GEORGIAN MEDICAL NEWS

ISSN 1512-0112

NO 9 (354) Декабрь 2024

ТБИЛИСИ - NEW YORK

ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии

საქართველოს სამედიცინო სიახლენი

GEORGIAN MEDICAL NEWS

Monthly Georgia-US joint scientific journal published both in electronic and paper formats of the Agency of Medical Information of the Georgian Association of Business Press. Published since 1994. Distributed in NIS, EU and USA.

GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНИТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНИТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

WEBSITE

www.geomednews.com

К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman** (**Кириллица**), для текста на грузинском языке следует использовать **AcadNusx.** Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - http://www.spinesurgery.ru/files/publish.pdf и http://www.nlm.nih.gov/bsd/uniform_requirements.html
В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректура авторам не высылается, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

При нарушении указанных правил статьи не рассматриваются.

REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or compu-ter-printed on a single side of standard typing paper, with the left margin of **3** centimeters width, and **1.5** spacing between the lines, typeface - **Times New Roman** (**Cyrillic**), print size - **12** (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: http://www.nlm.nih.gov/bsd/uniform_requirements.html
http://www.icmje.org/urm_full.pdf
In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

Articles that Fail to Meet the Aforementioned Requirements are not Assigned to be Reviewed.

ავტორთა საყურადღებოდ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დავიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე,დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx.** შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შეღებვის ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფჩხილებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

GEORGIAN MEDICAL NEWS
No 7-8 (352-353) 2024

Содержание:

GEORGIAN MEDICAL NEWS
No 9 (354) 2024

EVALUATION OF THE FUNCTIONAL CHARACTERISTICS OF THE UNIVERSAL HEALTHCARE PROGRAM BY MEDICAL PERSONNEL IN TBILISI

Chkhaidze B, Loria L.

Tbilisi State University, Georgia.

Abstract.

The working conditions of healthcare professionals are constantly exposed to excessive physical and emotional overload and stress. the dynamics of the level of job satisfaction play an important role, directly affecting labor efficiency.

Aim: The paper aims to determine the level of satisfaction of medical staff with the state program of universal health care in Tbilisi and its regions.

Methods: the study was conducted in outpatient and hospital institutions of Tbilisi and the regions, 207 randomly selected medical personnel aged 18 to 70 were interviewed. The interviewees were from the clinics in Tbilisi and the medical staff employed in both the outpatient and inpatient sectors of the "Regional Health Center

Results: When asked whether there are factors that hinder the implementation of the public health program in terms of impeccable patient care, the vast majority of medical personnel employed in both sectors, 89% responded that they do exist and are due to the inferiority of the public health care program (exceptional diagnoses, lack of laboratory and instrumental research).

On the question of which component, you think needs to be improved/changed following the universal healthcare program, most of the medical staff employed in the outpatient clinic (60%) consider the simplification of the payment procedures, while the hospital sector considers more awareness about the services and procedures.

40% of the medical staff employed in the outpatient clinic indicated that the relationship with private insurance companies is more useful and easier, and 71% of the medical staff employed in the hospital sector considered cooperation with the state program of universal health care to be preferable

Conclusion:

• Implementation of a universal healthcare system improved access to medical services and satisfaction of medical personnel.

• Medical staff satisfaction is significantly higher in the hospital sector than in the outpatient sector.

• The research outcomes can be used to increase the job satisfaction of doctors in medical institutions.

Key words. Satisfaction, medical staff, the state program of universal health care.

Introduction.

Since the 1990s, the difficult socio-economic conditions in Georgia have negatively impacted the healthcare system as a whole, affecting the health level of the population. The situation called for urgent reforms in the healthcare sector. After assessing the problems in Georgia's healthcare sector, the reforms carried out for more than two decades, their results, and the current situation, on February 28, 2013, the state program of universal healthcare was launched in Georgia. The purpose of the program was to create financial security for the availability of medical services for the population of Georgia.

State compulsory health insurance applies to all citizens of Georgia. It is implemented by the compulsory state insurance program, which in turn ensures coverage of the costs of a person's medical services within the framework of the relevant state medical program [1].

The proper functioning healthcare system is ensured by the work of every medical worker.

The working conditions of healthcare professionals are constantly exposed to excessive physical and emotional overload and stress. Special attention is needed to motivate employees and achieve their psychological well-being level. In this regard, the dynamics of the level of job satisfaction play an important role, directly affecting labor efficiency. Therefore, if employees are satisfied with their work, it allows them to perform their duties better. Thus, the study of job satisfaction and the factors affecting it is important to improve the efficiency of the institution, reduce staff turnover, and increase employee motivation [2].

In Norway, job satisfaction among older physicians was generally higher than among younger physicians. As for gender differences they were not found. In all periods, private practitioners had the highest satisfaction, followed by general practitioners, compared with hospital doctors [3].

As for Germany, there were certain opportunities for continuing education, job security, administrative burden, collegial relationships, and access to specialized technologies. In the United States, job security, financial incentives, relationships with colleagues, and appropriate working relationships with them and management were found to be important predictors of satisfaction.

Job satisfaction among health workers is influenced by a variety of individual and organizational factors [4-6], including personality, the job itself, work organization, pay, workload, peer relationships, training opportunities, recognition, and leadership. It should be highlighted that job satisfaction depends not only on job characteristics but also on employees' expectations of what their jobs should provide [7].

Aim. The paper aims to determine the level of satisfaction of medical staff with the state program of universal health care in Tbilisi and its regions.

Methods.

the study was conducted in outpatient and hospital institutions of Tbilisi and the regions, it interviewed both medical personnel employed by outpatient clinics and medical personnel working in the hospital sector.

207 randomly selected medical personnel aged 18 to 70 were interviewed. The interviewees were from the following clinics in Tbilisi: the medical staff of the inpatient care of the multi-specialty clinical hospital of St. Michael the Archangel, the staff of New Hospitals, the medical staff employed in the inpatient department of the Khechinashvili University Clinic, Medical Center "Vivamedi" and the medical staff employed in both the outpatient and inpatient sectors of the "Regional Health Center" staff of Tsalka, Dedoplistskaro, Tianeti, Kharagauli, Kazbegi, and Lanchkhuti medical institutions.

Medical personnel of the outpatient sector participating in the study were interviewed in the following outpatient institutions of Tbilisi: "Elita Medi" medical diagnostic center, and adult polyclinics in Tbilisi - "Family Healer" LLC, and N2 and N5. Their level of satisfaction with the functional characteristics of the universal health care program was determined. Also were interviewed medical personnel working in the outpatient sector of healthcare units in Tsalka, Dedoplistskaro, Tianeti, Kharagauli, Kazbegi, and Lanchkhuti.

Criteria for inclusion in the study:

Medical personnel working in Tbilisi clinics gave informed consent to participate in the study.

Criteria for exclusion from the study:

Refusal to participate in research.

To conduct the research, a special questionnaire was developed in the Georgian language, the questionnaire determining the satisfaction of the medical staff consists of 18 questions. Responses were compared between healthcare workers employed in the outpatient and hospital sectors.

Statistical analysis.

Qualitative data are presented as frequencies and percentages. The comparison was carried out using the $\chi 2$ criterion (Pearson). Statistical analysis was performed using the statistical software package SPSS 23.

Outcomes:

The distribution of the medical personnel involved in the study according to status is shown in Figure 1.

Figure 1 shows there were: 170 (82%) participants, among them - doctors, 26 (13%) - nurses, 8 (4%) - junior doctors, and 3 (1%) - interns. The characteristics of medical workers participating in the study are given in Table 1.

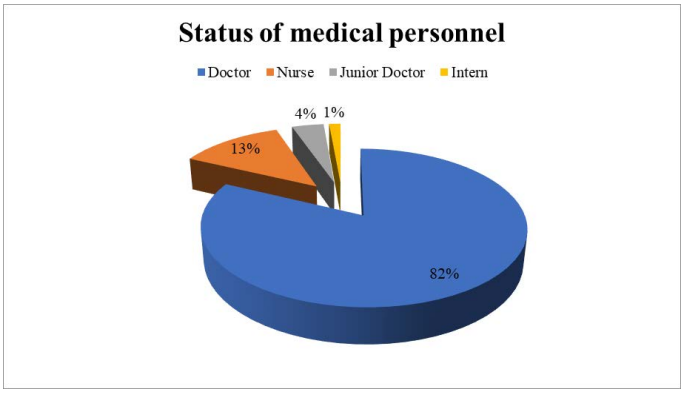

Figure 1. *The distribution of the medical personnel involved in the study.*

Table 1. *Distribution of characteristics of medical workers involved in the study.*

Characteristics of respondents		**Abs**	**%**
Age	**<25**	44	21.3
	26-35	**59**	28.5
	36-55	**83**	40.1
	>55	**21**	10.1
Sex	**Female**	**180**	87.0
	Male	27	13.0
Work experience	Up to a year	11	5.3
	From 1 – 5 years	21	10.1
	From 1-10 years	51	24.6
	More than 10 years	124	59.9
Medical staff employed in the outpatient sector	GP	33	15.9
	Specialist	56	27.1
	Lab Assistant	4	1.9
	Nurse	6	2.9
Medical staff employed in the hospital sector	Physician	24	11.6
	Surgeon	20	9.7
	Obstetrician-gynecologist	11	5.3
	Nurse	19	9.2
	Cardiologist	7	3.4
	Intensivist-anesthesiologist	8	3.9
	Neurologist	6	2.9
	Traumatologist	5	2.4
	Junior doctor	8	3.9

The majority of respondents are female (87%) aged 36-55 (40%). According to work experience, more than 10 years - 124 (60%) respondents, 1-10 years - 51 (25%), 1-5 years - 21 (10%), up to a year - 11 (5%). The research showed that in the outpatient and hospital sectors, there are different views regarding state health insurance (Table 2).

In response to the question asked, if one considers the cooperation with the state medical insurance company: a) useful b) as a burden c) is neutral e) useless - the majority answers that it is useful, although the answers are distributed differently in the outpatient and hospital sectors. In the outpatient sector, the number of respondents considering it useful is significantly lower than in the hospital sector, and the neutral response is considerably higher. When asked about faced obstacles while cooperating with a social service agency, the majority mentioned the delay in payment and the low salary, however, these answers were reliably higher among the representatives of the outpatient sector. The majority of the hospital sector was not happy with the malfunctioning of the hotline, and limited time for uploading information to the electronic notification portal. Most of the respondents noted the improvement in the situation after the implementation of the universal healthcare program. Although the number of employees in the hospital sector was significantly higher among them.

To the question of whether the public health program ensures the maintenance and protection of the healthcare of the population, the answer was partially observed only in the outpatient sector, and yes or no - in the hospital. However, it is worth mentioning that positive answers prevailed in both groups.

Table 2. *Views on public health insurance in the outpatient and hospital sectors.*

Factors		Outpatient sector		Inpatient sector		χ^2	p
		N	%	N	%		
Cooperation with the state medical insurance company is considered	Beneficial	74	74.7	94	87.0	5.1	0.024
	a burden	11	11.1	12	11.1	0.0	1.00
	neutral	13	13.1	2	1.9	9.8	0.002
	useless	1	1.0	0	0.0	1.1	0.296
What resistance do you face when cooperating with a social service agency?	Delayed payment	77	77.8	49	45.4	22.8	<0.001
	Low salary	84	84.8	19	17.6	93.5	<0.001
	Late delivery of warranty letters	0	0.0	73	67.6	103.4	<0.001
	Limited time for uploading information to the electronic portal	0	0.0	82	75.9	124.5	<0.001
	Malfunction of hotlines	10	10.1	59	54.6	46.1	<0.001
	none	1	1.0	40	37.0	42.2	<0.001
What has changed for you since the implementation of the universal health care program?	situation improved	44	44.4	81	75.0	20.2	<0.001
	situation deteriorated	36	36.4	14	13.0	15.4	<0.001
	nothing changed	19	19.2	13	12.0	2.0	0.155
Does the state program of universal health care ensure the maintenance and protection of the health status of the population?	yes	42	42.4	65	60.2	6.5	0.011
	no	13	13.1	43	39.8	18.6	<0.001
	Partially	47	47.5	0	0.0	66.3	<0.001
Which component do you think needs to be improved/changed concerning the universal health care program?	To inform the population more about the services and procedures	27	27.3	54	50.0	11.2	<0.001
	To simplify procedures	7	7.1	39	36.1	25.2	<0.001
	To improve the payment procedure	60	60.6	11	10.2	58.3	<0.001
	To improve the functioning of the hotline of the Ministry	7	7.1	4	3.7	1.2	0.281
Is it more useful and easier for you to deal with private insurance companies or with a public health care program?	with private insurance companies	41	41.4	4	3.7	43.2	<0.001
	with the universal healthcare program	27	27.3	77	71.3	40.0	<0.001
	with none	11	11.1	0	0.0	12.7	<0.001
	with both	7	7.1	4	3.7	1.2	0.281
	It doesn't matter	13	13.1	23	21.3	2.4	0.122
Do you think that participation in this program has increased the financial access of the population?	significantly	40	40.4	68	63.0	10.5	0.002
	more or less	59	59.6	40	37.0	10.5	0.002
	the same	0	0.0	0	0.0	-	-
	worsen	0	0.0	0	0.0	-	-
Do you think participation in this program has increased the physical accessibility of the population?	significantly	47	47.5	81	75.0	16.6	<0.001
	more or less	52	52.5	27	25.0	16.6	<0.001
	the same	0	0.0	0	0.0	-	-
	worsen	0	0.0	0	0.0	-	-
Have patient visits increased?	significantly	49	49.5	77	71.3	10.3	0.002
	more or less	42	42.4	31	28.7	4.3	0.04
	the same	0	0.0	0	0.0	-	-
	do not know	8	8.1	5	4.6	1.0	0.307
Has the number of your patients increased?	increased	59	59.6	96	88.9	23.6	<0.001
	Slightly increased	28	28.3	9	8.3	14.0	<0.001
	the same	12	12.1	5	4.6	3.8	0.05
How would you rate the universal health program in general?	is successful	52	52.5	85	78.7	15.8	<0.001
	Not successful	48	48.5	23	21.3	16.9	<0.001

The majority of employees in the hospital sector consider it necessary to inform the population more about services and procedures and to simplify the procedures. As for the outpatient sector, compared to the hospital, the frequency of those who consider it necessary to improve the procedure for work payment is reliably higher. More respondents from the outpatient sector prefer relations with private insurance companies, and from the hospital sector - with state insurance companies.

When asked whether there are factors that hinder the implementation of the public health program in terms of impeccable patient care, the vast majority of medical personnel employed in both sectors, 89%, responded that they do exist and are due to the inferiority of the public health care program (exceptional diagnoses, lack of laboratory and instrumental research).

On the question of which component, you think needs to be improved/changed following the universal healthcare program, most of the medical staff employed in the outpatient clinic (60%) consider the simplification of the payment procedures, while the hospital sector considers more awareness about the services and procedures.

The highest percentage (40%) of the medical staff employed in the outpatient clinic indicated that the relationship with private insurance companies is more useful and easier, and 71% of the medical staff employed in the hospital sector considered cooperation with the state program of universal health care to be preferable.

When asked whether participation in this program increased the population's financial and physical access to medical services, the majority of medical personnel employed in the outpatient sector believe that it has increased more or less, while the majority of medical personnel employed in the inpatient units believe that it has significantly increased.

Regarding the question about the increase in patient referrals to medical institutions after the implementation of the universal health care program, the majority of medical personnel employed in both sectors answered that it does increase. However, the frequency of such an answer is reliably higher among those employed in the hospital sector. As for the outpatient care units, they consider that is more or less increased.

Regarding the question of whether the personal visits of patients increased after the introduction of the universal health care program, the majority of health workers in both sectors indicated that it had increased. However, we have to point out that admissions in inpatient units prevail over admissions in outpatient units.

However, when asked to rate this fact in case of an increase, the percentage share was distributed differently: 56% of the medical personnel employed in the outpatient sector evaluate it negatively, while the absolute majority of the hospital sector is positive.

The question about being beneficiaries of the universal health care program about the convenience of cooperating with the state medical insurance had the following response - 189 (91%) of the medical personnel employed in the outpatient and inpatient units answered that it is really easy, only 18 (9%) considers that it is not easy (without justifying the reason).

Discussion.

Human resources are one of the main driving forces of every company, so human resource development efforts are a key strategy to maintain global competitiveness [8]. Thus, job satisfaction and the result of evaluating its characteristics are positive feelings towards one's work. However, we have to highlight that job satisfaction is mostly individual. Each individual has a different level of satisfaction depending on the value system that applies to him. The higher the assessment of an activity that follows individual desires, the higher the satisfaction with this activity.

Thus, satisfaction is an assessment that describes a person's feelings associated with pleasure or displeasure, satisfaction, or dissatisfaction with a service [9].

Human resource development for health is an important part of the health policy development process [10].

Health sector personnel have specific characteristics that cannot be ignored, and motivation can play an integral role in many of the important challenges facing health care today [11]. In this area, the problem of motivation is added by the economic relationships between users of the system and the system itself (doctors, patients, and clinics) and the heterogeneity of the personnel [12].

One of the important achievements of the development of universal healthcare in Georgia is the economic side of the issue, which largely determines the satisfaction of the staff. The majority of those interviewed note that after the implementation of the universal healthcare program, patient attendance has increased in both directions, to healthcare units and private GPs. However, the majority of medical personnel employed in the outpatient sector evaluate the mentioned fact negatively, and the overwhelming majority of the inpatient sector positively, which indicates a difference in employee motivation. Healthcare management strategies consider both material and non-material incentives to enhance the motivation of healthcare personnel [13,14].

The following factors influence physician satisfaction (listed in order of decreasing importance): Income, Relationships with colleagues, Quality of medical examination and treatment, Hospital resources, Autonomy at work, Opportunities for training and advancement [15].

Job satisfaction of medical staff varies between outpatient and inpatient settings, as each has its own specificities, work environment, and challenges.

Satisfaction depends on what expectations the staff has, how the work environment is organized, and how much support the organization offers.

The workload in outpatient settings is low, which is reflected in the salary, and there are fewer resources and technologies available

Medical staff working in inpatient settings are characterized by higher professionalism and often gain significant experience, and they also have more access to training and promotion opportunities

Finally, we can claim that the research revealed that the difference between outpatient and inpatient sector employee satisfaction is determined by delayed and low salary, which

is significantly more frequently reported by outpatient sector employees. The universal healthcare program has significantly increased patient referrals to inpatient care than outpatient care, which is also reflected in reimbursement.

Conclusion.

• Implementation of a universal healthcare system improved access to medical services and satisfaction of medical personnel.

• Medical staff satisfaction is significantly higher in the hospital sector than in the outpatient sector.

• The research outcomes can be used to increase the job satisfaction of doctors in medical institutions.

REFERENCES

1. Law of Georgia on medical insurance. Article 2. https://www.insurance.gov.ge/files/ShowFiles?id=354f4b5a-1cd4-4514-acdd-c88247913b38
2. Marin E.B, Tsoi S.Yu. Value-motivational factors of job satisfaction of healthcare system employees. Bulletin of the Kemerovo State University. 2019;79:726-740.
3. Aasland O.G, Rosta J, Nylenna M. Healthcare reforms and job satisfaction among doctors in Norway. Scandinavian journal of public health. 2010;38:253-258.
4. Deressa JT, Negeri HA, Gurmessa TO, et al. Job satisfaction among midwives in low and middle-income countries: A protocol for systematic review and meta-analysis. SAGE Open Medicine. 2024;12:20503121241247993.
5. Yami A, Hamza L, Hassen A, et al. Job satisfaction and its determinants among health workers in Jimma University Specialized Hospital, southwest Ethiopia. Ethiop J Health Sci. 2011;21:19-27.
6. Peter KA, Voirol C, Kunz S, et al. Factors associated with health professionals' stress reactions, job satisfaction, intention to leave and health-related outcomes in acute care, rehabilitation and psychiatric hospitals, nursing homes and home care organisations. BMC Health Services Research. 2024;24:269.
7. Janus K, Amelung V.E, Baker L.C, et al. Job satisfaction and motivation among physicians in academic medical centers: insights from a cross-national study. Journal of Health Politics, Policy and Law. 2008;3:1133-1167.
8. Rivai V, Sagala EJ. Human resource management for companies from theory to practice. 2011.
9. Martin S, Uribe M. The influence of reward system on employee job satisfaction with work motivation as intervening variables (case study on employees of medical department united states). Medalion journal: Medical Research, Nursing, Health and Midwife Participation. 2021;2:53-71.
10. Dubois CA, Singh D. From staff-mix to skill-mix and beyond: towards a systemic approach to health workforce management. Hum Resour Health. 2009;7:87-100.
11. Goldsmith SB. Principles of Health Care Management: Compliance Consumerism and Accountability in the 21st Century. Sudbury, MA: Jones and Bartlett, 2005.
12. Hamid SA, Azim MR, Rahman MM, et al. Working conditions of the clinical health workforce in the public health facilities in Bangladesh. Plos one. 2023;18:e0294224.
13. Lambrou P, Kontodimopoulos N, Niakas D. Motivation and job satisfaction among medical and nursing staff in a Cyprus public general hospital. Human resources for health. 2010;8:26.
14. Kabbash IA, El-Sallamy RM, Abdo SAE, et al. Job satisfaction among physicians in secondary and tertiary medical care levels. Environ Sci Pollut Res Int. 2020;27:37565-37571.
15. Vuong B, Tung D, Tushar H, et al. Determinates of factors influencing job satisfaction and organizational loyalty. Management Science Lett. 2021;11:203-212.