

Assessment of Nurses' Performance in Gastrointestinal Endoscopy Unit

Thesis

*Submitted for Partial Fulfillment of
The Master Degree*

*In
Nursing Sciences
(Medical –Surgical Nursing)*

By

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List of Abbreviations

ABC	: Airway, Breathing, Circulation
AER	: Automated Endoscope Reprocessors
CT	: Computerized Tomography
DC shock	: Direct Current Shock
EGD	: Esophagogastroduodenoscopy
EMR	: Endoscopic Mucosal Resection
ERCP	: Endoscopic Retrograde Cholangiopancreatography
ESD	: Endoscopic Submucosal dissection
EUS	: Endoscopic Ultrasonography
EUSFNA	: Endoscopic Ultrasonography Fine Needle Aspiration
FNA	: Fine Needle Aspiration
GI	: Gastrointestinal
GIE	: Gastrointestinal Endoscopy
HBV	: Hepatitis B virus
HCV	: Hepatitis C virus
HIV	: Human Immuno Deficiency Virus
HLD	: High-Level Disinfection
IV	: Intravenous
LCG	: Liquid Chemical Germicide
MCQ	: Multiple Choice Questions
MRI	: Magnetic Resonance Imaging

List of Abbreviations (Cont.)

No	: Number
NPO	: Nothing Per Oss
PET	: Positron Emission Tomography
PPE	: Personal Protective Equipment
SaO2	: Arterial Oxygen Saturation
SPSS	: Statistical Package for Social Science
UA	: University of Alabama
V/S	: Vital Signs

Abstract

Endoscopy is generally very effective tool in the diagnosis and treatment of various gastrointestinal (GI) disorders. The performance of the nurse in GI endoscopy is very relevant for the quality and results of GI endoscopy. **The aim of this study** was to assess nurses' performance regarding their role in gastrointestinal endoscopy unit. **Design:** A descriptive exploratory design was followed to achieve the aim of this study. **Setting:** The study was conducted at GI endoscopy Unit at Ain Shams University Hospital. **Sample:** A convenience sample of all available nurses (30) in GI endoscopy unit at Ain Shams University Hospital. **Tools of data collection:** Self administered questionnaire sheet, nurses' performance observational checklist and Attitude scale. **Results:** The results of this study showed that, (76.7%) of studied nurses had unsatisfactory knowledge, (90.0%) of them had unsatisfactory practice and (63.3%) of them had negative attitude regarding their role in GI endoscopy unit. Furthermore There was a highly statistical significant correlation between total studied nurses' knowledge and total practice. **Conclusion:** The current study concluded that, the majority of the studied nurses had unsatisfactory level of knowledge, practice and about two third of them had negative attitude regarding their role in GI endoscopy unit. **Recommendations:** The study recommended the importance of implementing an educational training program to improve nurses' performance regarding their role in GI endoscopy unit.

Key words: Gastrointestinal endoscopy, Nurses' performance



Introduction



Introduction

Endoscopy has significantly changed over the last 20 years. Technological developments have established a huge variety of diagnostic and therapeutic options. The increasing numbers of invasive procedures require specialized, well-trained staff. Moreover, the profile of patients undergoing endoscopy has also significantly changed in recent years. The number of patients with complex medical problems has significantly increased in Endoscopy, requiring more complex care throughout endoscopic procedures (**Beilenhoff and Neumann, 2011**).

Endoscopes have assumed a dominant role in the diagnosis and treatment of disorders of the oesophagus, stomach, duodenum terminal ileum and colon (**Marks and Dunkin, 2013**). The indications for endoscopy are varied and include signs of GI disorders that cannot be attributed to disease in other body systems. Endoscopy has the advantages that, it is generally considered a non-invasive procedure that avoids surgery and it has few contraindications. Such procedures require specialist equipment, environment and staffing (**Canard et al., 2011**).

Introduction and Aim of the Study

Nurses in the endoscopy unit are responsible to provide and evaluate aspects of care before, during and after GI endoscopic procedure for those patients. In addition to, their responsibility toward availability of equipment, supplies and medication (**Linton, 2015**). Moreover, the nurses must be extremely well trained to deal with patients' fears and anxiety about GI endoscopy. Therefore, the nurses can provide insight and education to the patients, their families, as well as the professional staff (**Cappell, 2015**).

Inability of endoscopic nurses to clean the endoscopes and then subjected it to at least high level disinfection, lack of infection control measures pre, during and post procedure and lack of health education provided by nurses to patients at GI endoscopy unit are the main causes for transmission of infectious agents in endoscopy unit and another complication (**American society for gastrointestinal endoscopy, 2012**).

Significance of the study:

Through diagnosis and management, endoscopy plays a role in nearly all GI diseases as well as a crucial role in clinical research. Each year in the United States alone, approximately 34 million gastrointestinal procedures are

Introduction and Aim of the Study

performed using flexible endoscopes (**American Society of Gastrointestinal Endoscopy, 2009**).

According to Ain Shams University hospital statistical department, approximately 3500 of patient undergoing GI endoscopy were admitted in (2014).

The risk of potential transmission of infectious agents in endoscopy unit prompted widespread patient notification and screening, with the subsequent discovery of numerous cases of previously unknown hepatitis and HIV were related to previous endoscopy. Infections suspected to have occurred after lapses in reprocessing; particularly those related to failure to use appropriate attachments to channels or failure to clean all channels during reprocess endoscopy (**American society for gastrointestinal endoscopy, 2012**).