

# Patient's care and nursery in different diseases

## Abstract

A great proportion of healthcare efforts for a chronic or dying patient in a general hospital are both physical supports (mobile and medical assistance) and cognitive/emotional communication (activity of nursing and spiritual promotion). The spiritual part of medical/health efforts is a common-place for disabled patients. The promotion of the quality and diversity of medical nursing is as important as doctoral areas for patient's recovery and survivals until now. However, currently, nursing activity does not receive enough academic notification and respect (economic benefits) globally. This editorial addresses parts of these medical challenges and highlights their possible trends in the future.

**Keywords:** healthcare, nursing, medical service, modern technology, mathematicians, psycho-analysis

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## Introduction

### Importance

Today, a half of major diseases are chronic diseases. Their recovery processes are not defined in operation-room (surgery), but getting better in the bedside (therapeutic conventions-drugs, nutrition and instruments) and nursery process (physical or spiritual assistance). A great proportion of healthcare efforts for a chronic or dying patient in a general hospital are both doctors and nursing.<sup>1-6</sup> Any unilateral activity will greatly undermine therapeutic efforts and patients' recovery.

### Major efforts and categories

Medical care and nursing play critical roles on patient's recovery and disease controls from both physical activity/backup and cognitive/emotional communications. The promotion of the quality and scope of medical healthcare and nursing activity is as important

as doctoral treatments for patient's recovery and survivals until now. However, currently, nursing activities in hospitals does not receive enough academic notification and economic respects globally. This editorial addresses parts of these medical challenges and highlights their possible trends in the future.

### Relation between major disease and nursery requirement

There is no nursery activity can be reliant on every medical discipline. Thus, the relationship between major diseases and nursery requirements is given in Table 1. In the past educational system, nursery education was regarded as uniformity. Nursery work is commonly considered as sub-ordinary and less important. In this stereotypic mindset, nurse can be placed everywhere. This leads to slow progress of nursery science discovery and developments (Table 1).

**Table 1** A general picture of nursery services for major diseases

Disease types	Major targets
Infection	Body temperature, isolation and so on
Obstetric	Child, mother, Fetus observation
Mental disorders	Psychiatric, neurology, cognitive, depression, excite
Cancer	Chronic body recovery and emergency
Metabolic disease	Food and exercise assistance
Orthopedics	Immobile and osteoporosis
Cardiovascular	Blood pressure, electrocardiography and angiography
Handicaps	Limb/foot, blind, deaf and speechless
Pediatric	Helping-hands for the children
Gastro-intestinal	Bleed and digests

### Current limitations

Current norm of patient's care and nursing are provided by doctors and facility of different hospitals. These medical care and nursing

are commonly uniform and hospital-based. Little attention is given to many specific or individualized patients. System developments for these services are relatively slow or neglected in most hospitals. This difference of nursery services requirements of doctors and patients

makes low or high therapeutic benefits based on nursery systems. It is because hospitals provide nursery services according to their own mindset and available systems. Some patients who have some peculiar custom will greatly affect by those uniform survey systems based on hospital facility. In our opinion, medical care and nursing should be targeted to every patient. Individualized nursing should be established in the future.

## Central topics

### Salary promotion

Entering into this millennium, technical and educational requirements for nurses increase dramatically. However, the income of these healthcare providers (nursery items) increases slowly comparing with doctor's and other technician's salary. Loss of motivation and states from experienced nurses and talents are everywhere. This trend is especially common in developed countries and large cities in developing countries. Nurses on famous hospitals worldwide are commonly well educated. They are capable of providing medical care and service much higher than their assignments in the real clinical settings. The nurse's physical requirement is no less than many types of doctors. Adequate economic increase of healthcare providers and nurses in hospitals is important and indispensable. Cost balance costs between doctors' check up/prescription and patients' nursing activity will be a future challenge.

### Efficient promotion

As mentioned above in medical care, optimizing the resources of personnel and money needs to be established. To provide many supportive activity, guided by experienced nurses might be recommended in some healthcare centres. The importance of experienced nurses is no less than a general doctor in patient's recovery. Their long-term experience is unique and indispensable. This nursery scientific issue needs to be found out.

### Grading technical position

Grading for nurse's activity and technical positions in hospitals may be an effective policy for keeping up the quality of patient's care and getting back of health care talents. Most doctors are commonly too busy to take care of patients in each detail and regulatory monitor. We must respect the commitments of nurses and assistant work. Without these respects of healthcare services, patient's care will be just an un-attainable goal.

### Future directions

#### Specificity

Healthcare and nursery work must be specialized. Different divisions of a hospital need different kinds of assistant medical personnel. Like nurses in obstetric, emergency and operation divisions need different and specialized training and practice. Correspondingly, we must provide special funds to experienced nurses (long term of medical services in the hospitals). Also, it is proposed to provide us with opportunity of publication and research funds for nursery science discovery and developments. Only personnel in medical fronts have the ability to find new healthcare solutions. This policy will promote medical services of nursery work in general hospitals globally.

#### Teamwork in modern medicine

Therapeutics in the future is no longer a performance and decision-

making by doctors alone.<sup>7,8</sup> Many technical or assistance forces will take part of medical practice for quality boosting-including pharmacologists, pathologists, biochemical technologists, nurses, mathematicians and many others. Without the assistance of these experts, clinical doctors will be narrow-minded and difficult to execute excellent jobs for all patients. This modern trend is unavoidable and eventually executes it globally.

In summary, different types of nursery play key roles in clinical trials, especially chronic diseases, such as HIV/AIDS treatments,<sup>9</sup> mental diseases,<sup>10-13</sup> bone disorders,<sup>14-17</sup> metabolic diseases,<sup>18-23</sup> cancers<sup>24,25</sup> and so on.

### Conclusion

Patient's care and nursery play important roles for patient treatments and recovery. In order to promote these kinds of medical and technical work, new policy and creative ideas must be implemented in the future. To conclude, we must respect these kinds of medical services and promote them into new levels.

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### Conflicts of interest

The authors declare there is no conflicts of interest.

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