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شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

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Outcome of Designed Guidelines for Nurses Caring for Upper Gastrointestinal Endoscopic Patients

Thesis
Submitted for Partial Fulfillment of
The Doctorate Degree in
Medical –Surgical Nursing

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Abstract

Upper gastrointestinal endoscopy is a diagnostic and therapeutic procedure that provides good view of the mucosal surfaces of the upper gastrointestinal tract and management of many gastrointestinal conditions. Improving the outcomes of patients undergoing upper gastrointestinal endoscopy requires the best efforts of nurses in multiple settings and roles, working collaboratively with other health team. **Aim:** this study aimed to evaluate the outcome of designed guidelines for nurses caring of patients undergoing upper gastrointestinal endoscopy. **Design:** A quasi-experimental design was utilized to achieve the aim of this study. **Setting:** The study was conducted at gastrointestinal endoscopy unit at Ain Shams University Hospital. **Subject:** A convenient sample of all available nurses working in gastrointestinal endoscopic unit and a purposive sample of 60 adult patients undergoing upper gastrointestinal endoscopy were recruited. According to certain inclusion criteria the patients were selected and equally divided into control and study groups. **Tools of data collection:** Self-administered questionnaire, practice observational checklist for nurses and patients' outcome evaluation tool. **Results:** Total satisfactory level of nurses' knowledge and practice regarding caring of patients undergoing upper gastrointestinal endoscopy significantly improved post the designed guidelines implementation compared to pre (66.7% versus 23.3%) and (56.7% versus 16.7%) respectively. Furthermore, patients' satisfaction level significantly improved post the designed guidelines implementation compared to pre (63.3% versus 40.0%). **Conclusion:** The designed guidelines had statistically significant positive effect on the outcome of the studied nurses' performance (knowledge and practice) regarding caring of patients undergoing upper GI endoscopy and the satisfaction level of such group of patients, however the results didn't reveal any statistically significant difference between the control and study groups regarding complications occurrence rate. **Recommendations:** Replication of the current study on larger probability sample and different settings is recommended to evaluate the impact of the designed nursing guidelines for caring of patients undergoing upper gastrointestinal endoscopy on the nurses' performance and consequently on the patients' outcome on the long run.

Key words: Upper gastrointestinal endoscopy, Nurses/patients' outcomes, Designed guidelines.

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Eman Mohamed Mohamed Abo Bakr

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List of Abbreviations

AER   : Automated Endoscope Reprocessor.

DC   : Direct Current.

EGD   : EsophagoGastroDuodenoscopy.

ERCP   : Endoscopic Retrograde CholangioPancreatography.

EUS   : Endoscopic UltraSonography.

GI   : GastroIntestinal.

GIT   : GastroIntestinal Tract.

H pylori: Helicobacter pylori.

HBV   : Hepatitis B Virus.

HIV   : Human Immunodeficiency Virus.

HLD   : High-Level Disinfection.

IV   : Intra-Venous.

LCG   : Liquid Chemical Germicide.

MCQ   : Multiple-Choice Questions.

NPO   : Nil Per Os (Nothing by Mouth).

PPE   : Personal Protective Equipment.

SaO2   : Oxygen Saturation.

Introduction

Upper gastrointestinal (GI) endoscopy is a procedure used to visually examine the upper digestive system with a tiny camera on the end of a long, flexible tube. An endoscopist uses an endoscopy to diagnose and treat conditions that affect the esophagus, stomach and beginning of the small intestine (duodenum) **(Bohara et al., 2018).**

Upper GI endoscopy indicated to diagnose the presence of suggestive symptoms such as dyspepsia, heartburn, dysphagia, anorexia, weight loss, hematemesis, anemia and esophageal reflux symptoms. It is indicated for diagnosis of demonstrated lesions (gastric or esophageal ulcer, and upper tract stricture or obstruction). Also, it is used in case of GI bleeding, for presumed chronic blood loss and for iron deficiency anemia when the clinical situation suggests an upper GI source **(Keen & Brooks, 2017).**

The upper GI endoscopy related complications are; perforation, bleeding and infection. The most common sites of perforation are in the esophagus, hypo pharynx, duodenum and stomach. Complications can result from the effect of anesthesia; mainly respiratory and cardiovascular complications **(Levy & Gralnek, 2016).**

The role of the nurse in upper GI endoscopy is very relevant for its quality and results. The nurse provides nursing care and health education pre, intra, and after the procedure to the patients, collaborates with other health care professionals to ensure quality and continuity of care, serving as a patient advocate, within the limits of the law, acting as a resource and mentor for other nurses. Nurse should participate in data collection for research using evidence-based practice to improve patient outcomes **(Burtea et al., 2018).**

Improving the outcomes of upper GI endoscopic patients requires the best efforts of nurses in multiple settings and roles, working collaboratively with families and patients. Patients' satisfaction with nursing care has become an important goal of any health care organization and an outcome measure of care. Patient satisfaction occurs when there is a match between expected care and the care actually received **(Moorhead et al., 2018).**

Continued education of nursing staff in the form of lectures as well as regional and national programs will improve the quality of nursing care by improving nurses' knowledge and skills, in which all of these can reflect