

Improving the Effectiveness of Medical and Social Assistance to the Population of Secondary Medical Staff

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Abstract In each country, health care services are provided through the health care system. This system is made up of various organizations, institutions, institutes, resources and people whose purpose is to promote, restore and maintain health. According to a report by the World Health Organization, everyone applies to the primary health care system. Primary health care system refers to the institutions that provide basic health services: multidisciplinary central polyclinics, family clinics and family doctor's offices. They must provide the population with quality medical services. The population applies to such institutions of the health care system located in the area where they live and work.

Keywords Health services, Patronage, Pediatrician, Primary care

1. Introduction

Everyone is forced to visit these facilities several times in their lifetime and consult a midwife during the visit. The nurse listens to their problems and decides what to do. That is, it directs you to the necessary specialist examination and doctor's appointment. The socio-psychological condition of the visiting patient depends on the impression he received from the first meeting and the interaction with the staff working in the primary system. This means that the activities of secondary health employees play an important role in the quality and efficiency of health care services provided to the population [3].

Secondary medical staff face a variety of situations during their activities. They have to deal with a variety of patients throughout the day. This, in turn, requires them to withstand stress and adhere strictly to medical ethics and deontology. But, unfortunately, sometimes the problems in the personal life of nurses and socio-economic difficulties make the staff of this field very tired [4].

Every unresolved problem of a paramedic over time causes them to change psychologically (nervousness, lack of attention, indifference to what is happening around them). If this is not addressed in a timely manner, the employee will face serious changes in health. Because human health is affected by personal, economic, social, environmental and many other factors. They are usually called health determinants. Such factors include the following.

- Human behavior and lifestyle: quality of food consumed, daily activities, tobacco products,

alcoholism, level of stress management;

- Income and social status: rich and poor, place in society;
- Employment and working conditions;
- Education: level of knowledge, level of knowledge of medical culture;
- Social assistance branches: family environment, level of assistance provided by the community;
- Culture: traditions, family and social traditions, beliefs;
- Gender: what gender (male, female);
- Environmental conditions: water, air purity, living and working conditions;

Some of the above factors can be controlled: for example, this or that person can choose a healthy or unhealthy lifestyle [5].

Various strategies and actions are also aimed at developing certain skills in individuals, changing social, economic, and environmental conditions for the positively, thereby reducing the negative impact of these factors on nurse health.

2. Purpose

Development of targeted measures to improve the psychological environment in primary care facilities, identify and eliminate factors that negatively affect the work of secondary health workers, as well as the quality of work and services.

3. Materials and Methods

In order to improve the quality of work of secondary medical staff in Navoi region, research was conducted and

a medical examination and social survey were conducted among employees of primary health care. The event was attended by about 1,200 secondary medical staff. The survey was designed for three main purposes:

- 1) to study the extent to which the above factors affect the health of the nurse;
- 2) job satisfaction and the correct organization of the work process and work ethic are assessed;
- 3) the employee's level of knowledge, professional skills and work experience are studied; serves to develop measures based on the results obtained.

The questionnaire consists of 100 questions, mainly in the areas of social status, level of education, work ethic, professional potential, attitude to issues in the system. Of the 1,200 respondents, 1,144 (95.7%) were female and 51 (4.3%) were male. The majority of respondents are community nurses - 77.3%, nurses working in other positions - 17.2%, midwives - 2.2% and senior nurses - 3.4%. The average age of those surveyed was 34 years.

4. Results and Their Discussion

While most nurses work 6 days a week (92.5%), 7.5% of participants reported working 5 days a week. 3.6% of respondents have 1 to 5 years of experience, 19.9% have 6 to 10 years of experience, 1.3% have 11 to 15 years of work experience, 52.9% have 16 to 20 years of work experience, and 0.2% have 21 to 25 years of work experience. 22.4% were found to be 26 to 30 years old, while 0.7% indicated work experience higher than 31 years. The figures show that more than half of the respondents have up to 30 years of work experience, while low-skilled employees are very scarce. This means that the contingent of primary health care facilities is more stable.

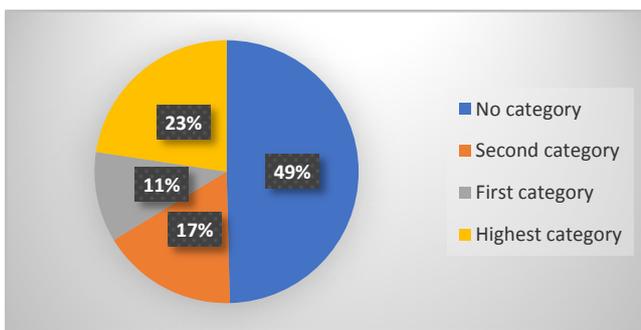


Figure 1. Distribution by categories

Among the nurses who answered the questionnaire, the category was 49.6%, the highest category - 22.6%, the first category - 11.1%, the second category - 16.2%, the category (category). Due to the lack of a category, the majority of employees said that 41.1% still have a term of 1-2 years, and 8.5% said that the term comes in 3-5 years. 53.1% of respondents said that professional skills would increase if the category increased, 28.4% said that self-confidence would increase, 16.4% of respondents chose to increase their salary,

and only 0.6% of respondents chose the option of prestige in front of employees. It can be concluded that in this system, the midwife does not have a special status and the classification can lead to an increase in prestige. Those who are financially interested in this are in short supply (Figure 1).

The majority of 47.4% of employees think that it is difficult to find a similar job if they leave, and 45.2% of employees find it difficult to find a new job, which encourages them to work better and improve their skills (Figure 2).

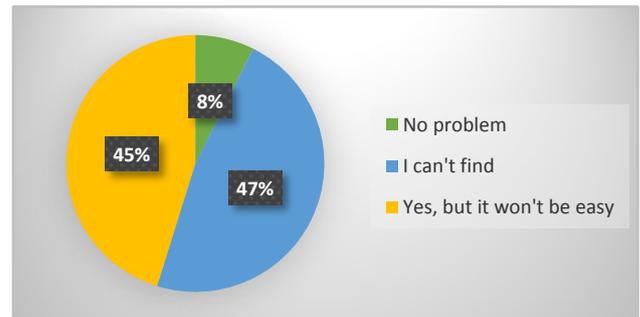


Figure 2. Risk of losing your job and being able to find another job

The survey found that 90.6% of secondary health workers had their own homes, the remaining 5.6% lived in rented accommodation, 2.4% lived with relatives, and 1.4% lived in public dormitories. According to the family environment: good - 57.4%, average - 40.1%, the remaining 2.5% are low-income families, and most of them belong to the class of large families (number of children - 3 - 13%, 4 - 29.5%, 5 - 23.5%, 6 - 14.3%).

The majority of participants were 95.8% female and 4.2% male. It is clear that male specialists are less interested in community nursing, but in developed countries, such as Finland, there are more men working in this position. Because this is a very responsible and well-paid industry.

"What prevents you from doing well?" 67.3% of the participants indicated unscheduled tasks. 16.5% said that the problem was caused by not following a clear plan, 11.9% of the respondents said that it was caused by social conditions in the family, while only 4.4% said that it was caused by work disorder (Figure 3).

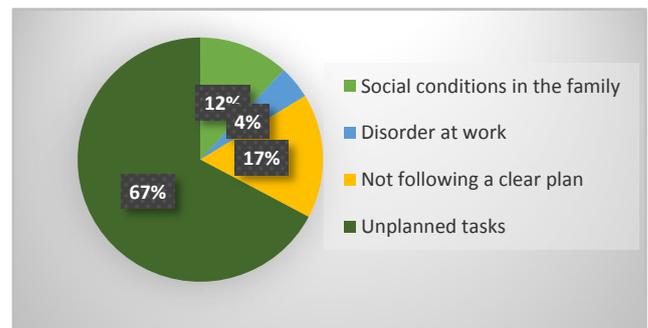


Figure 3. Negative factors affecting an employee's life

Regarding the amount of salary they receive, 59% of respondents consider their salary to be very low, while

40.5% of respondents consider it to be average. The share of respondents who said that their salaries were high was only 0.8%. It can be seen from this diagram that the salaries of most secondary health employees are not enough to meet the needs of a normal life (Figure 4).

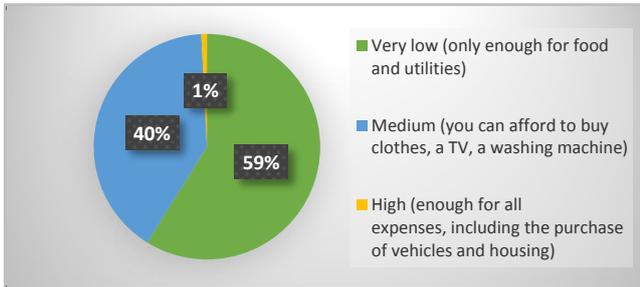


Figure 4. Amount of salary received

It can be seen from these diagrams that the majority of secondary health workers work at a rate of 0.5 and 0.75 and consider their salary to be low, which means that their social status falls into the category of poor due to insufficient income of this layer. This means that more than half (59%) of working midwives are likely to seek additional employment and or a source of income in order to meet their vital needs. This, in turn, undermines the responsibility of the employee for their work and the quality of medical care and erodes public confidence (Figure 5).

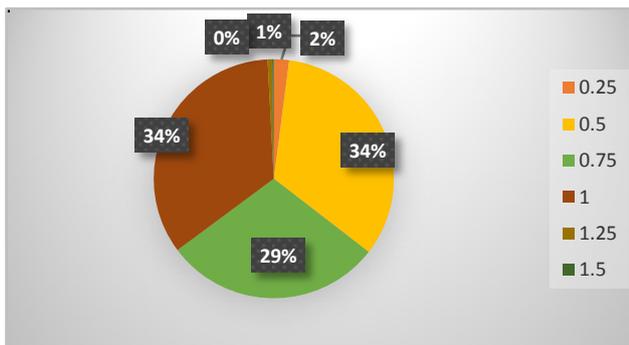


Figure 5. Distribution by work rate

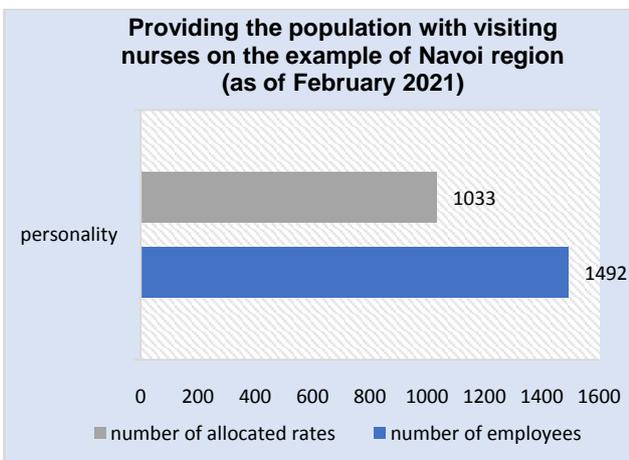


Figure 6. Status of provision of patronage nurses

During the study, it was found that the rate of community

nurses in Navoi region (as of 01.02.2021) is 1033 places, and the number of community nurses working in it is 1492 people, which is 144% of the norm. This means that 44% (459 people) of the staff is overworked, and therefore the amount of salaries paid is due to the fact that patronage nurses are not fully covered by 1 rate. Due to the low salaries of employees, it increases the need to look for additional work in order to earn enough income. The figures in the survey also prove this. Nearly 24% of respondents said they think a lot about changing their job. 59% of the participants said that their salaries are very low, only for food and utilities.

The share of those with employment rates of 0.5 (32.5%) and 0.75 (28.5%) is a total of 61%, which is almost equal to the share of low-wage earners. If the work of the staff is provided at a full rate of 1, patronage nurses will feel more satisfied with their work and the salary they receive, and accordingly, they will approach the work responsibly and the quality of service will increase. This, in turn, will increase public confidence in the health care system.

It is also possible to increase work efficiency by redirecting and specializing nurses (24%) who are considering changing their jobs to other fields. For example, in the diagram below, only 83.4% of respondents answered YES to the question of whether employees working in this field deliberately took up the profession, while the remaining 16.6% answered NO (Figure 7).

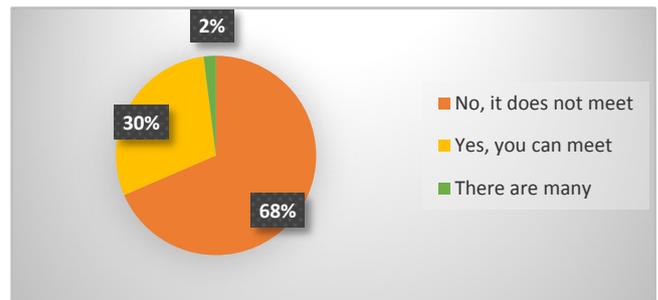


Figure 7. Teamwork perception of employees with low level of professional training and knowledge

In conclusion, the efficiency of employees who have no interest in this field can never be achieved. Therefore, such employees should be monitored and directed to the area of interest. Because the quality of work of an employee who works inefficiently not only affects the rating of the system, but also leads to a waste of public resources. It is useless to motivate an employee who is not interested in his work in various ways (incentives, additional bonuses) in order to attract him to this work. They should be added to other social programs to provide employment in another field according to their own interests or desires and, if necessary, bank loans, do business and help them move on to other jobs. 26.8% of the participants also agreed that specialization would be at their own expense if it was a good job, 73.

Rather than simply dismissing an ineffective employee, programs should be developed in collaboration with the government, the community, and the health care system to

reassign him or her and help him or her find a job. In the future, in the process of vocational education, it is necessary to determine the student's interest in this field and to accept students who have chosen the field of medicine.

It is also necessary to change the procedure for medical examination of medical personnel in accordance with modern requirements. As a simple example, these medical examinations are carried out depending on the type of disease. However, the employee's emotional fatigue in the workplace, stress tolerance, problematic situations, and psychological stress in dealing with the work process and the resulting illnesses were not taken into account. It is necessary to develop a systematic program that takes into account the socio-psychological factors of the employee (family situation, social status, stress at work) and on this basis determines the effectiveness of the employee. Then, on the basis of the "fatigue" of each employee at work, it would be possible to direct these employees to individual rehabilitation and recovery.

The measures proposed above will lead to the further development of this system, the non-expenditure of excess resources and the reduction of occupational diseases.

5. Conclusions

The times are rapidly evolving, and the medical sector and health care system are in need of reform in recent years, including the need to raise the efficiency and quality of primary health care and adapt to the medical system of the world's leading countries.

It is necessary to protect the work of medical employees and increase their social status, as well as to implement measures to identify the factors of stress and occupational fatigue in these employees.

Primary health care facilities need to train secondary health employees as physician assistants in training and to perform a wide range of practical skills.

REFERENCES

- [1] Asadov D.A. The period of continuous professional medical education and innovation in Uzbekistan: scientific publication / D.A. Asadov // Organization and management of health care in Uzbekistan. -Tashkent, 2018 №7 (97), p. 3-11.
- [2] Yarkulov A.B. The procedure for advanced training of doctors and pharmacists and certification for the assignment of a qualification category: scientific publication / A.B. Yarkulov // Organization and management of health care. -Tashkent, 2017 №1 (79), p. 53-63.
- [3] Saidkhodzhaeva A.N. Kamshiralar faoliyatini takomillashtirish va ularning malakasini oshirish: scientific and practical medical journal / A.N. Saidzhojaeva, S.P. Tirkasheva // Bulletin of the Association of Doctors of Uzbekistan. -Tashkent, 2012 №4, p. 99-101.
- [4] T.V. Matveychik Problems and prospects of nursing: scientific publication / T.V. Matveychik, P.N. Mikhalevich // Medical nurse. - Moscow, 2019 №6, p. 7-12 [1].
- [5] Dyatlova E.V. Modern nurse (Analysis of the role of a nurse in modern society): scientific publication / E.V. Dyatlova, S.N. Kazakova // Medical nurse. - Moscow, 2018 No. 3, pp 3-5 [2].
- [6] Dvoynikov S.I. Improving the professional activity of specialists with secondary medical education: scientific publication / SI Dvoynikov // Chief Nurse. - Moscow, 2013 No. 12, p. 25-33 [3].
- [7] Lemeshchenko E.Yu. Occupational diseases of nursing staff: scientific publication / E.Yu. Lemeshchenko, A.E. Kryukov // Nurse. - Moscow, 2014 No. 4, p. 9-11 [4].
- [8] Rivkina E.B. How to organize training for nursing staff: scientific publication / EB Rivkina // Chief nurse. - Moscow, 2017 №1, p. 84-95 [5].
- [9] Bashilov R.N. Features of the manifestation of aggressive behavior of doctors and nurses in the conditions of modern medicine: scientific publication / R.N. Bashilov, S.M. Bashilova // Nurse. - Moscow, 2019 No. 2, p 3-5.