



**НАЦИОНАЛЬНЫЙ
ЦЕНТР ЭКСПЕРТИЗЫ**

лекарственных средств и медицинских изделий

ISSN 2310-6115

ФАРМАЦИЯ КАЗАХСТАНА

#2 АПРЕЛЬ 2022 Г.

**ҚАЗАҚСТАН ФАРМАЦИЯСЫ
PHARMACY OF KAZAKHSTAN**

НАУЧНО-ПРАКТИЧЕСКИЙ, ИНФОРМАЦИОННО-АНАЛИТИЧЕСКИЙ ЖУРНАЛ ФАРМАЦИИ И ЗДРАВООХРАНЕНИЯ



**НАЦИОНАЛЬНЫЙ
ЦЕНТР ЭКСПЕРТИЗЫ**

лекарственных средств и медицинских изделий

ФАРМАЦИЯ КАЗАХСТАНА

НАУЧНЫЙ И ИНФОРМАЦИОННО-АНАЛИТИЧЕСКИЙ ЖУРНАЛ

Издание для работников органов управления здравоохранением, в том числе фармацией, врачей, провизоров, фармацевтов и широкого круга специалистов, работающих в сфере обращения лекарственных средств, изделий медицинского назначения и медицинской техники, сотрудников медицинских вузов и колледжей.

Журнал входит в Перечень изданий, рекомендуемых Комитетом по контролю в сфере образования и науки Министерства образования и науки Республики Казахстан для публикации результатов научной деятельности, индексируется в РИНЦ.

ОСНОВНЫЕ РАЗДЕЛЫ:

- Законы и нормативные правовые документы, регламентирующие сферу обращения лекарственных средств и медицинских изделий.
- Актуальная информация о лицензировании, регистрации, сертификации и стандартизации лекарственных средств и медицинских изделий, оперативные материалы Минздрава РК и Комитета медицинского и фармацевтического контроля Министерства здравоохранения Республики Казахстан.
- Анализ фармацевтического рынка республики и стран СНГ, тенденций и проблем его развития.
- Новости медицины и фармации, клинической фармакологии, поиск, исследования и эксперименты в области разработки и создания новых эффективных медицинских препаратов, в том числе отечественного производства.
- Мнение специалистов и экспертов о лекарственных препаратах, презентация фармацевтических и медицинских компаний и их продукции, а также широкое освещение практической деятельности аптечных организаций и медицинских центров.
- Материалы по истории медицины и фармации республики.
- Консультации специалистов по вопросам, касающимся фармации, регистрации и перерегистрации лекарственных средств, медицинской техники и изделий медицинского назначения.

ТАРИФЫ НА РАЗМЕЩЕНИЕ РЕКЛАМЫ:

Публикация научной статьи*
(объемом до 10 страниц) - **15 000 ТЕНГЕ**

Размещение рекламных
материалов на обложке - **70 349 ТЕНГЕ**

Размещение рекламных
материалов на внутренних страницах - **64 629 ТЕНГЕ**

Размещение рекламных
материалов в формате
социальной рекламы (коллаж) - **29 900 ТЕНГЕ**

Примечание: *за каждую страницу свыше 10 страниц,
доплата 1000 тенге за страницу



+7 (727) 273 03 73, +7 (747) 373 16 17



PHARMKAZ@DARI.KZ



WWW.PHARMKAZ.KZ



РГП на ПХВ «Национальный центр экспертизы лекарственных средств
и медицинских изделий» Комитета медицинского и фармацевтического контроля
Министерства здравоохранения Республики Казахстан

Главный редактор

Р.С. Кузденбаева

Редакционный совет

А.И. Гризодуб (Украина)
Д.В. Гринько (Беларусь)
А.З. Зурдинов (Кыргызстан)
Ш.С. Калиева (Казахстан)
И.Р. Кулмагамбетов (Казахстан)
В.Н. Локшин (Казахстан)
М.К. Мамедов (Азербайджан)
Т.С. Нургожин (Казахстан)
Д.А. Рождественский (Россия)
Д.А. Сычѐв (Россия)
Елена Л. Хараб (США)

Редакционная коллегия

Н.Т. Алдиярова
А.Е. Гуляев
П.Н. Дерябин
М.И. Дурманова
Х.И. Итжанова
А.Т. Кабденова
Ж.А. Сатыбалдиева
З.Б. Сахипова
Е.Л. Степкина
А.У. Тулегенова

Адрес редакции:

050004, РК, г. Алматы,
пр. Абылай хана, 63, оф. 305,
тел.: +7 (727) 273 11 45,
E-mail: pharmkaz@dari.kz;
веб-ресурс: www.pharmkaz.kz.

Журнал зарегистрирован
Министерством культуры,
информации и общественного согласия
Республики Казахстан.

Свидетельство об учетной регистрации №3719-Ж от 19.03.2003 г.

Контактные телефоны:

+7 (727) 273 11 45

Подписной индекс: 75888

Ответственность за рекламу несет рекламодатель.

Мнение редакции может не совпадать с мнением автора.

Перечень изданий, рекомендуемых Комитетом по контролю в сфере образования и науки Министерства образования и науки Республики Казахстан для публикации основных результатов научной деятельности (приказ Комитета от 10.07.12 г., №1082), индексируется в РИНЦ (на платформе научной электронной библиотеки elibrary.ru).

В журнале используются фотоматериалы и изображения из открытых интернет источников.

СОДЕРЖАНИЕ

ОРГАНИЗАЦИЯ И ЭКОНОМИКА ФАРМАЦЕВТИЧЕСКОГО ДЕЛА

А.А. АЛЬМУРЗАЕВА, К.С. ЖАКИПБЕКОВ, У.М. ДАТХАЕВ, М.З. АШИРОВ, З.А. ДАТХАЕВА. «Конкурентоспособность фармацевтической промышленности: Индикаторы и критерии оценки».....	4
--	---

КЛИНИЧЕСКАЯ МЕДИЦИНА И ФАРМАКОЛОГИЯ

S.N. KNAAYATOVA, A.A. NAURYZBAYEVA, N.I. ABUBAKIROVA, R. TALGATKYZY, YE.ZH. SADUAKASSOVA, A.K. BAIKADAM, ZH.S. AMANKULOVA. Evaluation of vaccinated and unvaccinated patients with covid-19 hospitalized in the infectious disease hospital.....	9
K.M. AKHMETOVA, A.A. ABDULDAYEVA, A.V. ALYEV, E.D. DALENOV, T.A. VOCHSHENKOVA, A.F. SULEIMANOV. Status of actual nutrition in persons of reproductive age with metabolic syndrome.....	17
С.А. АЛМАС, Н.М. БИДАН, Б.Б. БОЛАТ, Э.А. СЕРИКБАЕВА, У.М. ДАТХАЕВ, О.Д. НЕМЯТЫХ. COVID-19 ауруын жұқтырған балаларда қолданылатын емдеу тәсілдеріне салыстырмалы бағалау.....	24
М.М. МИРСАЛИЕВ, В.К. ИСРАИЛОВА, Г.К. АЙТКОЖИН, Д.А. КОЖАМБЕРДИЕВА. Белки острой фазы и маркеры воспаления у пациентов с COVID-19-ассоциированной пневмонией в сочетании с артериальной гипертензией.....	31
А.К. АЯЗБЕКОВ, Н.Т. ПАЧЧАХАНОВА, Э.Е. ДҮЙСЕБАЕВА, И.К. ХАБИБУЛЛАЕВА, А.А. АМАНГЕЛДІ. Гестациялық тромбоцитопения, жүктілік және босану ерекшеліктері.....	38
Л.М. БЕГІМБЕКОВА, Э.Н. АЛИЕВА, И.С. САРКУЛОВА. Жас шамалары әр түрлі әйелдерде жүктіліктің барысы мен босанудың нәтижесі.....	43
А.М. ИСАЕВА, Л.Т. ЕРАЛИЕВА, А.К. КАТАРБАЕВ, А.Ж. ТАНИРБЕРГЕНОВА, Э.С. ЛИТОШ. Заболеваемость острыми вирусными гепатитами в республике Казахстан.....	48
С.С. КУРМАНГАЛИЕВА, Е.Ш. БАЗАРГАЛИЕВ, Х.И. КУДАБАЕВА, Р.Н. ЖАНАМАНОВА, Ф.С. РАХИМЖАНОВА, Н.К. КЕНЖИНА. Влияние микробиоты толстого кишечника на течение печеночной энцефалопатии при циррозах печени.....	55
А.М. МУСАКУЛОВА, А.В. БАЛМУХАНОВА, А.С. АУБАКИРОВА, Г.С. ЖУНУСОВА, А. БАЛМУХАНОВА, А.Х. ИБРАЕВА. Особенности клинического течения эндокринной офтальмопатии.....	62
А.М. МУСАКУЛОВА, А.В. БАЛМУХАНОВА, А.С. АУБАКИРОВА, Г.С. ЖУНУСОВА, А.В. БАЛМУХАНОВА, А.Х. ИБРАЕВА. Экзофтальм при лимфоме и эндокринной патологии орбиты.....	73
А.Ш. АМИРХАНОВА, Н. ЖЕКСЕНБАЙ, М.Ж. КИЗАТОВА, Г.К. ИСКАКОВА, Ж.С. НАБИЕВА, Ж.К. ОМАРКУЛОВА, Н.С. АЙТМУХАМБЕТОВА. Емдік профилактикалық мақсатта қолданылатын пектин құрамды йогурттің реологиялық қасиетін зерттеу.....	82

ЭКСПЕРИМЕНТАЛЬНАЯ МЕДИЦИНА

- Г.Т. НУРМАДИЕВА, Б.А. ЖЕТПИСБАЕВ, А.Ш. КЫДЫРМОЛДИНА, С.О. РАХЫЖАНОВА, А.С. САЙДАХМЕТОВА, Г.М. ТОКЕШЕВА.** Влияние фитокомпозиции на обменные процессы в первичных лимфоидных органах иммуногенеза, подвергнутых сочетанному действию гамма-излучения и оксида свинца.....89

ОБЩЕСТВЕННОЕ ЗДРАВООХРАНЕНИЕ

- М.А. SERIKBAYEV, A.B. KUMAR, L.K. KOSHERBAYEVA, A.K. AVIKULOVA, S.A. МАМЫРБЕКОВА, А.З.КУСАИНОВ.** Core competencies of nurses in the context of global health.....98
- NURLAN DARIBAYEV.** Questioning of patients as a method for assessing the quality of medical care. Literature review.....104
- А.А. МАМЕДАЛИЕВА, С.Б. КАЛМАХАНОВ, А.З. КУСАИНОВ.** Роль безопасности пациента в улучшении качества медицинской помощи.....109
- М.С. АМАНГЕЛЬДИЕВНА.** Жоғары медициналық білім берудегі белсенді оқыту әдістері: тараптардың пікірлері.....115
- М.А.СЕРИКБАЕВ, Г.С.БАЗАРБЕКОВА, С.А.МАМЫРБЕКОВА, А.С.КУДАРОВА, А.Б.КУМАР, А.З.КУСАИНОВ.** Практико-ориентированный подход подготовки медсестер в пульмонологической службе.....126
- Б.А. САРЫБАЕВ, Г.О. УСТЕНОВА, К.Д. АЛТЫНБЕКОВ.** Состояние и перспективы производства медицинских изделий в Республике Казахстан.....133

ТЕХНОЛОГИИ ФАРМАЦЕВТИЧЕСКОГО ПРОИЗВОДСТВА

- А.М. ЕРМАКХАН, К.А. MUTALIMOVA, К.А. ВАМУКХАНОВ, А.А. KARAU BAYEVA, К.К. KOZHANOVA, Z.B. SAKIROVA, Т. АКНАЙЕВА, К.А. ZHAPARKULOVA.** Technological and phytochemical study of liquid extract of Ziziphora Bungeana Juz.....139
- Т.С.БЕКЕЖАНОВА, А.Е.САКИПОВ, К.К.КОЖАНОВА, Л.Н.ИБРАГИМОВА, О.В.СЕРМУХАМЕДОВА, А.С. КЕЛЕКЕ.** Изучение стабильности и установление сроков хранения леденцов лекарственных с растительной субстанцией «9 ТРАВ».....145
- Г.М. ҒАНИ, К.С. ЖАКИПБЕКОВ, У.М. ДАТХАЕВ, М.З. АШИРОВ, Н.А. ЖАҚЫП, А.З. ҚҰСАЙЫНОВ.** Euphorbia Humifusa Willd. Құрамындағы химиялық компоненттер және олардың арнайы фармацевтикалық қызметтері.....150
- А.К.КURMANBAYEVA, U.M.DATKHAYEV, D.K.SATMBEKOVA, A.QABYLQAQ.** Chemical compounds of Houltuynia Cordata Thunb and their specific pharmacological activities.....155
- С.Б. АБДЫКЕРИМОВА, Л.Н. ИБРАГИМОВА, К.К. КОЖАНОВА, И.И. ТЕРНИНКО, З.Б. САКИПОВА, А.С. КЕЛЕКЕ, А. ЕРГАЛИ.** Сравнительная оценка фармакопейных требований к качеству и безопасности лекарственного растительного сырья барбариса.....160

УДК 614.2
DOI

M.A. SERIKBAYEV¹, A.B. KUMAR², L.K. KOSHERBAYEVA², A.K. ABIKULOVA², S.A. MAMYRBEKOVA³, A.Z. KUSAINOV¹

¹Al-Farabi Kazakh National University, PhD-student of the Faculty of Medicine and Health, Almaty, Kazakhstan;

²Asfendiyarov Kazakh National Medical University, Department of Health Policy and Management, Almaty, Kazakhstan;

³Al-Farabi Kazakh National University Department of Epidemiology, Biostatistics and Evidence-Based Medicine, Faculty of Medicine and Health, Almaty, Kazakhstan.

CORE COMPETENCIES OF NURSES IN THE CONTEXT OF GLOBAL HEALTH

Resume. There are guidelines for integrating global health into the educational process in nursing education all over the world. Several studies have been conducted that define global competencies in the field of healthcare, which require increasing the knowledge of health workers in this matter.

Objective: To study the level of the most common core competencies and knowledge in the field of global health of practicing nurses in Almaty.

Material and method: We conducted a cross-sectional study with a quantitative description of knowledge and experience in the application of global competencies. Using a rigorous process, we adapted the Global health Knowledge and Experience Survey to collect data from the participants, who were 54 nurses working in Almaty city policlinics, Kazakhstan.

Results: The results showed that nurses have limited knowledge in the field of competencies related to global health and are ready to be trained to apply these skills.

Key words: nurse competencies, nurse education, global competencies, global health.

M.A. Серикбаев¹, А.Б. Кумар², Л.К. Кошербаева²,
А.К. Абикулова², С.А. Мамырбекова³, А.З. Құсайынов¹

¹ Қазақ ұлттық университетінің медицина және денсаулық сақтау факультетінің аспиранты.

Әл-Фараби, Алматы, Қазақстан;

² Денсаулық сақтауды басқару және саясат кафедрасы, Асфендияров атындағы Қазақ ұлттық медицина университеті, Алматы, Қазақстан;

³ Эпидемиология, биостатистика және дәлелді медицина кафедрасы, медицина және денсаулық сақтау факультеті, Қазақ ұлттық университеті. Әл-Фараби, Алматы, Қазақстан.

ӘЛЕМДІК ДЕНСАУЛЫҚ САҚТАУ КОНТЕКСТІНДЕГІ МЕДБИКЕЛЕРДІҢ НЕГІЗГІ ҚҰЗЫРЕТТІЛІГІ

Түйін. Дүние жүзінде мейірбике ісі бойынша білім беру үдерісіне жаһандық денсаулықты енгізу бойынша нұсқаулар бар. Осы мәселе бойынша денсаулық сақтау мамандарының білімін жақсартуды талап ететін жаһандық денсаулық сақтау құзыреттерін анықтайтын бірнеше зерттеулер жүргізілді.

Зерттеудің мақсаты: Алматы қаласындағы тәжірибелік мейірбикелердің жаһандық денсаулық саласындағы ең көп таралған негізгі құзыреттіліктері мен білімдерінің деңгейін зерттеу.

Материалдар мен әдістер: Біз жаһандық құзыреттерді қолданудағы білім мен тәжірибенің сандық сипаттамасымен көлденең зерттеу жүргіздік. Қатаң процесті пайдалана отырып, біз Қазақстанның Алматы қалалық емханаларында жұмыс істейтін 54 медбике болған қатысушылардан деректерді жинау үшін денсаулық

M.A. Серикбаев¹, А.Б. Кумар², Л.К. Кошербаева², А.К. Абикулова², С.А. Мамырбекова³, А.З. Құсайынов¹

¹ Аспирант факультета медицины и здравоохранения Казахского национального университета им. Аль-Фараби, Алматы, Казахстан

² Казахский национальный медицинский университет имени Асфендиярова, Кафедра политики и управления здравоохранением Алматы, Казахстан

³ Казахский национальный университет им. Аль-Фараби, Кафедра эпидемиологии, биостатистики и доказательной медицины, факультет медицины и здравоохранения, Алматы, Казахстан

ОСНОВНЫЕ КОМПЕТЕНЦИИ МЕДСЕСТЕР В КОНТЕКСТЕ ГЛОБАЛЬНОГО ЗДРАВООХРАНЕНИЯ

Резюме. Во всем мире в обучении медсестер существуют руководства по интеграции глобального здравоохранения в образовательный процесс. Проведены несколько исследований, которые определяют глобальные компетенции в области здравоохранения, которые требуют повышения знаний медработников в данном вопросе.

Цель исследования: Изучить уровень наиболее распространенных основных компетенций и знаний в области глобального здравоохранения практикующих медицинских сестер в г.Алматы.

Материалы и методы: Нами проведен кросс-секционное исследование с количественным описанием знаний и опыта применения глобальных компетенций. Нами был адаптирован глобальный опросник знаний и опыта в области здравоохранения.

сақтау саласындағы білім мен тәжірибенің жаһандық сауалнамасын бейімдедік.

Нәтижелер: Нәтижелер медбикелердің денсаулық сақтаудың жаһандық құзыреттері туралы білімі шектеулі екенін және осы дағдыларды қолдану үшін оқытуға дайын екенін көрсетті.

Түйінді сөздер: мейірбикелік құзыреттілік, мейірбикелік білім, жаһандық құзыреттілік, жаһандық денсаулық.

Introduction

Great progress has been made in defining global competencies for healthcare professionals in the field of healthcare [1]. Worldwide, global health competencies have been defined for all levels of medical training, including nurses. In addition, competencies for interprofessional education were defined [2].

Several studies have been conducted that define global competencies in the field of healthcare, which do not have a theoretical basis [3].

Global health models are being developed that will focus on the competencies of nursing in the field of global health [4]. In 2009, researchers Coplan and others developed a general definition of global health, which reads as: Global health is an area of study, research and practice in which priority is given to improving health and achieving health equity for all people around the world [5].

In global health, special attention is paid to transnational health problems, determinants and solutions [6].

Global health encompasses many disciplines within and outside the health sciences and promotes interdisciplinary collaboration and is a synthesis of prevention at the population level with clinical care at the individual level. All this is closely interrelated with the development of nursing science [7].

Grootjans, Newman (2013) and Merry (2012) described nursing globally as reflecting the values of social justice and equity, prevention, sustainability, advocacy, holistic care and sustainability [8].

The six core values and principles of nurses, regardless of their level of education, can be used as the basis for basic global health competencies. They are as follows:

1. Social justice and equality. Ethical codes for nurses consider social justice to be one of the important principles and responsibilities of nurses (American Nurses Association, 2015). The Nursing Code does take into account the ongoing concern for social justice at all levels. This is aimed at improving the conditions that are the cause of diseases, illnesses and injuries. Recognition of the value and dignity of all with whom a nurse comes into contact and the provision of quality nursing care in accordance with the standards of the profession is a fair treatment of a nurse [9].
2. Comprehensive care. According to the World Health Organization (WHO, 1978), the definition of health includes the

Участниками были 54 медсестры, работающие в городских поликлиниках Алматы, Казахстан.

Результаты: Результаты показали, что медсестры имеют ограниченные знания в области компетенций, связанных с глобальным здравоохранением и готовы пройти обучение для применения данных навыков.

Ключевые слова: компетенции медсестер, обучение медсестер, глобальные компетенции, глобальное здравоохранение.

concepts of physical, mental and social well-being. However, Merry (2012) stated that the concept of health depends more on holistic care, quality of life and well-being. This is due to the fact that much attention is paid to the quality of life and well-being, as advanced technologies still cannot cope with many global diseases. Therefore, the introduction of holistic care in the competence of a nurse will benefit the patient by meeting medical, human and spiritual needs through the recognition of human rights, the empowerment of social systems and the recognition of human dignity [10].

3. Protecting the interests of patients. Nursing is necessarily connected with the protection of the interests of patients. In global health, nurses, as global citizens, protect not only the health of patients and communities, but also the wider population. In addition, nurses advocate for the health of the entire planet, since the health of people, ecosystems and animals are necessary to achieve the health of the planet [11]. Long-term health risks associated with violence, climate change, poverty, and multiple environmental disasters are critical global issues. The goals of action at the local and global levels to combat poverty, injustice, hunger, violence and the catastrophic consequences of climate change are of direct importance for nursing at the local and global levels. This propaganda should be aimed at ensuring the competence of nurses, maximizing their role, expanding the capabilities of nurses through cooperation and the application of evidence-based practice [11, 12].

4. Ensuring the human right to health. The Code on the Health of the People and the Health System, and the Universal Declaration of Human Rights of the United Nations (1948) regulates the human right to health. «Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care and necessary social services». International and national organizations have made a statement supporting the concept of health as a human right, in order to strengthen the perception of health, it is necessary to include the concept of human rights in the definitions of health and global health [13].

5. Stability. In their review of the literature on nurses and globalization, Grootjans and Newman (2013) found that resilience is one of the common attributes of nursing practice in a globalized world [14]. Low coverage of the population by nurses due to insufficient staff, migration of nurs-

es and their re-specialization are among the problems affecting the sustainability of nursing. The sustainability of the profession also depends on the ability of nurses to monitor their health [15].

6. Cooperation. Communication skills and the ability to cooperate in global initiatives are the most important issue that takes into account cultural differences, territorial or national characteristics, as well as language differences. This is especially true for countries with a large land area and multi-nationality [16]. The Institute of Medicine (2011) recommended that nurses work in an interdisciplinary team, including patients, family members, health care providers, so-

cial workers, public health workers, etc. This will help solve the problem of the shortage of nurses and maximize the use of available resources in the healthcare system [17].

According to the Salidat Kayirbekova National Research Center, there is a shortage of more than 12 thousand medical workers in Kazakhstan. State planning of personnel training for the healthcare system allows rational and reasonable use of budgetary funds for the training of future specialists for the industry. the number of secondary medical personnel (per 10,000 people of the corresponding population) in all departments of the Republic of Kazakhstan is growing slowly [18, 19, 20].

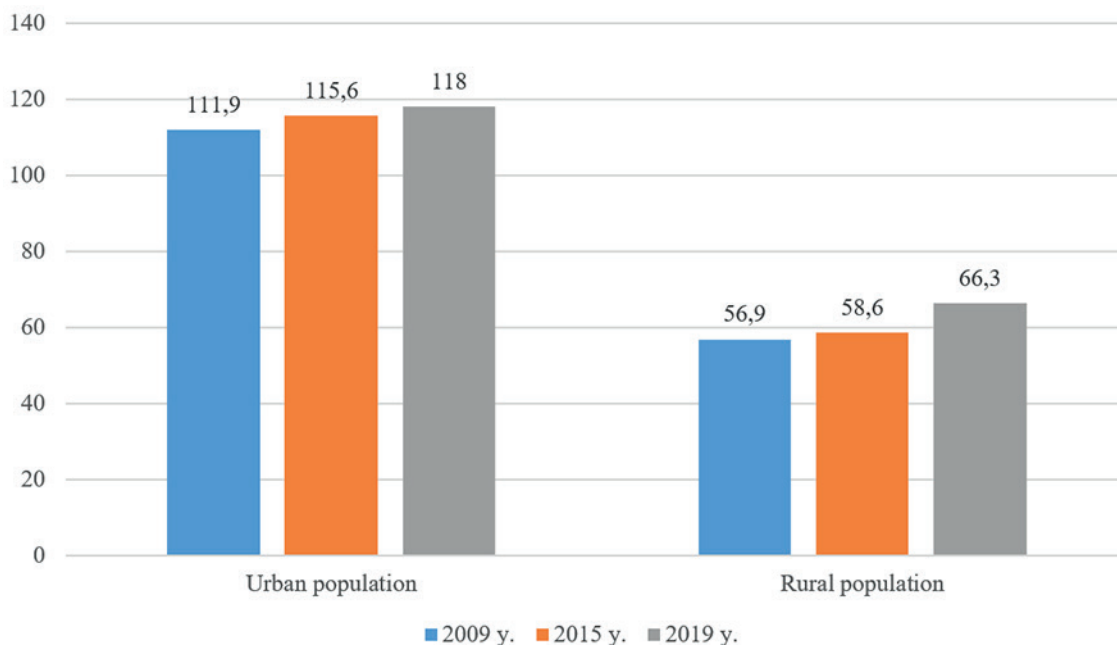


Figure 1 – The number of secondary medical personnel in all departments of the Republic of Kazakhstan in all departments of the Republic of Kazakhstan

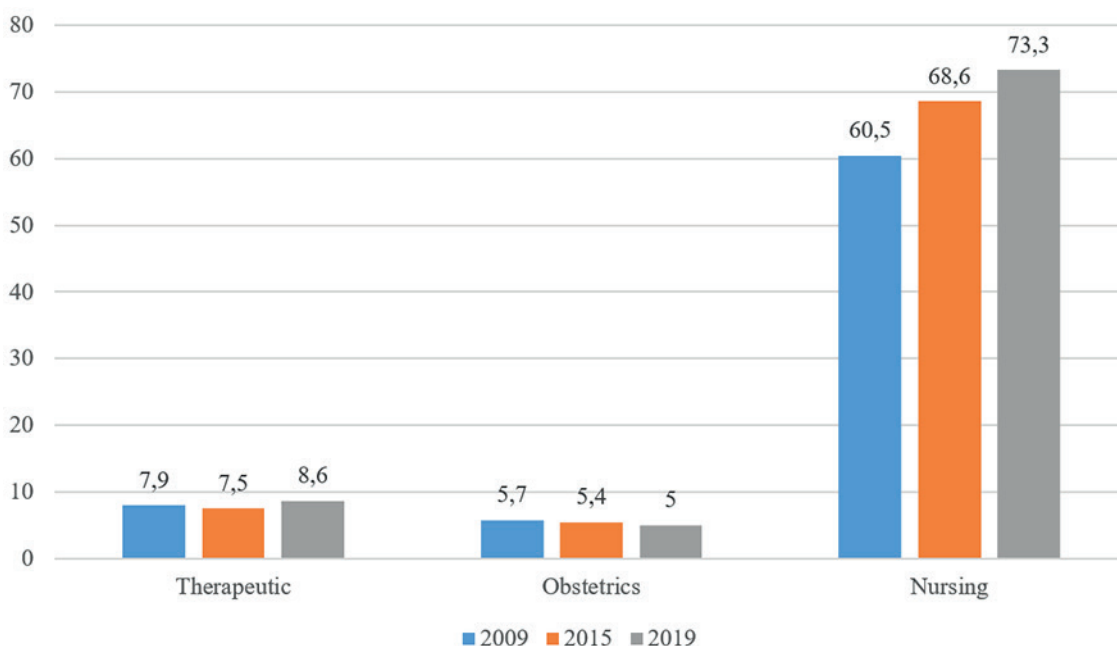


Figure 2 – Indicator of the provision of the population with average medical staff (per 10,000 people of the population) of the main specialties

The dynamics of the growth of secondary medical personnel among the urban and rural population over 10 years (2009-2019) is shown in Figure 1.

The dynamics of the provision of the population with average medical personnel of the main specialties in the Republic of Kazakhstan also shows a weak growth over a 10-year period (2009-2019). This is shown in Figure № 2.

Materials and Methods

This paper presents a cross-sectional study with a quantitative description of the knowledge and level of readiness

in the field of core competencies of nurses in the context of global health. A survey of 54 nurses of polyclinics in Almaty with more than 5 years of experience was conducted to study the need for knowledge and application of global competencies by nurses.

The structured questionnaire consisted of 21 items divided into 3 sections: demographic data, the need to gain knowledge about nurse competencies in the context of global health and the application of competencies in practice. The demographic section included the participants' place of

Table 1 – Demographic characteristics of nurses who participated in the study

Variable	Quantity	%
Age:		
≤27 years	12	22,2
26–35 years	26	48,1
36–45 years	14	25,9
≥46 years	2	3,8
Work experience:		
5 –10 years	25	46,3
11–20 years	19	35,2
21 years and more	10	18,5
Level of professional education:		
Secondary specialized	49	90,7
Bachelor course	5	9,3
Master degree	0	0
Post:		
District nurse	37	68,5
Managing Nurse	17	31,5
Training during:		
Less than 1 year	15	27,8
1 - 5 years	39	72,2
≥ 5 years	0	0

Table 2 – The need to acquire knowledge on the concepts of global competencies

The concept	I need	I do not need	I find it difficult to answer
Social justice and equality	44	2	8
Holistic care	48	0	6
Protecting the interests of patients	46	6	2
Ensuring the human right to health	39	10	5
Stability	54	0	0
Cooperation	28	6	10

Table 3 – Experience in applying global competencies, n (%)

Literacy experience in global competencies	never	sometimes	often	always
How often have issues of social justice and equality been applied in your nursing work?	2 -3,70%	22 -40,70%	18 -33,30%	12 -22,20%
How often do you apply holistic care to patients?	0	2 -3,70%	14 -25,90%	38 -70,40%
How often do you advocate for the interests of patients?	2 -3,70%	5 -9,30%	16 -29,60%	31 -57,40%
How often do you work to ensure the human right to health?	6 -11,10%	12 -22,20%	17 -31,50%	19 -35,20%
How often do you assess the sustainability of your activities?	21 -38,90%	18 -33,30%	10 -18,50%	5 -9,30%
How often do you cooperate with different societies (patients, relatives, different specialists, organizations, etc.)	5 -9,30%	8 -14,80%	19 -35,20%	22 -40,70%

work, age, education, position, completed training and work experience (Table 1).

The section studying the need for knowledge acquisition included 6-point questions to determine the need for additional training on the main global competencies in the field of healthcare. On the question: «Do you need training in this concept?», we received answers: I need, I do not need and I find it difficult to answer. The experience of applying global competencies was studied on a six-point scale using the Likert scale: 1 = never, 2 = sometimes, 3 = often and 4 = always. The survey took about 15 minutes to complete.

Descriptive statistics were used for demographic data. For data related to the knowledge of global competencies of nurses, the proportions of answer options in each item were calculated. Average values, standard deviations (SD) and the range of scores for each of the five content areas and proportions for all alternative answers in each question are calculated for the data on the readiness to apply competencies.

Results

The age of the participants ranged from 27 to 52 years (on average 33.6 ± 6.5 years). The participants reported that they had 5 to 28 years of experience as a nurse (on average 9.8 ± 6.5 years). Demographic data are presented in Table 1.

A sociological survey of nurses on the need to gain knowledge on the concepts of global competencies and global health issues showed that, on average, in 79.9% of cases, respondents needed training in these concepts and com-

petencies. The number of responses is shown in Table 2.

According to the results of the assessment of literacy experience in global competencies, 22.2% of respondents always advocate for social justice and equality in health and support initiatives that contribute to meeting social needs. 2 people (3.7%) have never dealt with this issue.

On the application of competence in complex care, 70.4% of nurses replied that they always demonstrate it when working in any conditions. 35.2% of respondents answered that they always support human rights to health. 40.7% of respondents believe that they always participate in interprofessional cooperation (with the participation of patients and different specialists). The proportions of the answer options for each of the six points in section 3 are presented in Table 3.

Discussion

The core competencies of nurses in a global context provide the foundation for global health education in nursing and lays the foundation for research exploring the interrelationship of concepts. In addition, the structure links basic nursing values with the acquisition of skills.

The problems of global health and the competence of nurses are conceptually inseparable. Improving global health requires closing the gap between vast domestic and global health inequalities.

It is necessary to encourage nursing schools and health managers to train future nurses with core competencies in a global context and invest in nursing training and research programs.

REFERENCES

- 1 Young, Heather M.; Bakewell-Sachs, Susan; Sama, Linda Nursing Practice, Research and Education in the West, Nursing Research: May/June 2017 - Volume 66 - Issue 3 - p 262-270 doi: 10.1097/NNR.0000000000000218
- 2 Clark M, Raffray M, Hendricks K, Gagnon AJ. Global and public health core competencies for nursing education: A systematic review of essential competencies. *Nurse Educ Today*. 2016 May;40:173-80. doi: 10.1016/j.nedt.2016.02.026. Epub 2016 Mar 10. PMID: 27125169.
- 3 McKinley Yoder C, Soule I, Nguyen C, Saluta I. Ethical global health in nursing education: An integrative review. *Nurse Educ Pract*. 2022 Jan;58:103263. doi: 10.1016/j.nepr.2021.103263. Epub 2021 Nov 26. PMID: 34891027.
- 4 Torres-Alzate H. Nursing Global Health Competencies Framework. *Nurs Educ Perspect*. 2019 Sep/Oct;40(5):295-299. doi: 10.1097/01.NEP.0000000000000558. PMID: 31436693.
- 5 Torres-Alzate HM, Wilson LL, Harper DC, Ivankova NV, Heaton K, Shirey MR. Essential global health competencies for baccalaureate nursing students in the United States: A mixed methods Delphi study. *J Adv Nurs*. 2020 Feb;76(2):725-740. doi: 10.1111/jan.14030. Epub 2019 May 29. PMID: 31012146.
- 6 Biddle L, Wahedi K, Bozorgmehr K. Health system resilience: a literature review of empirical research. *Health Policy Plan*. 2020 Oct 1;35(8):1084-1109. doi: 10.1093/heapol/czaa032. PMID: 32529253; PMCID: PMC7553761.
- 7 Herath C, Zhou Y, Gan Y, Nakandawire N, Gong Y, Lu Z. A comparative study of interprofessional education in global health care: A systematic review. *Medicine (Baltimore)*. 2017 Sep;96(38):e7336. doi: 10.1097/MD.00000000000007336. PMID: 28930816; PMCID: PMC5617683.
- 8 Aguirre S, Jogerst KM, Ginsberg Z, Voleti S, Bhullar P, Spegman J, Viggiano T, Monas J, Rappaport D. Patient Suggestions to Improve Emergency Physician Empathy and Communication. *J Patient Exp*. 2021 Feb 25;8:2374373521996981. doi: 10.1177/2374373521996981. PMID: 34179384; PMCID: PMC8205328.
- 9 Wihlborg M, Avery H. Global Health in Swedish Nursing Curricula: Navigating the Desirable and the Necessary. *Int J Environ Res Public Health*. 2021 Sep 5;18(17):9372. doi: 10.3390/ijerph18179372. PMID: 34501962; PMCID: PMC8431060.
- 10 Frisch NC, Rabinowitsch D. What's in a Definition? Holistic Nursing, Integrative Health Care, and Integrative Nursing: Report of an Integrated Literature Review. *J Holist Nurs*. 2019 Sep;37(3):260-272. doi: 10.1177/0898010119860685. Epub 2019 Jul 1. PMID: 31257971.
- 11 Merry L, Vissandjée B, Verville-Provencher K. Challenges, coping responses and supportive interventions for international and migrant students in academic nursing programs in major host countries: a scoping review with a gender lens. *BMC Nurs*. 2021 Sep 18;20(1):174. doi: 10.1186/s12912-021-00678-0. PMID: 34537039; PMCID: PMC8449499.
- 12 Rosa W. Exploring the Global Applicability of Holistic Nursing. *J Holist Nurs*. 2017 Mar;35(1):7-9. doi: 10.1177/0898010117692672. PMID: 28502232.
- 13 Warren JN, Luctkar-Flude M, Godfrey C, Lukewich J. A systematic review of the effectiveness of simulation-based education on satisfaction and learning outcomes in nurse practitioner programs. *Nurse Educ Today*. 2016 Nov;46:99-108. doi: 10.1016/j.nedt.2016.08.023. Epub 2016 Aug 25. PMID: 27621199.
- 14 Aksebo I, Olufsen V, Ingebrigtsen O, Aune I. Simulation as a learning method in public health nurse education. *Public Health Nurs*. 2019 Mar;36(2):226-232. doi: 10.1111/phn.12560. Epub 2018 Nov 20. PMID: 30460752.
- 15 Newman K, Maylor U, Chansarkar B. The nurse retention, quality of care and patient satisfaction chain. *Int J Health Care Qual Assur Inc Leadersh Health Serv*. 2001;14(2-3):57-68. doi: 10.1108/09526860110386500. PMID: 11436752.
- 16 Brown CL. Linking public health nursing competencies and service-learning in a global setting. *Public Health Nurs*. 2017 Sep;34(5):485-492. doi: 10.1111/phn.12330. Epub 2017 May 11. PMID: 28493509.

- 17 Lancaster G, Kolakowsky-Hayner S, Kovacich J, Greer-Williams N. Interdisciplinary communication and collaboration among physicians, nurses, and unlicensed assistive personnel. *J Nurs Scholarsh*. 2015 May;47(3):275-84. doi: 10.1111/jnu.12130. Epub 2015 Mar 19. PMID: 25801466.
- 18 Health of the population of the Republic of Kazakhstan and the activities of healthcare organizations in 2009: Stat. collection.-Nur-Sultan. 2010.-298p.-kaz.rus.
- 19 Health of the population of the Republic of Kazakhstan and the activities of healthcare organizations in 2014: Stat. collection.-Nur-Sultan. 2019.-324p.-kaz.rus..
- 20 Health of the population of the Republic of Kazakhstan and the activities of healthcare organizations in 2019: Stat. collection.-Nur-Sultan. 2020.-324p.-kaz.rus.

СПИСОК ЛИТЕРАТУРЫ

- 1 Young, Heather M.; Bakewell-Sachs, Susan; Sarna, Linda Nursing Practice, Research and Education in the West, *Nursing Research*: May/June 2017 - Volume 66 - Issue 3 - p 262-270 doi: 10.1097/NNR.0000000000000218
- 2 Clark M, Raffray M, Hendricks K, Gagnon AJ. Global and public health core competencies for nursing education: A systematic review of essential competencies. *Nurse Educ Today*. 2016 May;40:173-80. doi: 10.1016/j.nedt.2016.02.026. Epub 2016 Mar 10. PMID: 27125169.
- 3 McKinley Yoder C, Soule I, Nguyen C, Saluta I. Ethical global health in nursing education: An integrative review. *Nurse Educ Pract*. 2022 Jan;58:103263. doi: 10.1016/j.nepr.2021.103263. Epub 2021 Nov 26. PMID: 34891027.
- 4 Torres-Alzate H. Nursing Global Health Competencies Framework. *Nurs Educ Perspect*. 2019 Sep/Oct;40(5):295-299. doi: 10.1097/01.NEP.0000000000000558. PMID: 31436693.
- 5 Torres-Alzate HM, Wilson LL, Harper DC, Ivankova NV, Heaton K, Shirey MR. Essential global health competencies for baccalaureate nursing students in the United States: A mixed methods Delphi study. *J Adv Nurs*. 2020 Feb;76(2):725-740. doi: 10.1111/jan.14030. Epub 2019 May 29. PMID: 31012146.
- 6 Biddle L, Wahedi K, Bozorgmehr K. Health system resilience: a literature review of empirical research. *Health Policy Plan*. 2020 Oct 1;35(8):1084-1109. doi: 10.1093/heapol/czaa032. PMID: 32529253; PMCID: PMC7553761.
- 7 Herath C, Zhou Y, Gan Y, Nakandawire N, Gong Y, Lu Z. A comparative study of interprofessional education in global health care: A systematic review. *Medicine (Baltimore)*. 2017 Sep;96(38):e7336. doi: 10.1097/MD.00000000000007336. PMID: 28930816; PMCID: PMC5617683.
- 8 Aguirre S, Jogerst KM, Ginsberg Z, Voleti S, Bhullar P, Spegman J, Viggiano T, Monas J, Rappaport D. Patient Suggestions to Improve Emergency Physician Empathy and Communication. *J Patient Exp*. 2021 Feb 25; 8:2374373521996981. doi: 10.1177/2374373521996981. PMID: 34179384; PMCID: PMC8205328.
- 9 Wihlborg M, Avery H. Global Health in Swedish Nursing Curricula: Navigating the Desirable and the Necessary. *Int J Environ Res Public Health*. 2021 Sep 5;18(17):9372. doi: 10.3390/ijerph18179372. PMID: 34501962; PMCID: PMC8431060.
- 10 Frisch NC, Rabinowitsch D. What's in a Definition? Holistic Nursing, Integrative Health Care, and Integrative Nursing: Report of an Integrated Literature Review. *J Holist Nurs*. 2019 Sep;37(3):260-272. doi: 10.1177/0898010119860685. Epub 2019 Jul 1. PMID: 31257971.
- 11 Merry L, Vissandjée B, Verville-Provencher K. Challenges, coping responses and supportive interventions for international and migrant students in academic nursing programs in major host countries: a scoping review with a gender lens. *BMC Nurs*. 2021 Sep 18; 20(1):174. doi: 10.1186/s12912-021-00678-0. PMID: 34537039; PMCID: PMC8449499.
- 12 Rosa W. Exploring the Global Applicability of Holistic Nursing. *J Holist Nurs*. 2017 Mar; 35(1):7-9. doi: 10.1177/0898010117692672. PMID: 28502232.
- 13 Warren JN, Luctkar-Flude M, Godfrey C, Lukewich J. A systematic review of the effectiveness of simulation-based education on satisfaction and learning outcomes in nurse practitioner programs. *Nurse Educ Today*. 2016 Nov; 46:99-108. doi: 10.1016/j.nedt.2016.08.023. Epub 2016 Aug 25. PMID: 27621199.
- 14 Aksebo I, Olufsen V, Ingebrigtsen O, Aune I. Simulation as a learning method in public health nurse education. *Public Health Nurs*. 2019 Mar;36(2):226-232. doi: 10.1111/phn.12560. Epub 2018 Nov 20. PMID: 30460752.
- 15 Newman K, Maylor U, Chansarkar B. The nurse retention, quality of care and patient satisfaction chain. *Int J Health Care Qual Assur Inc Leadersh Health Serv*. 2001;14(2-3):57-68. doi: 10.1108/09526860110386500. PMID: 11436752.
- 16 Brown CL. Linking public health nursing competencies and service learning in a global setting. *Public Health Nurs*. 2017 Sep;34(5):485-492. doi: 10.1111/phn.12330. Epub 2017 May 11. PMID: 28493509.
- 17 Lancaster G, Kolakowsky-Hayner S, Kovacich J, Greer-Williams N. Interdisciplinary communication and collaboration among physicians, nurses, and unlicensed assistive personnel. *J Nurs Scholarsh*. 2015 May; 47(3):275-84. doi: 10.1111/jnu.12130. Epub 2015 Mar 19. PMID: 25801466.
- 18 2009 жылда Қазақстан Республикасы халқының денсаулығы және денсаулық сақтау ұйымдарының қызметі//Здоровье населения Республики Казахстан и деятельность организаций здравоохранения в 2009 году: Стат. жинақ.-Нұр-Сұлтан. 2010. -317б.-қазақша. орысша.
- 19 2014 жылда Қазақстан Республикасы халқының денсаулығы және денсаулық сақтау ұйымдарының қызметі//Здоровье населения Республики Казахстан и деятельность организаций здравоохранения в 2014 году: Стат. жинақ.-Нұр-Сұлтан. 2016. -324б.-қазақша. орысша.
- 20 2019 жылда Қазақстан Республикасы халқының денсаулығы және денсаулық сақтау ұйымдарының қызметі//Здоровье населения Республики Казахстан и деятельность организаций здравоохранения в 2019 году: Стат. жинақ.-Нұр-Сұлтан. 2020. -324б.-қазақша. орысша.

Авторлардың үлесі. Барлық авторлар осы мақаланы жазуға тең дәрежеде қатысты.

Мүдделер қақтығысы – мәлімделген жоқ.

Бұл материал басқа басылымдарда жариялау үшін бұрын мәлімделмеген және басқа басылымдардың қарауына ұсынылмаған.

Осы жұмысты жүргізу кезінде сыртқы ұйымдар мен медициналық өкілдіктердің қаржыландыруы жасалған жоқ.

Қаржыландыру жүргізілмеді.

Вклад авторов. Все авторы принимали равносильное участие при написании данной статьи.

Конфликт интересов – не заявлен.

Данный материал не был заявлен ранее, для публикации в других изданиях и не находится на рассмотрении другими издательствами.

При проведении данной работы не было финансирования сторонними организациями и медицинскими представительствами.

Финансирование – не проводилось.

Authors' Contributions. All authors participated equally in the writing of this article.

No conflicts of interest have been declared.

This material has not been previously submitted for publication in other publications and is not under consideration by other publishers.

There was no third-party funding or medical representation in the conduct of this work.

Funding - no funding was provided.

*Corresponding author

Ainur B. Kumar, PhD, Ass.prof. E-mail: a.kumar@kaznmu.kz

Ф А Р М А К О П Е Я



ЕВРАЗИЙСКОГО ЭКОНОМИЧЕСКОГО СОЮЗА



ВОЗРОЖДЕНИЕ ЧУВСТВ ОБОНЯНИЯ НАЧИНАЕТСЯ, ДЫШИТЕ КОМФОРТНО И ГЛУБОКО!

Apisal Dead Sea Jet, спрей назальный, 125 мл для взрослых и детей представляет собой изотонический раствор воды Мертвого моря, обогащенный минералами, такими как Na, K, Mg, Ca, Br и Zn

Благодаря наличию минералов, морская вода оказывает смягчающий эффект на слизистую оболочку верхних дыхательных путей и оказывает противовоспалительное действие

Область применения:

- профилактика и лечение острых и хронических воспалительных заболеваний полости носа, околоносовых пазух и носоглотки инфекционные, аллергические, атрофические
- ежедневное использование во время эпидемии сезонного аллергического ринита и гриппа (профилактика)
- ежедневная гигиена полости носа

Регистрационное удостоверение РК-ИМН-5N*020954. Дата государственной регистрации (перерегистрации): 28.08.2020 г., действительно до: 28.08.2025 г.

Побочные действия (воздействие, индивидуальная непереносимость): Не выявлены.

Противопоказания для применения: Нет ограничений по применению продукта.

Производитель: Amman Pharmaceutical Industries, Иордания. Уполномоченный представитель производителя на территории РК: ТОО «R.T.A. GROUP». Республика Казахстан, г. Алматы, Алмалинский район, микрорайон Таста-3, ул. Аносова, д. 34, кв.34, тел.: +7 701 953 82 57

САМОЛЕЧЕНИЕ МОЖЕТ БЫТЬ ВРЕДНЫМ ДЛЯ ВАШЕГО ЗДОРОВЬЯ ПЕРЕД НАЗНАЧЕНИЕМ И ПРИМЕНЕНИЕМ
ВНИМАТЕЛЬНО ПРОЧИТАТЬ ИНСТРУКЦИЮ ПО МЕДИЦИНСКОМУ ПРИМЕНЕНИЮ



Amman Pharmaceutical Industries
شركة عمان للصناعات الدوائية