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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии

საქართველოს სამედიცინო სიახლენი

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თანამშრომლობითა და მისი პატრონაჟით

ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

ТБИЛИСИ - НЬЮ-ЙОРК

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GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией и Международной академией наук, образования, искусств и естествознания (IASEIA) США с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения.

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GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

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При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

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2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

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In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

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2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

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6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შეღებვის ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფჩხილებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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THE PROBLEM OF PREPAREDNESS OF NURSING STAFF TO PROVIDE PALLIATIVE NURSING CARE (A LITERATURE REVIEW)

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Introduction. Palliative care is a multidisciplinary approach to providing medical care aimed at improving the quality of life and reducing the suffering of people with serious, complex diseases. Palliative care should not be provided only at the end of the patient's life, it should begin from the moment of diagnosis and continue throughout the entire period of the disease [1].

In many countries, there are mobile palliative care teams, which consist of doctors, nurses, and social workers, whose main task is to provide comfort, pain control, and quality of life for people faced with incurable diseases [2]. The skillset of palliative care professionals includes pain and symptom management, prognosis, communication, psychosocial support, and assistance in the last days of a person's life. The number of palliative care specialists is limited. All members of mobile patient care teams should be trained on how to meet the needs of their patients in primary palliative care [3].

The knowledge and skills of nurses contribute to the holistic care of the patient and his family, and the possession of adequate information is important when dealing with death and the dying process [4].

However, more and more studies indicate a low level of knowledge and skills of nurses in the field of palliative care [5-9].

The research results obtained so far have demonstrated the importance of increasing the level of knowledge and skills of nurses, as well as improving their attitude to nursing care for dying patients. Nursing and hospital managers should develop strategies to increase the level of knowledge of nurses, as well as to provide adequate emotional support to nurses caring for incurable patients and their families. Nurses should take the initiative in expanding their knowledge and developing a more positive attitude towards palliative nursing [10].

Materials and methods. In the current literature review, data describing the problems of preparedness of nursing staff to provide palliative care are collected from literary sources, including information on the knowledge and skills of nurses in the field of palliative care, obstacles to improving the quality of nursing care, the current situation of the development of palliative care in Kazakhstan. For this purpose, evidence-based medicine databases such as Scopus, EBSCOhost, Wiley, and PubMed were searched for scientific publications published no later than 2015, using the following keywords: "palliative care", "nursing", "knowledge", "skills", "barriers", «Kazakhstan». In addition, information was searched in electronic scientific libraries, in the national scientific portal of the Republic of Kazakhstan (Nauka.kz). At the initial stage of the search, 2,332 English-language and 544 Russian-language publications were found. After excluding repeated publications and articles that did not meet the inclusion criteria, 50 publications were selected as the analytical material of the article. The exclusion criteria were: publications published before 2015, abstracts, and articles with a weak evidence base. The article is a review of literary sources.

Results. The potential of nursing specialists for palliative care. Nurses occupy an ideal position to provide palliative nursing care at the patient's bedside, as well as to conduct scientific research for the further development of palliative care [11]. Besides, Hökkä et al. confirmed that scientific research is needed to systematize nursing competencies for various levels of palliative care [12]. Nurses are those specialists who can provide personalized care using a scientifically-based approach [13]. It is proved that nurses who actively combined patient preferences with the evidence-based practice were able to improve the quality of life of patients and improve individual care [14].

On the one hand, nurses can play a direct role in the management of the underlying disease, the treatment of symptoms, and patient communication, taking into account their deep understanding of the needs and behaviors of patients. Furthermore, they can act as experts to protect the rights and interests of patients when making decisions about treatment [15].

In a qualitative meta-synthesis study, it was mentioned that nurses, both in medical institutions and at home, occupy a unique position in palliative care and are "jacks of all trades". They often have to master several functions on their right at home at the patient's bedside because palliative care is a complex integrated approach that requires developed practical skills and personal qualities of a specialist [16]. Moreover, in the United States of America (USA), cases of providing telephone palliative care under the guidance of a nurse have been described as part of the program, which is part of the project "Access to palliative care in emergency medical care". Nurses on the phone discussed the goals, worries, fears, and hopes of patients regarding the existing disease and its course. Having collected the necessary information, the nurses shared it with the appropriate specialists to make decisions about further treatment [17]. Because general practitioners often turn to specialized palliative care teams at home for support, nurses can even be the role of a facilitator of training of general practitioners in the workplace [18].

In recent years, the demand for palliative care nurses has increased significantly, especially during the 2019 coronavirus disease pandemic (COVID-19) due to the widespread prevalence of chronic diseases. However, there are several limitations that do not allow nurses to fully use their potential [19].

The level of preparedness of secondary medical personnel to provide palliative nursing care. The growing shortage of staff in the field of palliative care is becoming more and more noticeable [20]. Therefore, specialists who are actively involved

in the process of providing palliative care must have a high level of knowledge and skills, and a deep understanding of the philosophy of palliative care.

In a qualitative study, the authors identified the need for interactive training and building practical skills, and continuous professional development in the field of pharmacology because it is often very difficult for nurses to achieve anesthesia in practice, especially in patients with rapidly progressing disease [5]. Another review demonstrated an inadequate level of nurses' education regarding the care of people with dementia, where a special problem for a nurse is pain recognition, as well as the use of special pain assessment tools [6].

Knowledge of evidence-based best practices is undoubtedly the main component of nursing education, however, since palliative care uses an integrated approach and focuses on interaction with vulnerable categories of the population, there is an urgent need to introduce additional elements of training into the educational process. Knowledge about specific social and cultural traditions, beliefs, and values is necessary to meet the needs of the patient, his family, and society. Various techniques should be used in the training of nurses, including didactic classes, performing practical skills under supervision, a role-playing game with pre-defined scenarios, computer technology, group classes, small group discussions, analysis of clinical cases, interdisciplinary meetings, as well as visits to hospice and patients at home [21].

Continuous learning of palliative care principles significantly improves the general knowledge of nurses, attitude to palliative care, and critical assessment of the clinical situation, which has been proven by numerous studies [7,22-24].

A Colombian study found that palliative care nurses are not confident in their formal knowledge gained as a result of studying at an educational institution. The nurses expressed confidence only in the knowledge gained as a result of their experience. They believed that this was not enough to fully fulfill their role. This significantly affects their confidence and stress levels [8]. And in a study conducted in Spain, nurses had an average or low level of knowledge in the field of palliative care, however, the level of knowledge was significantly higher among those who received special education (theoretical or practical) in palliative care. In addition, the study shows that with each year of experience gained in the field of palliative care, the probability of falling into the category of "nurse with a high level of knowledge" increases by 3% [9]. This data is also confirmed by a Taiwanese study, where the professional experience of nurses in the field of palliative medicine positively correlated with their position, professional level (rank), competence in this field, and other knowledge. The more knowledge nurses had about palliative care, the more competent they felt [7].

Even a three-week mixed training using a mobile terminal combined with a virtual forum and personal communication can significantly improve the knowledge of nurses and their attitude to palliative care. The use of mobile provides flexibility, convenience, and cost-effectiveness of training without restrictions on time and location. Moreover, sending instant messages via the forum allows to exchange information and receive feedback in real-time [25].

In most cases, the research results show insufficient awareness of nurses about the essence, philosophy, and principles of palliative care. Besides that, nurses have insufficient knowledge and many misconceptions about palliative care. Therefore, basic education is necessary for all nurses working in primary health care organizations and hospices [9,25-28].

Knowledge about palliative care strategies can be used in nursing practice in daily work, in training nursing staff, in planning the organization of nursing care, and can also be used in policy to ensure high-quality palliative care at home in the future [29].

Obstacles to improving the quality of nursing care for dying patients. Even though there is a lot of information indicating the effectiveness of nursing staff in the role of palliative care provider, there are certain barriers in clinical conditions. Nurses often express reluctance to participate in the provision of palliative care due to the lack of clarity and differentiation in responsibilities between different professionals. Nurses may not understand which aspects of palliative care fall within their competence, and thus believe that other specialists will better meet the needs of patients [15].

In conditions of shortage of medical personnel, nurses experience a heavy workload in the workplace, which significantly limits the amount of time spent with the patient. Nurses report that sometimes there is only time to listen to minor problems. This situation increases patients' dissatisfaction with the quality of palliative care [16].

Studies have shown that another barrier to quality palliative care is limited legitimacy. Nurses often point out that they are not allowed to participate in the process of planning treatment and discharge of patients, and physicians do not take into account the opinion of nurses when prescribing medications, although nurses were more familiar with the needs and desires of patients [16,30,31].

It is known that work in emergency departments, intensive care units, and hospices are associated with emotional burnout of nurses [32-35]. Partly indecision of the nurses to provide palliative care may be due to the close relationships they build with their patients. Not realizing the approach of the patient's death, nurses are doing their best to maintain hope for recovery, instead of helping patients and their relatives rethink hope in the context of a life-limiting illness. Nurses' attempts to avoid talking about death often lead to ethical and moral dilemmas [15].

At a certain stage of the disease, patients need more careful care, and then they are transferred to another department or a more specialized ward. When patients are moved to another department or ward, they lose contact with the medical staff, who have been familiar with them, their relatives, individual characteristics, and manifestations for many years. Important information is often lost. Habitual nurses can interpret and understand their emotions, pain and needs without additional information. For weakened people who need palliative care the most, moving is perceived very painfully. Nurses note that patients often enter a phase of deterioration due to moving between wards [36].

The most common barriers to providing quality palliative care have been repeatedly described. They include insufficient understanding of the philosophy and essence of palliative care, insufficient level of knowledge, unavailability of palliative care, and lack of specialized education and practical skills [37-40].

Qualitative research has shown that limited resources, lack of time, and the reluctance of nurses to make any changes often made it difficult to obtain continuing professional education to achieve quality care for the elderly and to support staff in training and developing new competencies. Thus, according to managers, limited resources are an obstacle to the development of evidence-based palliative care; lack of time limits the ability of staff to study the principles of evidence-based palliative care; frequent and unsuccessful changes in the workplace led to a negative attitude to changes, a feeling of fatigue from changes and made nurses less interested in gaining new knowledge and skills necessary for the development of evidence-based palliative care [41].

The current situation and problems in the field of palliative care in Kazakhstan. Mobile care projects for incurable patients at home have been launched in Kazakhstan. According to the state program of healthcare development of the Republic of Kazakhstan for 2020-2025, it is planned to introduce mobile teams in all primary health care (PHC) organizations in Kazakhstan [42]. Initially, the mobile brigade worked in pilot mode in Almaty, now it is working in full mode. Unfortunately, the mobile team is directed only to the oncological group of those in need [43].

According to experts, the development of palliative care in Kazakhstan is undergoing a crisis period. At the moment, palliative care is only beginning to be recognized as an important part of the national health system [44]. Thus, according to the President of the Kazakhstan Palliative Care Association, the main problems in the development of palliative care in Kazakhstan are:

1) limited access to opioid analgesics and modern pain management methods. Until now, oral forms of morphine are not available for Kazakhstanis. In addition, there is a lack of knowledge among physicians about taking opioid medications and pain relief due to the fear they feel about treatment with opioid medications [45];

2) insufficient number of hospices and palliative beds, the actual absence of palliative care in PHC organizations, and the unavailability of palliative care for the rural population [46];

3) lack of knowledge and lack of systematic training of specialists providing palliative care [47];

4) low level of awareness about the economic and clinical benefits of palliative care [48].

According to statistics, over 80% of medical personnel do not have basic knowledge about palliative care. There are several reasons for this phenomenon: physicians and nurses have to study independently outside Kazakhstan due to the lack of quality palliative care training in the country; there are no departments at universities that would train or improve the qualifications of medical workers in this area; there is no basic discipline "palliative care" in the educational programs of higher and postgraduate education [44]. For example, a cross-sectional study revealed serious gaps in the knowledge of Kazakhstani medical students about pain in the late stages of dementia. Students in most cases give erroneous answers in such important areas as symptom analysis, pain severity assessment, pain assessment scales, pain treatment rules, etc. [49].

For Kazakhstan, palliative care is a relatively new branch of medicine that is just beginning to form to work on a systematic basis. Taking into account the above difficulties and barriers in the organization of palliative care in our country, first of all, it is necessary to provide a palliative care service with qualified personnel.

Conclusions. The results of this literature review indicate the need to develop educational programs on palliative care for all universities and medical colleges, as well as advanced training courses designed for nurses. Mobile methods and online training should be gradually introduced. In educational programs, special attention should be paid to the cultural characteristics of patients, communication skills, and skills of step-by-step anesthesia with the involvement of practical specialists and a profile association.

Given the complex nature of the work, emotional support and the creation of a favorable atmosphere in the team will have a positive effect on nurses and ease their moral stress.

In conditions of a shortage of trained medical personnel, the work to increase the coverage of medical workers is a very complex and lengthy process.

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THE PROBLEM OF PREPAREDNESS OF NURSING STAFF TO PROVIDE PALLIATIVE NURSING CARE (A LITERATURE REVIEW)

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Summary. Background. Palliative care is a comprehensive approach that includes medical, psychological, social, and spiritual support for patients to achieve the best quality of life for patients with incurable diseases and their relatives. Nurses are one of the main links that make up mobile palliative care teams they occupy an ideal position to provide quality care at the patient's bedside. However, the knowledge and skills of nurses remain at a low level and limiting high-quality palliative care.

Purpose. The purpose of this review is to study the problems of readiness of nursing staff to provide palliative care.

Methods. A search for scientific articles in English and Russian published no later than 2015 was conducted in databases (Scopus, EBSCOhost, Wiley, PubMed). The study was conducted in February-April 2022. Fifty publications were selected as the analytical material for the review.

Results. Nurses often experience a lack of knowledge about pain relief, care for people with dementia, pain recognition, the use of special pain assessment tools, social and cultural traditions, and beliefs of patients. Many studies confirm the lack of awareness about the essence, philosophy, and principles of palliative care. The main barriers are the lack of specialized education, lack of clarity and delineation of responsibilities between specialists, heavy workload in the workplace, and limited legitimacy. Kazakhstan has carried out many reforms in the palliative care field, however, according to statistics, over 80% of medical personnel do not have basic knowledge about palliative care.

Conclusion. The results indicate the need to develop educational programs on palliative care for all medical universities and colleges, where special attention should be paid to the cultural characteristics of patients, communication skills, and skills of step-by-step anesthesia. A clear division of functional responsibilities, the delegation of authority, and the reduction of the burden on nurses will improve the quality of palliative nursing care.

Keywords: palliative care, nursing, knowledge, skills, barriers, Kazakhstan.

РЕЗЮМЕ

Введение

Паллиативная помощь - это комплексный подход, который включает в себя медицинскую, психологическую, социальную и духовную поддержку пациентов для достижения наилучшего качества жизни пациентов с неизлечимыми заболеваниями и их родственников. Медсестры являются одним из основных звеньев, входящих в состав мобильных бригад паллиативной помощи, благодаря тому, что они занимают идеальное положение для оказания качественной помощи у постели пациента. Однако знания и навыки медсестер остаются на низком уровне, и существует множество барьеров, ограничивающих высококачественную паллиативную помощь.

Цель

Целью исследования является изучение проблем подготовленности сестринского персонала к оказанию паллиативной помощи.

Методы:

Был проведен поиск научных статей на английском и русском языках, опубликованных не позднее 2015 года, в базах данных (Scopus, EBSCOhost, Wiley, PubMed). Исследование проводилось в феврале-апреле 2022 г. В качестве аналитического материала для литературного обзора было отобрано 50 публикаций.

Результаты:

Медсестры часто испытывают недостаток знаний об облегчении боли, уходе за людьми с деменцией, распознавании боли, использовании специальных инструментов оценки боли, социальных и культурных традициях, верованиях пациентов. Многие исследования подтверждают недостаточную осведомленность о сути, философии, принципах паллиативной помощи. Основными препятствиями являются отсутствие специального образования, отсутствие ясности и разграничения

обязанностей между специалистами, большая нагрузка на рабочем месте, ограниченная легитимность. Казахстан провел много реформ в области паллиативной помощи, однако, согласно статистике, более 80% медицинского персонала не имеют базовых знаний о паллиативной помощи.

Вывод:

Полученные результаты указывают на необходимость разработки образовательных программ по паллиативной помощи для всех медицинских университетов и колледжей, где особое внимание следует уделять культурным особенностям пациентов, навыкам общения и навыкам поэтапной анестезии. Четкое разделение функциональных обязанностей, делегирование полномочий и снижение нагрузки на медсестер повысят качество паллиативной сестринской помощи.

Ключевые слова: паллиативная помощь, сестринское дело, знания, навыки, барьеры, Казахстан

რეზიუმე

ფონი:

პალიატიური მზრუნველობის არის ყოვლისმომცველი მიდგომა, რომელიც მოიცავს სამედიცინო, ფსიქოლოგიური, სოციალური და სულიერი მხარდაჭერა პაციენტებს, რათა მივაღწიოთ საუკეთესო ცხოვრების ხარისხის პაციენტებს განუკურნებელი დაავადებების და მათი ნათესავები. ექთნები ერთ-ერთი მთავარი რგოლია, რომლებიც ქმნიან მობილური პალიატიური მზრუნველობის გუნდებს იმის გამო, რომ ისინი იდეალურ პოზიციას იკავებენ პაციენტის საწოლზე ხარისხიანი მოვლის უზრუნველსაყოფად. ამასთან, ექთნების ცოდნა და უნარები დაბალ დონეზე რჩება და არსებობს მრავალი ბარიერი, რომელიც ზღუდავს მაღალი ხარისხის პალიატიურ მზრუნველობას.

მიზანი

კვლევის მიზანია საექთნო პერსონალის მზაობის პრობლემების შესწავლა პალიატიური მზრუნველობის უზრუნველსაყოფად.

მეთოდები:

ჩატარდა სამეცნიერო სტატიების ძებნა ინგლისურ და რუსულ ენებზე, გამოქვეყნებული არა უგვიანეს 2015 წლისა, მონაცემთა ბაზებში (Scopus, EBSCOhost, Wiley, PubMed). კვლევა ჩატარდა 2022 წლის თებერვალ-აპრილში. მიმოხილვის ანალიტიკურ მასალად შეირჩა ორმოცდაათი პუბლიკაცია.

შედეგები:

ექთნებს ხშირად არ აქვთ ცოდნა ტკივილის შემსუბუქების, დემენციის მქონე ადამიანებზე ზრუნვის, ტკივილის ამოცნობის, ტკივილის შეფასების სპეციალური საშუალებების გამოყენების, სოციალური და კულტურული ტრადიციების, პაციენტების რწმენის შესახებ. მრავალი კვლევა ადასტურებს პალიატიური მზრუნველობის არსის, ფილოსოფიის, პრინციპების შესახებ ინფორმირებულობის ნაკლებობას. მთავარი დაბრკოლებებია სპეციალური განათლების ნაკლებობა, სიცხადის ნაკლებობა და სპეციალისტებს შორის პასუხისმგებლობის დიფერენცირება, სამუშაო ადგილზე მძიმე დატვირთვა, შეზღუდული ლეგიტიმაცია. ყაზახეთმა პალიატიური მზრუნველობის სფეროში მრავალი რეფორმა განახორციელა, თუმცა, სტატისტიკის მიხედვით, სამედიცინო პერსონალის 80% - ზე მეტს არ აქვს საბაზისო ცოდნა პალიატიური მზრუნველობის შესახებ.

დასკვნა:

შედეგები მიუთითებს პალიატიური მზრუნველობის საგანმანათლებლო პროგრამების შემუშავების აუცილებლობაზე ყველა სამედიცინო უნივერსიტეტსა და კოლეჯში, სადაც განსაკუთრებული ყურადღება უნდა მიექცეს პაციენტების კულტურულ მახასიათებლებს, კომუნიკაციის უნარებსა და ნაბიჯ-ნაბიჯ ანესთეზიის უნარებს. ფუნქციური პასუხისმგებლობის მკაფიო დაყოფა, უფლებამოსილების დელეგირება და ექთნების ტვირთის შემცირება გააუმჯობესებს პალიატიური საექთნო მოვლის ხარისხს.

საძიებო სიტყვები: პალიატიური მზრუნველობა, საექთნო, ცოდნა, უნარები, ბარიერები, ყაზახეთი