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### A PROPOSAL FOR POSITIVE MOBILITY OF HIGHLY SKILLED HEALTHCARE PERSONNEL AS A DETERMINANT IN PREDICTING IMPROVED OUTCOMES IN THE (SOCIAL) HEALTH OF POPULATIONS

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Governments around the world face increasing levels of complexity when it comes to addressing problems associated with inadequate provision of healthcare services, also due to the high mobility rates of qualified professionals (Wismar et al., 2011). Of central concern is the availability of top-tier workers for longer-term service attachments in rural and underserved areas (Wilson et al., 2009). For example, Lipnevich (2015) stated that social mobility in transnational social space forms an integral part of the migration phenomenon, hence our assertion that it is in the interest of public healthcare service providers to frequently and accurately assess how transnational mobility can be studied more rigorously as a means to ascertain best practice models in the assignment of healthcare professionals to those social spaces most in need of such medical expertise. Furthermore, a fresher model for health services utilization (HSU) has been proposed (Yang & Hwang, 2016), necessitating further development of a platform for extensive sociological exploration into the various phenomena and mechanisms responsible for the multi-layered problems facing healthcare policymakers. These and other studies (e.g. Yeboah et al., 2014) raise the importance of adapting current management systems that oversee workplace conditions of healthcare professionals, especially from the point of view of establishing more effective retention mechanisms that could reverse the negative effects of the so-called medical brain drain that is currently characterizing most public healthcare settings. This paper explores current mechanisms that aim to explore the complexities surrounding healthcare settings – as, for example, with the design of software simulation models within retrospective or prospective perspectives – and what possibilities exist within the realm of achievable sociological research efforts as encapsulated by our collective quest to unravel the mystery that remains embedded in our efforts to curb the loss of high-quality healthcare human resources. A proposal for the distinction between positive mobility and negative mobility is made, the latter commonly being tied to dreaded brain drain scenarios. Indications are that (social) health in diversified communities could be improved by an increase in positive mobility of healthcare professionals. It is argued that (social) health and healthcare services provision through placement of high-level healthcare agents are inexorably linked, and that consideration of these factors remain core if not the crux components in healthcare planning, considerations of which should be raised to the highest levels of prioritization.

### THE ASSESSMENT OF DISEASE CHARACTERISTICS ON MULTIPLE SCLEROSIS PATIENTS' QUALITY OF LIFE

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**Objectives:** MS Patients experience lower quality of life than the general population. Improvement can be made to the quality of life through understanding its effective factors. The aim of this study was to assess the effect of MS characteristics on patients' quality of life.

**Methods:** In a cross-sectional study, 171 patients enrolled in the study. The HRQoL were assessed through Persian version of MSQoL54 questionnaire. To measure patients' disability status, we used Expanded Disability Status Scale (EDSS). The analyses were done using Stata software (version 12.0) at a significance level of 0.05.

**Results:** The average score of Physical and Mental quality of life of patients was estimated to be  $(60.9 \pm 22.3)$  and  $(59.5 \pm 21.4)$  respectively. The relation between quality of life and disease relapse was significant. MS type had a strong relationship with severity of the disease and physical quality of life; and a weak relation with mental quality of life. There was also a moderate negative correlation ( $p = -0.42$ ) and a weak negative correlation ( $p = -0.23$ ) between severity of the disease and physical and mental quality of life respectively. Severity of the disease and relapse led to 36 % and 16 % of changes in physical and mental quality of life respectively.

**Conclusions:** To sum up, our result showed that disease characteristics have significantly affected both dimensions of quality of life. It is therefore suggested that health care providers should be aware of MS characteristics to be more successful in improving MS patients' quality of life