



HEALTH CARE IN THE EYES OF PATIENTS

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Abstract

In the rural areas were conducted the exploration by questioning for knowing the opinions of patients about the primary health care . An analysis of the views of patients about the level of primary rural health care is given. An analysis of patient satisfaction with the work of general practitioners (GP) is given.

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

Резюме. Путём анкетирования проведено изучение мнения пациентов первичного звена здравоохранения сельской местности. Дан анализ мнения пациентов первичного звена сельского здравоохранения, удовлетворенности пациентов работой врачей общего профиля (ВОП).

Ключевые слова: медико-санитарная помощь, анкетирование, респонденты, первичное звено, сельское здравоохранение, медицинский персонал,

It is known that one of the indicators for assessing the quality of medical care is the satisfaction of patients with it. The study of patient satisfaction with the quality of work of primary health care workers makes it possible to determine priority areas for improving work. The constantly growing volume of information received by patients in matters of organization and provision of medical care contributes to the fact that competent patients come to medical institutions who make reasonable demands on the quality of medical care provided. The opinion of patients about medical care is an important criterion in evaluating the performance of medical institutions. This subjective criterion reflects the specific advantages and disadvantages in the organization of the treatment and diagnostic process and, with an appropriate assessment, contributes to the adoption of adequate actions by the management of the institution.

The purpose of the work: conducting a sociological survey to study patient satisfaction with the quality of Primary Health Care (PHC) in a rural area.





Materials and Methods

We used sociological research methods - for this purpose, a survey of 70 patients (Table 1) in a rural area was conducted.

Table 1. Distribution of examined patients by age

Nº	Age in years	Abs.	%
1.	29-39	17	24,3
2.	40-49 years old	23	32,9
3.	50-59 years old	19	27,1
4.	60 years and older	11	15,7
	All	70	100

To determine the satisfaction of patients with the quality of PHC, we compiled a questionnaire including 41 GP questions and formalized answers regarding both professional and personal qualities of the GP and conducted a survey of patients who received PHC in medical institutions of the region.

Results and its Discussion

The gender composition of the respondents - women - 58.6%, men - 41.4% (Fig. 1).

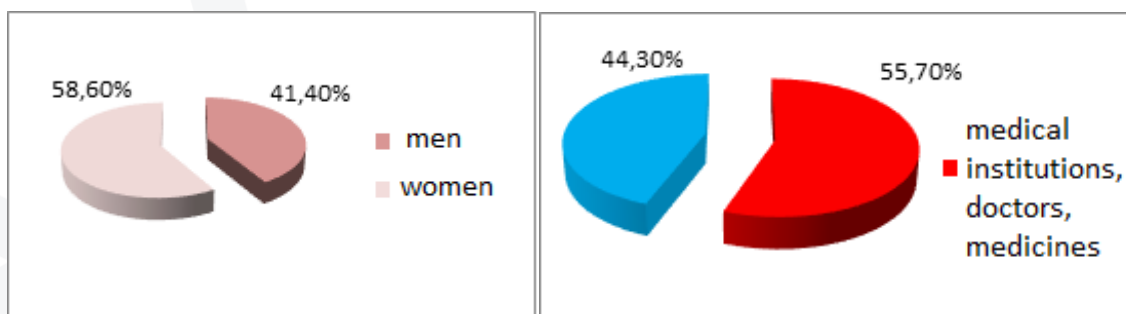


Fig.1. Gender composition of patients Fig.2. Causes of patients' diseases

The age of the respondents ranged from 29 to 77 years, of which 24.3% represent the age category of 29-39 years, 32.9% - 40-49 years, 27.1% - 50-59 years, 60 years and older - 15.7%.

81.4% of patients have secondary and higher education, and only 18.6% - primary. By social status, the respondents are distributed as follows: 48.6% are workers, employees, farmers, businessmen, and 51.4% are pensioners, housewives, the unemployed and students.



On the GP question: "What is your assessment of your health?" patients answered as follows: excellent and good in 65.7%, equally often satisfactory and poor (17.1% each). 75.7% of patients suffered from acute and chronic diseases. In 55.7% of cases, they associate their illnesses with the high cost of necessary medical care, lack of necessary medicines, insufficient competence of medical staff, insufficient service of medical services of primary health care, in 44.3% of cases - with financial difficulties of the family, poor living conditions, unfavorable working conditions (Fig. 2).

The majority of patients (45.7%) sought medical care at the beginning of the disease, 18.6% - for prevention and healthy lifestyle questions, the same number - after self-treatment, 17.1% - in severe cases.

During the last year, 74.3% of patients visited GP from 1 to 5 times or more, and only 25.7% did not visit, the difference is significant ($P < 0.05$).

The majority of patients (65.7%) spend 1 to 2 hours visiting a doctor, 34.7% - 3 hours or more.

It should be noted that only 27.1% of patients are completely satisfied with the work of the GP, 42.8% are not fully satisfied, 20.1% are not satisfied with the work of the GP (Fig. 3).

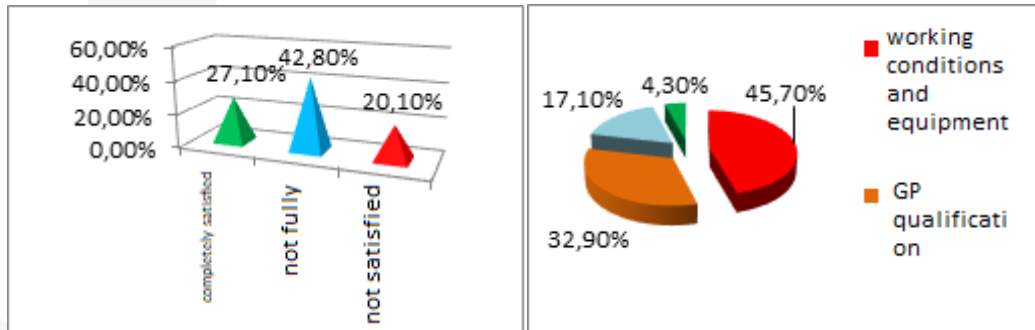


Fig.3. Patient satisfaction with GP work Fig.4. Factors affecting the quality of GP work

Patients believe (Fig. 4) that the quality of work of a general practitioner is primarily affected by the unsatisfactory organization of the workplace, insufficient equipment with the necessary equipment (45.7%), low qualification of the doctor (32.9%), waiting list (17.1%) and others (4.3%).

We assessed the professional qualities of a doctor on the part of patients (score from 1 to 5 points).



Evaluation of the professional and human qualities of a doctor

Nº	Qualities of a doctor	Score in points (%)		
		1 -2 points	3 points	4-5 points
1.	Professionalism	10,0	28,6	61,4
2.	Humanity	-	35,7	64,3

Table 2 shows that 61.4% of respondents rated the professional qualities of a doctor from 4 to 5 points, 28.6% -3 points and 1 -2 points -10%.

The evaluation of the doctor's humanity (score from 1 to 5 points) found the following: 64.3% rated it from 4 to 5 points and 35.7% - 3 points.

Patients evaluate the atmosphere and microclimate in a medical institution as follows: benevolence and tolerance in 67.2%, indifference to the patient, an atmosphere of tension and discontent in 32.8%. 87.3% of patients give a positive assessment of the activities of medical institutions in the village.

It should be noted that 41.4% of patients associate their medical activity with the availability of medical care, 40% with medical culture, knowledge of prevention and healthy lifestyle issues, and 18.6% with family tradition.

In patients, low medical activity is more common (37.2%), high and medium medical activity is observed equally often: 31.4% each (Fig. 5).

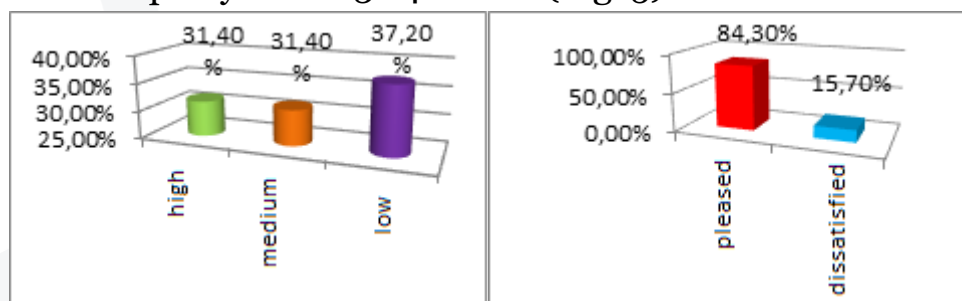


Fig.5. Medical activity of patients

Fig.6. Characteristics of the information received on healthy lifestyle from medical staff

On the GP question: “From whom did you get the primary knowledge about personal hygiene, physical education, health, risk factors, about your own health”, the patients answered the following: 81.5% received knowledge from teachers, health workers, educational institutions, the media, at work, with neighbors and with parents in 18.5% ($P < 0.01$).



Among the interviewed patients, 61.4% know how to work on a computer, 38.6% do not. 52.8% use the Internet for questions about disease prevention, treatment and healthy lifestyles.

84.3% of patients are satisfied with the information received from medical personnel on questions of a healthy lifestyle, rational nutrition, diet, drugs, diagnostic tests, and only 15.7% are not satisfied (Fig. 6).

78.5% of patients lead a healthy lifestyle (exercise, walk, run, go in for sports, swim in the pool, do water procedures, fight bad habits) and only 21.5% do nothing in this regard (Fig. 7).

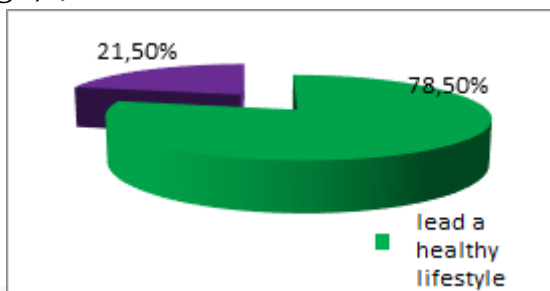


Fig.7 Characteristics of healthy lifestyle of Patients

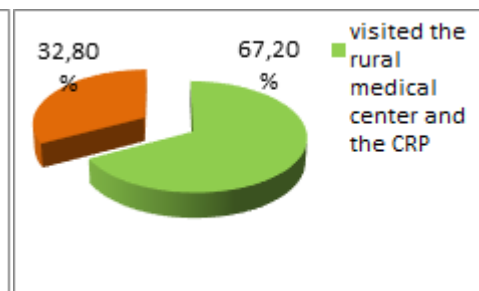


Fig.8 Characteristics of visits to medical institutions by patients

We have studied the reasons for the insufficient preventive activity of patients, which is presented in Table 3.

Table 3 Characteristics of insufficient preventive activity of patients

Nº	Name	%
1.	Insufficient living conditions	48,7
2.	Personal disorganization	18,5
3.	Lack of free time	15,7
4.	Fatigue after work	10,0
5.	Other reasons	7,1

Table 3 shows that respondents associate insufficient preventive activity with insufficient living conditions in 48.7%, in 18.5% with personal disorganization, in 15.7% with lack of free time, in 10% with fatigue after work and in 7.1% - with other reasons.

When asked which medical institutions the respondents visited, the answers were as follows (Fig. 8): more than half of the examined patients (67.2%) visited the rural medical center and the Central District Hospital, 32.8% - regional medical institutions, diagnostic centers and clinics, including and paid (Fig. 8).



We analyzed the frequency of visits by patients to district medical institutions. The analysis showed that 68.6% of patients in the direction of GP doctors or themselves for consultative, diagnostic, therapeutic and rehabilitation purposes visited district medical institutions - up to 4 times or more, and only 31.4% up to 2 times ($P < 0.05$). When clarifying the reasons for sending patients to regional, republican medical institutions, the following was revealed: 42.9% of patients were referred due to insufficient diagnostic equipment, 37.1% - with a lack of organization of specialized care in the region, 11.4% - with insufficient qualifications of medical staff and in 8.6% of cases with a lack of medicines (Fig. 9).

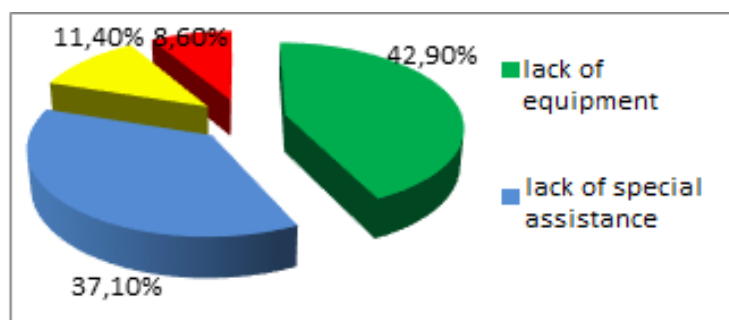


Fig. 9 Reasons for referring patients to regional, republican medical institutions

The analysis revealed that according to the requests for improving the provision of medical care in rural areas, 17.1% of patients filed complaints with higher authorities (government bodies, health authorities, the portal, etc.).

Conclusions

When planning medical and recreational activities among the rural population, one should take into account its low medical activity, as a result, to bring medical care as close as possible.

Continuous study of the opinions of the main consumers of medical services makes it possible to determine the main directions, the implementation of which will improve the quality of medical care and increase the efficiency of medical institutions in general.

The study of the opinion of the rural population about the organization and quality of the PHC can be used to develop recommendations for improving it.



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