

**NURSING IS A FUNDAMENTAL PART OF THE HEALTH CARE SYSTEM.**

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**Nursing** - is an important area of health care that deals with the prevention and control of diseases and the care of patients and physicians .**A nurse** - is a specialist in the field of nursing. The male version of the profession is a medical brother. **Nursing** is a part of the health care system that includes activities to improve public health, prevent diseases, provide psychosocial assistance and care to people with physical and mental illnesses, as well as disabled people of all groups. Nursing is an important part of the health care system and has a universal character. Professional training in the specialty "Nursing" is conducted in medical colleges and universities ( bachelor's degree ). Nurses and nurses are the most numerous category of health care workers. They act as assistants to doctors in health care settings, carry out medical orders and implement the nursing process. The unique calling of a nurse is to assist an individual, sick or healthy, in all that contributes to health or its restoration (or the onset of a painless death) and which a person could cope with without outside help if he were strong, purposeful or informed enough, and to do this in such a way as to help him regain independence as quickly as possible . One of the founders of nursing in its modern sense, reformer of the British health care system, Sister Florence Nightingale wrote in "Notes on Nursing" that nursing is the practice of using the patient's environment to promote recovery. Nightingale explored the relationship between the patient's health status and environmental factors and developed the concept of the environment as a component of nursing. She formulated the differences between medical practice and nursing, noting that the latter requires practical and scientific training different from that of doctors, requires specialized knowledge and skills, and requires a specific organization . According to the International Council of Nurses, nursing is the individual and shared care of people of all ages, groups, and communities, sick or healthy, and in all conditions. Nursing includes the promotion and support of healthy living , the prevention of disease, and the care of the sick, disabled, and dying. Promoting a safe environment, conducting research, participating in health policy and health system management, and education

are also key roles of nurses. Typical professional responsibilities of a nurse include providing emergency first aid, assisting doctors in operations, caring for patients in hospitals and outpatient settings, performing medical procedures such as injections and measuring blood pressure, giving medications to patients, and working with medical records (prescriptions, certificates, referrals for examinations). Some nursing specializations require additional specialized training. The nursing profession is one of the most stable and permanent on the labor market. This means that for those who want to get such an education, the option is, to a certain extent, a win-win. A nurse is a profession for all times. A nurse will never be out of work. And a nurse in a village, in a settlement is sometimes the only person capable of providing medical care. **Personal qualities of a nurse:** Sympathy, empathy, sociability, observation, high concentration, good memory, composure, endurance, responsibility, balance, precise visual-motor coordination, well-developed fine motor skills of the hands. A graduate who has mastered the basic professional educational program of secondary vocational education in the specialty "Nursing" has the opportunity to obtain additional specialization as an operating room nurse, anesthesiology and resuscitation nurse, pediatric, infectious disease, psychiatric and other nurse, dietician, X-ray laboratory technician, massage therapist, cosmetologist, etc. A nurse must know the name and purpose of medications, rules and methods of disinfection, rules for performing injections, vaccinations, dressings, rules for caring for patients, basic concepts of professional ethics and deontology, sections of medical and educational psychology, must be proficient in the technique of performing medical procedures.

**Place of work and career**

Polyclinics, hospitals, dispensaries, sanatoriums, social security institutions, medical centers, health centers of educational institutions and enterprises, feldsher-midwife stations.

**Field of professional activity of graduates**

Providing the population with qualified nursing care to preserve and maintain health at different age periods of life.

**Objects of professional activity of a graduate**

- the patient and his environment;
- healthy population;
- means of providing medical, diagnostic, preventive and rehabilitation care.

**Main types of professional activity**

- Solving patient problems through nursing care.
- Conducting preventive measures.
- Participation in treatment, diagnostic and rehabilitation processes.

- Providing pre-hospital medical care in emergency and extreme conditions.

Currently, the nursing process is the core of nursing education and creates a theoretical scientific basis for nursing care in Uzbekistan. **The nursing process** is a scientific method of nursing practice, a systematic way to determine the situation in which the patient and the nurse are, and the problems arising in this situation, in order to implement a care plan acceptable to both parties. The nursing process is one of the main and integral concepts of modern nursing models. The purpose of the nursing process is to maintain and restore the patient's independence in meeting the basic needs of the body. **A standard** is a benchmark, a sample, a norm, a model - uniform and mandatory, taken as the starting point for comparing other similar objects, actions, etc. with it. **A standard care plan** is a basic level of nursing care that ensures quality care for a specific patient problem, regardless of the specific clinical situation. **An individual care plan** is a written care guide that is a detailed listing of the nurse's actions necessary to achieve the goals of care for a specific patient problem, taking into account a specific clinical situation. Thus, in order to implement an individual care plan, a nurse must have knowledge of special care standards, standards of manipulations, procedures, and be guided by the standard model of the nursing process.

The achievement of the goal of the nursing process is carried out by solving the following tasks:

- Creation of a patient information database;
- Determining the patient's needs for nursing care;
- Designation of priorities in nursing care, their priority;
- Drawing up a care plan, mobilizing the necessary resources and implementing the plan, i.e. providing nursing care directly and indirectly;
- Evaluation of the effectiveness of the patient care process and achievement of the care goal.

The nursing process brings a new understanding of the role of a nurse in practical health care, requiring her not only to have technical training, but also the ability to creatively approach patient care, the ability to individualize and systematize care.

#### **Professionalism of the nursing process:**

1. Scientificity
2. Systematicity
3. Individuality.

Specifically, it involves using scientific methods to determine the health needs of a patient, family, or community, and on that basis, selecting those that can be most effectively met through

nursing care. **The nursing process is** a dynamic, cyclical process. Information obtained from evaluating the results of care should form the basis for necessary changes, subsequent interventions, and actions by the nurse.

**Stages of the nursing process, their interrelation and the content of each stage.**

**Stage I** - Nursing assessment or situation evaluation to determine the patient's needs and the resources needed for nursing care.

**Examination of the patient:**



**Collecting the necessary information:**

A) subjective data, including physiological, psychological, sociological, as well as passport data, doctor's diagnosis, current complaints;

B) objective data: height, body weight, facial expression, consciousness, position in bed, condition of the skin, patient's body temperature, respiration, pulse, blood pressure, vital functions and other data;

B) assessment of the psychosocial situation in which the patient finds himself: describes the observed behavior, the dynamics of the emotional sphere, collects socio-economic data, determines risk factors, data on the environment that affect health.

**Stage II** – nursing diagnosis, determination of patient problems or nursing diagnoses.

**A nursing diagnosis** is a patient's health condition (current and potential) established as a result of a nursing assessment and requiring intervention by a nurse.

**Nursing diagnosis** is a clinical judgment of the nurse that describes the nature of the patient's existing or potential response to illness and his/her condition (problems), indicating the reasons for such a response, and which the nurse can independently prevent or resolve.

1. Identification of the patient's actual (obvious) and potential (latent) problems and their needs for care.
2. Developing priority care goals.
3. Discussing with the patient, where possible, his or her identified problems, unmet needs and intended priorities.

**Stage III** – planning the necessary assistance for the patient.

Planning should be understood as the process of forming goals (that is, desired outcomes of care) and the nursing interventions necessary to achieve these goals.

1. Setting goals (short-term, long-term).
2. Defining with the patient the desired outcomes of care (goal setting).
3. Determining the types of nursing interventions needed by the patient (dependent, interdependent, independent).
4. Planning nursing interventions.
5. Discussing the care plan with the patient.
6. Familiarization with the care plan of those providing nursing care.

***Reasons for setting goals:***

1. The direction of individual nursing intervention is determined.
2. The degree of effectiveness of the intervention is determined.

***Each goal necessarily includes three components:***

1. Performance (verb, action).
2. Criteria (date, time, distance).
3. Condition (with the help of someone or something).

***Requirements for setting goals:***

1. Goals must be realistic and achievable.
2. It is necessary to set specific deadlines for achieving each goal.
3. The patient should be involved in the discussion of each goal.

***There are two types of goals in terms of time:***

1. Short-term, achieved within one week.
2. Long-term, which are achieved over a long period of time, more than a week, often after the patient is discharged from the hospital.

**Volume of nursing interventions.**

Requirements for determining the scope of nursing interventions:

1. It is necessary to determine the types of nursing interventions: dependent, independent, interdependent.
2. Planning of nursing interventions is based on the identification of the patient's unmet needs.

There are 3 types of nursing interventions: dependent, independent and interdependent actions.

***Dependent*** actions are those performed by a nurse as prescribed by a doctor and under his supervision.

**Independent** actions are performed by the nurse herself, to the extent of her competence. Independent actions include monitoring the response to treatment, the patient's adaptation to the disease, providing first aid, implementing personal hygiene measures, preventing hospital infections, organizing leisure time, advising the patient, and teaching.

**Interdependent** actions are those of a nurse in cooperation with other workers in order to provide assistance and care. These include actions to prepare for participation in instrumental and laboratory studies, participation in consultations: exercise therapy, dietician, physiotherapist, etc.

**Examples of nursing interventions:**

*Dependents:*

- Carry out doctor's orders, report on changes in the patient's health condition.

*Independent:*

- Monitoring the response to treatment, patient adaptation to the disease, providing first aid, implementing personal hygiene measures, preventing nosocomial infections, organizing leisure activities, advising the patient, and training.

*Interdependent:*

- Collaboration with other workers to provide care, assistance, and support.
- Consulting.

**Nursing intervention methods.**

Nursing intervention methods can also be ways to meet needs.

***It is proposed to use the following methods:***

1. Providing first aid.
2. Carrying out doctor's orders.
3. Creating comfortable conditions for the patient in order to meet his basic needs.
4. Providing psychological support and assistance to the patient and his family.
5. Carrying out technical manipulations and procedures.
6. Implementation of measures to prevent complications and improve health.
7. Organization of training on conducting conversations and counseling with patients and their family members.

**Stage IV** – implementation (implementation of the nursing intervention (care) plan).

**Stage V** - evaluation of results (final evaluation of nursing care). Evaluation of the effectiveness of the care provided and its correction if necessary.

***Assessment aspects:***

- Achieving the goal, determining the quality of care;
- Patient response to nursing intervention;
- Actively seeking out and assessing new problems and patient care needs.

Documentation of the nursing process is carried out in the nursing chart of observation of the patient's health condition, an integral part of which is the nursing care plan.

**Principles of documentation:**

1. Clarity in the choice of words and in the entries themselves.
2. A concise and unambiguous presentation of information.
3. Covering all the essential information.
4. Use only generally accepted abbreviations.
5. Each entry must be preceded by the date and time and concluded with the signature of the nurse writing the report.

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