

QUALITY MANAGEMENT OF MEDICAL CARE IN THE DERMATOVENEROLOGICAL SERVICE

BASED ON RATIONAL PLANNING OF PROFESSIONAL ACTIVITIES OF

DERMATOVENEROLOGISTS

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Abstract: *The Majority of dermatovenereological diseases belong to the category of socially significant diseases. In this regard, changes in the socio-economic development of the country affect the epidemiological situation and the quality of medical care. Historical experience shows that any socio-economic changes in society entail the need to modernize the existing system. In the third Millennium, the state of the epidemiological situation and socio-economic development of society indicates the need to manage the quality of medical care, improve the organizational basis for preventing the spread of STIs and providing dermatovenereological care to the population.*

Keywords: *dermatovenerological service, quality medical care, labor motivation of dermatovenerologists.*

Relevance of the research: *Modernization of the health care system is primarily aimed at providing affordable and quality medical care to the population. Priority tactical objectives of health development include: improving the management system, improving the quality and efficiency of forecasting of health resource planning, introduction of results-based budgeting mechanisms, modern methods of financial management; creation of medical care quality management system- Transition to the principles of financing the volume and quality of medical care;*

increase the interest of health workers in quality work, the introduction of a system of remuneration related to the quality and results of work.

At the same time, the main goal of changes in the health care system should be to ensure the volume and quality of medical services that meet the needs of the population. Improving health management is the most important factor in improving the quality and use of specialized medical care, the rational use of financial, logistical and human resources.

The aim of the study is to develop an effective system of quality care management of specialized medical care based on the optimization of material, technical and human resources of the dermatovenerological service (DX).

Materials and research methods: Statistical and sociological methods were used to achieve the purpose of the work and solve the set tasks. In 2017-2018, a study was conducted with an in-depth analysis of the working conditions and incentive benefits of specialists, dermatovenerologists, working conditions, socio-economic aspects. The selected set consisted of a survey of 147 experts.

Statistical parameters were calculated using standard software packages

Microsoft Excel, Statistica 6.0.

Results and discussion of the research: In the framework of the problems of increasing (stimulating) the interest of DX doctors in quality work, an analysis of human resources, working conditions and motivational benefits of specialists working in different qualified DX in Samarkand region. A total of 147 doctors were surveyed, of which 18.1% were managers (chief physicians, their deputies and

department heads), practical dermatovenerologists - 59.6%, laboratory physicians working in DX - 9.4%, clinical residents majoring in "Dermatovenerology" - 9.9%, professors of the department - 1.5%, associate professors and assistants of the department - 1.5%.

Five age groups were identified: 31-40 years - 27.5%, 24-30 years - 21.8%, 41-50 years - 21.8%, 51-60 years - 19.3%, over 60 years the share of respondents was 9.6%. More than 38% of professionals have worked in the healthcare industry for more than 20 years.

The share of qualified doctors is 58.5%; high and first category specialists accounted for 31.1%. 68.9% of them have no category, but have more than 5 years of work experience in their specialty.

The assessment of professional knowledge showed that 43.9% of physicians considered their knowledge of theoretical issues of dermatovenerology, health care organization and medical psychology to be insufficient - 59.7% and 48.1%, respectively.

Medical specialties and departments where respondents want to improve their knowledge are as follows: STIs and urology - 30.0%, genodermatosis - 19.2%, cosmetology - 14.5%, immunology - 9.4%, dermatooncology - 8.9%, laboratory diagnostics - 8.7%, mycology - 8.2%, medical psychology - 7.9%, health, health economics, law - 4.9%.

Thus, in a complex incentive system, it is necessary to use a mechanism such as additional thematic training at the expense of DX (only in training courses for doctors).

The most important thing to make management decisions is to work in small groups with low levels of job satisfaction. The proportion of respondents who are dissatisfied with their work and only partially satisfied is significant in all subgroups of respondents holding various positions and ranges from 57.8% to 20.0%, while among current physicians and clinical residents this figure is higher than that of DX heads and department heads. was much higher ($r < 0.025$).

Among physicians who were only partially satisfied with their work, 42.9% indicated that the conditions for the implementation of their professional knowledge in DX were not fully created, and 5.1% indicated that such conditions were not complete.

Practical dermatovenerologists noted that in most cases, insufficient pay was the reason that hindered the implementation of professional knowledge (38.5%); this response was 2.0 times higher among DX supervisors than among them, 1.8 times higher than among laboratory physicians, and 3.8 times higher than among professors (differences were significant, $r < 0.004$).

Lack of sufficient time (29.1%) and lack of adequate remuneration and social incentives (19.7% and 12.0%, respectively) for DX managers and heads of agencies implementing their professional knowledge is an obstacle in the first place.

Among dissatisfied professionals, 42.9% of physicians are dissatisfied with the organization and management of the medical-diagnostic process in DX, which is 5.4 times more among those who are satisfied with their professional activities.

A direct correlation was found (Pearson's coefficient = -0.950): as doctors' job satisfaction and the principles of organizing and managing the medical process in

DX increase, so does the level of professional job satisfaction, which means that doctors' effective workplace organization and management style, but also has a positive effect on the formation of attitudes of doctors to their work.

The nature of value orientations in the labor process plays a major role in shaping the work motivation of physicians. An analysis of this aspect showed that 52.5% of physicians value the opportunity to "express themselves as an individual" in their work; 50.4% of respondents see the job as an "opportunity to meet basic material needs". The frequency of occurrence of other spiritual and social values of labor activity varies from 25.5% to 15.8% in the responses of the respondents. There was a tendency to change the ratio of value orientations in the labor process with the age of the respondents, ie with the increase in the importance of the ability to meet basic material needs (from 42.6% to 57.6%) and communication opportunities (from 13.5% to 32.3%). At the same time, the importance of the opportunity to express oneself as an individual (66.0% to 33.9%), the ability to recognize and respect (32.6% to 17.7%) and the provision of stability and security (24.1 from 14.5%) decreases ($R_1 < 0.01$).

Studies have found that economic incentives need to be combined with moral incentives, taking into account gender and age characteristics, doctors' work experience, and satisfaction with their professional activities.

Among the main reasons that hinder the implementation of professional knowledge were 23.2% of physicians who did not have enough time to work with patients and the preparation of initial medical records.

For 44.7% of physicians, the share of working directly with patients ranged from 15.0% to 40.0% in terms of working hours; 59.4%, primary documentation

accounts for 50.0% of working time, and methodical work accounts for 5.0-20.0% of working time.

In order to improve the availability and quality of dermatovenerological care for the population, a computer-information algorithm was developed and experimentally introduced in the practical activities of the dermatovenerological service.

Conclusions:

1. The active integration of physicians into technological and managerial processes is consistent with their level of competence, taking into account their motivational preferences and the importance of motivational and demotivating factors for them.
2. The importance of job satisfaction and material and intangible incentives for different categories of employees, as well as the inclusion of complex work in the planned management activities to increase professional knowledge and skills, continuous diagnosis of factors that increase motivation to perform high quality work tasks (anonymous survey).
3. The introduction of this complex has helped to increase the enthusiasm of medical staff, the efficiency and productivity of their work, the rational use of resources, which, in general, has helped to improve the competitiveness of the state DX and the quality of specialized medical care.

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