

THE INFLUENCE OF NURSES ON THE QUALITY OF CARE IN THE TREATMENT OF PATIENTS WITH INFLAMMATORY BOWEL DISEASES

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ABSTRACT

Introduction: Inflammatory bowel disease (IBD) refers to two main diseases: ulcerative colitis and Crohn's disease. In terms of structure and process, it has been postulated that IBD treatment requires a multidisciplinary approach in which physicians, nurses, nutritionists, and social workers interact to achieve goals. The role of doctors in treatment is clearly defined, but it is useful to define the role of nurses in the care of patients with IBD.

Objective: Clarify the influence of nurses on the quality of care in the treatment of patients with inflammatory bowel diseases.

Methods: An electronic search of the PubMed, MEDLINE, EMBASE databases was conducted and the Cochrane database. The search was performed using keywords. This paper includes studies which examines contributions within 10 years of nurses in the quality of care for patients with IBD.

Results: The number of hospital visits decreased from 1,377 to 853 (38 % decrease) in institutions that had a specialized IBD nurse. Patient satisfaction has been improved in key areas, particularly in IBD information approaches and conservation health advice. The number of patients in remission increased from 63 % to 69 %. Recognized IBD nurse released the doctor's resources, and better contacts with patients were achieved, and thus a smaller number of hospitalization.

Conclusion: It is important to recognize the role of specialized nurses who are dedicated to the care and observation of patients with inflammatory bowel diseases in the management of specialist nursing interventions to improve the care and observation of patients, the disease itself, access to treatment, discharge, morbidity and quality of life. Nurse education is an important part of care for patients suffering from inflammatory bowel diseases, because the nurse is the first person from whom patients will ask for cooperation after diagnosing the disease.

Keywords: inflammatory bowel disease, nurse, IBD specializations

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INTRODUCTION

The term inflammatory bowel disease (IBD) refers to idiopathic chronic inflammatory diseases of the gastrointestinal system, ulcerative colitis (UC) and Crohn's disease (CD). Ulcerative colitis is an idiopathic, chronic inflammatory bowel disease characterized by a chronic course with numerous remissions and exacerbations. The inflammatory process always affects the rectum and spreads continuously more proximally. Crohn's disease is defined as a chronic inflammatory disease of the digestive system of unknown etiology. It is characterized by transmural inflammation and frequent local and intestinal complications. The disease has a chronic unpredictable course with numerous remissions and relapses. Numerous extraintestinal manifestations of the disease also appear. Clinically, these diseases are characterized by recurrent inflammation of segments of the digestive system with very diverse clinical manifestations and, as a rule, a chronic, unpredictable course of the disease. Indeterminate colitis is present in about 10 % of patients with inflammatory bowel disease, and its characteristic is that inflammatory changes in the colon cannot be classified as either ulcerative colitis or Crohn's disease. The natural course of this form of the disease is not clear, and therapeutic recommendations are difficult (1).

These diseases lead to significant morbidity, but increased mortality. Today, there is an increase in the incidence and prevalence of inflammatory bowel

diseases, which, due to their chronic nature and the need for lifelong treatment and monitoring of inflammatory activity, are a great diagnostic and therapeutic challenge.

A large increase is observed in industrialized urban areas and is attributed to the Western lifestyle and other related environmental factors.

It is constantly increasing in developing countries as well, and is the result of rapid modernization and acceptance of the Western way of life (2). Some ethnic groups have a higher incidence of inflammatory bowel disease than the general population, for example, the incidence of inflammatory bowel disease is higher in people of Jewish origin than in people of non-Jewish origin (3). IBD produces high costs in healthcare systems. Medical and surgical hospitalizations are the main components of direct medical costs. However, indirect costs (loss of productivity due to sickness period) are even higher (4). For example, in Europe, indirect costs for CD represent 64–69% of total costs (5). Costs vary significantly depending on the severity of the disease; they are 3 to 9 times higher in patients with severe disease than in those in remission (6). The clinical impact of IBD on the quality of life and its economic impact are increasing, because the frequency of the disease is increasing in developed countries; the current incidence is estimated at 9 cases per 100,000 inhabitants per year (7,8).

THE ROLE OF THE NURSE IN THE TREATMENT OF IBD PATIENTS

Quality life, resocialization and

professional activity are indispensable common goals of the patient and the healthcare team. The closest "collaborators" to patients with inflammatory bowel diseases are nurses/technicians, from patient visits to outpatient clinics and day hospitals to their frequent stay in patient rooms during hospitalization (9). According to the definition of health by the WHO organization, "health is a state of complete physical, psychological and social well-being and not just the absence of disease and infirmity" (10), we look back to the very foundation of the existence of each individual, which is a good quality of life that is can call if all the listed factors are provided. Although the diseases are different, they should definitely be looked at together. The most common symptoms of inflammatory bowel disease are: diarrhea, high temperature, abdominal cramps and fatigue. During the activation of the disease, the patient's state of health, his "mental, physical and social well-being" is severely impaired, and there is an increasing need for quick help and reliance on a specialist health team. Guided by all the challenges that inflammatory diseases can cause in patients with inflammatory bowel diseases, with the desire for better and higher quality care, nurses/technicians from all over Europe united to create guidelines and make it easier for patients to live with their chronic disease. The relationship in which the patient is at the center of health care and an equal member in making decisions related to the course and outcome of treatment is extremely important for the patient's autonomy and taking responsibility for the further outcome of treatment and the course of the disease.

It is extremely important for patients suffering from inflammatory bowel diseases to know their disease, the course of the disease and, of course, all the options available to them. Nurses communicating with IBD patients must have basic knowledge about inflammatory bowel diseases, know the difference between Crohn's disease and ulcerative colitis, in order to be able to appreciate the importance of timely therapy and know the key diagnostic strategies and basic medical and surgical options available in the treatment of inflammatory bowel diseases, and all for the purpose of better informing IBD patients. During the patient's hospitalization in the wards or visits to day hospitals, it is important to establish the patient's adherence to the therapy in order to be able to assess whether the medical effect is the result of a well-chosen therapy and thus try to reduce or prevent the effect of noceb on the patient. When communicating with patients, nurses/technicians should be aware of the immediate and long-term physical, psychological and social impact of inflammatory bowel diseases on the patient's daily life, including the patient's concern about the outcome of the treatment and the disease it self.

A randomized controlled trial conducted by Smith et. al in the United Kingdom of 100 patients with IBD showed that health-related quality of life improved in patients who were under the psychological guidance of a nurse (11). A similar study conducted in England that investigated the effects of an IBD nurse on patient outcomes showed that hospital visits were reduced by 38 % and length of hospital stay was reduced by 19 %. The number of patients in remission increased

from 63 % to 69 %. Patient satisfaction are improved in key areas, particularly access to information about IBD and advice on health maintenance. Out of 251 calls to the helpline, only 19 patients were referred for a medical opinion and 5 patients for hospital admission (12). A review of the report the UK IBD Group issued says that an IBD unit who serves the population of 250,000 should have 1.5 IBD specialist nurses and 1.5 ostomy and ileoanal surgery nurses. Among the quality standards is that patients should have quick access to clinical counseling from a specialist nurse (mainly when they have seizures), by phone or e-mail, and that nurses should participate in expert meetings and multidisciplinary team meetings (13). An observational study conducted in Norway, Denmark, the Netherlands, Italy, Greece, Portugal and Israel aimed to compare European healthcare institutions and define "best practice" in the management of IBD, which was led by Van der Eijk I, Verheggen FW, Russel MG, Buckley M, Katsanos K, Munkholm P, defined that "Best Practice" related to the care of IBD patients includes: availability of daily telephone consultations, doctors and nurses on the patient's medical condition should be in the same file, protocols given to doctors and nurses, continuous postgraduate training, broad integration and rotation of nurses in outpatient clinics, inpatients, and endoscopy units (14). A study conducted in Finland showed that a health facility that had an IBD specialist nurse established more contacts with patients, 4-9 % fewer hospitalizations were reported compared to clinics that did not have an IBD nurse. Annual savings in hiring an IBD nurse are extremely significant (15). There are IBD nursing

role descriptions available from the RCN and the European Crohn's and Colitis Organization N-ECCO nursing consensus statement on what IBD nursing is. The N-ECCO statement outlines two levels of care for IBD; one of which is described as advanced. This recognition of advanced practice in IBD care has been supported by Crohn's & Colitis UK in its specialist nursing program which supports advanced practice education at Masters level and is a joint venture with the Royal College of Nurses (RCN). Accreditation of advanced practice nurses in IBD with an accompanying (soon to be published) new professional practice framework for nurses working in IBD to support this process is now a reality. A number of skills, both conceptual and operational, are assigned to nurses in the management of IBD. Significant among them is the integration within the multidisciplinary team (16,17), which acts as a link between the patient - the team and primary health care (18), which includes adherence to treatment (19), early recognition of side effects (20), providing health information to patients and their families (21,22) providing emotional support (23,24) being available when the patient so requests (25) (eg, giving advice over the phone), and organizing a support group for patients by selecting group participants, setting goals and searching for subjects of interest. The characteristics of nurses most valued by patients and their families include accessibility, kindness, empathy, and the ability to communicate and build patient trust.

CONCLUSION

Despite the research carried out in the world, the importance of IBD nurses is



still insufficiently accepted by economic management, although the roles of specialized nurses is (IBD NURSES) dedicated to the care and monitoring of patients with inflammatory bowel diseases are widely recognized in the management of specialist nursing interventions to improve care and monitoring of patients, the disease itself, access to treatment, discharge, morbidity and quality of life. Nurse education is an important part of care for patients suffering from inflammatory bowel diseases, because the nurse is the first person from whom patients will ask for cooperation after diagnosing the disease.

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UTJECAJ MEDICINSKIH SESTARA NA KVALITETU SKRBI U LIJEČENJU BOLESNIKA OBOLJELIH OD UPALNIH BOLESTI CRIJEVA

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SAŽETAK

Uvod: Upalna bolest crijeva (IBD) označava dva glavna poremećaja: ulcerozni kolitis i Crohnovu bolest. Obzirom na strukturu i proces, postulirano je da za postizanje ciljeva liječenje IBD-a zahtijeva multidisciplinarni pristup u kojem liječnici, medicinske sestre, dijetetičari i socijalni radnici međusobno djeluju. Uloga liječnika u liječenju je dobro definirana, ali je korisno definirati ulogu medicinskih sestara u vođenju skrbi za pacijente s IBD-om.

Cilj: pojasniti utjecaj medicinskih sestara na kvalitetu skrbi u liječenju bolesnika oboljelih od upalnih bolesti crijeva.

Metode: Provedena je elektronska pretraga baze podataka PubMed, MEDLINE, EMBASE i Cochrane baza podataka. Pretraga je obavljena korištenjem ključnih riječi. U ovaj rad uključena su istraživanja koja su se unutar 10 godina bavila ispitivanjem o doprinosima medicinskih sestara u kvaliteti skrbi oboljelih od IBD-a.

Rezultati: Broj posjeta u bolnici smanjen je s 1377 na 853 (38 % smanjenje) u ustanovama koje su imale specijaliziranu IBD sestru. Zadovoljstvo pacijenata poboljšano je u ključnim područjima, posebno u pristupima informacija o IBD-u i savjetima o očuvanju zdravlja. Broj bolesnika u remisiji povećao se s 63 % na 69 %. Priznata IBD sestra oslobodila je resurse liječnika, te su ostvareni bolji kontakti s pacijentima i samim tim manji broj hospitalizacija.

Zaključak: Važno je prepoznati ulogu specijaliziranih medicinskih sestara koje su posvećene brizi i praćenju bolesnika s upalnim bolestima crijeva u upravljanju specijalističkim sestrinskim intervencijama za poboljšanje skrbi i praćenju bolesnika, same bolesti, pristup liječenju, otpust, morbiditet i kvalitetu života. Edukacija medicinske sestre čini važan dio skrbi u pacijenata oboljelih od upalnih bolesti crijeva, jer je medicinska sestra prva osoba od koje će pacijenti tražiti suradnju nakon dijagnosticiranja bolesti.

Ključne riječi: upalne bolesti crijeva, medicinska sestra, IBD specijalizacije

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