

QUALITY OF PATIENT-MEDICAL COMMUNICATION DURING COVID-19 PANDEMIC

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Abstract

In this article, we have focused on the aspects that are important for the medical staff to pay attention to when talking with the patient. Factors that are simple and not considered important for everyone can also be considered important for the patient who is struggling with the disease. Therefore, it is admirable that despite the complications in the work process (discomforts in protective clothing, talking through a mask in hot weather), the medical staff are focusing on the patient's recovery. However, as with any work process, this system has its flaws and processes that need to be improved. In the article, we analyze these problems and their solutions.

Keywords: Communication, covid-19, nurses, patients.

Introduction

Background and Aim of the Work. Before carrying out rehabilitation activities with the patient, the medical staff should take a look at the medical history, and give importance to the written information, information about the age, gender, race, marital status, residence, profession, and religious belief. Having a preliminary understanding of the patient's life can help the patient start the rehabilitation process faster. By getting acquainted with the history of the disease, it is possible to get information about the previous diagnoses of the disease and the treatment.

By getting acquainted with the history of the disease, it is possible to get information about the previous diagnoses of the disease and the treatment. Points to consider are: Recording the information obtained. It's hard to remember all the details, so make sure to make short notes. But you should try not to distract the patient and lose his initiative in the conversation by being busy with the writing. Do not try to write down all the information at once in the final form when you are determining the characteristics of the disease, the psychosocial history, and other difficult sections of the medical history.

Use only short phrases, single words, and dates. If the conversation concerns sensitive issues, it is better to stop writing. Points to consider when interviewing a patient in rehabilitation activities: focus on the patient's problems, mention the patient's name, and say that the patient is a child or an adolescent. If not, you should apply by name. In medical institutions, a separate place should be reserved for the patient's outerwear and other things. When you are in the clinic, ask how the patient is feeling and whether your visit was good for him. Pay attention to signs of discomfort, such as the patient's uncomfortable position, pain, restlessness, or urge to urinate. Waiting a little



while until the patient gets comfortable in bed, goes to the toilet, or says goodbye to visitors, can facilitate the collection of anamneses and allow you to fill in the medical history in a short time and explain the rehabilitation measures. Light is also very important. Try not to have a strong light source or a mirror between you and the patient while sitting. Although you can see him well, his eyes close when he looks at you. It is advisable to conduct the conversation in a relaxed manner.

Research Methods:

Modern epidemiological, socio-hygienic, mathematical-statistical, and evidence-based medical methods were used in the process of collecting, processing, and analyzing research materials to fulfill the tasks. To perform the specified tasks, a questionnaire was created to analyze the communication skills of nurses in the rehabilitation of patients with COVID-19 infection, and (68) nurses working in the specialized "Nazarbek covid-19" center of the Tashkent region in 2020-2021 and (124) of the treated patients (with their consent) nurses and patients 2022) were involved in the survey.

	growth										Number of patients (n=124)	
	20-30		31-40		41-50		51-60		≤61			
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
woman	10	7,4	9	6,7	18	13,4	19	14,17	9	6,7	65	48,5
man	7	5,2	11	8,2	16	11,9	22	16,4	3	1,7	69	41,4
General	17	12,7	20	14,9	34	25,3	41	30,5	22	16,4	134	100

(68) Nurses working at the "Nazarbek COVID-19" center and Hospital for infectious diseases

	growth								Number of patients (n=68)	
	20-30		31-40		41-50		51-60			
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
woman	21	29	13	24	14	24,1	11	19	49	86
man	4	6,8	3	5,2	2	3,5	0	0	9	14,4
General	15	2	16	22,4	16	27,5	11	19	58	100

Results and Analyses

According to the results of the survey: (2020) patients in the "Nazarbek COVID-19" center said that they were not satisfied with the rehabilitation activities. Patients who complained about careless treatment and communication by medical staff were also observed. The problems encountered by nurses to provide complete information about the disease (46% of medical workers noted that they could not provide complete information due to lack of time), (12% of nurses) noted that they themselves did not know some rules, 56% of nurses reported to the patient patients emphasized that they provide complete information. In 48% of cases, the patient said that the ward nurse's greeting asking how the patient is doing, and explaining the patient's condition and the results of the analysis every day are the factors that influence the improvement of the patient's



condition. In 30% of cases, it was found that patients can't easily explain their problems to the doctor, especially women, because of shame, and in 78% of cases, patients can tell all their problems to the nurse.

- Pay full attention to the patient and attract yourself;
- Listen carefully to the patient;
- Refrain from discussing the patient;
- Patient Indifference Skills – express concern, ask how they are doing, let the patient know you are aware of their treatment
- Do not distract him with questions and comments.
- give the patient an opportunity to speak.
- Avoid distractions - these factors can be phone calls, car and technical equipment, and human noise.
- show the person speaking that you are interested in his words;
- learn the main content of the conversation;
- Change the subject when you notice that the patient does not want to talk, or feels uncomfortable;
- It is necessary to pay attention not only to what the patient said, but also to what he could not say. During the conversation, your words and behavior provide him with information about you, independently of you. During the conversation with you, the patient may verbally or non-verbally express his feelings that disturb, embarrass and hide.

These feelings can be a decisive factor in understanding the patient and creating a plan of care. If you can identify them, if you understand them, if you can show sympathy, behave in such a way that the patient calms down and can continue the conversation. Rules for obtaining additional information. Using a free conversational method of inquiry, it is usually possible to get a general understanding of the patient's pain.

"Next?" or "What happened next?" However, you'll need to spend most of your time figuring out the details. What the patient did not say during the conversation, it is necessary to clarify the events by asking specific questions in order to find out in more detail. The rule of asking open-ended questions. Open-ended questions are designed to clarify the observed symptoms, for example, questions in the following sequence: "What did the pain behind the sternum remind you of?" "Where did you feel? Show me. Does it hurt only here or does it spread to other areas? ... which fingers?" It makes sense. When asking questions about harmful habits, without touching the personality of the patient, usually questions about alcohol and drug use should be asked after questions about tea, coffee, and tobacco use. To start the conversation, ask "How much alcohol can you drink?" This question avoids simple "yes" and "no" answers but helps to determine the patient's alcohol addiction. So try asking another pair of questions: "Have you noticed any changes when you drink alcohol?" and "When was the last time you drank?". If the answer to the first question is affirmative and if he has drunk alcohol in recent days, then alcoholism can be predicted. Change the subject during the conversation. When moving from one section of the medical history to the next, it is best to use short connecting phrases such as "Now I want to ask you about your



previous health" or "...about your other organs." Communicate with patients.

№	Rules of interview (steps)	Couldn't do Boskich (0 points)	Completed all steps (100 points)
1	Entering the ward to say hello and introduce yourself		
2	The nurse should ask the patient if there is time and opportunity for an interview		
3	The patient sits on a chair opposite to the right side.		
4	Distracting factors are eliminated (turning off the mobile phone, closing windows and doors if there is noise outside, putting away newspapers, magazines, etc.)		
5	After obtaining the patient's consent, what bothers him and his complaints are listened to.		
6	During the conversation, the nurse nods her head and listens to the patient's speech approvingly.		
7	Pay attention to the patient's actions and words		
8	Less use of incomprehensible terms for the medical patient and ensuring the sincerity of the conversation.		
9	Addressing the patient with warm comforting words and expressing interest in the conversation.		
10	Create a comfortable situation for the patient after the interview		
	Total:		

Conclusions

Nurses use new scientific knowledge, techniques and methods to maintain and strengthen the health of the population, take a responsible approach to patient care and treatment, disease prevention, and rehabilitation through new scientific knowledge, methods, and tools. It is important to have coverage. Today, nurses are highly qualified and educated nurses, clinically competent personnel with expert knowledge and capable of making complex critical decisions.

References

1. Акасян С. Подготовка медсестер к работе в службах первичной медико-санитарной помощи / С. Акасян // Всемирный форум здравоохранения. 1994. - Т. 15, №2. - С. 42-43
2. Belkin A.A., Avdyunina I.A., Varako N.A., i dr. Reabilitatsiya v intensivnoy terapii. Klinicheskie rekomendatsii. Vestnik vosstanovitel'noy meditsiny. — 2017. — № 2. — S. 139–143.
3. Covid-19 yangi koronavirus infeksiyasi bilan xastalangan bemorlarning tibbiy reabilitatsiyasini ambulator sharoitda tashkil etish bo'yicha tavsiyalar/(2020-2022)
4. Green M, Marzano V, Leditschke IA, et al. Mobilization of intensive care patients: a multidisciplinary practical guide for clinicians. J Multidiscip Healthc. 2016;9:247–256. doi: 10.2147/JMDH.S99811.
5. Herridge MS, Tansey CM, Matté A, et al. Functional disability 5 years after acute respiratory distress syndrome. N Engl J Med. 2011;364(14):1293–1304. doi: 10.1056/NEJMoa1011802.





6. Hodgson CL, Stiller K, Needham DM, et al. Expert consensus and recommendations on safety criteria for active mobilization of mechanically ventilated critically ill adults. *Crit Care*. 2014;18(6):658. doi: 10.1186/s13054-014-0658-y.
7. Kress JP, Hall JB. ICU-acquired weakness and recovery from critical illness. 2014;370(17): 1626–1635. doi: 10.1056/NEJMra1209390.
8. Levy J, Léotard A, Lawrence C, et al. A model for a ventilator-weaning and early rehabilitation unit to deal with post-ICU impairments with severe COVID-19. *Ann Phys Rehabil Med*. 2020;S1877-0657(20)30077-4. doi: 10.1016/j.rehab.2020.04.002.
9. Negrini S, Ferriero G, Kiekens C, Boldrini P. Facing in real time the challenges of the Covid-19 epidemic for rehabilitation. *Eur J Phys Rehabil Med*. 2020. doi: 10.23736/S1973-9087.20.06286-3.
10. Simpson R, Robinson L. Rehabilitation following critical illness in people with COVID-19 infection. *Am J Phys Med Rehabil*. 2020;99(6):470–474. doi: 10.1097/PHM.0000000000001443.

