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FEATURES OF THE IMPLEMENTATION OF THE PROFESSIONAL ACTIVITY OF A YOUNG SPECIALIST IN RURAL HEALTHCARE

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Abstract: This article presents the results of a questionnaire survey of doctors in rural healthcare, participants in the Program of Socio-economic Support for Young Specialists. The analysis of the most significant positive and negative aspects of life and work in rural areas has been carried out.

Keywords: young specialists, rural healthcare, questionnaire.

Summary:

The article presents the results of a survey of rural physicians, who are participants in the Socioeconomic Support Program for Young Professionals. The analysis of the most significant positive and negative aspects of living and working conditions in rural areas is conducted.

Relevance.

In the healthcare system of Uzbekistan, serious transformations have taken place over the past years; however, a number of urgent problems remain, especially in the field of rural healthcare. The issues of health, management, organization, and the state of medical care for rural residents are of great political and socio-economic importance. Domestic researchers have long been seriously concerned about the health of the rural population of our country. It is known that the level and volume of medical care in rural areas lag behind that in cities, primarily due to a weak material and technical base, insufficiently effective management of rural healthcare, and irrational use of material and labor resources. Additionally, one of the leading problems of rural healthcare is the staffing of medical organizations. The solution to modern staffing problems is possible through both improving personnel processes in medical organizations and the rural healthcare system as a whole. In the Samarkand region, as part of measures to optimize the staffing of medical institutions in rural areas, various programs for the professional stimulation of young specialists in the field of healthcare have been introduced.

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Every year, the medical university in the region carries out a targeted admission of applicants through the conclusion of a contract with obligations for subsequent employment in state healthcare institutions of the Samarkand region. The existing programs for socio-economic stimulation of young healthcare specialists are designed to create favorable living and working conditions in rural areas and to fill the personnel shortage in medical organizations in those areas.

Purpose of the Study. To study the opinions of doctors who are participants in socio-economic support programs for young specialists on the implementation of certain aspects of professional activity in rural medical institutions.

Tasks:

1. To identify factors positively influence the desire to live and work in rural areas;

2.To identify factors that hinder the formation of the desire to live and work in rural areas.

Materials and Methods:

A survey was conducted among 327 doctors who are participants in socio-economic support programs for young specialists working in medical organizations in rural areas of the Samarkand region. The questionnaire included 35 questions concerning both social and professional aspects of work in rural areas. For each question, the percentage ratio of answers was determined. When processing the questions of the questionnaire involving the ranking of answers, the determination of the specific weight of the rank was applied.

Results and Discussion:

When determining socio-demographic indicators, the following results were obtained: the average age of respondents was 33.6 ± 2.5 years, the majority were women (58.7%), 80.4% were married, and 76.5% had children. The profession of a doctor was mainly chosen by vocation (57.2%), with the opportunity to help people cited as the first reason (46.8%). The overwhelming majority of young doctors live in district centers (88.1%), while 86.2% own their housing. 47.4% work in inpatient medical institutions, and 52.6% provide outpatient care. Among the most attractive aspects of work in a state medical organization, young specialists noted social security (qk = 0.333) and annual paid leave (qk = 0.267). Among the shortcomings of work in a state medical organization, doctors noted an insufficient level of wages (qk = 0.333) and inadequate material and technical equipment (qk = 0.267). In relation to their workplace, respondents highlighted advantages such as the possibility of wide communication with people (25.3%), the possibility of part-time work (22%), and a convenient work schedule (20.8%); the most significant disadvantages were a large workload (32.1%) and the absence of bonuses and

additional payments (26.6%). For the most complete performance of professional duties, young doctors often lack participation in scientific and practical conferences and experience exchange (28.7%), the possibility of consultations with more qualified specialists (20.5%), as well as the availability of the necessary medical and diagnostic equipment (25.7%). More than two-thirds of young doctors (69.4%) have the opportunity for additional earnings, and most of them earn extra money in their medical organization. 27.2% of respondents do not have the opportunity for additional earnings. A serious concern is that 68% of young specialists are considering changing their workplace. The greatest priority in this case is given to moving to private (34.9%) or state (20.8%) medical organizations in the city. 68.3% of respondents plan to leave the rural areas after the expiration of the contract under the Program of Support for Young Specialists, and 6.7% are ready to terminate the contract early. Among the difficulties of life in the countryside, doctors emphasized the limited choice of leisure (25.4%), peculiarities of the mentality of the rural population (23.2%), and the insufficient level of development of transport and social infrastructure (21.1%). The positive aspects of rural life included the beneficial influence of environmental factors (37.6%), peace, tranquility, and remoteness from the city's bustle (27.5%). The overwhelming majority of respondents (71.3%) made the decision to live and work in rural areas when they learned about the state measures to support young specialists. Young specialists found jobs mainly on their own (73.1%) by applying to a medical organization. At the same time, most doctors (63.6%) went to work in rural medical organizations exclusively to participate in the Program (obtaining housing, a car, and incentive payments). The opportunity to improve their housing conditions was especially relevant (49.8%) for the respondents. An interesting fact is that 83.5% of young doctors' expectations about moving to the countryside were justified, although small shortcomings were noted, mainly of a domestic nature.

Conclusions:

1. The most significant factor that motivated living and working in rural areas was the opportunity to participate in socio-economic support programs for young specialists — that is, the chance to improve housing conditions, access preferential mortgage lending, receive regular incentive payments, and be provided with transport. Social security, annual paid leave, and favorable environmental conditions are also of great importance. 2. Among the negative factors hindering the desire to live and work in rural areas are the insufficient level of wages, the absence of bonuses and additional payments, and the large volume of workload combined with insufficient medical and diagnostic facilities. Young specialists lack participation in scientific

and practical conferences and are limited in their choice of leisure. As a result, more than two-thirds of respondents plan to leave rural areas after the expiration of the contract under the Program of Support for Young Specialists.

REFERENCES:

1. Khakimovna Kh. X. Physical education system for students //Sustainability and
2. Xakimovna X. X. O ‘quvchilar jismoniy tarbiyasi tizimida qattish //barqarorlik va yetakchi tadqiqotlar onlayn ilmiy jurnali. – 2022. – С. 378-381.
Multidisciplinary and Multidimensional Journal ISSN: 2775-5118 Vol.4 No.9 (2025) I.F. 9.1
3. Хакимовна ХХ и др. РЕФОРМЫ ОБЩЕСТВЕННОГО ЗДРАВООХРАНЕНИЯ В РЕСПУБЛИКЕ УЗБЕКИСТАН // Европейский журнал молекулярной и клинической медицины. – 2021. – Т. 8. – №. 2. – С. 820-827. Хакимовна ХХ и др. РЕФОРМЫ ОБЩЕСТВЕННОГО ЗДРАВООХРАНЕНИЯ В РЕСПУБЛИКЕ УЗБЕКИСТАН // Европейский журнал молекулярной и клинической медицины. – 2021. – Т. 8. – №. 2. – С. 820-827.
4. Xonbuvi H. Yunusov Sardor Ashrafzoda indicator functions in medicine galaxy international interdisciplinary research journal (giirj) issn (e): 2347-6915 Vol. 12. – 2024.
5. Khakimova H. H., Barotova R. S. THE IMPORTANCE OF PREVENTION IN MEDICAL PRACTICE //Web of Medicine: Journal of Medicine, Practice and Nursing. – 2024. – Т. 2. – №. 2. – С. 96-98.
6. Хакимова Х. Х., Баротова Р. С. ЗНАЧЕНИЕ ПРОФИЛАКТИКИ В МЕДИЦИНСКОЙ ПРАКТИКЕ //Сеть медицины: Журнал медицины, практики и сестринского дела. – 2024. – Т. 2. – №. 2. – С. 96-98.
7. Хакимова Х., Худойназарова Н. Е. СПОРЫ В ПРОФЕССИОНАЛЬНОЙ ДЕЯТЕЛЬНОСТИ МЕДИЦИНСКОГО РАБОТНИКА //Сеть медицины: Журнал медицины, практики и сестринского дела. – 2024. – Т. 2. – №. 1. – С. 66-70.