

Improving The Role Of Nurses In The Prevention Of Bronchial Asthma

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Article History	Abstract
Received: 20 th February, 2026 Accepted: 14 th March, 2026	<p>One of the pressing issues of today is the prevention of bronchial asthma. In this regard, it is required that, alongside physicians, highly educated nurses also participate equally in patient care and treatment. It is well known that nursing care plays a crucial role in the treatment of any disease. Therefore, in developed countries today, the role of modern nursing models is invaluable. The nursing process is a scientifically grounded method applied in nursing practice, which requires not only strong technical training from nurses but also a creative approach to patient care and treating the patient as an individual.</p> <p>One of the urgent problems of today is the prevention of bronchial asthma, which requires the equal participation of doctors and nurses in the care and treatment of patients. Asthma cannot be completely cured; however, during diagnosis and treatment, it is possible to control the disease, thereby prolonging the patient's life and enabling a faster return to work. In this process, the nursing approach plays an important role. The article analyzes the knowledge, qualifications, and skills of nurses regarding bronchial asthma.</p>
Keywords: Asthma, Nurse, Primary Health Care, Risk Factors, Nurse, Bronchial Asthma, Prevention	

Introduction

In patients suffering from bronchial asthma, decreased physical activity, psychological depression, and the negative impact of social factors lead to a deterioration in quality of life. In such conditions, the system of training personnel in this field and improving their qualifications does not meet modern

requirements. As a result, the functioning of asthma schools in medical institutions, as well as the activities of qualified allergist physicians and nurses, remain unsatisfactory.

Within asthma schools, patient self-monitoring and the nursing approach to patient care play a very important role. In this regard, it is necessary to establish and develop the activities of asthma schools in treatment and preventive institutions, especially at the primary care level, in order to improve patients' quality of life.

Literature Review

Bronchial asthma is considered one of the global medical and social problems of modern medicine. In terms of its social significance, it occupies a leading position among respiratory diseases. This condition is often referred to as a “disease of civilization,” as its prevalence is increasing alongside societal development. The main reason for this is the negative impact of modern scientific and technological progress on the environment [6,7,11,13,21,47,77,111,121,123].

Bronchial asthma remains a pressing issue worldwide, including within the healthcare system of our country. Despite improvements in diagnosis and treatment, the incidence and mortality rates associated with bronchial asthma continue to increase globally year by year [10]. Asthma significantly reduces the quality of life for millions of people of different age groups. Increased susceptibility to allergic diseases among patients with chronic obstructive pulmonary disease, environmental pollution, and the widespread use of antibiotics, sera, and vaccines contribute to the rising incidence and mortality associated with bronchial asthma [22,32].

According to analyses of global epidemiological studies and statistical reports, bronchial asthma affects approximately 5% of the adult population and up to 10% of children. Based on prevalence forecasts, the number of patients with this disease is expected to increase by 1–2% over the next decade. This trend is observed across all age groups [1,11,48,55,79,80].

Research Objective

To conduct a comparative analysis of nursing approaches in the management of patients with bronchial asthma (BA).

Materials And Methods

To study the activities of asthma schools, the quality of medical care provided by nurses, and the quality of life and lifestyle of patients, evidence-based medicine approaches were applied, including random sampling methods (cluster and stratified sampling), as well as epidemiological, socio-hygienic, statistical, and expert evaluation methods. Dynamic assessment of patients' respiratory function was performed using peak flowmetry.

Results

The results of the conducted research enabled the establishment of asthma schools within primary healthcare institutions. This contributed to expanding the role of nurses in managing patients with bronchial asthma and improving patients' quality of life. Additionally, necessary measures were developed to ensure primary and secondary prevention of asthma complications and to provide specialized allergological care. As a result, patients were no longer required to seek treatment in regional centers or the capital.

The role of nurses in educating patients was substantiated, including informing them about their disease, teaching self-monitoring skills, performing peak flowmetry, recording results in personal diaries, and ensuring that patients bring these records during visits to their attending physicians.

Patients' health status and quality of life largely depend on their medical activity, attitude toward their own health, engagement with healthcare services, and level of medical knowledge. The study findings revealed that 22.8% of patients with bronchial asthma do not read medical literature at all.

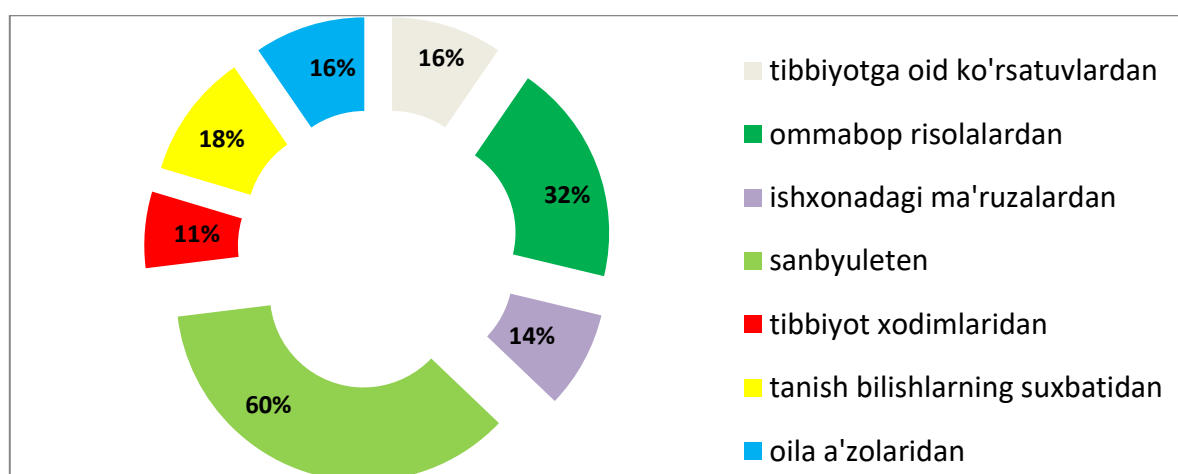


Figure 3.9. Sources of Information on Patient Care

Eighteen percent (18%) of patients reported reading specialized medical literature, 32.0% read popular brochures, and 36.0% stated that they read medical journals. Patients indicated that they obtained information on patient care from various sources, including medical television programs (26.0%), popular literature (16.0%), workplace lectures (14.0%), sanitary bulletins and posters (60%), conversations with healthcare professionals (11.0%), discussions with acquaintances (18.0%), and family members (16.0%) (Figure 3.9).

In response to the questionnaire regarding visits to family polyclinics during acute episodes of the disease, 5.5% of patients reported that they did not seek medical care at all, 21.6% visited once a year, and 15.6% reported visiting four or more times per year. Additionally, when asked about undergoing preventive medical examinations within the past 2–3 years, it was found that 32.5% of patients had not undergone a full medical check-up.

Regarding attitudes toward healthcare services, 52.0% of patients reported regularly seeking medical care and expressed full satisfaction with the services received. However, 15.0% of patients were dissatisfied with medical services, 12.0% reported seeking care only to obtain a sick leave certificate, and 26.0% did not seek medical care at all, even during illness, preferring self-treatment. The findings indicate that patients generally have a negative attitude toward healthcare services and are dissatisfied with family physicians.

The study also revealed insufficient knowledge and skills among patients regarding their disease. According to the survey results, 90% of patients were unable to correctly assess the severity of their condition, 25% believed that asthma is not life-threatening, and 45.0% were unable to provide self-care during asthma attacks (Figure 3.10).

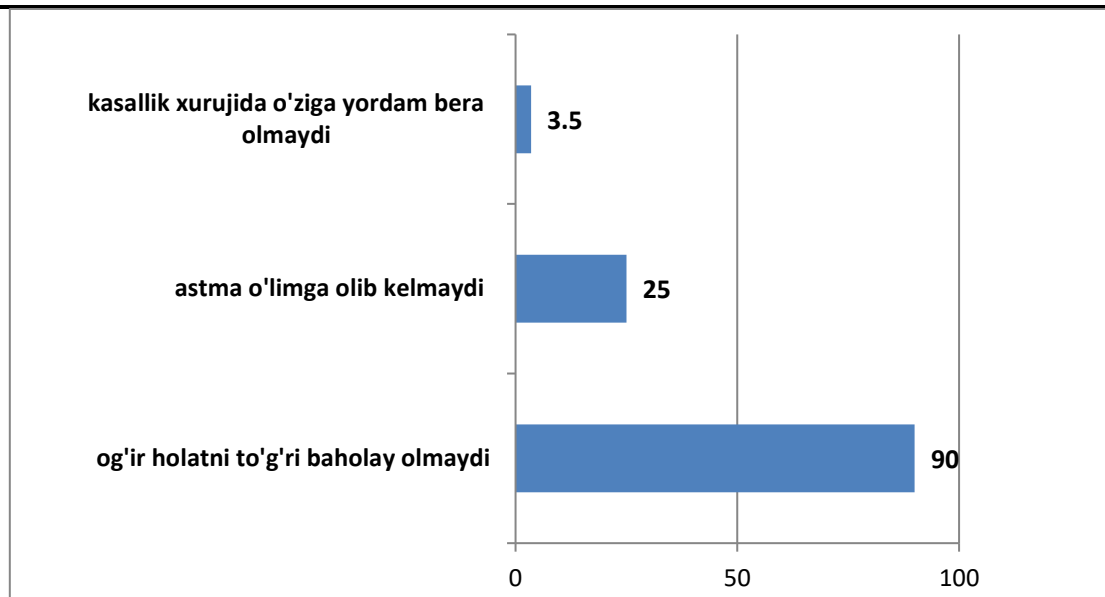


Figure 3.10. Knowledge and Skills Related to the Disease

The availability of a peak flow meter among patients enables effective disease control. However, it was found that only 1.0% of the patients included in the study possessed a peak flow meter, and 100.0% of patients did not maintain peak flow monitoring charts.

Furthermore, 100% of patients were unaware of what spacers are and their purpose of use, and 100% of patients had no knowledge of nebulizer therapy. In addition, 95% of patients were not informed about the “red zone” limits in asthma control.

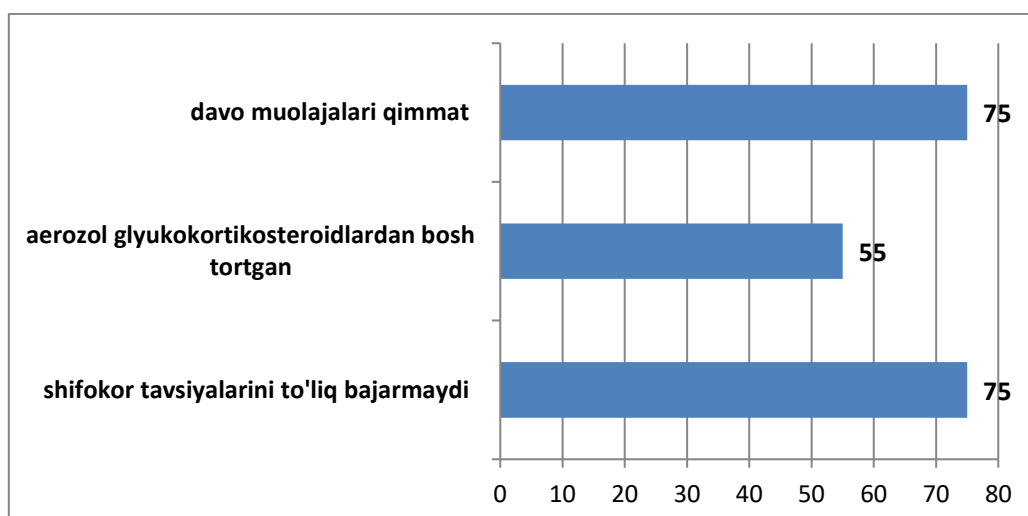


Figure 3.11. Patients' Attitudes Toward Treatment

Analysis of patients' attitudes toward treatment revealed that 75% of patients refused treatment with aerosol glucocorticosteroids, 55% did not follow physicians' recommendations in a timely manner, and 75% reported being unable to receive treatment procedures on time due to the high cost of therapy.

Conclusion

The results of the study made it possible to draw the following conclusions:

1. The incidence of bronchial asthma is increasing year by year, and nearly 80.0% of patients treated at the Republican Allergology Center are from rural areas. Analysis of disease distribution by gender showed a higher prevalence of bronchial asthma among women. Among patients treated at the RIIAM, 20.0% had mild, 54.0% moderate, and 26.0% severe forms of bronchial asthma. It was also noted that the proportion of patients trained at the asthma school established within the center increased from 50.0% in 2015 to 83.0% in 2019.
2. The health status of patients negatively affects their physical activity. In most patients, certain physical exertions—such as running, engaging in sports, walking long distances, and climbing several steps—caused significant difficulty. The disease also had a considerable impact on patients' mood and emotional state. One-third of patients reported not feeling well at all during the past four weeks. Due to emotional disturbances, many patients were forced to reduce their working time.
3. More than half of the patients lack sufficient knowledge about the disease, modern treatment methods, preventive measures, and self-care skills during asthma attacks. According to the study, 90% of patients were unable to correctly assess the severity of their condition, 25% believed that asthma is not life-threatening, and 45.0% were unable to provide self-care during an attack. Additionally, 100.0% of patients did not maintain peak flow monitoring charts, 100% were unaware of what spacers are and their purpose, and 100% had no knowledge of nebulizer therapy. Furthermore, 95% of patients were not informed about the “red zone” limits in asthma control. Nearly 80.0% of patients did not adequately control their disease.

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