

## Paediatric Asthma Education: The Needs for Advance Nursing Practice

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### Introduction

Asthma is one of the most common respiratory problems causing lung airway obstruction. In Saudi Arabia, the prevalence of lifetime wheeze, wheeze during the past 12 months and physician-diagnosed asthma in children was 25.3%, 18.5% and 19.6%, respectively [1]. Asthma control survey conducted in KSA showed that only 5% of child and adult patients were controlled, 31% were partially controlled, and 64% were uncontrolled [2]. The physical symptoms of asthma are shortness of breath, wheeze and coughing [3]. Asthma also has psychological impacts on the lives of sufferers, including depression, social withdrawal, and increased levels of anxiety. Asthma is the leading cause of school absences, increased hospitalisations, and emergency visits (Asthma and Allergy Foundation of America, 2018). Furthermore, there is significant distress in normal daily activities such as sleeping and exercise. Therefore, all of these studies reported the importance and need of asthma education for this age of population.

Asthma education in a clinical area is considered fundamental to nursing care and has an important role in assisting patients to regain independence. It aims to provide suitable information, which not only increases patients' knowledge related to their health, but also helps them to take a more active role in the care management of their own situation. Asthma educational programs are planned to increase the level of asthma awareness among patients, their families, and the public. Moreover, they help to answer the concerns of patients about their disease and its treatment.

In terms of reflection on the clinical and educational experiences, working in and teaching pediatrics enable the nurses to gain knowledge and skills, to advance their clinical practice. According to Hamric [4,5], who originally described the conceptual framework of Advanced Nursing Practice (ANP) that was expanded by Manely (1997), there are sub-roles of ANP: expert practitioner, educator, researcher, and consultant. Through these sub-roles nurses can advance their skills and practice. According to Sheer [6], the concept of ANP has been used as an umbrella term indicating nurses practicing at a more advanced level than that of general nurses. ANP does not yet exist in Saudi Arabia, but the government has committed to improving and developing healthcare in order to provide good quality care for the populations' needs. However, some healthcare institutions do not support the nursing profession, which tends to be regarded as a low status occupation, endangering patient outcomes [7,8]. In addition, Al-Ahmadi [2] stated that the role of nursing leadership has not been elaborated upon in the nursing roles, which enable nurses to have autonomy in their field and to advance nursing practice. Generally, most healthcare organizations' attention has focused on nursing preparation rather than professional development.

In my view, being an educator is as an aspect of the ANP role that can be effectively and widely used in Saudi Arabia. Basically, nursing models of ANP roles have identified the same skills and competencies that are required for nursing roles and knowledge. I believe that

using Manley's conceptual framework model (1997) is suitable for developing the roles of ANP and skills in contextual format. All of these points are essential for planning and developing educational nursing programme for paediatric with asthma. Pettigrew et al. [9-11] stated that it is important to recognise the complexities of the organizational life, and to have regard for characteristics of the internal and external factors, which are essential elements for making effective change. Thus, one should place the content and process of proposed change into context (outer and inner).

According to the criteria of Pettigrew & Whip [9], the outer contexts in Saudi Arabia include social factors, such as: the low status of the nursing profession role in the country (i.e. following physicians' orders) and the unilateral authority of physicians to supervise all aspects of care in many healthcare organizations [12-15]; undeveloped ANP roles that lead to inability to apply Manly's model in the nursing field; and high workload and low level of nursing autonomy, cited by Trembly et al. (2008) as factors that increase levels of job dissatisfaction and lead to shortages of nursing staff. All of these factors are considered as barriers to develop and improve the nursing profession an all apply in the case of Saudi Arabia [16-21].

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