

# RISK FACTORS AFFECTING DOCTORS IN TREATMENT-PROPHYLAXIS INSTITUTIONS

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## Abstract.

Healthcare workers work in conditions of high emotional stress, which leads to rapid fatigue of the nervous system. A questionnaire was conducted among doctors working in departments with a high level of neuropsychiatric fatigue. The survey was conducted simultaneously using specially developed questionnaires that included socio-demographic, professional qualifications, and lifestyle issues of doctors. **Purpose of the topic:** According to social research [1.2], among the professional factors leading to the occurrence of occupational diseases, the main ones are biological agents (73.9%), antibiotics (16%), chemicals (7.9%), and among professional factors that threaten health, the first place is occupied by the risk of contracting infectious diseases (98%). To conduct an analysis of the medical and social characteristics of doctors in departments with a high level of neuropsychiatric fatigue of a multidisciplinary clinic. **Research methods and materials:** Questionnaire of 60 doctors working in departments with a high level of neuropsychiatric fatigue of a multidisciplinary clinic of the Medical Institute. The survey was conducted simultaneously using specially developed questionnaires, which included socio-demographic, professional qualifications, and lifestyle issues of doctors. The survey included 70 questions and formalized responses. **Results and Conclusions:** Improving the system of health protection and strengthening of doctors is of paramount importance based on the formation of a basic model of health protection. It should be noted that the main economic effect of the SS is determined by the struggle to improve the health indicators of working-age individuals, and in the SS system, special attention should be paid to maintaining the health of a doctor resource that is very valuable to society.

**Key words:** risk factors, nervous system, questionnaire, respondent, fatigue, «professional burnout syndrome», profession, sanitary and hygienic conditions, quality of medical care.

**Kirish:** Tibbiy xodimlar mehnati insonlarning eng murakkab va javobgarli mehnat faoliyatiga kiradi. U ma'lum darajada intellektual yuklama, ba'zi xolatlarda esa – katta jismoniy yuklamalar va chidamlilik bilan xarakterlanadi. Sog'liqni saqlash xodimlari asab tizimining tez toliqishiga olib keladigan yuqori hissiy tanglik sharoitida ishlaydi, ular «professional yonib tugash sindromi» rivojlanishiga olib keladi [1.2.3.4].

**Mavzuning dolzarbligi:** Zamonaviy tibbiyot muassasalari murakkab ekologik tizimlar, har qanday tibbiy muassasada tibbiy xodimlar har kuni sog'liqni saqlash va ishlashga ta'sir qiluvchi yuqumli va yuqumli bo'lmagan to'siqlarning turli omillari bilan aloqa qiladilar va inson yashash joylarining o'ziga xos vositasi bo'lgan shifoxona muhiti juda agressiv mikroekologik soha sifatida qaralishi kerak [7.8.9]. Bularning barchasi tibbiy xodimlarning ishini og'irlashtiradi, uning sog'lig'iga salbiy ta'sir ko'rsatadi [5.6]. Tibbiy xodimlarning mehnat xususiyatlari yuqori darajadagi asab-ruxiy stress, qaror qabul qilish uchun vaqt tanqisligi va yuqori kasbiy mas'uliyat bilan bog'liq bo'lib, moddiy ahvol va ijtimoiy himoyaning sezilarli darajada yomonlashishi ularning sog'lig'iga salbiy ta'sir ko'rsatadigan omillar majmuasini tashkil qiladi [7].

**Mavzuning maqsadi:** Ijtimoiy tadqiqotlar [1.2] ma'lumotlariga ko'ra, kasbiy kasalliklarning paydo bo'lishiga olib keladigan professional omillar orasida asosiy biologik agentlar (73,9%), antibiotiklar (16%), kimyoviy moddalar (7,9%) va salomatlikka tahdid soluvchi professional omillar orasida birinchi o'rinni yuqumli kasalliklar (98%) bilan kasallanish xavfi mavjud. Ko'p tarmoqli klinika

yuqori darajadagi asab-ruxiy toliqishli bo'limlar vrachlarining tibbiy – ijtimoiy xarakteristikasi taxilini olib borish.

**Tadqiqot usullari va materiallari:** Tibbiyot institutining ko'p tarmoqli klinikasining yuqori darajadagi asab-ruxiy toliqishga ega bo'lgan bo'limlarda ishlayotgan 60 ta shifokorning so'rovnomasi. So'rov ijtimoiy-demografik, kasbiy malakasi, shifokorlarning turmush tarzi bilan bog'liq masalalarni o'z ichiga olgan maxsus ishlab chiqilgan anketalar bo'yicha bir vaqtning o'zida o'tkazildi. So'rovda 70 so'rov va rasmiylashtirilgan javoblar mavjud edi. Natijalarning statistik tahlillari an'anaviy statistik usullar yordamida amalga oshirildi.

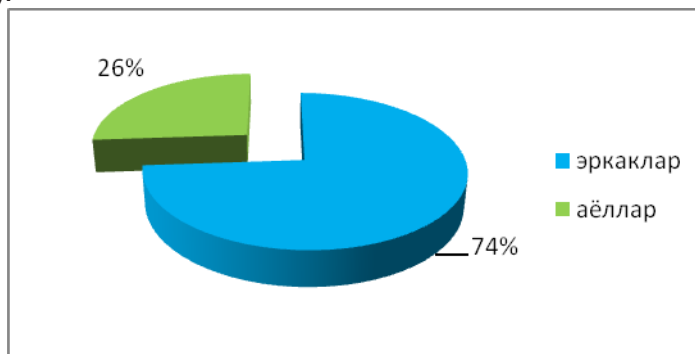
**Tadqiqot natijalari:**

**Jadval-1.**

**Tekshirilgan shifokorlarning yoshiga qarab taqsimlanishi**

No	YOshi yillarda	Abs.	%
1	20-24	4	6,7
2	25-29	15	25,0
3	30-39	22	36,7
4	40-49	11	18,3
5	50-59	6	10,0
6	60 yosh va undan katta	2	3,3
	<b>Jami</b>	<b>60</b>	<b>100</b>

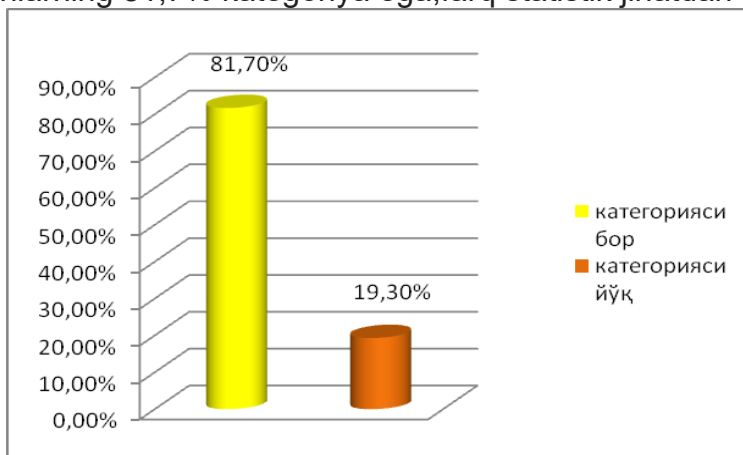
Vrachlarning gender xususiyatlariga ko'ra erkaklar ko'pchilikni tashkil qildi - ya'ni 73, 9% va 26,1% - ayollar (rasm.1).



**Rasm-1. Vrachlarning gender tarkibi**

Respondentlarning diplomiga ko'ra kasbiy tahlili quyidagicha: terapevtlar -30%, kardiolog va jarrohlr - 15% dan, infeksiyalar-10%, lor va ginekologlar – 8,3% dan, nevropatolog -6,7%, endokrinolog -3,3%, gastroenterolog va oftalmologlar-1,7%dan.

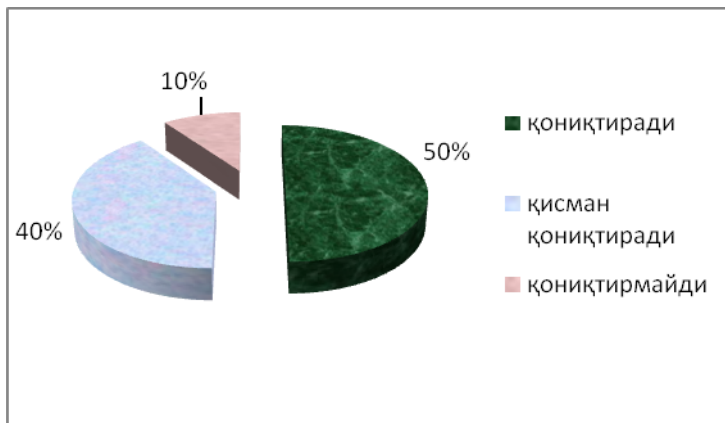
Respondentlarning kategoriya bo'yicha taqsimlanishi 3 rasmda berilgan. SHu rasm bo'yicha 31,7% - birinchi, 30%- ikkinchi, 20%- yuqori va 18,3%- kategoriya ega emasligi aniqlandi. SHuni ta'kidlash kerakki, vrachlarning 81,7% kategoriya ega, farq statistik jihatdan ishonarli (P <0,001).



**Rasm-2. Respondentlarning kategoriya bo'yicha taqsimlanishi**

Ko'p shifokorlarda (70%) o'rindoshlik mavjud, 30% - yo'q, farq statistik jihatdan ishonarli ( $P < 0,01$ ). O'rindoshlik sabablari – 1 stavkadan kam ishlaganligi. Vrachlarning yarmidan ko'pi (60%) ushbu muassasada o'rindosh bo'lib ishlaydilar va 40% - boshqa muassasada.

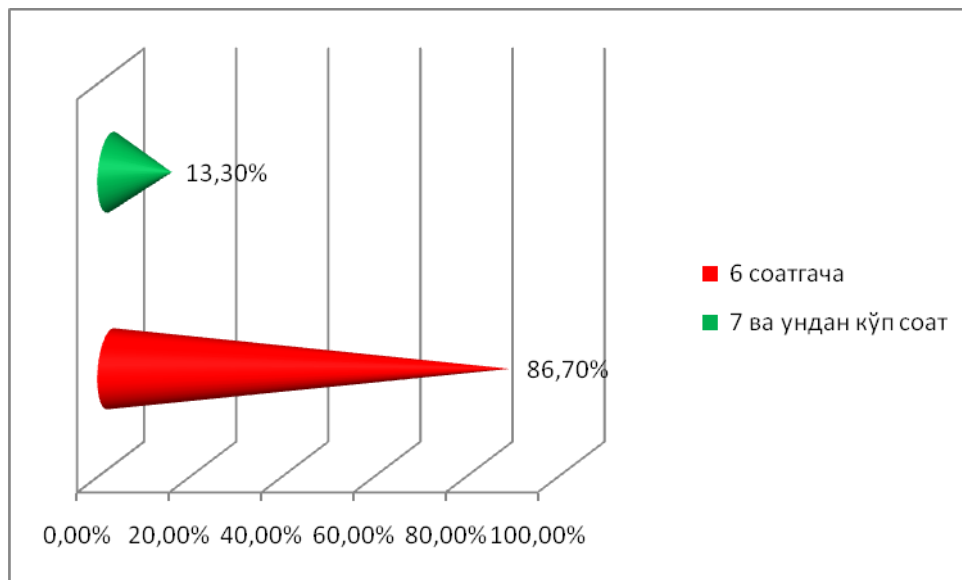
Savolga: «Siz olgan kasbingiz hozirgi kasbga mos keladimi?» respondentlarning asosiy qismi (63,3%) to'liq javob beradi - dedilar, 18,4% - qisman mos keladi, 10% - mos emas va 8,3% javob berish qiyin dedi.



**Rasm-3. Respondentlarning ish sharoitlari bilan qoniqish xususiyatlari**

Savolga: «Sanitariya-gigiena sharoitlari (shovqin, ventilyasiya, yoritish, sanitariya holati) qanchalik darajada qondiradi?» respondentlar quyidagi javoblarni berdi – juda qoniqarli-50%, qisman qoniqarli-40%, 10% - qoniqtirmaydi (rasm 4). Tibbiy xodimlarning asosiy qismi (90%), farq statistik jihatdan ishonarli ( $P < 0,001$ ).

Yo'qotilgan kuch va sog'likni tiklashga yordam beradigan muhim omil-to'liq tungi uyqu. Respondentlar orasida tungi uyquning etishmovchiligi va kamligi muammosi ovqatlanish muammosidan kam emas. Ish kunlarida respondentlarning 86,7% da tungi uyqu davomiyligi 6 soatgacha, 13,3% da-7 soat yoki undan ko'p davom etadi (rasm 5), farq statistik jihatdan ishonarli ( $P < 0,05$ ).

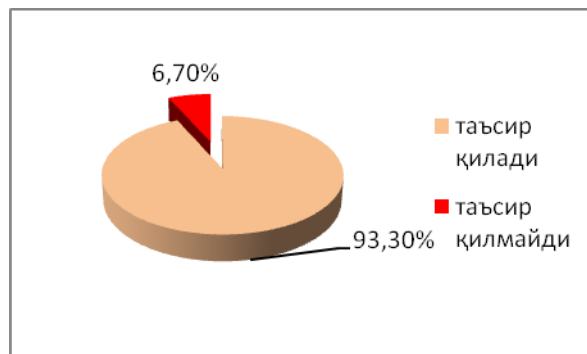


**Rasm-4. Respondentlarning tungi uyqu xususiyatlari**

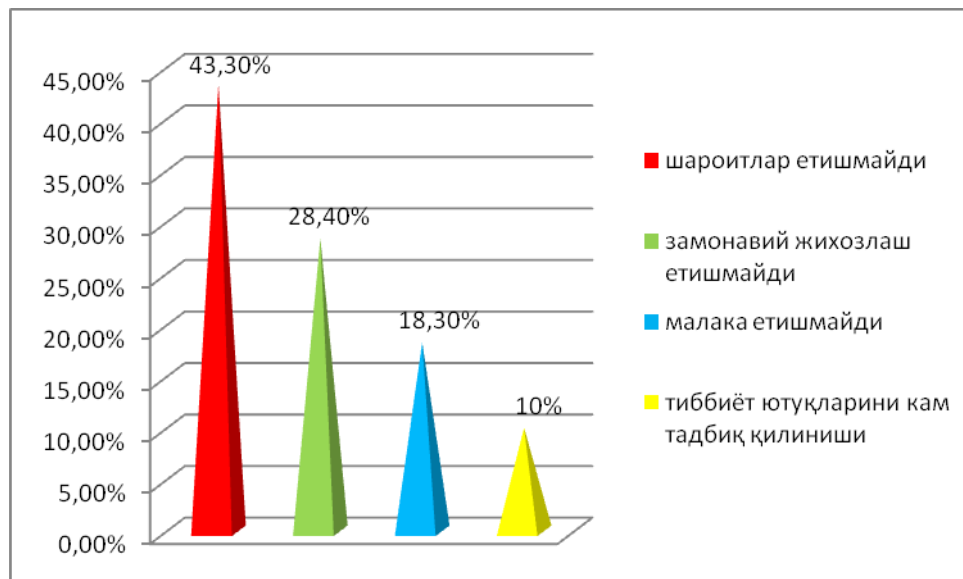
Savol: «Kechki uyqu etishmovchiligi sizning ish sifatigizga ta'sir qiladimi?»- faqat 6,7% ta'sir qilmaydi va asosiy qismi (93,3%)- to'liq yoki qisman ta'sir ko'rsatadi deb javob berdi (rasm 6), farq statistik jihatdan ishonarli ( $P < 0,001$ ).

Shifokorlarning fikriga ko'ra, sifatli tibbiy yordam ko'rsatish uchun sharoitlar (43,3%), zamonaviy uskunalar (28,4%), malaka (18,3%) va tibbiyot yutuqlarini amaliyotga joriy etish (10%) etishmaydi

(rasm 7).



Rasm-5. Uyquning respondentlarning ish sifatiga ta'siri



Rasm-6. Tibbiy yordam sifatiga ta'sir qiluvchi omillar

**Xulosa:**

SHifokorlar sog'lig'ini muhofaza qilishning asosiy modelini shakllantirish asosida ularning salomatligini muhofaza qilish va mustahkamlash tizimini takomillashtirish deyarli muhim ahamiyat kasb etadi. SHuni ta'kidlash kerakki, SSning asosiy iqtisodiy samarasi mehnat yoshidagi shaxslarning salomatlik ko'rsatkichlarini yaxshilashga qaratilgan kurash bilan belgilanadi va SS tizimida jamiyat uchun juda qimmat bo'lgan shifokor resursning sog'lig'ini saqlashga alohida e'tibor qaratish lozim.

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