

**Aim of the study.** The analysis of the specific criteria for taking requests in pre-hospital emergency medical care, developed to analyze the frequency of non-documented calls of the population for emergency medical care.

**Materials and methods.** A descriptive, cross-sectional study was conducted on 230 adult respondents, residents of Chisinau. For the accumulation of primary data, a special questionnaire was developed. From all the respondents was received agreement to participate in the study. The EpiInfo statistical program was used for data analysis.

**Results.** The number of calls from Chisinau in 2019 compared to 2018 increased by 7.5%, and the number of non-documented calls - by 10.6%. The major cause of non-documented requests: in 63.0% (95% II: 55.14% -70.86%) - lack of information regarding the need to call pre-hospital emergency care. The respondents are aware 82.0% (95% II: 76.52% - 87.42%) of the negative impact of the non-documented requests and they have pronounced for a greater involvement of the 112 service in publicizing the negative impact that the requests have not documented for both service and population.

**Conclusions.** The study showed the need to educate the population on the causes of requesting pre-hospital emergency medical care. Mediation of the negative impact of the non-documented requests for service 112 and of the patients who need to urgently solve the health problem.

**Key words:** ambulance; non-documented requests; causes.

### **345. REFORMS AND PROBLEMS OF THE PUBLIC HEALTH SURVEILLANCE SERVICE IN THE REPUBLIC OF MOLDOVA**

Author: **Anastasia Cupcea**

Scientific adviser: Globa Nina, MPH, Assistant Professor, Department of Management and Psychology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**Introduction.** Since 1992, the public health surveillance service in the Republic of Moldova has undergone a series of reforms. Thus, he evolved from inspection to surveillance, from a narrow approach to a complex approach, the focus shifted from treatment to prevention and health promotion, and emergency preparedness and response took over the place of eruption investigation. However, the opinions of the employees of this sphere regarding to the efficiency of the reforms remain contradictory.

**Aim of the study.** To study and analyze the latest reforms of the public health surveillance service in the Republic of Moldova, in order to identify the problems and directions of development.

**Materials and methods.** The study was descriptive. Applied research methods: bibliographic, historical, statistical and sociological. The sample: 60 employees from the public health surveillance service. Data collection tools: specialized literature, official statistics, own questionnaire, interview. Data processing carried out with the Epi Info program. Calculated indicators: ratios, proportions, indicators of the central tendency, indicators of the variation, tests of statistical significance and others.

**Results.** The reform of the public health surveillance service resulted in the reduction of the number of institutions of the service by 26, and of the number of employees by over 60%. As a result, the acute shortage of medical personnel is attested, which now is 31.2% per country, in some territories from 35% to 48%. Also, there is a reduced share of medical specialists aged

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

Author: **Gheorghe Corcodel**

Scientific adviser: Alina Ferdohle, PhD, Associate Professor, Department of Management and Psychology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**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