

HYGIENIC CHARACTERISTICS OF THE SOCIAL PORTRAIT, CONDITIONS AND LIFESTYLE OF INFECTIOUS DISEASES DOCTORS

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Annotation

The article presents the results of a medical and sociological study. The hygienic characteristics of the social portrait, conditions and lifestyle of infectious diseases doctors are revealed and their analysis is carried out. Infectious disease doctors rated their family's well-being as average or below average.

Keywords. Medical workers, infectious diseases doctors, conditions and lifestyle, health, self-assessment of their work.

Relevance

Social conditions and factors that determine and mediate people's health are diverse and complex, and therefore they require taking into account several or a large number of interacting factors that determine various expressions of life activity, indicators of public health [2, 7, 9].

A number of authors studied the features of the working conditions of medical workers in sanitary and hygienic laboratories, the social characteristics of the teaching staff, medical workers in medical institutions of the Republic of Uzbekistan (gender composition, age, work experience, social factors, diet, physical activity, organization of activities, bad habits) ; indicators of self-assessment of the health of the respondents (attitude towards their health, the presence of diseases, health-improving work at the university) are described; development of measures to optimize working conditions and protect the health of the teaching staff of universities. [6, 8, 10, 11].

The results of the analysis of the sociological survey showed that general practitioners assess the well-being of their families as average or below average. The results of the author's work with a high degree of reliability testify to social problems in the professional group of general practitioners. More than half of the surveyed general practitioners are thinking about changing their specialization. The author substantiates a sociological approach to the study of the social portrait of a general practitioner, including social status, prestige of the profession and characteristics of the social role [3]. Volgograd researchers claim that infectious disease doctors tend to carry colds (flu, tonsillitis, etc.) on their "legs" and go to work without completing treatment, prefer to be treated symptomatically. In addition, the presence of frequent night shifts, malnutrition also play a role in the deviation from the normal functioning of the body and are predisposing factors to the formation of various types of pathologies [4].

The problem of preserving and strengthening the health of medical personnel in the context of reforming the healthcare system is becoming even more important and requires scientific study, which served as the basis for choosing the topic of this study.

The aim of the study was to give a hygienic description of the social portrait, conditions and lifestyle of infectious disease doctors.

Materials and Methods of Research

We have made a choice towards anonymous questioning of medical specialists. 30 infectious disease doctors of the Republic of Karakalpakstan were submitted for the survey. The questionnaire included the following blocks: socio-demographic characteristics (gender, age, marital status), professional activity (length of service, wage conditions), production risk factors (subjective assessment of the level of labor organization) and lifestyle conditions.

Research Results

To compile a social portrait of infectious disease doctors and assess their lifestyle, health status, studies were carried out in three health facilities. Of these, 24 (80%) infectious disease doctors - from the Republican Children's Infectious Diseases Hospital of the Republic of Karakalpakstan, 2 (6.66%) - from the infectious diseases department of the medical association of the Beruni district, 4 (13.4%) - from the Amu Darya district.

Most of the respondents 21 (70%) were women.

When studying the family status, it was revealed that the main part of the respondents were people who were successful, married (90.4%), having 1-3 (51.1%) and even 4 or more (36.9%) children. Only 1% do not have families and children.

It has been established that the age of doctors ranges from 34 to 70 years. The calculated average age of the respondents was 48.9 ± 3.4 years, but people aged 31-40 years (33.3%) and 51-60 years old (33.3%) predominate. Persons 41-50 years old and over 60 years old make up 16.6%, respectively, and there were no younger than 30 years among the respondents.

Interesting information was obtained during the analysis of the total work experience in this specialty, that the main part of the respondents has a solid total work experience of 30 years or more.

An analysis of the survey data for studying the degree of qualification showed that the number of respondents in the highest category has 9.6%, 33.3% have 1 or 2 categories, and 23.8% of respondents do not have a category.

It is well known that the social and living conditions and lifestyle of a person are the most important factors that determine his health. In this regard, the assessment of the significance of these factors for the health of the population under study was given great attention during the survey.

The data obtained indicate that in the studied hospitals, in particular, 85% of infectious disease doctors of the studied objects live in satisfactory social and living conditions (own house or own apartment

It should also be noted that about half of the respondents (40.0%) for the formation of family income have some additional work, in addition to their work, their work is evaluated by the lower paid. In our opinion, it is the material factor that is the main reason that most of the respondents (60%) noted that they do not have a sense of complete social security. During the survey, half of the younger generation respondents even think about changing their specialization.

One of the most important factors of a healthy lifestyle is a balanced diet. It is clear that people with medical education have a more correct concept of rational nutrition, however, it is interesting that the survey showed that $45.2 \pm 3.3\%$ of respondents consider their diet to be rational, $26.8 \pm 3.1\%$

determine their diet 29.1±3.1% of respondents. This is to talk about a lack of understanding of the rationality of nutrition, the data also testify to a wider distribution among them of undesirable food preferences, as fatty, spicy and salty foods are more often used. Respondents of the studied objects organize their food in a very different way, typically eating at home or homemade food (56.3%). 26.9% of respondents eat anywhere ($p<0.05$), and 18.8% of respondents eat in cafes, buffets or canteens ($p<0.05$). At the same time, most of them note that at work there are no conditions for the nutrition of health workers.

Social factors and lifestyle conditions influence the development of various diseases. Negative lifestyle factors (smoking, psycho-emotional stress, eating disorders, alcohol consumption, low level of medical activity) are the main factor in the formation and development of coronary heart disease, gastric ulcer, diabetes mellitus. Their share in the occurrence of diseases exceeds 60% [12, 13, 14].

Medical staff is an example for their patients or for the population in relation to a healthy lifestyle, in particular, bad habits. The survey showed that, despite some of the respondents are female, 8.7% of respondents have bad habits, 10.6% are alcohol users.

According to previous studies, the work of doctors refers to intellectual activities that require high neuropsychic stress and, accordingly, properly organized and sufficient rest. Our survey showed that 38.8% of respondents sleep less than 6 hours a day for various reasons - lack of time, night shifts, additional work, etc.

A characteristic moment of occupational medicine in recent years has been the opinion of researchers that the degree of fatigue and, ultimately, the health of a worker, largely depend on his satisfaction with his work. In turn, such satisfaction is determined not only by a subjective factor (choice of profession), but also by the conditions, content of work and its organization.

The survey showed that the majority of respondents consider their work interesting. For 65% of respondents, the value of work is associated with working in a good team. But it should also be noted, to the question "Indicate what does not suit you in your work?" according to 80% of doctors, the work is underpaid and there are not enough conditions for advancement, development of professional potential.

When assessing labor factors, we paid the most attention to those that negatively affect the job satisfaction of doctors. It should be noted that more than 50% of respondents named unsatisfactory working conditions among the negative factors.

Conclusion

Thus, medical and social analysis led to the conclusion that health is determined by the influence of lifestyle factors, working conditions and directly depends on them. It is recommended to optimize the regime of work and rest, with the organization of intra-shift rest in specially equipped rooms, strengthening the promotion of the principles of a healthy lifestyle among medical workers.

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