

# ASSESSMENT OF PATIENT CARE CHALLENGES AT A HOSPITAL LEVEL FROM MEDICAL STAFF PERSPECTIVES

N. Alekenova<sup>1\*</sup>, B. Sultanbekova<sup>2</sup>, A. Seipenova<sup>1</sup>,

A. Khairullina<sup>1</sup>, G. Kalbagayeva<sup>1</sup>, G. Mukyshova<sup>1</sup>, N. Izgaliyeva<sup>1</sup>

<sup>1</sup> Marat Ospanov West-Kazakhstan Medical University, Kazakhstan, Aktobe

<sup>2</sup> Al-Farabi Kazakh National University, Kazakhstan, Almaty

\*Corresponding author

## Abstract

The assessment of patient care challenges and satisfaction at the hospital level, based on the opinions of medical staff, is crucial in Kazakhstan. It addresses key issues related to healthcare quality and accessibility, particularly within specialized fields like gynecology, which directly impact patient outcomes and the overall efficiency of the healthcare system.

**Aim.** The study aimed to assess the challenges the patients face when receiving medical care at an inpatient gynecology department.

**Materials and methods.** The cross-sectional study was conducted in the first half of 2024, with a survey specifically developed for hospital gynecologists. The research was conducted with the support of the Almaty City Health Department and the leadership of medical organizations. Participation was voluntary and anonymous, and respondents had the flexibility to complete the survey at their convenience.

**Results.** The survey identifies key challenges, including personnel shortages (36.1 % at the primary healthcare level and 29.6 % at the hospital level), insufficient diagnostic examinations (25.9 %), and inadequate equipment (38.1 % of gynecologists). Despite these issues, 66.7 % of respondents rated medical care as accessible, and 40.7 % qualified, with a third of doctors and half of nurses noting increased services over the past year. Additionally, 38.9 % rated the feedback system excellent, and 63.0 % would recommend this hospital, reflecting a generally positive care assessment.

**Conclusion.** The survey reveals challenges such as personnel shortages, insufficient diagnostic services, and high costs, which affect patient care at the hospital. Despite these issues, most respondents view the range of services and accessibility positively, with many willing to recommend the hospital to others.

**Keywords:** *gynecology, women's health, medical care, hospital.*

## Introduction

The goal of universal health coverage (UHC), which is based on human rights principles, including accountability, nondiscrimination, and participation, is to guarantee everyone can access necessary healthcare services without financial hardship [1; 2]. However, conceptual ambiguity, political obstacles, and worldwide differences in financing, quality, and access make it difficult to accomplish UHC, particularly in low- and middle-income nations. Clearer definitions, more efficient resource allocation, and successful health funding

models are required to reach UHC. Common indicators and community-based healthcare packages must also be established [3].

Many countries face key challenges such as an aging population, chronic diseases, and healthcare system sustainability, prompting the need for integrated hospital and community-based services, private sector involvement, and scaling successful pilot models. Key lessons from Singapore's experience include the importance of adequate investment in primary care, collaboration between public and private sectors, and creating

organizational structures that facilitate coordination between primary care and hospitals [4].

Antonio Sarria-Santamera et al. tackles several intricate problems related to women's health, including social, psychological, and gender aspects beyond medical expertise. It addresses a wide range of subjects, such as the social ramifications of fertility and reproductive health as well as the difficulties in identifying and treating diseases such as leiomyomas, Mayer-Rokitansky-Küster-Hauser syndrome, and pelvic floor abnormalities [5; 6]. The effects of diseases such as polycystic ovary syndrome, endometriosis, and pre-eclampsia and the significance of incorporating gender-sensitive practices in healthcare are also important topics of study [7; 8]. In order to enhance women's health outcomes and healthcare management, the issue highlights the need for better scientific evidence, higher-quality care, and the use of digital technology. Women with breast or gynecological cancers face multiple challenges, including information needs, psychological distress, and physical burdens, which affect their coping and self-efficacy [9].

The percentage of women who are not screened is still far too high in low- and middle-income countries (LMIC). For example, self-sampling techniques, like urine and vaginal self-sampling for HPV diagnosis, have shown high acceptability and sensitivity for cervical cancer screening; they are less invasive and may be more appealing to increase uptake among women who have never been screened or who have not been screened, as well as to overcome barriers at various levels of interaction. Particularly among young women, the prevalence of gynecological diseases - specifically, uterine leiomyoma, female infertility, genital prolapse, and benign ovarian tumors - is rising in Kazakhstan. This underscores the need for enhanced primary healthcare initiatives, better health literacy, and programs specifically designed for young girls [10]. Kazakhstan studies health system performance by studying avoidable mortality [11; 12]. In order to raise the standard of medical care in hospitals and primary care settings, accreditation and standardization procedures are also being aggressively applied. However, uncertain definitions and a lack of standardized techniques to measure harm have slowed progress in obstetrics and gynecology patient safety. For instance, in the 11 years since the Institute of Medi-

cine highlighted issues with patient care quality and safety in the U.S., efforts have been made to improve healthcare in obstetrics and gynecology, but progress has been slow due to healthcare system complexities and an underdeveloped science of safety. Peter J Pronovost et al. outline efforts to identify causes of adverse outcomes, develop quality and safety measures, and make improvements, offering a framework for patient safety research and suggesting ways the American Congress of Obstetricians and Gynecologists can support future efforts [13]. So, effective interventions necessitate a culture of safety fueled by teamwork, engaged leadership, and strategic advancements in healthcare education, patient engagement, transparency, care coordination, and provider morale [14]. Examining the causes from the perspective of medical experts is crucial in light of the rise in morbidity from gynecological disorders. Therefore, this study aimed to assess the challenges patients face when receiving medical care at an inpatient gynecology department relying on the opinions of medical personnel in Almaty.

### Methods and Materials

In 2024, a survey was created for gynecologists employed by Almaty's multidisciplinary hospitals as part of the cross-sectional study. The three sections of the questionnaire – quality of care, access to care, and qualification of medical personnel – were pre-tested with ten physicians, and minor revisions were made before distribution. With the help of the Health Department and leaders of medical associations, the poll was conducted online using Google Forms, guaranteeing voluntary and private participation. The survey may be finished whenever it is convenient for the respondents.

In 2024, the registered staff of Almaty's inpatient gynecological departments included 53 nurses and 67 gynecologists. We employed a cross-sectional study design formula to determine the sample size. The following formula is used to determine sample size:

$$n = deff \times \frac{N \cdot \hat{p}(1-\hat{p})}{(N-1) \frac{d^2}{z^{\alpha}} + \hat{p}(1-\hat{p})}$$

Where  $n$  = sample size;  $N$  = population;  $Deff=1$  (design effect - random sampling);  $\hat{p}=0,5$ ;  $d=0,05$  (desired absolute precision or absolute level of precision);  $z^{\alpha}=1,96$  (z-index)

The minimum sample sizes were 47 nurses and 57 gynecologists, with a 95 % confidence level and 5 % margin of error. We ultimately examined completed surveys from 63 gynecologists and 45 nurses in order to guarantee adequate responses. We employed the chi-square ( $\chi^2$ ) test to evaluate the associations between categorical variables to compare the two groups (gynecologists and nurses). Statistical significance was ascertained by comparing the  $\chi^2$  statistic to the critical value. A significant difference between the groups was shown if  $\chi^2$  was greater than the critical value, which led to rejecting the null hypothesis. SPSS 13 and Microsoft Excel were used for all statistical analyses.

The Local Committee on Bioethics of the Al-Farabi National University, Kazakhstan, approved the study design (IRB-A832, May 21, 2024).

### Results

According to respondents, the difficulties patients experience when receiving medical care at this hospital over the past year are primarily associated with a shortage of personnel at the primary healthcare level (reported by about 36.1 % of respondents) and in hospitals (29.6 %). Insufficient diagnostic examinations in the hospital were noted by 25.9 % of respondents, while 38.1% of gynecologists reported a lack of adequate equipment in the hospital.

Statistically significant responses were observed regarding the disagreement that gynecologists have low qualifications ( $p = 0.008$ ) and nurses ( $p = 0.022$ ). More than a third of respondents indicated that there is a lack of necessary drugs in the hospital ( $p = 0.004$ ), and 39.8% reported that patients often have to purchase drugs on their own ( $p = 0.033$ ).

**Table 1.** Key Issues in Hospital Care: Personnel, Resources, and Costs

Questions		Gynecologists N (%)	Nurse N (%)	Total N (%)	P value
Work experience	Less than 1 year	2 (3.2 %)	3 (6.7 %)	5 (4.6 %)	0.807
	1 to 5 years	8 (12.7 %)	7 (15.6 %)	15 (13.9 %)	
	6 to 10 years	12 (19.0 %)	8 (17.8 %)	20 (18.5 %)	
	11 or more years	41 (65.1 %)	27 (60.0 %)	68 (63.0 %)	
	Total	63 (100.0 %)	45 (100.0 %)	108 (100.0 %)	
Remote location of the hospital	Yes	6(9.5 %)	10(22.2 %)	16(14.8 %)	0.019
	No	46(73.0 %)	21(46.7 %)	67(62.0 %)	
	I do not know	11(17.5 %)	14(31.1 %)	25(23.1 %)	
Long wait for hospitalization.	Yes	10(15.9 %)	9(20.0 %)	19(17.6 %)	0.066
	No	46(73.0 %)	24(53.3 %)	70(64.8 %)	
	I do not know	7(11.1 %)	12(26.7 %)	19(17.6 %)	
Lack of gynecologists at the level of primary healthcare:	Yes	24(38.1 %)	15(33.3 %)	39(36.1 %)	0.876
	No	23(36.5 %)	18(40.0 %)	41(38.0 %)	
	I do not know	16(25.4 %)	12(26.7 %)	28(25.9 %)	
Lack of gynecologists at the hospital level	Yes	19(30.2 %)	13(28.9 %)	32(29.6 %)	0.524
	No	29(46.0 %)	17(37.8 %)	46(42.6 %)	
	I do not know	15(23.8 %)	15(33.3 %)	30(27.8 %)	
Insufficient diagnostic examination in the hospital	Yes	17(27.0 %)	11(24.4 %)	28(25.9 %)	0.516
	No	30(47.6 %)	18(40.0 %)	48(44.4 %)	
	I do not know	16(25.4 %)	16(35.6 %)	32(29.6 %)	
Low equipment in the hospital	Yes	24(38.1 %)	8(17.8 %)	32(29.6 %)	0.068
	No	26(41.3 %)	23(51.1 %)	49(45.4 %)	
	I do not know	13(20.6 %)	14(31.1 %)	27(25.0 %)	
Poor sanitary and hygienic conditions of stay in the hospital	Yes	8(12.7%)	4(8.9%)	12(11.1 %)	0.389
	No	47(74.6%)	31(68.9%)	78(72.2 %)	
	I do not know	8(12.7%)	10(22.2%)	18(16.7 %)	

Poor attitude of doctors to the patient in the hospital	Yes	6(9.5 %)	2(4.4 %)	8(7.4 %)	0.390
	No	48(76.2 %)	33(73.3 %)	81(75.0 %)	
	I do not know	9(14.3 %)	10(22.2 %)	19(17.6 %)	
Poor attitude of nurses to the patient in the hospital	Yes	6(9.5 %)	2(4.4 %)	8(7.4 %)	0.609
	No	48(76.2 %)	36(80.0 %)	84(77.8 %)	
	I do not know	9(14.3 %)	7(15.6 %)	16(14.8 %)	
Low qualifications of doctors in the hospital	Yes	9(14.3 %)	2(4.4 %)	11(10.2 %)	0.008
	No	48(76.2 %)	29(64.4 %)	77(71.3 %)	
	I do not know	6(9.5 %)	14(31.1 %)	20(18.5 %)	
Low qualification of nurses in the hospital	Yes	12(19.0 %)	3(6.7 %)	15(13.9 %)	0.022
	No	45(71.4 %)	30(66.7 %)	75(69.4 %)	
	I do not know	6(9.5 %)	12(26.7 %)	18(16.7 %)	
Low quality of medical care	Yes	9(14.3 %)	7(15.6 %)	16(14.8 %)	0.495
	No	44(69.8 %)	27(60.0 %)	71(65.7 %)	
	I do not know	10(15.9 %)	11(24.4 %)	21(19.4 %)	
Absence of necessary medicines in the hospital	Yes	24(38.1 %)	14(31.1 %)	38(35.2 %)	0.004
	No	33(52.4 %)	15(33.3 %)	48(44.4 %)	
	I do not know	6(9.5 %)	16(35.6 %)	22(20.4 %)	
Purchase of medicines at the patient's expense	Yes	28(44.4 %)	15(33.3 %)	43(39.8 %)	0.033
	No	29(46.0 %)	17(37.8 %)	46(42.6 %)	
	I do not know	6(9.5 %)	13(28.9 %)	19(17.6 %)	
High cost of paid medical services in the hospital	Yes	26(41.3 %)	13(28.9 %)	39(36.1 %)	<0.001
	No	30(47.6 %)	12(26.7 %)	42(38.9 %)	
	I do not know	7(11.1 %)	20(44.4 %)	27(25.0 %)	
In your opinion, are your patients sufficiently informed about free types of medical care, the Guaranteed Volume of Free Medical Care (GVFMC), and compulsory social medical ...	Yes	32(50.8 %)	26(57.8 %)	58(53.7 %)	0.873
	No	10(15.9 %)	6(13.3 %)	16(14.8 %)	
	I do not know	13(20.6 %)	9(20.0 %)	22(20.4 %)	

Source: Compiled by the authors

Furthermore, both doctors and nurses considered the cost of paid medical services in the hospital to be high, with a statistically significant result ( $p < 0.001$ ) (Table 1).

No statistically significant answers were provided regarding the types of medical care patients frequently need. However, about 40% of survey participants highlighted the need for rehabilitation after treatment, ongoing drug treatment, and information/training on disease prevention and health promotion. Over a third of respondents noted that patients often have justified complaints about long queues to see a doctor in the emergency

room, limited appointment time with doctors, and issues related to the appointment system. However, these responses were not statistically significant. The largest number of respondents rated medical care as accessible (66.7 %) and qualified (40.7 %) (Table 2).

A third of doctors and about half of nurses believe that the range of services has increased over the past 12 months, while 26.9 % of the remaining respondents consider the increase incomplete. 38.9% of respondents rated the opportunity for feedback to hospital management as excellent, particularly regarding the ability to leave com-

**Table 2.** Patient Care Accessibility and Quality Ratings

Questions	Gynecologists N (%)	Nurse N (%)	Total N (%)	P value
<b>List the common types of medical care that patients need.</b>				
Need for ongoing drug treatment	15(23.8 %)	9(20.0 %)	24(22.2 %)	0.639
Need for education/information on disease prevention and health promotion	9(14.3 %)	7(15.6 %)	16(14.8 %)	0.855
Need for surgical interventions	15(23.8 %)	12(26.7 %)	27(25.0 %)	0.735
Need for ongoing medical supervision	22(34.9 %)	15(33.3 %)	37(34.3 %)	0.864
Need for rehabilitation after treatment	25(39.7 %)	18(40.0 %)	43(39.8 %)	0.973
Need for physical therapy	16(25.4 %)	13(28.9 %)	29(26.9 %)	0.686
Need for ongoing drug treatment	25(39.7 %)	18(40.0 %)	43(39.8 %)	0.973
Need for education/information on disease prevention and health promotion	26(41.3 %)	17(37.8 %)	43(39.8 %)	0.715
<b>Need for medical consultation</b>	13(20.6 %)	11(24.4 %)	24(22.2 %)	0.639
<b>Do patients seek medical care with justified complaints?</b>				
yes, due to a long queue to see a doctor in the emergency room	21(33.3 %)	10(22.2 %)	31(28.7 %)	0.208
yes, due to limited time for a doctor's appointment	22(34.9 %)	9(20.0 %)	31(28.7 %)	0.091
yes, due to the doctor's inattentiveness during the appointment	8(12.7 %)	4(8.9 %)	12(11.1 %)	0.535
yes, due to dissatisfaction with the doctor's prescribed treatment	6(9.5 %)	8(17.8 %)	14(13.0 %)	0.208
yes, due to the system of making an appointment with a doctor	17(27.0 %)	16(35.6 %)	33(30.6 %)	0.340
yes, due to a long wait to receive procedures in the procedure room	9(14.3 %)	3(6.7 %)	12(11.1 %)	0.214
yes, due to the organization of the reception desk	5(7.9 %)	7(15.6%)	12(11.1 %)	0.214
yes, due to the length of the waiting time for functional diagnostic tests	16(25.4 %)	9(20.0 %)	25(23.1 %)	0.512
yes, due to the rudeness of the doctor/nurse during service	9(14.3 %)	3(6.7 %)	12(11.1 %)	0.214
yes, due to the quality and completeness of the doctor's examination	2(3.2 %)	2(4.4 %)	4(3.7 %)	0.730
yes, due to the volume of information provided	6(9.5 %)	3(6.7 %)	9(8.3 %)	0.596
yes, due to the length of the waiting time for an appointment with a doctor	13(20.6 %)	7(15.6 %)	20(18.5 %)	0.503
yes, due to the unfriendliness or inattention of medical personnel	9(14.3 %)	3(6.7 %)	12(11.1 %)	0.214
yes, due to the length of the waiting time for laboratory tests	4(6.3 %)	3(6.7 %)	7(6.5 %)	0.947
yes, due to the length of the wait for discounted prescription forms	4(6.3 %)	4(8.9 %)	8(7.4 %)	0.619

yes, due to long waiting times for inpatient treatment	8(12.7 %)	6(13.3 %)	14(13.0 %)	0.923
yes, due to the low quality of functional diagnostic tests, examination	2(3.2 %)	1(2.2 %)	3(2.8 %)	0.767
yes, due to the poor sanitary and technical condition of the medical organization		2(4.4 %)	2(1.9 %)	0.091
<b>How would you rate the medical care in your region? (multiple answers possible)</b>				
Affordable	44(69.8 %)	28(62.2 %)	72(66.7 %)	0.408
Fair	14(22.2 %)	7(15.6 %)	21(19.4 %)	0.388
Qualified	26(41.3 %)	18(40.0 %)	44(40.7 %)	0.895
Equal	11(17.5 %)	8(17.8 %)	19(17.6 %)	0.966
Inaccessible	3(4.8 %)	1(2.2 %)	4(3.7 %)	0.491
Unsatisfactory	4(6.3 %)	2(4.4 %)	6(5.6 %)	0.670
Expensive medical care	6(9.5 %)	1(2.2 %)	7(6.5 %)	0.295

Source: Compiled by the authors

ments and suggestions. Additionally, 63.0% of survey participants indicated they would recommend treatment at this hospital to their friends, relatives, or acquaintances (Table 3).

### Discussion

Our research revealed that medical staff and nurses have high qualifications. Still, the respondents noted the presence of complaints relat-

**Table 3.** Feedback and Recommendations on Hospital Services

Questions		Gynecologists N (%)	Nurse N (%)	Total N (%)	P value
Has the range of medical services provided in this hospital increased over the past 12 months?	Increased	21(33.3 %)	22(48.9 %)	43(39.8 %)	0.425
	Increased, but not completely	18(28.6 %)	11(24.4 %)	29(26.9 %)	
	Remained unchanged	14(22.2 %)	7(15.6 %)	21(19.4 %)	
	Difficult to answer	10(15.9 %)	5(11.1 %)	15(13.9 %)	
How do you rate the possibility of feedback from the hospital management, particularly if necessary, to leave your comments and suggestions?	Excellent	25(39.7 %)	17(37.8 %)	42(38.9 %)	0.556
	Good	13(20.6 %)	13(28.9 %)	26(24.1 %)	
	Satisfactory	7(11.1 %)	7(15.6 %)	14(13.0 %)	
	Bad	3(4.8 %)		3(2.8 %)	
	I do not know about this option	9(14.3 %)	4(8.9 %)	13(12.0 %)	
	I have never used it	6(9.5 %)	4(8.9 %)	10(9.3 %)	
Would you recommend treatment in your hospital to your friends, relatives, acquaintances	yes	44(69.8 %)	24(53.3 %)	68(63.0 %)	0.211
	no	4(6.3 %)	5(11.1 %)	9(8.3 %)	
	I do not know	15(23.8 %)	16(35.6 %)	31(28.7 %)	

Source: Compiled by the authors

ed to long queues to see a doctor in the emergency room due to limited time for doctor's appointments and the system of making an appointment with a doctor. Making appointments is a difficult task in the healthcare industry that requires effectively allocating patient and service resources to fulfill demand. To solve these problems, researchers have created various models, including numerical, simulation-based, and artificial intelligence approaches. Discrete event simulation has been especially successful because of its scalability and adaptability. Future studies will concentrate on incorporating forecasting models such as Bayesian belief networks and investigating the influence of patient characteristics on service durations in order to enhance appointment scheduling and decrease wait times. Waiting times for medical services, such as primary care, elective surgeries, and specialist appointments, have either stayed high or increased over the last ten years, with socioeconomic status (SES) and public health systems impacting these discrepancies. This problem requires more transparency and systematic data collection on various waiting times. Furthermore, rather than concentrating only on cutting waiting times, policies should be changed to optimize patient time [15-17].

Additionally, in our study, medical specialists highlighted the inadequate level of equipment, which can significantly impact the quality of care provided, especially in urban hospitals. The differential diagnosis of gynecological emergencies is made more difficult by the fact that a variety of disorders, including ovarian torsion, ectopic pregnancy, and irregular uterine bleeding, can present with symptoms including fever and abdominal pain. Minimally invasive procedures like laparoscopy can impact postoperative lung healing, and gynecological patients with a history of cancer or surgery are more susceptible to pulmonary infections. In order to manage severe emergencies, multidisciplinary teams are crucial, and a well-equipped hospital can guarantee the standard of care. Strict protective measures, comprehensive patient history-taking, and a "green passage" for critically sick patients are advised to lower mortality and guarantee adequate care, particularly for access that can affect scenarios such as COVID-19 [18-21]. Almaty hospitals' decision-makers must create a procurement strategy that considers the

requirements of medical experts to guarantee appropriate treatment and lower future patient complaints.

Hospital specialists have highlighted a shortage of essential medicines, forcing patients to purchase certain drugs out of pocket. This not only places a financial burden on patients but also contributes to an increase in out-of-pocket expenditure in healthcare, which in Kazakhstan will now be 25.03 % in 2021 [22]. This means the need for a complete revision of the financing system and the question of accessibility and high-quality implementation of UHC arises.

Medical professionals frequently emphasize the need for improved patient education and knowledge on illness prevention and health promotion. According to research, a lack of public knowledge raises the likelihood of problems, especially for women, by delaying diagnosis and the course of illnesses [23; 24]. Even though primary healthcare is in charge of this duty, not enough people are being reached, emphasizing the need for more funding and increased public and healthcare professional involvement.

Limitations of the Research: This study's dependence on self-reported data, which could be biased since respondents may exaggerate or underestimate particular difficulties depending on their own experiences or viewpoints, is one of its limitations. Furthermore, because the survey was limited to the gynecology department, even if it collected responses from nurses and gynecologists in Almaty, the results might not apply to other areas of Kazakhstan or other specialties. The study's cross-sectional design limits conclusions on causality or changes over time. Additionally, the study did not investigate how patient variables, like age or socioeconomic position, would affect their experiences and level of satisfaction with care. Finally, some respondents' incomplete responses may have impacted the survey's completeness.

Future research could include a broader range of healthcare professionals, including specialists from other departments, to better understand the challenges faced in various hospital settings. Longitudinal studies would be beneficial to track changes in medical care over time and assess the effectiveness of interventions to improve service delivery. Additionally, incorporating patient feedback and exploring demographic factors could

provide deeper insights into patient satisfaction and care outcomes. Further investigation into the availability and distribution of medical resources, including the availability of drugs and equipment, would help identify specific areas requiring improvement. Finally, qualitative research, such as interviews or focus groups, could provide a more in-depth understanding of the issues raised in this study.

### Conclusion

The survey highlights several challenges patients face at a hospital, including personnel shortages, insufficient diagnostic examinations, and a lack of necessary medications. The perceived quality of medical care is affected by inadequate equipment and high costs of paid services, with doctors and nurses expressing concerns. However, many respondents view the range of services as improved over the past year, and there is an overall positive perception of accessibility and care quality. While patients have expressed concerns about long wait times and appointment scheduling, many respondents rated feedback opportunities and the likelihood of recommending the hospital positively. These findings suggest areas for improvement in resource allocation, patient care efficiency, and communication with hospital management.

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## МЕДИЦИНАЛЫҚ ПЕРСОНАЛ ТҮРҒЫСЫНАН АУРУХАНА ДЕҢГЕЙІНДЕГІ ПАЦИЕНТТЕРГЕ КҮТІМ ЖАСАУ МӘСЕЛЕЛЕРІН БАҒАЛАУ

Н. Алекенова<sup>1\*</sup>, Б. Султанбекова<sup>2</sup>, А. Сейпенова<sup>1</sup>,  
А. Хайруллина<sup>1</sup>, Г. Калбагаева<sup>1</sup>, Г. Мукушева<sup>1</sup>, Н. Изгалиева<sup>1</sup>

<sup>1</sup> «Марат Оспанов атындағы Батыс Қазақстан медицина университеті» КЕАҚ,  
Қазақстан, Ақтөбе

<sup>2</sup> «Әл-Фараби атындағы Қазақ ұлттық университеті» КЕАҚ, Қазақстан, Алматы

*\*Корреспондент автор*

### Аңдатпа

Кіріспе. Гинекология бөлімшесіндегі медицина қызметкерлерінің пікіріне сүйене отырып, науқастарға күтім жасаудағы қиындықтар мен аурухана деңгейіндегі қанағаттанушылықты бағалау Қазақстан жағдайында өте маңызды. Ол медициналық көмектің сапасы мен қолжетімділігіне қатысты негізгі мәселелерді, әсіресе науқастардың нәтижелеріне және денсаулық сақтау жүйесінің жалпы тиімділігіне тікелей әсер ететін гинекология сияқты мамандандырылған салаларда қарастырады.

Бұл зерттеудің мақсаты – Алматы қаласындағы медицина қызметкерлерінің пікірлері негізінде аурухананың гинекология бөлімінде медициналық көмек алу кезінде науқастардың алдында тұрған қиындықтарды бағалау.

Материалдар мен әдістері. Көлденең қиманы зерттеу 2024 жылдың бірінші жартыжылдығында жүргізілді, сауалнама аурухана гинекологтары үшін арнайы әзірленген. Зерттеу Алматы қалалық денсаулық сақтау басқармасы мен медициналық ұйымдар басшылығының қолдауымен жүргізілді. Қатысу ерікті және жасырын болды, респонденттер сауалнаманы өздеріне ыңғайлы уақытта аяқтауға икемділікке ие болды.

Нәтижесі. Сауалнама персоналдың жетіспеушілігін (алғашқы медициналық–санитарлық көмек деңгейінде 36,1 % және аурухана деңгейінде 29,6 %), диагностикалық тексерулердің жеткіліксіз санын (25,9 %) және жеткіліксіз жабдықты (гинекологтардың 38,1 %) қоса алғанда, негізгі мәселелерді анықтады. Осы проблемаларға қарамастан, респонденттердің 66,7 %-ы медициналық көмекті қол жетімді деп бағалады, ал 40,7 % – ы білікті деп бағалады, дәрігерлердің үштен бірі және медбикелердің жартысы өткен жылы көрсетілетін қызметтер көлемінің өскенін атап өтті. Сонымен қатар, сауалнамаға қатысқандардың 38,9 %-ы кері байланыс жүйесін өте жақсы деп бағалады, ал 63,0 % – ы аурухананы ұсынады, бұл медициналық көмекке деген оң көзқарасты көрсетеді.

Қорытынды. Сауалнама қызметкерлердің жетіспеушілігі, диагностикалық қызметтердің жеткіліксіздігі және ауруханада емделушілерге қызмет көрсетуге әсер ететін жоғары шығындар сияқты мәселелерді анықтады. Осы мәселелерге қарамастан, респонденттердің көпшілігі қызметтердің ауқымы мен қолжетімділігін оң бағалайды және көпшілігі аурухананы басқаларға ұсынуға дайын.

*Түйін сөздер: гинекология, әйелдер денсаулығы, медициналық көмек, аурухана.*

## ОЦЕНКА ПРОБЛЕМ УХОДА ЗА ПАЦИЕНТАМИ НА УРОВНЕ БОЛЬНИЦЫ С ТОЧКИ ЗРЕНИЯ МЕДИЦИНСКОГО ПЕРСОНАЛА

Н. Алекенова<sup>1\*</sup>, Б. Султанбекова<sup>2</sup>, А. Сейпенова<sup>1</sup>, А. Хайруллина<sup>1</sup>, Г. Калбагаева<sup>1</sup>,  
Г. Мукушева<sup>1</sup>, Н. Изгалиева<sup>1</sup>

<sup>1</sup> НАО «Западно-Казахстанский медицинский университет имени Марата Оспанова»,  
Казахстан, Ақтөбе

<sup>2</sup> НАО «Казахский национальный университет имени Аль-Фараби», Казахстан, Алматы

*\*Корреспондирующий автор*

### Аннотация

Актуальность. Оценка проблем с уходом за пациентками и удовлетворенности ими на уровне больницы, основанная на мнении медицинского персонала, имеет решающее значение в контексте Казахстана. В нем рассматриваются ключевые вопросы, связанные с качеством и доступностью

медицинской помощи, особенно в таких специализированных областях, как гинекология, которые оказывают непосредственное влияние на результаты лечения пациентов и общую эффективность системы здравоохранения.

Целью данного исследования является оценка проблем, с которыми сталкиваются пациентки при получении медицинской помощи в гинекологическом отделении больницы.

Материалы и методы. Перекрестное исследование было проведено в первой половине 2024 года, опрос был специально разработан для гинекологов больниц. Исследование проводилось при поддержке управления здравоохранения города Алматы и руководства медицинских организаций. Участие было добровольным и анонимным, и респонденты имели возможность заполнить анкету в удобное для них время.

Результаты. Опрос выявил ключевые проблемы, включая нехватку персонала (36,1 % на уровне первичной медико-санитарной помощи и 29,6 % на уровне больниц), недостаточное количество диагностических обследований (25,9 %) и недостаточное оснащение (38,1 % гинекологов). Несмотря на эти проблемы, 66,7 % респондентов оценили медицинскую помощь как доступную, а 40,7 % – как квалифицированную, при этом треть врачей и половина медсестер отметили увеличение объема предоставляемых услуг за прошедший год. Кроме того, 38,9 % опрошенных оценили систему обратной связи как отличную, а 63,0 % рекомендовали бы больницу, что отражает в целом позитивный взгляд на медицинское обслуживание.

Выводы. Опрос выявил такие проблемы, как нехватка персонала, недостаточное количество диагностических услуг и высокие затраты, которые влияют на обслуживание пациентов в больнице. Несмотря на эти проблемы, большинство респондентов положительно оценивают спектр услуг и их доступность, и многие готовы рекомендовать больницу другим.

**Ключевые слова:** гинекология, женское здоровье, медицинская помощь, больница.

#### АВТОРЛАР ТУРАЛЫ

**Алекенова Нургул** – PhD, дәлелді медицина кафедрасы, Марат Оспанов атындағы Батыс Қазақстан Медицина Университеті, Ақтөбе қ., Қазақстан Республикасы; e-mail: alekenova@zkm.kz; ORCID: 0000-0001-5751-1678.

**Сұлтанбекова Бахыт** – «Қоғамдық Денсаулық сақтау» білім беру бағдарламасының 3 курс PhD докторанты, Әл-Фараби атындағы Қазақ Ұлттық Университеті, Алматы қ., Қазақстан Республикасы; e-mail: dr\_sultanbekova@mail.ru; ORCID: 0009-0007-9935-7243.

**Сейпенова Анияз** – Жалпы тәжірибелік дәрігер кафедра жетекшісі, Марат Оспанов атындағы Батыс Қазақстан Медицина Университеті, Ақтөбе Қ., Қазақстан Республикасы; e-mail: aniyaseipenova@mail.ru; ORCID: 0000-0003-4568-6002.

**Хайруллина Айнагуль** – Жалпы тәжірибелік дәрігер кафедра ассистенті, Марат Оспанов атындағы Батыс Қазақстан Медицина Университеті, Ақтөбе Қ., Қазақстан Республикасы; e-mail: ainakok@mail.ru; ORCID: 0009-0007-8988-2749.

**Қалбабаева Гүлнар** – «Дәлелді медицина» кафедрасы, Марат Оспанов атындағы Батыс Қазақстан Медицина Университеті, Ақтөбе Қ., Қазақстан Республикасы; e-mail: k.g.h@mail.ru; ORCID: 0009-0003-8244-6929.

**Мукишева Гүлбану** – патологиялық анатомия кафедрасы ассистенті, Марат Оспанов атындағы Батыс Қазақстан Медицина Университеті, Ақтөбе Қ., Қазақстан Республикасы; e-mail: Mukishova13@mail.ru; ORCID: 0000-0002-5619-9114.

**Изғалиева Назгул** – №1 Акушерия және гинекология кафедрасының ассистенті, Марат Оспанов атындағы Батыс Қазақстан Мемлекеттік Медицина Университеті; Ақтөбе, Қазақстан; e-mail: Izgaliyeva\_nazgul@mail.ru; ORCID: 0009-0006-9317-8060.

#### ОБ АВТОРАХ

**Алекенова Нургул** – PhD, кафедра доказательной медицины и научного менеджмента, Западно-Казахстанский Медицинский Университет имени Марат Оспанова, г. Актөбе, Республика Казахстан; e-mail: alekenova@zkm.kz; ORCID: 0000-0001-5751-1678.

**Сұлтанбекова Бахыт** – Докторант PhD 3 курса образовательной программы «Общественное здравоохранение», Казахский национальный университет имени Аль-Фараби, г. Алматы, Республика Казахстан; e-mail: dr\_sultanbekova@mail.ru; ORCID: 0009-0007-9935-7243.

**Сейпенова Ания** – руководитель кафедры врач общей практики, Западно Казахстанский Медицинский Университет имени Марат Оспанова, г. Актобе; e-mail: aniya\_seipenova@mail.ru; ORCID: 0000-0003-4568-6002.

**Хайруллина Айнагуль** – ассистент кафедры врач общей практики, Западно Казахстанский Медицинский Университет имени Марат Оспанова, г. Актобе; e-mail: ainakok@mail.ru; ORCID: 0009-0007-8988-2749.

**Қалбагаева Гүлнар** – кафедра доказательной медицины и научного менеджмента, Западно Казахстанский Медицинский Университет имени Марат Оспанова, г. Актобе, Республика Казахстан; e-mail: k.g.h@mail.ru; ORCID: 0009-0003-8244-6929.

**Мукишева Гүлбану** – ассистент кафедры патологической анатомии, Западно Казахстанский Медицинский Университет имени Марат Оспанова, г. Актобе; e-mail: Mukishova13@mail.ru; ORCID: 0000-0002-5619-9114.

**Изгалиева Назгул** – ассистент кафедры акушерия и гинекологии №1, Западно Казахстанский Медицинский Университет имени Марат Оспанова, г. Актобе; e-mail: Izgaliyeva\_nazgul@mail.ru; ORCID: 0009-0006-9317-8060.

#### ABOUT AUTHORS

**Alekenova Nurgul** – PhD, Department evidence based medicine, Marat Ospanov West Kazakhstan Medical University, Aktobe, Republic of Kazakhstan; e-mail: alekenova@zkmu.kz; ORCID: 0000-0001-5751-1678.

**Sultanbekova Bakhyt** – 3<sup>st</sup> year PhD student in the educational program «Public Health», Al-Farabi Kazakh National University, Almaty, Republic of Kazakhstan; e-mail: dr\_sultanbekova@mail.ru; ORCID: 0009-0007-9935-7243.

**Seipenova Aniya** – Heard of the department General practice, Marat Ospanov West Kazakhstan Medical University, Aktobe, Republic of Kazakhstan; e-mail: aniya\_seipenova@mail.ru; ORCID: 0000-0003-4568-6002.

**Khairullina Ainagul** – assistant of the department of General practice, Marat Ospanov West Kazakhstan Medical University, Aktobe, Republic of Kazakhstan; e-mail: ainakok@mail.ru; ORCID: 0009-0007-8988-2749.

**Kalbagayeva Gulnura** – assistant of the department evidence based medicine, Marat Ospanov West Kazakhstan Medical University, Aktobe, Republic of Kazakhstan; e-mail: k.g.h@mail.ru; ORCID: 0009-0003-8244-6929.

**Mukyshova Gulbanu** – assistant of the department pathological anatomy, Marat Ospanov West Kazakhstan Medical University, Aktobe, Republic of Kazakhstan; e-mail: Mukishova13@mail.ru; ORCID: 0000-0002-5619-9114.

**Izgaliyeva Nazgul** – assistant of the department of Obstetrics and Gynecology №1 West Kazakhstan Marat Ospanov State Medical University: Aktobe, Kazakhstan; e-mail: Izgaliyeva\_nazgul@mail.ru; ORCID: 0009-0006-9317-8060.

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