

DISCUSSION

After two months convention FTR 70 % of patient had reduction of pain and 10 % increase ROM in 30 % of patients. Upper limb ADL no improvement.

After RSWT 100% of patients had reduction of pain and 70 % of patients had 100% ROM. Significant improve upper limb ADL.

After 3 months follow up all patients had additional reduction of pain and improvement of ROM and improvement of upper limb ADL. Usage of RSWT alone is much better option compared to the conventional physiotherapy in patients with Capsulitis adhesive.

CONCLUSIONS

According to the findings of this study. RSWT has positive effects on acceleration of the healing process of frozen shoulder. RSWT is more effective treatment than conventional physiotherapy. Considering the significant side-effects of other therapies such as surgery, patients with frozen shoulder can take advantage of RSWT because of its noninvasive, safe nature, low costs, no need for hospitalization, fewer visits of patient in the hospital, and the lack of significant adverse events during the treatment.

REFERENCES

- (1) Dias R, Cutts S, Massoud S. Frozen shoulder. *BMJ* 2005; 331:1453-6
- (2) Walmsley S, Rivett DA, Osmotherly PG. Adhesive capsulitis: Establishing consensus on clinical identifiers for stage 1 using the delphi technique. *Phys Ther* 2009;89:906-917
- (3) Kelley M, McClure P, Leggin B. Frozen shoulder: Evidence and a proposed model guiding rehabilitation. *J Orthop Sports Phys Ther* 2009;39:135-148.
- (4) Bal A, Eskioglu E, Gulec B, Aydog E, Gurcay E, Cakci A. Effectiveness of corticosteroid injection in adhesive capsulitis. *Clinical Rehabilitation* 2008; 22:503-512.
- (5) Gaspar P, Willis B. Adhesive capsulitis and dynamic splinting: a controlled, cohort study. *BMC Musculoskeletal Disorders* 2009;10:111.
- (6) Boyles RE, Flynn TW, Whitman JM. Manipulation following regional intrascalene

anesthetic block for shoulder adhesive capsulitis: A case series. *Man Ther* 2005;10:164-171.

(7) Cleland J, Durall CJ. Physical therapy for adhesive capsulitis: Systematic review. *Physiotherapy* 2002;88:450-457.

(8) Vermeulen HM, Rozing PM, Obermann WR, Cessie S, Vlieland T. Comparison of high-grade and low-grade mobilization techniques in the management of adhesive capsulitis of the shoulder: Randomized clinical trial. *Phys Ther* 2006;86:355-368.

(9) Jewell DV, Riddle DL, Thacker LR. Interventions associated with an increased or decreased likelihood of pain reduction and improved function in patients with adhesive capsulitis: A retrospective cohort study. *Phys Ther* 2009;89:419-429

(10) Kline CM. Adhesive capsulitis: clues and complexities. *JAMA Online* 2007;2:9.

(11) Green S, Buchbinder R, Hetrick S. Physiotherapy interventions for shoulder pain. *Cochrane Database Syst Rev* 2003; 2: CD004258–CD004258.

(12) Lee SB, Kwon DJ, Song YJ, et al. : Shockwave therapy for tennis elbow. *J Korean Orthop Assoc*, 2004, 39: 142–145

(13) Lee SB, Kwon DJ, Song YJ, et al. : Shockwave therapy for tennis elbow. *J Korean Orthop Assoc*, 2004, 39: 142–145. [Google Scholar]

(14) Kudo P, Dainty K, Clarfield M, et al. : Randomized, placebo-controlled, double-blind clinical trial evaluating the treatment of plantar fasciitis with an extracorporeal shockwave therapy (ESWT) device: a North American confirmatory study. *J Orthop Res*, 2006, 24: 115–123.

(15) Hammer DS, Rupp S, Ensslin S, et al. : Extracorporeal shock wave therapy in patients with tennis elbow and painful heel. *Arch Orthop Trauma Surg*, 2000, 120: 304–307

(16) Classifications and Scores of the shoulder, Peter Habermeyer, Petra Magosch, Sven Lichtenberg, Springer, ISBN 978-3-540-35142-9

(17) Кинезиология и патокинезиология на опорно-двигательния апарат, Николай Попов, НСА ПРЕС, ISBN: 978-964-718-245-5

**ORGANIZATIONAL MANAGEMENT CAPABILITY AND EMPLOYEE SATISFACTION
ASSESSMENT AT MATERNITY HOSPITALS IN MONGOLIA**

DOI: 10.31618/ESU.2413-9335.2020.2.80.1097

Batbold Tseleejav¹, Odonzul Tsogbadrakh²

Tumurbaatar Luvsansambuu³, Munkh-Erdene Luvsan⁴

^{1,2}*Amgalan Maternal Hospital,*

0000-0003-1338-8879

0000-0002-1836-3580

³*Capital Health Department*

0000-0003-1858-2240

⁴*Public Health School, Mongolian National University of Medical Sciences*

0000-0001-7819-1765

ABSTRACT

Background: Management capability index presents the management assessment of any organizations. Therefore, we aimed to compare Mongolian maternity hospitals with the ones that have and have not implemented the quality management system.

Methods: This study was performed at the three main maternity hospitals, in Mongolia, between July 2019 and September 2019 employing the cross-sectional study method. The study involved 480 employees. We used 9 chapters and 90 criteria that were used in over 30 Mongolian Governmental Organizations for capability assessment to determine management capability index of Maternity Hospitals. The organizational management capability was 71.8, 73.6 and 93 at Urguu Maternity Hospital, Khuree Maternity Hospital and Amgalan Maternity Hospital, respectively. It is obvious that there is a need to improve organizational knowledge, innovation, resource utilization, behavior, culture and activate their organization.

In the results, there is a positive correlation between organizational capability and employee's satisfaction.

Conclusion: Employee's satisfaction increases when organizational management capability improves.

Key words: quality administration, management, capability, ISO 9001, maternity hospital

INTRODUCTION

Organizational management capability enables to analyze whether the organization goal and vision are clearly definite and whether goal implementation and project execution for reaching the vision are effective. In other words, an organization is an entity comprising multiple people and management capability is expressed by equal distribution of resources and the entity optimality [1]. Any organizations must consistently develop by making changes associated with community, policy and internal and external resources. Right organizational management and systems can bring this development [2].

Quality management system and ISO 9001 is one of the key tools to implement goals developing organization management reform, equal resource distribution, product or service quality, trade and manufacture, providing operational safety and improving competency [3].

Therefore ISO 9001 incorporated into healthcare, concept of quality management and confirmation especially in health care organization is increasing [4]. To incorporate the system of accreditation into healthcare is becoming the step of verifying standard application. However, the effect of change to transfer healthcare into a new condition of community is insufficient and international researchers, citizens and policy developers criticized the decrease in main indicators of healthcare including quality, and allotment compared with previous level. An alternative indicator to assess organization capability is employee's satisfaction and it is dependent on pay, promotion, work, management and co-workers. Also, it can influence organization participation.

Many researchers determined that employee's satisfaction is only indicated by their feelings [5].

In the 21st century, organization executives are becoming to focus on their employee's satisfaction. Personal income and workplace relationships proved to be positively related to all the three indicators of job satisfaction [6]. Any organization needs to motivate and appreciate their employee's work. It can strongly influence their satisfaction in the workplace. In spite of this, it resulted in decrease of employee's satisfaction and enthusiasm to work and increase of leaving their workplace [7]. Healthcare employees and doctor's satisfaction of work can influence patients besides their work and professions [8].

In China, healthcare system management had deep changes and citizen's health knowledge and concepts improved. So, demand for high-quality healthcare was

increased [9]. According to China's Health Industry 4th report, 48.51% of hospital employees reported that they have no satisfaction for their current work and 95.66% of hospital employees and doctors who participated in the study criticized income level and satisfaction of employee's job effort [10]. In many countries, there are insufficient scientific articles about health care specialist's satisfaction and lack of attention for it [11].

There are many factors influencing employee's satisfaction such as working environment, policies, intention, goals, social safety net and management etc. The factors influencing job satisfaction theoretically divided into 5 categories: salaries and wages, personality job fit, satisfaction for occupation, motivation, possibility of learning new things, organization management, impact of leader's skill, and organization culture [12]. Danish Happy Research Institute showed that 71 percent of total employees respond following 6 factors mainly affect the job satisfaction: Purpose (42%), management (20%), influence (13%), achievements (10%), work/life balance (14%) and colleagues (1%) [13].

During the last several years, Mongolian maternal and child healthcare organizations have been working by creating a purpose to increase maternal and child healthcare delivery and decrease maternal and child mortality rate. It is insufficient to put right words the allotment of resources for implementing the purpose. So there is a necessity to assess leadership management performance /or operation/ of Maternity Hospitals.

OBJECTIVE

This study aims to compare management capability among the maternity hospitals that have and have not implemented a quality management system. According to the scope of study objective, we will determine the following aims: first, determine current status of maternal hospitals serving maternal and child care, second - study management capability of maternal hospitality and thirdly, assess employee's satisfaction.

MATERIALS AND METHODS

This study was performed at the Amgalan, Urguu and Khuree Maternity Hospitals between July 2019 and September 2019 by using a cross-sectional study method. The study recruited a total 480 employees. We used 9 chapter and 90 criteria that was used in over 30 Mongolian Governmental Organizations for assessing capability assessment to determine management capability index of Maternity Hospitals. We used a questionnaire with 90 questions including organization management capability which are organizational goal and task, leadership skill in organization, worthwhile structure and arrangement, organization's motivation

and leverage, organization's relationship and collaboration, organizational behavior and culture, resource utilization, knowledge and innovation, organizational productivity, quality and performance.

Each question was assessed by 1 to 5 scores and the organization's capability index was estimated by assessment of each question from 1 to 5 score. We used a hospital employee's satisfaction questionnaire developed by Minnesota University to assess employee's satisfaction and presented mean scores by percent. Statistical Package for the Social Sciences (SPSS)-25.0 and Microsoft Excel-2018 were used to

analyze the data and present the tables and charts, respectively. Student t test was used to determine group difference presenting by quantitative and $p < 0.05$ was interpreted as statistical significance difference.

RESULTS

The study recruited a total 480 employees consisting of 220, 125 and 135 at Urguu, Khuree and Amgalan Maternity Hospitals, respectively. The 46 administration officials, 75 doctors, 208 nurses and obstetricians, 105 caregivers and service assistants and 46 economic employees were involved in it. The study participants' general information presented in table 1.

Table 1.

Study participant's general information		
Variables	Frequency (percent)	P value
Gender		
Male	62 (12.9)	.416
Female	418 (87.1)	
Age		
18-25	69 (14.37)	.380
26-35	185 (38.54)	
36-45	113 (23.54)	
46<	113 (23.54)	
Educational level		
Post-secondary non-tertiary education	115 (24.0)	.313
Short cycle tertiary education		
Diploma	74 (15.4)	
Bachelor	200 (41.7)	
Masters	36 (7.5)	
Doctorate	3 (0.6)	
Occupation		
Administration officials	46 (9.5)	.000
Doctor	75 (15.6)	
Nurse, obstetrician	208 (43.3)	
Economic officials	46 (9.5)	
Caregivers and service assistant	105 (21.8)	
Year worked in this sector		
≥1 year	77 (16.0)	.009
2-5 years	148 (30.8)	
6-9 years	91 (19.0)	
10years≤	164 (34.2)	
Year worked in this workplace		
≥1 year	118 (24.6)	0.001
2-5 years	160 (33.3)	
6-9 years	92 (19.2)	
10years≤	110 (22.9)	

This table shows that the 87.1% of total employees were female and 12.9% were male. While there was a significant difference regarding the gender, occupation type and working experience in this sector and workplace between the target maternity hospitals

($p < .001$), age and education level had no significant difference between these 3 groups.

In table 2, we presented organization management capability under the 9 groups.

Table 2

Maternity hospitals management capability				
Organization management capability indicators	Urguu	Khuree	Amgalan	P value
1.Organization's mission and intention assessment	77.1	76.6	92.7	
2.Organization's leadership skill assessment	75.2	75.2	90.6	
3.Effective organizational structure assessment	74.2	76.3	91.0	
4.Organization's activation and leverage assessment	67.7	69.7	89.7	.000

5.Organization's relationship and cooperation assessment	70.9	72.7	90.9	
6.Organization's culture assessment	69.8	72.8	89.0	
7.Organization's resource allocation assessment	69.4	72.5	89.1	
8.Organization knowledge and innovation assessment	70.4	71.7	88.6	
9.Organization's productivity, quality and performance assessment	71.2	75.1	91.1	
Mean	71.8	73.6	93.0	

In table 2, it was obvious that organization activation, leverage, culture, resource allocation, knowledge and innovation were considered as main indicators needed improvements at maternity hospitals. There may be possible to include 90 criteria in the organization's strategy and progress plan for improving the organization's activity and process. The Amgalan maternity hospital created a suitable quality management intention for each department related to the organization's mission and purpose. Also, each employee followed these management standards. It can enable to assess work performances which didn't include previously performance assessment. To standardize differences in healthcare organization's

activities among other maternal hospitals can enable equal services for all customers. Amgalan maternal hospital could record mistakes and deal with reducing the mistakes. So, it can play a crucial role in service quality. Also, close contact of cooperation among all employees and team culture were established for improving quality management. An Improvement of Amgalan maternity hospital quality management may be associated with implementation of ISO 9001 and common international standards.

In table 3, maternity hospitals doctor, nurse, obstetrician and other employee's work functional management was presented.

Table 3

Management capability (by classification of work function)

Organization management capability indicators	Doctor, nurse, obstetrician	Others	P value
1.Organization's mission and intention assessment	77.6	76.6	
2. Organization's leadership skill assessment	76.3	76.6	
3. Effective organizational structure assessment	75.1	75.6	
4. Organization's activation and leverage assessment	67.0	70.1	.001
5. Organization's relationship and cooperation assessment	70.0	72.0	
6. Organization's culture assessment	69.9	71.3	
7. Organization's resource allocation assessment	69.6	72.4	
8. Organization knowledge and innovation assessment	68.8	73.2	
9. Organization's productivity, quality and performance assessment	71.2	73.9	
Mean	71.7	73.5	

Amgalan maternity hospital management capability was 14.7-20.1% whereas Urguu and Khuree maternity hospital management capability were 0-3.9%. There was no significant difference respondent of the management capability questionnaire among 2 groups by dividing work function. Administration officials and service employees gave higher assessment

on questionnaires compared with doctor, nurse, obstetrician and other employees. Doctors, nurses and obstetrician's assessment of management capability compared with other employees: $p < 0.001$, $r = 0.89$. It was interpreted that there is a strong correlation between these (Table 3).

Table 4

Maternal hospitals employee's satisfaction assessment

Variables	Urguu	Khuree	Amgalan	Mean
			By percent	
1 Be very busy during working hours	77.3	79.7	81.8	79.6
2 It is possible to work myself at workplace	82.6	84.5	90.7	85.9
3 It can enable you to do multi-things.	67.9	71.7	87.2	75.6
4 I can be team member at community	88.4	88.0	93.4	89.9
5 Leadership attention for employees is good	72.3	75.5	87.8	78.5
6 My suggestions can include decision making.	65.4	72.8	83.7	74.0
7 Don't instruct any tasks which discord with my opinion	72.0	73.0	85.4	76.8
8 I am provided consistent workplace	87.9	89.6	93.9	90.5
9 Enable to work for others	88.2	89.6	93.3	90.4
1 Enable to give advice to others about how must work.	81.5	83.2	91.6	85.5

1	I am provided to implement new ideas by using completely my knowledge and skills.	73.7	75.5	89.9	79.7
1	Our organization's policy and plans based on practice.	74.3	78.7	91.9	81.7
1	My wage and promotion agreed with my work function.	63.8	70.6	79.3	71.2
1	Enable completely by improving career advancement	65.6	65.9	85.4	72.3
1	Be right to review administrative decision and other work function assessment	67.5	74.1	86.6	76.0
1	Be possible to implement own new idea and experience at workplace	68.5	71.0	90.7	76.7
1	Working environment condition is better	72.4	71.5	93.4	79.1
1	Cooperation and relationship between colleagues are good	79.0	82.7	90.0	83.9
1	I access the praise during working	76.7	74.4	87.0	79.4
2	I have high satisfaction for this job	84.1	86.1	93.4	87.9

p<0.001, r2=0.89

In table 4, to assess employee's satisfaction of each maternal hospital: While the minimum satisfaction was assessed by employees of Urguu maternity hospital whether salary is equal for work performance, the maximum satisfaction was assessed by employees of Amgalan maternity hospital under scope of consistent workplace at 93.9 percent.

To conclude, total employee's satisfaction was

77.9%. In the scope of each maternity hospital, satisfaction assessment was 75.4%, 77.9% and 88.8% respectively at Urguu, Khuree and Amgalan maternity hospital. It is clear that Amgalan maternity hospital employee's satisfaction rate was higher than other hospitals. Employee's independence, organization management method and organization culture may influence it /see figure 1/.

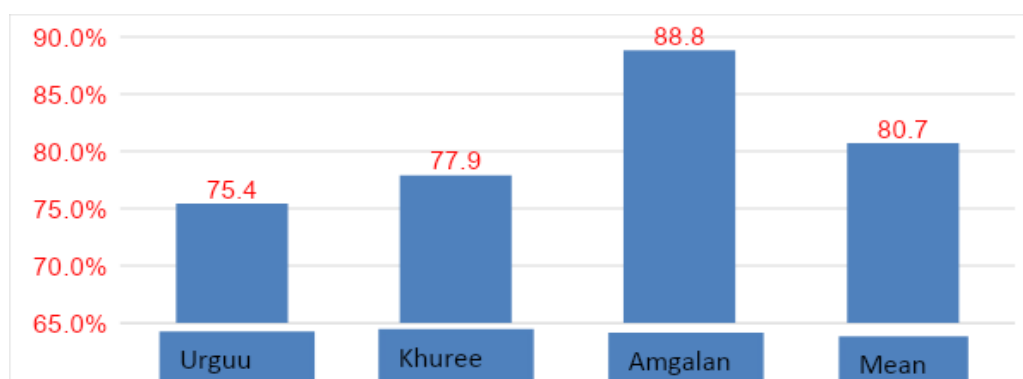


Figure 1 Employee's satisfaction level by each maternity hospital

In figure 2, the difference of employee's participating in the study work and occupation's specificity had an influence on satisfaction level.

Administration officials and doctors had high levels of job satisfaction. Left employees had relatively the same low job satisfaction.

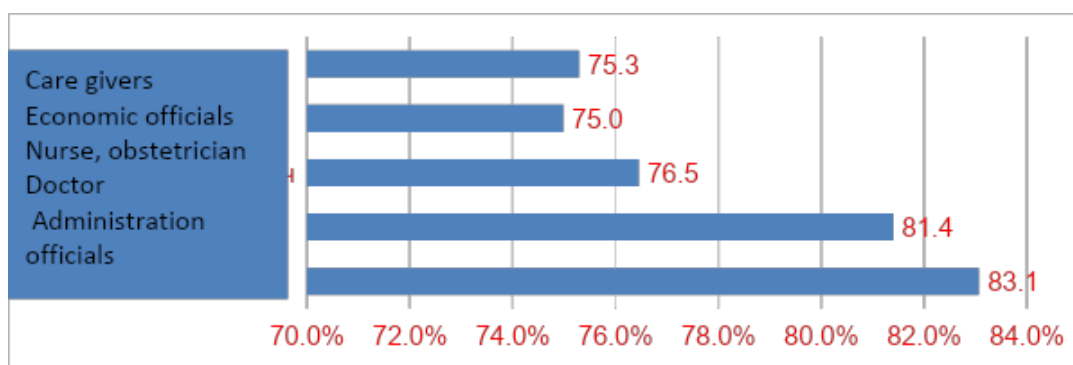


Figure 2 Employee's job satisfaction level by occupation

In figure 4, employees who worked below 5 years had higher satisfaction levels compared with others working above 5 years. It is obviously presented that

employees working for a long time have not enough motivation to do work.

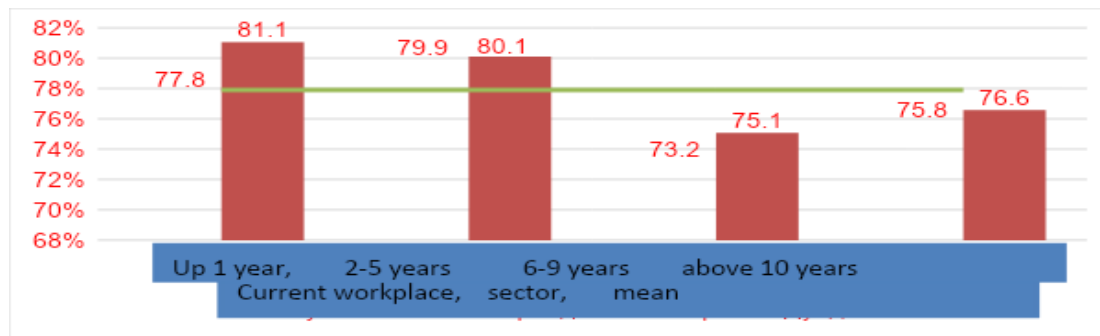


Figure 4 Employee's satisfaction level by worked years

DISCUSSION

Study participant organizations were of the same government fund, service type, traditional pattern and organization structure. Amgalan maternity hospital implemented a quality management system international practical method, ISO9001 during study. It was different from other maternal hospitals. Amgalan maternity hospital's quality management capability index was 90.31%, Urguu maternity hospitals was 71.76% and Khuree maternity hospitals was 73.85%. Mongolian private and public organization's quality management was higher than 61.4 [1] percent. It was the same rate Indian mean quality management capability index, 74%. According to a 2012 study which determined the district hospital's management capability, nurse's assessment was 64.4 and doctor's assessment was 76 percent [2]. It was represented that the healthcare organization's management capability had been relatively constant during the last 7 years.

Healthcare accreditation program is used internationally for providing and controlling service safety and quality. Norway health system considered to implement "Healthcare sectors service quality, patient safety and healthcare service without risk" in 2009 [3]. The program was formally implemented in 2015 [5]. Lohr KN, Steinwachs DM and Washington university healthcare study showed that quality management systems and accreditation were implemented into healthcare organizations resulting in the same outcomes. In other words, it is not possible to compare above 2 standards and they can support each other. Quality management systems enable standard norm, treatment outcome and productivity and support stable development, organization culture and positive attitudes [14, 15]. There are consistent findings observed in terms of implementing ISO standards that increases staff job satisfaction voluntarily without high demand. Organizational culture, infrastructure and cultural beliefs make it hard to cooperate with ISO standards [16-18]. Norwegian health care system has incorporated ISO 9001 standard as a country specific implementation. According to the hospital staff job satisfaction survey on the implementation of ISO 9001 standard, regression analysis revealed that there is high job satisfaction among Urguu maternal hospital (75.4%), Khuree maternal hospital (77.9%) and Amgalan maternal hospital (88.8%). This was consistent with another study conducted in the USA Human Resource Organization (77%-88%) [19, 20].

CONCLUSION

1. There is significant difference between Amgalan and Urguu Maternal hospitals in term of quality management system ($p=0.0001$)

2. Capability of organizational management has been evaluated by their medical doctors, obstetricians and nurses around 71.7% and other hospital staff by 73.5%.

3. Hospital staff job satisfaction increases along with organizational management capability

REFERENCES

1. Project Management Institute, Unurjargal Ts, 2015
2. District healthcare center's performance assessment. Public health science Doctor's thesis, Ulaanbaatar, 2012. Gantugs U
3. Institute of Medicine. Improving information services for health services researchers: a report to the National Library of Medicine. Washington, DC: National Academy Press; 1991.
4. Ginzberg E, editor. Health services research: key to health policy. Cambridge, MA: Harvard University Press; 1991.
5. Spector PE. Job satisfaction: Application, assessment, causes, and consequences. 1997:513-16.
6. Cabelkova I, Abrham J, Strielkowski W. Factor's influencing job satisfaction in post-transition economies: The case of the Czech Republic. Int J Occup Saf Ergon. 2015; n21(4):448-56.
7. Judge TA, Weiss HM, Kammeyer-Mueller JD, Hulin CL. Job attitudes, job satisfaction, and job affect: A century of continuity and of change. J Appl Psychol. 2017; 102(3):356-74.
8. Rui H. [The influence of doctor - patient relationship and job satisfaction on physicians' organizational citizenship behavior]. Journal of Xi'an Jiaotong University (Social Sciences) 2017;37(4):55-61
9. Yuan F, Qian D, Huang C, et al. Analysis of awareness of health knowledge among rural residents in Western China. BMC Public Health. 2015;15(1):1-8
10. Zihong M. [Report on the status of doctors' practice in China]. China Health Industry. 2011;(25):12-13.
11. Tingyu W. Quanzhou City No. 1 Hospital doctors' flow management research. Huaqiao University; 2016
12. Organization's behavior, Uvsh P, Kherlen B

and etc. 2010

13. Happy research institute. Job Satisfaction index. Denmark. 2019.

14. Institute of Medicine. Health services research: training and workforce issues. Washington, DC: National Academy Press; 1995.

15. Institute of Medicine. Report on health services research. Washington, DC: National Academy Press; 1979.

16. Lohr KN, Steinwachs DM. Health services research: an evolving definition of the field. Health Serv Res. 2002 Feb;

17. Committee on Quality of HealthCare in

America. Crossing the quality chasm: a new health system for the 21st century Institute of Medicine. National Academy Press; Washington, DC: 2001.

18. Anell A, Willis M. International comparison of health care systems using resource profiles. Bull World Health Organ. 2000

19. Schoen C, Osborn R, Doty MM, et al. Toward higher-performance health systems: adults' health care experience in seven countries. Health Aff. 2007

20. Committee on Quality of HealthCare in America. Crossing the quality chasm: a new health system for the 21st century Institute of Medicine. National Academy Press; Washington, DC: 2001.

УДК 61

ГРНТИ 76.29

**КОМПЛЕКС РЕАБИЛИТАЦИОННЫХ МЕРОПРИЯТИЙ В ОТНОШЕНИИ
НЕСОВЕРШЕННОЛЕТНИХ, ВОЗВРАЩЕННЫХ В РОССИЮ ИЗ ЗОН БОЕВЫХ ДЕЙСТВИЙ**

DOI: 10.31618/ESU.2413-9335.2020.2.80.1101

Захарова Наталия Михайловна

кандидат медицинских наук, руководитель

*Отдела неотложной психиатрии и помощи при чрезвычайных ситуациях
ФГБУ «Национальный медицинский исследовательский центр психиатрии и наркологии
имени В. П. Сербского» Минздрава России,
г. Москва*

Милехина Алла Владимировна

кандидат медицинских наук, старший научный сотрудник

*Отдела патологии речи и нейрореабилитации
ФГБУ «Национальный медицинский исследовательский центр психиатрии и наркологии
им. В.П. Сербского» Минздрава России
г. Москва*

Natalia M. Zakharova

*“V. Serbsky National Medical Research Centre for Psychiatry and Narcology
of the Ministry of Health of the Russian Federation,
Moscow, Russia*

Alla V. Mileokhina

*“V. Serbsky National Medical Research Centre for Psychiatry and Narcology”
of the Ministry of Health of the Russian Federation,
Moscow, Russia*

АННОТАЦИЯ

На основании анализа данных клинко-психопатологического и экспериментально-психологического обследования 93 детей, эвакуированных из зон боевых действий на Ближнем Востоке, представлены основные направления медико-психологической реабилитации детей, находившихся длительное время на территории, подконтрольной запрещенной в РФ террористической группировки ИГИЛ. Описаны основные психодиагностические, лечебно-реабилитационные и ресоциализационные мероприятия, направленные на восстановление психического здоровья детей, профилактику развития психических расстройств на отдаленных этапах, создание безопасной среды и обеспечение оптимальной интеграции ребенка в новом микро- и макросоциуме.

ABSTRACT

Based on the analysis of the data of the clinical-psychopathological and experimental psychological survey of 93 children evacuated from war zones in the Middle East, the main areas of medical and psychological rehabilitation of children who have been in the territory controlled by the terrorist group ISIS are represented for a long time in the territory controlled by the terrorist group ISIS, which is banned in Russia. The main psychodiagnosis, treatment and rehabilitation and resocialization measures aimed at restoring children's mental health, preventing the development of mental disorders at remote stages, creating a safe environment and ensuring optimal integration of the child in the new micro- and macro-society are described.

Ключевые слова: дети, жертвы локальных военных конфликтов, психическое здоровье, медико-психологическая реабилитация, интеграция в социум.

Keywords: children, victims of local military conflicts, mental health, medical and psychological rehabilitation, integration into society.