

«DISTRIBUTION OF NURSING PERSONNEL IN WORLD PRACTICE AND THEIR SATISFACTION» (LITERARY REVIEW)

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SUMMARY

Relevance: In many foreign and European countries, nursing staff form the basis of primary health care. For example, in the Swedish health care system, nurses play an increasing role, providing highly skilled care to patients with chronic and complex conditions (such as diabetes, bronchial asthma, heart failure, mental illness); they are also granted a limited right to prescribe medicines. In Swedish medical centers, a patient is first examined by a nurse with a higher education who can then refer the patient to a general practitioner or hospital.

Key word: *nurse, primary care, higher education, satisfaction, hospital.*

For all the importance of the work of nurses in health care and in the hospital, especially nursing specialists, their wages remain very low. Thus, the prestige of the nursing profession with a higher education in a difficult and responsible work at low wages decreases. Since the beginning of the two thousand years of health care reform, quite insufficient attention has been paid to the issues of training and placement of nurses. The basis of health care reform is improving the quality and accessibility of medical care for the population, largely determined by the quality of training of doctors and nurses with higher education, for the necessary accessibility of medical services in remote villages, such as nursing specialists with higher education.

Depending on the demographic needs in the field of health, the health care system has modernized the provision of primary health care services by representing medical institutions at the international level [WHO, 2008].

A key factor in ensuring the continued and high-quality provision of these services is a stable, qualified health workforce, capable of providing quality health services to the population, both in the city and in the villages. This approach is used in many countries and it involves the involvement of health workers from emergency centers to fill the shortages in the primary health care workforce and in the hospital [Primary Health Care Advisory

Group, 2015, WHO, 2016 .].

As in many developed and developing countries, nurses are the largest group of health professionals in Australia and in other countries, where about 9% of the total number of nurses work in the field of primary health care. Over the past decade, staffing in some areas of primary health care and hospital has increased the exhibitor. To facilitate this exponential increase in the workforce, experienced emergency nurses from emergency care centers are hired to work in primary health care and in the hospital (Australian Nursing Primary Care Association).

The reform process and the transition process leads to an imbalance in the career and requires nurses to adapt to the new role and acquire new professional qualities [8]. According to past experience, the transition between employment and employment conditions is known to affect job satisfaction and can affect staff turnover [1]. In order to increase satisfaction and optimize human resources in health care and in-patient careers, employers and managers should be aware of the impact that the experience of transition to future sustainability and turnover of staff can have. Armed with this knowledge, appropriate guidance and professional support systems can be developed and implemented to meet the needs of these nurses.

In Finland, 70–80% of patients go to nurses with higher education, and then, if

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necessary, to doctors, and only 20–30% of patients go directly to doctors. Health centers are common throughout the Scandinavian countries, both in the cities and in the villages, which have the leading role of nurses. In the Netherlands, the decision on assisting patients by doctors during non-working hours is taken by a nurse on the basis of established criteria. In their work, nurses rely on clinical protocols and recommendations and have the right to change the mode of drug therapy within these protocols and recommendations. In England, nurses with higher education specializing in helping people with common illnesses (diabetes or asthma) in their daily activities are replaced by general practitioners - they have an outpatient reception for observation and training in patient's health, or aimed at improving the skills of other medical and social workers.

Structured disease management programs for some states (case management) have been introduced in the USA and Germany, this approach is due to the fact that physicians in these countries most often have individual practice, and the outpatient and hospital sectors are separated from each other. Nurses in many cases carry out the first examination and direct the consumer to the relevant resources of medical care. In developed foreign and European countries, general practitioners usually do not visit patients for home, except in rare cases, as it is the prerogative of trained nurses with higher education.

Opportunities to expand the role of nurses are also being studied at the hospital level of health care. For example, in Scandinavia, anesthesiology nurses play an important role in examining patients with chronic pain and managing patients with postoperative pain.

Several studies and meta-analyzes were devoted to the study of the interchangeability of doctors and nurses in the provision of medical care. The results of several systematic reviews showed that “primary care nurses and in hospitals with an extended functional range are able to provide the same range of services that family doctors and emergency doctors usually provide, with the proviso that in most studies the sample of medical workers

is usually small, and long-term results were rarely considered”.

According to the above data (mainly based on the US material), “the role of the nurse can be expanded while maintaining or reducing the level of costs and maintaining or improving the effectiveness of treatment.” It is alleged that “from 25 to 70% of the work of doctors, depending on the specific task, is quite within the power of nurses or other professionals”. It is the nurse who, working with the doctor, should release him from work that is not inherent to medical qualifications, which will increase the efficiency and rationality of the use of medical personnel.

On the other hand, qualified nurses who can replace a doctor with a variety of procedures and procedures can reduce the need for a number of doctors. Training of doctors is currently a very costly and lengthy process, which explains the need for the rational use of medical work.

Thus, “the redistribution of the roles or areas of practice of specific health workers is a strategy that makes it possible to better utilize increasingly diverse human resources and achieve the necessary number of necessary types of workers and their proper combination”. These changes in professional boundaries can be divided into four categories: improvement, replacement, delegation of authority, and innovation. To the greatest extent, these changes concern nurses, as more and more data indicate that such a “redistribution of roles can improve the results of treating patients, especially those with chronic diseases, and reduce their use of health services”.

The foreign and domestic articles reflect the results of large-scale studies of mixed methods, studying transitional experience after nursing reform, transferred from emergency care to the occupational health and hospital care. The purpose of this article is to report on the satisfaction of respondents with their new roles, personal reflections and future career intentions. Other aspects of the study, namely the reasons for the non-sustainability of nurses in health care and in hospital and their transitional experience, are given elsewhere.

The employment and turnover of nurses worldwide is a hot issue. There is an uneven distribution of medical personnel to protect public health and a shortage of qualified nurses. Satisfaction with the work of nurses was identified as an important factor contributing to the turnover of nurses and as a precursor to employment and shortage of nurses. Therefore, understanding the factors that affect job satisfaction is important in order to inform hiring and retention strategies for nurses.

The concept of job satisfaction is multifaceted and complex. Job satisfaction has been the focus of many studies around organizational behavior. Define job satisfaction as not only how a person feels his work, but also the nature of the work and the expectations of individuals about what their task is to ensure. To this end, job satisfaction consists of various components, including: working conditions, communication, nature of work, organizational policies and procedures, remuneration and conditions, promotion/promotion opportunities, recognition/appreciation, safety and control/relationships. Despite the fact that the level of job satisfaction varies, in studies with common factors. These include working conditions and organization of working conditions, stress levels, conflict of interest and ambiguity, perception of the role and content, as well as organizational and professional commitment.

Given these factors, it becomes clear that research on job satisfaction cannot be undertaken for all nursing professions in general, but rather different parameters and organization of working conditions should be taken into account in order to understand the problem faced by different nursing areas.

Career stagnation can be described as the intention to voluntarily quit his job due to low wages. This process can begin with a psychological response to negative situations in the workplace or to undesirable aspects of work. Subsequently, the application of a cognitive solution can help to correct their behavior and position during dismissal from work. As job satisfaction was determined, a number of common determinants promote

career growth. These include organizational factors, management style, workload and stress, role perception, empowerment, remuneration and working conditions and opportunities for advancement. In a few studies have shown that job satisfaction affects how you want to grow in your career.

Despite the common themes in this workforce literature, much of the research on job satisfaction and career intentions has so far focused on nurses with emergency medical care. Given the influence of organizational factors, roles and conditions of employment, it is important to consider different groups of nurses, for example, working in primary health care who work in the field, different from those who provide emergency care. The practice of primary care nurses and hospitals in various settings includes general practitioners, schools, health services, correctional institutions, nongovernmental organizations, and community health centers. Thus, the conditions of employment of primary health care nurses and hospitals and their working conditions differ from the conditions of work of nurses in emergency medical care, which are hired by large health care providers or public health services. The small business associated with primary health care in many countries, the prevailing charitable organizations and non-state medical service providers make work in the primary health care setting unique. Lorenz and De Brito Girardello describe the working environment of primary health care and hospital as “not always conducive to the professional practice of the nurse”, citing lack of equipment, inappropriate physical environment and occupational hazards as key factors dissatisfaction. In addition, there is a significant difference between the roles, responsibilities and working conditions of nurses in their workplaces. These differences and the influence of these factors affect job satisfaction and the goal of hanging up the career ladder means that emergency care research cannot simply be generalized in primary health care settings or in the hospital. With the increase in the number of nurses and the need for an acute shortage of labor, it is necessary to investigate in a timely manner job

satisfaction and the career growth of nurses in general. Therefore, this review sought to critically synthesize the literature around job satisfaction and career growth among working nurses.

Therefore, expanding the boundaries of nursing practice contributes to: increasing the availability of medical care; improving the quality of care and patient satisfaction; to regulate the workload of the physician and free his time to counsel and treat patients; raising the professional status of nurses; increased patient responsibility.

Currently, the health systems of all countries are experiencing a personnel crisis. According to WHO, there are 4.3 million health workers in the world [World Health Report 2006.<http://www.un.org/ru>].

In the modern world, the failure of the world health nursing staff is a problem in the effective provision of medical services for the majority of low and middle income. This failure is usually associated with the number of health workers, the quality and distribution of labor in the system. Job satisfaction of nurses with their work is

a key issue in determining organizational effectiveness. It reflects individual feelings towards work that affect both individual and organizational performance. According to statistics from the world community, nurses are mostly concentrated in cities, including private clinics. In this regard, it is necessary to develop methods for the retention of nurses in rural areas and in the public sector. The Job Satisfaction Survey (JSS) was developed by Paul Spector to measure job satisfaction in government and non-profit sectors. This survey covers 9 indicators of satisfaction: remuneration, growth on the career ladder, supervision, benefits, remuneration, operational procedures, the relationship between employees, the nature of work. This survey was tested in high- and middle-income countries, including the United States, Singapore, Turkey, Pakistan, Taiwan, and Iran.

The education of certified medical nurses (DM) over the past two decades takes place to be diverse. For example, certified nurses engaged in directly caring for the patients' health in 2017 amounted to 67.2%, which showed a steady increase from 28.8% in 2001.

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ТҮЙІНДІ

Өзектілігі: медбике ісі мамандарының негізі көптеген шетел және еуропалық мемлекеттерінде алғашқы медициналық-санитарлық көмекке негізделеді. Мысалы, швециялық жүйенің денсаулық сақтау жүйесінде барлық маңызды рөлде медбикелер ой-

найды, ол созылмалы және науқастанған жағдайлары бар науқастарды жоғары дәрежеде емдеуге мүмкіндік береді (мысалы, диабет, бронхиальды демікпе, жүрек жеткіліксіздігі, психикалық аурулар); сондай-ақ медбикелерде дәрілерді тағайындаудағы шектелулер бар. Швециялық медицина орталықтарында науқасты алдымен жоғары білімі бар медбике қарап тексереді, содан кейін медбике жалпы тәжірибелі дәрігерге немесе аурухана жібереді

Кілт сөздер: *мейірбике, алғашқы медициналық-санитарлық көмек, жоғары білім, қанағаттану, аурухана.*

АННОТАЦИЯ

Актуальность: во многих зарубежных и европейских странах специалисты сестринского дела составляет основу первичной медико-санитарной помощи. Например, в шведской системе здравоохранения медсестры играют все более важную роль, предоставляя высококвалифицированную помощь пациентам с хроническими и сложными состояниями (такими как диабет, бронхиальная астма, сердечная недостаточность, психические заболевания); им также предоставляется ограниченное право выписывать лекарства. В шведских медицинских центрах пациент сначала осматривается медсестрой с высшим образованием, которая затем может направить пациента к врачу общей практики или в больницу.

Ключевые слова: *медсестра, первичная медицинская помощь, высшее образование, удовлетворенность, больница.*

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EMOTIONAL SUPPORT FOR PATIENTS AWAITING CARDIOVASCULAR SURGERY PROVIDED BY NURSES

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SUMMARY

Open heart surgery is one of the methods of treatment of cardiovascular diseases, in which special surgical procedures are carried out. In other words, it is a surgical procedure that opens the chest and affects the muscles, valves or arteries of the heart. Patients undergoing heart surgery subconsciously perceive the fact of aggression towards their body, while fully aware of the need and potential benefits of the operation. The preoperative period is especially psychologically difficult for the patient. This period is characterized by a feeling of insecurity, helplessness, fear of anesthesia, surgery and its consequences. The results of studies [1, 2, 3, 4] show that the reduction of fear and anxiety has a positive effect on the success of the operation and rehabilitation after surgery. In this regard, the sensitive and attentive attitude of medical workers towards the patient is of particular importance. The emotional support of health professionals helps to establish a trusting relationship with the patient to create an atmosphere of peace and confidence in the successful outcome of the operation.

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