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THE RESULTS OF A SOCIOLOGICAL SURVEY AMONG PATIENTS WHO RECEIVED NURSING CARE IN MEDICAL ORGANIZATIONS PROVIDING PALLIATIVE CARE

Introduction: Nursing care in organizations providing palliative care plays a critical role in ensuring the comfort and quality of life of patients with severe or incurable diseases. This assistance includes physical care, pain control, emotional support and assistance to families. Nurses can also train families in patient care, assist in decision-making, and coordinate medical procedures. It is important that nurses in palliative care organizations are sensitive, empathetic and have appropriate medical training. The authors of the article conducted a sociological survey among nurses and patients receiving palliative care of medical organizations Republic of Kazakhstan. At the moment, the results of such a survey help to identify the root of the organization of nursing care in medical organizations in the healthcare sector.

Objective: To study the level of accessibility of medical care among nurses and patients in the palliative care department.

Materials and methods: This study is a one-stage sociological research by the survey method with the filling out of questionnaires and the method of in-depth interviewing. The questionnaire is taken as a basis as a research tool. The questionnaires are developed separately for each group of respondents and are presented in Kazakh and Russian. The study involved patients aged 60 and older who received palliative care among medical organizations providing care to senile and elderly people. The design of the study is a one-step cross-sectional study. The number of respondents is 120 nurses, 100 patients (81% of them women, 19% male). Statistical Analysis – Stata: Release 15. Categorical variables were calculated as fractions (%) and quantitative continuous variables as averages. The student's t-test and univariate variance analysis were used. A p value of less than 0.05 was considered important.

Research methods: Social, statistical. The choice of statistical criteria will depend on the type of variables being analyzed. The Student's t-test and univariate variance analysis were used. A p value of less than 0.05 was considered important.

The result of the study: The questionnaires were adapted to fill out patients receiving palliative care in medical organizations. The survey questionnaire provided information about the place of work, position, length of service, professional development, working conditions and the quality of palliative care in this aspect, as well as the life plans of respondents.

The closed form of questions in the questionnaire contains the principle of alternative answers encoded for subsequent processing. For some questions, it was allowed to give up to three possible answers. The open form of answers to a number of questions allowed us to obtain more detailed information on the aspects of the respondents' professional activities of interest, as well as their working conditions.

Conclusion: The study showed that the majority of nurses and patients receiving palliative care highly appreciate the level of accessibility and quality of medical care in medical organisations in the Republic of Kazakhstan. However, despite the high level of satisfaction, some problems were identified, such as obtaining prescriptions for narcotic drugs and insufficient awareness of available medical products and patients' rights. These results emphasise the need for further improvements in the quality of palliative care and training of medical staff to provide better patient care.

Keywords: medical care, elderly patients, nursing organizations, nurse.

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ПАЛЛИАТИВТІК КӨМЕК КӨРСЕТЕТІН МЕДИЦИНАЛЫҚ ҰЙЫМДАРДА МЕЙІРГЕРЛІК КӨМЕК АЛҒАН ПАЦИЕНТТЕР АРАСЫНДА ӘЛЕУМЕТТІК САУАЛНАМА НӘТИЖЕЛЕРІ

Kіріспе: Паллиативтік көмек көрсететін ұйымдардағы мейіркелік көмек ауыр немесе емделмейтін аурулары бар науқастардың жайлылығы мен өмір сүру сапасын қамтамасыз етуде маңызды рөл атқарады. Бұл көмек физикалық күтімді, ауырсынуды бақылауды, эмоционалды қолдауды және отбасыларға көмектесуді қамтиды. Мейіргерлер сонымен қатар отбасыларға мейіркеле ісін үйрете алады, шешім қабылдауға көмектеседі және медициналық процедураларды үйлестіре алады. Паллиативтік көмек ұйымдарындағы. Мейіргерлердің эмпатикалық және тиісті медициналық дайындықтан өтуі маңызды. Мақала авторлары Қазақстан Республикасының медициналық ұйымдарына

паллиативтік көмек алатын медбикелер мен пациенттер арасында әлеуметтік сауалнама жүргізді. Қазіргі уақытта мұндай сауалнаманың нәтижелері Денсаулық сақтау саласындағы медициналық ұйымдардағы мейірбикелік көмекті ұйымдастыруға көмектеседі.

Мақсаты: Медбикелердің паллиативтік көмек бөлімшесіндегі пациенттер арасында медициналық көмектің қолжетімділік деңгейін зерттеу.

Материалдар мен әдістер: Бұл зерттеу сауалнаманы толтырумен және терең сұхбаттасу әдісімен сауалнама әдісімен бір сәттік әлеуметтанулық зерттеу болып табылады. Сауалнама зерттеу құралы ретінде негізге алынды. Сауалнамалар респонденттердің әрбір тобы үшін жеке әзірленді және қазақ және орыс тілдерінде ұсынылды. Зерттеуге жасы 60-тан асқан және егде жастағы адамдарға көмек көрсететін медициналық ұйымдар арасында паллиативтік көмек алған пациенттер қатысты. Зерттеу үлгісі бір сәттік-көлденең зерттеу. Респонденттер саны-120 мейіргер, 100 пациент. Статистикалық талдау-Stata: Release 15. Категориялық айнымалылар фракциялар (%) және сандық үздіксіз айнымалылар-орташа шамалар ретінде есептелді. Студенттің t-критерийі және бір факторлы дисперсияны талдау қолданылды. 0,05-тен төмен р мәні маңызды болып саналды.

Зерттеу әдістері: Әлеуметтік, статистикалық. Статистикалық критерийлерді таңдау талданатын айнымалылардың түріне байланысты болады. Студенттің t-критерийі және бір факторлы дисперсияны талдау қолданылды.

Зерттеу нәтижесі: Осы әлеуметтік сауалнамаға паллиативтік көмек көрсететін 120 мейіргер және паллиативтік көмек алатын 100 пациент (оның 81% – әйелдер, 19%- ерлер жынысы) қатысты. Сауалнамалар ҚР Алматы, Астана және Шымкент қалаларының медициналық ұйымдарында паллиативтік көмек алатын пациенттерді толтыру үшін бейімделді.Зерттеуге паллиативтік бөлімшенің мейіргерлеріне арналған барлығы 120 сауалнама енгізілді. Сауалнама сауалнамасы респонденттердің жұмыс орны, лауазымы, жұмыс өтілінің ұзақтығы, біліктілігін арттыру, еңбек жағдайлары және осы аспектіде паллиативтік көмек көрсету сапасы, сондай-ақ өмірлік жоспарлары туралы ақпарат алуға мүмкіндік берді.Сауалнамадағы сұрақтардың жабық нысаны кейіннен өңдеу үшін кодталған балама жауаптар принципін қамтиды. Кейбір сұрақтар бойынша үшке дейін жауап беруге рұқсат етілді. Бірқатар сұрақтарға жауаптардың ашық нысаны респонденттердің кәсіби қызметінің қызығушылық аспектілері, сондай-ақ олардың жұмыс шарттары туралы толығырақ ақпарат алуға мүмкіндік берді.

Қорытынды: Зерттеу көрсеткендей, мейіргерлер мен паллиативтік көмек алатын пациенттердің көпшілігі Қазақстан Республикасының медициналық ұйымдарында медициналық көмектің қолжетімділігі мен сапасының деңгейін жоғары бағалайды. Алайда, қанағаттанудың жоғары деңгейіне қарамастан, есірткіге рецепт алу және қол жетімді медициналық өнімдер мен пациенттердің құқықтары туралы ақпараттың жеткіліксіздігі сияқты кейбір мәселелер анықталды. Бұл нәтижелер пациенттерге жақсы күтім жасау үшін паллиативтік көмек пен медициналық қызметкерлерді оқытудың сапасын одан әрі жақсарту қажеттілігін көрсетеді

Түйінді сөздер: медициналық көмек, қартайған науқастар, мейірбикелік көмек ұйымдары, мейірбике.

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РЕЗУЛЬТАТЫ СОЦИОЛОГИЧЕСКОГО ОПРОСА СРЕДИ ПАЦИЕНТОВ, ПОЛУЧИВШИХ СЕСТРИНСКУЮ ПОМОЩЬ В МЕДИЦИНСКИХ ОРГАНИЗАЦИЯХ, ОКАЗЫВАЮЩИХ ПАЛЛИАТИВНУЮ ПОМОЩЬ

Введение: Сестринская помощь в организациях, предоставляющих паллиативную помощь, играет немаловажную роль в обеспечении комфорта и качества жизни пациентов с тяжелыми или неизлечимыми заболеваниями. Эта помощь включает в себя физический уход, контроль боли, эмоциональную поддержку и помощь семьям. Медицинские сестры также могут обучать семьи по уходу за пациентами, помогать в принятии решений и координировать медицинские процедуры. Важно, чтобы медицинские сестры в организациях паллиативной помощи были чуткими, эмпатичными и обладали соответствующей медицинской подготовкой.

Авторы статьи провели социологический опрос среди медицинских сестер и пациентов, получающих паллиативную помощь в медицинских организациях Республики Казахстан. На данный момент результаты такого опроса помогают выявить уровень организации сестринской помощи в медицинских организациях.

Цель: Изучить уровень доступности медицинской помощи среди медицинских сестер и пациентов, находящихся в отделении паллиативной помощи.

Материалы и методы исследования: Данное исследование является одномоментным социологическим исследованием методом опроса с заполнением анкет и методом глубинного интервьюирования. За основу в качестве инструмента исследования взят опросник. Анкеты разработаны отдельно для каждой группы респондентов и представлены на казахском и русском языках. В исследовании приняли участие пациенты в возрасте от 60 и старше лет, которые получали паллиативную помощь среди медицинских организаций, оказывающих помощь лицам старческого и пожилого возраста. Дизайн исследования – одномоментное, поперечное исследование. Количество респондентов – 120 медицинских сестер, 100 пациентов (из них 81% - женщины, 19% - мужчины). Статистический анализ – Stata: Release 15. Категориальные переменные рассчитывались как доли (%) и количественные непрерывные переменные – как средние величины. Использовался t-критерий Стьюдента и анализ однофакторной дисперсии. Значение p менее 0,05 считалось важным.

Результат исследования: Анкеты были адаптированы для заполнения пациентами, получающими паллиативную помощь. Анкета опроса медицинских сестер позволила получить сведения о месте работы, должности, длительности стажа, повышении квалификации, условиях труда и о качестве оказания паллиативной помощи в данном аспекте, а также жизненных планах респондентов. В закрытую форму вопросов, в анкете заложен принцип альтернативных ответов, закодированных для последующей обработки. По некоторым вопросам разрешилось давать до трех вариантов ответов. Открытая форма ответов, на ряд вопросов позволила получить более подробную информацию по интересующим аспектам профессиональной деятельности респондентов, а также их условий работы.

Заключение: Исследование показало, что большинство медицинских сестер и пациентов, получающих паллиативную помощь, высоко оценивают уровень доступности и качества медицинской помощи на базах исследования. Однако, несмотря на высокий уровень удовлетворенности, были выявлены некоторые проблемы, такие как получение рецептов на наркотические препараты, недостаточная информированность о доступных изделиях медицинских назначений и правах пациентов. Эти результаты подчеркивают необходимость дальнейшего улучшения качества паллиативной помощи и обучения медицинского персонала для обеспечения лучшего ухода за пациентами.

Ключевые слова: медицинская помощь, пациенты старческого возраста, организация сестринской помощи, медицинская сестра.

Introduction

The organization of palliative care for the elderly is an important part of healthcare, aimed at alleviating suffering and improving the quality of life in patients with serious and incurable diseases. This includes medical care, psychosocial support, pain management and a comfortable environment. It is also important to include family and loved ones in the care process and provide them with support. A team of professionals including doctors, nurses, social workers and a ministry mentor can work together to ensure a harmonious and caring end to the patient's life.

Population aging is one of the pressing problems of modern society. Currently, there are negative medical and demographic processes characterized by an increase in the number of people in older age groups in the overall population structure of most countries. Elderly people represent a special category of citizens whose livelihoods largely depend on age-related changes. Restoring lost opportunities in this regard is available within certain limits. It concerns self-care skills, daily household activities, maintaining abilities for leisure activities and organizing recreation.

In this connection, currently one of the pressing problems of modern society is the provision of high-quality medical and social care to the population of older age groups. This problem is interdisciplinary in nature and requires the organization of a set of measures that contribute to the preservation and maintenance of the health of the elderly and senile population, not only from practical healthcare, but also from the sphere of social services for citizens. The aging process has a special impact on human health. First of all, it is accompanied by the development of age-related changes in the body. With age, the proportion of acute diseases decreases, and the number of chronic diseases that are multiple in nature increases. The risk of situations arising that require not only the provision of medical, social and rehabilitation assistance, but also outside care increases.

An estimated 40 million people require palliative care each year, 78% of whom live in low- and middle-income countries. For children, 98% of those in need of palliative care live in low- and middle-income countries, and almost half of them live in Africa [1-3].

To address the unmet need for palliative care worldwide, several major barriers must be addressed:

- palliative care is often not implemented in any form within national health strategies and systems;

- training of health workers in palliative care is often limited or not provided;

- public access to opioid analgesics is insufficient and does not comply with international conventions on access to essential medicines [1-3].

According to the 2019 WHO survey of noncommunicable diseases among 194 Member States, funding for palliative care was available in 68% of countries, and coverage of at least half of the patients who needed it, according to information provided by states, was achieved only in 40% of countries [1].

The International Narcotics Control Board concluded that in 2018, 79% of the world's population, mostly people living in low- and middle-income countries, accounted for just 13% of the total morphine used for pain relief and relief of suffering, or 1% of the 388 tons of morphine produced worldwide. These figures are higher than those reported in 2014, when 80% of the world's population accounted for just 9.5% of the morphine used to relieve pain and suffering, but there is still a disparity between low- and middle-income countries and high-income countries. Income in terms of the use of narcotic drugs for palliative care remains a concern [2].

Purpose of the study: to study the level of accessibility of nursing care among patients in the palliative care department.

Research methods: Criteria for selecting study participants

1. Number of participants. 120 nurses, 100 patients.
2. Distribution by gender. Representatives of both sexes will take part in the study.
3. Age. The study will include patients 60 years of age and older.
4. Nationality (ethnicity). There will be no distribution based on nationality.

5. Criteria for inclusion. Patients aged 60 years and older; Relationship to the contingent. Astana, Manas st., 17, "Multidisciplinary Medical Center" (palliative care department), Shymkent, Enbekshinsky district, Aldiyarov st. 60A, "T.O. Orynbayev Center for Hyperbaric Oxygenation" (department of palliative care), Almaty, Utepov st., 3, "City Palliative Care Center".

Availability of informed consent to participate in the study.

6. Criteria for exclusion. Refusal of the respondent to further participate in the study; Loss of contact with the respondent; Observation of a patient registered in a psycho-narcological dispensary.



7. Vulnerable groups. Only respondents from whom informed consent will be included in the study will be included; despite the informed consent obtained, the respondent may refuse to participate in the study at any stage. The study does not involve the use of invasive methods.

Results: Palliative care in Kazakhstan includes medical, psychological and social support for patients with serious and incurable diseases, as well as their families. The country is developing specialized palliative services and centers providing the necessary services. Medical personnel are trained in the principles of palliative care, and programs exist to train specialists in this field. Palliative care is an important component of the healthcare system and is aimed at improving the quality of life of patients during a difficult period of their illness.

The quality of life of patients receiving palliative care plays an important role in their overall well-being. Palliative care focuses on relieving suffering and maintaining comfort in patients with serious or terminal illnesses. This includes pain control, symptom management, emotional support and assistance with end-of-life issues.

Assessing quality of life in palliative care includes various aspects such as physical well-being, psychological well-being, social relationships and spiritual support. It is important to remember that each patient is different and their needs may vary greatly.

According to the World Health Organization, the majority of adults in need of palliative care suffer from chronic diseases such as cardiovascular diseases (38.5%), cancer (34%), chronic respiratory diseases (10.3%), AIDS (5.7%) and diabetes (4.6%) [1-3]. Palliative care may be needed for many other conditions, including kidney failure, chronic liver disease, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, neurological diseases, dementia, congenital defects, and drug-resistant tuberculosis.

Many factors can influence quality of life in palliative care, including professional care, effective symptom management, support from family and loved ones, and attention to emotional and spiritual aspects. Assessing and improving the quality of life of patients in palliative care remains an important healthcare goal.

We conducted a study among patients, the total number of which was 100 people. Of these, 81% are women and 19% are men. The first impression from a meeting with a nurse: those who chose the answer "friendly and friendly" was 47% CI (confidence interval was) 37.02÷56.98. Those who chose the answer "dry" professionals had an 18% CI of 10.32÷25.68, and those who had chosen the answer "smart and understanding" had an 11% CI of 4.74÷17.26. In addition, those who chose the answer "this is the first time I see such indifferent people" had a 5% CI of 0.64÷9.36. Those who chose the answer "attentive and interested people, ready to help and answer all questions of interest" amounted to 9% CI 3.28÷14.72. The attitude of nurses during their stay in the hospital was "friendly and friendly" was 47%. The professionalism of nursing staff at the time of the survey was 51%, the answer option was 40%. The level of organization of medical care at the time of the sociological survey, the answer option was excellent - 49%, good - 37%, satisfactory - 11%. To the question "Evaluate the level of explanatory work carried out by nurses when performing manipulations?" those who chose the answer "excellent" was 39% CI 29.24÷48.76, those who chose the answer "good" was 37% CI 27.34÷46.66, those who chose the answer "satisfactory" was 11% CI 4.74÷17.26. Those who chose the answer "unsatisfactory" 13% CI 6.28÷19.72. For patients, it was important that nurses have professionalism - 33%, interest in each patient - 9%, kindness - 29%. These indicators indicate that friendliness and a level of professionalism are very important for patients.

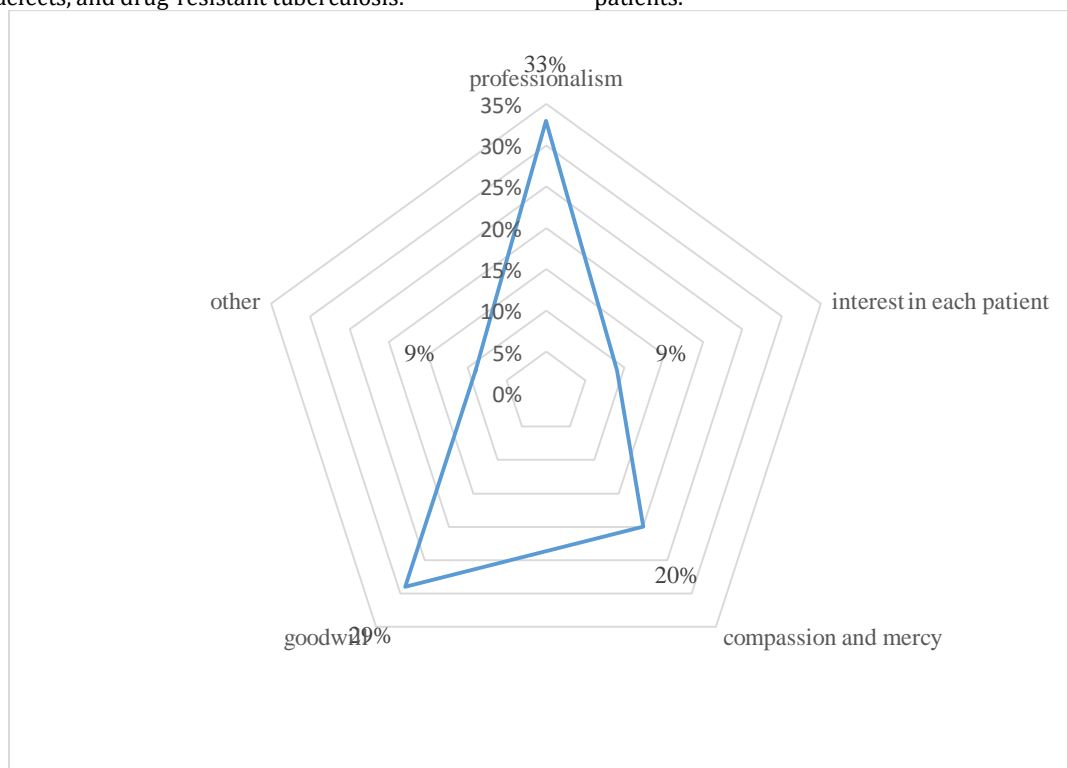
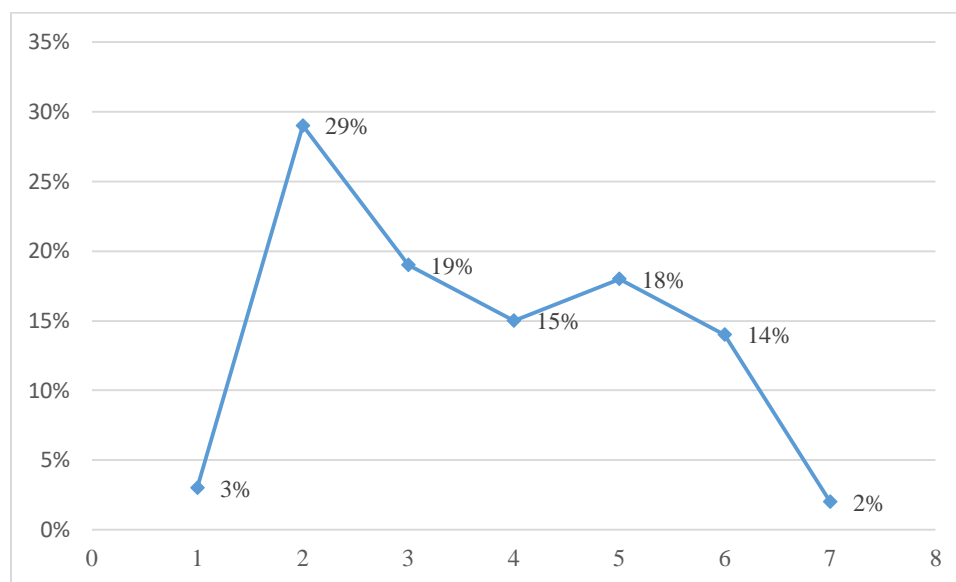


Figure 1 - Qualities of nurses providing medical care to patients

To the question "Are you satisfied with the nurse's communication skills with patients?" those who chose the answer "Yes" was 75% CI 66.34÷83.66, those who chose the answer "No" was 12% CI 5.5÷18.5, those who chose the answer "I don't know" was 13% CI 6.28÷19.72. "Do you often encounter indifference and callousness on the part of nurses?" those who chose the answer "Yes" was 28% CI 19.02÷36.98, those who chose the answer option "No" was 52% CI 42÷62, those who chose the answer option was "I don't know" 20% CI 12÷28.

"Does the nurse spend enough time with patients?" among respondents who chose the answer "Yes" the CI was 72% 63.02÷80.98, among those who chose the option "No" the CI was 28% 19.02÷36.98.

In the sociological survey there was the question "Indicate the reason for the conflict situation with the nurse? (Several options can be noted):" those who chose the answer "Rude" was 11% CI 4.74÷17.26, those who chose the answer "Inattentiveness" was 26% CI 17.22 ÷34.78, those who chose the answer "Indifference" was 21% CI 12.86÷29.14, those who chose the answer "Slowness" was 14% CI 7.06÷20.94, those who chose the answer "Poor performance of professional duties" was 14 % CI 7.06÷20.94, who chose the answer "Lack of mercy" 12% CI 5.5÷18.5, who chose the answer "Lack of responsiveness" was 2% CI-0.8÷4.8. In addition, among the respondents there were no respondents who chose the answer "Unkindness". The highest response rates include "Inattention" and "Indifference".

**Figure 2** - Negative qualities of nurses when providing medical care to patients

A sociological survey among nurses gave the following results: the number of respondents in this study was 120. Of these, 23 (12÷26.4) were men and 97 (73.6÷88) were women.

Level of education – specialized secondary - 55 (45.8 ± 4.55), applied bachelor's degree - 31 (25.8 ± 3.99), academic bachelor's degree - 18 (15 ± 3.26), 16 have higher education, the total work experience was: 5 or less - 9.2±2.64, 10-15 years - 30.8±4.21, 15-20 years - 11.7±2.93, 20-25 years - 23.3±3.86, 25 years or more - 25±3.95. Motivation to work among nurses was material income 35-29.2±4.15 (CI 95% 20.9÷37.5). I work because I like to provide moral assistance 15-12.5±3.02 (CI 95% 6.46÷18.54). Close location of a medical organization to home 18-15±3.26 (95% CI -8.48÷21.52). Don't like it, but need to work 23-19.2±3.6 (CI 95% 12÷26.4).

"How much time do you spend communicating with the patient's relatives per shift?" the location of the answers was "Less than 1 hour" - 34-28.3±4.11 (CI 95% 20.08÷36.52), "1 hour" 29- 24.2±3.91 (95% CI 16.38÷32.02), "2-3 hours" 28-23.3±3.86 95% CI 15.58÷31.02), "3-5 hours" 4-14-11.7±2.93 (95% CI 5.84÷17.56), "More than 5 hours" 15-12.5±3.02 (95% CI

6.46÷18.54). To the question "What types of activities would you like to use more time for than now?" the location of the answers was as follows: "Performing manipulations" 28-23.3±3.86 (CI 95% 15.58÷31.02), "Communicating with patients" 36-30±4.18 (CI 95% 21.64÷ 38.36), "Relationship with colleagues" 21-17.5±3.47 (CI 95% 10.56÷24.44), "Sanitary education work" 19 -15.8±3.33 (CI 95 % -9.14÷22.46), "Working with documents" 8-6.7±2.28 (CI 95% 2.14÷11.26) "Disinfection" 3-2.5±1.43 (CI 95% -0.36÷5.36).

Our survey showed that the largest number of patients who receive medical care rate it as good; the majority of respondents are concerned about the issue of professionalism of nurses. Among all those surveyed, 75% rated the level of organization of medical care by nurses as good. Buss, Mary K. Palliative care is primarily provided by specialists who are not part of the palliative care team, including internists, family physicians, and nurses. These primary health care professionals are particularly suited to provide primary palliative care. The development of group-based forms of primary care, such as the patient-centered "medical home," as well as the integration of population

health principles into the process of restructuring primary care, should help improve palliative care outcomes [4].

A sociological survey among nurses showed that the level of motivation is below average. Timely identification of negative factors affecting the quality of health care services provided by nurses, and elimination of their causes through targeted implementation of measures is a critical issue that does not lose relevance in protecting public health. Walshe, C., Chew-Graham Two key factors influence the adoption process decisions by health care workers to refer patients for palliative care. The first factor is their own perception of their role in palliative care. Specialists who work autonomously make referral decisions based on their experience, workload, palliative care characteristics, and the relationships they develop with patients. The second factor is their perception of who they can refer the patient to. Healthcare professionals must be aware of the services and specialists available, and then they make complex judgments about what these specialists can offer them and their patients [5]. These results indicate that the decision to refer a patient for palliative care depends on more factors than simply assessing the patient's clinical needs. The majority of patients (75%) are satisfied with the nurse's communication skills with them. However, 28% of patients sometimes experience indifference from nurses, which may help improve the motivation and medical training of staff. Michael H. Levy Educational programs should be provided to all health care professionals and trainees so that they can develop effective knowledge, skills and approaches to palliative care [8-9].

The discussion of the results:

Thus, a study aimed at determining the level of sociological survey among patients who received nursing care in medical organizations providing palliative care showed the following:

- Patients mainly receive palliative care at the hospital level.
- Each group of respondents studied among patients, the total number of which was 100 people. Of these, 81% are women and 19% are men.
- The majority of respondents "friendly and friendly" amounted to 47, those who chose the answer "dry" professionals amounted to 18%, and those who chose the answer "smart and understanding" amounted to 11%.
- trust in the professionalism of the nursing staff of the department was "excellent", "good" - 40%, satisfactory - 9%. In addition, among the respondents there were no respondents who chose the answer "bad".

Conclusion: In palliative care wards or departments, as prescribed by a doctor, round-the-clock monitoring of medical personnel is established for a patient in need of help [10]. Social care workers are assigned to them, the need for medications, instrumental and technical support, as well as medical products and means of rehabilitation

and care for seriously ill recipients of services is determined. The study showed that the majority of nurses and patients receiving palliative care highly assess the level of accessibility and quality of medical care in medical organizations of the Republic of Kazakhstan. However, despite the high level of satisfaction, some problems have been identified, such as obtaining prescriptions for narcotic drugs and lack of awareness of available medical products and patients' rights [7-8]. These results highlight the need to further improve the quality of palliative care and train medical staff to provide better patient care.

REFERENCES

- 1 Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2019 global survey. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.
- 2 The Report of the International Narcotics Control Board for 2019 (E/INCB/2019/1) https://www.incb.org/documents/Narcotic-Drugs/TechnicalPublications/2019/Narcotic_Drugs_Technical_Publication_2019_web.pdf
- 3 WHO Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents. <https://www.who.int/publications/i/item/who-guidelines-for-the-pharmacological-and-radiotherapeutic-management-of-cancer-pain-in-adults-and-adolescents>
- 4 Future developments in the areas of human resources policies, planning and management: report on an informal consultation. Geneva: World Health Organization, 1991.
- 5 Ghosh A, Dzeng E, Cheng MJ. Interaction of palliative care and primary care. Clin Geriatr Med. 2015 May;31(2):207-18. doi: 10.1016/j.cger.2015.01.001. Epub 2015 Feb 18. PMID: 25920056.
- 6 Buss MK, Rock LK, McCarthy EP. Understanding Palliative Care and Hospice: A Review for Primary Care Providers [published correction appears in Mayo Clin Proc. 2017 May;92(5):853]. Mayo Clin Proc. 2017;92(2):280-286. doi:10.1016/j.mayocp.2016.11.007
- 7 Walshe C, Chew-Graham C, Todd C, Caress A. What influences referrals within community palliative care services? A qualitative case study. Soc Sci Med. 2008 Jul;67(1):137-46. doi: 10.1016/j.socscimed.2008.03.027. Epub 2008 Apr 21. PMID: 18433963.
- 8 Levy MH, Adolph MD, Back A, et al. Palliative care. J Natl Compr Canc Netw. 2012;10(10):1284-1309. doi:10.6004/jnccn.2012.0132
- 9 The State program of healthcare development of the Republic of Kazakhstan for 2020-2025.
- 10 The concept of social development of the Republic of Kazakhstan until 2030.

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Мүдделер қақтығысы – мәлімделген жоқ. Бұл материал басқа басылымдарда жариялау үшін бұрын мәлімделмеген және басқа басылымдардың қарауына ұсынылмаған. Осы жұмысты жүргізу кезінде сыртқы ұйымдар мен медициналық өкілдіктердің қаржыландыруы жасалған жоқ.

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