

**MEDICAL SOCIOLOGICAL APPROACH TO STUDYING THE QUALITY OF
MEDICAL CARE**

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Abstract: The consumption of medical services as a medical and sociological problem has been studied by Western sociologists throughout the 20th century. The subject of this study was to study the development of methodological approaches to analyzing the consumption of medical services. To date, significant scientific and practical experience has been accumulated on many problems of the consumption of medical services: behavioral models of healthy and sick people have been developed, a systemic classification of the relationship between doctor and patient has been created, control of the provision of medical services has been organized, taking into account the population's satisfaction with the quality of medical care, etc.

Key words: Consumption of medical services; health belief model; socio-behavioural model.

INTRODUCTION

The current period of healthcare development is characterized by a variety of approaches used to manage and organize medical care. Rigid adherence to one of two theoretical models of health care - state or market - is being replaced by a modern, comprehensive approach associated with many assumptions and even compromises. In practice, a mixed system based on combining individual elements of both models is increasingly recognized as optimal. It involves greater use of market incentives while retaining the state's right to own and manage healthcare facilities. This combined approach is known under various names: internal market, government competition, healthcare market, and "quasi-market" [2].

MATERIALS AND METHODS

The institutional transformation of the domestic healthcare system carried out in this regard is accompanied by a revision of previously existing ones and the use of new methodological and methodological approaches to the financing and organization of medical care [4]. Their essence lies in the application of economic and sociological knowledge to solving pressing problems of modern healthcare: conducting a thorough analysis of the system's activities at the micro- and macro-institutional levels, assessing the acceptability of current approaches to the management, financing and organization of medical care, searching for strategies for more efficient and equitable provision of medical services. The complexity of the problem lies in the need to reconcile the requirements to curb the growth of healthcare costs and improve the efficiency of the system with the ethical imperative to ensure universal access to medical care and its more equitable distribution, regardless of the current socio-economic situation in the country. In such conditions, medical and sociological research to study the volume and structure of consumption of medical services, as well as to identify the factors that determine it, acquires particular relevance. In the absence of our own scientific traditions in a comprehensive study of the consumption of health care services in a broad social context, it seems advisable to study Western theoretical and conceptual approaches, the scientific truth of which is convincingly confirmed by their empirical testing over almost more than half a century of the development of the sociology of medicine.

RESULTS AND DISCUSSION

- In developed countries, the basic concepts, principles and methods for analyzing the production and consumption of medical services have become widespread since the middle

of the last century. The emergence of scientific and practical interest in studying the problems of using health services in these countries was due to several reasons:

- shortcomings in health care financing;
- lack of medical care planning practice;
- preferential development of treatment services to the detriment of preventive services;
- the need for a more equitable distribution of health services.

Further development of the methodology for the consumption of medical services is due to the significant complication of the behavioral model due to the inclusion of variables related to the state of the healthcare system and characterizing the conditions for the provision of medical services. Its subsequent improvement occurred through the inclusion in the model of parameters external to healthcare - political, economic and social determinants that determine the context of the functioning of the healthcare system, as well as the introduction of indicators characterizing the results obtained from the use of healthcare services - consumer satisfaction and changes in the status of his health.

A more detailed development of the contextual (environmental) or organizational component of the model was accompanied by the identification of two groups of contextual factors. The first group includes parameters describing healthcare at the macro- and micro-institutional levels of the system; the second is provider-related variables [3]. The need to group contextual factors is due to the fact that in addition to variables describing the environment in which the process of consuming medical services directly occurs [2], the most important determinants include the characteristics of medical professionals themselves and the parameters of their interaction with patients. In this regard, in recent years, studies devoted to the analysis of the direct influence of provider characteristics (gender, age, specialization, qualifications of medical personnel, etc.) on the use of health services by consumers have become increasingly widespread [5]. However, it is recognized that the influence of provider characteristics on health care utilization is the least studied.

CONCLUSION

In recent years, research into the use of health services by the population has increasingly paid attention to the analysis of sociocultural aspects of consumption and the closely related consequences of seeking medical help. The use of methods to assess changes in the culture of health and quality of life indicates the desire of an increasing number of researchers to consider the main outcome of the provision of health care services to be the maintenance of overall human well-being. This approach reflects the ideology of the World Health Organization [1]. Its successful implementation requires the development of effective health policies that take into account not only short-term public savings, but also their ability to improve population health in line with the global Health for All strategy. An important condition for its implementation is the choice of criteria for assessing the effectiveness of activities carried out in this direction. The main ones are three indicators: average life expectancy, which determines 50% of the assessment; equity in health care financing (25%) and “system responsiveness” of health care, measured by the population’s satisfaction with the medical care provided (25%).

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