

Evaluation of Factors Responsible to Appeal to Medical Boarda During Health Check Up in Opd of Medicine of Central Hospital Nampula

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Abstract

Background: There are various types of medical board and each board has different and specific function. Medical Board of Mozambique, which called junta Medico(in protégées)/ joint medical report, is an organ of the Ministry of Health of Mozambique. It corrects decision taken by health technicians and other level of medical professionals regarding the capacity of work of different categories of workers of Government and nongovernment organizations. There was no single study carried out on this subject neither in Mozambique nor another country. There were needing to see the various factors responsible for requesting Medical board for evolution a change to moderate categories of work, incapacity to work till recovery, evolution for retirement, evaluation to start work after recovery from diseases, evolution to justify absenteeism after long sick leave, evolution to send for treatment to super specialty hospital, to transfer the work place near the hospital for a disease has associated, transfer to further treatment of hospital in the country or out of the country

Methods: There were taken randomly 44 patients, those got evaluated their health status by physician on request of the Medical Board of province of Nampula to take decisions. Patients evaluated by OPD by taking medical history ,physical examination, investigation necessary for diagnosis, finally writing medical reports in the format provided by the Ministry of Health Mozambique to present back to Medical board.

Results: There were found the commonest age group appeal to the medical board for various purposes; age 41-60, predominant of the male sex, urban population group, professor highly prevalent ,HIV were most common cause of appeal from. FOR A CHANGE FROM NORMAL CAPACITY OF WORK TO MODERATE WORK -25 % work in relation to HIV and hypertension with CVA 2. EVALUTION OF JUSTIFICATION OF ABSENT LONG TERM PERIOD OF THEIR SERVICES WITHOUT JUSTIFICATION -22.7%.

Conclusions: There were found from cause of appeal to the medical board, commonest among HIV diseases, change moderate category of work and unjustified sick leaves.

Keywords:-ADSE the General Directorate of Social Protection to Employees and Agents of Public Administration, ID, Identification, CBC Complete blood count, VDRL Venereal Disease Research Laboratory, PSA Prostate-specific antigen,

1.Introduction

There are various types of medical board and each board has different and specific function. There a few examples as follows-The Arkansas State Medical Board is charged by the General Assembly to protect the health, safety, and welfare of the public of the State of Arkansas with the goal that all citizens are provided with the highest quality health care. The Medical Board has assumed the licensing regulatory responsibilities for other allied health professions, including Occupational Therapists, Respiratory Therapists, Physician Assistants and Radiologist Assistants.(1)

The Medical Board, that to decide regardless of whether to staff competence moderate work should be assigned. It is evidence of fraudulent conduct in towards to sick leave by the employee may be required to submission to the Medical Board ADSE. In situations of submission to the medical board, pursuant to subparagraph b) of paragraph 1 of article 36 shall apply to the arrangements for sick leave, with the necessary adaptations, so that the period of absence from service that mediate between the medical certificate and the report prepared by a medical board should be considered justified by disease (analogy applies to paragraph 2 of article 37 of DL 100/99), may not be considered as actual service. As part of a process of reclassification and retraining may be required the intervention of the Board of Medical ADSE to this rule on the inability of an employee to do their functions and ability to do other, regardless of check 60 days of absence from service, provided that the official position of medical certificate attesting. The Medical Board is made up of regional sessions, each section composed of three doctors. Where necessary, the board may require the collaboration of medical specialists and other experts or use the specialist services of the official establishments. For accident check in service and occupational disease The Medical Board is composed of two doctors of ADSE, one's of whom chairs, and a doctor of choice of the injured. If it is shown necessary, ADSE can do to replace one's of their representatives in the medical board by a forensic expert. (2).

The Medical Board of Mozambique, which called junta Medico (in protégées)/ joint medical report, is an organ of the Ministry of health of Mozambique. It corrects decision taken by health technicians and other level of medical professionals regarding the capacity of work of different categories of workers of Government and nongovernment organizations. There are types of medical Boards on three level 1 A Medical Board National Health in which organ of the central Ministry of Health, 2 A Medical Board province Health in which organ director of province of health., A Medical Board district of health in which organ of service of district of health ,women and social services. There is no single study carried out on this subject neither in Mozambique nor another country. There is needing to see the various factors responsible for requesting the Medical board for evolution a change to moderate categories of work, incapacity to work till recovery, evolution for retirement, evaluation to start work after recovery from diseases, evolution to justify absenteeism after long sick leave, evolution to send for treatment to super specialty hospital, to transfer work place near hospital for disease has associated, transfer to further treatment of hospital in country or out of country,

2. Materials and Method

There were 44 patients randomly selected for study those were send from Director of hospital specialist for evaluation of health status to report back to the medical board for further final decisions. Fallowing materials and methods used:

- 1. Medical History, physical examination of patient,
- 2. All relevant tests, laboratorial, radiology and other relevant specific exam, referrals for other specialist to confirm diagnosis.
- 3. After completion all above were done writing health reports to present medical board.

Analysis of Data According to varying age, sex, city of leaving

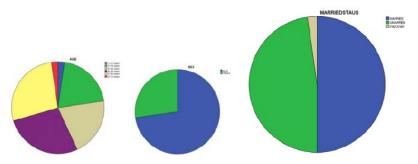
Professional, race, married status, nationality, residence, work place, 1st diagnosis, 2nd diagnosis, 3rd Diagnosis, 4th the diagnosis and motive for asking join medical report /Medical Board

Methodology---. Data's was analyzed from SPSS, IBM software. There were seen by software with frequencies, percentage, general information on all variable used .There were seen the correlation between data are age, sex, married status, residence, work place, diagnosis 1st, 2nd, 3rd 4th, 5th if present with the motive of the request for appeal to the Medical Board, There were graphic presentation of pie, bar and histogram related to each variable with Motive of request for

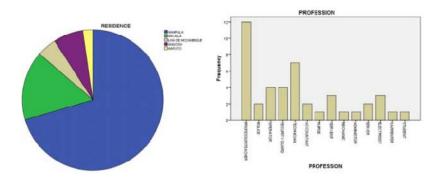
joint Medical Repot. Chi –square test and other correlation test performed. There was tabling also included.

3. Results and Discussion

Age, sex, and marital status: As this graph and table were shown that the commonest age group of patient requests for evaluation of health check for medical board were 41 to 60 ages and least frequent 11 to 20 and 61 to 70 years of age group with predominance of the male sex. The study showed very little difference between married 50 % and unmarried 47.7 %.



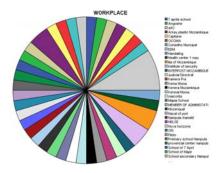
Residence and professions: this study also showed high prevalence of sick leave of the long period in main cities Nampula and Nacala with HIV related diseases.(18). There were professors/teachers shown the highest prevalence of putting requests for a change from the normal work intensity to moderate work and sick leave of long period to justify in their services. There were noted generally teachers of primary school. Where they work poor condition. The schools had dust, distance from city in a rural area, they have difficulty to reach without transport. They told some places even no road and no transport, they had to reach on the feet which takes difficulty in different kinds of disease like HIV, Neuropathy related to several HIV and other disease example arthritis. There were professors 27.3 % and second most common technician of different categories' 15.9 % can be related to work condition and professional risk.



Workplace

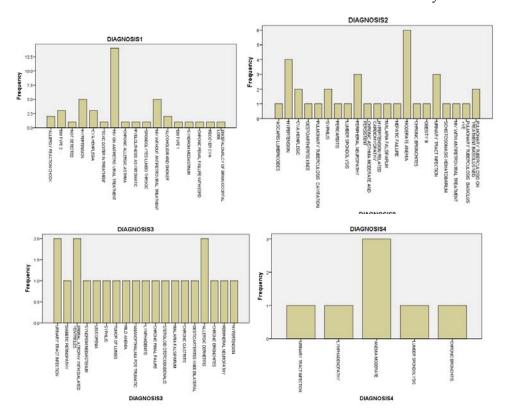
It was seen less relationships of place of work to appeal to Medical board. There were various factors of local work place, condition, culture, socioeconomic level, safety, availability of transport, food, etc. There was Electricity Company called EDM Electricity of Mozambique seen high prevalence 9.1 % to ask evolution of sick leave absenteeism unjustified. There was the company itself ask to group of employee to evaluate the cause of health problems could be for long period absent from work two of then forum HIV . The assumption is that, within a region with socio-cultural conditions similar for all professional groups, those conditions are independent of professional group - reflected on the type of determinants what affects sick leave.

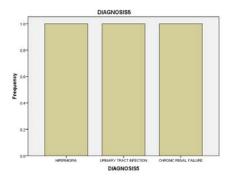
As for the sick leave measures, frequency and duration, similarities in the results for those two measures support the assumption that region-related socio-cultural phenomena are active.(19)



First Diagnosis of Patient

It was seen in study that HIV with antiretroviral treatment, 31.8 % and HIV without antiretroviral treatment and hypertension 11.4 %. There was the high prevalence of long term sick leave, change to moderate categories of work compare to other type of diagnosis. This explained complications to HIV and non-compatibility of normal work because manifestations of diseases itself. Previous studies showed Data from the prevalence of chronic diseases and their relationship on sickness absence in the Italian public employees are rather scarce. Therefore, in the first place, we assessed the distribution of chronic diseases in the employees of the University of Ferrara. As a next step, we investigated the possible associations with each chronic disease and cumulative days of all-cause sickness absence, and finally we investigated the odds ratio of each single chronic disease on sickness absence (19.1). There were taken in patient first principle diagnosis and may or not, had more than one diagnosis could importantly for sickness and absenteeism of work or other conditions. So those taken into account in the study.



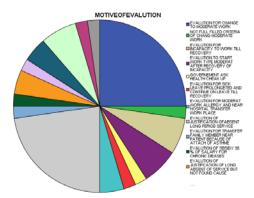


Causes of Evaluation

There were the common causes for requesting for evaluation of medical board

- 1. FOR CHANGE FROM NORMAL CAPACITY OF WORK TO MODERATE WORK 25 %
- 2. EVALUTION OF JUSTIFICATION OF ABSENT LONG TERM PERIOD OF THEIR SERVICES WITHOUT JUSTIFICATION 22.7%

As result showed the most frequent cause of requests for evaluation of health to motive appeal to medical board to justified for long term sick leave and change to moderate capacity of work relating to HIV related diseases and hypertension with CVA complication. HIV is chronic diseases had various associated complications which reflected second diagnosis of the patient more frequent evidence of hypertension and anemia moderate due to malnutrition and disease itself. There was **third diagnosis** urinary tract infection, cerebral atrophy and allergic dermatitis are most common inpatient also reflecting complication of HIV.



5. Summary

There was taken 44 patients of the OPD of Medicine in Central Hospital Nampula those were evaluated by physicians for health, up to present for approved appeal of the Medical Board of Nampula It was seen that the commonest age group of 41 to 60 age, 27.3 % and least frequent 11 to 20 a, 61 to 70 years of age group 2.3 % of appealed patients. This study showed predominant of male sex 72.7%, 'professors/ teachers shown highest prevalence 27.3% requested for appealing medical board for long sick leave, change to moderate type of work, retirement and absenteeism without any specific justification. This study also showed high prevalence of sick leave of long periods in main cities like Nampula 70.5 % and Nacala 15.9 % with a high frequency of HIV related diseases .There were noted generally teachers of primary school work in poor condition. The schools has dust, far from city in rural area, they have difficulty to reach without transport. They told some places even no road and no transport, They have to reach on the feet which takes

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difficulty in different kinds of disease like HIV, Neuropathy related to HIV and other disease of joints example arthritis.

It was seen less relationships of place of work to appeal to Medical board. There are various factors of condition of workplace, culture, socioeconomic level, safety, availability of transport, food, etc. There was Electricity Company called EDM Electricity of Mozambique seen high prevalence 9.1 % to ask evolution of sick leave absenteeism unjustified.

First Diagnosis of Patient

It was seen in the study prevalence of most common diseases related to cause of appeal to the medical board for various motives of evaluation, are HIV with antiretroviral treatment 31.8 % and HIV without antiretroviral treatment 11.4 % and hypertension 11.4 %. There were the highest prevalence of long term sick leave, change to moderate categories of work. This explains complications to HIV and non compatibility to do normal work because manifestations of diseases of HIV. There is evidence of a second diagnosis of the same patient highest prevalence of diseases moderate Anemia 13.6 %, or Hypertension 9.1% showed highest. This could be complications of primary diseases, or might be isolated. There was HIV infection weakens the immune system, making highly susceptible to various infections and certain types of cancers. **Third diagnosis** urinary tract infection 4.5 %, cerebral atrophy 4.5 % and allergic dermatitis 4.5 % are most common among patients. **Fourth diagnosis** anemia moderates 6.8 % common to them. **Fifth diagnosis** more frequents was a urinary tract infection 2.3 %, chronic renal failure 2.3 %, and hypermiopia 2.3 %,.

There was the commonest motive for requesting for evolution of the medical board

- 1. FOR A CHANGE FROM NORMAL CAPACITY OF WORK TO MODERATE WORK -25 %
- 2. EVALUTION OF JUSTIFICATION OF ABSENT LONG TERM PERIOD OF THEIR SERVICES WITHOUT JUSTIFICATION -22.7%

6. Conclusion

In conclusion, the present study revealed the occurrence of the commonest cause of requests of evaluation to health of patient approving to appeal to medical board was age groups of 41 to 60. predominant of male sex This study also showed high prevalence of sick leave of the long period in main cities like Nampula and Nacala with a high frequency of HIV related diseases There was professors/ teachers shown highest prevalence and second most common profession was technicians requested for change from the normal work intensity to moderate work and sick leave of long period to justify in their services. It was seen in the study prevalence of the commonest pathology were related to cause of appeal to the medical board for various motive of evolution, are HIV with antiretroviral treatment and HIV without antiretroviral treatment and hypertension .There were the highest prevalence of long term sick leave, change to moderate categories of work. This explains complications to HIV and non compatibility to do normal work because manifestations of diseases of HIV. There is evidence of second diagnosis of same patient highest prevalence of diseases, moderate Anemia or Hypertension. There was HIV infection weakens the immune system, making highly susceptible to various infections and certain types of cancers could responsible for absenteeism for work. There was the commonest motive for requesting for evolution to medical board. FOR A CHANGE FROM NORMAL CAPACITY OF WORK TO MODERATE WORK -25 % work in relation to HIV and hypertension with CVA2. EVALUTION OF JUSTIFICATION OF ABSENT LONG TERM PERIOD OF THEIR SERVICES WITHOUT JUSTIFICATION -22.7%.

7. Contribution To Knowledge

To contributions to knowledge, there should be periodic health checkup of patients to avoid health problem which between 41 to 60 age group, improve the condition of work of professors, prevention of HIV and its complication to avoid absenteeism. To control disease progressions to medical treatment and prevention of complication of related disease.

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