

## The Role of Nurses in Improving Access to and Quality of Care in Rehabilitation

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It is known that nursing care is important in the treatment of any disease. Today, the largest number of employees in the field of health care in the world are secondary medical workers. Their work is of great importance in the healthcare sector, not because of their large numbers, but because they provide a wide range of safe, effective and quality medical care to clients.

Types of activities	Duration in hours		AAK JFK kcal		AAK JFK kcal	AAK JFK kcal	
	A	B	A	B		A	B
Physical education	0,5	0,5	59,9±0,2	58,6±0,2	2,2	64,4±0,	38,2±0,5
Washing	0,5	0,5	59,9±0,2	58,6±0,2	1,4	41,0±0,	41,0±0,6
Correct position	0,5	0,5	59,9±0,2	58,6±0,2	2,0	29,3±0,	29,3±0,6
Breakfast	0,5	0,5	59,9±0,2	58,6±0,2	1,7	49,8±0,	49,8±0,5
See you in the	0,5	0,5	59,9±0,2	58,6±0,2	1,2	17,5±0,	17,5±0,2
Dress up	0,5	0,5	59,9±0,2	58,6±0,2	1,6	23,4±0,	23,4±0,3
Arriving at work,	1,0	1,0	59,9±0,2	58,6±0,2	1,2	136,4±	136,4±2,
Performing medical procedures	0,5	0,66	59,9±0,2	58,6±0,2	1,5	43,9±0,	48,0±0,5
Bringing medicines	1,0	1,0	59,9±0,2	58,6±0,2	1,7	99,6±1,	99,6±1,3
Taking the patient for examination	2,5	2,0	59,9±0,2	58,6±0,2	2,0	741,8±	549,9±6,8
(have lunch)	1,0	1,0	59,9±0,2	58,6±0,2	1,6	93,7±1,	93,7±1,2
Stop taking your	1,0	1,0	59,9±0,2	58,6±0,2	1,2	136,4±	136,4±1,4
Rehabilitation	2,5	2,5	59,9±0,2	58,6±0,2	1,8	466,5±	466,5±4,8
Writing documents	1,0	1,0	59,9±0,2	58,6±0,2	1,2	136,4±	136,4±1,8
Medical treatment	0,5	0,5	59,9±0,2	58,6±0,2	1,8	52,7±0,	52,7±0,6
Dinner	0,5	0,5	59,9±0,2	58,6±0,2	1,7	82,6±0,	82,6±0,7
Making family time	1,0	-	59,9±0,2	58,6±0,2	1,2	136,4±	-
Evening bath	0,5	0.84	59,9±0,2	58,6±0,2	1,4	42,6±0,	62,6±0,8

Housework	1,0	1,0	59,9±0,2	58,6±0,2	1,2	175,9±2	175,9±2,2
Night sleep	7,0	7,0	59,9±0,2	58,6±0,2	1,0	410,2±5	410,2±5,0
Total:	<b>24 c</b>	<b>24 c</b>	<b>59,9±0,2</b>	<b>58,6±0,2</b>		<b>2820±5</b>	<b>2650±45</b>

### Daily timing and average daily energy consumption

***p value a*** : Multivariate analysis between patients and nurses; *p value b* : multivariate analysis before and during the pandemic; \* $p < 0.05$  statistically significant. Comparative assessment of nurses' chronometry and average daily energy expenditure showed their reliable difference depending on the daily schedule, and correspondingly, the differences in the dynamic part of the activity were on average  $2820 \pm 50$  kcal/day for men and  $2650 \pm 45$  kcal/day for women. The daily analysis of timekeeping conducted by observation and questionnaires showed that the daily schedule adopted in the inspected institution is fully compatible with the type of activity and is the same for all age groups.

**Analysis** of daily timing by observation, questionnaire, and determination of physical activity quotient (JFK) allowed nurses to determine daily energy expenditure by gender, age, and special groups.

**Research methods:** in the process of collection, processing and analysis of research materials in the performance of assigned tasks, data is collected using modern epidemiological, social-hygienic, mathematical-statistical and evidence-based medical methods G3250 Pentium/4 Gb (1600)/500 Gb /19.5" was collected and analyzed on an LG computer.

#### If it is difficult to communicate with the patient due to the use of PPE:

1. Use "personification" - mark your suit with special identification means on the front of the suit so that the patient understands who he is talking to. If most of the medical staff is on the defensive, it becomes problematic to distinguish between specialists.

2. Connect non-verbal communication - shaking your head or pointing with your hands, this will show the patient your emotional involvement in the communication process. Remember that respirators and other protective equipment smooth out intonations and emotional reactions.

3. Use short phrases, spoken clearly and loudly, this will allow you to convey the necessary information to the patient. Otherwise, your speech will be slurred and fuzzy. Looking at the overall QOC scores and the relative responses of patients and nurses prior to and during the Covid-19 pandemic (Table 1), there were significant differences between nurses and patients on many items. questionnaires, namely: "Speak clearly and clearly" ( $< 0.001$ ); "Listen carefully without taking your eyes off" ( $< 0.001$ ); "conversing on subjects related only to the patient" ( $r = 0.004$ ); "concentrate your attention" ( $p < 0.001$ ); "Able to freely express one's opinion" ( $p = 0.002$ ); "Control your own health" ( $p = 0.022$ ); "Know how to complete each treatment yourself as much as possible" ( $p = 0.013$ );

"Respect the main thing in life" ( $p < 0.001$ ); "Ask about spiritual and religious beliefs" ( $p < 0.001$ ); "Respect spiritual and religious beliefs" ( $p < 0.001$ ). On the other hand, when looking at the periods before and during the pandemic, the only difference between patients and nurses recorded in the QOC questionnaire was the "inclusion of loved ones in the discussion of therapeutic treatment" ( $p < 0.001$ ).

Based on the data that emerged in this study, it can be assumed that the patient, unlike the nurses, willingly accepted the use of a face mask, which is an additional barrier to effective communication between the nurse and the patient. Although data were collected online only, there was no form of iteration with participants for nurses and patients.

Furthermore, a major limitation of this study was the sampling and retrospective assessment of masked communication, which may be influenced by patients' memories of their hospital stay on the one hand and nurses' daily experience on the other. However, although the study has some limitations, it helped to highlight another factor that exists in the communication between the nurse and the patient, such as the mandatory use of a face mask.

**Recommendations**, Expected results in the rehabilitation of III stage patients:

1. complete recovery of lung function after pneumonia;
2. elimination of residual symptoms such as a long-lasting cough.
3. prevent the spread of connective tissue, pneumofibrosis and the formation of scars in the pleural cavity.
4. treatment of immune deficiency after inflammation.
5. elimination of problems in the digestive system caused by antibiotic treatment.

**Know the contraindications of rehabilitation measures:**

1. Increase in body temperature above 38°C
2. Increased panting
3. Breathing frequency increases from 30/minute
4. Systolic blood pressure is 180 mm above. higher than
5. or 90 mm wire.ust. drop down from
6. Emergence of arrhythmia
7. Decreased saturation SpO<sub>2</sub><93% (observed with a pulse oximeter) When these conditions are observed, the patient should stop physical training and contact the supervising physician for advice. It is possible to recommend ozone therapy. (depending on the patient's condition) It is recommended to observe all anti-epidemic measures during the 3 stages of medical rehabilitation! Nurses have unique qualifications, they help improve the quality of medical care, help people navigate the healthcare system, stage monitoring and follow-up of the entire process of providing medical care, and the main role in rehabilitation.

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