



## THE OPINION OF RURAL HEALTH PHYSICIANS IS ONE OF THE BASIS FOR IMPROVING HEALTH CARE

Mirzaeva Mahpora Mamadalievna  
Senior Lecturer,  
Andijan State Medical Institute the Republic of Uzbekistan

### Abstract

Through a sociological survey, the opinion of doctors of rural medical units (RMU) on improving health care services (HCS) of the rural population has been studied.

**Keywords:** questioning, respondents, primary care, rural health, medical personnel, health care, strategy, category, qualification, general practitioner

**Резюме.** Путём социологического опроса изучено мнение врачей сельских врачебных пунктов (СВП) об улучшении медико-санитарной помощи (МСП) сельскому населению.

**Ключевые слова:** анкетирование, респонденты, первичное звено, сельское здравоохранение, медицинский персонал, медико-санитарная помощь, стратегия, категория, квалификация, врач общего профиля

It is known that the main figures for a radical increase in the effectiveness of the RMU in disease prevention and the provision of quality primary health care to the rural population are a general practitioner and a general practice nurse. Not only the successful treatment of patients depends on the quality of their activities, but also the prevention of many diseases, the reduction and elimination of which is one of the priority health problems of the Republic of Uzbekistan.

The quality of medical care for the population is affected not only by the provision of the territory with medical personnel, but also by the socio-demographic characteristics of medical personnel. In this regard, sociological methods for studying the lifestyle of medical workers are very relevant. Comprehensive studies devoted to the study of the activities of the medical staff of PHC institutions have not been conducted in modern conditions.



### The purpose of the work:

conducting a sociological survey to study the quality of the lifestyle of the medical PHC in a rural area.

**Material and methods.** For this purpose, a survey was conducted among the medical staff of the RMU in the rural area. A questionnaire survey of 42 doctors from 27 RMUs was conducted (Table 1).

Table 1. Distribution of examined doctors by age

Nº	Age	abs.	%
1	25-39 years old	29	69,0
3	40-49 years old	9	21,4
4	50 years and older	4	9,6
	Total	42	100

The survey was carried out at the same time according to specially designed questionnaires, including questions related to socio-demographic, production characteristics, professional competence, attitude to the specialty, and assessment of working conditions. The questionnaire contained 32 questions and formalized answers.

### Results and its Discussion

Studying the effectiveness of the organization of the work of doctors, it was also important for us to determine the main motivational factor of labor activity, to find out how they perceive the nature of their work, what are the incentives for their labor activity, whether they get satisfaction from what they have done, whether it leads to development and self-improvement.

The gender composition of the respondents is shown in Figure 1, which shows that men make up the bulk of the surveyed (66.7%).

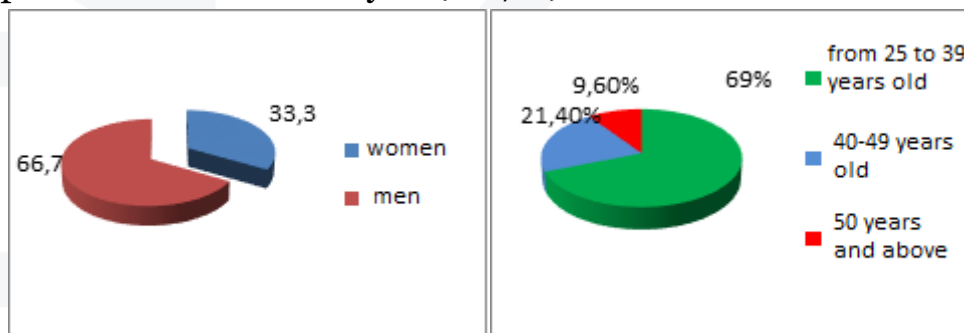


Fig.1. Gender composition of RMU doctors Fig.2. Age composition of respondents



The medical staff interviewed consisted mainly of young people between the ages of 25 and 39 (69%). The proportion of persons 40-49 years old was 21.4%, 50 years and older - 9.6% (Fig. 2).

According to the length of service, the distribution of respondents is as follows: 16.8% have an experience of up to 5 years, 40.4% - from 5 to 10 years, and 42.8% - 10 years and more, i.e. the bulk of the experience is 5 years or more (83.2%) ( $P < 0.001$ ).

To the question "How many years have you been working at this RMU?" the following was revealed: the majority (78.2%) have been working for more than 5 years and only 21.8% - up to 4 years, the difference is statistically significant ( $P < 0.01$ ).

The qualification category contributes to the professional improvement and growth of the competence of medical personnel, which to a certain extent improves the quality of medical care. According to the survey, 85.7% of doctors have a category (second - 30.8%, first - 26.3%, highest - 28.5%), 14.3% - do not have a category (Fig. 3), the difference is significant ( $P < 0.001$ ). Over the past 5 years, 73.7% of doctors have improved their qualifications ( $P < 0.05$ ).

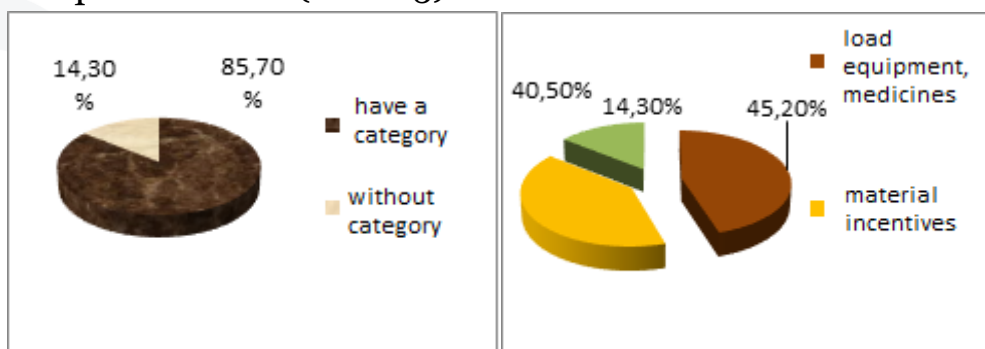


Fig. 3. Category of doctors Fig. 4. Factors affecting the quality of work of doctors in the clinic

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. 4) - this is a high workload at the reception, insufficient equipment of medical equipment and insufficient drug provision, 40.5% - lack of financial incentives, 14.3% - insufficient control by the head of the department and insufficient doctors' qualifications.

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. 5).

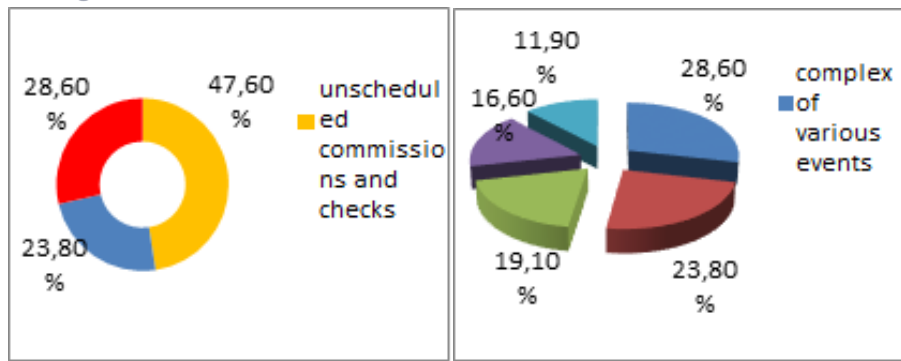


Fig.5. List of factors hindering the promotion of doctors RMU polyclinic  
Fig.6. Opinions of respondents on the implementation of the main work of the quality of outpatient care for the rural population

In table. 2 presents the satisfaction of RMU doctors with the work of individual offices.

table 2 Job Satisfaction Types of RMU Doctors

Nº	Name	Satisfied %	Partially satisfied %	Not Satisfied %
1.	Organization and working conditions in the workplace	45,2	26,3	28,5
2.	RMU Staff	47,6	26,2	26,2
3.	Relations with the administration	45,3	35,7	19,0
4.	X-ray room work	62,4	11,4	26,2
5.	The work of the ultrasound room	40,5	21,4	38,1
6.	The work of the treatment room	50,0	26,2	23,8
7.	The work of the physiotherapy room	52,4	23,8	23,8
8.	moral incentive system	47,6	33,3	19,1
9.	Financial incentive system	42,8	38,1	19,1

Table 2 shows that RMU doctors are most satisfied with the work of the X-ray room (62.4%), then the physiotherapy room (52.4%), procedural room (50.0%); other species occupy from 47.6% to 40.5%. Dissatisfied with the work of ultrasound - 38.1%, organization and working conditions at the workplace - 28.5%, then with the staff - 26.2%; 23.8% each - the work of the treatment room, physiotherapy and 19.1% each - the relationship with the administration, the system of moral and material incentives.



According to the respondents, in order to improve the quality of outpatient care (Fig. 6), 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 base of the medical institution, in 16.6% - improving the quality of training and in 11.9% - reorganization of the work of the RMU.

According to the opinion of RMU 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%).

To the question: "How do you rate your state of health on a 5-point scale?" doctors answered as follows: "5" was given by 33.2%, "4" by 26.2%, "3" by 19.0%, "2" by 14.2%, "1" by 7.4% (Fig. 7). According to these data, we can conclude that the majority of the surveyed (59.4%) gave their health scores of "5" and "4", "3" - 19.0% and unsatisfactory ("2" and "1") - 21.6%.

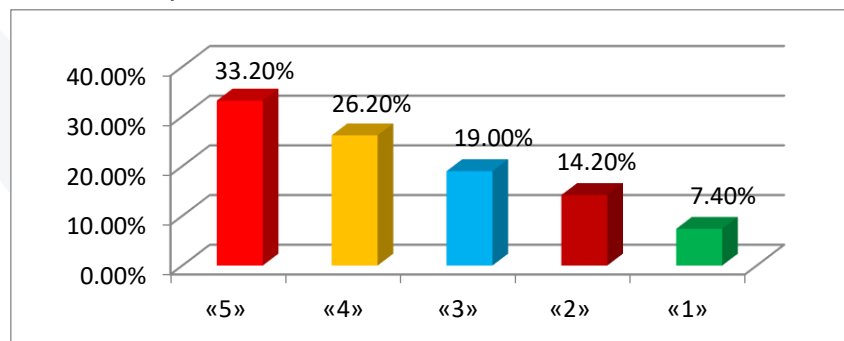


Fig.7 Health assessment in points of medical staff

76.1% of doctors lead a healthy lifestyle: they do exercises, walk, run, go in for sports, swim in the pool, do water procedures, fight bad habits, and only 23.9% do nothing in this regard.

Insufficient preventive activity was associated by respondents in 28.6% with fatigue after work, in 21.4% with personal disorganization, in 11.9% with inadequate living conditions, in 9.5% with lack of free time and in 21.4% with other reasons.

## Conclusions

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



## REFERENCES

1. Волобуев Е.В. «Отношения врачей и родственников пациентов в системе качества медицинской помощи» тема диссертации и автореферата по ВАК 14.02.05, кандидат медицинских наук 2011, г.Волгоград.
2. Ибрагимов А.Ю. Подходы к реструктуризации системы медицинской помощи сельскому населению Республики Узбекистан.// Бюллетень Ассоциации врачей Узбекистана. – Т.,2012.-№3.- С.97-100.
- 3.Салиева М.Х. Медико-социальная характеристика врачей, работающих в отделениях с высоким уровнем нервно-психического напряжения//«Экономика и социум" № 3 (82) 2021. [http:// www.iupr.ru](http://www.iupr.ru). С.323-327.
4. Салиева М.Х. Значение компетенции в оказании качественных медицинских услуг//“Re halth”, 2021 й, № 1 (9).С.130-135.

