

The Role of the Health System in Changing Public Health Behavior Strategies

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Abstract. The Socio-economic changes in the modern health care system cause changes in the strategies of behavior of subjects of the system “doctors – patients”. Problems of human resources in the health system are currently characterized by shortage, insufficient qualifications, regional disharmony. The data of the authors’ sociological research show that the doctors focus on altruism in their profession, although the significant part of the population believes that the majority of Russian doctors treat their patients inattentively and indifferently. The behavioral strategy of doctors forms appropriate strategies on the part of patients. It is established that patients change their strategies of their behavior concerning health, access to medical institutions, self-treatment.

1. Introduction

The modern Russian health care system has been undergoing various socio-economic transformations for a long period of time. These transformations take place not only in the organizational, legislative direction, but they also change the attitude, strategies and behavior of the main subjects of the health care system “doctor- patient”.

In the Declaration adopted in Rome 8 July, 2009 the leaders of the G8 Group entitled "Responsible leadership in sustainable development". It was emphasized that "... to achieve the objectives of public access to health services, especially in the field of primary health care, it is important to strengthen health care system by improving the working conditions for medical personnel, which is treated as health professionals as well as workers of community health services, and by improving financing of the health sector, including social system protection, paying special attention to the most vulnerable groups" [1].

2. Relevance of the problem

The conceptual approaches to strengthening the social sphere are primarily focused on the optimization of human resources of health protection [2]. The experience of reforming health protection during recent years shows that such a significant factor has not been taken into account and has been underused. State human resources of healthcare system are characterized by the continuing disproportionate provision of medical and nursing staff, the imbalance in their training, the serious problems in providing medical care, the lack of, in some cases, necessary personnel skills as well as disharmony in the allocation of resources[3].

According to M. Weber, the doctors as part of the social intelligence layer are the status group with similar life style, moral values, common language and imply the presence of internal solidarity

and activities undertaken for the protection of their interests and expansion of social environment [4]. Health care workers are "...all the people involved, the main purpose of whom is the health promotion" [5].

There are 59.8 million health workers worldwide. According to the World Health Organization (WHO) a country where 10,000 residents are treated by at least 23 doctors, nurses and midwives, has the critical condition of the health workforce [6]. At the same time, as noted in the WHO report on health, in the world "... growing public expectations are always ahead of the financial capacity of the healthcare system and impose strict requirements on the entire health system, that creates the need to find the best ways to develop the health system within limited resources" [7].

3. Survey

In 2018-2019, a sociological study was conducted in medical institutions of the city of Khabarovsk. The survey was attended by 250 doctors and 521 residents of the Khabarovsk territory in order to study and identify the main strategies related to the professional activity, to reveal factors that may affect the change of strategies, both doctors and patients. The sociological study involved 76 % of female doctors and 24% of male doctors. The age structure is dominated by doctors aged 30 to 60 years old, which is 79 % of all respondents and 21% – under the age of 30 years old. The age groups were from 31 – 40 years old – 40 %; from 41 – 50 years old -28 %; from 51 – 60 years old – 32 %. The working experience in health care facilities for 10 years and more was noted by 70% of all respondents. 30% of respondents have less than 3 years of professional experience (6%) and less than 10 years (24%). The analysis of the presented data allowed us to conclude that the regional healthcare system doctors are predominantly women aged 30 to 60 years old with the working experience of 10 years or more.

Most of the respondents work at one rate, 27% of doctors work at one and a half rates, while the majority of them combine their activities in one medical institution, 19% work at one and a half rates and more, combining their activities in other medical institutions, most often in private medical clinics. The study of social attitudes of doctors showed that the profession is important for many of them, 65% of respondents confirmed their satisfaction with their professional activities, meanwhile, 23% are disappointed with their profession, but continue to work in the field of health protection, 12% found it difficult to give an answer. Only 44% of respondents answered in the affirmative to the question of the prestige of the medical profession, 43% believe that it does not have prestige, 13% could not answer the question. It is known that the profession of a physician in Russia is not included in the list of high-income professions. Therefore, comparing the answers to the questions about the prestige and the satisfaction in the profession, we came to the conclusion that more than 40% of the surveyed doctors focus on altruism and service to the society in their professional activities. At the same time, the results of surveys of the Russian Center of Public Opinion (VTSIOM) show that the proportion of respondents (56%) are convinced that the majority of Russian doctors treat their patients in an inconsiderable and indifferent way. Only 30% of respondents are satisfied with the attitude of doctors to them [8]. However, the image of the doctor looks a little differently in estimates of the population, and it is possible to say that the above-mentioned high estimates of level of professional examination are exaggerated. A number of authors note self-confident and arrogant attitude of representatives of the medical profession to representatives of other professions, their belief in the unlimited possibilities in matters of preserving the human health. P. Strong called this phenomenon a sense of "medical imperialism" [9]. The doctors of the region see their income level from the main activity as follows: a high level of income -0%; above average – 5%, average – 41%, low – 33%, lower-19%. Comparing the survey data, we came to the conclusion that doctors under the age of 30 years old and the work experience up to 10 years classified themselves to the category with the level of income "below average" and "low". Many of the respondents indicated the level of their income (salary) that they would like to have. This figure ranged from 60,000 rubles and above.

The salaries of physicians in other countries show that in Belgium, Sweden, Portugal doctors earn on average 60 thousand dollars per year, that is about 5,000 dollars per month.[10].The state of

injustice in the healthcare system generates, according to respondents, inequality in the possibility of health promotion for the population (75%). For doctors, this leads to (with no opportunities for preventive work in health care systems (70%)) an average level of expressiveness of professional solidarity (41%), and for patients –to a low level of accessibility and quality of the health care system. This fact in the system causes a decrease in public confidence of the health protection system (82%) and the formation of a protest mood in the field of health protection, both doctors and the population (67%), as well as the formation of alternative practices. Only 57% of respondents are aware of the questions of legislative support of the healthcare system. This may have a negative effect in the relationship between the subjects of health protection system (“the doctor- the patient”). In particular, it can contribute to the formation of a healthcare worker’s beliefs in motivations for the material remuneration of their work by a not quite honest way, i.e., through "shadow relations" between the subjects. [11]. Thus, the presence of the "shadow" of the relationship between the doctor and the patient is noted by 23% of respondents. A special kind of relationship is created between the patient and the doctor by eliminating the utilitarian view of the patient. In these relations, there is a clear asymmetry in the relationship between the doctor and the patient, which creates the conditions for the manipulation of the patient. In the course of the study, we revealed that healthcare workers have serious motivational flaws associated with the spread of illegal payments from the patients. Taking into account that the payment or the free medical services in the legislation of the Russian Federation are not clearly defined, these models of interaction between doctors and patients are implemented, fixed and take the form of behavior strategies [12].The behavioral strategy of medicals forms the appropriate strategies on the part from patients. It should be noted that these strategies are often forced. In order to get the medical care provided to him, the patient makes various kinds of charges: at the rate, likely, in order to consolidate their future relations (the appointments by personal agreement).Thus, the results of the study revealed that 22% of patients used the practice of illegal payments to doctors.

It was found the difference in the degree of public activity in obtaining medical services which depends on the level of per capita income. The most active groups are those with high per capita income. 82% of respondents have preventive examinations in groups with a high level per capita income, in groups with a low level of income per capita only 37% have the same type of service. At the first signs of the disease, medical care is sought with the same frequency in all groups (18% of respondents – with a high level and 17% – with a low per capita income). At the same time, if in high-income groups people ask for medical care at the first signs of the disease, and there are no people who ask for medical help only in extreme cases, then in the low-income group 34% go to medical institutions only when "... there is no strength to tolerate the disease". They refuse the medical care on their own for various reasons (hope for a speedy recovery, lack of trust in doctors, lack of opportunity to be treated). This tendency is noted in 65% of cases- in the group with high per capita income and in 60% of cases- in low-income groups. Thus, we can talk about the unfavorable situation in the mass and the individual value attitude to health [13]. It is not a priority value among social groups, especially low-income ones.

In the course of sociological research we have identified certain inequalities. The availability of medical services for the population depends on the ability of patients to pay for it [14]. Thus, with different frequency, the consumers of medical services have to pay for various medical services (at cash desk or directly to the doctor). While in the high-income group, 24% of respondents always pay for medical services, in the low-income group, 20% of respondents have never paid for medical services. The frequency of payment for medical services is directly proportional to the level of income. From 62% to 42% of respondents of all groups pay for medical services through the cash desk of a medical institution. The results of the survey showed that there are facts of shadow payment directly to the executor of medical services. High-income respondents are twice as likely to use this type of payment (12%) than those in the low-income group (6%).

The strategy of behavior among patients is formed by the previous experience gained by patients in obtaining medical services. While taking the preventive examinations the part of the respondents

encountered difficulties. They are: 35,6% -the queue at the doctor's office, 31.8% – the queue at the reception, 17,2% – the insufficient attention from the medical staff, 8.7% - the low culture of service, 6.9% -the lack of relevant recommendations while being examined, 3.6% – the impossibility of further implementation of health measures, 2,7% – the difficulties associated with consultations. During the routine examination, the patients expect from the doctor: the careful attention – 46,4%, the high professionalism – 29.2%, the tactful treatment of the patient 23.5%, the discreet relationship -15,8%, the frankness– 11.4%, and the ability to keep a promise - 9.5%. In the process of the preventive examination 48.2% of the patients are faced with a formal attitude to work on the part of the medical personnel, 28,4% – with the inattention, 23.2% – the haste, 18% –the impoliteness. 17.8% of respondents note that the time allotted for the preventive examination is inconvenient. Almost one third of the respondents (32%) do not consider it necessary to apply again to a medical institution, even in case of detection of any disease. Many of the respondents (39%) have knowledge of health practices and plan to apply them in their future lives. The self-preservation and the preventive behavior include actions aimed at eliminating or minimizing health risks. It involves the possession of practices to maintain physical health, the ways of experiencing stress, the achieving mental well-being and stability [15].

4. Results

Human control over chronic diseases is an important component of the self-preservation behavior. The choice of a person's behavior may depend on their territorial restrictions (the distance of the medical institution from the patient's place of residence) or unavailability of medical services due to poor organization of medical care (queue at the reception, long waiting for the doctor's appointment etc.) [16]. There are pattern attitudes among the older generation when the public health was taken care of by the state, providing free medical care [17]. The younger generation is ready to take care of their health, to lead a healthy lifestyle, but they believe that their health is influenced by a large number of factors that do not depend on their behavior, and that significantly worsen it.

Another strategy of the population is the refusal of medical help when the disease is not serious. [18]. According to working citizens, the treatment in a medical institution for mild forms of the disease is a waste of time. Complicated paperwork and calculation of temporary disability payments also increase the number of patients who refuse to see a doctor. Asking for medical help in the late stages of the disease is one of the negative strategies of behavior. Some categories of patients in the case of the disease prefer to "stay at home for a while" or "do not pay attention" to the disease.

The self-treatment is another practice of behavior of a sick person. When choosing treatment, a patient is guided by the annotations to the drugs, which indicate the rules of their reception and dosage.

5. Conclusion

Understanding the results of the study leads to the conclusion that the respondents demonstrate uncertainty about the existence of a fair and decent health care system in the country. It does not fully meet the expectations of the population and it is not equally (without discrimination) able to respond to any request. This situation contributes to the formation of behavioral strategies that have a negative color and do not contribute to its sustainable development in the context of social change among the subjects of healthcare system .

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