Social Responsibility: Analysis Of The Quality Of Medical Care Provided In Osh Region, Kyrgyzstan (Patient Assessment)

Seydaliyeva Mira Koshmatovna[a], Sharipova Erkaiym Kozuevna[b], Ysmailova Raikan Apzhaparovna[c], Mamaev Tugolbay Mamaevich[d] and Aitieva Sharipa Djalalovna[e]
Osh State University, Kyrgyzstan
mseidalieva.72@mail.ru, esharipova@oshsu.kg, rismailova@oshsu.kg

Keywords: Social responsibility, Quality of medical care, Value attitude, Speed and quality of service, availability of information and medical care.

Abstract: The article studied public opinion to assess the quality of medical care in the Osh region, Kyrgyzstan - located in Central Asia. A social survey of patients was conducted, the requirements for healthcare were analyzed and the assessment was made and proposals for improving the current situation were reflected as a result of the research. The importance of social responsibility, value approach, humanization of medicine is considered, their need for today is determined. The article notes the indifference of patients in expressing their opinion and assessment, irresponsibility to public health issues, and sometimes to their own health, which is associated with a person's value attitude. It is noted that the value attitude depends on the personal characteristics of a person.

1 INTRODUCTION

Problem.

Do patients receive quality medical care in the Osh region?

Purpose of the study: conduct a social survey of patients who agreed to the study, analyze public opinion regarding the medical care of the population in the Osh region, objectively evaluate and draw conclusions. Determine the content of the doctor's social responsibility.

2 MATERIALS AND METHODS OF RESEARCH:

140 residents of the Osh region took part in the social survey. The results of the survey were analyzed and sorted by criteria. The main problems of providing medical care in the opinion of patients are identified and systematized. The requirements for the activity of a doctor according to several criteria from the standpoint of patients are defined and systematized. In accordance with the rules of research ethics, the respondents were informed about the purpose and content of the study, and their consent was obtained. The survey was conducted using a Google questionnaire, the results using computer programs and methods of analysis, historical and logical comparison, comparison of facts with figures were developed. The questionnaire consisted of 34 questions and data that characterize the activities of doctors.

The value of human existence is currently facing various transformations in society. Moreover, the enduring value of a person remains physical and mental health. In the field of health care, due to the progress of new biomedical technologies, social requirements, a value approach, humanization of medicine updated, it is very important to take into account motivational moments that reveal a personal

[a] https://orcid.org/0000-0002-7209-3571
[b] https://orcid.org/0000-0002-4770-6452
[c] https://orcid.org/0000-0002-0220-2605
[d] https://orcid.org/0000-0000-0000-0000
[e] https://orcid.org/0000-0000-0000-0000

attitude to human health. The expression of this attitude reflected in the form of a psychological mood, public opinion, personal judgment, and they can be adequate and inadequate. The estimated attitude of people to their health, and to the quality of medical care provided depends on gender, age, level of education, profession, social status, mentality, worldview and other factors.

Life shows that most people realize the value of health only when it is under serious threat or almost lost. The problem of health has important socio-psychological, moral and ethical, and recently social and legal aspects have also become relevant. Society puts before the doctor not only the requirements for professional activity, but also social tasks. Moral problems, social aspects of activity have become aggravated before the doctor. Bioethics, a field of interdisciplinary sciences that is emerging in connection with modern requirements, emphasizes the need for doctors to work within the framework of morality and law. The task of bioethics is to protect human life and health from the negative effects of biomedicine and to humanize medicine. Also in this industry, issues of the conflict of people's rights in the field of healthcare are being resolved. The main principle of the bioethical model of relations is respect for human rights and dignity (Barynbaeva, Zholdosheva, Seyitova, Abdrazakova, 2020).

Modern medicine is characterized by changing conditions for the doctor's activity. Various transformations in society, "... scientific and technological progress creates unprecedented moral and ethical problems, moral situations. In resolving these issues, it is difficult to rely on the moral experience of predecessors, so such situations require deep moral, legal, humanistic research " (Seidalieva, Zholdoshova, 2018).

Social responsibility is the responsibility of an organization for the impact of its decisions and activities on society and the environment through transparent and ethical behavior that promotes sustainable development, including the health and welfare of society; takes into account the expectations of interested parties; complies with applicable law and is consistent with international standards of conduct; integrated into the activities of the entire organization and applied in its relationships. This is an ethnic framework within which a person is obliged to work and cooperate with other people and organizations for the benefit of the society that will inherit the world left by man. The main starting point is the following principles of social responsibility: accountability, transparency, ethical behavior, respect for the interests of stakeholders,

In medical ethics, the issue of social responsibility is not often considered, and medical ethics cannot resolve issues related to it. The professionalism of a medical worker consists of a set of values, behaviors and attitudes that strengthen society's trust in them (Orunbaeva, Seydalieva, 2021).

The Law of the Kyrgyz Republic dated May 28, 2013 No. 81 reflects the status of a medical worker (As amended by the Law of the Kyrgyz Republic dated June 29, 2020 No. 67) and regulates legal, socio-economic relations related to the activities of medical workers and is aimed at creating conditions that ensure a qualitative improvement in legal provisions, the implementation of guarantees of their social security, and also determines the requirements for persons wishing to engage in medical activities, their basic rights, duties and responsibilities in the implementation of this activity. Article 19 of this law defines the responsibility of medical workers: "Medical workers, in accordance with the law, are liable for violation of medical ethics, damage to the health of citizens, disclosure of medical secrets ".

In 2005, the Royal College of Physicians in the UK revised the Code of Ethics and Social Responsibility of Physicians. The American Medical Association, founded in 1847, published the first Code of Ethics based on an essay by Percival. It includes the responsibilities of physicians in their relationships with patients, colleagues and society at large. In 2001, the American Medical Association's Declaration of Professional Responsibility attempted to summarize the responsibilities of physicians. It can be understood not only as a duty of medical personnel to individual patients, but also as a social contract with humanity (Ysmailova, Kedeybayeva, Barynbaeva, Seidaliyeva, Yrazakov, 2020).

Important fundamental values of the country's health care system are the principle of solidarity in financing and the principle of fairness. The responsibility of medical specialists is the measures provided for by law that are applied to medical staff for violations committed in the course of their professional activities. Legislative acts providing for sanctions are very diverse and affect almost all types of law (Stroidberg, Larsen, Bernt, Sigiild, Krasnik, Karsten, 2018).

Responsibility is a certain measure of duty. The responsibility of a medical worker is huge and a heavy burden. This is a common perception of health services, and some citizens overburden health care workers with an exaggerated understanding of this responsibility. Most of the criminal cases against medical workers were discontinued due to the lack of corpus delicti. The sense of duty qualitatively reflects

the necessary moral motive. Understanding why the medical worker reacted in a given situation gives a certain concreteness to the moral motive. Professional responsibility forces the medical worker to move from the question "What is needed?" to the task "How to do it?" while taking into account the rights and dignity of the patient, using the principles of informed consent. Awareness of moral responsibility is the ability of a person to anticipate reality. The responsible or irresponsible attitude of a specialist to his work, as a normal phenomenon, creates a "merit-reward", "guilt-punishment" depending on his work (Orunbaeva, Seydalieva, 2021).

Responsibility for the patient and his health is the main feature of the doctor's moral duty. The task of the doctor is to have a moral and psychological impact on loved ones, when the intervention of the latter can adversely affect the patient's condition. The humane attitude towards the patient is important, expressed in the readiness to always come to the aid of everyone in need, in the need to comply with the requirement of Hippocrates - do no harm, do good, compassion, understand and help. It also includes the conformity of the actions of a doctor with a public function, the goals and objectives of medicine, according to which the doctor, under no pretext, can participate in actions directed against physical and mental health and life.

140 residents living in the Osh region agreed to express their opinion on the quality of medical care and provided information about the treatment they are in the region.

Among the 140 respondents 111 (80%) were of Kyrgyz nationality, 28 (20%) were of Uzbek nationality. The Kyrgyz language is spoken by 116 people (83.5%), the Uzbek language - 36 people (25.9%), the Russian language - 35 people (25.2%), the English language - 7 people (5%), the Turkish language - 1 person (0.7%), 1 person (0.7%) reported that he speaks Kazakh (Fig.1). From this it should be concluded that the availability of information, communication, assistance also depends on the language in which documentation is being conducted.

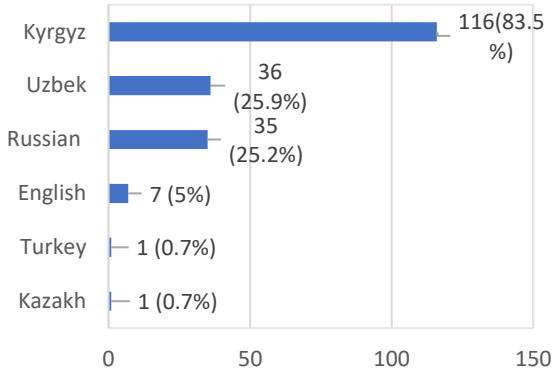

Figure 1: The diagram respondents answer the question: What language do you speak?

For patients seeking medical care, waiting in line and getting the care they need can sometimes be a challenge. Queues for admission, to laboratory and diagnostic rooms, reception procedures, etc. observed during medical interventions, according questionnaire (fig.2) upon admission to the emergency department, out of 140 patients, 26 or (18.7%) noted that they were provided with medical care "very promptly", 83 patients or (59.7%) - "quickly", 28 patients or (20.1%) noted that they received assistance "slowly", 6 people or (4.3%) received it "very slowly".

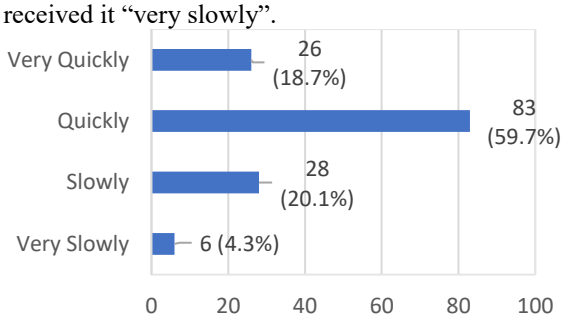

Figure 2. The diagram respondents answer the question: How do you rate the speed of medical care in the clinic?

"When taking tests", the majority or 89 people (64%) reported that they received help "quickly", 13 clients (9.4%) agreed with "very promptly", 34 people or (24.5%) noted that they waited for a long time in queues, 7 patients or 5% indicated that the analysis took too long (fig.3).

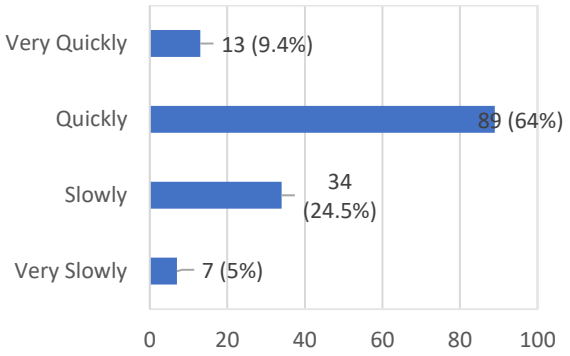

Figure 3: How do you rate the speed of assistance in obtaining the tests?

Patients rated "speed of assistance in obtaining test results" (fig. 4) : out of 140 respondents, 14 patients (10.1%) said they received the result "very quickly"; 87 patients noted that they received the results “quickly”, 36 people indicated that the results of the analyzes were waiting for a “long time”, 5 people said that they were assisted with the delivery of the results of the analysis “very slowly”.

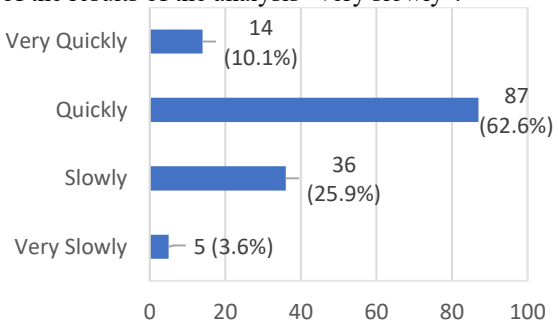

Figure 4: How do you rate the delivery of the test results?

“When receiving procedures” at the department (fig.5), 17 patients (12.2%) reported that they were treated “very quickly”, 91 people (65.5%) said that they were treated “quickly”, 33 patients or (23, 7%) said that they were treated “slowly”, 3 people (2.2%) noted that they were served “very slowly” (fig.5). Receiving the physiotherapy procedures also were similar to receiving procedures as it depends on the quantity of patients in the medical office. In this issue, there were those who complained about the long queue and old devices.

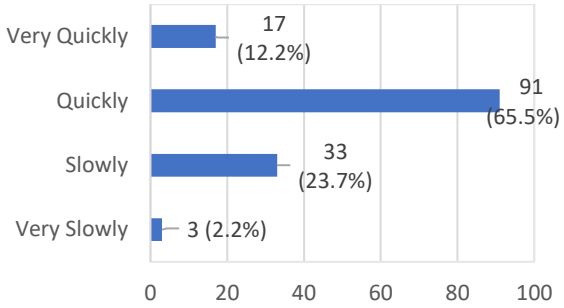

Figure 5: How do you rate the receiving procedures?

Out of 140 respondents, 22.3% of the 140 respondents rated the "speed of doctor's service during office hours" as "excellent", 43% - as "good", 27% - as "average", 7.7% - as "poor" (fig.6).

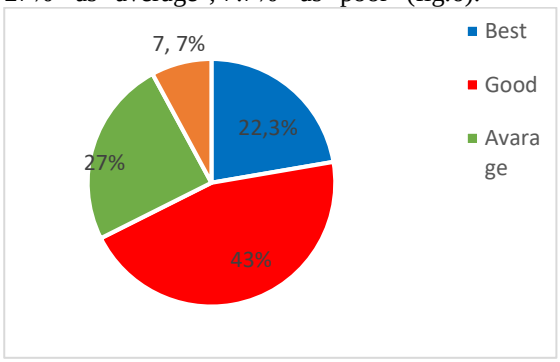

Figure 6: The rate of the speed of doctors’ treat patients.

65 patients (46.8%) assessed the “state of medical offices”: as “average” - 36 patients (25.9%), as “good” - 65 patients (46.8%), as “excellent” - 26 patients (18.7%), as “poor » - 15 patients (10.8%) (fig.7).

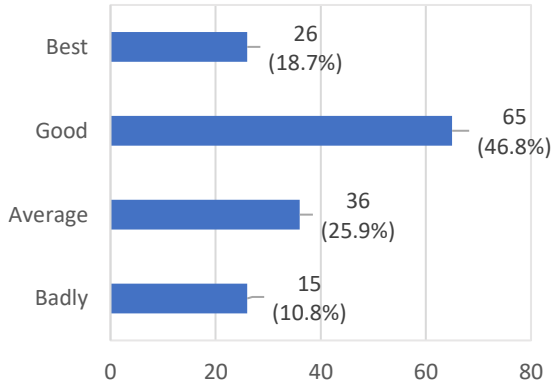

Figure 7: The state of the medical offices during work hours.

"Doctor's help" was rated as follows: "good" - 61 patients (43.9%); "excellent" - 52 patients (37.4%);

"medium" - 18 patients (12.9%), "not very" - 10 patients (7.2%).

81 respondents (58.3%) agreed that "the doctor carefully performed his duties", and 46 patients or (33.1%) said they agreed by 50 percent. 5 patients did not fully agree with the "quality of medical care", 8 patients or (5.8%) expressed "dissatisfaction" with the work of the doctor and appreciated the indifference of medical workers.

Patients and parents expressed doubts about the diagnosis of the disease, especially in young children, that is, due to the lack of information about the patient's condition, they indulged in various speculations and doubts, sometimes received distorted messages from other people.

The doctor's ability to establish "good relationships with patients by giving advice" was assessed as follows: 129 patients or (91.8%) were "satisfied", 10 patients or (7.2%) were "not satisfied" with the doctor's ability to "establish relationships and give good advice. 130 or (93.6%) respondents rated "The doctor takes his duties responsibly, is always ready to help", 11 patients or (8%) rated the "irresponsibility" of the doctor who "did not fulfill his duty" and could not help.

"Access to information" in a medical institution was rated "excellent" by 24 patients (17.3%), "good" by 72 patients (51.8%), "average" by 39 patients or (20.9%), "not very good" 16 patients or (11.5%).

Patients expressed their opinion on the implementation of the principle of informed consent at the medical institution where they receive medical care, as follows: "yes" - 112 patients (80.6%); "no" - 26 patients (18.7%); "only sometimes" is indicated by 2 patients (1.4%), 1 parent noted that "parents give consent without understanding anything".

2 FINDINGS

The processes of globalization and digitalization, which are taking place in a market economy, constant migration and pandemics, are changing all life, worldview, activities, relationships and communications of the entire human society. Such a social situation is considered in society, in scientific circles, in government and administrative structures, and only thorough objective social research, analysis, evaluation and definition of expected results makes it possible to develop thoughtful, justified and effective mechanisms, strategies that should be guided by value, humane relationship.

Public opinion about the quality of medical care analyzed, the social responsibility of the doctor defined as a requirement of society in this study. Patients of Kyrgyz nationality accounted for 79.9% and 83.5% of those receiving treatment speak the Kyrgyz language, so providing medical care and medical education and science in the Kyrgyz language is an important issue now. The maximum number of patients are at the Osh Interregional Hospital, so this is an extra burden for doctors working in the hospital, which will hinder the provision of quality care.

On average, 62% of respondents rated the "speed of medical care" as "good", 25% - as "average", 13% - as "poor". Patients rated the "professional skills of the doctor and attitude towards the patient" as follows: "excellent" - 30%, "good" - 43%, "average" - 14%, "poor" - 13%. "Availability of information and implementation of the principle of informed consent" were assessed as follows: "excellent" - 18%, "good" - 40%, "average" - 26%, "poor" - 16%.

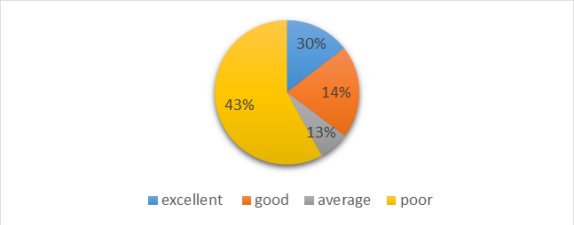

Figure 8: Patient rates of the doctors' professional skills and attitude towards the patients.

Today it is necessary to demand that the activities of the health care system be organized taking into account the real political and legal situation in the country, our socio-economic potential, real achievements and shortcomings in this area, comments, suggestions, approvals of public opinion, which performs the role of public oversight. We also note the indifference and indifference of members of society who avoid open expression of their opinion, they do not attach due importance to this problem. The reasons that this phenomenon was caused by the factors that determine the value relations that we mentioned earlier were identified. We emphasize the importance of taking into account development trends and best practices of world medical practice in the direction of improving the quality of healthcare services.

REFERENCES

Barynbaeva, A. A., Zholdosheva, Z., Seyitova, G., Abdrazakova, G., 2020. Professional and ethical requirements of medical workers conditions for the development of responsibility. *Bulletin of Jalal-Abad State University*,No. 2 (45). pages 152-155.

Orunbaeva, G.Zh., Seydalieva, M.K., 2021. Pharmaceutical ethics and deontology, Osh.

Law of the Kyrgyz Republic No. 81 “On the status of a medical worker” (As amended by the Law of the Kyrgyz Republic dated June 29, 2020 No. 67) http://cbd.minjust.gov.kg/act/view/ru-ru/203889?cl=ru-ru.

Stroidberg, M., Larsen, M., Bernt, N., Sigiild, V., Krasnik, A., Karsten, V., 2018. Denmark. Health System Overview, Health Systems: Time for Change, Vol. 9 No. 6 2007

Seidalieva, M., Zholdoshova, Z., 2018. WORLD OUTLOOK ESSENCE OF BIOETHICS. *Bulletin of the Osh State University*, no. 2. pages 154-156.

The role of spirituality in the development of society.

Ysmailova, R., Kedeybayeva, Zh., Barynbaeva, A., Seidaliyeva, M., Yrazakov, D., 2020. E3S Web Conf. 210 17035.