

# **SOCIOLOGICAL CHARACTERISTICS OF THE CHIEF DOCTORS OF THE CENTERS OF STATE SANITARY AND EPIDEMIOLOGICAL SURVEILLANCE (CSSES) OF THE REPUBLIC OF UZBEKISTAN**

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**Abstract:** *the proportion of chief physicians of CSSES were (87,2%) men. The average age of chief physicians was 52 years. For appointment to the post of the head physician of CSSES special attention is given to the faculty they graduated from and experience their work and their experience qualifications. Most of the head physicians of CSSES (90.5%) are satisfied with their profession and work. Every tenth chief physicians of CSSES are not completely satisfied with their work. Among the reasons of dissatisfaction of job pointed out: lack of effectiveness of the CSSES, the underestimation of its activity by governing institutions, insufficient material and technical base of CSSES and work overload, especially on economic issues. It is advisable to appoint to the post of chief physician specialist with experience in CSSES at least 5 years. In the training of hygienists and epidemiologists in the medical institutions need to pay due attention to issues of organization and management of sanitary-epidemiological service, as well as in postgraduate training of chief physicians of CSSES, especially district and city (I level). The majority of chief physicians CSSES (70,5%) had good health, only 29.5% indicated a satisfactory state of health, of which 59.1% had a chronic diseases. The most common were diseases of the cardiovascular system (55,5%).*

**Keywords:** *chief doctors, Center for State Sanitary and Epidemiological Surveillance, sociological research.*

## **СОЦИОЛОГИЧЕСКАЯ ХАРАКТЕРИСТИКА ГЛАВНЫХ ВРАЧЕЙ ЦЕНТРОВ ГОСУДАРСТВЕННОГО САНИТАРНО-ЭПИДЕМИОЛОГИЧЕСКОГО НАДЗОРА (ЦГСЭН) РЕСПУБЛИКИ УЗБЕКИСТАН**

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**Аннотация:** *основное количество главных врачей ЦГСЭН составили (87,2%) мужчины. Средний возраст главных врачей составил 52 года. При назначении на должность главного врача ЦГСЭН особое внимание обращается на факультет, который они окончили, и на стаж их работы, а также на их опыт, квалификацию. Большинство главных врачей ЦГСЭН (90,5%) удовлетворены своей специальностью и работой. Каждый десятый главный врач ЦГСЭН не полностью удовлетворен своей работой. В числе причин неудовлетворенности работой указывали: недостаточную эффективность работы ЦГСЭН, недооценку ее деятельности руководящими органами, недостаточную материально-техническую базу ЦГСЭН и перегруженность работой, особенно связанной с хозяйственными вопросами. Целесообразно назначать на должность главного врача специалиста, имеющего стаж работы в ЦГСЭН не менее 5 лет. При подготовке гигиенистов и эпидемиологов в медицинских институтах необходимо уделять должное внимание вопросам организации и управления санитарно-эпидемиологической службы, а также при последипломном обучении главных врачей ЦГСЭН, особенно районных и городских (I уровень). Основной контингент главных врачей ЦГСЭН (70,5%) имели хорошее состояние здоровья, лишь 29,5% указывали на удовлетворительное состояние здоровья, из них 59,1% имели хронические заболевания. Наиболее распространенными оказались болезни сердечно-сосудистой системы (55,5%).*

**Ключевые слова:** *главный врач, центр государственного санитарно-эпидемиологического надзора, социологическое исследование.*

One of the most important directions of state policy is the preservation of the nation's health, reduction of morbidity, mortality, improving life expectancy of the population [2, p. 1-3]. Improvement of sanitary-and-epidemiologic wellbeing of the population belongs to the priority tasks of health of the Republic of Uzbekistan [3, p. 301, 4, p. 3-11].

On July 15, 2015 adopted the law of the Republic of Uzbekistan “On sanitary and epidemiological welfare of the population”. This act formed the main directions of state policy in the sphere of sanitary-epidemiological welfare of the population, defined the powers, functions, rights, authorities and institutions of sanitary-epidemiological service, and various levels of management, as well as the rights and responsibilities of the various officials [1, p. 41].

These rights and duties provide the legal basis for the work of the chief state sanitary doctors and officials. Consequently the chief state sanitary doctor in the limits of its competence vested with public authority in terms of control over fulfillment of sanitary and anti-epidemic norms and rules as well as organization of recreational activities by institutions and agencies. Therefore, a special place in the system of management is working with staff, their proper selection, placement, growth of professional skills. The efficiency and quality of work CSSES depends on the level of professional training, qualification and personal qualities of the head of the institution [3, p.301].

**The aim of the study** was to determine the social status and to study the work content of head physicians of CSSES.

**Materials and methods.** Based on solid sociological survey studied the composition of the managerial personnel of sanitary-epidemiological service. According to the survey interview and was made data on a specially developed questionnaire “the main Sociological characteristics of doctors in the CSSES and the system of postgraduate education” (211 main doctors). The resulting material is used to develop methodical recommendations “development and evaluation of activity of organs of state sanitary and epidemiological supervision” approved by the Ministry of Health (2016) and embedded in the activities of the sanitary inspection of the Republic of Uzbekistan.

**The results of the study and their discussion.** According to our data, the majority of chief physicians of CSSES (87,2%) were men. A particularly high proportion of them are among the chief doctors of regional CSSES (92,8).

*Table 1. The distribution of the chief physicians of the CSSES by sex and age (%)*

Age	Gender		Both gender
	Male	Female	
20-29	0,8	-	0,8
30-39	14,3	20	14,7
40-49	24,4	70	27,9
50-59	54,6	10	51,2
60 and above	5,9	-	5,4
Average	100	100	100

The table shows that most (79.1 percent) age of chief physicians of men were age 40-59, age 90% of women were 30-39 years old. The average age of the chief physician of regional CSSES was 47 years, urban and regional CSSES – 52. In the appointment of chief physicians for the position took into account the experience and seniority (12 years) of their work. Absolutely, the majority (92,2%) chief physicians graduated from the "Medical preventive" faculty of medical Institutions of the country and only a small proportion (4.8%) of treatment faculty. The analysis of motivation of choice of a specialty "medical preventive business" shows that the majority (69.9 %) of chief doctors chose this profession at the wish, of 3.1% on the recommendations of friends, relatives and friends. This fact undoubtedly affects the interest of the specialist to work in the sanitary-epidemiological service and evidence that it is necessary to take youth to this school, widely popularize the work of hygienists and epidemiologists and to raise its prestige.

Assessing attitude towards their profession, the majority of respondents gave positive answers to the questions "Are you satisfied with the specialty" (90,5%) and "Do you like your work" (87%). Somewhat below these figures were in the group of physicians regional CSSES (81% and 86%). Every tenth chief doctors pointed out that their work satisfies not completely and not quite like (respectively 10% and 14%), some individuals noted that their work does not satisfy or do not like it at all (table. 2).

Table 2. The reasons of dissatisfaction of chief physicians with their work (%)

Main reasons	
Lack of effectiveness of the CSSES. Underestimating its activities by guiding organizations	1,04
Insufficient provision of CSSES with material and technical base, difficulties with transport and equipment	20,3
Work overload, especially if necessary to address household issues	25,7
Difficulties in working with a large team, staff turnover etc.	17,3
Other	8,8

Table 2 shows that the respondents among the leading causes of dissatisfaction or lack of dissatisfaction with the work indicated: work overload, especially when the need to address economic issues; inadequate supply of material-technical base of CSSES, difficulties with transport and equipment; difficulties in working with a large team, staff turnover etc.

Thus, most of the doctors were satisfied with their jobs. One of the main causes of dissatisfaction or lack of dissatisfaction with the work they believe to be the underestimation of the activities CSSES by senior staff. Currently, the sanitary-epidemiological service is treated more seriously. This situation has changed somewhat. Difficulties and disadvantages that determine dissatisfaction with work, mainly due to the complexity of the control system, besides, it is necessary to strengthen material-technical base, to ensure effective interaction with local authorities: municipalities, district, regional councils of people's deputies, and organs of self-government. Analysis of the obtained materials also points to the lack of training of chief physicians on the problems of management of work with personnel; undertake analysis of the effectiveness of the CSSES.

With this connection attention is drawn to the issues of improving the training of bachelors and masters of "Medical preventive" faculty and post-graduate training of chief physicians CSSES in different levels of management.

Analysis of terms of appointment to the post of the head physician CSSES, 7,9% were appointed heads of the CSSES after 10 years of graduation, 16,3% of 10-19 years, 34,9% of 20-29 years and 39,5% after 30 years of graduation. This fact indicates that the disadvantages and difficulties in the selection of chief physicians and especially district CSSES and in the future with the projected increase in the human capacity of the service to change the approach to appointment to these positions. In our opinion, it is expedient to appoint to the post of chief physician of a specialist, with experience in CSSES at least 5 years. But the situation demands from city and regional CSSES (1 and 3 management level) advanced training of young doctors' grassroots CSSES (I level) on the organization of sanitary-epidemiological services at the local bases. This situation must be taken into account in the training of hygienists and epidemiologists in the medical institutions, paying due attention to issues of organization and management of sanitary-epidemiological service, as well as in postgraduate training of chief physicians of CSSES, especially district and city (I level).

The experience in the chief physician distribution chief physicians of the district, city, regional CSSES was uniform: 6,0% worked as chief physicians CSSES to 5 years and 47,9% worked as chief physician to 5-9 years, and 9,3% aged 10 to 14 years, 8,1% - the 15-19 years, the proportion of persons with work experience in the chief physician of over 20 years amounted to 7,3%. It should be noted the high proportion of persons employed in the position of chief physician of more than 5 years, which confirms the stability of the composition of the managerial personnel. Noteworthy is the high proportion of persons with work experience more than 10 years among the chief physicians of the regional CSSES. This phenomenon is very positive and logical, and shows that the majority of the interviewed chief doctors of the regional CSSES prior to this position they worked as the grassroots leaders of the CSSES.

Such selection of personnel in 2<sup>nd</sup> and 3 management level for the CSSES is highly desirable, as it provides the nomination to these positions of qualified experienced organizers of sanitary-epidemiological service.

Specially designed by us sociological survey interviews explored the social situation and health of chief physicians of the CSSES. The results showed that all interviewed chief doctors of CSSES – 99,2% had a family and only 1 chief physician was still not married. 57,8% of the wives of chief physicians were doctors, teachers or nurses of them 60,8% were medical workers.

40,6% of chief physicians of CSSES had 4 children, 34,4% 3 children, 20,3% 2 children, and only 4,7% had one child. 91,1% of CSSES chief physicians noted that the psychological climate in their family is good, good psychological climate at work pointed out – with 82,2% of chief physicians. 70,5% - chief doctors CSSES assessed their health good and 29,5% satisfactory. At 79,1% of senior doctors had chronic diseases: 55,5% - cardiovascular disease, and 12,1% diseases of the respiratory organs of 7,41% a diabetes.

**Conclusion:**

The proportion of chief physicians of CSSES were (87,2%) men. The average age of chief physicians was 52 years. For appointment to the post of the head physician of CSSES special attention is given to the faculty they graduated from and experience their work and their experience qualifications.

Most of the head physicians of CSSES (90.5%) are satisfied with their profession and work. Every tenth chief physicians of CSSES are not completely satisfied with their work. Among the reasons of dissatisfaction of job pointed out: lack of effectiveness of the CSSES, the underestimation of its activity by governing institutions, insufficient material and technical base of CSSES and work overload, especially on economic issues.

It is advisable to appoint to the post of chief physician specialist with experience in CSSES at least 5 years. In the training of hygienists and epidemiologists in the medical institutions need to pay due attention to issues of organization and management of sanitary-epidemiological service, as well as in postgraduate training of chief physicians of CSSES, especially district and city (I level).

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