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СБОРНИК МАТЕРИАЛОВ

63-й НАУЧНО-ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ,
ПОСВЯЩЕННОЙ

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the argument for policy interventions and organizational strategies that prioritize investment in the nursing work environment across PHC settings globally. Most studies emphasized the organizational rather than psychosocial components of the work environment.

Conclusions and recommendations. This review highlights the urgent need to improve the nursing work environment in PHC to support quality care and nurse retention. Findings can inform the development of context-specific nursing care models and guide future workforce planning.

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MOBILE APPLICATION FOR HEALTHY LIFESTYLE FORMATION IN PRESCHOOL CHILDREN

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Relevance. The formation of healthy lifestyle habits in early childhood is a priority of preventive medicine and public health. Preschool children increasingly demonstrate insufficient physical activity, excessive screen time, irregular sleep patterns, and inadequate hygienic skills. Traditional preventive approaches do not ensure continuous monitoring and individualized guidance for parents. The development of a digital mobile application aimed at parents of children aged 3–7 years enables structured assessment, automated analysis, and personalized recommendations, thereby strengthening early prevention and health education strategies.

Objective: to evaluate the effectiveness of a mobile application designed to assess and promote healthy lifestyle formation among parents of preschool children aged 3–7 years.

Materials and methods. A pilot descriptive study was conducted in Tashkent, Uzbekistan, among parents of preschool children aged 3–7 years attending state preschool institutions. A total of 382

parents participated voluntarily. The study utilized a specially developed mobile application containing a standardized 30-item questionnaire covering nutrition, physical activity, sleep regimen, hygiene skills, and preventive practices. Data were collected digitally and processed using descriptive statistical methods. Quantitative variables were expressed as mean $\pm$ standard error ($M \pm m$), while categorical variables were presented as percentages (%). An integral Healthy Lifestyle Index (HLI) was calculated using a scoring system (0–100 points) and stratified into three levels: low, moderate, and high formation of healthy lifestyle skills.

Ethics Committee Approval (Bioethics): The study was conducted in accordance with bioethical principles and based on informed consent obtained from all participating parents.

Results. The mean integral Healthy Lifestyle Index among participants was 67.4 ± 1.2 points. Low HLI level (<50 points) was identified in $18.6\% \pm 1.9\%$ of children, moderate level (50–75 points) in $52.4\% \pm 2.6\%$, and high level (>75 points) in $29.0\% \pm 2.3\%$. Insufficient physical activity was observed in $34.8\% \pm 2.4\%$ of children, excessive daily screen time (>2 hours) in $41.3\% \pm 2.5\%$, and sleep disturbances in $27.2\% \pm 2.2\%$. Irregular dietary patterns were reported in $22.5\% \pm 2.1\%$ of cases. The mobile application ensured a high response rate and complete questionnaire submission (100% digital completion). Automated data processing enabled rapid identification of risk groups and generation of personalized preventive recommendations. As this study had a descriptive design, causal relationships were not assessed. However, presentation of baseline statistical indicators allowed objective evaluation of the distribution of modifiable behavioral risk factors.

Conclusions and recommendations. The developed mobile application is an effective digital tool for screening and promoting healthy lifestyle formation among parents of preschool children. Digital monitoring allows structured risk assessment and individualized recommendations without the need for complex comparative statistical analysis. Integration of such applications into primary healthcare and preschool education systems is recommended to enhance preventive strategies and parental engagement.

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