

REASONS AND NUMBER OF LOST DAYS DUE TO TEMPORARY LABOUR-DISABILITY OF WOMEN — MEDICAL WORKERS

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The female labour reserves are wider used in the modern developed socialistic community. The relative part of women in the total number of workers is going up (4, 10). As a result of this the lost days due to temporary labour-disability of women are increased in number because of various reasons: pregnancy, new-born babies, diseases, taking care of another family member, etc. (1, 2, 5, 7). E. Matveev (8) reports that 52,1% of all labour-lost days for the secondary medical staff are due to pregnancy and new-born babies.

The constant process of feminization in medical departments requires a detailed knowledge of the reasons for temporary labour-disability of women in order to plan the real labour-loss and optimal use of the present manpower (3, 7, 8).

Methods

Our study covers all a-year-round medical workers — women from Higher Institute of Medicine and District Hospital, Varna city, who are 81,6% of the present staff. The number of lost days during 1978 due to various reasons is studied individually. The results are represented in extensive and intensive values for the whole group and also for the subgroups, age-groups and categories of the medical staff.

Results and discussion

Labour-loss due to temporary disability are between 4, 9 and 6,1% of the planned working days, as can be seen on fig. 1.

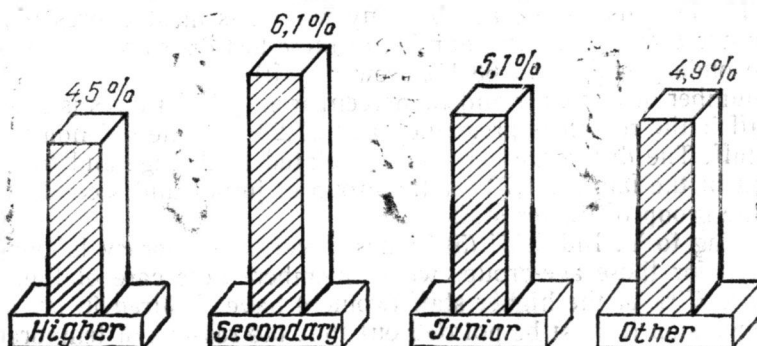


Fig. 1: Relative part of lost working time due to temporal labour-disability (in percent) of various categories medical workers

Temporary labour-disability due to a disease or trauma is most often for all categories — 53,8% for the secondary staff and 78,3% for the lower staff (fig. 2).

The frequency of labour-loss due to a disease increases with age and specially over 50 years the temporary disability is caused only by this reason.

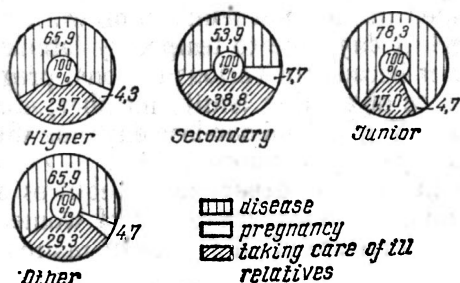


Fig. 2: Variants of labour-disability

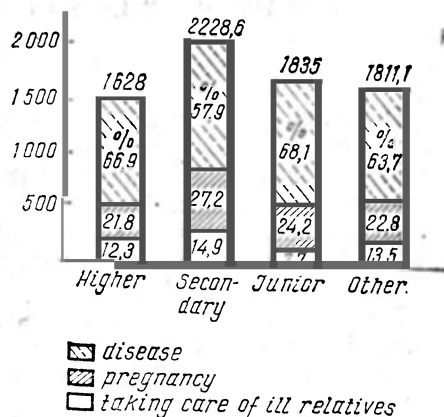


Fig. 3: Level and structure of lost working time of various medical categories

Taking care of an ill member of the family is the second often reason for a labour-loss: 17% for the lower and 38,8% for the secondary staff. Age-group up to 30 years shows a higher percent of the same reason — 44%. Although not long-term and very often the presented reason provides for certain difficulties in the organization and effectiveness of the working process.

Temporary labour-disability due to pregnancy and new-born babies is relatively rare reason for lost days — 4,3% for the higher and 7,7% for the secondary and lower staff. The differences come definitely from the age-groups.

Frequency of lost days is most considerably low for the group of higher staff — 1628 days altogether, whereas it is 2228 days for the secondary and lower staff. It depends on the age but any way it is most expressed and often for the youngest group. Greater number of these lost days are due to a disease — 57,9% (secondary staff) and 68,1% (lower staff).

The number of lost days and its percent from all lost days is 21,8% for the higher staff if the reason is pregnancy and 27,2% for the secondary and lower (junior) staff. The difference here is also related to the age and to the number of children in the family: 1,73 for the group of junior and secondary staff and 1,42 for the group of higher staff.

According to Y. Indulskii (5) highest level of temporary labour-disability is registered for those age-groups whose members take care of their children. For example 57% of the higher staff (women) have children in pre-school age.

In conclusion it must be pointed out that the reasons of temporary labour-disability indicate highest frequency for the youngest age-group, i. e. at the beginning of the labour activity. Women — medical workers have more lost days due to various reasons which is a logical result of their position in the

family. Their labour-loss is with 23—41% higher when compared to that of men which causes 2 times longer temporary labour-disability. Their higher frequency in younger age influences upon the professional qualification of women and determines the psychoclimatic and mutual relations between members of working groups.

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РАЗМЕРЫ И ПРИЧИНЫ ТРУДОВЫХ ПОТЕРЬ ВСЛЕДСТВИЕ ВРЕМЕННОЙ НЕТРУДОСПОСОБНОСТИ ЖЕНЩИН-РАБОТНИКОВ ЗДРАВООХРАНЕНИЯ

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РЕЗЮМЕ

Трудовые потери вследствие временной нетрудоспособности женщин-работников здравоохранения, установленных на основе индивидуального учета, составляют от 4,9% до 6,1% всех запланированных рабочих дней. Наиболее значительный удельный вес имеют потерянные дни вследствие заболеваний и происшествий; 53,8% у лиц среднего медицинского персонала и 78,3% у лиц младшего персонала. С возрастом этот удельный вес увеличивается. Временная нетрудоспособность вследствие ухода за больным членом семьи составляет 29,7% случаев среди женщин—врачей и 38,8% — среди женщин среднего медицинского персонала. Для женщин до 30 лет удельный вес составляет 44%. Временная нетрудоспособность по причине материнства — беременности и родов, имеет наиболее высокие стоимости среди женщин среднего медицинского персонала — 7,7%. Показатель потерянных дней наиболее высок среди женщин среднего медицинского персонала, притом прежде всего среди женщин молодой возрастной группы.