

IMPROVEMENT OF METHODS OF ETHICAL EDUCATION OF NURSES TREATMENT AND PREVENTIVE INSTITUTIONS

Otashekhov Zokir Ismailovich

Tashkent Pediatric Medical Institute

<https://doi.org/10.5281/zenodo.7075908>

Abstract. *The task of a doctor is to constantly improve people's health. A medical worker must protect the life and health of the patient at the cost of his own life. Medical ethics was very developed in ancient Greece and is clearly expressed in the Hippocratic oath. In this article the methods of improvement of ethical education of nurses are discussed.*

Keywords: *nurse, methods, ethical education, patient, medical, duty.*

СОВЕРШЕНСТВОВАНИЕ МЕТОДОВ ЭТИЧЕСКОГО ВОСПИТАНИЯ МЕДИЦИНСКИХ СЕСТЕР ЛЕЧЕБНО-ПРОФИЛАКТИЧЕСКИЕ УЧРЕЖДЕНИЯ

Аннотация. *Задача врача – постоянно улучшать здоровье людей. Медицинский работник обязан защищать жизнь и здоровье больного ценой собственной жизни. Медицинская этика была очень развита в Древней Греции и ярко выражена в клятве Гиппократов. В данной статье обсуждаются методы совершенствования этического воспитания медицинских сестер.*

Ключевые слова: *медсестра, методы, этическое воспитание, больной, врачебный долг.*

INTRODUCTION

The first progressive concepts of medical ethics that have come down to us from the depths of centuries are recorded in the ancient Indian book “Ayurveda” (“Knowledge of Life”, “Science of Life”), in which, along with consideration of the problems of goodness and justice, instructions are given to medical workers to be compassionate, benevolent, fair, patient, calm and never lose his temper. The duty of the physician is to continually improve the health of the people. At the cost of his life, a medical worker must defend the life and health of the patient. Medical ethics was greatly developed in ancient Greece and is clearly represented in the Hippocratic oath. The medical ethics of progressive doctors of antiquity was directed against money-grubbers, charlatans, extortionists seeking to profit at the expense of a sick person. The Hippocratic Oath had a great influence on the development of medical ethics in general. Subsequently, students graduating from medical schools signed a “faculty promise”, which was based on the moral precepts of Hippocrates. The medical industry takes on a monopolistic character. Medical ethics essentially degenerates into the corporate morality of medical societies, the focus of which is on the interests of private medical practitioners. In recent years, the problems of protecting the rights of the patient are actively considered by WHO and Europe. Legal issues of health care and medical ethics are priority areas of activity of the European and UN Committees on Health and Medical Ethics.

The purpose of the research. Based on the study of the setting of ethical education cases among nursing staff, the role of the head of nursing in this and the influence of ethics and deontology on the quality of medical care.

MATERIALS AND METHODS

The materials of this study were the results of a survey among patients and testing among nurses of four departments. At the first stage, the study of literary sources on the development of ethical education of nursing staff in various countries of the world was carried out and the role of the head of nursing in this was determined. At the second stage, a survey was conducted among patients in 4 types of departments, such as the surgical department, the therapeutic department, the emergency department and the resuscitation department, in order to study the organization of ethical and deontological education among nursing staff. The next stage of the study was to conduct a survey among nurses in order to determine the level of knowledge in the field of ethics and deontology. The total number of respondents who participated in the study was 162. Of these, 80 nurses were selected, 20 from each type of department. The remaining 82 respondents were patients participating in the study, of which 21.9% (18) were patients in the surgical department, 29.2% (24) in the internal medicine department, 46.3% (38) in the emergency department, and 2.4% (2) were patients in the intensive care department. Out of 80 respondents, 8 (10%) work as senior nurses, 2 (2.5%) as chief nurses and 70 (87.5%) as nurses. Many of the respondents do not occupy leadership positions in the nursing process and spend most of their time with the patient, which will help to display more accurate information about their compliance with the principles of ethics and deontology in nursing practice. Of the 80 nurses interviewed, 8 (10%) are senior nurses, 2 (2.5%) are chief nurses and 70 (87.5%) are nurses. Many of the respondents do not occupy leadership positions in the nursing process and spend most of their time with the patient, which helped to display more accurate information about their compliance with the principles of ethics and deontology in nursing practice.

RESULTS

Patients who participated in the survey noted that they often had to deal with paramedical personnel while receiving medical care. (53% quite often, 32% encountered every time when contacting a medical institution and 10% encountered rarely). 42 (51.2%) patients answered that they had to deal with a rude attitude from nurses, but not often; 21 (25.6%) answered that they often had to deal with rude attitude from nurses and 19 (23.2%) answered that they had not. Patients noted that, when receiving medical care from nurses, first of all, they pay attention to friendly communication, because 51 (62.1%) of the 82 patients surveyed think so. An important evaluation criterion for patients is a benevolent attitude towards them, therefore, based on these data, we can draw the main conclusion that ethics and deontology on the part of nurses for patients also come first. The appearance of nurses is also important for patients, which is the first thing that 13 (15.8%) respondents pay attention to. Work experience, 12 (14.6%) respondents noted, and 6 (7.3%) noted that they first of all pay attention to the age of the nurse (patients indicated distrust of young specialists). Evaluation of the services of nursing staff on a 5-point scale by patients showed that 27 (32.9%) participants rated 3 points and this is a very alarming signal, since most of the patients studied are not satisfied with the services provided by nursing staff; 10 (12.1%) respondents gave a score of 2 points out of 5 possible; 31 (37.8%) respondents gave 4 points, 11.7% of patients are not completely satisfied with the quality of nursing services provided; 8 (9.7%) survey participants rated 1, and only 6 (7.3%) survey participants rated 5. The next question revealed the opinion of patients about whether there is a need to improve the ethical relationship of nursing staff in relation to patients. 76 (92.6%) of the study participants answered in the affirmative, and this once again confirms the opinion that the problem exists and needs to be addressed. And only 4 (4.8%) participants answered that they did not know whether

it was necessary to improve the ethical relationship of nursing staff in relation to patients and 2 (2.4%) believe that this was not necessary. To determine the level of knowledge of nurses in the field of ethics and deontology, we compiled a test questionnaire, which consisted of 50 questions with multiple choice answers for each. The test questionnaire determined the level of knowledge of nurses and included questions on the definition of the concepts of ethics and deontology, as well as a series of situational tasks. Testing was carried out by 80 nurses, 20 from each department. As a result of testing, 38.75% (31) of nurses received a satisfactory assessment, i.e., they took from 28–36 correct answers. 35% (28) of the respondents did not pass the test because they scored less than 28 correct answers. An excellent score, with 41 to 50 questions correct, was received by only 6.25% (5) of nurses and 20% (16) received a good score, with 37–40 correct answers. The test results show that the need for additional knowledge in the field of ethics and deontology among nurses is high. Next, we determined the emotional state of nurses, as it directly affects the quality of services provided, the application of the principles of ethics and deontology. After all, if a medical worker himself needs psychological support, can he provide it to a patient, of course, this is impossible. . To do this, we conducted a test to determine the presence of a burnout syndrome using the “Diagnostics of emotional burnout” method by V.V. Boyko, three groups of nurses were identified according to the level of formation of emotional burnout: 1. with no emotional burnout, with formed emotional burnout.

DISCUSSION

The study showed that in nurses with developing emotional burnout, the dominant symptoms of the emotional burnout syndrome are the experience of psychotraumatic circumstances (21 points), inadequate selective emotional response (22 points), reduction of professional duties (22 points). 35% of nurses admitted that they meet such unpleasant people at work that they unwittingly wish them something bad. All the respondents say that they are very worried about their work. 75% admitted that they are less satisfied with their profession than at the beginning of their career. 32% complain that they were unlucky with their jobs. Fifty-two percent of the nurses surveyed showed some stage of depression or anxiety; 38% have personal detachment. 32% of the interviewed nurses are in the resistance phase, 18% are in the stress phase, 37% are in the exhaustion phase, 13% did not show any signs of burnout and stress. Significant differences in the presence of varying degrees of stress at different stages were identified depending on the specifics of the work of nurses in a particular department. So we investigated 4 departments, these are the surgical department, the therapeutic department, the emergency department, and the resuscitation department. The highest percentage for all stages of the development of the burnout syndrome was scored by the nurses of the intensive care unit 32%, only 2% of the respondents did not show stress. It is important to note that the intensive care unit is emotionally one of the most difficult, as medical workers have to deal with seriously ill patients, the frequency of deaths is also higher in intensive care units than in others. The second place was taken by the surgical department - 24% of nurses had one or another stage of development of EBS, and in 3% it was not detected. The lowest percentage of nurses with EBS was found in the internal medicine department at 17% and the highest at 4% among those who did not show symptoms of stress. The next important factor influencing the quality of services provided by nurses was the right choice of profession. The results of testing nurses using the Profile methodology made it possible to determine the professional orientation of nurses, to find out whether the choice of profession was made correctly. An analysis of the data obtained allows

us to conclude that the majority of working nurses in these institutions have a professional orientation in another field, because only 18% of the respondents are interested in medicine. This factor may be one of the reasons why the principles of ethics and deontology are not applied in practice - not love for one's profession. After all, if a person has made the wrong choice, he does not strive to improve his work due to lack of interest. Based on the results of this testing, it was also determined that the largest percentage of nurses who decided on their professional direction and chose medicine was in the therapeutic department. The nurses of the therapeutic department in the process of passing the test to determine the level of knowledge in the field of ethics and deontology also scored the highest score. This department also received positive results in the process of assessing the work of nurses by patients and was the leader among others in terms of the number of nurses who do not have stress (according to the results of the questionnaire by V.V. Boyko).

CONCLUSIONS

Summing up the results of the study, it is important to note the fact that more than 50% of the patients surveyed encounter unethical behavior on the part of nursing staff. Nursing leaders need systematic testing to determine the level of knowledge of nurses in the field of ethics and deontology. Systematic implementation and determination of the level of emotional burnout in order to early identify and eliminate stress among nurses. In order to improve the knowledge of nursing staff, it is recommended to include issues of medical ethics in the plan for systematic professional development. During the certification of nurses, it is imperative to take into account the data of preliminary questionnaire surveys, both nurses and patients. To increase the number of hours in study programs at medical colleges on modern issues of ethical and aesthetic education of students. Include issues of ethics, aesthetics and deontology in the qualification characteristics of nursing staff. When applying for a job, it is necessary to conduct an interview and testing to determine the professional orientation.

REFERENCES

1. Asadov, D. A. Fundamentals of medical ethics in Adab al-tabib: muhsaba - a study of conscience // D. A. Asadov, A. I. Kasymov, 2016, P 89.
2. Ivanyushkin, A. Ya. Medicine of the XXI century: new ethical approaches // Nurse. - M., 2016. - No. 2. - S. 42–44.
3. E. A. Valchuk, T. V. Matveychik, V. I. Ivanova Nurses with higher education, Medical News magazine No. 6, 2017. p. 9.
4. Elshtein, N. V. Medical ethics and modernity // Clinical Medicine, 2020. — P. 14.
5. Yarovinsky, M. Ya. Wisdom of healing of the XXI century: scientific publication / M. Ya. Yarovinsky // Med. help. - M., 2006. No. 1 - S. 46.