SOCIO-HYGIENIC STUDY OF THE HEALTH, LIFESTYLE AND WORKING CONDITIONS OF HEALTH WORKERS

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ABSTRACT

Health is in close dependence on the economic development of the country, living conditions and standard of living, education, culture, as well as on the way of life of the population. Much depends on the socio-economic situation, dietary restrictions, high psycho-emotional tension, can lead to a lower standard of living. this, above all, is reflected in the health status of healthcare workers. our research, allowed a socio-hygienic study of morbidity, lifestyle and working conditions of healthcare workers.

Keywords: *socio-hygienic factors of work, nurses, lifestyle.*

АННОТАЦИЯ

Здоровье находится в тесной зависимости от экономического развития страны, условий жизни и уровня жизни, образования, культуры, а также от образа жизни населения. Многое зависит от социально-экономической ситуации, ограничения в питании, высокая психоэмоциональная напряженность, могут привести к снижению уровня жизни. это, прежде всего, отражается на состоянии здоровья медицинских работников. Наши исследования позволили провести социально-гигиеническое изучение заболеваемости, образа жизни и условий труда медицинских работников.

Ключевые слова: *социально-гигиенические факторы труда, медсестры, образ жизни.*

INTRODUCTION

Monitoring of health and socio-economic development of medical workers, labour protection system in health care institutions are priority tasks of the industry, determining the efficiency of health care organizations, their competitiveness and quality of medical care to the population [2].Deteriorating health status, along with inadequate remuneration of labour, which is inconsistent with emotional and physical

costs, are the main reasons for outflow of medical personnel from public health sector [6].

Among the shortcomings of work organization in medical institutions that affect the health of medical staff, there is often a lack of compliance with social and hygienic requirements for working conditions, exceeding workload standards, violation of work and rest regimes of medical staff [3]. The organization of the work process of employees in inpatient medical institutions has a number of specific features associated with the use of high-tech medical equipment, round-the-clock work mode and direct contact with drugs, chemicals, infectious agents [1]. The increase in morbidity among medical workers is also due to lifestyle risk factors: lack of physical activity and irrational nutrition, untimely application for professional medical care and a tendency to self-medicate [4].

The information search has shown that the problem of improving the human resources of the medical sector has now become a national and interdepartmental problem. In modern conditions, it is possible to reduce the inefficient costs of the industry for training young professionals, to increase the prestige of public health institutions and to maintain the talent pool only by creating favourable conditions for health workers to work, promoting their health, economic well-being and professional self-realisation. However, the analysis of the current situation is limited by insufficient reporting data and fragmentary information from special scientific research, which does not allow generalizing information due to the differences in the applied methodological approaches and the studied cohorts [12].

A comprehensive approach to solving the problem implies a comprehensive analysis of health indicators of medical workers, formed under the influence of production and economic factors, socio-psychological criteria of lifestyle and behaviour. The search for the causes of health deterioration and the ways to preserve the staff potential of public medical institutions of stationary type has determined the purpose and objectives of the present study[10,11].

Purpose of the study: To assess the working conditions of medical staff at a large multi-specialty hospital based on the results of workplace assessment.

MATERIALS AND METHODS

We studied a total of 45 medical workers of the local blood transfusion station, children's oncological dispensary, staff of the national centre for infectious diseases and AIDS, state dermatovenerological dispensary, TB dispensary, and intensive care

unit. Five subgroups of staff - 1 physician and 4 nursing staff - were used for comparative analysis of the study data.

At the stages of the study social and hygienic methods were used: analytical, statistical, sociological, expert evaluations, as well as hygienic methods for assessing working conditions. When processing the obtained materials the following was carried out: calculation of relative and average values, analysis of dynamic series, assessment of reliability of differences in the results by Student's criterion.Assessment of lifestyle and working conditions of medical workers according to the materials of sociological research was given, as well as the characteristic of their medical activity was presented.

For carrying out the sociological part of the research the "Map of complex estimation of health of medical workers of a multidisciplinary hospital and influence of professional and other social-hygienic factors", consisting of 2 parts of 40 questions was developed.

DISCUSSION AND RESULTS

According to the survey data, it was found that physicians are dominated by those of older working age: the average age of male physicians was 41.9 years and that of female physicians 43.5 years. The medical teams of the surgical departments are the youngest, since the number of employees under 40 years of age accounted for more than a half of them (58.7%). The Therapeutic Clinic, Polyclinic and Ancillary Departments have a much smaller proportion of young doctors - 44.4% and 27.9%, respectively. The average age of the nursing staff was 34.2 years, with no significant differences depending on the department profile.

The study of the marital status of the respondents showed that about half of the interviewed nurses were married: 42.3% were officially registered and 6.2% were civilly married. At the same time, the highest share of married employees was observed among male doctors of surgical units - 68.3%, which characterizes this contingent as the most resistant to professional and socially determined stressors. Among nurses, unmarried is 44.3%, which is associated with the younger age of this group of respondents.

The average per capita income per family member exceeding the subsistence minimum (1 million 200 soms in 2021) was noted only by one third of doctors and one sixth of nurses. At the same time, the most favourable financial situation is in surgeons' families, where the ratio of per capita income to subsistence minimum is

1.9. In the families of polyclinic therapists this ratio is lower - 1.5 and 1.6 respectively, and significantly lower in the families of nursing staff - 0.9.

Material deficiencies in the families of the contingent under study are manifested in the low level of housekeeping, which requires a lot of time for housekeeping. Every second nurse spends more than 8 hours a week for shopping, cooking and cleaning. At the same time, every third respondent spends the same amount of time watching TV. At the same time, physical activity is significantly reduced among the majority of medical workers - only 28.1% of them regularly engage in physical activity and sports, and only 26.0% do morning exercises. A total of 63.1% of employees are not satisfied with their leisure time, half of them attributed it to lack of money, a quarter of them to tiredness after work, a sixth part of them to lack of time and only 0.5% of health workers are not personally organised. Material problems are also a major cause of conflict in the family, cited by 10.9% of doctors and 15.9% of nurses.

Among the socio-hygienic health risk factors of medical workers, the problems of rational nutrition, sleep adequacy and the spread of bad habits are particularly acute. According to the survey, 2/3 of those surveyed have haphazard eating habits, no proper breakfast, 1/2 have one or no hot meals, and 1/5 abuse caffeine-containing beverages. At the same time, 74.5% of employees did not consider healthy eating to be an important priority.

Almost half of all doctors and nurses reported problems with quality and duration of their night's rest: 12.4% of them had less than 6 hours of sleep, 62.1% of them had 6-7 hours, and 59.5% reported problems with insufficient and chronic sleep deprivation. Sleeping problems are most pronounced among surgical workers and among women, which is due to the specifics of work and lack of skills to effectively combat stress and chronic fatigue.

According to sociological survey among medical workers various forms of harmful dependencies are rather widespread: among male doctors 37.9% of them smoke, and it has been more than 10 years - 28.2%, 8.7% consume alcohol several times a week, almost daily - 1.9%, among female doctors and nursing staff there are less individuals smoking no more than 10%, frequent alcohol drinkers - no more than 3.7%. The presence of drug addiction was noted by 5.0% of those surveyed, with 22.3% of male doctors, 14.8% of female doctors and 30.5% of nurses reporting occasional abuse of medicines.

A peculiarity of the population under study is traditionally low medical activity. In spite of results of self-assessment of health, according to which only 65,% of male

doctors, 51,9 % of female doctors and 43,1 % of nurses gave positive marks "4" and "5", one third of the polled contingent neglects basic methods of disease prevention. Only 6,8% use hardening procedures, 15,1% use diet, 9,4% use physiotherapy, 7,6% use sanatorium treatment and 36,7% use prophylactic drugs. Many health workers explain their passivity in prevention by a lack of time and material resources, and they do not pay due attention to the rational organization of diet, sleep, physical activity and the fight against harmful addictions.

CONCLUSIONS

According to medical examinations, the number of health workers with chronic diseases was 57.4 per 100 examinations, female doctors and medical staff of the therapeutic clinic led in the number of diagnosed diseases, and the classes of circulatory system, respiratory and digestive diseases prevailed in the structure of diagnosed pathologies.

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