

# Level of Knowledge and Skills about Bronchial Asthma in Nursing Practice

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## ABSTRACT

One of the urgent problems of today is the prevention of bronchial asthma, which requires the equal participation of doctors and nurses in the care and treatment of patients. Asthma cannot be completely cured, but in the process of diagnosis and treatment, it is possible to control the disease, thereby prolonging the patient's life and returning to work faster, and in this process, the nursing approach plays an important role. The article analyzes the knowledge, qualifications and skills of nurses about bronchial asthma.

**KEYWORDS:** Nurse, bronchial asthma, prevention

**The urgency of the problem.** Today, nursing is an independent field of health care, and nurses take on clearly defined functional obligations to rehabilitate patients and improve their quality of life, especially in countries with a well-developed primary care system. In many countries, it has been found that if chronic and non-infectious diseases are detected in time and controlled by a nurse, than traditional treatment under the supervision of a doctor, the family budget will not suffer.

**The purpose of the study.** Analysis of knowledge, competence and skills of nurses about bronchial asthma.

**Material and research methods.** To study the knowledge, qualifications and skills of nurses working in the Republican Center of Allergology and primary health care institutions about bronchial asthma (30 nurses) working in the Republican Center of Allergology, as well as family polyclinics of Tashkent city (200 nurses) and Syrdarya region, rural family polyclinics (200) nurses were selected and surveyed through a specially designed questionnaire.

**The obtained results and their discussion.** 68.5% of the respondents involved in the study were patronage nurses, 30.0% were general nurses at work, and 1.5% were treatment room nurses.

The average age of the nurses involved in the study was 34.1±1.58 years. More than half of nurses (53.3±1.8%) were of average age (20-39 years). It was found that 84.7%±1.4% of nurses are married, 5.0±0.9% are divorced. None of the nurses were married before the age of 20, and the number of unmarried by the age of 29 was only 1.6±0.5%.

When divided by length of service, nurses with 5-10 years of experience led (45.0%), 38.0% of those with more than 10 years of experience, 11.0% of those with 3 to 5 years of experience, and 6.0% of those with less than 1 year of experience. arranged (table).

**Table 1 Social characteristics of respondents involved in the study**

Factor and its gradation	RIIAM		Tashkent city		Syrdarya region	
	n=30	M±m %	n=200	M±m %	n=200	M±m %
<b>Age</b>						
20-29	7	23,3±1,6	66	33±3,3	71	35,5±2,8
30-39	9	30,0±1,5	87	43,5±3,5	78	39,0±1,5
40-49	10	33,3±1,4	35	17,5±2,6	41	20,5±3,3
50-59	14	13,3±1,7	12	6,0±1,6	10	5,0±1,5
<b>Social status</b>						
Married	19	63,33±1,1	142	71,0±,1	133	66,5±3,3
Unmarried	4	13,33±1,7	38	19,0±2,7	49	24,5±3,0
Divorced	7	23,33±1,6	20	10,0±2,1	18	9,0±2,0
<b>Work experience</b>						
From a year to 5 years	3	10,0±1,7	81	40,5±3,4	87	43,5±3,5
From 5 years to 10 years	11	36,67±1,4	68	34,0±3,3	59	29,5±3,2
From 10 years to 15 years	7	23,33±1,6	31	15,5±2,5	36	18,0±2,7
From 15 years to 20 years	6	20,0±1,6	12	6,0±1,6	8	4,0±1,3
More than 20 years	3	10,0±1,7	8	4,0±1,3	10	5,0±1,5
<b>Qualification category</b>						
Higher level	9	30,0±1,5	55	27,5±3,1	65	32,5±3,3
1st category	11	36,67±1,4	47	23,5±3,0	41	20,5±2,8
2nd category	7	23,33±1,6	51	25,5±3,1	43	21,5±2,9
Uncategorized	3	10,0±1,7	47	23,5±3,0	51	25,5±3,0

The lifestyle of nurses has been studied in depth in scientific works conducted by various researchers. Our results revealed that the majority of nurses do not follow the diet, and secondly, they eat carbohydrate-rich food that does not meet the physiological needs of the human body. The level of physical activity of the respondents is low, they attribute it to their busyness with work, housework and raising children.

Nurses working in primary health care institutions spend 38.0-40.0% of their total working time working with medical documents, 23% of which is filling medical documents when there are no patients. Only 12% of time is allocated to preventive work. One-third of the working time spent on preventive work is spent on participating in preventive vaccinations and organizing vaccinations, and one-fourth is spent on medical and social patronage (24.1±1.9%). It was found that more than half of the nurses (57.9%) do not know well the methods of preventive planned work. It showed that there are general laws in the structure of the distribution of working time of medical nurses: it was found that a lot of time is spent on filling out medical documents, while little time is allocated to perform diagnostic and treatment procedures, preventive and sanitizing work. 30.0% of the nurses involved in the research have a higher category, 10.0% of the nurses in the RIIAM do not have a category, and in the educational institutions of the Syrdarya region, this figure is 25.5%, and 54% have a specialty qualification. did not increase (table 3.1).

The knowledge, skills and abilities of nurses are important for the effective functioning of nurses, so we developed 10 questions on the prevention of bronchial asthma and conducted a survey on them.

It was found that the knowledge and skills of RIIAM nurses about bronchial asthma attacks and its control are higher than those of nurses working in primary health care institutions of Tashkent city and Syrdarya region, which can be attributed to their work with these patients, because as experience increases, knowledge, skills and abilities in this field increase. skills develop. In particular, 100% of the RIIAM respondents answered that they know the symptoms of bronchial asthma, while 85.0% of the nurses of Tashkent city and 80.0% of the Syrdarya region answered that they know.

Knowing how to control and prevent asthma attacks in patients with bronchial asthma is important in managing the disease. Do you think that the medical level of secondary and tertiary prevention of patients with bronchial asthma among the population of nurses is sufficient? to the question, 25.0% of RIIAM nurses, 40.0% of Tashkent city nurses and 45.0% of Syrdarya region BSYo nurses said no, not enough, and 35%, 20.0, and 15% said "yes, enough" respectively. set as %.

The organization of asthma schools in the regions is an important place in controlling the disease of patients. Therefore, we asked the nurses whether it is necessary to organize an asthma school in polyclinics and health centers. 100.0% of nurses of RIIAM, 85.0% of Tashkent city and 60.0% of Syrdarya region nurses answered yes, it is necessary to organize, while 15% of Tashkent city and Syrdarya region nurses answered no, it is not necessary, and this is 15% it shows that nurses have insufficient knowledge about the activities of asthma schools (Fig. 3.3). For patients with bronchial asthma, daily self-monitoring is an indicator of the progression of the disease and the risk of attacks. The following responses were received from the nurses to the

question about keeping a diary. 70% of Syrdarya region, 40% of Tashkent city and 2.0% of RIIAM nurses do not have information about patients keeping a diary to control bronchial asthma, nurses who heard about keeping a diary but did not use it in their work experience, respectively, 30.0%, 68.0 and made 48.0%. 50.0% of RIIAM nurses have information about keeping a diary and its practical value and advantages in the control of bronchial asthma, that is, they have used it in their work experience.

The effectiveness of asthma schools is determined by the fact that they are provided with specialists in this field, the knowledge of nurses about asthma, and the competence and skills in providing medical care to these patients. If an asthma school is organized for patients with bronchial asthma in polyclinics, QVPs, will nurses be able to conduct training? 90.% of RIIAM, 85.0% of Tashkent city and 75.0% of Syrdarya region nurses answered "no" that nurses cannot conduct training, they must undergo special training. Nurses conduct training, ie, 8.0%, 10.0% and 5.0% of respondents answered yes. These responses highlight the importance of involving specially trained, specialist-trained nurses in the asthma school.

In particular, to the question about the retraining of nurses, 98% of RIIAM, 90% of Tashkent city and 77.0% of Syrdarya region nurses answered that if an asthma school is established for patients with bronchial asthma in polyclinics, QVPs, it is necessary for nurses to undergo special training for training. gave

The nursing process is considered the basic and integral concepts of the modern nursing model. Currently, the nursing process is the core of nursing education and practice, developing the scientific basis of nursing care, it is the professional care performed by a medical nurse in a systematic sequence. The nursing process is one of the important components in providing medical care to patients suffering from chronic diseases, in particular to patients suffering from bronchial asthma. Can you approach the nursing process when a patient with bronchial asthma presents? To the question, 98.0% RIIAM, 10.0% of Tashkent city and 4.0% of Syrdarya region nurses answered that "yes, I can take an approach through the nursing process" 2.0%, 60.0% and 26.0% of nurses responded. Among RIIAM nurses, there were no people who did not have an understanding of the nursing process, while 20.0% of Tashkent city and 40.0% of Syrdarya region nurses noted that their knowledge and skills about the nursing process were insufficient.

First aid in bronchial asthma attacks evaluates the professional skills and knowledge of the nurse. Can you provide first aid for a bronchial asthma attack? 98.% of RIIAM, 30.0% of Tashkent city and only 8.0% of Syrdarya region nurses answered Yes, I can provide help, while 2.0% of Tashkent city and 12.0% of Syrdarya region nurses gave first aid They answered that they don't know.

Summary. The knowledge, skills and qualifications of RIIAM nurses about bronchial asthma were higher than that of the nurses of BSYo institutions of Tashkent city and Syrdarya region. This can be attributed to the large number of functional obligations of the nurses of BSYo institutions, that is, most of their working time is spent working with documents and fulfilling the recommendations of doctors, in particular, they have become assistants to doctors. RIIAM nurses gain experience working with patients with bronchial

asthma, and as experience increases, knowledge, skills, and abilities develop in this area.

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