

COOPERATION BETWEEN A HEALTH WORKER AND A PATIENT IN MATTERS OF MAINTAINING A HEALTHY LIFESTYLE: PROBLEMS AND SOLUTIONS (BASED ON A SOCIOLOGICAL RESEARCH)

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Abstract

Due to the high mortality rate from noncommunicable diseases in Russia and in the world, the issue of spreading healthy lifestyle attitudes becomes a priority for the population. At the same time, in the process of developing awareness about the principles of a healthy lifestyle, the fundamental role is played by a health professional, who, on the one hand, acts as a source of professional competence but, on the other hand, as a person in contact with patients. Based on a review of foreign and national literature and conducted sociological research, the authors highlighted the problems health workers face in their professional activities concerning healthy lifestyle promotion: 1) work organization, 2) knowledge and information, 3) motivation of health professionals, 4) motivation of patients. Furthermore possible solutions to these problems are provided.

Keywords: public health, healthy lifestyle, self-preservation behavior, noncommunicable diseases, health professional, social interaction, social attitudes, patients, professional activity.

Background

Today, noncommunicable diseases (NCDs) have become the leading cause of death in the world [1, p. 4]. NCDs are usually chronic, and control of chronic conditions places a heavy burden on both a patient and government agencies, including the healthcare system [1, p. 6]. The primary role in chronic diseases management usually belongs to a person: both in the context of preventive measures and future relapse avoidance.

Regarding this, spreading attitudes towards a healthy lifestyle among the population is a priority of government policy. Thus, in the process of raising awareness the role of a health worker as a specialist, possessing reliable scientific knowledge of healthy living, becomes fundamental. Health authorities' commitment to this task and health workers duties are, generally, stated in a number of adopted documents (orders, educational standards, etc. [2-4]). However, today there are several obstacles that prevent effective work in this area.

Methodology

The theoretical basis of this work is national and foreign studies on the formation of healthy lifestyle attitudes of patients by health workers.

Also in December, 2017 – January, 2018 a survey of Moscow medical staff was conducted by State Budgetary Institution "Research Institute for Healthcare Organization and Medical Management of Moscow Healthcare Department" (hereafter – the Research Institute). Sample type was a random cluster (cluster sampling), 10 organizations were selected – 2 hospitals, 5 adult and 3 children polyclinics. The total number of interviewees (excluding incorrectly completed questionnaires) was 603. The source of statistical data for the structure formation of the study sample was taken from statistical reporting forms provided by the Center for Medical Statistics of the Research Institute.

Additionally, 2 focus group studies were conducted in June-July, 2018. The first discussion involved the heads of inpatient and outpatient departments (8 health workers). The doctors of the departments (8 health workers) took part in the second discussion. Group members were of different gender and age.

Results and discussion

According to the survey conducted by the Research Institute, Moscow medical staff note the leading role of a healthy lifestyle in NCDs prevention: more than half of the respondents emphasized that healthy living and primary prevention are top NCDs preventive measures (92%). Secondary prevention, treatment, high-tech care and other factors were mentioned by the interviewees at the level of sampling error.

Within the framework of healthy lifestyle attitudes formation there is a worldwide scientific work devoted to the creation of programs ("lifescrpts" [5]) aimed at reducing public health risk factors. These programs are developed with focus on the epidemiological picture of a particular country. But more often the direction of their impact is similar, due to the universal NCDs risk factors.

NCDs factors and spreading of healthy lifestyle attitudes. According to the Association of International Pharmaceutical Manufacturers (AIPM), there are 4 main risk factors for NCDs: tobacco use, harmful use of

alcohol, unhealthy diet, physical inactivity [6, p. 6]. All these factors are directly related to the lifestyle. Moreover, a number of factors, for example, bad habits, harm not only the individual, but also physically and mentally harm the people around him (smoking, alcoholism, drug addiction [7, p. 58-62]). Emotional distress as a risk factor is also mentioned, as the WHO's definition of health refers not only to physical but emotional and social components as well [8].

The identified factors are consistent with the data of a survey conducted by the Research Institute. According to it health workers consider essential nutrition (51%), regular physical activity (49%), bad habits quitting (42%) maintaining psychological health, positive perception of life (33%) and work-rest schedule (29%) to be the most important components of a healthy lifestyle and NCDs preventive measures. The same components, in the same order (excluding last two points), are mainly associated by respondents with a "healthy lifestyle" concept [9, p. 43]. Thus, Moscow health workers' ideas on a healthy lifestyle fully correspond to the idea of a healthy lifestyle as a mean of reducing noncommunicable diseases.

Most health professionals believe that their role is to spread healthy living by the means of educational activities. According to the respondents, now they are largely involved in the NCDs prevention activities and spreading of healthy lifestyle attitudes among the population. In general, 20-30% of respondents participate in such activities from time to time, and a third or more – on a regular basis. Despite the fact that health workers are involved in the process of population education, there are several current problems which prevent building a new model of healthcare with a focus on a healthy lifestyle and improving public health.

Problems and possible solutions. As a result of the literature review and analysis of the sociological study conducted by the Research Institute, the authors identified the following main problems in the study area: 1) non-organized work of medical staff on spreading awareness on the healthy lifestyle, 2) lack of knowledge and approved methodology of spreading awareness 3) lack of motivation of health professionals, 4) lack of motivation of patients.

Non-organized work of medical staff on spreading awareness on the healthy lifestyle. According to the results of the research, the major problems for health workers are absence of a clear action plan, unified guidelines, lack of material and technical resources for the relevant activity and time. Medical staff work on spreading awareness on healthy living is either impossible or ineffective without its proper organization. Focus group participants mentioned the problems of lack of time for explanatory activities and a huge bureaucratic burden on a doctor. According to them, now it is impossible to find time for patients education, as most of the admission time is devoted to filling out the papers. Additionally, health professionals mentioned lack of handouts, which can be used for clear demonstration of individual problems that may arise if a person does not lead a healthy lifestyle, as well as to summarize the obtained information in patients' minds.

Thus, within the framework of the existing healthcare system, it is necessary to organize professional activities of the medical staff so that they may have an opportunity to work with a patient on healthy lifestyle strategies. Different measures can be used here: extending admission time, relegating this responsibility to nurses, determining patients routing (e.g. patients divided by age, nosologic group, etc.), etc. The specialists should also develop methodical recommendations which are based on evaluation of the economic effect of implementing such proposals, expressed in increased bed turnover, reducing patient's rehabilitation time, etc. Additionally, it is necessary to create competent awareness-raising materials, aimed at health workers explanatory conversation and / or at patients' independent use outside the medical organization.

Lack of knowledge and approved methodology on promoting healthy lifestyle. The researchers point out the following important problem: medical education does not include specialist training in healthy living, for example, the nutrition [10]. That is why the question of health workers education is one of the most difficult barriers to the cooperation with a patients on a healthy lifestyle. This issue is confirmed by the survey participants who also recognize a knowledge gap in noncommunicable diseases prevention (including healthy living): 37% of respondents recognized their need for information or rather for supplementary one. Conducted focus groups with doctors show that educational activities, in their opinion, are necessary, firstly, to "refresh their memory" of well-known recommendations for a healthy lifestyle, and secondly, to obtain relevant medical information in this area.

At the same time, the researchers emphasize that even those doctors who possess basic knowledge about a healthy lifestyle, as a rule, fail in patient explanation, as they cannot transform this information into practical advice (e.g.: what products to avoid, how to cook, etc.) [10]. Doctor negotiation skills can be named as another serious problem in the area of medical training.

For a successful healthy lifestyle promotion, the latest developments in health care should be included in the training programs designed for all types of health professionals. Medical staff should not have difficulty in getting evidence-based and specific information about a healthy lifestyle. In particular, specialized training is needed, as well as additional training courses focusing on work with the population on a healthy lifestyle concept [11, p. 10-14].

It is necessary to strengthen the medical staff educational programs in psychological and pedagogical aspect, or to involve more relevant specialists for their interaction with health workers. Advanced training can be performed distantly or online. Additionally, electronic information catalogs devoted to healthy living can be created providing access to dedicated medical staff.

Lack of motivation of health professionals. The presence of motivation of the employee to engage in a particular activity will largely determine the effectiveness of said activities. For example, focus group participants, highlighting the main problem areas when working to improve the health of the population, talk about the formal attitude of colleagues to spreading awareness on healthy living.

In addition to insufficient motivation of employees, one can add to this group of problems the attitude of physicians to their own health. Studies demonstrate the relation between the motivation of health workers to spreading awareness on healthy living among patients and their own commitment to healthy lifestyle [12, p. 440].

The lack of formalized incentive tools for employees exacerbates this problem. For example, at the moment a serious limitation is the lack of clear and justified KPIs (key performance indicators) to evaluate the effective work on spreading awareness on healthy living (for example, statistical). Accordingly, it is difficult to include these indicators in an effective contract of medical workers, whereby materially stimulate them to promote healthy lifestyle. For nurses, an additional problem is the fact that they are not encouraged to work independently.

Thus, activities on motivating employees to spreading awareness on healthy living should be strengthened. These include establishing and determining the employee KPIs in this area. These values can be indicated in effective contracts of the employees. When making changes, monitoring KPI at the level of a medical organization is mandatory.

Lack of motivation of the patient. An analysis of the respondents' associations with a "healthy lifestyle" concept showed that in the overwhelming majority of cases it involves factors that depend on the person. Clinical associations with healthy living, such as the need for regular checkups, were named by less than 3% of respondents. In turn, the doctors who participated in the focus group discussion on the problem of healthy lifestyle emphasized the fact that, despite the recognition of the importance of promoting awareness and the participation of health workers in it to the best of their abilities, if the patient does not have intrinsic motivation, these efforts will have no effect. The results of the survey also confirm this opinion. Doctors consider internal motivation to be the essential in strengthening public health (92%), and external incentives are secondary.

Accordingly, one of the most important problems in the formation of healthy lifestyle among the population is the problem of motivation, including visits to medical organizations for professional advice on various aspects of the lifestyle. Patients rarely turn to medical professionals for preventive care, which contributes to the rapid progression of the disease and the deterioration of the patient's condition. The main reasons for non-treatment are: lack of time, reduced availability of assistance (financial problems, no specialists), lack of trust in public medicine, popularity of alternative medicine, inaccurate data on the Internet [13, p. 30-57].

Despite the fact that health is consistently in the top positions in the hierarchy of values of Russians, the real activity of the population in this area does not correlate with these values. As sociologists write, "as a rule, health is not defined by Russians as a goal until health problems arise, when it becomes difficult to change something and one remains only to dream of good health. Which they do" [14, p. 161-162]. It is important that different groups of the population, for example, the younger generation, may have their own specific values, for example, self-realization, which must be taken into account. Perhaps volunteering which is related to the sphere of self-preservation behavior of the population could be an effective way to involve young people in healthy living, since it is based on this value.

In any case, it is preferable to take into account the values of the population in promoting healthy lifestyle. Therefore, if we are talking about the problem of patient motivation, then public measures to stimulate citizens and spread the value of a healthy living, etc. should be involved. As part of solving these problems, it is possible to create and develop federal targeted programs to increase the accessibility of institutions working in the field of maintaining public health, programs to support the poor in healthcare, pursue targeted state policy, and spread awareness on healthy living and improve the image of health professionals, increasing its credibility among the population through media.

Conclusion

The subject of healthy lifestyle is of particular importance today, especially with the growing number of chronic diseases. In this regard, as world experience shows, the previously existing "disease-centric" paradigm of public health gives way to a new model of public health that divides the responsibility for the health of a citizen between the state, public health, medical worker and the individual himself. As the review of the literature and the research conducted by the Research Institute for Healthcare Organization and Medical Management of Moscow Healthcare Department shows, medical workers are the category of employees who can relay information of healthy living to patients, because it is the medical worker who has the basis and the skills that can contribute to the most effective spreading of awareness on healthy living among the population.

However, in modern practice, this is hampered by a number of previously described problems: 1) unorganized work of health professional to promote healthy living, 2) lack of knowledge and approved methods of spreading awareness, 3) lack of motivation of medical workers, 4) lack of motivation of the patient.

Attention is drawn to the fact that, in view of the diversity of existing problems in spreading awareness on healthy living among the population, their solution should be searched both at the system level and at the individual level. In this regard, only interdisciplinary interaction can have a positive effect, which will consist in reducing chronic diseases and, consequently, reducing disability rates and mortality, reducing the burden on medical organizations, etc.

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**СОТРУДНИЧЕСТВО МЕДИЦИНСКОГО РАБОТНИКА И ПАЦИЕНТА В ВОПРОСАХ ВЕДЕНИЯ ЗОЖ:
ПРОБЛЕМЫ И ПУТИ РЕШЕНИЯ (ПО РЕЗУЛЬТАТАМ СОЦИОЛОГИЧЕСКОГО ИССЛЕДОВАНИЯ)**

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Аннотация

В связи с высоким уровнем смертности в России и в мире от неинфекционных заболеваний вопрос распространения установок на здоровый образ жизни становится приоритетным для населения. При этом в процессе распространения информации о принципах здорового образа жизни основополагающая роль отводится медицинскому работнику как, с одной стороны, источнику профессиональных компетенций, а с другой стороны, лицу, контактирующему с пациентом. На основании обзора зарубежной и отечественной литературы и проведенных социологических исследований авторами выделены проблемы, с которыми сталкиваются медицинские работники в рамках своей профессиональной деятельности по распространению ЗОЖ: 1) организация работы; 2) наличие знаний и информации; 3) мотивация медицинских работников; 4) мотивация пациента. Также обозначены возможные пути решения указанных проблем.

Ключевые слова: общественное здоровье, здоровый образ жизни, самосохранительное поведение, неинфекционные заболевания, медицинский работник, социальное взаимодействие, социальные установки, пациенты, профессиональная деятельность.