

**NURSING INTERVENTIONS IN SUPPORTING THE PHYSICAL AND MENTAL
WELL-BEING OF ELDERLY PATIENTS.**

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Relevance. The life of society is affected by such a factor as population aging. Taking into account the modern point of view, such indicators as health level and life expectancy are distinguished as the main indicators of a country's civilization. The increase in the proportion of elderly and old people among the population is currently a completely objective process that can be observed in developed countries. Elderly people aged 65 years and older need more different types of social security, medical and psychological assistance. In the 21st century, the main problem has become the constant growth of the proportion of the elderly and old population. Today, all areas of medicine are permeated with the study of quality of life, but mostly gastroenterology, hematology, gerontology, cardiology.

Key words: Societies, gerontology , elderly, senile, indicator, factors, medicine , nurse, help, health worker, care, age .

Introduction.

Quality of life includes at least four dimensions that, although distinct, interact with each other across physical, functional, emotional, and social domains. With age, many physiological changes occur, placing older adults at increased risk of chronic disease and dependency on care.

By age 60, the leading causes of disability and death are age-related hearing, vision, and mobility loss, as well as conditions such as dementia, heart disease, stroke, chronic respiratory disease, diabetes, and musculoskeletal disorders such as osteoarthritis and back pain. Health care professionals in clinical settings can identify declines in physical and mental abilities (clinically expressed as impairment) and take effective measures to prevent or slow

deterioration. However, early signs of decline in intrinsic capacity, such as decreased walking speed or muscle strength, are often not identified, managed, or monitored, although this is necessary to reverse or delay adverse changes. Most health care providers do not have the guidance and training needed to recognize and manage health decline in old age. Comprehensive community-based approaches and primary care interventions to prevent functional decline should be developed as soon as possible. The gerontological nursing process is a systematic approach to organizing interventions to address patient problems and prevent disease in older adults. Care for elderly and senile patients is more complex and requires more attention and time from a health worker than regular medical care, since many psychological and social factors must be taken into account. It is very important to comply with the rules of ethics and deontology when caring for and monitoring elderly and senile patients. In organizing care, there is not only physical care, but also the restoration of impaired mental and physical functions, maintaining social ties of the patient with his family and society.

The nursing process is an organizational structure necessary for monitoring, caring for, and following doctor's orders by patients. The nursing process is usually considered as a method of organizing and providing nursing care, which includes mandatory interaction between the patient and the nurse. In such a situation, the patient is considered as an individual. The nursing process has such characteristics as goal, organization, creative abilities of the nurse. The gerontological nursing process is a systematized approach to organizing activities aimed at solving patient problems and preventing diseases in the elderly. According to the definition given by WHO, a high-risk group is a population group that has a high risk of deterioration of health or economic, social condition. The following categories of elderly people are usually classified as such a group: - very old people aged 80-90 years and older; - lonely elderly people; - elderly women; - isolated elderly people; - childless elderly people; - elderly people with serious illnesses or physical disabilities; - elderly couples in which one of the spouses is seriously ill or has a physical disability; - elderly people living on minimal state or social benefits. Since an elderly person has age-related neuropsychological changes, he has increased vulnerability. It is for this reason that it is necessary to treat elderly and old people with care, kindness, and attention.

Methods and materials :

It is difficult for old people to experience their helplessness, all this should not cause irritation and discontent of others. In the process of communication with an elderly patient, a nurse must show a great sense of tact and patience; she must accept the old person as he is, taking into



account all his strengths and weaknesses. The problems of elderly patients are associated with age-related anatomical, physiological and psychosocial data, as well as with age-related changes in their needs. Let's consider the main problems of an elderly person:

1. Physiological: limited mobility, high risk of injury and damage, constipation or diarrhea, high susceptibility to infections, decreased memory and mental activity, fecal and urinary incontinence, increased fatigue, speech impairment.
2. Psychological: depression appears, retirement stress arises, constant loneliness, fear of ending up in bed, anxiety, despair, stress from conflicts in the family.
3. Social: loss of independence, deterioration of nutrition, social isolation, and violation of self-esteem. The following can be noted as the main principles aimed at providing assistance to infirm elderly people : - timely prosthetics, use hearing aids, orthopedic shoes, various improvised means and devices; - perform kinesitherapy .

Kinesitherapy is usually understood as an exercise that can restore the ability to move and self-care skills; - perform physiotherapy and water procedures; - use pharmacotherapy, which will contribute to physical and mental rehabilitation; - use rational nutrition; - use psychotherapy; - use occupational therapy . An important role in the revitalization process is given to psychotherapy and mental hygiene. Elderly people should constantly train their intellectual abilities using different types of mental stress, such as reading, memorizing poems, learning foreign languages, etc. A nurse should have good knowledge of the symptoms of diseases, as well as a developed understanding of the mechanisms of their development.

This, in turn, will help the nurse to properly monitor geriatric patients and provide timely care. In the process of communicating with geriatric patients, it is necessary to take into account the peculiarities of their psyche. Such patients quite often turn to the past, they have no interest in the present and future. This can be explained by the fact that geriatric patients understand that their future is not tempting, and old age and death await them. If an elderly or senile person loses someone from their close circle, then it will be very difficult for him to find new friends, so most often such people first withdraw into themselves, and then completely isolate themselves from society, they are more often visited by thoughts of death. In the case when a geriatric patient has difficulties in independent movement, self-care, for example, with impaired vision and hearing, the feeling of loneliness is most pronounced. In such situations, given the vulnerable psyche of an elderly person, any conflict, loss, mental trauma can provoke physical and mental decompensation. When caring for and observing elderly and old people, it is



necessary to apply the rules of ethics and deontology. A nurse must keep secrets, not abuse trust, and not discuss with patients what the medical staff is discussing.

The main principle of care is to respect the patient's personality and accept him as he really is. Elderly and old people do not tolerate being commanded; they perceive many of the demands made on them by medical staff as unreasonable. Thus, each patient's action must be assessed individually. In order for the process of geriatric care to be properly organized, it is necessary to remember that in geriatric patients, age-related changes are closely intertwined with the symptoms of the disease. Geriatric patients often suffer from sleep disorders. They can doze all day long, however, the total duration of sleep will be short, since such patients practically do not sleep at night.

They very often wander around the ward or at home from room to room, cook food, read, eat. They do not realize that their behavior seems strange to others. The main task of gerontological care is to maintain physical and mental health, social well-being of elderly people. In order to solve this problem, it is necessary for the geriatric patient and the nurse to closely interact. In order for a good relationship to be formed between the patient and the nurse, the nurse must take an active role. Therefore, it is necessary not only to know the patient's problems associated with a lack of knowledge, skills, and abilities in health promotion issues, but also individual risk factors, the universal needs of an aging person and the impact they have on his health. It is generally recognized that in the "third age" the condition of an elderly person is closely related to past illnesses, the influence of the external environment, and individual age-related adaptation to old age.

There are common features that are inherent in old age and are characterized by changes in the psyche in the transitional period to old age: weakening of the strength and mobility of nervous processes. These factors can have a negative impact on mental activity, weaken the ability to absorb new impressions and memory, the emergence of conservatism, a negative attitude to everything new. It is typical for elderly people to constantly return to the past, they have a detachment from the future, life prospects. Most often, this is expressed by an indifferent attitude to the present and the future. The most common characteristic features of mental aging are grumbling, grouchiness, touchiness, suspiciousness, egocentrism, stinginess, anxiety. Also, an increased emotional reaction to external stimuli is characteristic of elderly people. Another task of nursing care in geriatrics is to maintain the greatest possible independence of patients in everyday life. In order to conduct an objective assessment of health, make a prognosis of



possible life expectancy and determine the causes of most diseases, a nurse must know the patterns of aging and its mechanisms.

Thus, the main areas of work of a nurse with gerontological patients can be noted: - providing assistance in the process of fulfilling vital needs; - training the patient and his relatives; - protecting the interests of the patient at all levels of service; - monitoring the implementation of doctor's prescriptions; - monitoring the effectiveness of drug therapy. M. Lawton conducted a study of the 4-sector model of quality of life, and determined that there are interactions between subjective and objective qualities of life. The author believes that in old age, quality of life interacts with:

1. Behavioral, social competence - indicators of somatic and mental health, the ability to allocate time based on the type of activity, the presence of social activity.
2. Perception of quality of life - a subjective assessment of satisfaction with different areas of life.
3. Psychological well-being - measuring mental health, belief in satisfaction with aging, the presence of positive or negative emotions.
4. The environment (housing, economic indicators).

However, we note the problems that hinder the improvement of the quality of life in old and senile age:

1. Today, older people are seen as a resource for social development.
2. The specifics of the development of the mechanism for elderly people to create their quality of life are currently insufficiently studied.
3. There are problems in the implementation of psycho-social interventions.
4. There are difficulties in the process of creating a barrier-free environment that will support the comfortable life of elderly people.
5. The process of conducting a comprehensive geriatric assessment must necessarily be built taking into account the functional status. However, this principle is not taken into account, but conducting this assessment will help to identify the area of the elderly to an independent, safe and prosperous life. In order to be able to identify the causes and consequences of individual differences in the quality of life, as well as to determine the impact that is exerted on the quality of life through social, environmental and psychological factors, in order to understand the needs, conduct an assessment and determine how effective are medical and psychosocial approaches, the level of quality of the health care system - an assessment of the quality of life is used. In addition, the use of quality of life assessment is necessary in order to be able to



develop improved algorithms for the provision of medical and psychological care. Before a specialist begins to assess the quality of life of elderly and old patients, he needs to pay attention to: 1. Socio -demographic data (work and family status, level of education). 2. Self-assessment of the quality of life by the patient himself. 3. Subjective satisfaction of the patient with his existing housing, material, medical conditions and nutrition. 4. The patient's well-being over the past two weeks. 5. Existing diseases, their number and severity. It is necessary to assess polymorbidity . 6. Manifestations of apathy, inactivity , neglect of washing and changing clothes. 7. Pay attention to the loss of skills and forgetfulness of the patient. 8. The patient's thoughts regarding death and the end of life. 9. Identify changes in the sleep structure. How long does sleep last, are there multiple awakenings, does the patient feel sleepy during the day. 10. Does the patient have a disability and compensatory resources. 11. On the elderly person's visits to specialists to reduce the risks of developing diseases typical of this age; 12. Does the patient adhere to doctor's prescriptions; 13. Is the patient employed, is he physically active, does he engage in leisure time. 14. Does the patient have social support, does he have a confidant.

The main problem of elderly and old patients is the cessation of professional activity. It takes a certain amount of time to adapt to these changes. Therefore, a health worker must prepare such a patient for the inevitable changes upon retirement. Since pensioners are unemployed, the aging process also occurs at a faster pace. In this situation, it is necessary to involve elderly and old patients in social activities. Another category of elderly people begins to follow their hobbies, for which they did not have enough time. It is necessary to support an elderly person in their endeavors and encourage their social activities and hobbies, thanks to which they will be able to maintain physical and intellectual fitness. When solving medical problems of an elderly and old person, a nurse:

1. Conducts an explanatory conversation about the need to maintain one's level of health;
2. Conducts a conversation about the need to follow the principles of a healthy lifestyle, namely: Thus, an elderly person must be motivated to solve new problems that arise in the aging process, help him overcome the negative idea of this age period, help him feel like a whole person. Therefore, the tasks of a health worker include: 38 - helping an elderly person feel like a bearer of a new role and his uniqueness; - helping an elderly person realize the fact of deteriorating health and help in adapting to new living conditions, help in finding a new activity that will allow him to distract himself from physical discomfort; - help overcome the feeling of concern about the prospect of imminent death, free himself from the feeling of helplessness and fear of



it, prolong the period of active life through participation in the affairs of the younger generation. Thus, in the course of writing

Conclusions:

1. The gerontological nursing process is a systematized approach to organizing events aimed at solving patient problems and preventing diseases in the elderly. The main areas of work of a nurse with gerontological patients include: - providing assistance in the process of fulfilling vital needs; - conducting training for the patient and his relatives; - protecting the interests of the patient at all levels of service; - monitoring the implementation of doctor's orders; - monitoring the effectiveness of drug therapy. The main principle of caring for an elderly and senile patient is to respect the patient's personality and perceive him as he is, taking into account his shortcomings, irritability, talkativeness, etc. The nurse must take into account the fact that the patient's shortcomings with which he was admitted are most often manifestations of the disease, and not old age. An individual approach should be used for each patient, taking into account the patient's character, the severity of the disease and his own attitude to the disease and its symptoms.
2. Quality of life is a metaconstruct , the structure of which includes different aspects of people's lives. Assessment of the quality of life is needed to determine the causes and consequences of differences in the quality of life for each individual; determining the degree of influence on the quality of life of social, environmental and psychological factors; to determine needs; to determine the effectiveness of medical and psychosocial approaches; to determine the effectiveness of the quality of work of the healthcare system ; to carry out work to improve the algorithms for the provision of medical and psychological assistance.

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