
Nurses' Knowledge and Practice Regarding Nursing Care of Patients with Liver Cirrhosis

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ABSTRACT

Background: Cirrhosis of the liver is the end stage of chronic liver disease. Nurses role very important to patient with liver cirrhosis. **Aim:** Assess nurses' knowledge and practice regarding nursing care of patients with liver cirrhosis. **Subjects and Method:** A descriptive research design was used. **Setting:** The study was conducted medical unit at Ismailia university hospital, Ismailia general hospital and Port-Said general hospitals (Port-Said, Port-Fouad and AL-Zehor central). **Subjects:** A 150 convenient nurses participated in the study **Tools:** Data were collected using two tools, Nurses' Knowledge questionnaire and Observational Check list for practice. **Result:** The result of study indicated that 78.65% and 63.09% of studied nurses had unsatisfactory knowledge and practice **Conclusion:** Most of the studied nurses had unsatisfactory knowledge and practice regarding care of patients with liver cirrhosis. **Recommendations:** There are obvious needs for conducted an educational and training programs to improve nurse's knowledge and practice regarding nursing care of patients liver cirrhosis.

Key Words: Liver cirrhosis, Nurse's knowledge, practice.

INTRODUCTION

Liver cirrhosis is a chronic, progressive disease of the liver characterized by degeneration and destruction of the liver cells. Fibrotic bands of connective tissues impair the flow of blood and lymph and distort the normal liver structure. Liver cirrhosis results from variety of disorders and is a major cause of morbidity and mortality worldwide. Patients with liver cirrhosis experienced a variety of clinical manifestations depending on the duration and severity of the liver disease rather than under diagnosis (White et al., 2013).

Liver cirrhosis has many possible manifestations that may be either a direct result of the failure of liver cells, or secondary to the resultant portal hypertension. There are also some manifestations which are nonspecific but which may occur in cirrhosis. Likewise, the absence of any signs does not rule out the possibility of cirrhosis. Cirrhosis of the liver is slow and gradual in its development. It is usually well advanced before its symptoms are noticeable enough to cause alarm. Weakness and loss of weight may be early symptoms of liver cirrhosis (Slater et al., 2013)

Additionally, the fluid build-up in the abdomen may become spontaneously infected. Other complications include hepatic encephalopathy, bleeding esophagus varicosis or dilated stomach veins, and liver cancer. Hepatic encephalopathy results in confusion and may lead to unconsciousness (Lima et al., 2014).

Nurses in their day to day contact with patients have the opportunity to assess potential problems, discuss medical regimens and give teaching about all aspects of care, these includes maintaining physical activity, recognizing activity limitations, conserving energy, following dietary modification and adhering to medication schedule, in addition to maintaining life style changes that best suit those patients (Lois et al., 2013).

Nurses provide care for patient with liver cirrhotic includes monitoring for bleeding and hemorrhage, monitoring the patient's mental status closely and report changes so that treatment of encephalopathy can be initiated promptly, Carefully monitoring serum electrolyte levels and correct it if abnormal, administering oxygen if oxygen desaturation occurs; monitoring for fever or abdominal pain which may signal of onset of bacterial peritonitis or other infections .Assessing cardiovascular and respiratory status, administering diuretics, implementing fluid restrictions, and enhance patient positioning, if needed also, monitoring intake and output, daily weight changes,

changes in abdominal girth, and edema formation ,monitoring for nocturia and, later, for oliguria, because these states indicate increasing severity of liver dysfunction (Lizaola et al 2016).

Moreover, nurses provide skin care, change patient's position frequently, avoid using irritating soaps and adhesive tape, provide lotion to soothe irritated skin take measures to prevent patient from scratching the skin as well as reducing risk of injury by using side rails if patient becomes agitated or restless, orient to time, place, and procedures to minimize agitation ,instruct patient to ask for assistance to get out of bed carefully evaluate any injury because of the possibility of internal bleeding Also, provide safety measures to prevent injury or cuts (electric razor, soft toothbrush), apply pressure to venipuncture sites to minimize bleeding (Clements & Greenslade 2014).

A greater understanding of the knowledge and practices concerning liver disease risks among health workers will help guide the development of appropriate prevention strategies for those population. By generating data that could be used to develop interventions to promote preventive behaviors among health workers (Flores et al., 2012).

Significance of the study:

Liver cirrhosis is chronic disease considered as an Egyptian health problem of wide prevalence; this is a direct stimulus for conducting this study. Data that may be achieved could highlight patient needs and consequently could have appositive influence on improving nursing management of the patient . Is an end-stage therapeutic condition that's a result of liver illness and is ordinarily asymptomatic until complications show there are a limited number of nursing researches about nursing care of patients with liver cirrhosis in Egypt? Nurse's lack of essential knowledge and skills required to provide effective care for patients with liver cirrhosis so this study conducted to assess nurses' knowledge and practice regarding nursing care of patient with liver cirrhosis.

AIM OF THE STUDY:

The present study aims to:

Assess nurses' knowledge and practice regarding nursing care of patients with liver cirrhosis.

SUBJECTS AND METHOD:

Research design

A descriptive design was used to conduct the study

Setting

The study was conducted in medical unit at Ismailia university hospital, Ismailia general hospital and Port-Said general hospitals (Port-Said, Port-Fouad and AL-Zehor central).

The above mentioned settings were chosen because they are the largest public hospitals which introduce a wide range of medical services, having higher rate of patients and having higher number of nurses working in

Intensive care unit and medical unit.

Subjects

A convenience sample of nurses working during the time of data collection (4 month) from the previous mentioned settings and provide direct care to patients with liver cirrhosis the number of nurses are one hundred and fifty (150) nurses.

Tools for data collection:

Data was collected by using two tools:

TOOL (I): Nurses' knowledge questionnaire

It developed by the researcher after reviewing of recent literatures (Joan et al., 2011, Hinkle & Cheever, 2013 & Timby & Smith, 2014), to assess nurses' regarding knowledge of nursing care of patients with liver cirrhosis. It included three parts

Part (1): Socio-demographic characteristics

It was concerned with socio demographic characteristics of studied nurse's age, sex, level of education, marital status, and qualifications

Part (2): work related data:

It is concerned with work related data of the studied nurses

As (years of experience, educational or training courses source of information about liver cirrhosis and their job title)...

Part (3): Nurses' Knowledge questioner:

It includes Asses' nurses' knowledge related to liver cirrhosis, it includes (46) closed ended – questions covering the following areas:

- Definition liver cirrhosis (1) questions
- Causes of liver cirrhosis (1) questions, clinical manifestation of liver cirrhosis (12) questions
- Complications liver cirrhosis (9) questions
- Nursing care for patients liver cirrhosis includes (23) questions.

Tool (II): Nurses' practice observational checklist:

The second tool an observational check list that developed by the researcher based on standardized nursing skills reviewed from related literature by (*Joan et al., 2011, Hinkle & Cheever, 2013 & Timby & Smith, 2014*) was used to assess nurse's practice regarding care of patients with liver cirrhosis. It contains procedures covering the following areas:

Vital signs: Body Temperature (16) items, peripheral pulse (15) items, respiration (8) items, and blood pressure (25) items.

- Pain assessment (5) items
- IV infusion (27) items
- oral care (15) items
- Tube feeding (20) items
- Enema (17) items
- Oxygen therapy (12) items
- Blood transfusion (24) items
- Take blood gases (24) items
- Measurement of weights (15) items
- Measure of Central Venous Pressure (CVP) (16)
- Measure of abdominal girth (14) items
- Glucose Testing (22) items

Pilot study

A pilot study was carried out after the development of the study and before embarking on the actual study (data collection). It was conducted during December 2017 in order to test applicability & feasibility of the tools of data collection, and to estimate the time required for filling the required forms. To test the feasibility of the study process It was carried out on 10% of the study subjects(15), from 150 nurses to evaluate the content of tools, to determine whether or not the items were understood by the nurses and they was excluded from the entire sample of research work. The results of pilot were as follows:

They indicated to some items needed to be modified; rephrasing, omission, can be measured through others: whether these items stay as they were or by adding some words or elements.

Needed modification were done based on pilot results and further researcher refining of each tool, each items in the same part, parts to each other and tools to each other were done Finally, making assurance that each tool as a whole achieved the aim of the study.

ADMINISTRATIVE DESIGN:

An official written permission to conduct the study was obtained from the director of the previously mentioned setting. In addition to verbal explanation of the nature and aim of the study was performed to medical and nursing staff at critical and cardiac care units.

Ethical consideration

The aim of the study and its procedures were explained to each participant to be familiar with the importance of their participation and to be informed about the rights to accept, refuse or withdrawal from study. They were assured that the information would be confidential and only used for research purpose. The oral consent was obtained before starting data collection.

STATISTICAL DESIGN

Data collected were arranged, tabulated and analyzed according to the type of each data were collected and entered into a database file. Statistical analyses were performed by using the statistical package for social science (SPSS), version 16. Data were described by summary tables and figures. Descriptive statistics frequencies was used for

assessing numbers and percentages of socio-demographic characteristics, knowledge and practices

Scoring system of nurses' knowledge questionnaire

Each item was scored as the following:

- The Total number of items was from (46) A total score from (0-46) marks are given for all questions.

The items observed to be done were scored each "One" and the items not done were scored "Zero". For each area, the scores of the items were summed-up and the total divided by the number of the items, given a mean score for the part - Total satisfactory level $\geq 60\%$ and unsatisfactory $<60\%$

Scoring system of observational checklist:

Total number of observation of nurses during their practice of liver cirrhosis producers were (275).

Each item was scored as the following: correct practice = (done) and incorrect practice =(not done).

The items observed to be done were scored each "One" and the items not done were scored "Zero". For each area, the scores of the items were summed-up and the total divided by the number of the items, given a mean score for the part - Total satisfactory level $\geq 60\%$ and unsatisfactory $<60\%$

Validity:

It was asserted by 11 jury experts in the field of Medical Surgical Nursing, Critical care Nursing, Medical Specialists and Medical biostatistics.

Reliability:

Alpha Cronbach test was used to measure the internal consistency of the tool.

RESULTS:

Figure (1): illustrates that 78.65% of the studied nurses have unsatisfactory total knowledge scores regarding nursing care of patient with liver cirrhosis

Figure (2): illustrates that **63.09%** of the studied nurses have unsatisfactory total practice scores regarding nursing care of patient with liver cirrhosis.

Table (1): Reveals that 47.50. % of the studied nurses were in age group from 20 to less than 30 years old while 1.25% of them were in age group from 50 to 60 years old majority of the studied nurses (90%) were female more the half of studied nurses were married and graduated from (58, 7%) status married nurse constitute 58.7% of studied nurses and 58.7% of the nurses graduated from secondary school diploma of nursing.

Table (2): shows that 26.25% of the studied nurses had of 1 to less than 5 years of experience and 90.7% of nurses were not attending programs or courses in the field of cirrhosis, a 93.3% of the studied nurses didn't benefit from the course. And 80% of the studied nurse's notes from supervisor during provide of nursing care.

Table (3): shows that the 49% of the studied nurses record unsatisfactory answer about total nursing Knowledge on the stages of cirrhosis liver. And 38.2% of the studied nurse's record not done answer about total nurses' Knowledge about the anatomical situation

Table (4): Reveals that 88.81% of the studied nurses didn't perform measuring abdominal girth, while 36.88 % of the studied nurses didn't perform body temperature

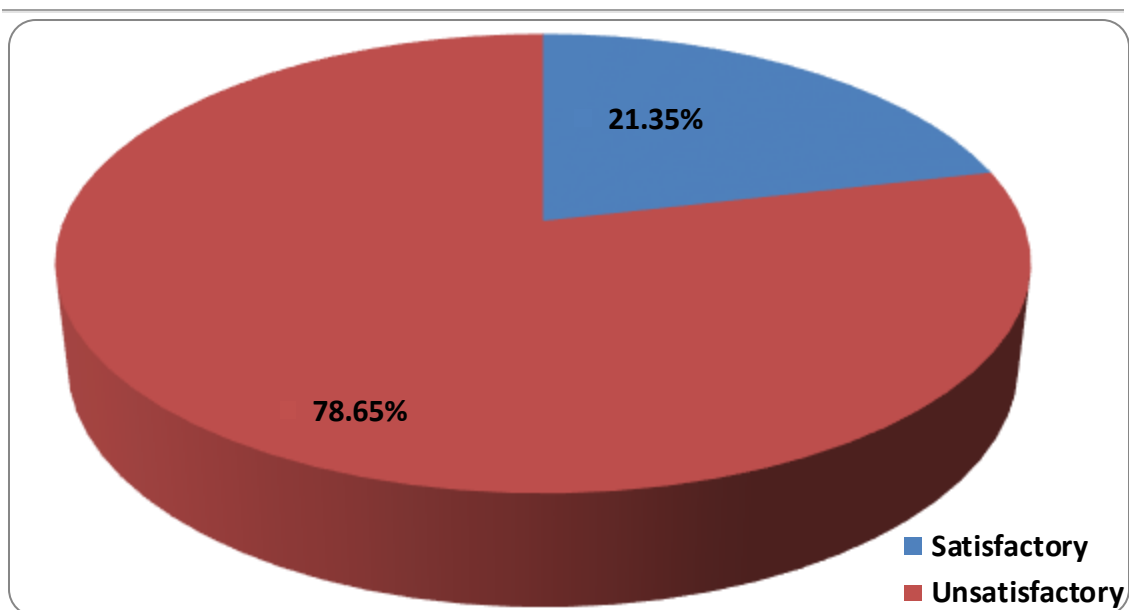


Figure (1): Total Scores of Knowledge Regarding nursing care of patient with liver cirrhosis

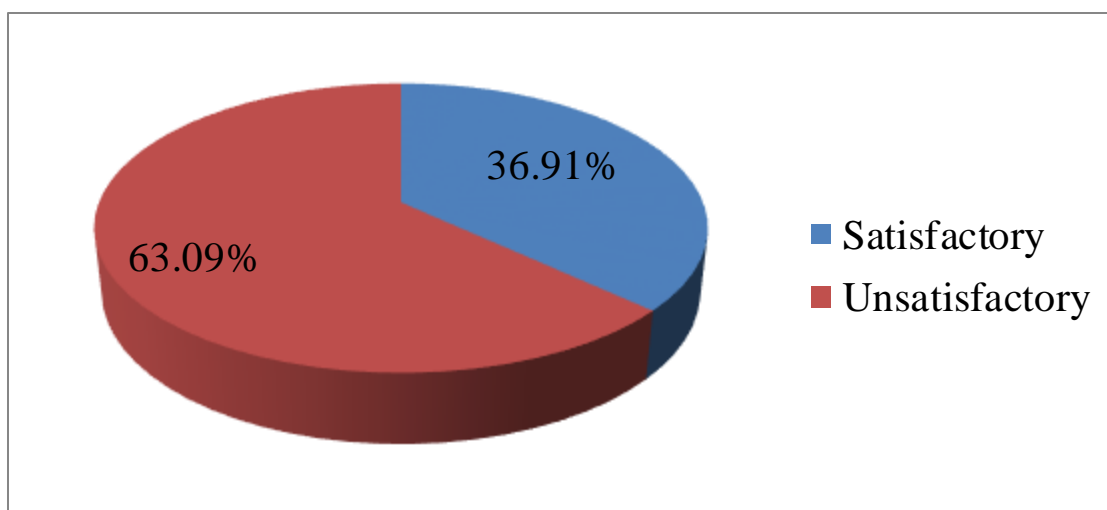


Figure (2): Total Scores of Practices regarding nursing care of patient with liver cirrhosis patients with liver cirrhosis

Table (1): Socio Demographic characteristics of studied nurse (n=150)

Socio Demographic characteristics	N=150	
	No.	%
Age		
20< 30 years	48	47.50
30< 40 years	39	38.75
40< 50 years	35	12.5
50 to 60 years	28	1.25
Sex		
Male	15	10.00
Female	135	90.00
marital status		
Unmarried	57	38.00
Married	88	58.70
Widowed	2	1.30
Single	3	2.00
Education		
Secondary School Nursing Certificate	88	58.70
Institute of Health Technician / Nursing	53	35.30
Bachelor of Nursing	9	6.00

Table (2): work related data of studied nurses (n =150)

Work related data	N=150	
	No.	%
The hospital		
Port Said general	53	35.3
University in Ismailia	37	24.7
Elzohour hospital	20	13.3
Fouad hospital	21	14.0
Ismailia general	19	12.7
Duration of Experience		
From 1< 5 years	28	26.25
From 5< 10 years	34	17.50
From 10 years and above	88	56.25
Attend training courses in cirrhosis		
No	136	90.7
Yes	14	09.3
Course Name		
infection control	6	02.7
Kidney failure	1	0.70
CBR	3	0.70
Care of the patient cirrhosis	2	0.70
Patient Quality	2	0.70
How to benefit from the course		
There is no benefit of a course	140	93.3
50 %less	1	0.70
More than% 50 to % 70	4	2.70
More than %70 to % 90	1	0.70
More than % 90	4	2.70
Note from supervisor during the provide of nursing care		
No note	30	20.0
Yes there is a note	120	80.0

Table (3): Total Knowledge of studied Nurses Regarding nursing care of patient with liver cirrhosis

Knowledge	N=150			
	unsatisfactory		satisfactory	
	No.	%	No.	%
1- Total Nurses' Knowledge about the anatomical situation	687	38.2	1113	61.8
2- Total Nurses Knowledge on cirrhosis	755	38.7	1195	61.3
3- Total Nurses' Knowledge on compensatory cirrhosis	475	45.2	575	54.8
4- Total Nursing Knowledge on the stages of cirrhosis	662	49.0	688	51.0
5- Total Nurses' Knowledge on complications of cirrhosis	941	41.8	1309	58.2
6- Total Nursing Knowledge for nursing care towards cirrhosis	2331	47.1	2619	52.9

Table (4): Total Practices of studied Nurses Regarding nursing care of patient with liver cirrhosis (n =150)

ITEMS	Satisfactory		Unsatisfactory	
	No.	%	No.	%
Body Temperature	1515	63.13	885	36.88
Assess respiration	168	14.00	1032	86.00
Assess blood pressure	2322	61.92	1428	38.08
Assess pain	93	12.40	657	87.60
Assess the nurses during role take vital signs	5380	51.98	4970	48.02
Assess the nurses during IV infusion	1163	28.65	2897	71.35
Assess nurse during oral care for patient	1024	45.51	1226	54.49
Assess nurse during Tube feeding	671	22.37	2329	77.63
Assess nurse during enema	1004	37.19	1696	62.81
Assess nurse during oxygen therapy	447	24.83	1353	75.17
Assess nurse during blood transfusion	1846	53.51	1604	46.49
Assess nurse during take blood gas	1319	33.82	2581	66.18
Assess nurse during measurement weights	737	32.76	1513	67.24
Assess nurse during measuring center venous pressure (CVP)	658	27.42	1742	72.58
Assess nurse during measure abdominal girth	235	11.19	1865	88.81
Assess nurse during Glucose Testing	912	26.43	2538	73.57

DISCUSSION:

This nursing care for patients with cirrhosis requires the implementation of a nursing cirrhosis consultation run by a nurse practitioner with training and experience in patients with cirrhosis and with easy access to a hepatologist for discussion or referral of cases. This nursing care of patients with cirrhosis may help reduce the rate of readmissions to hospital of patients with decompensated cirrhosis, which is very high (Bajaj et al., 2014).

There is no specific cure for cirrhosis. Therefore, the goal of treatment is to minimize the progression of the disease and to prevent complications. Nurses play an important role in the multidisciplinary team because they perform comprehensive and continuous patient care. To meet comprehensive and complex patient needs in an efficient and safe way, nurses need to have critical thinking skills to accurately diagnose, identify nursing-sensitive patient outcomes and select specific nursing interventions to achieve the desired goals. In patients with liver cirrhosis, nursing care goals may include prevention of complications; promotion, maintenance, and restoration of health (facilitating optimal functional ability in the patients' desired roles, maximizing well-being, and promoting patient satisfaction (Kimbell et al., 2015).

Therefore, the present study was conducted to assess nurses, knowledge and practice regarding nursing care of patients with liver cirrhosis. The result of present study should that less than half of studied nurses in age group from 20 to less than 30 and majority of them were female. And more than half of them were married and graduated from finally majority of them.

working staff nursing, it was necessary to explore the profile of nurses, the study showed the majority of them were females, and married that might be due to the greater fraction of the nurses in Egypt was female and may also related to the studying of nursing in the Egyptian Universities was exclusive for females only till seven years ago , this reflects a high attraction

Of female workers to the health section and especially reproductive health sector and this feminine attraction can be explained by the motherly instinct of women always ready to protect human lives.

Concerning the level of education the present study revealed that more than one half of studied nurses having secondary school nursing certificate. On the contrary the study of Abdullah et al., (2014) revealed that the majority of nurses had a secondary degree of nursing education (diploma). These result disagreement with the study conducted by Ahamed & Mondal, (2014) stated that nearly two thirds of studied nurses had nursing institute, while these findings were not in accordance with Yun et al., (2012) who stated that more than half of nurses had the bachelor degree. In the same line, Ameri et al. (2016) found that the majority of nurses had the bachelor degree in education. They attributed this to the fact that less educated nurse may lack knowledge and practice regarding the care for the patient with liver cirrhosis.

The current study revealed that slightly more than half of them are having more than ten years of working experiences. This is corresponding with the finding of Shahin et al., (2012) who found that the majority of them have more than 10 years of working experiences. Also, Abdullah et al. (2014) found that the majority of them have more than ten years of working experiences.

In contrast to our study results, a study carried out by who emphasized that the majority of them had three to five years of experience. Similarity, the study carried out by Vijayan, (2011) found that slightly more than half of them have three to five years of experience. In this respect, a study conducted by Paul et al., (2017) who evaluate the knowledge, attitude and practice of health staff of hospitals in Yaoundé and its environs (Cameroon) and found that the majority of health care givers have a more than five years working experience of experience.

The current study has also demonstrated that most of nurses had unsatisfactory knowledge for nursing care about the patient with cirrhosis. It might due to the absence of knowledge on can be explained by several reasons; training programs for health personnel doesn't include extensive modules on cirrhosis, prevention and refresher courses on cirrhosis are not carried out in our hospitals. Moreover, this low knowledge level may be related to lack

Of training sessions, absent of continuous supervision and evaluation, absent of multidisciplinary team (Nurses- Physician- Pharmacist) cooperation when dealing with the patient, absent of referenced person.

Other reasons might be work overload, lack of nurses incentives to improve their knowledge and lack of desire to update knowledge especially whom working in ICUs for several years. This result indicates that there is a gap between theory and nurses knowledge. For this reason, hospitals should organize in-service training programs for nurses and update nurses' knowledge. Also it should be enabled for nurses to conduct research and to follow up-to-date information.

These results were also, consistent with the result of Paul et al., (2017) who showed that the majority of the participants had insufficient knowledge in liver cirrhosis. In this regard Moudjongue, (2013) reported that the majority of health care providers in the Yaoundé Teaching Hospital had insufficient knowledge on liver cirrhosis. Moreover, Fouwounjoya, (2013) observed that slightly more than half of health care givers had insufficient knowledge of liver cirrhosis. On the other hand, in a study carried out on 518 nurses working in prenatal services in California, USA, Chao et al., (2012) found that less than quarter of participants had good knowledge on liver cirrhosis.

Also, these results are consistent with other studies that report inadequate levels of knowledge among health workers (Chao et al., 2010; Cox et al., 2011& Frazer et al., 2011) and the general population (Soto- Salgado et al., 2010 & Flores et al., 2012). Similarity, Shahin, (2012) confirmed the result of the current study and found that all nurses had unsatisfactory level of knowledge. Moreover, a study carried out by Mota, et al., (2010) revealed that nurses don't have satisfactory knowledge. On contrary, a study carried out by Mohamed& wafa, (2011) found that the majority of nurses had good knowledge on liver function.

The discrepancies between the present study finding and the previous one might be related to the culture of the society, lack of nurse's incentives to improve their knowledge and lack of desire to update knowledge and attend any learning programs.

For this reason, nurses must employ all their repertoire of knowledge to recognize the most frequent nursing diagnoses in patients with liver cirrhosis for further identification of the best planning priorities and strategies to provide supportive care, improve symptom management, and prevent complications associated with further decompensation (Werner & Perez, 2012).

The study revealed that most of nurses don't have practices about the nursing care for patients with liver cirrhosis. It might be due to the lack of training for nurses, didn't attend any conference, work shop and self-learning in addition, to increased number of patients and work load. On other hands from the researcher observation, some nurses worked by repetition, imitation, and experience.

Theses result agreement with, New South Wales Health, (2014) mentioned that the importance of clinical judgment in vital signs monitoring and documentation, and the opportunity for nurse–patient interaction the process presents. This work, therefore, has important implications for ensuring nurses have the necessary clinical knowledge around vital signs monitoring.

These concur with Metwaly, (2013) who mentioned that approximately one-half of the studied samples incorrectly practice. Additionally, this finding a study for 30 nurses was conducted on in the Critical Care Department El-Manial University Hospital founded that the majority of nurses' demonstration was unsatisfactory (Ismail, 2006).

In the same line, a study conducted by AL-HAWALY et al., (2016) who assessed nurses' performance regarding feeding patients with a nasogastric tube in Ismailia General Hospital and found that the majority of nurses had un-satisfaction practice in feeding tub. In contrary, the study of Shahin, (2012) study on 85 critical care nurses found that more than half nurses had a satisfactory level of practice. Also, Ahamed and Mondal, (2014) in their study revealed that most of the studied nurses had a satisfactory level of practiced skill.

Regarding the practice of nurses during perform the enema for the patient, the finding of the present study revealed that the slightly more than half of nurses didn't do steps of enema especially documentation, and record time of enema. In this respect, Polit (2009) mentioned that the nurse must explain the procedure to the patient and should assist the individual before, during and after the procedure and should document all care given.

In the same line, a study conducted in the United Arab Emirates by Hijji et al. (2010) who documented nurses' practice of blood transfusion and indicated that nurses' blood transfusion practice was poor in many aspects. Additionally, a study conducted in

Turkey by who identified blood transfusion practice and knowledge of nurses from three hospitals in Ankara, Turkey and showed that insufficient knowledge about blood transfusion, which was reflected in undesirable practice.

Concerning practice of nurses in measuring the weight of the patient, the study revealed that slightly more than two third of nurses didn't follow the correct nursing steps during measurement the patients weight. In the same line, Partridge et al., (2009); Kahn et al., (2007); Corbo et al., (2005) & Hall & Larkin (2004) mentioned that inaccuracies when any health professionals estimate the patient weight. Moreover, Goutelle et al (2009) established that the practice of averaging weight estimates on the same patient by different care providers, with the aim of achieving a more accurate weight measurement, was unreliable.

All of the nurses didn't record the weight of the patient. in the same line, identified a low rate of compliance in recording patient weight, reported at 18% (n = 813) (Safety & Quality unit, 2010).while in consistent with, The recording of a baseline weight, with regular updating, is identified in the literature as a vital element for ongoing assessment of weight loss, and nutritional status, to inform a range of therapeutic interventions (Kelso, 2008).

Regarding practice of nurses during measuring center venous pressure, the present study revealed that the majority of nurse didn't do steps during measuring center venous pressure might due to lack of training and knowledge and lack of equipment. In contrast, for the prevention and control of CVC-associated infection, hand hygiene should be carried out with an appropriate product. One of the five evidence-based methods (maximum sterile barrier precautions, use of chlorhexidine in skin cleansing, selection of appropriate catheter site, daily control of catheter site) to prevent the risk of infection was washing the hands (Guilherme et al 2012)

Concerning the practice of nurses in measure abdominal girth, the majority of nurses don't done steps of abdominal girth. It might due to the lack of training programs done for nurses which focus on the importance of assessment was done for the patient before management. In a similar pattern, a study conducted by (Hill ., 2017) found that a lack in the measurement of abdominal girth.

Concerning the practice of nurses in measure glucose test, the majority of nurses didn't do steps of glucose test completely. It might due to lack of training and knowledge. This finding is similar to the results of Lawrence et al., (1989) study which revealed a deficiency in nurses' performance of blood glucose monitoring. This may be because the nurses were hurried and task-oriented. In contrast, Wu et al., (2012) found that the majority of nurses observed were able to perform blood glucose monitoring correctly.

CONCLUSION:

Based on the findings of the current study most of the studied nurses had unsatisfactory knowledge and practice regarding nursing care of patients with liver cirrhosis.

RECOMMENDATIONS:

In the light of the study results, the following recommendations are proposed

- Provide manual handbooks containing all necessary knowledge and practice about nursing care related to liver cirrhosis
- Hospital directors should be encouraged and help nurses to attend national and international conferences, workshops and training courses affiliated to the ministry of health related to nursing care for patient liver cirrhosis
- Further research is proposed to develop, implement an education program for nurses at Port- Said general hospitals regarding nursing care for patients with liver cirrhosis

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معلومات وممارسات الممرضين تجاه الرعاية التمريضية لمرضى التليف الكبدى

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الخلاصة

تليف الكبد هو مرض مزمن وتدرجي يتميز بانحلال وتدمير خلايا الكبد. العصابات المتليفة من الأنسجة وتعمل على ضعف تدفق الدم وتشوه بنية الكبد الطبيعية. تشمع الكبد والنتائج الناجمة عن مجموعة متنوعة من الاضطرابات ، وهو سبب رئيسي للمرض والوفيات في جميع أنحاء العالم ، تظهر على المرضى الذين يعانون من تليف الكبد العديد من العلامات والاعراض اعتمادا على مدة وشدة المرض و يعتبر الاتصال بالمرضى أفضل فرصة لتقييم المشاكل المحتملة ومناقشة الأنظمة الطبية وإعطاء التعليم حول جميع جوانب الرعاية ، بما في ذلك الحفاظ على النشاط البدني والاعتراف بالقيود على النشاط والحفاظ على الطاقة واتباع تعديل النظام الغذائي والالتزام بالجدول الزمني للأدوية ، بالإضافة إلى الحفاظ على تغييرات نمط الحياة التي تناسب هؤلاء المرضى على أفضل وجه