

Nursery service, quality promotion

Abstract

Nursery service is the main part of healthcare efforts worldwide. The promotion of nursery science and quality is an indispensable avenue for patient's recovery and survivals until now. Nursing science and quality promotion may be from many pathways, like education improvements, wide-spread of medical knowledge dissemination for nurses and willing to take parts of more responsibility. This short communication 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

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, instruments and nursery. A great proportion of healthcare services are both doctors and nursing.¹⁻⁷ Any unilateral activity may compromise medication quality overall. The promotion of the quality and scope of nursing activity is especially important for healthcare service. However, currently, nursing activities in hospitals does not receive enough academic notification and respects financially worldwide.

Methodology

Educations

There is no nursery knowledge that can be applied on every medical discipline. Nursery education plays key role for clinical nursery practice.^{8,9} System developments for nursery services and education are indispensable.¹⁰ This educational difference requires efforts among teachers and nurses.

Cooperative capability

Good teamwork and cooperative efforts can provide better nursery services.¹¹⁻¹³ Therapeutics in the future is no longer a performance and decision-making by doctors alone. Many technical or assistance forces will take part of medical practice for quality boosting-including pharmacologists, pathologists, biochemical technologists, nurses, mathematicians and many others.¹¹⁻¹³ Without the assistance of these experts, clinical doctors will be narrow-minded and difficult to execute best therapeutics for all patients.

Discussion

Familiarity for different medical disciplines

In summary, different types of nursery play key roles in clinical trials, especially chronic diseases, such as HIV/AIDS treatments,¹⁴ mental diseases,¹⁵⁻¹⁸ bone disorders,¹⁸⁻²¹ metabolic diseases,²²⁻²⁷ cancers^{28,29} and so on. Familiarity for a variety of different diseases for nurses may help doctors more

Take on more responsibility in the hospitals

To promote medical practice, nurses must play very important responsibility in medical treatments. Doctors are also human beings. If a doctor makes mistake in patient's treatment, nurses must report these mistake to regulatory organization.³⁰ These efforts can determine the quality of healthcare services in the hospitals.

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, high quality nursery work is much needed. To conclude, we must promote nurses in education science and routine work into new levels.

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Conflicts of interest

The authors declare there is no conflict of interest.

References

1. Shamm Ahmad. *Diabetes. An Old Disease, A New Insights*. USA: Springer Science; 2013:485.
2. Zimmet PZ, Magliano DJ, Herman WH, et al. Diabetes; a 21st century challenge. *Lancet Diabetes Endocrinol*. 2014;2(1):56-64.
3. Grimaccia F, Kanavos P. Cost, outcome, treatment pathways and challenges for diabetes care in Italy. *Global Health*. 2014;10(1):58.
4. Lu DY, Che JY, Yarla NS, et al. Bone disease recovery strategies, An overview. *EC Orthopaedics*. 2019;10(1):1-3.
5. Lu DY. *Personalized cancer chemotherapy, an effective way for enhancing outcomes in clinics*. UK: Woodhead Publishing, Elsevier; 2014:84.
6. Lu DY. *Suicide risks and treatments, new ideas and future perspectives*. New York, USA: Nova Science Publishers; 2017:120.
7. Lu DY. *HIV/AIDS treatments, fight for a cure*. Germany: LAMBERT Academic Publishing; 2017:120.

8. Lu DY, Chen YZ, Lu DF, et al. Patient's care and nursery in different diseases. *Hos Pal Med Int Jnl*. 2019;3(1):28–30.
9. Lu DY, Chen YZ, Lu DF, et al. Patient's care and nursery in modern medicine. *Nursery Practice and Health Care*. 2019;1(1):101.
10. Ghaffari M. Building a community of learners: Lessons learned. *Nursery Practice and Health Care*. 2019;1(1):104.
11. Lu DY, Zhu PP, Lu TR, et al. The suicidal risks and treatments, seek medications from multi-disciplinary. *Cent Nerv Syst Agents Med Chem*. 2016;16(3):231–239.
12. Lu DY, Zhu PP, Wu HY, et al. New modes of suicide/mental disorder diagnostics and therapeutics. In: Lu DY, editor. *Suicide Risks and Treatments, New Ideas and Future Perspectives*. New York, USA: Nova Science Publishers; 2017:51–62.
13. Lu DY, Wu HY, Yarla NS, et al. HAART in HIV/AIDS treatments, future trends. *Infect Disord Drug Targets*. 2018;18(1):15–22.
14. Serafini, G, Salano P, Amore M. Suicidal ideation: a comprehensive overview. *Suicidal ideation: predictors, prevalence and prevention*. USA, Nova Science Publishing; 2015:1–42.
15. While D, Bickley H, Roscoe A, et al. Implementation of mental health service recommendations in England and Wales and suicide rates, 1997-2006: a cross-sectional and before-and-after observational study. *Lancet*. 2012;379(9820):1005–1012.
16. Lu DY, Lu TR, Lu Y, et al. Introduction for suicide study. *Journal Metabolic Syndrome*. 2017;6(2):227.
17. Lu DY, Zhu PP, Wu HY, et al. Human suicide risk and treatment study. *Cent Nerv Syst Agents Med Chem*. 2018;18(3):206–212.
18. Melton J. Hip fracture; a worldwide problem today and tomorrow. *Bone*. 1993;14:S1–S8.
19. Silva DMW. Diagnosis of osteoporosis; bone mineral density, risk factors, or both. *EC Orthopaedics*. 2018;9(7):500–502.
20. Lu DY, Che JY, Shen Y. Osteoporosis in old women, therapeutic selection. *EC Orthopaedics*. 2018;9(7):386.
21. Lu DY, Che JY, Shen Y. Clinical treatments of osteoporosis, how to target co-morbidities. *EC Orthopaedics*. 2018;9(11):781–782.
22. Putta S, Peluso I, Yarla NS, et al. Diabetes mellitus and male aging, pharmacotherapeutics and clinical implications. *Curr Pharm Des*. 2017;23(30):6321–6346.
23. Lu DY, Che JY, Yarla NS, et al. Type 2 diabetes study, introduction and perspective. *The Open Diabetes J*. 2018;8:13–21.
24. Lu DY, Che JY, Yarla NS, et al. Type 2 diabetes treatment and drug development study. *The Open Diabetes J*. 2018;8:22–33.
25. Lu DY, Che JY, Lu Y, et al. An overview of obesity. *Metabolomics*. 2018;8(2):200.
26. Lu DY, Che JY, Wu HY, et al. Obesity, risks and managements. *Metabolomics*. 2018;8(1):e156.
27. Lu DY, Che JY, Lu TR, et al. Pathology and treatments of obesity. *Trends in Medicine*. 2018;8(5):157.
28. Lu DY, Lu TR, Xu B, et al. Perspectives of personalized cancer therapy. *Adv Biotechnology & Microbiology*. 2017;4(3):1–2.
29. Lu DY, Lu TR, Che JY, et al. Individualized cancer therapy, future approaches. *Current Pharmacogenomics & Personalized Medicine*. 2018;16(2):156–163.
30. Dirik HF, Samur M, Intepeler SS, et al. Nurses' identification and reporting of medication errors. *J Clin Nurs*. 2019;28(5-6):931–938.