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Improving The Organization Of Nursing Care In Treatment And Prevention Facilities For Patients With Covid-19

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ABSTRACT

The study examined the situation of patients and nurses in Uzbekistan during the COVID-19 pandemic, the nurse and the work process, the proper use of personal protective equipment and the misuse of personal protective equipment. The impact of the nurses' work process on their personal lives was also partially covered. COVID-19 It also describes the knowledge and skills that nurses have during the pandemic. He sought to understand how disruptions in patient-nurse relationships, as well as the COVID-19 pandemic, affected the mental and emotional well-being of nurses, its negative consequences, and the underlying problems that followed. Psychological instability in nurses during the early stages of the pandemic and changes in attitudes toward patients with COVID - 19 were also reported the difficulties of the work of nurses in clinics specializing in the treatment of a number of COVID-19 diseases, biological and technical problems in the conduct of work, lack of resources were also listed. In the second place, there is a shortage of nursing staff and the fear of infecting family members with the virus in the fight against the pandemic, and the causes of deaths as a result.

KEYWORDS

COVID - 19; Pandemic; Nurses; Psychological effects; Depression; Cognitive effects; Tension; Statistics.

PLACE OF RESEARCH

TMA "Department of Public Health Organization and Management"

RESEARCH METHODS

Epidemiological, analytical, comparative, questionnaire.

INTRODUCTION

Psychological impact the 2019 new coronavirus disease (COVID-19) pandemic has hit health systems around the world. Such stress has a significant physical and cognitive impact on patient care, which is Directly Related to the care of patients in COVID-19, relocation, outside the usual professional boundaries, other aids. Also had to show. During this time, new coronavirus infections may have caused psychological distress to health care workers. The nurses received blows both physically and mentally. Another problem faced by nurses during the pandemic is the lack of knowledge of nurses about COVID-19 and the forced admission of nurses to patients for the care of patients with COVID-19. This has exacerbated fears and anxieties among nurses. Due to the fact that midwives and nurses do not fully understand the situation during the pandemic and have no knowledge of COVID-19. The unit was ordered to be approached by patients without preparation, however, there was a shortage of protective equipment and shortcomings in their use (airtightness and improper use of protective clothing caused inconvenience in operation), which became an additional cause of the increase in COVID-19 infection among employees. This, in turn, has led to psychological tensions.

THE MAIN FINDINGS AND RESULTS

This study looked at the prevalence of depressive symptoms (depression). An analysis was made of the interrelationships between pre- and post-period cases and the relationship

between depression and quality of life of nurses in emergencies. During the COVID-19 epidemic, nurses feared a higher risk of contracting the disease due to fatigue, physical and mental exhaustion due to their overwork. These factors are also associated with the high prevalence of depression in epidemiological situations. Nurses and their patients at COVID-19 hospitals (Zangiota-1 and 2-COVID-19 polyclinic, Tashkent Medical Academy multidisciplinary polyclinic) are more likely to suffer from COVID-19 depression.

Nurses working in primary community clinical settings and high-risk hospitals are often in close contact with patients and are responsible for primary care. During the prescribed work routine, the nurses subsequently experienced high levels of stress and fear, leading to high levels of depression. Working in an infectious environment in COVID-19 clinics is an independent risk factor, leading to poor mental and physical stress. Clinical care for COVID-19 patients is at high risk. The nurses was quarantined for 14 days after long 14-day non-stop working hours, which made them even more stressed. Nurses were also afraid to visit patients with COVID-19. They feared they would infect themselves and their families and friends. All this significantly increased the risk of negative factors and depression. With this in mind, the negative impact of depression on the quality of clinical practice and its symptoms such as frustration, helplessness, insomnia, etc. have increased complaints about changes

in the body (use of standardized means) with local disruption of the nurse profile.

There were several reasons for this.

First, for logistical reasons, some have not been examine for variables related to depression, such as social support relationships, health status, and the presence of pre-existing psychiatric illnesses.

Second, the study of cross-sections could lead to earlier stresses between depression and other variables.

Third, more than 90% of the participants were female nurses.

Fourth, almost all female nurses were family and senior nurses.

Following the global emergency of COVID-19, health workers, especially nurses, faced an increase in workload. In the early days of the epidemic, many health workers, including nurses, became infected and dead in many countries.

To ensure a healthy and productive workforce, the assessment should been applied to workers in a multidisciplinary team. In addition, nurses was exposed to stress and depression, as well as suicidal ideation, as required to ensure a sufficient supply of quality work experience that meets COVID-19 requirements and to harmonize and address deficiencies in virus spread control measures. Should been eliminated. This is especially important for health care workers, especially nurses, who are closely link to their mental health. With that in mind, you need to think about how to handle the situation. A scientific system are need to monitor the mental health of health workers and to support them actively and regularly.

The COVID-19 pandemic underscores the importance of nursing care worldwide. As the largest area of health care, nurses are critical to providing care in any situation, even in emergency situations.

Although doctors now provide much-needed medical care, such as prescriptions and surgery, doctors and nurses are also required to work there for long periods of time. It takes a long time for a patient to recover and recover from the care needed by nurses. A well-educated, skilled workforce has the ability to adapt quickly, change the work environment, synthesize data, make complex decisions, and ensure high quality care and nursing while making difficult decisions. They have to do.

The nurses, known for their compassion and dedication, died of a coronavirus infection while caring for patients while fighting COVID-19. Nurses have been exposed to the virus over and over again, so they need to be well trained and equipped to monitor their safety.

Numerous studies have shown psychological disorders during the epidemic. The nurses found an increase in acute respiratory illness. Anxiety, depression, and negative emotional states in nurses are barriers to normal psychological logical thinking. The level of anxiety and depression during the COVID-19 pandemic is very dangerous because psychological counseling services for the development of existing mental well-being are very important, as health workers, especially nurses, women, and previous exposure to COVID-19 it is necessary to organize directions of psychological help for workers. According to our findings, other studies have shown the level of medical care in the specified direction. In COVID-19 hospitals, psychological distress, which is a high risk of psychological symptoms,

as well as some mental health and psychological epidemic consideration may be considered. In addition, an increase in declining currents will lead to an increase in the number of detected and current cases of COVID-19.

COVID-19 Statistics in Uzbekistan

Statistics



top scores

Coronavirus statistics around the world online 20:03:45 03.12.2020

#	Countries and regions	Infected	In a day	The dead	In a day	Healed	Those who passed the test
	Worldwide:	65,029,456	+199,252	1,502,900	+4,522	45,105,991	
1	USA	14,320,436	+6,171	279,999	+132	8,467,502	199,928,609
2	India	9,539,227	+5,756	138,744	+87	8,977,855	143,557,647
3	Brazil	6,436,650		174,531		5,698,353	25,700,000
4	Russia	2,375,546	+28,145	41,607	+554	1,859,851	77,693,654
5	France	2,244,635		53,816		165,563	20,678,186
6	Spain	1,682,533		45,784		N / A	22,992,742
7	UK	1,659,256		59,699		N / A	44,059,851
78	Slovenia	81,338	+1,772	1,592	+45	59,469	538,770
79	Kyrgyzstan	73,933	+420	1,281	+4	65,589	509,160
80	Uzbekistan	73,431	+182	611	+1	70,712	1,377,915
81	Ireland	73,066		2,074		23,364	1,986,285
82	Malaysia	69,095	+1,075	376	+11	57,917	2,728,936
83	Nigeria	67,960		1,177		63,839	779,708
84	Lithuania	67,066	+2,450	564	+17	26,836	1,290,467
85	North Macedonia	63,890		1,825		40,977	337,862
86	Singapore	58,239	+9	29		58,145	4,658,858
87	Ghana	51,667		323		50,547	592,285
88	Afghanistan	47,258	+278	1,841	+19	37,302	154,603
89	Albania	39,719		839		19,912	188,221
90	El Salvador	39,130		1,134	+5	35,839	552,608

The 7 countries with the highest number of COVID-19 in the world.

COVID-19 in the world Uzbekistan is in 80th place (03.12.2020 at 20:03)

CONCLUSION

In summary, the prevalence of Covid19 infection among nurses increased during the period of depression. Taking into account the harmful effects of depression, health authorities should take preventive measures to reduce the risk of depression by providing and developing regular anti-depression screening and financial assistance on quality of life and quality of care. Timely delivery should set up online psychological counseling.

That way, health care managers have the best opportunity to promote. Effective and close-knit employees can create new models of care and fully support their work. At the same time, stress should be identified and evaluated among nurses. It is important to understand the role of fully structured and integrated nursing staff models in ensuring and supporting mental health. Monitoring and support are also recommended for the health care system.

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