

up to 35 years - 16.2% and a high proportion of medical specialists of retirement age - 35.9%, in some territories reaching 80% -100%, which has a negative impact on the activity of the institutions. Most of the employees surveyed, 72% consider the reform as inefficient, and they believe that the motivation did not increase, although the salaries of the employees increased threefold, but the level of stress increased, because of changes and overwork.

**Conclusions.** Most of the employees consider that the reform of the service was not effective and generated the appearance of some problems at the service level. Some of them are the insufficiency of financing, the reduction of the number of employees, the shortage of specialists especially young and well trained, the reduction of motivation and the increasing level of stress.

**Key words:** public health; reforms; surveillance; problems in the public health service.

### 346. THE PARTICULARITIES OF LIFE QUALITY OF PATIENTS WITH ONCOLOGICAL DISEASES

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**Introduction.** The quality of life is the perception of individuals about their goals, expectations, interests and ideas, satisfaction and happiness among their cultural values. Quality of life is the physical effect of patients (movement, physical activities and the ability to succeed in work and family responsibilities), social (social activities, being beneficial, body image, anxiety and depression) and psychological (life satisfaction, social support need and role function) for well-being.

**Aim of the study.** Analyzing the medico-social and psycho-emotional particularities of patients with oncological pathologies through the standardized questionnaire with the elaboration of suggestions on the research topic.

**Materials and methods.** The cross-selective study (2019-2020) was conducted within the Oncological Institutethrough the WHO standardized *questionnaire SF-36&author annexes*. The sample included 70 adults of average age  $51.67 \pm 1.92$  ( $SD = 10.49$ ); men - 53.3% and women - 46.7%; depending on the urban / rural locality, the sample was selected 50% to 50% cases; the agreement not to disclose personal data was signed.

**Results.** Cancer patients experience some psychological problems - stress, anxiety, depression; some physiological side effects - hair loss, pain, fatigue, nausea, vomiting; some social side effects - social isolation, role and loss of function; and, finally, a deteriorating quality of life. In the study case the use of SF-36 structured these answers: 1) *Physical function* – 50% (95% CI: 43.70 to 56.29); 2) *Role limitations due to physical health*- 23.33% (95% CI: 19.59 to 27.06); 3) *Pain*- 56.33% (95% CI: 51.41 to 61.25); 4) *General health* - 48.13% (95% CI: 44.81 to 51.45); 5) *Role limitations due to emotional problems*- 37.78% (95% CI: 25.24 to 50.32); 6) *Energy/fatigue* - 59.37% (95% CI: 54.19 to 64.55); 7) *Emotional well-being*- 66.44% (95% CI: 61.71 to 71.17); 8) *Social functioning*- 61.67% (95% CI: 56.18 to 67.16). At the same time, according to sex, sleep quality was distributed: 1) very good: men - 12.5% and women respectively - 7.1%; 2) good: men - 56.2% and women - 42.9%; 3) bad: men - 31.2% and women respectively – 50.0%, the one confirms differences according to sex.

**Conclusions.** Many factors have positive and negative effects on the quality of life. Fatigue, anxiety, worrying for the future and family, difficulties in meeting basic requirements and

changes in the body image which aggravate the quality of life. Social support, economic security and confidence in recovery improve the quality of life. However, the research results alarm our major psycho-emotional and socio-medical particularities problems.

**Key words:** quality of life; physical function; physical role; pain; general health.

### **347. THE TUBERCULOSIS AS A MEDICAL AND SOCIAL PROBLEM IN THE REPUBLIC OF MOLDOVA**

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**Introduction.** The tuberculosis keeps being a worldwide major problem of public health. Since 1993, it has been declared an emergency of public health by the World Health Organization. The Republic of Moldova is found among the 18 countries in the world facing a high burden caused by tuberculosis.

**Aim of the study.** The evaluation of the medical and social aspects of tuberculosis as a public health problem and developing recommendations for reducing morbidity.

**Materials and methods.** The type of study is descriptive, integral and selective. Applied research methods: historical, comparative, descriptive, statistical, and sociological. Study group: 98 patients with tuberculosis. Data collection methods: bibliographic data, official statistics, personal questionnaires. Data processing is carried out with the Epi Info program. Calculated indicators: relative, central tendency, variability and veracity, significance tests.

**Results.** The prevalence by tuberculosis in the Republic of Moldova in 2018 was 104.8 per 100,000 people, with a decrease compared to 2017 - 117.9 per 100,000 people. The results of the questionnaires indicate that most of the patients constitute men 79.59%, with a statistical difference between the sexes ( $p < 0.0001$ ). The average age of the affected people is  $42.27 \pm 8.26$  years. More than half of the patients come from rural areas 55.1%, 57.14% live alone, they are single, divorced or widowed and only 38.78% are married. The average of the monthly family income is 2853 lei, equivalent to 145 euro, which is a very low income. According to the type of activity most affected are workers 36.61% and 26.53% are unemployed, 55.1% of employees mentioned that they face difficulties at work due to the diagnosis.

**Conclusions.** Although the tuberculosis can be prevented, treated and stopped, it remains a problem of public health at national and global level. While there is a decrease in the incidence of this disease, the prevalence remains high. According to the results of the research, the most vulnerable group is represented by the men from the rural area, without education and with low incomes.

**Key words:** tuberculosis; problem of public health; prevalence; social aspects, medical aspects.