



## **INTEGRATED APPROACH TO THE STUDY OF HEALTH CARE FOR THE RURAL POPULATION**

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### **Actuality**

The strategic goal for the country at present is to improve the health status of the population by increasing the real availability of medical care for the general population and the priority of health in the system of social values of society, strengthening the preventive focus of healthcare [1,2,3,6]. The uneven nature of the settlement of rural residents, a fairly large radius of service, the specifics of the conditions of agricultural work and life in the countryside impose additional difficulties in the process of providing medical care to the rural population. The issues of assessing the quality of medical care are widely covered in domestic and foreign literature, and more and more works are devoted to studying the problem of managing the quality of medical care. Evaluation of the activities of medical personnel is necessary to identify opportunities to improve the quality of care provided and their successful implementation [4,5].

### **Material and Methods**

We conducted a retrospective analysis of the activities of 27 SVPs in a rural area. Comprehensive studies devoted to the study of the activities of the medical staff of PHC institutions have not been conducted in modern conditions. We used sociological research methods that allow us to obtain an adequate qualitative assessment of the lifestyle. For this purpose, a survey was conducted among the medical staff of SVPs in a rural area. The data of a survey of 42 doctors from 27 SVPs were analyzed. Respondents were asked to answer questions concerning various aspects of life, their





living conditions, attitudes towards their specialty, and assessment of working conditions. The questionnaire contained 32 questions.

### Results and its Discussion

Most SVPs (21) are located in adapted buildings. To provide timely medical care, the service radius of the SVP is important, which ranges from 3 to 16 km: from 3 to 6 km - 10 SVPs, from 7 to 10 km - 7 SVPs and from 11 to 16 km - 10 SVPs (Fig. 1).

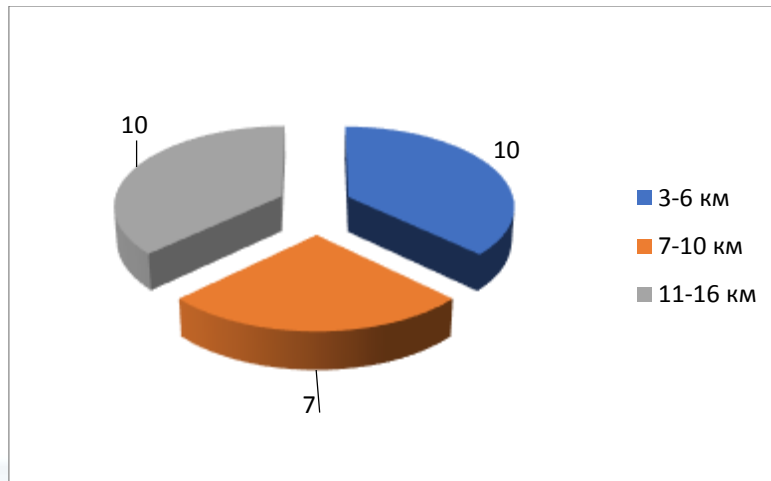


Fig.1 Service radius of the SVP population

Also, the length of the SVP from the Central District Hospital plays an important role in the provision of timely specialized medical care. According to Fig. 2, most of the SVPs (14) are located at a distance of 4-6 km from the CRH, 10 SVPs are 1.5-3.5 km, and only 3 SVPs are far from the CRH (6.5 - 12 km).

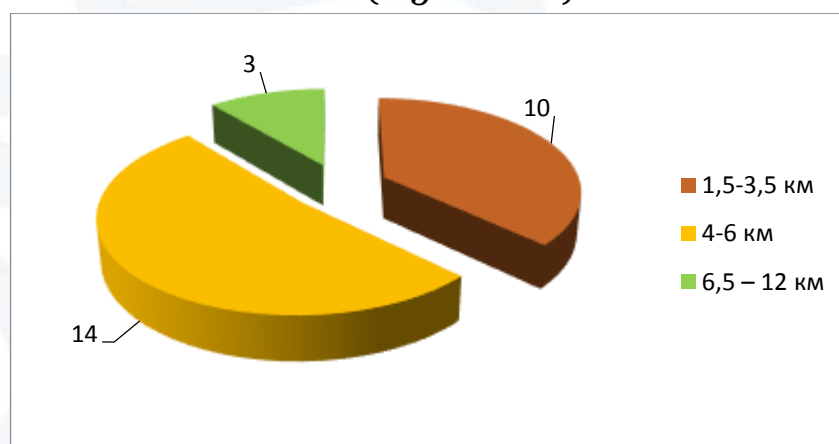


Fig. 2 Distance of the SVP from the Central District Hospital

SVPs are distributed in terms of the number of people served by the population as follows: most of the SVPs (15) serve from 2220 to 4734 people, 10 SVPs - from 5064 to 7903 and only 2 SVPs from 8536 to 10126 people (Fig. 3).

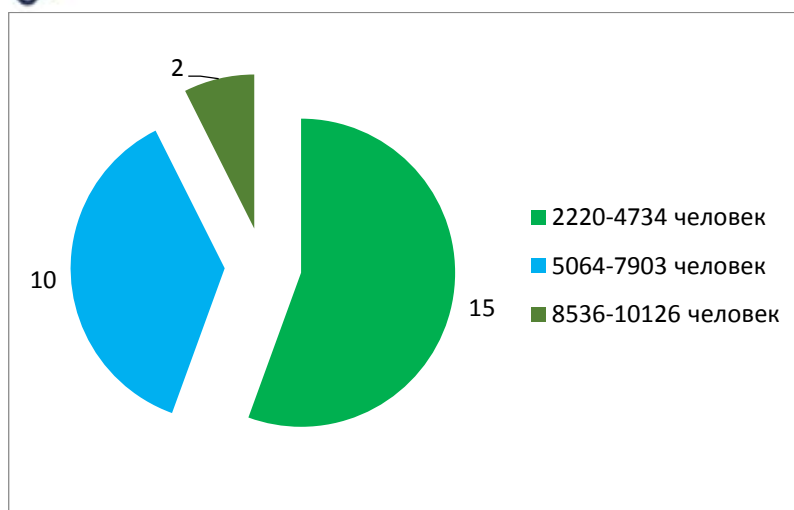


Fig.3. Distribution of SVPs by number of population served

A certain dependence of mortality rates on the service radius and length of the SVP from the CRH was found: the service radius, where the infant mortality is from 24.3-42.8, in 6 SVPs from 6 to 14 km (75%), the length of the CRH was in 5 SVPs from 4 to 6 km (62.5%). The radius of service, where the total mortality is from 5.2-7.4, in 6 SVPs from 7 to 12.5 km (85.7%).

An analysis of the activities of SVPs revealed that the number of visits to the population in SVPs totaled 626720 in 2010, in 2015 their number increased and became 808450. The average number of visits increased almost 1.3 times in the compared years, which is probably due to an increase in the incidence, medical examinations, preventive measures and medical culture of the population (Fig. 4).

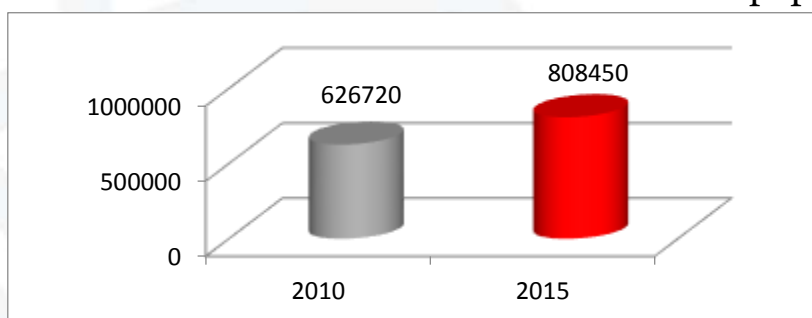


Fig.4 Number of visits by the population to SVPs

To the question: “What factors, in your opinion, negatively affect the quality of work of doctors in the polyclinic?” 45.2% of doctors believe (Fig. 5) - this is a high workload at the reception, insufficient equipment of medical equipment and insufficient drug provision, 40.5% - lack of material incentives, 14.3% - insufficient control by the head of the department and insufficient doctors' qualifications.

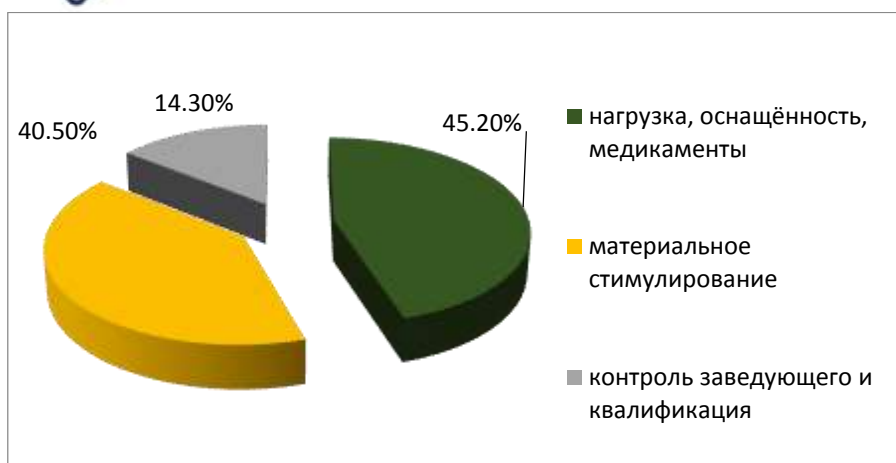


Fig. 5. Factors affecting the quality of work of doctors in the clinic

Among the aspects that impede the performance of the main work and distract from the process of professional development, doctors noted in 47.6% of cases - frequent unscheduled commissions and inspections, in 23.8% overload with paperwork and in 28.6% - other reasons (Fig. 6).



Fig.6. List of factors hindering the performance of the main work of SVP doctors

According to the respondents, in order to improve the quality of outpatient care, which is shown in Fig. 7, in 28.6% of cases it is necessary to carry out a complex of various measures, in 23.8% - to increase the salaries of doctors, in 19.1% - to improve the material and technical bases of a medical institution, in 16.6% - improvement of the quality of personnel training and in 11.9% - reorganization of the work of SVPs.

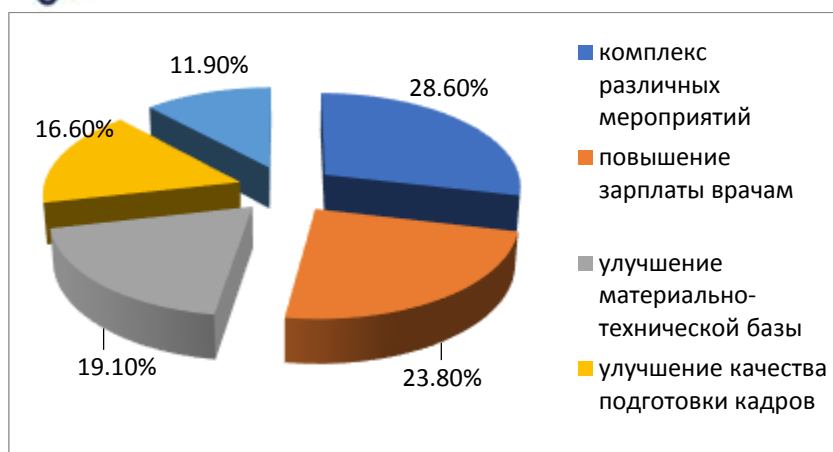


Fig.7. Opinions of respondents on improving the quality of outpatient care for the rural population

## Conclusion

According to the opinion of SVP doctors, in order to structurally change the medical care for the population, it is necessary to unite the CVP and develop specialized medical care (35.5%), increase the number of day hospitals (19.1%), develop family medicine (9.4%), affordable accommodation networks of medical institutions and staffing (7.4% each) and others (21.3%).

## Literature

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