Clinical Nurses Specialist in Gastroenterology: A Major Vital Role

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ABSTRACT

New species emerge as powerful forces in the health environment. This is especially evident in gastroenterology, but the same changes occur in most specialties. All aspects of gastroenterology care are assessed to quickly develop and expand specialized nurses, replace medical specialists, or as main caregivers. Gastroenterology nurses play various roles in all settings where gastrointestinal (GI) care, testing, and procedures are performed. Across the of care, from preventive care through active treatment and supportive care through survivorship or hospice care, people’s lives will be touched by their encounters with specially educated gastroenterology nurses. Gastroenterology nurses often work closely with gastroenterologists to support and assist during procedures and treatments. Gastrointestinal nurses have an exciting and unique opportunity to define their vision and special contribution to care such as liver disease or pancreatic issues. Gastroenterology nurses are at the forefront of the fight against the growing global gastrointestinal (GI) burden. Their contributions are unique in terms of the scope and diversity of the roles and responsibilities of gastrointestinal care. The professional commitment of these specially trained nurses is to share their knowledge and expertise to decrease suffering and improve health outcomes and quality of life. Gastroenterology Nursing is committed to delivering this expertise with compassion, empathy, and cultural sensitivity. This article highlights gastroenterology nurses’ contribution and impact on gastrointestinal care.

Keywords: clinical nurses’ specialist, vital nursing role, gastroenterology nursing practice

Nurses can be taught to perform various tasks formerly considered within the medical domain. However, the assumption that this is the end goal of the current changes is to misunderstand a fundamental issue: nursing is complementary to but different from medicine. Nurses come from different backgrounds, have different professional goals, and are trained according to a different model. They have traditionally been less focused on professional status and financial gain. These attributes may be advantageous in terms of the changing healthcare environment. One goal of nursing now is to release the potential of nurses to deliver universal health coverage, ensuring that “all individuals have access to the spectrum of health care services they need without enduring financial hardship”. The general coverage of health care applies to gastrointestinal treatment; in fact, the expansion of the role of gastroenterology nurses can enhance access to gastrointestinal treatment services. The holistic nursing concept has gradually emerged with modern medicine’s continuous improvement and development. Adhering to humanity’s return is the only way to achieve overall care. As a way of humanistic care, gastroenterology nursing has steadily attracted the attention of the nursing community. Gastrointestinal care refers to narrative medicine's humanistic care, respect, listening, and empathy. It is, therefore, timely to reflect on gastroenterology
nursing, which has long been recognized as a specialty in high-income countries where roles and responsibilities have grown to meet the unique and changing needs of patients with gastrointestinal. Unfortunately, in today’s world, the number of treated gastrointestinal patients’ needs to increase dramatically, or we will not be able to prevent new infections or reduce the burden of gastrointestinal disease. Clearly, can no longer ignore vulnerable populations, and effective interventions must be in place to meet this challenge; the need for a multidisciplinary approach to the management of patients with gastrointestinal disease, including the potential role of community organizations and social support. Although it was not elaborated on, a team approach must incorporate the gastroenterology nurse’s knowledge, skills, and expertise (1).

However, gastroenterology nursing is not a global term; global inequalities in gastroenterology nursing are widespread. Nurses caring for people at risk or with gastrointestinal provide the majority of gastroenterology services in low-income and middle-income countries, but these nurses are often the least educated in the gastroenterology team, and the gastroenterology nursing role expansion has not kept pace with its growing need. Nevertheless, gastrointestinal care principles are very similar worldwide, focusing on providing optimal care in a healthy environment. Gastroenterology is a field of medicine focusing on the digestive system’s health, including the stomach and bowels. Diseases and illnesses of the digestive tract often produce very uncomfortable symptoms and affect the body’s health as a whole. For example, some gastroenterology disorders can affect the number of nutrients the body absorbs. Gastroenterologists and gastroenterology nurses focus on treating and caring for individuals suffering from diseases and disorders of the digestive tract (2).

Gastroenterology nurses have a wide range of responsibilities and provide care for patients with gastrointestinal diseases of the stomach, esophagus, or bowel. Conditions treated may include ulcers, inflammatory bowel disease, cancer, and abdominal injuries. Gastroenterology nurses may work in various settings such as hospitals, outpatient or inpatient endoscopy suites, or doctor’s offices. These specialized nurses may do various tasks, including taking patient medical histories, telephone triage, patient education, and maintenance on procedure tools. Certified gastroenterology registered nurse works on caring for patients undergoing endoscopy or colonoscopy. These nurses assess and prepare patients for their procedures. Registered nurses in this capacity might be responsible for administering medication before the treatment and must monitor a patient’s vital signs while the physician performs the endoscopy or colonoscopy. Following the procedure, certified gastroenterology registered nurses must monitor the patient for any side effects resulting from the procedure or medication administered during it. A gastroenterology nurse will also often be responsible for collecting samples and performing other diagnostic procedures, such as x-rays, ultrasounds, and barium enemas. Endoscopy nurses will assist during or perform endoscopy procedures.

This article highlights gastroenterology nurses’ contribution and impact on gastrointestinal care. Providing integrated care and optimal communication centered on people is an essential component of gastroenterology nursing care, which is often overlooked. More gastroenterology nurses who use, do, and lead research will further demonstrate the important impact of nurses on the team’s care. The influence of gastroenterology nurses on saving lives by preventing and detecting gastrointestinal is remarkable. Supportive care is a central component of gastrointestinal nursing, enabling people to manage themselves as much as possible. Globally, gastroenterology nurses make a great positive difference in gastrointestinal care worldwide; their crucial contribution throughout the care warrants the inclusion and promotion of nursing in every country’s gastrointestinal strategy (3).

**Contribution of gastroenterology nursing:**

Gastroenterology nurses are registered nurses who work in general, specialized, or advanced care of patients. Although gastroenterology nurses are the most visible in direct patient care, their role may include the work of multiple non-direct patient care levels. They may support the patient as a navigator during the whole of care or participate at various stages. In this fast-paced field, high-income gastroenterology nurses play various roles and responsibilities in responding to patients’ non-metastatic needs. Nurses caring for gastrointestinal patients are higher in low-income and middle-income countries and have fewer opportunities. These opportunities have progressed despite significant challenges, such as limited resources and training for the workforce. Gastroenterology nursing is a recognized specialized nursing area that focuses on promoting health, preventing illness, providing care and support for clients experiencing gastrointestinal disease, and researching. Key components include:

**Promotion of health:** gastroenterology nurses perform activities that include providing educational sessions for the general public, marginalized populations, and other health care professionals, as well as promoting harm-reduction initiatives such as safe needle disposal.

**Prevention of illness:** activities include immunization, education regarding the prevention of disease spread, and the needle exchange program.
Care, support, and treatment: nurses educate patients and their families; provide emotional support and advocacy; counsel both before, during, and after treatment on benefits, risks, side effects, coping strategies, and treatment adherence; interpret results; and liaison with the family, support groups and other health professionals (i.e., psychiatrist, ophthalmologist, social worker, etc.). Caring for and treating a gastroenterology patient is an important part of a gastroenterology nurse. As a gastroenterology nurse will often help explain the different options available to patients and the benefits and risks associated with them. May also help patients take medications and give them nutrition advice. During surgical procedures, a gastroenterology nurse may also be asked to assist. Gastroenterology nurses have the privilege of helping gastrointestinal patients navigate the emotional and physical challenges that are interrelated with gastrointestinal. Gastroenterology nurses can help relieve patients’ pain and nausea and assist with implementing the treatment plan that is best for the patient. Gastrointestinal care is tied to the value of offering personalized, holistic, and contemporary care to gastrointestinal patients and their families. In order to deliver this kind of care, gastrointestinal nurses have learned to adapt, develop, extend and expand their roles and attempted to meet the demands placed upon them by changing local, regional, national, and international healthcare needs; advances in our understanding of gastrointestinal and developments in gastrointestinal treatment. In addition to these biomedical advances, gastrointestinal care has continuously evolved in various ways and in different settings (4).

Research: nurses are active in clinical trials (industry and/or pharmaceutical), monitoring adherence to treatment, their nurse-initiated studies, and quality of life, and continually incorporate new research- and evidence-based findings into their practice.

The gastroenterology nursing roles incorporate the activities of clinical practice, education, advocacy, counselling, collaboration, community support, leadership, administration, and research. This contribution is currently extended in several directions. However, in the latter case, special needs for men and the elderly were studied through research and dealt with in practice. Gastrointestinal nurses’ commitment to exploring and facing the challenges of gastrointestinal experiences has led to numerous roles being developed. These include engaging in genetic counseling; offering support and information during screening and diagnosis, giving treatment and monitoring and managing consequential side-effects, facilitating coping and adjustment; and promoting rehabilitation and recovery. In addition, gastrointestinal nurses continue to support patients throughout the disease’s progression until death and beyond. Such care can be centered in various environments, including hospitals, community health centers, early diagnosis centers, daycare facilities, and hospital rooms.

Experience and Training:

Nursing studies have shown that people with gastrointestinal have expectations of the nurses caring for them. Competency is the most important expectation. Nurses assist patients with daily activities, administer medications and perform basic lab tests. People care that the nurse can start to provide education about medications and treatments, communicate effectively with their physician colleagues, and know how to respond to an emergency. Nurses can also develop their knowledge in subspecialties, such as radiation gastroenterology, surgical gastroenterology, medical gastroenterology, palliative (comfort) care, gastrointestinal prevention and early detection, and genetic counseling. In addition, there is specialized experience within the spectrum of gastrointestinal care settings: inpatient nursing, hospice, home care, research, ambulatory, office nursing, and managed care. Some nurses, particularly in large regional gastrointestinal centers, may develop an even more specific area of interest, such as breast, colon, prostate gastrointestinal, or pain control. Some skills, for example, patient education, systems coordination, or navigation, can cross many care areas. Gastrointestinal nurses are skilled at coordinating care with and providing referrals to physicians, social workers, psychologists, physical and occupational therapists, nutritionists, and other health care professionals and services. Nurses must also be familiar with common digestive disorders and their symptoms. This medical knowledge can help them identify patients who need to see a gastroenterologist and refer them to the right specialist (2).

Nurse-Doctor Team:

The nurses collaborate with radiation physicists, radiology technicians, social workers, psychologists, psychiatrists, physical and occupational therapists, and clinical dietitians to carry out the treatment plan prescribed by the gastrologist for each patient. Treatment and care do not take place in a vacuum. Gastrointestinal nurses are not isolated but work individually between nurses and patients they care for and cooperate with medical practitioners. No professional group can claim credit for a successful outcome; however, some might try; no matter how major and significant any contribution is, it relies on the cooperation, expertise, and commitment of other caring team members. Effective gastrointestinal treatment requires a team effort. Gastrologist (surgical and medical) are responsible for diagnosing and planning effective treatment. A professional collaboration between gastroenterology physicians and
nurses continues to grow. Gastroenterology nurses make decisions on patient care within their practice areas, depending on their educational level, experience, and professional qualifications (1).

In the hospital, the staff nurses are with patients twenty-four hours a day, seven days a week. The doctor will often ask the nursing team for updates on the condition. Nurses may make “walking rounds” with the doctor to find out how they are doing and make plans for the upcoming day. The gastroenterology nurse at the hospital monitors vital signs, gives medication, assesses lab work and physical findings, evaluates needs, and calls the physician when necessary. Clinical nurse specialists are clinical leaders who work to improve nursing care. Nurse managers are the nurse leaders who work to make the unit function. The nurse will work with the patient during treatment on an outpatient basis, in the office, or in an ambulatory care setting. The doctor maps out the treatment plan; the doctor and gastroenterology nurse carry it out. Nurses may help the doctor plan and decide the most effective way to deliver chemotherapy drugs. Nurse practitioners have an independent role, which varies with the scope of practice in different states.

Communication skills:

Good communication skills are necessary for gastroenterology nurses because of the nurses’ unique and central position in patient care. They are one core means of achieving person-centered care across gastrointestinal care. Gastroenterology nurses are often directly linked to patients, families, and other multidisciplinary team members. Multidisciplinary communication is an important component of the team's environment to achieve a truly integrated human-centred care model. Communication is often underestimated, but in fact, effective individual communication can have a direct impact on the outcome of patients. Gastrointestinal survivors reported being more satisfied with how their providers communicate with them and received more efficient care, reduced visits, and improved health outcomes. However, good communication is often defined exclusively in the dominant cultural norms. These settings are, in turn, assumed to be universally appropriate without recognizing cultural diversity, which is crucial to effective communication (5).

Supportive care for patients and families:

The role of the gastroenterology nurse varies depending on where and what kind of care is needed at any particular moment. But improving the quality of life for people with gastrointestinal is a primary goal of gastroenterological nursing practice. To reach that goal, the gastroenterology nurse is devoted to reducing physical discomfort and providing emotional support to patients and their families. Gastrointestinal and side effects of treatment may have symptoms that are distressing or affect day-to-day life. Healthcare teams must work together to identify and relieve these symptoms. There is now a great deal of nursing knowledge that lets the gastroenterology nurse evaluate, advise on, and effectively take the edge off symptoms like nausea and vomiting, pain, constipation, diarrhea, mouth sores, shortness of breath, loss of appetite, and emotional distress. It is important that whatever needs patients to have for emotional support be matched with the resources available in the community. These needs often change throughout an illness and may depend on individual cultural and religious differences and the availability of family, friends, and community support (6).

Nurses, social workers, psychologists, and psychiatrists in private practice have a special interest in and experience with people who have gastrointestinal. Most gastroenterology nurses and social workers will be able to give the patient information about support resources. Nurses are especially active in referrals for support services, particularly the gastrointestinal support groups that are widely available. These groups can be led or facilitated by social workers, psychologists, or psychiatrists; many are co-facilitated by nurses. Many groups are led by professionals who have been diagnosed with gastrointestinal. Long-term care after gastroenterology problems is also sometimes necessary. Gastroenterology nurses help patients prepare themselves for a life with gastrointestinal problems. They may offer advice on what to eat and what not to eat, for instance, or how to manage symptoms associated with their disorders. Empathy is the ability to understand and share the feelings of another person. A gastroenterology nurse may work with patients experiencing severe pain or discomfort. Empathy for your patients can help you better understand their needs and communicate with them in a caring and supportive manner (7).

Nursing home care:

Because outpatient treatment has become more widespread, home care is becoming an important part of gastroenterologic care. There are now a variety of home care agencies for gastroenterology nurses’ staff. Many people choose this type of treatment simply because they prefer to get their chemotherapy in the privacy of their homes with family and friends close by. Generally, home nursing care varies with the intensity and duration of treatment. Chemotherapy is not the only treatment patient can get at home. Under the gastroenterologist direction, the gastroenterology nurse can provide the patient with wound care, central venous (CV) line care and teaching, intravenous (IV) hydration, IV antibiotics, and total IV nutrition. Evidence suggests that advanced nursing practices may influence the...
management of difficult gastrointestinal care problems. However, nurses must be educated appropriately in order to provide quality care for gastrointestinal patients. Following the development of a core curriculum for post-basic education for nurses in gastrointestinal care. In recent years, gastrointestinal nursing research has emphasized local and national strategies.

**Organizational and Technological skills:**

Gastroenterology nurses must be able to organize their time and tasks effectively. This can include prioritizing patients based on their needs and ensuring that the gastroenterology team has all the resources they need to provide care. Organizing work space and paperwork can also help be more efficient. Using technology to perform job duties is an important skill for a gastroenterology nurse, who may use technology to monitor patients’ health, track patient information and communicate with other medical professionals. Nursing interventions have also adapted to the technological advances in gastrointestinal treatment. One of the most important is related to gastrointestinal genes. Scientists have developed the boundaries of knowledge regarding genes involved in maintaining certain gastrointestinal; medical colleagues are studying the therapeutic potential of this knowledge, and, alongside this, gastrointestinal nurses are focusing on the psycho-social and decision-making issues that ensue for those individuals and families who may be, or who perceive themselves to be, at risk. While it is vital to celebrate the development, diversity, and dynamism of gastrointestinal nursing, there is also a danger of losing sight of the essential core skills and values that establish the foundation of gastrointestinal nursing. Keeping one eye over our shoulder seems important as we constantly move forward. Gastrointestinal care, including people’s resources, has limited resources, and every role established by gastrointestinal nurses is at risk of abandoning another aspect of gastrointestinal care (8).

All kinds of information are powerful tools for supporting change in nurses and individual organizations. Developing so fast that nobody working alone can keep track of the necessary knowledge to give appropriate care. Nurses, doctors, and other disciplines often hold patient care conferences to discuss treatment. Nurses can point out changes in condition that doctors might not be aware of, some of which could possibly change the treatment plan. In the field of research, gastroenterology nurses may work independently or collaborate with physicians. There is a growing body of research in symptom management and quality of life. The research nurse conducts clinical trials involving new therapies, collecting data, and assessing responses and side effects. There is a greater acknowledgement of collaboration as more studies are coauthored in journals. The goal is not only to secure knowledge bases but also to provide knowledge-based gastrointestinal nursing services, guiding decisions and actions based on evidence. Nurses engaged in gastrointestinal care have reached a new level of maturity, working at both an individual and collective level worldwide. The information gained through the work presented will enable frameworks to be built to advance gastrointestinal nursing practices that illustrate the environment, roles, and skills necessary to move gastrointestinal nursing forward.

Gastrointestinal care is a useful framework for illustrating the evidence-based contribution that gastroenterology nurses make to caring for people at risk or with gastrointestinal along the various stages of care in different settings. For gastroenterology nurses, people-centered approaches have become a strong point of reference and a necessity in gastrointestinal care, with patient and multidisciplinary communication a key component of relationship-based care for people affected by gastrointestinal and also for effective multidisciplinary teamwork. Coordination of patient care is essential for many gastroenterology nurses; nurse navigators not only help patients overcome health-system barriers but also can affect outcomes, e.g., and increase screening rates. Nurse researchers and clinical study nurses support an evidence-based to improving care outcomes. Gastroenterology nurses, by their actions, often being part of an intervention, have the potential to save lives through preventative measures (such as tobacco control) and to optimize the quality of life and the care experience of this population during treatment, survivorship, and palliation. Supportive care, including palliative care, is a wide range of areas that permeate all phases of care. It is an area where gastroenterology nurses excel, e.g., in effectively reducing gastrointestinal symptoms and treatment-related symptoms or rehab limitations, increasing healthy lifestyle behaviors, and addressing the psycho-social needs of people with gastrointestinal and gastrointestinal survivors.

Finally, gastrointestinal nurses need to ensure that support structures are available for the consolidation and development of the specialty in education, ethical debate, research, audit, dialogue across the world, sharing resources and information, mentorship, and clinical supervision. Gastrointestinal nurses do not work alone from the experiences of patients and families who care for them; what the nurses feel is stressful is, in a sense, rewarding and satisfying. The resource lies within each gastrointestinal nurse to be instrumental in reviewing, participating in, or leading nursing development and establishing and maintaining a working environment where gastrointestinal nurses and gastrointestinal nursing flourish.
Gastrointestinal nurses are constantly developing, and depending on the scope and level of interaction, they need different skills and knowledge to function in different environments and situations. Nurses often have a role in the organization, but such a role does not always go beyond borders and affects a wider gastrointestinal treatment plan. Aspiring leaders must be identified, supported, and developed. Senior gastrointestinal nurses are obligated to identify and then positively nurture talent, encourage and develop leadership qualities and skills and create a climate that enables future generations of leaders to challenge and take risks.

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