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NARCOLOGISTS ABOUT THE PROBLEMS OF NARCOLOGICAL CARE SERVICES

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ABSTRACT. The article presents the results of a questionnaire of psychiatrists-narcologists aimed at revealing the main problems in the activities of narcological service. Based on an anonymous survey of 258 narcologists who work in state medical organizations providing narcological treatment in the subjects of the Russian Federation that are part of the North-Western, Southern, North Caucasian and Volga federal districts, analysis of problems in the sphere of organization of provision of appropriate medical care was made. Extensive and intensive coefficients were used to describe the results. In addition, Fisher's one-sided exact test was used to compare the obtained relative values. The results of the survey made it possible to single out five main groups of problems. The most significant turned out to be connected with that of organization of the provision of drug treatment and issues associated with low level of funding the service. Doctors note a wide range of issues, including those related to the operation of the medical information system, staff shortages, insufficient drug provision, functioning of "medical sobering-up stations" and others. More frequently respondents noted that the solution of the above mentioned problems is undoubted responsibility of the administration of various levels — starting with the administration of medical organizations up to executive authorities in the field of healthcare. The presented results indicate the urgent necessity to make managerial decisions that correspond to the content of these problems. An important aspect is to increase the amount of staffing of the service, as well as the necessity to draw attention to the problems of the narcological service both from the society and authorities.

KEY WORDS: survey of doctors; organization of drug treatment; survey of medical workers; problems of the narcological service; drug disorders; psychiatrists, narcologists.

ВРАЧИ — ПСИХИАТРЫ-НАРКОЛОГИ О ПРОБЛЕМАХ НАРКОЛОГИЧЕСКОЙ СЛУЖБЫ

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РЕЗЮМЕ. В статье представлены результаты опроса врачей — психиатров-наркологов об основных проблемах в деятельности наркологической службы. На основании анонимного опроса 258 врачей — психиатров-наркологов, работающих в государственных медицинских организациях, оказывающих помощь по профилю «психиатрия-наркология», субъектов Российской Федерации, входящих в состав Северо-Западного, Южного, Северо-Кавказского и Приволжского федеральных округов, был проведен анализ проблем в организации оказания соответствующей медицинской помощи. Для описания результатов использовались экстенсивные и интенсивные коэффициенты. Кроме того, для сравнения полученных относительных величин использовался односторонний точный критерий Фишера. Результаты опроса позволили выделить пять основных групп проблем. Наиболее значимыми оказались организация оказания наркологической помощи и проблемы, связанные с низким уровнем финансирования службы. Врачи отмечают большой спектр проблем, в том числе связанных с работой медицинской информационной системы, дефицитом кадров, недостаточным лекарственным обеспечением, с организацией «медицинских вытрезвителей» и прочих. С большей частотой респонденты отмечали, что решение данных проблем лежит на администрации различного уровня — от администрации медицинских организаций до органов исполнительной власти в сфере здравоохранения. Представленные результаты указывают на необходимость принятия управленческих решений, соответствующих содержанию указанных проблем. Важным аспектом является увеличение кадрового обеспечения службы, а также необходимость привлечения внимания к проблемам наркологической службы как со стороны общественности, так и со стороны ведомств.

КЛЮЧЕВЫЕ СЛОВА: опрос врачей; организация наркологической помощи; опрос медицинских работников; проблемы наркологической службы; наркологические расстройства; врачи — психиатры-наркологи.

INTRODUCTION

An important task today is to increase the attention and interest of employers in optimizing the quality of health care for the population, which cannot be realized without improving the working conditions of medical personnel [1]. One of the main mechanisms for assessing the satisfaction of doctors is receiving feedback from them on various aspects of medical care.

The need to study the opinions of specialists is primarily due to the growing staff shortage. Thus, during the period from 2018 to 2021, the number of psychiatrists-narcologists have a clear downward trend; during this period, their number decreased by 199 people [4].

As one of the tools for improving the quality of health care, medical-sociological monitoring is of particular importance in modern times. The survey of patients and medical workers is regulated by current legislation in the field of quality control of medical care. In particular, the Order of the Ministry of Health of Russia No. 785n dated July 31, 2020 “On the approval of the Requirements for the organization and conduct of internal quality control and safety of medical activities” mentions the possibility of the administration of a medical organization to get acquainted with the results of questionnaires and oral surveys of patients and (or) their legal representatives, family members of the patient, employees of a medical organization, as well as the

results of the analysis of complaints and appeals from citizens within the framework of scheduled and targeted inspections [3]. In addition, leading health care organizers, medical sociologists and researchers, such as academician of the Russian Academy of Sciences A.V. Reshetnikov, note the importance of feedback from all participants in the process of providing medical care in effective making appropriate management decisions [6]. This approach is carried out through medical and social study [5].

Despite this, the administration of healthcare organizations most often focuses on questionnaires of the patients, without conducting surveys of employees. In turn, patients' assessment of the medical care provided to them is often more subjective and based on the perception of ethical and deontological standards. In general, the results of surveys of healthcare personnel on their satisfaction with the system in which they work are presented less frequently than questionnaires of the patients [2, 7]. As a rule, surveys of medical specialists of various fields are aimed at using diagnostic and therapeutic measures in their practice.

Thus, the main aim of this study is to present an analysis of the results of a survey of psychiatrists-narcologists about the main problems in the system of organizing the provision of drug treatment.

MATERIALS AND METHODS

The study the technology for diagnosing problems of the organization was applied, in accordance with which a "Problem Diagnostic Map" was developed. Respondents were asked to formulate the three most important, in their opinion, organizational problems, ranking them in order of importance to the provision of medical care. Next, it was necessary to analyze the state of the problems indicated by respondents according to the parameters proposed in the map: "What and how does this problem manifest itself?"; "Causes of the problem?"; "What needs to be done to solve it (what actions to take)?"; "Who should do this?"; "What (who) hinders it?".

258 psychiatrists-narcologists were anonymously surveyed. All doctors work in state medical organizations providing health care in the profile of "psychiatry-narcology", located on the territory of the constituent entities of

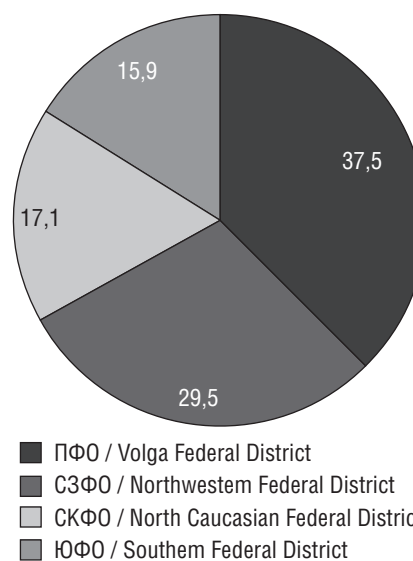


Fig. 1. Distribution of interviewed psychiatrists-narcologists by federal districts, %

Рис. 1. Распределение опрошенных врачей — психиатров-наркологов по федеральным округам, %

the Russian Federation (hereinafter referred to as RF), which are part of the North-Western (29,5%; n=76), Volga (37,5%; n=97), North Caucasus (17,1%; n=44) and Southern (15,9%; n=41) federal districts (hereinafter referred to as NWFD, VFD, NCFD, SFD, respectively). In total, specialists from 32 constituent entities of the Russian Federation took part in the questionnaire. The distribution of interviewed psychiatrists-narcologists by federal districts is shown in Figure 1. The doctors' work experience ranged from 2 months to 40 years.

After processing and systematizing the collected information, a data array was obtained, which is described in this article using absolute and relative (extensive and intensive coefficients) values. One-sided Fisher's exact test was used to compare relative values.

RESULTS

In general, respondents identified 498 problems of three levels of significance. Thus, all of the listed problems can be divided into 5 groups. The problems, as well as a description of their components, are presented in Table 1.

More than half of the surveyed respondents pointed to the organizational problems of the service (50,8%; n=131), the second place in the frequency of answers was the financing of the

Table 1

The main problems of the narcological service from the point of view of psychiatrists-narcologists

Таблица 1

Основные проблемы наркологической службы с точки зрения врачей — психиатров-наркологов

Наименование проблемы / Name of the problem	Основные составляющие, входящие в данную категорию проблем / The main components of this group of problems
Кадровые проблемы / Personnel problems	Дефицит кадров, уровень подготовки кадров, условия труда (нагрузка, заработная плата, бумажная работа) / Shortage of personnel, level of training of personnel, working conditions (load, wages, paperwork)
Организационные проблемы / Organizational problems	Структура службы, вопросы организации деятельности службы, маршрутизация пациентов, преемственность в лечении, соблюдения требований действующих санитарных правил, наличие и удобство использования медицинской информационной системы (далее — МИС) / The structure of the service, issues of organizing the activities of the service, patient routing, continuity in treatment, compliance with the requirements of the current sanitary rules, the availability and ease of use of the medical information system
Проблемы, связанные с нормативно-правовыми аспектами / Regulatory Issues	Стандарты и порядки оказания помощи, межведомственное взаимодействие, юридические вопросы оказания медицинской помощи / Standards and procedures for providing assistance, interdepartmental interaction, legal issues of medical care
Финансовые проблемы службы / Financial problems of the service	Условия содержания больных, лекарственное обеспечение пациентов, условия работы врачей, оборудование для диагностики и лечения / Conditions for the upkeep of patients, their drug provision, working conditions for doctors, equipment for diagnostics and treatment
Стигматизация больных наркологического профиля и наркологической службы / Stigmatization of patients with narcological profile and narcological services	Отношение общества к больным с психическими расстройствами и расстройствами поведения, связанными с употреблением психоактивных веществ (далее — ПАВ) / The attitude of society towards patients with mental disorders and behavioral disorders associated with the consumption of psychoactive substances

service (47,7%; n=123), the third place — personnel problems (41,1%; n=106). The smallest, but significant number of interviewed doctors pointed out problems associated with regulatory documentation and stigmatization by society of narcological patients and narcological care services in general — 35,7% (n=92) and 17,8% (n=46), respectively.

It is also important what significance the surveyed doctors attach to the problems they named. Thus, the most common of the issues identified by psychiatrists-narcologists is a problem in organizing the activities of the service. 26% (n=67) of respondents indicate it as a priority, 14,3% (n=37) — as a problem of moderately significant, and 10,5% (n=27) rated the problem as of little importance, but still affecting the quality of medical care (Fig. 2).

Financial problems of the service are the second most common response. At the same time, 20,9% (n=54) of respondents speak of it as a primary problem, 16,7% (n=43) a problem of

medium significant, 10,1% (n=26) — of little importance, but still influential on the quality of health care.

Personnel problems were indicated by 41,1% of respondents (n=106), with 15,1% of respondents (n=39) highlighting it as a priority problem, 16,7% (n=43) marking this problem as of moderately significant, and 9,3% (n=24) noted it as the least important.

More than a third of doctors (35,5%; n=92) pointed out the regulatory issues of the activities of the narcological care service. At the same time, 16,3% (n=42) of respondents rated it as significant, 11,2% (n=29) as a problem as of moderate importance, and 8,1% (n=21) indicate this group as insignificant, but still affecting the quality of medical care.

Finally, problems related to stigmatization of patients with mental disorders and behavioral disorders associated with the consumption of psychoactive substances ranked fifth in frequency of responses. The structure of respondents'

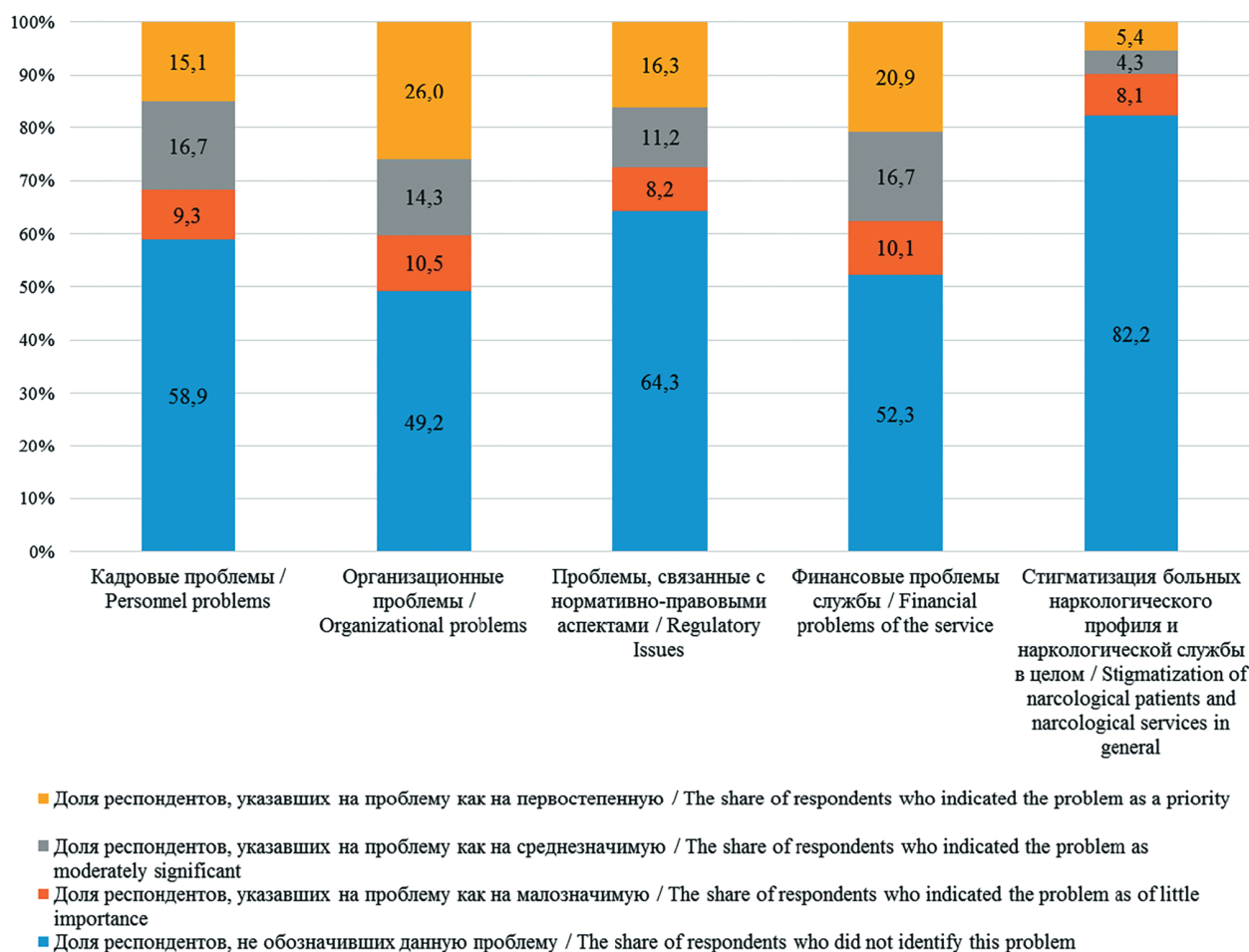


Fig. 2. Structural problems noted by psychiatrists-narcologists, by level of significance, %

Рис. 2. Структура проблем, отмеченных врачами — психиатрами-наркологами, по уровню значимости, %

answers according to the level of significance of these problems turned out to be as follows: 5.4% (n=14) of respondents talk about it as significant, 4.3% (n=11) as a problem of medium significance, and 8.1% (n=21) as of little importance, but influencing the quality of health care.

The distribution of problems stated by respondents, taking into account their level of significance, is presented in the diagram (Fig. 2).

DISCUSSION

The most extensive group of problems are *problems related to the organizational aspects of the activities of the narcological care service*.

The doctors surveyed point out difficulties in organizing the providing narcological assistance and meeting the standards of medical care in the «psychiatry-narcology» profile in conditions of

insufficient space for the full deployment of all departments (8.5%; n=22). In addition, respondents highlight the following problems: lack of conditions for the development of a comprehensive rehabilitation system as the final stage of the treatment and rehabilitation process (3.1%; n=8); absence of labor workshops (2.3%; n=6); physicians note that during the period of remission, the patient cannot receive maintenance treatment due to preferential medication provision (5.4%; n=14), and also that after discharge from the hospital, patients cannot get a job and many patients have no housing (4.7%; n=12). Doctors also note that most drug rehabilitation centers are paid (1.2%; n=3). Psychiatrists-narcologists point to insufficient continuity and interaction with district physicians and social services (7%; n=18). 9% of respondents indicate the difficulties of organizing consultations with profile specialists, and transferring to other

medical facilities upon admission of patients with comorbidities (decompensated diabetes mellitus, traumatic brain injury, etc.) (8,9%; n=23). The problem of imperfection of the medical information system, which was pointed out by 15 surveyed doctors (5,8%), is due to the lack of options necessary for work, unstable operation and an overly complex interface (especially for older physicians and nurses). Thus, a number of doctors note that at the present stage, the medical information system *does not make work easier, but rather complicates it*. In addition, remoteness and inconvenient transport connections (n=10, 3,9%) are another problem, which was indicated by 3,9% of respondents (n=10), which is often the reason for the difficulty of providing narcological assistance.

The reasons for these problems, according to the respondents, are **often insufficient funding of services and lack of space and staff**.

Doctors also point to the problems of insufficient medication supply, especially modern drugs ("shortage of necessary medicines, forced to use alternative treatments"), and their untimely delivery (20,9%; n=54). 15,9% of respondents say that the facilities are under-equipped with diagnostic equipment and consumables (n=41). Physicians also noted the lack of financial resources to expand the number of rehabilitated and insufficiency of improving the conditions for the upkeep of patients (lack of repair, absence of split systems, etc.), 22 doctors (8,5%) answered this way. Another cost item that is often underfunded, according to respondents, is the maintenance of high-tech diagnostic laboratory equipment (2,3%; n=6).

The next most frequently answered problem is personnel. There is a shortage of psychiatrists-narcologists, especially in district medical offices (14,3%; n=37); high level of workload on doctors (8,1%; n=21), which is expressed in large service areas, working for more than 1 rate and maintaining a large volume of documentation (duplication of electronic and paper documentation, annual increase in requests from the prosecutor's office, the Federal Penitentiary Service, courts, all levels of the Ministry of Internal Affairs) (865%; n=22). In addition, 13 narcologists indicated work-related emotional burnout (5%). Doctors often mentioned the lack of young professionals in the service, which may be due to the low prestige of the specialty and often the fact that these specialists, after

working for several years, go to *private medical organizations* (5%; n=13).

According to respondents, the reasons for this block of problems are the following: low wages, changes in the educational system and the increasing complexity of training specialists, insufficient funding of the service, as well as the lack of prestige of the profession and the high emotional load in work.

The fourth group of problems is related to the **current regulatory and legal documentation that ensures the work of the narcological care service**. The interviewed specialists associate difficulties in implementing clinical recommendations and standards of medical care with excessive workload (9,7%; n=25), insufficient material and technical base (7,8%; n=20), as well as with imperfect regulatory framework (9,7%; n=25). On the one hand, doctors talk about the possibility of patients refusing to be placed in a dispensary observation (which is equivalent to refusing treatment in state medical organizations in the profile of "psychiatry-narcology"), since this entails difficulties in finding employment, determining professional suitability for certain categories, and on the other hand, they complain about the lack of possibility of organizing treatment if indicated without the consent of patients if relatives wish.

Another frequently mentioned problem, indicated by 5,4% of respondents (n=14), is the organization of "medical sobering-up stations". Hospitalization to the emergency department of intoxicate persons who have lost the ability to move or navigate their environment, in most cases, according to respondents, is not justified, because these persons do not require specialized medical care, but only outside observation is sufficient. *The organization of such of "sobering-up stations"* on the territory of narcological dispensaries is also, according to doctors, not rational, for the same reason. The same group also mentions the problem of the complexity of interaction with law enforcement agencies: unreasonable requests, non-legal requirements for information about patients (3,1%; n=8).

The last, smallest group of problems is the problem associated with the **stigmatization by society of narcological patients and narcological care services in general**. In this group, doctors noted the following problematic issues: denial of the disease by both patients and patients' relatives (3,1%; n=8), fear of social con-

sequences (loss of rights, work, etc.), refusal of health care in state institutions due to social consequences after the establishment of dispensary observation (10,5%; n=27), low level of public confidence when first visiting a psychiatrist-narcologist (1,2%; n=3), insufficient education of the population (0,8%; n=2), delayed seeking medical help, ignoring doctor's appointments, late start of treatment, low motivation to start and continue therapy (especially at the outpatient stage) (0,8%; n=2). Problems of deontology deserve special attention—the relationship between doctor and patient, doctor and the patient's relatives (1.6%; n=4). Physicians note that assessing to medical workers sometimes begins with threats, complaints and statements. Patients and their relatives in some cases interfere with the treatment process and communicate in a rude manner. The reasons for this group of problems may be a low level of public awareness about the peculiarities of the provision of medical care, the rights and responsibilities of patients, stereotypes of public opinion about substance use disorder, imperfections in the regulatory framework, as well as the hushing up difficulties.

In addition to analyzing the problems pointed out by doctors, special attention should be given to assessing the opinions of specialists regarding who is able to solve these problems, as well as the reasons why these problems have not yet been solved.

Statistical analysis using one-sided Fisher's exact test showed with significance $p=0,001$ that, from the point of view of doctors, most of the problems of the narcological care service should be resolved by chief physicians (n=66) and executive authorities of different levels (n=299). Thus, in 73,3% (n=365) of cases, the solution to all problems, according to respondents, lies *with the administration of various levels*. And if in the case of problems associated with the structure of the service (21,5%; n=107), the regulatory framework (13,7%; n=68) and the workload (16,7%; n=83) this is justified, then when it comes to the reluctance of doctors themselves to make efforts for self-development (3,8%; n=19), this looks like a desire to shift responsibility to others.

It is important that 92 psychiatrists-narcologists (18,5%) indicated that they did not know who should solve these problems (most of them could not formulate the cause of the problem (10,2%; n=51)).

15,3% (n=38) of respondents indicate that the difficulties of narcological care services are ignored, both in society as a whole and at the level of executive and legislative authorities at various levels. Thus, 13,3% (n=33) of surveyed physicians talk about the need to adjust the legislative framework. Only 7,3% (n=18) say that there are no obstacles to solving these problems.

CONCLUSION

1. With the highest frequency, psychiatrists-narcologists noted problems in organizing the provision of medical care in the “psychiatry-narcology” profile, as well as those related to the financing of the service.

2. Most often, doctors noted that solving problems lies with the administration at various levels.

3. According to the experts interviewed, the difficulties of organizing “medical sobering-up stations” are relevant.

4. Personnel shortage is the main reason for the increasing load on specialists working in the narcological care services, according to respondents' answers. In addition, doctors note that young specialists prefer to work in private medical organizations, and therefore the service is not replenished by personnel.

5. An important aspect is that, according to a significant number of doctors, medical information system currently complicates ongoing work.

6. The priority problem is insufficient funding of the service. Increased funding may be the key to solving many of the identified challenges.

7. It is important that the problems indicated by psychiatrists-narcologists may not be specific to the profile of “psychiatry-narcology”, and the results of this study can be applied to most branches of medicine.

ADDITIONAL INFORMATION

Author contribution. Thereby, all authors made a substantial contribution to the conception of the study, acquisition, analysis, interpretation of data for the work, drafting and revising the article, final approval of the version to be published and agree to be accountable for all aspects of the study.

Competing interests. The authors declare that they have no competing interests.

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REFERENCES

1. Danilova N.V. Voprosy sberezenija trudovyh resursov. [Issues of saving labor resources]. Social'nye aspekty zdorov'ja naselenija: nauchnyy elektronnyy zhurnal. 2008; 4 (8). Available at: <http://vestnik.mednet.ru/content/view/98/30/lang,ru/> (accessed 02.03.2023). (in Russian).
2. Petrova N.G., Zheleznyak B.S., Blohina S.A. Mnenija pacientov, obrashhavshihsja v gosudarstvennye i negosudarstvennye lechebno-profilakticheskie uchrezhdenija, o platnyh uslugah v zdavoohranenii. [Opinions of patients who applied to state and non-state medical and preventive institutions about paid services in health care]. Zdravoohranenie Rossijskoj Federacii. 2003; 3: 20–3. (in Russian).
3. Prikaz Ministerstva zdavoohranenija RF ot 31 ijulja 2020 g. № 785n «Ob utverzhenii Trebovanij k organizacii i provedeniju vnutrennego kontrolja kachestva i bezopasnosti medicinskoj dejatel'nosti». [Order of the Ministry of Health of the Russian Federation dated July 31, 2020 № 785n «On approval of the Requirements for the organization and conduct of internal quality control and safety of medical activities»]. Available at: <https://normativ.kontur.ru/document?moduleId=1&documentId=372076> (accessed 02.03.2023). (in Russian).
4. Resursy i dejatel'nost' medicinskih organizacij zdavoohranenija. 1 chast'. Medicinskie kadry: statisticheskie materialy. [Resources and activities of medical health-care organizations. Part 1. Medical personnel: statistical

materials]. Moskva: CNII OIZ Minzdrava Rossii, 2022. (in Russian).

5. Reshetnikov A.V., Efimenko S.A. Provedenie mediko-sociologicheskogo monitoringa: uchebno-metodicheskoe posobie. [Conducting medical and sociological monitoring: a teaching aid]. Moskva: GEOTAR-Media Publ.; 2007. (in Russian).
6. Reshetnikov A.V., Sobolev K.E. Mediko-sociologicheskij monitoring: rukovodstvo. [Medico-sociological monitoring: a guide]. Moskva: GEOTAR-Media Publ.; 2022. (in Russian).
7. Sageev S.S., Kravchenko N.P. Ocenka vrachami kachestva okazaniya medicinskoj pomoshhi naseleniju. [Evaluation by doctors of the quality of medical care to the population]. Vestnik KAZNMU. 2012; 2: 49–52. (in Russian)

ЛИТЕРАТУРА

1. Данилова Н.В. Вопросы сбережения трудовых ресурсов. Социальные аспекты здоровья населения: научный электронный журнал. 2008; 4(8). Доступен по: <http://vestnik.mednet.ru/content/view/98/30/lang,ru/> (дата обращения: 02.03.2023).
2. Петрова Н.Г., Железняк Б.С., Блохина С.А. Мнения пациентов, обращавшихся в государственные и негосударственные лечебно-профилактические учреждения, о платных услугах в здравоохранении. Здравоохранение Российской Федерации. 2003; 3: 20–3.
3. Приказ Министерства здравоохранения РФ от 31 июля 2020 г. № 785н «Об утверждении Требований к организации и проведению внутреннего контроля качества и безопасности медицинской деятельности». Доступен по: <https://normativ.kontur.ru/document?moduleId=1&documentId=372076> (дата обращения: 02.03.2023).
4. Ресурсы и деятельность медицинских организаций здравоохранения. 1 часть Медицинские кадры: статистические материалы. М.: ЦНИИ ОИЗ Минздрава России; 2022.
5. Решетников А.В., Ефименко С.А. Проведение медико-социологического мониторинга: учебно-методическое пособие. М.: ГЭОТАР-Медиа; 2007.
6. Решетников А.В., Соболев К.Э. Медико-социологический мониторинг: руководство. М.: ГЭОТАР-Медиа; 2022.
7. Сажеев С.С., Кравченко Н.П. Оценка врачами качества оказания медицинской помощи населению. Вестник КАЗНМУ. 2012; 2: 49–52.