

РЕЗЮМЕТА НА НАУЧНИТЕ ТРУДОВЕ НА АНГЛИЙСКИ ЕЗИК

Г.7.1.

MAN-MADE DISASTERS RISK – OFFICIAL STATEMENT AND AWARENESS OF WORKERS

V. SLAVOVA a*, J. MARINOVA b, V. IVANOV a, E. KARASLAVOVA c,
P. TALEVA-RUSINOVA d, B. PARASHKEVOVA b, G. PETROVA b,
M. PLATIKANOVA e

a Department 'Neurology, Psychiatry and Disaster Medicine', Faculty of
Medicine, Trakia University, 11 Armeyska Street, 6000 Stara Zagora, Bulgaria
E-mail: vslavova71@yahoo.com

b Department 'Social Medicine and Health Care Management', Faculty of
Medicine, Trakia University, 11 Armeyska Street, 6000 Stara Zagora, Bulgaria

c Biomedikal Analysis Ltd., 39 Yurdan Gavazov, Plovdiv, Bulgaria

d Department 'Surgery, Neurosurgery, Urology and Anesthesiology', Faculty of
Medicine, Trakia University, 11 Armeyska Street, 6000 Stara Zagora, Bulgaria

e Department 'Hygiene, Infectious Diseases and Epidemiology', Faculty of
Medicine, Trakia University, 11 Armeyska Street, 6000 Stara Zagora, Bulgaria

Abstract. In recent years, reducing risk associated with disaster situations has become a global priority. Awareness of people at risk of man-made disasters in the region in which they live and work is essential to reduce risk and increase readiness to protect and provide first aid. The goal of the research is to analyse of the preparedness of workers for dealing with disaster situations, taking in mind the awareness of respondents for the most risky man-made disasters. An empirical sociological study is conducted through direct group self-administered questionnaire (SAQ) of 322 workers in various fields of the national economy in Stara Zagora region, Bulgaria. The survey was conducted from January to December 2016. The places of study were enterprises and companies in various industries, some of which are included in the list of sites of critical infrastructure in Bulgaria. Analysis of the results of the survey shows insufficient awareness about the risk of man-made disasters as the majority of respondents indicate that there is no or little risk of them occurring. Possible consequences in case of man-made disasters require continuously and purposefully increase awareness about the most risky man-made disasters and remedies for protection and provision of first aid.

Keywords: man-made disasters risk, reducing risk associated with man-made disasters, workers' awareness about the risk of man-made disasters, empirical sociological survey.

F.7.2.

RESULTS FROM INQUIRY STUDY OF CHILDREN'S HEALTH CENTRES ACTIVITIES IN THREE BULGARIAN REGIONS

Petrova G., B. Parashkevova, V. Slavova, J. Marinova

Medical Faculty, Trakia University - Stara Zagora, Bulgaria

Aim: To analyze the organized health care for children under the age of one considering the existence of inequalities and to study the factors, which generate them, focusing on residence, education, ethnicity.

Material and methods: In three regions in south Bulgaria, a breeding principle with a view to representation of three ethnicities - Bulgarian, Turkish and Roma - the mother's opinion (242) was studied, through a face-to-face survey on: Preventive care for their children given by Children consultation and living conditions; their self-assessment in terms of knowledge and skills and available sources of information on child care.

Results: Health care for children in cities is significantly better than in rural areas. $P < 0.001$. Roma children receive insufficient health care service. $P < 0.001$. Statistically significant differences are found in the capacity of Children consultations regarding the place of residence. The living conditions for the children are very different considering their mother's domicile and ethnicity. Mother's assessment on their knowledge how children in the early age should be raised is much lower in the villages than in the cities. $P < 0,001$. Mothers with a lower level of education in 43% declare the need for additional training but prefer non-medical sources. This is the most common among the people from Roma origin - 84%. More educated mothers receive more counseling than those with lower education, which have the highest share in the Roma ethnic group $P < 0.001$.

Conclusion: Disparities in preventive healthcare for children under the age of one in terms of residence, education and ethnicity of mothers have been identified. Measures should be taken to improve preventive healthcare that would reduce inequalities in early childhood age.

Key words: preventive health care, children's health, access to health care for children, Roma origin, inequalities in early age

Г.7.3

INEQUALITY IN HEALTH CARES FOR CHILDREN UNDER THE AGE OF ONE IN BULGARIA

G Petrova¹, N Feschieva²

¹Department of Social Medicine and Healthcare Management, Medical Faculty, Trakia University, Stara Zagora, Bulgaria

²Department of Social Medicine, Public Health Faculty of Medical University, Varna, Bulgaria

Background

Health care for children can have essential contribution for an equal start in life if they are directed to specific needs of different groups of the population.

Aim: To analyze the organized health service for children under the age of one and the factors, causing inequalities with focus on residence, education, ethnicity.

Study design

In three regions in south Bulgaria in order to represent three ethnicities – Bulgarian, Turkish and Roma were studied the opinion of the mothers (242), by “face-to-face” interview concerning preventive care for their children. Statistic methods- descriptive, for assessment and verification of hypothesis were applied.

Results

The health care for children in the cities is extensively better compared to that in the villages. $P < 0,001$. Most children from Roma origin receive insufficient health care service. $P < 0,001$. Statistically significant differences are established in the capacity of the activities of Children consultations concerning residence. The self-assessment of the mother’s knowledge from the villages for growing up children at early age is much lower than the one of the mothers from the towns $P < 0,001$. The educational level of the mothers has significant relation with the level of their knowledge. Mothers with lower educational level in 43% declare their need of additional training, but prefer non-medical sources. This is most common among Roma people- 84%. The biggest willingness to visit parent’s school have more educated women and with the lowest willingness- lower educated $P < 0,05$. The willingness is lower among mother from Roma origin, 55% of whom are in the group of the lower educated mothers. The more educated mothers receive more advice, while lower, educated tend to less $P < 0,001$, which is due to the language barrier.

Conclusions

The cumulating of several adverse factors- low education, ethnicity, lower populated residence- show that among families with young children there are underserved groups.

Key messages:

_ The mission of the Public Health professionals is to reveal health inequalities in all segments of human life and to put them on the health policy agenda of all levels

_ Both high level health policies as well as community level health education and organizational changes are important for the equal healthy start of life

Г.7.4

MOTIVATION OF THE MEDICAL SPECIALISTS OF THE MEDICAL-SOCIAL CARE HOME FOR CHILDREN - ST. ZAGORA FOR INCLUSION IN POSTGRADUATE TRAINING COURSES

Г. Узуннов, Г. Петрова

Abstract

The National Development Plan of Bulgaria for the period 2000-2006 identifies as a priority the development of human resources and the qualitative improvement of education and vocational training. It is necessary for medical professionals working in social care institutions to continuously improve both their theoretical training and their practical skills for working with children in accordance with modern standards.

Aim: The aim of the present study is to investigate the motivation among the medical specialists to participate in postgraduate courses.

Materials and methods: The following methods were used to achieve the set goal: documentary method and anonymous individual survey method. The results were analyzed descriptively.

Results and Discussion: A large proportion of the respondents, 78%, had not completed a postgraduate course. It is important to note that 62.5% were willing to include such a course.

Medical professionals cited the opportunity to gain new knowledge through increased education and its possible investment in the future as their main argument. The most preferred subject areas were: child pedagogy, child psychology, communication in the practice of medical professionals.

Conclusion. It is necessary for medical professionals working in social care institutions to constantly improve both their theoretical training and their practical skills for working with children according to modern standards.

Keywords: children's social care home, medical professionals , motivation, postgraduate training

Г.8.1

RESPECTING THE AUTONOMY OF THE PATIENT IN GENERAL PRACTICE – THE OPPORTUNITIES OF THE ADVANCE DIRECTIVES

**Sv. Dimitrova^{1*}, B. Parashkevova¹, J. Marinova¹, Kr. Benkova²,
G. Petrova¹, G. Chamova¹**

¹Department of Social Medicine and Health Care Management, Medical Faculty
Trakia University, Stara Zagora

²Department of Social Activities, Medical Faculty, Trakia University, Stara Zagora

ABSTRACT

Respecting patients' autonomy is a basic moral requirement in the contemporary general practice. An AD is a way of recognizing the right of autonomy prospectively by providing instructions in advance on what the patient would want after being no longer able to communicate his or her decision.

PURPOSE: The aim of this study is to describe the current foreign practice concerning respecting patients' rights in general practice by the means of advance directives. **METHODS:** A review of the literature in the field of the investigated topic has been done. **RESULTS AND DISCUSSION:** In The USA, the use of ADs has been studied extensively. Several studies have attempted to identify factors associated with the formulation of ADs and to find opportunities to increase their use. In Europe, The Netherlands is a country where the AD concept is widely accepted. The reasons and obstacles for having an AD and some approaches to increase compliance with ADs are discussed in this article.

CONCLUSIONS: AD are a relatively new phenomenon in medical care. Changes in medical practices, the public's awareness, and the documents themselves have been proposed in order to encourage their use. The primary health care physician is the key figure and the initiator of this change.

Key words: advance directives, general practice, general practitioner

Г.8.2

ADVANCED HEALTH CARE DIRECTIVES – A DOCUMENT OF CLINICAL PATHWAY IN BULGARIA: IS THIS COMPATIBLE TO THE BULGARIAN LEGISLATION?

B. Parashkevova1*, J. Marinova1, G. Petrova1, Sv. Dimitrova1, Kr. Benkova2, G. Chamova1, N. Nedzhetova3

1Social Medicine and Health Management Department, Thrakia University, Stara Zagora

2 Social Activities Department, Thrakia University, Stara Zagora

3Student in Medicine, Thrakia University, Stara Zagora

ABSTRACT

The purpose of this paper is to initiate discussion regarding the fundamental ethical and legal issues in recognizing the Advanced Directives in Bulgaria as well as to examine the conditions in which the Directives are to be realized as a mechanism for patient's rights expanding.

The tasks we have placed are the following: 1. to present the Advanced Health Directives (AHD) concept; 2. to present facts regarding current status of the problem in Bulgaria - existing practice and its compatibility with the acting legislation; 3. to find out the reasons for the inapplicability of the AHD in the present situation of the Bulgarian health care.

We are critically disposed towards the Bulgarian model of AHD, because of its mechanical transfer or the lack of legal positions for implementation, as well as because of the contradictions with the fundamental principles of the medical ethics. The concept of AHD is part of the concept for patient's rights expansion.

Besides this contemporary medicine has made the death complicated. Every society should develop moral and medicine standards concerning most appropriate discontinuance of the supporting treatment of patients in terminal stage, considering the latest progress in the medicine area and continuously changing technologies. It is important that the patients and their families, whenever possible, should have significant role in taking such decisions, but without feeling pushed, confused or hopeless.

Key words: advance directives for health care, patients' rights, living will, respect for autonomy, principle of beneficence, and principle of non-maleficence.

Г.8.3

CONSIDERING THE PATIENTS` ADVANCE DIRECTIVE AS AN ASPECT OF THE ETHICAL NURSING CARE AT THE END OF HUMAN LIFE

G. Petrova*, G. Chamova, Sv. Dimitrova, B. Parashkevova, J. Marinova, D. Petrov, K. Peeva

Department of Social Medicine and Health Care Management, Medical Faculty, Trakia University, Stara Zagora, Bulgaria

ABSTRACT

PURPOSE: to reveal the opinion and attitude of the students in Health Care Management and Nursing undergraduate Bachelors programs concerning respect of the patients' autonomy by the means of advance directives in case of oncological disease in its terminal stage. **METHODS:** An inquiry is instituted in April-May 2010 in the Medical Faculty of Trakia University in Stara Zagora, Bulgaria with 52 students studying in Health Care Management and Nursing undergraduate Bachelors programs. **RESULTS:** The majority of investigated (76.9%) consider that, the respect of the free will is justifiable with the principle of respect of the autonomy. According to (57.7%) of the answers advance directives (AD) have to be optional in order not to deprive the right of choice. According to (35.5%) of the participants, the patient has to choose the person holding the document – the GP, the family, the oncologists. Having in mind the fact that AD reflect the free will of the patient and confirm the model of autonomy, the patient should initiate working out the document, helped by the clinical psychologist. **CONCLUSIONS:** This topic is a big challenge for the medical specialists and gets his way to improve their qualification in the domain of palliative care.

Key words: palliative care, advance directives, advanced care planning, opinion, attitude, students in Health Care Management

Г.8.4

THEORETICAL BASICS AND PRINCIPLES OF THE "MODEL FOR PROVIDING HELP FOR CHRONIC DISEASES" G. Chamova, Yu. Marinova, B. Parashkevova, Sv. Dimitrova, G. Petrova

*Department of Social Medicine and Health Management,
Faculty of Medicine, Thrace University - Stara Zagora*

Summary

Introduction: One of the greatest challenges facing any national health system is the growing burden of chronic diseases. At the same time, the organization of health services is largely out of step with the growing needs of long-term care for chronically ill patients. This provoked the creation of different models and approaches for providing integrated medical care for chronic pathology. **Purpose:** To present the "Model for providing assistance in chronic diseases" developed in the USA by a group of experts (Chronic Care Model - CCM) as a complex theoretical basis for the organization of medical care for this category of patients. **Materials and methods:** Scientific articles and WHO publications devoted to integrated medical care for chronic diseases were reviewed. **Key words used in the information search:** chronic disease management, integrated medical care, long-term care. **Results and discussion:** At the core of SCM is the view that quality medical care for chronic diseases is based on the effective interaction between the informed, active patient and a team of professionals who carry out active treatment, monitoring and support of the patient. The SCM includes six interacting components as a system whole, considered key to ensuring quality medical care for chronic diseases: self-help support, structure of the medical care system, decision support, clinical information systems, public resources and policies and health system. **Conclusion:** The main principles and components of CCM are a reliable theoretical basis for developing policies to provide integrated medical care for chronic diseases

Key words: chronic disease management, integrated medical care, SCM

Г.8.5

DR. HRISANT BODUROV - FIRST ATTEMPT AT PUBLIC HEALTH CARE DURING THE BULGARIAN RENAISSANCE

Boryana Parashkevova, Vanya Tsenkova, Galya Chamova, Yuliana Marinova, Svetlana Dimitrova, Galina Petrova, Katya Peeva

Summary: The Renaissance was an era of deep changes in the socio-economic, political and cultural condition of the Bulgarian people. This is the time when the Bulgarian ecclesiastical communities are formed, which begin to define the social and spiritual life and, above all, to take actions for the education of the Bulgarian population, as well as measures to provide it with qualified medical assistance.

The purpose of the present work is to study the activities of the first doctor in Stara Zagora and to clarify his role in the health and social policy of the Bulgarian municipality of Stara Zagora, which in 1848 organized subscription health care for the first time.

Methodology used: Study of historical documents.

The conclusions indicate that during the second period of the Renaissance, a Bulgarian municipality began to form responsibility and concern for the health of its population and, by attracting a legally qualified doctor to the city, laid the foundations of Bulgarian public health care.

Keywords: National revival, Bulgarian municipality, Stara Zagora, first municipal doctor, subscription.

Г.8.6

PATIENT - CENTRED CARE IN DEFENCILIA

St. Dimitrova, B. Parashkevova, G. Chamova, G. Petrova, K. Peeva, Yu. Marinova

Abstract:

Patient-centered care is a modern and often exploited term without clarifying its content and true meaning. It lies in the understanding that the patient deserves to be a partner in his own health care, which can develop effectively when he is also involved in it.

Aim: To explore current terms, features and characteristics of patient-centred care through the most widely accepted definitions.

Methods: A systematic literature review of electronically published sources in English from 2001 to 2010 was conducted. The following databases were used: Medline, Cochrane library, Google Scholar.

Results and Discussion: Materials from the International Alliance project were used as the main source of useful information for our purpose. Five definitions were selected for analysis and emerged as the most widely accepted based on our chosen methodology. For us, the American National Health Council's (2004) definition appears particularly elegant, albeit laconic

Conclusion: The definitions of patient-centered care that we have examined identify some of the key features of a relatively new paradigm in health care—a shift in focus from medical determinants to person-centered care.

Key words: patient centered care, patient participation, definitions

Г.8.7

CONTENT ANALYSIS OF COMPLAINTS FILED IN THE PROFESSIONAL ETHICS COMMITTEE OF REGIONAL PROFESSIONAL ORGANISATION OF PHYSICIANS IN STARA ZAGORA - A REFLECTION OF ETHICAL PROBLEMS EXISTING IN THE PERIOD OF BULGARIAN HEALTHCARE REFORM

J. Marinova, B. Parashkevova, Sv Dimitrova, G. Chamova, G. Petrova

Department of "Social Medicine and Health Care Management", Faculty of Medicine, Thrace University, Stara Zagora, Bulgaria

The process of healthcare reform in The Republic of Bulgaria is connected with serious ethical challenges. All the consequences of unsuccessful efforts in this direction influence strongly Bulgarian physicians performance. The aim of this study is to describe the basic ethical problems connected to reforming in the healthcare system in the Republic of Bulgaria through analysis of complaints filed in the Professional Ethics Committee of the Branch of Bulgarian Medical Association, Stara Zagora. From the conducted research problems are raised that reflect ethical conflicts in the process of reform in healthcare. The negative events such as limited access and the destroyed trust in the physician-patient system are related to opportunities for resolution on the level of management of the healthcare system. Thus emerges the need to encourage good practices when accounting for the rights, interests, and needs of all participants in the system of healthcare service

Key words: professional ethics committee, patients 'rights, qualitative content analysis

Г.8.8

CONFLICT MANAGEMENT IN BULGARIAN NURSING PRACTICE – AN EMPIRICAL STUDY RESULTS

Sv. Dimitrova*, G. Petrova, J. Marinova, B. Parashkevova, G. Chamova

Department of Social Medicine and Healthcare Management

Medical Faculty at Trakia University – Stara Zagora, Bulgaria

ABSTRACT

Introduction: The Bulgarian health care system has been in dynamic transition for twenty years by now. The contemporary stage is developing in difficult economical, social and political circumstances. The Bulgarian health care system suffers from extremely low number of nurses. This context predisposes difficult everyday ethical and organizational conflicts that involve nurses. **Purpose:** to discover and analyze some of the most often and difficult conflicts and their management in Bulgarian medical practice especially in nursing health care based on opinion of nurses. **Tasks:** 1. To identify, classify and analyze the conflicts with stressing the ethical aspects. 2. The applied methods of managing conflicts to be described and to discuss the most preferred strategies of solving conflicts. **Methods:** Content analysis of written cases has been performed. The cases are prepared by students in Nursing Health Care Management at the Medical Faculty of Trakia University – Stara Zagora and describe real conflicts in their professional experience. Ethical conflicts and complex ones that include ethical component are identified and investigated. Qualitative criteria are applied for defining the type, sources, stage, methods and strategy for managing conflict. **Results:** Most of the conflicts are not clearly ethical but complex and are caused by ineffective communication. The insufficient time for conversations with patients leads to mistakes and interpersonal conflicts. The team conflicts most often are connected with unclear professional roles and mutual dependant responsibilities and sometimes underestimation of nurses by physicians. For solving conflicts usually the authors of cases combine well known methods with innovative ones. Compromise and cooperation are the most preferred models. Our analysis shows that in the most cases the strategies of solving conflicts are unaggressive, non-competitive and creative. **Conclusions:** The issue of conflict management is a big challenge to Bulgarian nurses managers. It requires theoretical knowledge, adequate managerial skills and ethical attitude to perform the delicate activity of solving conflicts. Certain political decisions must be taken as well in the direction of reducing the sources of conflicts by the managers on strategic level.

Key words: nurse managers, conflicts, strategies of solving, Bulgaria

Г.8.9

AUTHENTICATION OF MEDICAL PROFESSIONALS WORKING IN HIGH-TECH HOSPITALS IN BULGARIA

Damyam Petrov¹, Emil Enchev², Galina Petrova¹

¹ Social Medicine and Health Management, Faculty of Medicine, Thracian University - Stara Zagora

² Student, MF, Thracian University - Stara Zagora

Abstract:

Introduction

E-health includes a number of tools based on information and communication technologies. These tools are used to support and improve disease prevention, diagnosis, treatment, control and management of health and lifestyle.

Aim: To illustrate the authentication of medical professionals when working with different applications, and to investigate whether there is a correlation between the complexity and length of password used by different professionals in high-tech hospitals.

Methods

We conducted a representative scientific survey among 551 medical professionals, Descriptive statistics, dependency analysis using non-parametric methods were used to analyze the results.

Results and Discussion:

Passwords provide the first level of protection for a computer or Internet application. Although hospitals have IT departments and use advanced software and methods to protect networks, medical professionals say they worry about unauthorized access to the computer on which they work. The use of weak passwords is a significant security issue. The most secure way to log into an operating or information system is so-called biometric authentication. Only 15.43% of the medical professionals surveyed have electronic signatures.

Conclusion

The implementation of eHealth in the practice of medical professionals is a challenge that will ease the busy work. The use of strong passwords will make the authentication process more secure.

Key words: electronic authentication, medical professionals, password, electronic signature.

Г.8.10

HEALTH-EDUCATIONAL AND ORGANIZATIONAL INTERVENTIONS FOR IMPROVING THE CHILDREN'S HEALTH IN THE VILLAGES IN THE PERIOD 1925–1965

G. Petrova¹, Hr. Petrov², N. Feschieva³ (Varna)

Abstract: In the period 1920–1930 infant mortality in Bulgaria is about 2.5 to 3.4 higher comparing to the developed European countries. 77,2% of population in Bulgaria lives in the villages, so the above phenomenon is observed mostly in the rural areas. Mother's low educational level, illiteracy, poor quality of health service, lack of health service network in general are the main reasons for the high level of infant mortality. At that time there is no national health care policy, but measures for improvement are taken by the Union for Child Protection in Bulgaria (UCPB), non-government organization working with the institutions and society. This study presents provision of health care service to children and educational options available to the mothers in the villages as opportunity for improvement of service that will reduce infant mortality. Through research and analysis on the legislation, regulations and published materials are highlighted: a) The contribution of Advisory Health Stations (AHS), established by UCPB (1925–1950), which set the continuous monitoring and evaluation on the health care for children under age of 3 and health education and counseling for the mothers in the villages. Presented are different educational initiatives used to reach families with small children in the villages: b) the role of so called teacher/counsellor for provision of social and health cares to children where no medical services are available (1927–1942); c) institutionalization of health care and preventive services after 1950 with focus on children in the villages, strengthening of Child health care consultations – successors to AHS as milestone in the health care system in Bulgaria. Promotion of knowledge in health and development of skills for raising children in the villages are supported by local policies. The issue with reducing infant mortality becomes a priority for both national and local authorities. The results are significant – from 144,50 ‰ in 1945 to 30.8 ‰ in 1964 – 25.6 ‰ in the cities and 35.4 ‰ in the villages, which outlines future work in reducing the inequalities.

Key words: children's health, health education, child health care consultation, village child, infant mortality, inequalities

Г.8.11

SOCIO-ECONOMIC FACTORS FOR THE JOB SATISFACTION OF THE PHYSICIANS IN BULGARIAN HOSPITALS

P. Atanasov¹, B. Parashkevova¹, J. Marinaova¹, G. Petrova¹, S. Simeonov², I. Nencheva³, N. Penev³

¹Medical Faculty, Trakia University, Stara Zagora, Bulgaria

²National Health Insurance Fund, Stara Zagora, Bulgaria

³Faculty of Economics, Trakia University, Stara Zagora, Bulgaria

ABSTRACT

The physicians' job satisfaction and work motivation are the basic component of health service quality under the conditions of continuous public health reform. The purpose of this paper is to analyze the impact of some socio-economic factors on the professional satisfaction and motivation of the work of hospital physicians. Materials and methods. During the period from 2013 till 2015, was carried out a direct individual self-administered questionnaire containing 31 questions among 612 physicians, 320 females and 292 males from 11 hospitals (5 district and 6 municipal) in South and South-Eastern Bulgaria. The data were processed by means of descriptive, correlation and graphic analysis using SPSS software, version 13.0. Results and discussion: Six socio-economic factors have been researched and analyzed: continuous improvement of the qualification; pay for labor; organization of work; administration of hospital activities; compliance with clinical pathways and work - personal life balance. Moderate ratings dominate for all these socio-economic factors, although their relative share varies significantly between 39% and 61%. Significant differences were found between the doctors' assessments according to the type of hospital - municipal or district. The job satisfaction of the doctors in the municipal hospital prevails significantly in terms of the organization of the work and the management of the hospital, and their dissatisfaction with the payment is almost twice as strong. Conclusion: The results of the study focusing on the most valuable human capital aim at a better understanding of the functioning of hospital healthcare in Bulgaria and the prospects for its improvement.

Key words: job satisfaction, social-economics factors, self-administered questionnaire, hospital physicians

Г.8.12

The Nurse and prophylactic care for children in their early age

Galina Petrova, Svetla Dimitrova

Abstract: Introduction: The prophylactic care for children in their early age, traditionally provided by Children consultations, today is delivered by the General practitioners and the role of the nurse was minimized if not missing.

Aim: To analyze the relevant legislation concerning health and preventive care for children and the role of nurse and to point out the problems to be solved in order to improve quality of service.

Methods: Document analysis, Inquiries of nurses (188) working at children healthcare facilities.

Results: Document analysis show that there is no regulation that mandates nurse's participation in the team that provides basic health care service including prophylactic care for children. There is no good definition or distinction for the functions of GPs and nurses in the terms of prophylactic care for children. There is contradiction in the established professional competencies for a nurse and the restrictions in the existing legislation towards healthcare for children.

Inquired nurses find their role in improving the quality of the health care service in children consultations by helping doctors in the routine activities like immunizations and anthropometry and also in educating parents in terms of health culture and prevention. Home visits or patronage is suggested as appropriate action in this regard.

Conclusion: Changes in the legislation and reorganization focused on the recipients may lead to better inclusion of the nurse with an increased capacity for improving the prophylactic care for children in their early age.

Key words: Children consultation, health care, nurses

Г.8.13

THE ROLE OF THE NURSE IN THE PROCESS OF INFORMED CONSENT

Svetlana M. Dimitrova

Medical Faculty Trakia University Stara Zagora Bulgaria, svdimitr@abv.bg

Juliana Marinova

Medical Faculty Trakia University Stara Zagora Bulgaria, marinova@mf.uni-sz.bg

Boryana Parashkevova

Medical Faculty Trakia University Stara Zagora Bulgaria, b_par@abv.bg

Galya Chamova

Medical Faculty Trakia University Stara Zagora Bulgaria, galia.chamova@gmail.com

Galina Petrova

Medical Faculty Trakia University Stara Zagora Bulgaria, gpetrova@mf.uni-sz.bg

Abstract: The informed consent is a paradigm with a country of origin USA. Its development begins in the second half of the 20th century. IC is a base of the doctor-patient relationship, a way of respecting the patient autonomy – the first contemporary ethical principle according to the four-principle approach. Since the 90-s of 20th century including the present time IC is seen as a base for shared decision making in medical practice in the context of the sacred relationship with the doctor, based on mutual trust and respecting the patient dignity. Nowadays the medical care is performed not by physician only but by other medical team members as well who might influence the ethical relationship with the patient significantly. The core figure in the medical team especially in hospital care is the nurse. She is the most closely situated to the patient due to her professional responsibilities and she spends a longer time with him/her than the physician. The Bulgarian nurses do recognize their deontological and ethical obligations. More than 20 years they have been trained in medical ethics according to the best practices on the undergraduate and postgraduate level of education. The topic of IC is discussed multiple times – in the connection with the basic ethical principles, patient rights, models of relationship with the patient etc. Most of practicing nurses have a big experience not only in receiving IC in nursing procedures but as participants in the process of receiving specialized IC in surgical procedures, invasive diagnostic tests, aggressive therapy etc. The aim of this study is to discover and analyze role and level of participation of the nurse in the process of obtaining IC concerning physician procedures to the so called “difficult patients” in hospital care. The method of investigation is a content analysis of the written real cases of seeking and receiving IC. The cases are given by nurses working in hospitals in the towns of Stara Zagora, Sliven, Haskovo and Kurdjali. 12 cases are investigated. A questionnaire based on the elements of the IC process according to the medico-legal model is applied. Four real cases are analyzed in more details.

In conclusion, the nurse role in obtaining IC in difficult patients may be a crucial one especially in the process of giving and understanding the medical information.

Keywords: nursing practice, informed consent, medical ethics

Г.8.14

FAMILY AND MEDICAL TEAM - IN SHARED HEALTH CARE FOR YOUNG CHILDREN

Г. Petrova 1, Hr. Petrov 2, N. Mihailova 3,

1 Trakia University, Stara Zagora, Medical Faculty,
Department of Social Medicine and Health Management,

2 Master of Public Health, RHI - gr. Burgas

3 Doctoral student MU - Varna "Prof. Ph. Stoyanov", Faculty of Public Health
Health, Department of Social Medicine and Health Care Organization

Introduction. Early childhood is a field of interaction between the GP team and the child's family. Identifying the factors that enhance the effectiveness of this interaction is essential.

Aim: To examine the volume and quality of health care for children under 1 year of age through the lens of mothers of children and to infer the factors that influence it.

Material and Methods: 242 mothers of children up to two years of age were interviewed face-to-face about the activities of the Children's consultation; their self-assessment of their knowledge and skills and sources of information about child care; and the factors influencing them.

Results and Discussion: A high rate of 96.7% was found in the observation of children in Children's consultation, but with varying degrees of regularity. According to the participants' self-assessment of their knowledge: 42.4% needed additional training. In terms of the most important sources of knowledge, it is noteworthy that the percentage of those who chose the answer "non-medical persons (relatives, friends, neighbors, etc.)" is relatively high - 64.7%. About 50% of mothers thought they needed more frequent patronage visits.

Conclusion: Significant differences in the preventive care provided to young children by ethnicity, education and place of residence represent barriers to the necessary interaction between family and medical team at this age.

Keywords: child consultation, quality of health care, early childhood.

Г.8.15

NURSING AND PROMOTING OF CHILD HEALTH CARE IN BULGARIA

Galina Petrova¹, Nadezhda Mihaylova²

¹ Nursing care department, Faculty of Public Health, Medical University - Varna

² Social medicine and healthcare organization department, Faculty of Public Health, Medical University - Varna

Introduction: The prophylactic care for children in their age between 0 and 6 years old, traditionally provided by Well-child care, today is delivered by a general practitioner in the “Child healthcare” program, where the role of the nurse was minimized if not missing. A research of the past traditional involvement of the nurses in child healthcare and the reasons behind their diminished role in the present can be a starting point for optimizing child health care.

Aim: To analyze in dynamics and assess correctly the organization of the nurses’ health and promoting care for child from their creation until nowadays.

Methods: Historical and documental analysis, SWOT analysis of the contemporary organization of nursing promotional health care.

Results and discussion: In 1920s the non-governmental organization “Union for child protection in Bulgaria” started the prophylactic care for children by creating health advisory stations. A significant role had played the visiting nurse, who has been a prototype of the patronage nurse. In the 1950s, child’s healthcare became a priority of social and health policy. A legislative framework, regulating the health protection of mothers and children, had been approved. A centralized health system had been established. Well-child care had been acquired organizational form of preventive care. The nurse work as a advisor, health educator and practicing professionals. During the healthcare system reforms (1990-2000) there was a contradiction between the legalization and the new professional acquired competencies of the nurses – their capacity for child prevention was hardly used.

Conclusion: Both traditional and innovative organizational forms for promotional pediatric care are proposed

Key words: Promotional child health care, nurses, child healthcare

Г.8.16

INFANT MORTALITY IN BULGARIA DURING THE SOCIO-ECONOMIC TRANSITION

N. Mihaylova¹, G. Petrova²

¹⁻ PhD student; Social Medicine and healthcare organization dept., Public Health Faculty, Medical University - Varna

²⁻ Ch. assistant professor, Nursing care department, Public Health Faculty, Medical University - Varna

Infant mortality (IM) is one of the most important indicators for assessing public health. Researches show that infant mortality and related perinatological indicators are strongly influenced by wars and rapid socio-economic transformations. The unique transition of the former socialist bloc states experienced after 1989 is an appropriate period to study these indicators. **Aim:** to study the indicators of total and age-related infant mortality in Bulgaria (1990-2015) in the context of changes in national policies and local practices and compare their trends with those in 10 other countries in transition. **Methods** - historical, documentary, statistical; in-depth interviews with 15 persons involved in the management and / or practice of child health during that period. **Results and discussion.** The total IM rate in Bulgaria increased in 1990 - 14.8 ‰, remained until 2000 and decreased at a slower pace than other countries in transition to 6.6‰ in 2015. The same are the tendencies in the neonatal (7.7 ‰ to 4 ‰) and in the early neonatal IM rate - initial deterioration and slow decrease. Perinatal mortality increased to 12.2‰ and persisted for almost 2 decades, with a significant contribution of stillbirth. A high growth of early births, combined with low levels of education and socio-economic status was found at the beginning of the transition. The interviewees point out socio-economic problems and lag of good practices in terms of combating IM such as a survey of each deceased child, patronage activities, care for increasing the culture of raising children and others as factors for the course of IM trends. **Conclusion:** During the transition, Bulgaria worsened or held the IM indicators, which differentiated it from other countries that have a good declining rate.

Key words: infant mortality, Bulgaria, socio-economic transition

II 1.

ATTITUDES OF MEDICAL STUDENTS TO ETHICAL CONDUCT TOWARDS TERMINALLY ILL PATIENTS

G. Chamova 1*, K. Peeva 1, G. Petrova 1, J. Marinova 1, Sv. Dimitrova 1, B. Parashkevova 1, D. Petrov 1, N. Hodzhova 2

1 Department of Social Medicine and Healthcare Management, Medical Faculty, Thracian University,

Stara Zagora, Bulgaria

2 Medical Student, Medical Faculty, Thracian University, Stara Zagora, Bulgaria

ABSTRACT

THE PURPOSE of this paper is to examine the opinion, understanding and attitude of medical students for ethical conduct towards terminally ill patients and specifically as regards Advance Directives for Health Care (ADHC). METHODS: A direct group inquiry was conducted with first year medical students in May 2010, in Medical Faculty, Thracian University, Stara Zagora.

RESULTS: Most of the inquired students, 72.9%, think that considering the professional conduct with the preliminary expressed patients' wish is justified by the principle of autonomy's respect. According to 59.4% of the examined students ADHC should not be compulsory. The grounds are that any potential compulsory character would verge to compulsion and would deprive the right of choice. 31.3% of the students think that the person who will keep the document and be responsible for its performance should be specified by the patient. Since ADHC reflects the patient's free wish and is a mechanism for exerting his main rights, the patient himself should initiate the filling of ADHC, according to 41.7% of the replied students. CONCLUSION: The majority of inquired students have positive attitude to ADHC. The respect of preliminary expressed wish is grounded by the principle for respect of autonomy.

Key words: advance directives for health care, palliative care, terminally ill, patients' rights, autonomy of personality

II 2.

PATIENT'S RIGHTS EXPANDING THROUGH THE ADVANCED DIRECTIVES FOR HEALTH CARE AND THE BULGARIAN REALITY

J. Marinova 1*, Sv. Dimitrova 1, K. Benkova 2, B. Parashkevova 1, G. Chamova 1, G. Petrova 1, D. Hristova 3

1 Department of Social Medicine and Healthcare Management, Medical Faculty, Thracian University, Stara Zagora

2 Department of Social Activities, Medical Faculty, Thracian University, Stara Zagora

3 Medical Student, Medical Faculty, Thracian University, Stara Zagora

ABSTRACT

The purpose of this paper is to discuss fundamental ethical and legal aspects of the advanced directives as a mechanism of expanding the rights of patients and their potential in the living conditions of Republic of Bulgaria. This should be done following the European trend of the Directives validation as a legal instrument to express the wish. In the context of the development of patients' rights, advanced directives have been enforcing as necessary tool for their worldwide recognition, including Europe where the legislation reflects the complexity and contradictions of their interpretation and implementation. The questions around advanced directives are discussed in the European Commission with the clear understanding of the problem intricacy in too different circumstances, but also from the perspective of the necessity of unification in one single aggregate platform about them. As for Bulgaria, being part of the European Union, the topic about advance directives for health care (ADCH) is on the agenda and requires serious debate, investigation and regulation initiatives. Questions and considerations about the existing practice in Bulgaria and its compatibility to the acting rules have been raised. The current practice in the country related to ADCH is more “harming” patient’s rights and interests rather than supporting them.

Key words: advance directives for health care, patients’ rights, previous decision, respect for autonomy.

II 3.

NATURAL DISASTERS RISK – OFFICIAL STATEMENT AND AWARENESS OF WORKERS IN STARA ZAGORA REGION, BULGARIA

V. Slavova 1*, V. Ivanov 1, P. Taleva–Rusinova 2, J. Marinova 3, B. Parashkevova 3, G. Petrova 3, M. Platikanova 4

1 Department of Neurology, Psychiatry and MDS, Faculty of Medicine, Trakia University, Stara Zagora, Bulgaria

2 Department of Surgery, Neurosurgery, Urology and Anesthesiology, Faculty of Medicine, Trakia University, Stara Zagora, Bulgaria

3 Department "Social Medicine and Health Care Management", Faculty of Medicine, Trakia University, Stara Zagora, Bulgaria

4 Department "Hygiene, Infectious Diseases and Epidemiology", Faculty of Medicine, Trakia University, Stara Zagora, Bulgaria

ABSTRACT

Introduction: Disasters caused by natural phenomena often occur in Bulgaria. They cause a large number of dead, disappeared and medical losses in the zone of defeat. Social and economic consequences have a significant adverse effect on development and economic growth. For this reason reducing the risk of disaster situations and the readiness for protection are exclusively matter to sustainable development. Awareness of people at risk of natural disasters in the region in which they live and work is essential to reduce risk and increase readiness to protect.

Aim: Research and analysis of the preparedness of workers for dealing with disaster situations in Stara Zagora Region, taking in mind the awareness of respondents for the most risky natural disasters.

Material and methods: An empirical sociological study is conducted through direct group self – administered questionnaire (SAQ) of 322 workers in various fields of the national economy in Stara Zagora Region. The survey was conducted from January to December 2016. The places of study were enterprises and companies in various industries in Stara Zagora Region, some of which are included in the list of sites of critical infrastructure in Bulgaria.

Results: Analysis of the results of the survey among workers in various fields of national economy in the Stara Zagora Region shows insufficient awareness about the risk of natural disasters as the majority of respondents indicate that there is no or little risk of them occurring.

Conclusion: Possible consequences in case of natural disasters require continuously and purposefully increase awareness about the most risky natural disasters in the area in which people live and work and remedies for protection and provision of first aid.

Key words: disaster, civil protection, natural disasters risk, workers' awareness about natural disasters risk, empirical sociological survey