Introduction. Today, nursing services play an increasingly important role in the work of a nurse who is a professional and provides services as the first point of contact for the patient, their family and surroundings, and also cares for them in the hospital and at home throughout their life. In recent years, improving the quality of life of patients has been given great importance not only to medical interventions but also to increasing the level of health literacy among patients, which helps them adapt to their condition more easily [1–3]. According to scientific sources, there are countless educational programs and resources for training medical personnel [1, 4–6]. At the same time, the lion’s share of the segment falls on the cardiological profile, while the endocrinological and gastroenterological services are still in the development stage [6, 7]. Despite the available and accessible resources for patient education, the question of a clear algorithm for the interaction between «nurse-patient» remains open due to the lack of a clear organizational mechanism for managing the quality of their education and monitoring their educational level. This is precisely what provides the basis for researching a new model of patient education in gastroenterological profile with the participation of a nurse and her direct supervision of this process.

The main part. In order to improve the organization of medical care for patients through the implementation of structured educational programs, 65 patients of gastroenterological profile were examined. Analyzing the data obtained after the survey, it was found that the main source of information about the disease for 63% of patients was the doctor, for 25% of respondents – mass media, and only 12% of patients reported receiving information about their disease from a nurse. The most acceptable forms of education for 66% of patients were a personal conversation with a doctor or nurse, and for 34% – a health school. Based on this, it can be concluded that there is a clear need for other methodological approaches to education and new forms of organization using the potential of nurses, as they represent the largest group of healthcare professionals.
Thus, a health school was formed for patients in the gastroenterology department, where they were systematically trained in implementing the five-step nursing process. The head nurse acted as the nursing manager in this regard, responsible for the direct organization of the health school, training nurses in the basics of pedagogy and psychology, nursing care algorithms, standards for the work of the ward nurse, as well as proper documentation, including nursing history. After this, quality control of care and training was carried out. Doctors played a consultative role in the work of nursing health schools and participated in discussions regarding drug therapy and correction of the training program. The latter included sections on anatomy and physiology of the digestive tract, basic diseases in gastroenterology and possible complications, principles of drug and non-drug treatment, features of nutrition for patients of this profile, assistance in stress, depression, and insomnia, and special attention was paid to promoting a healthy lifestyle.

The sessions were conducted in the context of implementing the five-stage nursing process through active learning, taking into account the priority problems of the patients. All sessions had a consistent structure consisting of three main parts: introduction, main, and concluding. The introduction included greeting the patients, introducing them to the topic and purpose of the session. The main part was dedicated to explaining the educational material, monitoring the material learned, and practicing practical skills. When summarizing each session, the nurse emphasized the main aspects of the topic and the mandatory successes of the patients, and asked questions to assess material retention.

After conducting a cycle of training, an analysis was carried out and the following results were obtained. The deepening of knowledge about diseases and principles of a healthy lifestyle led to a change in patients’ attitude towards their own health. An important component of a healthy lifestyle, in addition to rational nutrition and physical activity, for 90 % of patients after training, became self-control over their condition. Before the training, only 42 % of patients considered self-control to be one of the important factors in maintaining health, while after training, it was 93 %. The motivation of patients to perform health practices, adhere to work and rest regimen, rational and balanced nutrition, and physical activity was significantly increased (p<0.05) in both groups. In addition, the positive effect of therapeutic education was evidenced by a positive trend in the emotional status of patients, which was characterized by an increase in well-being from 47±5.7 points to 72±4.3 points according to the results of passing the WHO-5 test for well-being.

In-depth research on the quality of life of patients using the «SF-36 Health Status Survey» questionnaire [7], which includes an assessment of the physical and psychological components, showed the effectiveness of educational technologies (Table). The assessment was conducted before and after the completion of the training.

Table. The effectiveness of educational technologies based on in-depth study of patients’ quality of life

<table>
<thead>
<tr>
<th>Group of patients</th>
<th>Physical functioning</th>
<th>Pain intensity</th>
<th>Role functioning</th>
<th>Overall health status</th>
<th>Life activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before education</td>
<td>58.81±5.33</td>
<td>60.52±6.68</td>
<td>40.14±5.59</td>
<td>38.18±6.34</td>
<td>34.1±5.10</td>
</tr>
<tr>
<td>After education</td>
<td>70.32±4.15</td>
<td>63.21±4.30</td>
<td>54.44±5.10</td>
<td>58.12±4.0</td>
<td>45.36±4.33</td>
</tr>
</tbody>
</table>

Thus, a noticeable positive trend was observed, manifested by a statistically significant increase in quality of life indicators according to the criteria of the physical and psychological components, which is likely related to the elimination of pain syndrome and normalization of clinical symptoms against the background of complex therapy. Psychological functioning indicators increased by enhancing the adaptive abilities of the body due to the normalization of emotional status, which was reflected in the growth of role-emotional functioning and social functioning indicators.

The effectiveness of educational technologies is evidenced by an increase in patients’ medical activity. As a result of the survey after attending the school, patients had a high level of motivation for self-monitoring and implementation of the recommendations received for organizing their daily life. Most of them formed personal attitudes towards leading a healthy lifestyle. All patients (100 %) changed their lifestyle. To support their health, 85 % of patients continued to follow the doctor’s and nurse’s recommendations, 77 % changed their physical activity and eating habits, and 33 % of respondents increased...
their rest and sleep time. 93.3% of patients who attended the patient school considered that they received sufficient information.

Conclusions. Therefore, the organization of health schools is an important factor in increasing patient compliance with treatment and following the doctor's recommendations as a result of changing the patient's attitude towards their illness and forming motivated behavior to change their lifestyle through an increase in the level of hygiene literacy. The proposed model of patient education showed that involving a senior nurse as a health school organizer in the role of a nursing manager and trained specialists by her is pedagogically and psychologically justified.

LIST OF LITERATURE

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