ORGANIZATION OF WORK OF VISITING NURSES OF FAMILY POLYCLINICS

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Relevance and importance of the dissertation topic. According to the WHO, to achieve universal health coverage by 2030, humanity lacks 18 million health workers. 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 targets 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]. To a certain extent, this study serves to fulfill the tasks provided in the Decrees of the President of the Republic of Uzbekistan "On comprehensive measures to radically improve the healthcare system of the Republic of Uzbekistan" PD-5590, as well as in other regulatory documents adopted in this area.

Keywords: visiting nurses, family polyclinics, lifestyle, working time, monitoring, qualification, effectiveness, nursing care.

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The aim of the study is to study the content, scope and organization of work of visiting nurses (VN).

Materials and methods: the object of the study was visiting nurses in Tashkent 640 respondents, Syrdarya region 220, Ferghana 230, Khorezm 200, Kashkadarya 200, the total number of participants was 1495. The subject was the incidence rate, the degree of emotional burnout, the conditions and lifestyle of the visiting nurse. Taking into account the available information base, the sampling scheme at the level of individual territories (districts, cities, mahallas) was carried out in the following sequence: - at the first stage, districts (cities) were selected according to the generally accepted methodology, selection of at least 25% of the total number, taking into account demographic and geographical features; – at the second stage, the sampling units were urban and rural family polyclinics (clusters), which are part of the selected administrative regions; - at the third stage, the selection of VN was carried out based on a random sample in family clinics and rural family doctor points (step by step sampling) - 10 VN in rural areas, 20 VN in the city. In order to ensure the representativeness of the data obtained, the sample was formed by a multi-stage method, 5 clusters were selected. The VN census was then carried out in each cluster.

To study the activities of nursing staff, the classification of M.A. Rogovoy (1971), according to which all costs of working time are divided into two groups:

1. Productive time (main, auxiliary activities, work with documentation, official conversations, economic and other activities).

2. Non-productive time (personal required time, unloaded time).

The method of expert evaluation was used to determine the irrational labor costs of VN and to study the quality and effectiveness of nursing care. An

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examination of all types of activities of nurses was carried out, including the time spent, quality, timeliness and usefulness of the performance of individual elements of labor.

Research results: In connection with the expansion and deepening of the activities of the VN, as well as taking into account the modern needs of practical healthcare, there is a need for an in-depth study of the activities and monitoring of the work of the VN.

The distribution of nurses' working hours at the present stage in family polyclinics by elements of labor is presented in Table 1.

Table 1

Structure of nurses' working time costs by labor elements (%)

Labor elements	P±m
Preparatory work	5.6±0.8
Writing work related to the admission of patients	14.8±1.4
Work with medical documentation in the absence of patients	21.3±1.6
Medicale manipulations	8.1±1.0
Preventive work (emedia and social patronage)	11.8±1.3
Improving personal qualifications	4.3±0.8
Other time costs	24.1±1.7
Breaks at work	10.0±1.2
Total	100.0

The study found that, on average, VN spends 34.2±1.8% of the total working time budget on working with medical documentation, of which a significant proportion of time is spent on working with documentation not related to patient care - 21.3±1.6%. Written work related to the reception of patients is 14.8±1.4%.

Medical manipulations accounted for only 8.1±1.0% of the total working time, which, according to the examination, is insufficient.

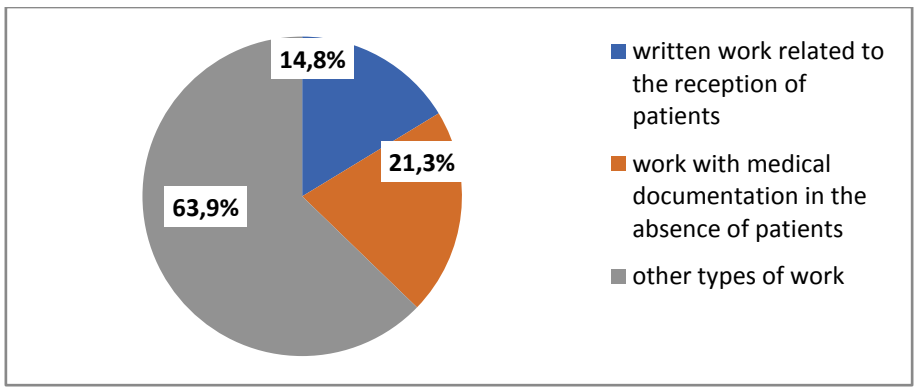

Figure 1. The structure of the cost of working time of the VN of family polyclinics for written work (in %)

An analysis of the structure of working time for nurses showed that especially little time is devoted to preventive work (11.8 ± 013%), of which only 34.1 ± 1.9% of the time is spent on medical and social patronage, while these types of activities should occupy a special place in the working time of the VN.

A third of the working time of nurses (33.2 ± 2.1%) in the structure of preventive work is actually spent on professional vaccinations, 24.1 ± 1.9% on medical and social patronage, participation in preventive examinations of the population takes only 13.2 ±1.2% of the working time allocated for the performance of preventive work (Fig. 2).

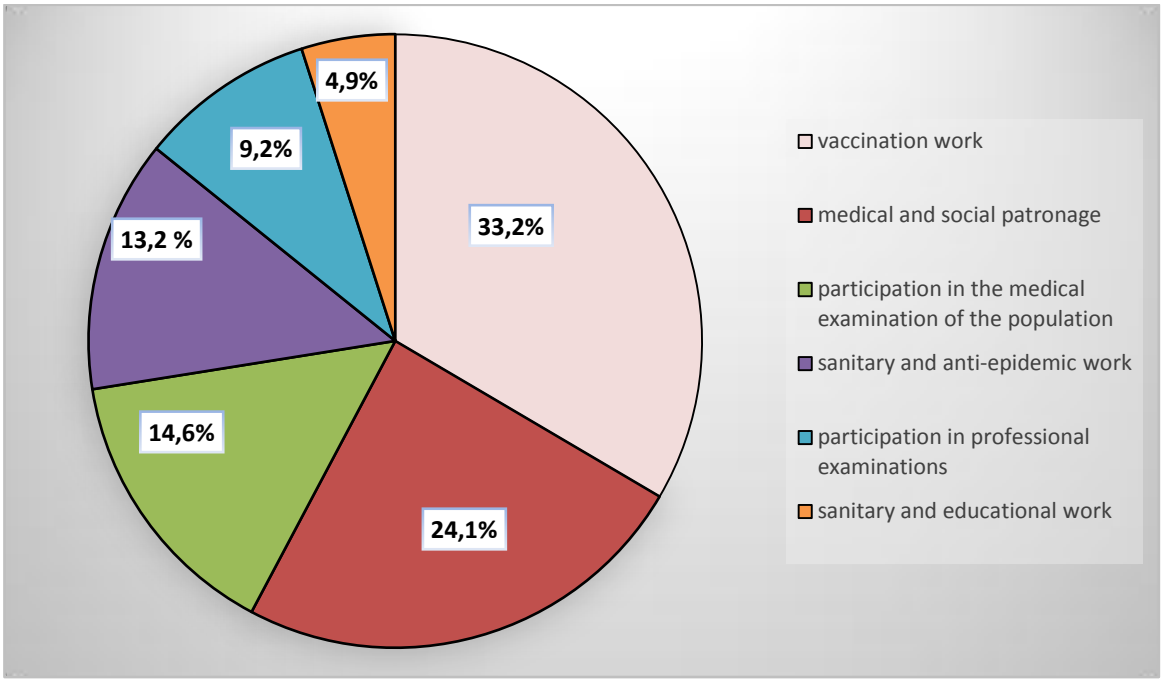

Figure 2. The structure of preventive activities of VN (Total in %)

Participation in clinical examination is an important part of the preventive work of nurses. In the structure of preventive work, this type of activity does not take enough time (14.6±0.86%). The results of the questionnaire survey showed that nurses do not have a complete understanding of the methodology for conducting preventive work. Only 4.3 ± 0.8% of the working time is spent on improving the personal qualifications of the VN; working hours, participation in meetings, conferences outside the polyclinic, crossings (transfers), etc. Of these, 14.1% is spent on transitions, which is associated with the irrational organization of labor and the lack of special vehicles.

Preparatory work (5.6 ± 0.8%) takes a significant amount of time in the structure of the working day of nurses, which does not require special skills and can be performed by junior medical personnel. Breaks in work (personal time, waiting for patients, off-duty conversations, etc.) make up 10.0 ± 1.2% of the working time of nurses.

Thus, the study of the structure of the time spent by VN during the working day for individual elements of work revealed an uneven distribution of various types of work during the day: in the mornings VN have to work with a greater load, which leads to an increase in waiting time for a doctor's appointment.

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The conducted research confirms the presence of general patterns in the structure and distribution of the working time of nurses: insufficient time is allocated for the implementation of medical and diagnostic manipulations, preventive and sanitary-educational work, irrational time expenditures are large, significant costs for unskilled labor, written work with medical documentation.

In the primary health care of our country, the quality control of the work of VN is carried out by the senior nurse of family polyclinics. In order to assess the quality and effectiveness of the work of VN openly, honestly, reliably and in good faith, a special anonymous questionnaire was developed evaluating the activities of VN, as an expert, the heads of departments and the family doctor of family clinics (with work experience in the last position of at least 10 years).

The effectiveness of VN largely depends on the rational organization of the workplace. The results of an expert assessment of the quality of work of VN are presented in Table 2.

It was found that in 55.2±1.9% of VN the workplace is organized rationally, and in 44.8±1.9% of VN the workplace is not organized rationally.

Table 2

Quality of work of VN (in %)

№		p±m
1	The nurse's workplace is organized:	
	Rationally	55.2±1.9
	Irrational	44.8±1.9
2	Maintaining medical records:	
	Timely	48.9±1.8
	Untimely	51.1±1.9
	High quality	52.8±1.9
	Low-quality	47.2±1.8
3	Performing medical appointments:	
	Timely	75.5±1.7
	Untimely	24.5±1.7
	High quality	90.1±1.1
	Low-quality	9.9±1.1
4	Implementation of standards (technologies) of nursing care:	
	in full	38.7±1.8
	in part (not in full)	61.2±2.0
5	Service culture level:	
	High	36.4±1.8
	Medium	43.4±1.9
	Low	20.2±1.6
6	Regularity and quality of medical and social patronage:	
	Regularly	78.4±1.6
	Irregular	21.6±1.6

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	High quality	74,5±1,7
	Low-quality	25.5±1.7
7	Participation in medical examination:	
	Complete, active	60.6±1.9
	Incomplete, passive	29.8±1.8
	Does not accept	9.5±1.1
8	Quality of sanitary and educational work:	
	Qualitatively	51.6±1.8
	Poor quality	32,2±1,6
	Does not conduct	16.2±1.4
9	Regularity of professional development:	
	Regularly	72.3±1.7
	Irregular	27.7±1.7

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

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±1.8%) are fully provided, 33.7±1.9% of cases are insufficient, 18.7±1.5% partially, 17.0 1.5% of nurses' workplace is not provided at all. 35.6±1.9% of cases of VN are provided with standard and prescription forms, inserts, stationery in full. 57.3±1.9% of cases, the nurses' workplace is provided with the necessary medical instruments (tonometer, phonendoscope, thermometer, height meter, scales, etc.) of which 5.9± 0.9% are in a faulty condition, 11.2 ± 1.1% of VN did not have the necessary medical equipment and tools for work.

Important in the activity of nurses is the maintenance of medical records (outpatient records, journal of preventive vaccinations, dispensary records, statistical coupon, recording of laboratory data, etc.). According to experts, 48.9 ± 1.8% of VN perform this work in a timely manner, 51.1 ± 1.6% - not in a timely manner; 52.8 ±1.9% of nurses conduct high-quality medical documentation, 47.2±1.7% - of poor quality.

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

According to experts, the staffing of the medical bag only 31.1 ± 1.8% of cases fully corresponds to 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, BP measurement, pulse, thermometry, etc.). According to the materials of 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

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performed qualitatively, and in 9.9± 1.1% of cases, it is of poor quality.

At the same time, in more than a third of cases (38.7± 1.8%), the standards of nursing care are fully met, 61.3± 2.0% of cases are incomplete. According to experts, this is largely due to the low qualifications of nurses (47.3±1.9%), negligent attitude to their duties (23.6±1.6%), lack of medicines and dressings (29.1±1.7%).

Patients' trust in VN and the level of service culture plays an important role in the effectiveness of nurses' activities, both in the polyclinic and at home. The level of patient service culture was high 36.4±1.8%, average 43.4±1.9%, low only in 20.2±1.6% of cases.

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

The study found that 78.4± 1.6% of VN regularly participate in providing medical and social care to patients and family members in need of it and 74.5±1.7% of cases it is carried out qualitatively, 21.6±1.6% participates irregularly and 25.5±1.7% of cases medical and social care is carried out poorly.

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.

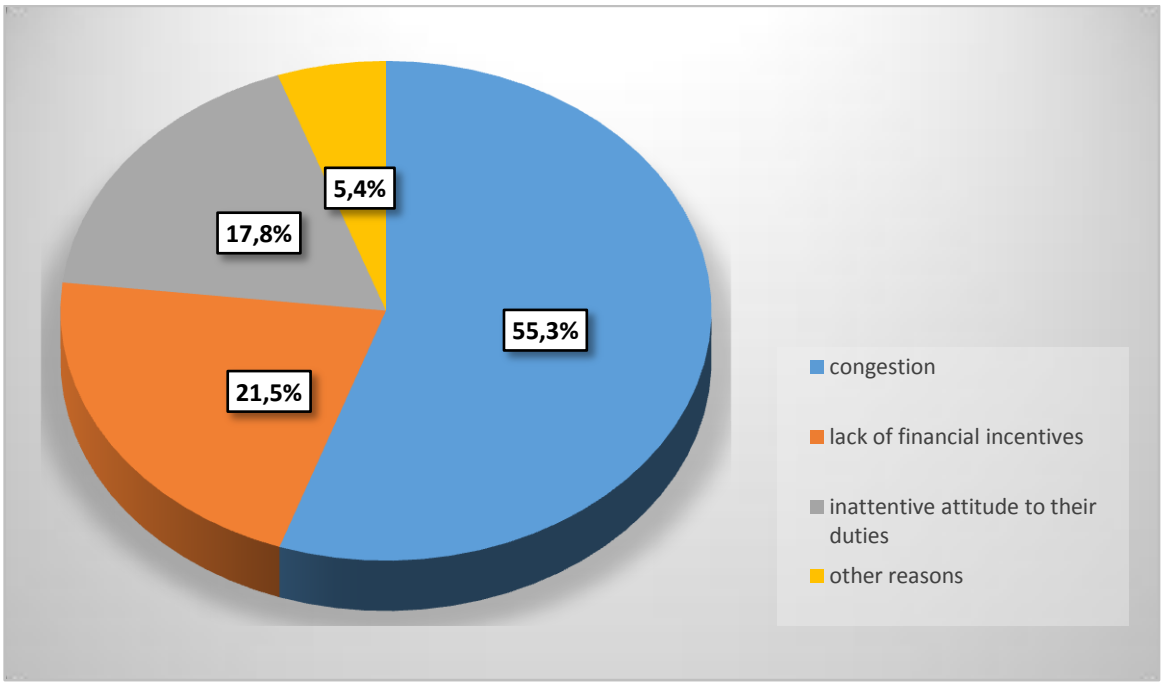

Figure 3. The structure of the causes of poor-quality dispensary work of visiting nurses of family polyclinics

An expert assessment showed that in 46.6±1.9% of cases the control of the attendance of dispensary patients was carried out irregularly, in 48.9±1.8% of cases, newly diagnosed patients were not taken to the dispensary in time, directly

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takes an active part in 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 take part in this work.

The main reasons for this situation, according to experts, are: their overload (55.3±1.9%), lack of material incentives (21.5±1.8%), inattentive attitude of nurses to the performance of their duties (17.8± 1.5%), other causes (5.4±0.7%).

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

The work of VN working in primary health care facilities has its own specifics, which requires measures for sanitary and hygienic education, promotion and formation of a healthy lifestyle among the population. However, according to the results of the examination, almost more than half of the cases (51.6±1.8%) of VN carry out sanitary and educational work among the attached population with high quality, and almost a third (32.2±1.6) of poor quality and 16.2±1.4% of cases are not carried out.

It is known that the quality and efficiency of VN' work is significantly influenced by the level of their qualifications. 72.3±1.7% of VN regularly undergo advanced training, 27.7±1.7% do not regularly undergo advanced training and need to improve their professional skills. Only 34.4±1.8% of VN have a qualification category.

Thus, the assessment and study of the quality of work by the experts of VN revealed that in most cases VN irrationally organize the workplace, keep medical records untimely and poorly, do not fully comply with the standards of nursing care, untimely fulfill medical appointments, not always regularly and efficiently carry out medical and social patronage among the decreed contingents of 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 material incentives.

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