

## ANALYSIS OF THE QUALITY AND EFFICIENCY OF WORK OF VISITING NURSES BASED ON THE MATERIALS OF EXPERT EVALUATION

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### ✓ Resume

*The effectiveness of the work of visiting nurses depends to a large extent on the rational organization of the workplace. The main reasons for the shortcomings are dissatisfaction with material and technical support, work overload, lack of financial incentives, and the level of their qualifications. The object of the study was nurses (640), GPs, heads of departments, chief doctors (226), family clinics and the population. A multi-stage method of forming a random sample population (cluster and stratified selection method) was applied, and modern methods of social-hygienic, sociological, and sanitary-statistical expert assessments were used.*

**Keywords:** visiting nurses, general practitioner, family clinics, labor efficiency, and quality.

## ПАТРОНАЖ ҲАМШИРАЛАРИ МЕҲНАТИНИНГ СИФАТИ ВА САМАРАДОРЛИГИНИ ЭКСПЕРТ БАҲОЛАШ МАТЕРИАЛЛАР АСОСИДА ТАҲЛИЛЛАРИ

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### ✓ Резюме

*Патронаж ҳамширалар ишининг самарадорлиги кўп жиҳатдан иш фаолиятини оқилона ташкил этишга боғлиқ. Мавжуд камчиликларнинг асосий сабаблари моддий-техник таъминотдан қониқмаслик, ишининг ҳаддан ташқари кўплиги, моддий рағбатлантиришнинг етишмаслиги ва уларнинг малакаси даражасидир. Тадқиқот объектлари патронаж ҳамширалар (640), врачлар, бўлим бошлиқлари, бош шифокорлар (226), оилавий поликлиникалар ва аҳоли. Тадқиқотда тасодифий танланган популяцияни шакллантиришнинг кўп босқичли усули (кластер ва табақалаштирилган танлов усули) қўлланилган, замонавий: ижтимоий-гигиена, социологик, санитария-статистик эксперт баҳолаш усуллари.*

**Калит сўзлар:** патронаж ҳамширалари, умумий амалиёт шифокори, оилавий поликлиникалар, меҳнат самарадорлиги, сифат.

## АНАЛИЗ КАЧЕСТВА И ЭФФЕКТИВНОСТИ ТРУДА ПАТРОНАЖНЫХ МЕДИЦИНСКИХ СЕСТЕР ПО МАТЕРИАЛАМ ЭКСПЕРТНОЙ ОЦЕНКИ

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### ✓ Резюме

*Эффективность работы патронажных медицинских сестёр в значительной степени зависят от рациональной организации рабочего места. Основными причинами недостатков является неудовлетворенность материально-техническим обеспечением, перегруженность работой, отсутствие материального стимулирования, уровнем их квалификации. Объектом исследования явились патронажные медицинские сестры (640), ВОП, заведующие отделениями, главные врачи (226), семейных поликлиник и население. применен многоступенчатый метод формирования случайной выборочной совокупности (кластерный и стратифицированный метод отбора), использованы современные: социально-гигиенические, социологические, санитарно-статистические методы экспертных оценок.*

**Ключевые слова:** патронажные медицинские сестры, врач общей практики, семейные поликлиники, эффективность труда, качество.

### Relevance

WHO estimates that the world will lack 18 million health workers to achieve and maintain universal health coverage by 2030. Half of them; 9 million is the projected shortage of nurses and midwives. "We simply will not be able to achieve universal health coverage and meet the health - related goals of the Millennium Development Goals if we do not empower nurses to provide safe, effective and human-centered care, and we will not have an effective health system" [1,2,3,4,5,6,7,8,9,10,11].

The aim of the study is to develop evidence-based recommendations for improving the quality and

efficiency of visiting nurses (VN) based on an in-depth comprehensive study of their activities in primary health care.

The object of the study was nurses (640), GPs, heads of departments, chief doctors (226), family clinics and the population.

The subject of the study was the volume, structure of activities, quality and efficiency of the visiting nurses.

Research methods: a multi-stage method of forming a random sample population (cluster and stratified selection method) was used, and modern methods of social and hygienic, sociological, sanitary and statistical expert assessments were used.

In our country, under the current conditions, the effectiveness and quality of nursing care is the most important component for carrying out reforms in the domestic healthcare system. In implementing health care reforms, Uzbekistan has completely abandoned paramedic care provided to the population, the so-called paramedic-midwifery centers.

Instead, in order to bring medical qualified medical care to the population in rural areas, rural medical stations and rural family polyclinics are organized in the cities of city family polyclinics. In them, the main figure is the GP and VN. Monitoring is a prerequisite for high quality nursing care. In the primary health care system of our country, the senior nurse of family clinics carries out the quality control of VN work. In order to openly, honestly, reliably and conscientiously assess the quality and effectiveness of the work of VN, a special anonymous questionnaire was developed that evaluates the activities of VN as an expert, the heads of departments and GP of family clinics (with at least 10 years of experience in the last position) were asked to fill it out.

The effectiveness of the VN largely depends on the rational organization of the workplace. The results of the expert assessment of the quality of work of the VN are presented.

It was found that  $55.2 \pm 1.9\%$  of VN have a rational workplace, and  $44.8 \pm 1.9\%$  of VN have a non-rational workplace.

The main reason ( $40.5 \pm 1.8\%$  of cases) for the irrational organization of the workplace, according to experts, is an underestimation of the importance of this issue by the VN;  $44.5 \pm 1.9\%$  of cases is insufficient provision of material and technical equipment for workrooms and only  $15.0 \pm 1.4\%$  is unsatisfactory sanitary and hygienic working conditions (Fig. 5.1).

The rational organization of the workplace largely depends on the provision of instructional and methodological instructions and special literature. Experts pointed out that only 1/3 ( $30.7 \pm 1.8\%$ ) are fully provided,  $33.7 \pm 1.9\%$  of cases are not enough,  $18.7 \pm 1.5\%$  partially,  $17.0 \pm 1.5\%$  of the workplace is not provided with VN at all. The  $35.6 \pm 1.9\%$  of VN cases are provided with standard and prescription forms inserts, stationery in full. The  $57.3 \pm 1.9\%$  of cases, the workplace of VN is provided with the necessary medical instruments (tonometer, phonendoscope, thermometer, height meter, scales, etc.), of which  $5.9 \pm 0.9\%$  are in a faulty state,  $11.2 \pm 1.1\%$  of VN did not have the necessary medical equipment and tools.

Table 1

The quality of work of the VN family health centers (in %)

№	Elements of labor	p±m
1	The nurse's workplace is organized:	
	Rationally	$55,2 \pm 1,9$
	Irrationally	$44,8 \pm 1,9$
2	Medical records:	
	In a timely manner	$48,9 \pm 1,8$
	Untimely	$51,1 \pm 1,9$
	Qualitatively	$52,8 \pm 1,9$
	Poor quality	$47,2 \pm 1,8$
3	The implementation of prescribing:	
	Timely	$75,5 \pm 1,7$
	Untimely	$24,5 \pm 1,7$
	Qualitatively	$90,1 \pm 1,1$
	Poor quality	$9,9 \pm 1,1$
4	Implementation of nursing care standards (technologies):	
	In full	$38,7 \pm 1,8$
	Incomplete	$61,2 \pm 2,0$
5	The level of service culture:	
	High	$36,4 \pm 1,8$
	Average	$43,4 \pm 1,9$
	Low	$20,2 \pm 1,6$
6	Regularity and quality of medical and social patronage:	
	Regularly	$78,4 \pm 1,6$
	Irregularly	$21,6 \pm 1,6$
	Qualitatively	$74,5 \pm 1,7$
	Shoddily	$25,5 \pm 1,7$
7	Participation in medical examinations:	
	full-fledged, active	$60,6 \pm 1,9$
	not full-fledged, passive	$29,8 \pm 1,8$
	not accept	$9,5 \pm 1,1$

8	Quality of sanitary and educational work:	
	Quality	
	Structure of reasons for poor quality of dispensary work of VN in family polyclinics	51,6±1,8
	Poor quality	32,2±1,6
9	Not conducts	16,2±1,4
	Regularity of professional development:	
	Regularly	72,3±1,7
	Irregularly	27,7±1,7

Important in the activities of the VN is the medical records (outpatient cards, journal of preventive vaccination, dispensary, statistical card, recording laboratory data, etc.). According to experts and 48.9±1.8% of VN in a timely manner do this work to 51.1±1.6% - not timely; and 52.8±1.9% of VN, efficiently conduct medical record of 47.2±1.7%- poor.

Among the reasons for poor-quality management of medical records should be noted congestion (78.4±1.6%), indiscipline (21.6±1.6%) VN.

According to experts, only 31.1±1.8% of medical bags are fully equipped with the standard kit for home care, and in 49.8±1.9% of cases, they are partially equipped with medicines and dressings.

It is known that one of the main functions of VN is to perform medical manipulations (injections, blood pressure measurement, pulse, thermometry, etc.). according to the study, medical appointments in 75.5±1.9% of cases are performed on time, and in 24.5±1.7% untimely, 90.1±1.1% of cases are performed qualitatively, and in 9.9±1.1% of cases poorly.

At the same time, in more than a third of cases (38.7±1.8percentage), the standards of nursing care are fully met, and 61.3±2.0% of cases are not fully met. According to experts, this is largely due to the low qualification of VN (47.3±1.9percentage), negligent attitude to their duties (23.6±1.6percentage), lack of medicines and dressings (29.1±1.7percentage).

The trust of VN patients and the level of service culture play an important role in the effectiveness of VN activities, both in the clinic and at home. The level of patient service culture was high 36.4±1.8 percentage,

average 43.4±1.9percentage, and low in only 20.2±1.6% of cases.

A significant role in the work of ICP is played by the organization and training of family members to care for patients at home and provide medical and social assistance to people with disabilities and patients with socially significant diseases. According to experts, 40.8±1.9% of VN cases participate in patient care in full, 49.8±1.9 %partially, and only 9.4±1.1% of VN cases do not participate in care. According to the results of the examination, in 46.2±1.8% of cases, family members are not fully prepared for home care, and in 15.9±1.3 percentage, they are not prepared at all.

The study found that of 78.4±1.6% of cases, VN are regularly involved in providing medical and social assistance to patients and family members that need it and 74,5±1.7% of cases it is carried out efficiently, 21,6 1,6% participates irregularly and 25.5±1,7□ cases, care is of poor quality.

One of the most important sections of the work of VN is their participation in the medical examination of patients in the territory they serve. The expert assessment showed that 46.6±1.9% of cases control of the appearance of dispensary patients was carried out irregularly. In 48.9±1.8% of cases newly identified patients were untimely taken on dispensary registration, directly takes an active part in carrying out preventive examinations and medical examinations of the population 60.6±1.9% of VN, 29.8±1.8% passively, the remaining 9.5±1.1% do not participate in this work. The structure of reasons for poor-quality dispensary work is shown in figure 1.

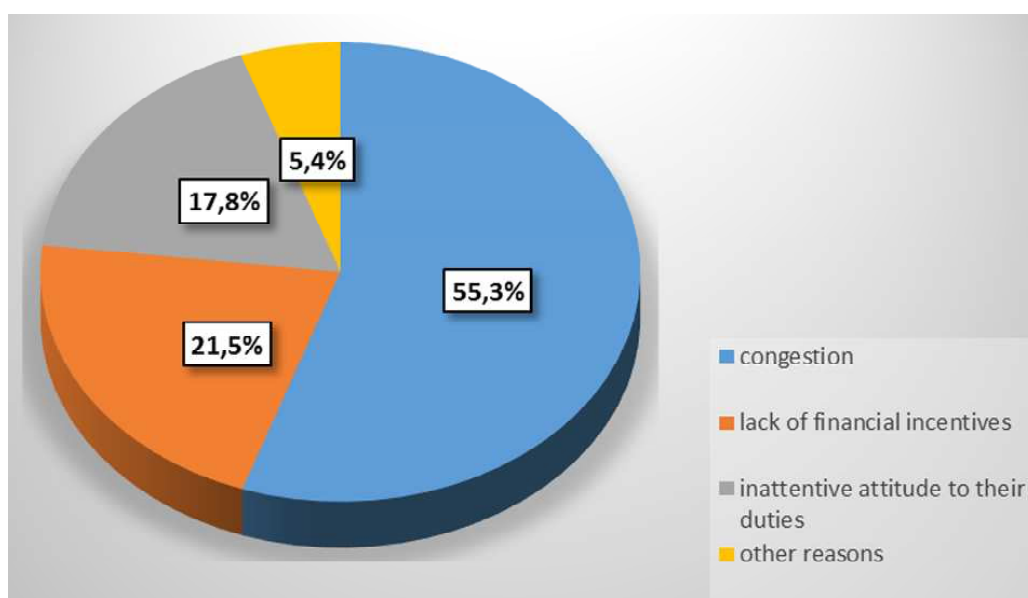


Figure 1. Structure of reasons for poor quality of dispensary work of VN in family polyclinics

The main reasons for this situation, according to experts, are: their overload ( $55.3 \pm 1.9\%$ ), lack of financial incentives ( $21.5 \pm 1.8\%$ ), inattentive attitude of nurses to perform their duties ( $17.8 \pm 1.5\%$ ), and other reasons ( $5.4 \pm 0.7\%$ ).

It was found that  $33.7 \pm 1.8\%$  of VN cases did not have a preventive maintenance plan. According to experts,  $40.8 \pm 1.9\%$  of cases of VN preventive work is performed poorly, but only  $5.9 \pm 0.8\%$  of preventive vaccinations are carried out untimely. It is necessary to note cases of poor-quality and not fully carried out preventive work of VN, since preventive vaccinations are given special attention both by VN and by family clinics. In  $8.9 \pm 1.1\%$  of cases, there is a violation of the sanitary and anti-epidemic regime. According to experts, the above-mentioned shortcomings (with the exception of preventive vaccinations) are largely due to the low qualification of VN in medical prevention ( $43.4 \pm 1.9\%$ ), the lack of financial incentives for the volume and quality of preventive work ( $39.4 \pm 1.9\%$ ), and the negligent attitude of nurses to their duties ( $17.2 \pm 1.4\%$ ).

The work of VN working in PHC institutions has its own specifics, which requires measures for sanitary and hygienic training, promotion and formation of healthy lifestyle among the population. However, according to the results of the examination almost more than half of cases ( $51.6 \pm 1.8\%$ ) VN conducts sanitary-educational work among the people efficiently and almost a third ( $32.2 \pm 1.6\%$ ) poor and  $16.2 \pm 1.4\%$  of the cases not carried out.

It is known that the level of their qualifications significantly influences the quality and efficiency of VN work.  $72.3 \pm 1.7\%$  of VN regularly undergo professional development,  $27.7 \pm 1.7\%$  regularly undergo professional development and need to improve their professional skills. Only  $34.4 \pm 1.8\%$  of VN has a qualification category.

Therefore, evaluation and study of quality of work of experts of the VN found that, in most cases, VN is irrational to organize a workplace, untimely and poor conduct medical documentation does not fully comply with the standards of nursing care, perform delayed medical appointments, not always regularly and efficiently conduct medical-social patronage among the decreed contingents of the population and involved the examination of the population. The main reasons for these shortcomings are dissatisfaction with material and technical support, work overload, lack of financial incentives, and the level of their qualifications.

An in-depth study of the quality and effectiveness of VN work, as well as an assessment of the satisfaction of their colleagues, doctors and patients, allowed us to draw the following conclusions:

1. The effectiveness of VN largely depends on the rational organization of the workplace, maintaining medical records, compliance with nursing standards, performing medical appointments, participating in medical examinations, and conducting medical and social patronage. In  $44.8\%$  of VN, the workplace is organized irrationally.  $51.1\%$  keep medical records untimely and poorly,  $75.5\%$  of cases medical appointments are performed in a timely and high-quality manner,  $61.3\%$  of

cases nursing standards are not fully implemented,  $78.4\text{--}74.5\%$  of cases regularly participate in providing medical and social assistance to patients and family members in need of it and conduct it efficiently,  $40.8\%$  did not have a plan of preventive work,  $27.7\%$  regularly undergo professional development.

2. Assessment and study of the quality of work by VN experts revealed that in most cases, VN irrationally organize the workplace, keep medical records untimely and poorly, perform medical appointments untimely, do not always regularly and efficiently conduct medical and social patronage among the population and participate in medical examinations of the population. The main reasons for these shortcomings are dissatisfaction with material and technical support, work overload, lack of financial incentives, and the level of their qualifications.

3. The work of VN of family polyclinics has its own specifics, requires measures for sanitary and hygienic education of the population, taking into account specific risk factors. The majority of respondents noted that VN give them advice on a healthy lifestyle: daily routine, rest, diet, the dangers of Smoking and alcohol. The amount of information received from VN is considered good by  $27.1\%$  of patients, satisfactory by  $55.2\%$ , and unsatisfactory by  $17.7\%$ .

7. Important factors for improving the quality of work of VN are increasing wages, reducing irrational costs associated with maintaining medical records, improving the material and technical equipment of family clinics, increasing the prestige of the profession, improving professional knowledge and skills.

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