



Staffing and Efficiency of Medical Personnel in Rural Healthcare Institutions of Don, Kuban and Stavropol Territories in the 1930th

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Abstract

The article analyzes the peculiarities of staffing rural health facilities in the South of Russia, as well as the performance of staff in rural health facilities in the 1930-ies. Problems of staff shortages, the ways of overcoming them, examine the role of the Soviet and party organs of the country in that matter, as well as the effectiveness of the actions taken by the government.

Keywords: health care; health care workforce; the collectivized village; collectivization; medical institutions; the rural doctor; the paramedic.

Introduction

Continuous forced collectivization in the late 1920s – the first third of the 1930s marked the beginning of a purposeful actions of the party and Soviet bodies of the South of Russia (and other regions of the Soviet Union) on the construction of a network of health-care facilities to the farmers. Made in the Soviet countryside of the 1930s, radical socio-economic transformation has allowed the government not only to establish full control over agricultural production, but rather to mobilize successfully material resources of the village (including the expense of farmers) and send them not only on industrialization, but also, in part, on the establishment and maintenance of rural medical institutions.

Extremely important towards building a network of health facilities in the collectivized village in the South of Russia was to provide its staff, as well as the performance of medical personnel in the collective farm village of the USSR and, in particular, of the South of Russia in the 1930s.

The purpose of the study

The aim of this study is the analysis of the peculiarities of the staffing of health facilities and the effectiveness of the medical staff in the collectivized village in the South of Russia of the 1930s.

Materials and methods

Source base article were, above all, archival materials, collections of published documents, resolutions of the Council of people's Commissars of the USSR. The work is based on documents from the collections of the State archive of contemporary history of the Stavropol territory (GANI SA), Center for documentation on contemporary history of the Rostov region (CDNI RO). Among the applied scientific publications should be mentioned the works of the famous historians of Osokina E.A., Sudavtsov N.D. and Ovanesov B.T. Analysis of these sources has provided information for the analysis of the study and based on it to see the features of staffing rural health facilities in the South of Russia in the 1930-ies.

Methodological basis of the work were the comparative-historical method, objectivity, formational and civilizational approaches that gave us the opportunity to consider diverse aspects of staffing rural health.

Discussion

There were several conditions, which depended on the degree of efficiency of activity of medical personnel in the collective farm village of the USSR and, in particular, of the South of Russia in the 1930s. First of all, the number of rural physicians had to be high enough to ensure

that the network of health care institutions, considerably enlarged in comparison with the era of the NEP. Next, it was necessary to provide an acceptable level of professional training and competence on their way to work in the village doctors, paramedics, etc. and to provide them with the necessary equipment. Finally, it was necessary to create medical personnel in a normal everyday conditions, both at work and outside the scope of professional activities in everyday life: to provide housing, stable and decent salary, various allowances, etc.

From a formal point of view, village doctors, as well as other representatives of the rural intelligentsia (teachers, workers of public-reading room, agronomists, and so on) was not cause for concern, for their material support looked thoughtful and slender. The salary for medical personnel was carried out at the expense of state and local budgets. In addition, local authorities, collective farms and state farms were to provide intellectuals food, fodder and fuel. The main burden in this matter lay on the collective farms of the Don, the Kuban and Stavropol, because their number has increased steadily.

In January 1933, the government adopted a resolution according to which to perform the mandatory collective grain supply was added a special bonus in the amount of 2 %; bread collected from these 2 %, was used to generate funds for food security for the rural intelligentsia [1].

Finally, in the spring of 1934 the number of government regulations was established centralized procurement intellectuals with sugar and tea, and "other products", the authorities said "had to stand out from local funds, formed due to the decentralized, excess harvesting grain, carnage collection" [2].

Formally rural intellectuals had the opportunity to get the products in sizes that in hard times of "great leap forward" could be considered sufficient to meet the minimum vital needs.

In fact, the situation in the field of food supply of the rural intelligentsia in the period of collectivization was sad, in spite of all the good decisions. It is hardly to be expected otherwise, knowing the features of the tax and procurement policies aimed at the withdrawal of Soviet farmers the maximum possible number of their products. The farms gave the state a maximum of bread and other products and by remark of E. A. Osokina, "living in misery, refused to provide the intelligentsia", which causes the position it was "very bad" [3].

Like other members of the rural intelligentsia of South Russia in the 1930s, health-care workers in the farm villages and stanitsas experienced great difficulties when trying to get from collective farms to which they were entitled by law, food, fodder for livestock or fuel. In particular, in the summer of 1934, the party leaders of the North Caucasus region recognized that the care of rural doctors is very weak and sometimes nonexistent [4]. The doctors themselves often complained about the indifference and callousness of the local authorities, trying to find protection from superiors or even with the help of media to draw the attention of the public and officials on their problems.

Contained in the sources the examples of the difficult financial situation of rural physicians are not isolated, so it is fair to state that the indifference of the authorities to the urgent needs of the employees of health care institutions was widespread on the Don, the Kuban and Stavropol in the third decade of the twentieth century. Naturally, the complexity of everyday plan generated boorish, negligence of the party and Soviet officials to the medical staff, did not effect in the best way on employee motivation and professional activity.

Being left alone with domestic troubles, some rural physicians lowered hands and began involve heavily in the use of intoxicating drinks, others have attempted to improve the material conditions by "self-supply", [5] in documents of the observed period was understood to be the use of official position for personal gain, misappropriation of state, public or private property. "Self-supply", unscrupulous doctors demanded offerings not only from the collective farm administration (for example, to make a positive inspection report the sanitary condition of field camps, which were not actually shone with cleanliness and hygiene). Such doctors or paramedics demanded payment for their services and patients, thereby destroying in their eyes the image of Soviet medicine as the medicine free. On this occasion, the above-mentioned report on the situation in Zelinska district of Rostov region in 1937, it was noted that the Executive Committee was not concerned with issues of life and improvement district, resulting in the hospital until recently was the largest of the crime, bribery, decomposition of the medical staff" [6].

In addition to alcoholism and "self-supply", many physicians responded to heavy physical living conditions of collectivized villages and even radically. They either refused to go to work in the

village and the stanitsas and tried to find a job in the cities, or fled from the countryside after a short stay there.

The natural result of high turnover of medical staff was acute staff shortage in rural health facilities, which was particularly noticeable in the first half of the 1930s.

In particular, at the beginning of 1931 Novocherkassk Executive Committee of the North Caucasus region noted that "only through the village should be 23 doctor", but "currently empty 5 health points, including one place of school health physician [7].

The shortage of doctors due to their unwillingness to go to work in the village or flight therefrom, the moral-domestic corruption, negligence and abuse of the medical staff, – all this was not the best way affect the functioning of the rural health system in the South of Russia in the first half of the 1930s.

The authorities could not accept staff turnover and a shortage of specialists in rural health facilities, as such negative phenomena were not only threatened by the deterioration of the health of the peasantry, but also the weakening of the organizational-economic status of the collective farm system.

In the 1930s, was used a number of ways to overcome common turnover of medical personnel and to ensure the health collectivized villages (particularly in the South of Russia) by qualified experts. Primarily used as a characteristic for that time strict control over the physicians, that they went to work in the countryside and did not leave their posts. On September 15, 1933. The CEC and the Council of people's Commissars of the USSR adopted a resolution according to which medical students on graduation and diplomas must have been at least 5 years to develop them in certain authorities. In 1935, the decision was reaffirmed by the special instruction of the people's Commissariat of health [8].

In 1936 the supervision of medical staff has been strengthened. In April of this year, the Council of people's Commissars of the USSR adopted the decree on the registration of health workers, pointing out the need for introduction from 1 July "personal registration of physicians, pharmacists, physician assistants, nurses and midwives" [9].

Also, the authorities practiced widely maneuvering the staff of health workers, sending the doctors, paramedics, midwives, etc. from area to area (or from the cities to the countryside) on a temporary or a permanent job, in order to weaken the lack of specialists in different villages or stanitsas of the Don, Kuban, Stavropol.

In addition, there was patronage of urban medical institutions on agriculture, [10] when the doctors from the cities provided all possible assistance to their rural counterparts, until the arrival to the village. Of course, this practice did not solve the problem of shortage of staff, but allowed for some time to reduce the severity of the problem in some areas or rural settlements in the South of Russia.

As a rule, the transfer of doctors and other health workers from the city to the countryside was made on the Don, the Kuban and Stavropol regions before and during the most important agricultural campaigns: planting, weeding, harvesting and threshing. So, according to the head of the North-Caucasian medical department N. Ter-Vartanov, on the eve of the spring sowing campaign 1934 was selected and sent from the city to the countryside 80 doctors and 170 nurses. [11] In some cases, the mobilization of urban health workers to work in the village was used as a mean to overcome or at least to minimize the plight of health, established in certain areas due to lack of doctors and other staff.

Unlikely to cause doubt about the fact that maneuvering staff reserves of the health workers had only a temporary effect and was not able to solve the problem of shortage of staff in the collectivized village of Don, Kuban, Stavropol. On this occasion, the employees of the Azovo-Chernomorsky regional Executive Committee noticed in early 1935 that such "activities, however, are only palliatives, and the question of medical personnel in rural areas remains one of the most acute for the region" [12]. To resolve this question was only possible by significantly expanding the network and capacity of the schools and increase the production of trained professionals (taking all measures to employ those in the village and to prevent their outflow in the city).

We must say that in the first half of the 1930s, government authorities of the Soviet Union have taken a number of actions to increase the number of students in medical schools and, consequently, to expand the ranks of the medical staff, both in the city and in the rural areas.

As it was noted in one of resolutions of the Central Election Commission of the USSR, countrywide there was "the general growth of the contingents of pupils in medical higher educational institutions from 26.1 thousand people in 1928 to 48 thousand people for on January 1, 1934"; the number of medical schools increased for the same period with 25 to 49 units [13].

At the end of 1935 VCEC, approving development plans of a national economy and welfare construction of the Soviet Russia for 1936, decided to increase reception in medical institutes to 15 400 people and in medical assistants and obstetric schools. [14] Provided expansion of the contingent of pupils would allow to reduce sharpness of a problem of a staff deficit to 27 thousand people significantly.

In the South of Russia the measures have taken also to increase the number of students in midwifery schools and medical schools.

For training of staff in rural health facilities in the South of Russia measure was used that can be characterized as short-term internship in urban clinics. As a rule, physicians, nurse practitioners, midwives from rural hospitals and medical stations were engaged to work for a period of 2-3 weeks in the leading hospitals of the Don, the Kuban and Stavropol. At the same time, "that it is not suffered and the rural population was left without proper medical care, practiced replacement rural doctors wheeled on training courses, due to time travel urban doctors in the village." [15]

Finally, another measure, to overcome the shortage and turnover of medical personnel in rural areas and villages of the South of Russia, was improving the living conditions of doctors, paramedics, midwives, etc.

Decisions about improving the lives of physicians (primarily rural) have been taken as in the higher institutions, and government officials in Southern Russia in the third decade of the twentieth century. So, on March 4, 1935 the Central Committee of the CPSU(b) and the Council of people's Commissars of the USSR adopted a resolution "On raising the salaries of health workers and increase spending on health since 1935". According to the resolution, upon receipt of housing the doctors were equated to the industrial workers and, in addition, they were given the right to an additional area along with the "responsible employees" [16].

Results

Of course, the above noted measures have helped to increase the number of medical staff in rural health facilities. In the Krasnodar region from 1937 to 1939, the number of doctors increased from 1295 to 1762 people. [17] In Ordzhonikidze region, the number of doctors from 1937 to 1940 also increased markedly: in cities with 358 to 497, in rural areas from 143 to 260, and the number of mid-level health workers has doubled. [18]

In addition, the result of those measures was the reduction turnover of medical personnel, improvement their material living conditions. However, there is no reason to exaggerate the positive efforts of representatives of authorities of the South of Russia on the issue of deficit reduction medical staff. Even by the end of the 1930s in rural areas of the Don, the Kuban and Stavropol was the shortage of qualified medical personnel. Not all graduates of medical institutions and schools were ready to associate professional career with the village due to poor material living conditions and activities.

Conclusion

Continuous forced collectivization led to the rapid expansion and development of the health care system to the rural population. Extremely important towards building a network of health facilities in the collectivized village in the South of Russia was to provide its personnel.

The effectiveness of such measures depends on the development of the system of professional training of physicians, and the activity of the authorities in ensuring acceptable living conditions, lifestyle and activities of rural doctors, paramedics, lekpomov etc.

Throughout the 1930s everyday situation of the medical staff of health care institutions in the collective farm village in the South of Russia was far from the desired ideal, but it was particularly difficult situation in the first half of the specified decade. Physicians, especially doctors, needed housing, food, fuel, their already low salaries were often delayed. All that had led to high turnover of health workers, which exacerbated the problem of the shortage of specialists in rural health care establishments.

Problems in the field of staffing significantly decreased the efficiency of the undertaken by the party and Soviet organs measures for the formation of the collectivized village scale and an extensive network of health facilities.

In the quantitative expression of the achievements of Soviet power in the specified activity were apparent: the collectivization created conditions for the rapid creation of the health care system to the rural population, and the number of hospitals, clinics, medical items in the village of the 1930s, had grown significantly. But at the same time, many health care institutions in villages and villages of the South of Russia, as well as the quality of medical service left much to be desired.

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