherothrombosis [19].

A trial conducted in Spain by Penalvo and his team outcomes demonstrated the importance of healthcare training especially nursing interventions pertaining to the reduction in CVD among diverse communities [20]. With efforts focussing on the prevention of CVD globally, Dr.Hill and his team highlighted on how the shortage of nurses and other healthcare workers will be a barrier in patient care delivery and management. Role of nursing is vital for CVD prevention and imperative to deliver patient centred care that can be achieved through evidence-based practices and quality initiative programs. Dr.Hill also proposed methods and opportunities by adopting approaches such as quality improvement on healthcare settings, eradication of barriers that hinder in healthcare and innovative strategies to mitigate healthcare issues with an emphasis on effectively promoting nursing education and evidence based practices [21].

## **PROMINENT ROLE OF NURSES IN CVD**

Many data and studies support the key role of nurses in cardiovascular and associated diseases prevention. A landmark trial conducted by Stanford Risk Intervention Project results revealed that nurses play a prominent role in reduction of clinical events in CVD which was evident from regression of disease by angiographic procedure. Several attempts were made and have been successful in elucidating the significance of nursing professionals in the management of CVD by strictly adhering to protocols and guidelines for medical therapies. A trial on atherosclerosis management program results demonstrated that patients with coronary artery disease and received nursedirected care reported with a reduction in the rate of morbidity and mortality to a significant extent post one year follow up than the usual care [22]. This study clearly demonstrated nurse directed recommendations for prevention of CVD and other associated complications. The Global Cardiovascular Nursing Leadership Forum were successful in initiating a global nursing movement for CVD prevention in both developing and developed countries [23].

## **CONCLUSION**

Nurse professionals as well as psychologist are very important part of the eclectic team of medical professionals. Nursing team play a significant role in assisting the CVD patients during and after the surgery. They actively contribute in providing complete care to the patients who underwent cardiovascular surgery. Nurses with cardiovascular speciality play a significant part in combating the increased risk of CVD. Effective cardiovascular nursing professionals and tutors are required to contribute to CVD prevention and promote active healthcare delivery system. Development of leadership qualities is a significant part of cardio-speciality nurses with regard to professional growth as well as in all phases of healthcare system.

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# Roles and Responsibilities of Nursing Professionals in Providing Psychological Support Severe Ill Patients

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## **ABSTRACT**

*An important factor to consider while providing patient care is the psychological support. Many chronic ill patients consistently reported having “significant information and emotional needs” and several studies reported that nurses play a pivotal role in providing both care and support to patients from diagnosis, treatment to cure, end of life/palliative care. Nurse practitioners play a significant role in patient supportiveness effectively by building communication and understand patient’s needs and requirements during their treatment. Adequate psychological support to patients throughout their journey will make them understand and feel-safe and better. Clinical nurse practitioners play a significant role in patient supportiveness effectively by building communication and understand patient’s needs and requirements during their treatment.*

## **INTRODUCTION**

Clinical nurse practitioners play a significant role in patient supportiveness effectively by building communication and understand patient’s needs and requirements during their treatment. Their support is also beneficial in building a rapport with patients having chronic illness and to develop a clinical relationship with them and their family throughout the management of disease [1]. This gives clinical nurses a chance of building communication and gaining trust and initiation of support. Since each patient demands specific ‘physical-symptomatic-psychosocial’ care, nurses treat patients individually. Establishing good psychological support demonstrated beneficial outcomes by reducing physical symptoms and psychological distress in patients. As a result of this, there is a significant improvement in the quality of life, enhanced management, reduction in the levels of pain with a consequent decrease in demanding hospital resources [2][3].

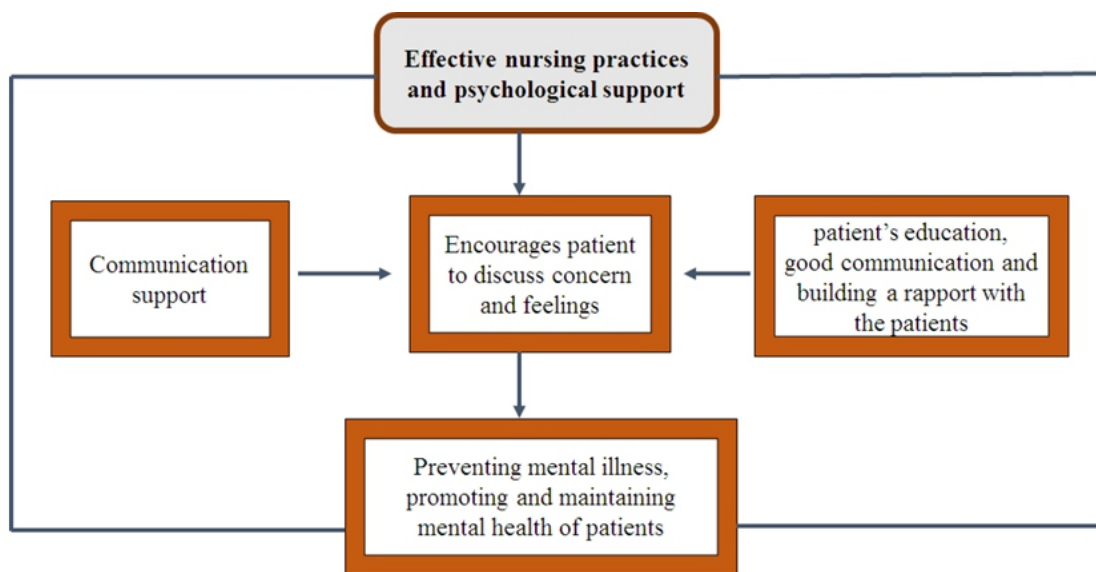
## **EFFICIENT PSYCHOSOCIAL CARE**

Delivering excellent psychosocial care is based on good communication and building a rapport with the patients. In severe chronically ill patients, it is imperative for the nurses to have adequate interaction to express empathy, support and provide medical information. It is a widely accepted fact that a relationship of a healthcare provider with patients is built on trust, honesty, understanding and very importantly, being present, setting goals and providing social support to severely ill patients [4]. Efficient psychological support and delivery is dependent on two factors namely “recognition of distress and available mental resources (Moody 2003, Sussman and Baldwin 2010, Muriel et al 2009). Corresponding to Hodgkinson et al. psychological care entails establishment of “psychological, social and spiritual care” [5][6]. Providing social support can be helpful for patients with chronic diseases experiencing distress and anxiety [7][8]. The nursing professionals’ relationship build with patients vary among patients and factors such as age and gender have an impact of the “relationship built”. Nurses’ role in providing resources and education catering to individual needs is also a part of

psychosocial care.

For an effective psychosocial care, 'hope' is considered as a primary component. Reb and his team in the year 2007, demonstrated that hope comprises re-evaluation and setting new goals [9]. A study by Schofield et al. 2006, demonstrated that nurses' discovery of a balance between speaking the truth and "nurturing hope" is a key factor in building trust. In many situations' nurses be certain that promoting negative anticipation of treatment when treatment is ultimately not possible may lead to grief because it may prevent patients and their families from making informed medical decisions and lifestyles [10]. Reb and his team conducted a survey analysis and found that "communication style and relationships with health care providers" were important continuum themes that affected trust. Healthcare professionals especially nurses should be able to effectively connect patients and their families and provide confidence.

Nursing professionals are in direct contact with patients and are in a good position to provide community-based mental health care. Efficient promotion community-based mental health care depends on the understanding of nurses and their ability to provide it. Rodriguez et al. (2007) reported that some nurses find it difficult to integrate mental health care into a standard program. Studies show that this may be due to an overdose of public care for nurses and patients with ailments or conditions and to the medical care required in treatment [11][12]. In addition, research study by Legg et al. (2011) shows that barriers such as "lack of time, overwork, feelings of inadequacy, and language barriers" prevent nurses from particularly in intensive care settings in providing this care [13].



A recent study by Macmillan et al. (1996) testified on the need for community-based mental health care to "improve patient health outcomes" [14]. Since the provision of psychosocial social care is both psychological and personal, nurses' experiences should be evaluated in their unique social context. Therefore, it is vital to understand the views of nurses in mental health care and to identify their barriers to its implementation so that steps can be taken to improve psychosocial care. Several studies reported that nurses with an in-depth understanding of community mental health care and the experience they have gained in providing this care to develop strategies to improve nurses' ability to provide community-based mental health care.

## PSYCHOLOGICAL SOCIAL SUPPORT SYSTEMS

Psychological Social Support Systems initiates to address ongoing psychological functioning in the community problems of individuals, their partners, families and caregivers (Torn & Greasely, 2016) [15]. Nurses have an important role to play in supporting chronically ill patients. A lot of psychological problems affecting patients, “such as 1) The cost is too high; they feel a great burden for to the family and have a sense of guilt. 2) The pain caused anxiety. 3) They feel useless, and think they live worthlessly. However, nurses were asked to respond. The problem is patience, correcting mistakes and eliminating misunderstandings, helping patients, identify and deal with stressful psychological or social problems and support yourself Inspired. This means that, as a nurse, they must first educate themselves (Kozier et al., 2010) [16].

Nurses are the primary and essential source for providing safe and efficient care globally. Efficient nurse practitioners “lowers the stress, suffering and complications of patients facing death”. Further, nurses extend “physical, social, psychological” assistance to patients with severe illnesses. It has been reported that approximately four million nurses “contribute to the provision of holistic person-centred care” in U.S. alone [17]. Nurses are the primary and essential source for providing safe and efficient care globally. They are not only involved in ensuring safe and quality care but also spend adequate time with patients (having severe illness) and their families when compared to other healthcare professionals. It is a well-accepted fact that efficient nurse practitioners “lowers the stress, suffering and complications of patients facing death”. Further, nurses extend “physical, social, psychological” assistance to patients with severe illnesses. Institute of Medicine demonstrated roles and responsibilities of nurses is to offer caring, sustainable and deliver best quality care [18]. Recent advancements in science and medical technology have contributed to the progress in healthcare sector. Nurses have shown a proven commitment in providing psychological support with better outcomes to chronic ill patients.

## CONCLUSION

Nurses offer counselling and adequate education on preventive and control measures, ensure emotional assistance to patients and members of the family. Other responsibilities include monitoring health condition, physical assessment, tracking health history, education on promoting health activities, medication, wound care, personalized interventions and treatment management. Registered nurses actively collaborate with the team of multi-healthcare-professionals in delivering efficient and quality patient care for “improved practice and patient outcomes”. Nurses also deliver efficient care and support to “serious life-limiting illnesses”. They provide patient-centred approach by developing and implementing care of plans that promote health and quality of life maximizing benefits..

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# Effective Nursing Practices in the Prevention of Nosocomial (Hospital-Borne Infections)

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## ABSTRACT

*Nurses are an important part of the any healthcare team who play a unique role in the control of Hospital acquired infections. In treatment centres and hospitals around the world, nosocomial infections are very common causing major risks and complications that even leads to the death of patients. Several preventive measures have been attempted to prevent hospital acquired infections to increase the safety and well-being of the patients. Despite many preventive approaches implemented to reduce the microbial contamination, the infection remains to cause serious complications and increase hospital stay and treatment cost. Effective nursing practices with appropriate control measures have contributed to a substantial reduction in the incidence of hospital acquired pathogens. Nurses can effectively prevent infection from occurring with prudential measures such as “hand hygiene, skin disinfection, wearing masks and gloves to prevent the spread of infection, infusion set change, following standard caution principles, averting inadvertent contact with needle stick, preventing from the exposure to respiratory discharges”. Their practices concerning hygienic environment play a crucial role to assure patients health by controlling the infections..*

## INTRODUCTION

Nosocomial infection is a global health problem resulting in serious complications and most importantly they are of great concern for patients as well as healthcare providers. Prevalence of this infection differ among countries. It has been reported that in a developed country, 7-10 patients out of 100 patients admitted to treatment centres were affected with hospital borne infection [1]. There is an increasing in the incidence of infection particularly surgical site and the trend continue to rise with eight percent in 2002 to thirty four percent in 2013 raising a great matter of concern. Hospital acquired infection causes potential risks to the patients that result in length of hospitalization and significantly raise the healthcare services and treatment cost. In many cases these infections reported to increase morbidity and mortality [2].

Foremost responsibilities of nurses include dressing, giving medications. It is very well known that nurses are in more contact with patients admitted in the hospitals compared to other healthcare workers and are frequently exposed to various hospital borne microbial pathogens. Since nursing professionals are more exposed to resistant microorganisms and transmit them, it is important to comply with preventive measures in controlling and transmission of nosocomial infections [3]. According to a survey conducted by a National Healthcare Safety Network, the healthcare associated infection results from an antagonistic response to a pathogen or an infectious agent. Usually, the healthcare associated infection occurs during hospital stay i.e., 48 hours or more or sometimes within 30 days after discharge [4].

Often these infection results in infirmity, paralysis, anxieties and further causes a decline in the quality of patient's well-being. It has been reported that hospital acquired infection treatment cost ranges

between \$4.5 billion to \$11 billion annually and contribute to nearly 4% of deaths [3][4]. Approximately 50% of patients who underwent surgeries return to the same hospital or a treatment centre with 23% of reported infections caused by hospital acquired pathogens. Measures to prevent nosocomial infections are highly dependent on implementing aggressive strategies, frequent modifications in medical and surgical approaches, variations in medicinal compounds, effective antibiotic treatment to inhibit drug resistant microorganisms [5].

Despite many hospital personnel are considered as key sources of spreading the infection, they also play an imperative role in the regulation and management of hospital acquired infections. In order to control nosocomial infections, it is essential for an hospital personnel especially nurses to have an accurate, up to date scientific information on aetiology of hospital acquired pathogens, their pathogenesis, rate of infection, effects of infection and patient risk factors and adoptive measures to prevent microbial contamination [6].

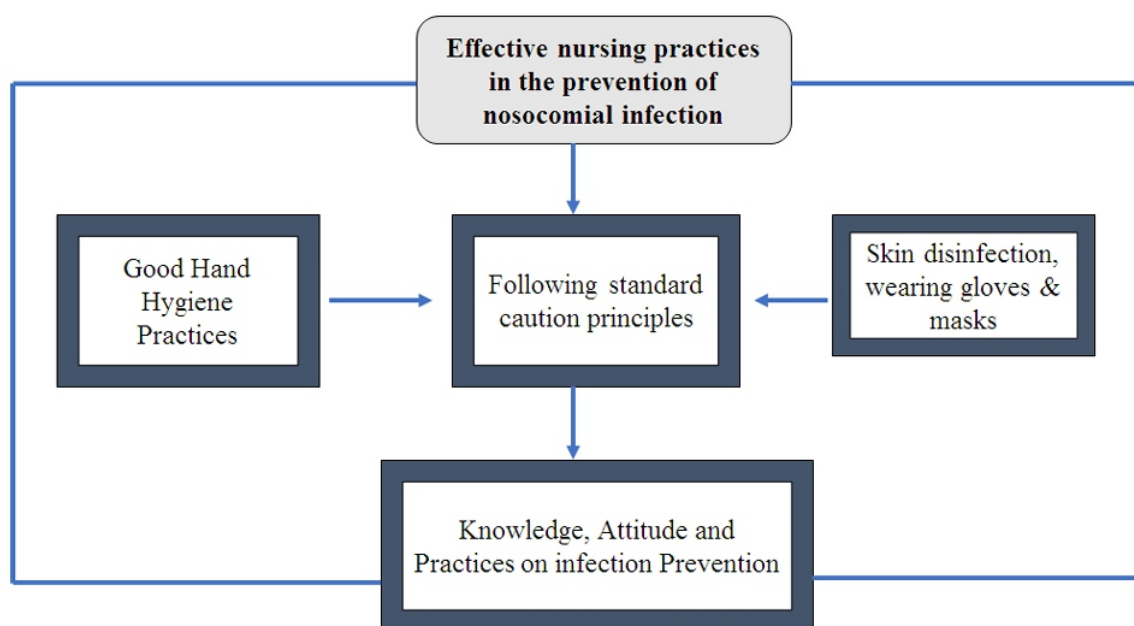
Nurses are considered as the main therapeutic team in treatment centres and their increased knowledge certainly has a positive impact on their performance. Their practices concerning hygienic environment play a crucial role to assure patients health by controlling the infections. The need of the hour to control nosocomial infections is to develop policies and continuous surveys for proper hygiene and therapeutic services [7].

### AETIOLOGY OF NOSOCOMIAL INFECTIONS

There is a growing concern worldwide due to the increase in the incidence of multi-resistant bacteria. Commonly acquiring nosocomial infections are acquired through RT and intravascular devices. Mode of infection and pathogenesis vary depending on the type of microorganism and their antibiotic resistance. Gram positive *Staphylococcus aureus*, Gram negative Bacilli, Gram negative *Enterococcus* accounts approximately twenty percentage of nosocomial infections [8].

### RISK FACTORS FOR NOSOCOMIAL INFECTION

Nosocomial infections are very common in new-borns, children, aged population and in immunocompromised patients. Factors that contribute to the infection includes mechanical ventilation, indwelling catheters, prolonged use of antibiotics resulting in antibiotic resistance and continuous uptake of histamine receptor blockers due to overgrowth of potent microorganisms [9].



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**Previous studies confirming the role of nurses in the prevention of nosocomial infections**

Despite developments in the health care system, nosocomial infections still remain the problem of great concern. Hospital acquired infections contribute to nearly eighty thousand deaths in U.S. alone [10]. Mode of transfer of the infection is from one patient to another through health care and nursing professionals who have not sanitised their hands properly with inadequate preventive control practices. Effective nursing practices with appropriate control measures have contributed to a substantial reduction in the incidence of hospital acquired pathogens. Many authors have concluded that taking part in medical and healthcare education programmes had a positive impact on the nosocomial infection prevention procedures [11].

Nurses can effectively prevent infection from occurring with prudential measures such as “hand hygiene, skin disinfection, wearing masks and gloves to prevent the spread of infection, infusion set change, following standard caution principles, averting inadvertent contact with needle stick, preventing from the exposure to respiratory discharges” [12]. Although, many research states that hospital personnel have adequate knowledge to prevent the spread of hospital acquired infections, many studies have also reported that nursing practices on infection control is sometimes inconsistent. McBride and his team conducted a study in America of effective nursing practices to prevent infectious microbial contamination and the outcomes of the analysis reports that almost 65% had inadequate knowledge to prevent these infections [13]. Other studies by Angelillo et al. and Bota et al. also revealed that many of nursing professionals had no appropriate knowledge in controlling the infection.

This issue highlights the need for consideration in improving appropriate knowledge in resisting the occurrence of microorganisms. Prevention and control measures to hospital acquired infections depends on individual’s education and attending infection control programs in offering complete hygiene [14][15]. Gould and his team results revealed that continuous medical education on the prevention of nosocomial infections is highly effective in delivering effective nursing practices in hospital acquired infections [16].

RaeisKarimian and his team conducted a study on the performance of nurses in the management of nosocomial infections and the results showed that almost 75.8% of nurses involved in the study had adequate knowledge and proper performances. However, there was no significance relationship observed based on performance and their level of knowledge [17]. Effective approaches to control these infections involve hand hygiene following treatment procedures. Nurses play an imperative role in reducing potential risks of hospital borne infections by following simple yet effective measures such as frequent hand washing.

It is essential to offer support (suitable equipment, continuous medical education) systems that facilitate in delivering excellent performance. World Health Organization has recommended continuous observations and routine monitoring on performances of nurses concerning the nosocomial infections. Many studies have reported that with adequate knowledge nursing practices can be improved with respect to hospital acquired infection. Results of several studies highlighted the importance to implement national database system to evaluate nursing practices and interventions [18][19].

A study conducted by Alrubaiee et al. on the control measures to prevent infection transmission in hospital environment shows that 52.9% of nurses had excellent knowledge on cleaning procedures and 81% had adequate level of information on routine waste handling and disposal. This study also revealed that 83% of them had a good level of knowledge equipment reprocessing related to patient care only very few percentages of nurses had a fair level of knowledge on linen handling procedures. Outcomes related to nosocomial infection control measures revealed that 87% had excellent and 4% had good level of knowledge respectively. Only 9% of participants reported with poor performance on nosocomial infection preventive measures [20].

According to Ginny et al. hospital acquired infections result in morbidity, mortality across the world and

increases the length of stay and cost of treatment. To overcome these complications, it is vital for nurses to have good level of knowledge and excellent practices to control and prevent the occurrence of nosocomial infections. The results of their study showed that almost 73% of nurses had a good level of practice on hand hygiene and 35% had an excellent level of personal protective equipment handling and practices.

Overall, 87% of nursing professionals perform excellently in control and prevention of different hospital acquired pathogens. The results also highlighted that those who attended continuous medical education and training courses accomplished high knowledge scores [21].

A survey with support from World Health Organization was conducted in fifty-five hospitals representing fourteen Gloves are highly beneficial in preventing microbial contamination and transmission of nosocomial pathogen.

Foremost consideration while using a single use glove is that it should be changed after attending each patient. Secondly, it should never be resterilised, sanitized and washed after every single use. For procedures such as insertion of urinary catheters or central venous catheters, sterile gloves are preferred than clean gloves. For other indwelling procedures such as wound dressings, clean gloves can be used [26].

### **Intravenous catheters**

Intravenous lines contribute to one fourth of all hospital acquired blood stream infections. In critically ill patients, these nosocomial infections result in serious complications with a reported mortality rate at 25%. The organisms responsible for causing blood stream infections include gram positive cocci particularly 2/3rd of the infection is caused by Staphylococcus species with 15% reported cases of Staphylococcus infection. In many cases there is lack of body's natural defence mechanism due to the insertion of intravenous needles/cannula and microbial pathogens enter the circulation as a result of any contamination and started to grow on the surface of cannula [27].

### **Preventive Measures**

Preventive measures to overcome these complications include vigilant insertion and ideal catheter practices. In surgical procedures, insertion of peripheral catheter requires careful and best precautionary measures and practices. Before inserting cannula, the insertion site must be carefully disinfected for a minimum of 30 seconds and permitted to dry and the site of insertion are allowed to touch after disinfection procedure. It has been reported that nursing professionals who followed strict disinfectant practices resulted in a manifold reduction in catheter associated bacterial infections. The need of the hour in healthcare practices is to prevent nosocomial infections that often result in increase in hospital stay and known to result in significant morbidity and mortality. Promotion of aseptic techniques and good sanitary practices through continuous healthcare education programmes have largely contributed to the success in the reduction of hospital acquired pathogens. In many developing countries' efforts are being made to ensure the implementation of nosocomial infection control measures into practice through vigilant nursing practices[28].

### **CONCLUSION**

Hospital acquired infection causes potential risks to the patients that result in length of hospitalization and significantly raise the healthcare services and treatment cost. In many cases these infections reported to increase morbidity and mortality. Nurses can effectively prevent infection from occurring with prudential measures such as "hand hygiene, skin disinfection, wearing masks and gloves to prevent the spread of infection, infusion set change, following standard caution principles, averting inadvertent contact with needle stick, preventing from the exposure to respiratory discharges". Effective nursing

practices with appropriate control measures have contributed to a substantial reduction in the incidence of hospital acquired pathogens.

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# Roles and Responsibilities of Nurses in End-of-Life Care Patients and Delivering Palliative Care

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## ABSTRACT

*Palliative care includes range of illnesses involving “physical, psychosocial and emotional requirements of chronic ill patients”. The demand for palliative will continue to increase worldwide due to escalating burden of communicable/non-communicable infections and diseases and ageing populations. Adequate measures and “early palliative care” possibly limit unnecessary hospitalizations. Nurses are the primary and essential source for providing safe and efficient care globally. Efficient nurse practitioners “lowers the stress, suffering and complications of patients facing death”. Further, nurses extend “physical, social, psychological” assistance to patients with severe illnesses. Nurses have shown a proven commitment in the treatment of end-of-life patients with better outcomes to palliative care..*

## INTRODUCTION

In healthcare sector, nurses comprise the majority among the biggest group of healthcare professionals worldwide. It has been reported that approximately four million nurses “contribute to the provision of holistic person-centred care” in U.S. alone [1]. Nurses are the primary and essential source for providing safe and efficient care globally. They are not only involved in ensuring safe and quality care but also spend adequate time with patients (having severe illness) and their families when compared to other healthcare professionals [2]. It is a well-accepted fact that efficient nurse practitioners “lowers the stress, suffering and complications of patients facing death”. Further, nurses extend “physical, social, psychological” assistance to patients with severe illnesses [3].

Providing quality care to patients (suffering from chronic illness with critical complications) and to their families by adopting efficient treatment and preventive methods is called palliative care. Palliative care includes range of illnesses involving “physical, psychosocial and emotional requirements of chronic ill patients” [4]. Institute of Medicine demonstrated roles and responsibilities of nurses is to offer caring, sustainable and deliver best quality care. Incompetent approaches in delivering patient-centred quality care limits palliative care efficacy that will lead to “physical, social and emotional suffering of seriously ill patients” [5]. Along with curative measures, palliative care can be offered simultaneously. In many low- and middle-income countries, concurrent palliative approach is limited as it requires a multidisciplinary team encompassing “nursing, medical and psychological support” to meet multifaceted requirements of patients with persistent illness [6].

It is estimated that each year approximately forty million people demand end-of-life care and seventy eight percent of people (live in low- and middle-income countries) in need of palliative care. The two most serious symptoms experienced by end-of-life patients are pain and difficulty in breathing and require palliative care. Several reports suggests that approximately eighty percentage of AIDS and cancer patients, sixty-seven percentage of patients with chronic obstructive pulmonary disease and



cardiovascular disease at the end of their lives are reported to experience mild to severe pain. To alleviate breathlessness, pain and other physical symptoms opioids are often used, but, limiting these distressing symptoms at an “early stage is an ethical duty” to ease and reduce the suffering [7].

Approximately fourteen percent of people with severe and chronic illness currently receive palliative care. The demand for palliative will continue to increase worldwide due to escalating burden of communicable/non-communicable infections and diseases and ageing populations [8]. Adequate measures and “early palliative care” possibly limit unnecessary hospitalizations. The need of the hour is to develop and implement adequate training programs, national policies to improve access on end-of-life care. End-of-life care includes myriad of services offered by multidisciplinary healthcare team (“Physicians, nursing, paramedics, physiotherapists and other support workers”) to chronically ill patients and great support to their families [9][10].

Recent advancements in science and medical technology have contributed to the progress in healthcare sector. Nurses have always and considered to enhance the quality of life of patients. Advocating end-of-life nursing care primarily involve management (pain/symptom/ethical decision).

Nursing interventions are required in end-of-life care when patients reported with “powerlessness, loss of self-control, helplessness, ineffectiveness, dependences, extremely vulnerable, recurrent infections, inability to speak and prolonged hospitalization due to chronic illness”. The nursing practitioner with adequate skill, knowledge and represent and communicate on behalf of severe ill patients is considered as a core approach and management [11].

A successful approach that enhances the quality of life of patients reported with life-threatening chronic illness is the palliative care. Effective palliative care prevents and alleviate suffering by novel strategies such as early diagnosis, accurate assessment and treatment. Palliative care nurses address suffering and take care of issues with a multidisciplinary team. Palliative care also focused on “special attention, practical counselling needs/individual and preferences, therapeutic bereavement modules” through patient-centred and integrated health services that aid patients to live and lead a happy and active life. Palliative care is the solution to an array of diseases and complications [12]. It has been reported that many adults are diagnosed with life-threatening illness require palliative care. Research data suggest that thirty eight percent of adults with cardiovascular diseases, thirty-four percent cancer, ten percent with chronic respiratory diseases, six percent with AIDS, and approximately five percent suffering from diabetes require palliative care. Other conditions necessitate of palliative care includes “multiple sclerosis, chronic kidney failure, dementia, congenital anomalies, kidney failure, rheumatoid arthritis and neurological disorders” [13].

## **ROLES AND RESPONSIBILITIES OF NURSES IN PALLIATIVE CARE**

Nurses have shown a proven commitment in the treatment of end-of-life patients with better outcomes to palliative care. In the year 2016, a survey was conducted by palliative healthcare services, results demonstrated the superior role of nurses when compared to other healthcare professionals in ensuring support and care to the end-of-life patients. Out of one hundred and twenty-eight discipline providers enrolled in the study, nurses are the major interventionist (around 70%) in the study [14].

Registered nurses offer counselling and adequate education on preventive and control measures, ensure emotional assistance to patients and members of the family. Other responsibilities include monitoring health condition, physical assessment, tracking health history, education on promoting health activities, medication, wound care, personalized interventions and treatment management. Registered nurses actively collaborate with the team of multi-healthcare-professionals in delivering efficient and quality patient care for “improved practice and patient outcomes” [15]. Advanced Practice Registered Nurses deliver efficient care and support to “serious life-limiting illnesses”. They provide patient-centred approach by developing and implementing care of plans that promote health and quality of life

maximizing benefits.

Nurses play a significant role in offering complete and empathetic care to end-of-life patients. To accomplish efficient end-of-life care, they collaborate with multidisciplinary team of healthcare professionals to provide support and meet the multifaceted needs of persistent ill patients and their family. Nurses along with healthcare professionals especially palliative care teams are essential in decision making processes that will contribute to a framework of providing personalized care [16]. Recent years have seen greatest advancements in the end-of-life care. Health care providers especially nurses represent major role in the care and support for chronically ill patients. Institute of Medicine analysis report in the year 2014, revealed that many healthcare systems are poorly designed to meet the requirements (care, support and treatment) of patients at their end-of-life care. The report further states that healthcare systems are geared towards acute care focused to cure illness and not effective in fulfilling the multifaceted needs of end-of-life patients [17].

As a result of inefficacious and uncoordinated approaches, patient outcomes are fragmented and escalate complications that creates distress to patients and their families. Several methods have been adopted to improve “education, research, practice and administration” in surmount difficulties of efficient end of life care.

Appropriate care, adequate support and precise treatment modules are the key components to the end-of-life patients. Nurses are often “in-a-position” in guiding end-of-life care patients and families to handle and acclimate to challenging situations. Decisions on end-of-life care entails concerns on the quality of life. Nurses provide quality care that comprises “promotion of health and comfort, alleviation of pain and symptom management”. Nurses are one of the key sources of support to the patients on the end-of-life care. Moreover, they establish mechanisms that contribute to focused management [18].

## **NURSING GUIDANCE AND SUPPORT TO THE END-OF-LIFE PATIENTS**

Nurses provide physical comfort for the well-being of patients concurrent with disease management. It is imperative for the nurses to have adequate skills and knowledge in palliative care and the management of complications associated with life-limiting infection and disabilities. Many studies on palliative care have shown to advance “neurologic, renal, cardiovascular” complications [19]. It is mandatory for healthcare providers to assist end-of-life patients and families in ethical decision making and disease management. Promoting care and health is considered crucial in the end-of-life care management. According to a conceptual model on end-of-life nursing care by Patricia Benner, efficient nursing care provides “framework” for enhanced patient outcomes. Additionally, nurse-patient-centered approach and effective communication will lead to build a trust relationship that contributes to significant improvement in treatment procedures.

## **CONCLUSION**

Paramount challenge of palliative care is to offer adequate care and support to severe ill patients and their families as delivering excellent outcomes in end-of-life care is a convoluted process. Health care providers especially nurses represent major role in the care and support for chronically ill patients. Nurses are one of the key sources of support to the patients on the end-of-life care. Nurses involvement in end-of-life care is vital to provide patient care with better functional outcomes. Nurses have shown a proven commitment in the treatment of end-of-life patients with better outcomes to palliative care. Adequate knowledge on palliative care will deliver benefit to the patients. Nurses provide quality care that comprises “promotion of health and comfort, alleviation of pain and symptom management”. They provide patient-centred approach by developing and implementing care of plans that promote health and

quality of life maximizing benefits.

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