METHODOLOGY OF EXAMINATION OF THE HIGHER EDUCATION INSTITUTION FACULTY MEMBERS’ HEALTH AS WELL AS THE MEDICAL AID ORGANIZATION

N. Gorbach, Doctor of Medicine, Full Professor
M. Listyak, Candidate of Medicine, Associate Professor
Krasnoyarsk State Medical University named after professor V. F. Voyno-Yasenetsky, Russia

The authors consider methodological approaches to the examination of health of the faculty members of Russian higher education institutions, as well as to the medical aid organization for this contingent.

Keywords: instructors of Russian higher education institutions, health, sickness rate, medical aid organization.

Conference participants

Higher education is a socially important and foreground sphere in Russia, as well as in other countries. Formation of the continuous education during the whole life of a person is the worldwide trend nowadays. Getting higher professional education is the first initial stage, followed by multiple additional educational programs after the initial degree, which are necessary for the advanced training and further personal development - prerequisites for successful competition on today’s labor market. This way a big portion of population is being engaged in the educational process and this starts to have an influence on many social and economic phenomena in the society. Such a situation makes it clear that attention should be paid to staff of Russian higher education institutions, as the quality of professional training and retraining depends on their successful activity.

According to the official data of 2012, there are 1100 higher education institutions in Russia with over 300 thousand lecturers. The quality of work of higher education institutions faculty members depends on many factors, both objective and subjective, internal and external. External (objective) factors include material and technical base of an educational institution, organization of the educational process, etc. Internal (subjective) factors are comprised of labor conditions satisfaction, satisfaction with the level of financial remuneration, mutual relationships in teams, especially relations with the administration, as well as the achievement motivation, etc.

The state of health of pedagogical employees has a crucial role among many other factors, influencing the quality of pedagogical work. Health is both an external and an internal factor simultaneously. As an external factor, bad health condition leads to frequent cases of temporary inability to work and increases the duration of every case; as a result, educational process can suffer significantly and the level of class workload for other instructors is increasing. As an internal factor, bad health state can lead to emotional disorders, narrowing of the circle of interests, fixation of attention on the problems.

Together with influence on the quality of professional activity, state of health of higher education institution faculty members also defines another function of education, namely, forming of the care-taking attitude towards health of the students. Education, as well as higher education, is a subsystem, shaping basic characteristics of the new state of the society, forming cultural, intellectual and human resources enabling its conversion. In our opinion, healthcare competence and medical activity are important for any professional group. But they play a special role for higher education institutions faculty members, as they are the instructors transferring the knowledge to students. Nowadays, it is the pedagogue, who is the real person able to preserve the health of children in the course of education. Unfortunately, pedagogical community has been evidently undermining the meaning of the pedagogue’s health culture in preserving and developing health of the trainees up till now.

Although, according to modern scientific concepts, health is significantly defined by the lifestyle of a person, one should not ignore the role of the healthcare system in the process of individual health preservation. Hence, taking into account the above stated arguments, the problem of studying health of higher education institutions faculty members is urgent, so as the problem of medical aid organization for this contingent. Based on the scientific data derived, it is possible to develop an optimal model for health preservation in relation to the pedagogic staff.

One of the main difficulties in the examination of health and medical aid organization for members of faculty of Russian higher education institution is the fact that instructors are not distinguished as an independent professional group and are not covered by targeted preventive inspections. It can be connected with the belief that pedagogues face a relatively easy work, which is not associated with professional harmfulness and thus cannot lead to professional illnesses. However, A.Y. Ryzhov and S.V. Komin, having analyzed physiologic and ergonomic characteristics of lecture and other forms of teaching activity according to the guide P 2.2.755-99, determined that
integrated assessment of instructors’ work leads to the conclusion that it can be presented as an extremely strenuous work of the 3rd level of the 3rd class of neurotic tension, especially in the intellectual and sensor loads indicators.

E.A. Bagnetova and E.R. Sharifulina assume that the profession of a pedagogue is connected with the risk of such illnesses as dysphonia, nervous disorders (often in the form of asthenoneurotic states), cardiovascular system illnesses (hypertonic manifestations, vegeto-vascular dystonia, stenocardia, etc.), illnesses of upper airways, visual impairments, osteochondrosis, varix dilatation of lower extremities, etc. Intensive loads on vocal apparatus lead to the formation of dysphonia and aphonia. Comparing to other professional groups, pedagogues are under high risk of neurotic disorders, accumulation of severe forms of neuroses, psychosomatic problems. There is an increased risk of professional voice disorders among pedagogues, which is also confirmed by foreign researchers.

We have conducted the research on the state of health of the employees of the departmental higher education institutions. In the course of this research, we compared the results of the surveys of respondents being members of faculties and employees not engaged in the teaching process. The data processing methods used included analytical, sociological (using the specifically developed questionnaire), copying of the data of medical records and reports, statistical methods with the use of relative and mean values, indicators of time series, expert judgments, correlation analysis. The normal distribution test was used for the Student’s t-test, as well as nonparametric methods (\( \chi^2 \); U of Mann-Whitney). Critical value of the significance level for hypothesis testing is 5% (\( p < 0.05 \)). In order to indicate a relation between the studied phenomena, Pearson’s r correlation coefficient and Spearman’s coefficient (when talking about rank values) were used.

Analysis of the results derived, allowed the faculty members subjectively assess their state of health, and also made it possible to clarify the views of the higher education institution employees concerning its defining factors. The majority of respondents (64.0±3.3%) assessed the health condition of the lecturer corps as average (very rare illnesses, usually good general state), 33.0±3.0% considered the level to be below average (quite frequent illnesses and the feeling of poor health), and only 3.0±1.2% stated it as low (with chronic diseases, permanently bad general state). In our opinion, it is crucial to take into account the latency of the health condition of the higher education educators and the tendency towards its overstaying by the employees, when evaluating their health.

The results of the research indicate that 12.9±2.4% educators and 20.6±2.9% employees, not engaged in the teaching process, consider their health to be in excellent and very good conditions. This is the first group of health, which means that there is no practice of visiting medical and preventive treatment facilities during the year or episodic visiting with short-term diseases and malaise, usually pseudoinfluenza. Respectively, 56.5±3.3% and 50.0±3.6% consider their health condition to be good, which is the second group: almost healthy individuals and individuals with risk factors. Respectively, 28.5±3.1% and 26.5±3.0% consider their health mediocre, which comprises the third group: individuals with chronic or exacerbated chronic diseases, requiring ambulatory and polyclinic treatment. 2.0±0.9 instructors 2.9±1.2% employees, not engaged in the teaching process, consider their health to be in a bad state, which represents the fourth group: sick individuals, decompensated in their diseases, needing hospitalization. No statistically significant differences were indicated between the subjective health evaluation by higher education institution employees of the main group and the comparison group, except the first health group, the portion of which is almost twice as low among educators (\( p<0.05 \)).

Almost half of respondents of both main and comparison groups stated that they have chronic diseases, however, their portion among educators (55.1±3.3%) is significantly higher, than among the individuals not engaged in the teaching process (45.0±3.2%) (\( p<0.05 \)). Permanent bad general condition is experienced by the educators more often (5.7±1.2% и 2.9±1.2%, respectively, \( p<0.05 \)).

Analysis of data copied from the lists of clarified diagnoses of ambulatory cards allowed to objectively define the structure of illnesses of the higher education institution lecturers. Pseudoinfluenza is on the first place (30.0±3.9% cases); the second place (25.0±3.7% cases) is occupied by osteochondrosis with damage of various parts (mostly – cervical spine and loin). Hyperpiesis of the first and second stages is on the third place (17.8±3.2% cases). There is a relatively high level of the gastrointestinal disturbance among faculty members. For example, erosive gastritis is diagnosed in 15.5±3.1% cases, peptic ulcer of duodenum in 12.0±2.7% cases, chronic cholecystitis in 3.6±1.5% cases. High percentage of the set (38.1±4.1%) is comprised of the respiratory apparatus illnesses, including tracheobronchitis – 10.7±2.6%, chronic maxillary sinusitis.

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Information about authors:

1. Natalia Gorbach - Doctor of Medicine, Full Professor, Krasnoyarsk State Medical University named after professor V.F. Voyno-Yasenetsky; address: Russia, Krasnoyarsk city; e-mail: gorbn@mail.ru

2. Marina Lisnyak - Candidate of Medicine, Associate Professor, Krasnoyarsk State Medical University named after professor V.F. Voyno-Yasenetsky; address: Russia, Krasnoyarsk city; e-mail: lisnyakm@mail.ru