

The Problem Of Health Quality Of Medical Personnel In The Context Of Social Reform

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ABSTRACT

This study, carried out considering the main provisions of the WHO global program "Health for All in the 21st century", the priority national projects "Health" and "Education", is aimed at studying health problems, quality of life and finding optimal organizational forms of professional training for health workers with an average medical education.

Objective of the study is to develop a set of measures to preserve health, improve the quality of life and improve the system of professional training of medical personnel in modern conditions.

Research objectives:

1. To analyze the existing system of professional training of medical personnel and the provision of medical personnel in health care.
2. Investigate the health and quality of life of medical workers and develop a model of medical and sociological monitoring.
3. To develop measures to preserve and improve the health of nursing personnel and priority directions for improving the system of professional training of medical workers.

Keywords: problem of health, quality of medical personnel, the context, social, reform.

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INTRODUCTION

The problem of the health of medical and pharmaceutical workers, which came to the fore at the beginning of the last century, remains relevant today, when the life expectancy of people working in medicine is lower than the average in the population. The incidence of medical workers exceeds similar indicators in such industries as oil refining, mechanical engineering, and energy.

Belonging to a medical specialty makes serious demands on the body of the worker, his physical and mental state, the ability to withstand the main harmful occupational factors: biological, psych emotional and ergonomic [1].

In the conditions of the region, a comprehensive study of basic and postgraduate professional training of medical personnel was carried out; the approaches to the formation among nursing specialists of groups of increased risk of developing socially significant pathology on the basis of automated pre-hospital screening have been substantiated; the quality of life of various groups of paramedical workers (nurses, paramedics, laboratory assistants, midwives, nursing organizers) was studied, differences in the emotional, mental and social spheres were revealed; a modular structure of a personalized database of medical and sociological monitoring of health and quality of life of medical personnel was developed; scientifically substantiated measures to preserve the health of the studied contingent and ways to improve the system of professional education for nursing specialists [2].

Medical and sociological monitoring of health status, quality of life, implementation of the program of medical examination of medical personnel with the formation of a personalized database has been developed. A quantitative characteristic of the index of the development threat of socially significant diseases in nursing personnel is presented and programs for the preservation and strengthening of the health of this contingent are proposed [3].

The ways of optimizing the educational process in the system of professional training of the nursing reserve of a new generation, in accordance with a fundamentally new

model of a nurse of the XXI century, have been substantiated. A credit-accumulative system for advanced training of specialists with secondary medical education has been developed and tested, which makes it possible to significantly reduce the organizational and financial burden on a medical institution, a trained specialist and an educational institution [4].

Medical and sociological monitoring with the creation of a personalized database on the health and quality of life of paramedical workers has been introduced into the practice of medical and preventive institutions.

Among medical workers, the most unexplored contingent is representatives of the pharmaceutical specialty - research on the health of this professional group is extremely rare and scattered. At the same time, the results of a quantitative assessment of the elements of production conditions and the level of morbidity of pharmaceutical workers in pharmacies, carried out by the Research Institute of Pharmacy in the early 90s of the 20th century, showed that the work of a pharmacist and pharmacist can be attributed to the 3rd and even 4 -th category in complexity and intensity [2]. The work of pharmaceutical workers is socially significant and includes the implementation of a whole range of different types of work on drug provision of the population, including the receipt of prescriptions, the manufacture and dispensing of drugs, their storage, quality control [5]. The analysis of the materials of the sociological research indicates the low medical and preventive activity of the EMS, unresolved psychological problems and unmet needs in terms of the parameters of the physical, mental and social spheres. In the studied population, the average assessment of the quality of life on a five-point scale was 3.47 ± 0.06 points. The introduction of medical and sociological monitoring of the health status of nursing personnel into practical health care can contribute to reducing the incidence and improving the parameters of the quality of life. The developed model of medical and sociological monitoring makes it possible to form an electronic database of personified data, which can be used by management structures, personnel services and

the medical workers themselves for self-monitoring of health status and planning measures to eliminate factors that adversely affect health [6].

In the formation and reform of all world health systems, certain patterns are observed that cannot be ignored when reforming domestic health care. It is impossible to achieve the effectiveness of reforming in a single sector, which is healthcare. Reform of the industry is influenced by a wide range of economic, socio-political, management factors, as well as demographic and technological conditions.

In the priority national project "Health", the main goal of which is to preserve and prolong the active life of a person, a special place is given to increasing the role of medical personnel as one of the main resources in solving the strategic tasks of the state policy of Russia in the field of healthcare [7].

The working conditions and nature of health care workers deserve close attention from the point of view of the influence on their health of various unfavorable factors of the working environment (biological and chemical substances, ionizing and laser radiation, ultrasound, forced working posture, voltage of analyzer systems, and others).

Medical workers work in conditions of high emotional stress, which leads to a rapid depletion of the nervous system, the development of a syndrome of "professional burnout" [8].

Clinical observations of medical workers showed that the diseases detected in them had characteristic allergic forms, toxic manifestations, and were often accompanied by dysbiosis. The vast majority of patients, after the establishment of their occupational disease, were employed without contact with drugs, and over time, in many cases, persistent remissions and regression of symptoms were observed [9].

A study of the working conditions and health status of specialists using antineoplastic drugs also confirmed that these medical workers are at risk of developing occupational pathology [10]. A clinical examination revealed a high level of diseases of the upper respiratory tract, gastrointestinal tract, cases of eczema, and baldness. Hematological examination showed a decrease in the hemoglobin content, a decrease in the number of erythrocytes and leukocytes due to the cytotoxic effect of chemotherapy drugs. A direct dependence of hematological changes on the length of service with chemopreparations has been established [11].

Occupational diseases can develop under the influence of various chemicals, disinfectants, detergents [11].

The problem of latex allergy becomes especially urgent in connection with the steady increase in the number of sensitized persons who had frequent prolonged or even episodic contact with rubber products containing latex [12].

According to the observations of specialists, latex allergy in medical workers who regularly use gloves for 2-6 hours per shift occurs in various professional groups with a frequency of 16.8% to 29.5%. It has been clinically proven that the systematic and long-term use of latex gloves contributes to the formation of respiratory allergies and bronchial asthma [13].

In specialized institutions, stronger and larger quantities of disinfectants are used that cause various diseases, which further worsens the working conditions of medical personnel [13].

Medical personnel, both in infectious diseases hospitals and institutions of the general medical network, are

constantly exposed to the risk of professional infection with various infectious diseases, including especially dangerous ones. Among occupational diseases, infections account for about 66-70%, among which tuberculosis and hepatitis B are leading [14].

In Western European countries, the hepatitis B virus infects about 18 thousand employees of medical institutions annually, or on average about 50 people a day [15]. Analysis of the anamnestic data on the incidence of viral hepatitis showed that the vast majority of the surveyed who had the markers of the hepatitis B virus had an anicteric form of infection, did not go to the doctor and did not know about the disease [16].

The risk of hepatitis C infection among medical personnel of various profiles is 2-3 times higher than in the control groups [14].

Viral hepatitis has a pronounced tendency towards chronicity (for hepatitis C - 60-80%, for hepatitis B - 5-10%) and can lead to cirrhosis of the liver and primary hepatocellular carcinoma, which increases their epidemic danger [17].

CONCLUSION

1. When developing health care programs for medical workers, it is advisable to use a multilevel approach to organizing health and preventive measures, considering the needs of medical workers of the constituent entity as a whole, individual professional, age groups and a medical and preventive institution.
2. Assessment of the health status of workers should be based on the results of scientific research to identify the main risk factors that have a negative impact on health.
3. The method of assessing the quality of life of medical workers is advisable to apply when assessing the effectiveness of comprehensive health improvement programs, which will allow to quantify the multicomponent characteristics of human life (physical, psychological health and social functioning).
4. In order to obtain reliable and full-fledged information about the health of medical workers, it is advisable to revive in all medical and prophylactic institutions the registration of morbidity with VUT in the form of VN-16, to create a system of regional automated recording of indicators.
5. In order to prevent occupational diseases, the development of chronic diseases, and to prevent disability, to improve the quality of preliminary and periodic medical examinations of health care workers.
6. Considering the essential role of the psychological component of health in the quality of life of medical workers, it is necessary to formulate a policy and strategy to improve their social status in society.
7. Health improvement programs should be oriented towards a healthy lifestyle at all stages of a professional career, and include family members of a healthcare professional.

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