



**No 33 (2019)**

**P.1**

**The scientific heritage**

(Budapest, Hungary)

The journal is registered and published in Hungary.

The journal publishes scientific studies, reports and reports about achievements in different scientific fields. Journal is published in English, Hungarian, Polish, Russian, Ukrainian, German and French.

Articles are accepted each month. Frequency: 12 issues per year.

Format - A4

**ISSN 9215 — 0365**

All articles are reviewed

Free access to the electronic version of journal

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Чтобы успешно конкурировать в профессиональной среде, особенно в условиях онлайн-пространства, где частная жизнь, в той или иной степени, становится достоянием общественности, врач-диетолог должен соответствующе «выглядеть», быть примером для подражания для потенциальных пациентов: вести ЗОЖ, быть стройным. Таким образом, врач-диетолог должен взять на себя миссию по трансляции ЗОЖ во всех его проявлениях, а также быть законодателем трендов в области ЗОЖ, по меньшей мере, для своих подписчиков в социальных сетях (потенциальных пациентов). Кроме того, врач-диетолог должен непрерывно совершенствовать свои профессиональные знания и умения (участие в семинарах и конференциях); вести информационный блог на своей страничке в социальной сети с активной ссылкой на «онлайн-кабинет» и пр.), тем самым продвигая свой профиль, что, несомненно, окажет положительное влияние на качество услуг, а также информационного контента социальных сетей по профилю ЗОЖ.

6. Социальные сети в данной ситуации становятся эффективной информационно-рекламной площадкой в руках врача-диетолога, не требующей финансовых вложений для их продвижения, что немаловажно для эффективного стартапа «онлайн-кабинета».

7. Формирование регистра врачей «онлайн-кабинетов» по профилю «диетология» выступит защитой потенциальных пациентов от недобросовестных лиц, оказывающих подобные услуги в сети, не имея соответствующего образования. Таким образом, произойдет саморегуляция рынка по оказанию интернет-услуг в сфере ЗОЖ и диетологии.

8. Введение системы «онлайн-кабинетов» врача-диетолога принесет дополнительные налоговые отчисления в казну за счет выхода «из тени» практикующих специалистов.

9. Практикующие специалисты получают дополнительные государственные гарантии (отчисления в пенсионный фонд).

10. Введение системы «онлайн-кабинетов» врача-диетолога принесет дополнительные доходы госбюджету за счет абонентской платы, взимаемой министерством здравоохранения за использование интернет-платформы для работы в сети («софта онлайн-кабинета»).

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### ПРОБЛЕМЫ АКТИВИЗАЦИИ РАБОТЫ МЕДИЦИНСКОГО ПЕРСОНАЛА В ПЕРИОД РЕФОРМИРОВАНИЯ ЗДРАВООХРАНЕНИЯ

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### PROBLEMS OF ACTIVATING THE WORK OF MEDICAL PERSONNEL DURING THE REFORM OF HEALTH CARE

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#### Анотация

В статье проанализированы основные проблемы управления адаптацией персонала медицинских организаций, разработаны мероприятия по совершенствованию процессов управления персоналом в период реформирования здравоохранения для достижения ими медицинской, социальной и экономической эффективности.

#### Abstract

The article analyzes the main problems of managing the adaptation of personnel of medical organizations, develops measures to improve personnel management processes during the period of health care reform to achieve medical, social and economic efficiency.

**Ключевые слова:** управление адаптацией персонала, медицинские организации, кадровый потенциал, реформирование здравоохранения, кадровый потенциал, медицинские услуги.

**Keywords:** personnel adaptation management, medical organizations, human resources, health care reform, human resources, medical services.

In 2017, the President of Ukraine signed laws adopted by the Supreme Council of Ukraine, which began health care reform in Ukraine. The Ministry of Health of Ukraine has developed a plan for improving the efficiency of the system through functional and structural changes, the introduction of professional management, cost optimization on the principle of "money follows the patient," and the like. The modern model of the health care system provides state guarantees for medical care, financial protection for citizens in the event of illness, an efficient and fair distribution of public resources. In order to achieve medical, social and economic efficiency, public health institutions of the state and municipal ownership must adapt to changes in the external environment, change management style, use various marketing techniques and effective personnel management within the framework of the developed strategy, and create optimal working conditions. The main problem of the work of personnel services is that the personnel services of the public sector institutions work according to an outdated scheme. The main aspects of managing the adaptation of the personnel of medical organizations of the public sector in the period of reforming the healthcare industry require further research and implementation.

**The purpose of the article:** to identify problems and develop measures to improve the process of managing the adaptation of personnel of medical organizations as business entities in the new model of economic relations between doctors and society.

The transformation of social and economic processes that occur in all areas during the transition period takes into account the need to consider the processes of multi-dimensional transformations in the sphere of economics and management, including in the field of human resource management. Modeling the personnel management system involves a preliminary analysis of management processes and relationships and organizational structures in the health care institution, the functions of management subjects, the state of the motivational sphere, and the degree of readiness for innovations. Serious changes in the field of health care, the acquisition of autonomy by institutions in administrative activities necessitates the full and optimal use of the personnel potential of medical organizations. Thanks to the skill of managers, it can be turned into a competitive advantage of an organization and achieve its goals in the market.

The personnel potential of health care institutions is characterized by:

- quantitatively (number, composition, structure, age, work experience, staffing, turnover and level of personnel rotation, profitability and labor productivity);
- qualitatively (physical, psychological, adaptive, intellectual, moral, qualifying, organizational potentials).

The personnel potential combines the degree of utilization of the potential possibilities of both an indi-

vidual health worker and all employees as a whole, ensures the activation of the human factor in practice under certain conditions.

Human resources management is carried out in two directions:

- 1) the formation of human resources;
- 2) active use of human resources.

The purpose of the study: to study in detail all the problems of personnel adaptation in accordance with the new requirements, taking into account the adaptation of the team to changes in the external and internal environment of the organization.

There are the following types of personnel adaptation:

- 1) with experience: primary, secondary;
- 2) on the content of information: professional (refinement of employment abilities), organizational (role and status of the workplace in the general structure), socio-psychological (adaptation to a new society, norms of behavior), cultural and everyday, psychophysiological (adaptation to physiological working conditions, psychological stress);
- 3) in the directions: production and non-production;
- 4) by the nature of human behavior (adaptation): active, passive;
- 5) according to the results of adaptation: progressive changes; regressive (undesirable) changes).

It must be emphasized that the secondary adaptation of experienced medical workers is much more difficult than the primary one, due to the emerging resistance to change. The relationship of wages with the final results activates the use of all possible changes. Professional adaptation includes labor and other types of social adaptations, the existence of which is impossible without social interaction. Labor adaptation involves solving problems of forming the necessary level of productivity and quality of work among medical personnel, focusing on the necessary work standards. Managers of the personnel services of public sector medical organizations should use various principles and methods of adaptation using organizational, technical, socio-psychological and other measures. To improve the model of the adaptation process, it is necessary to identify the general and specific features of the personnel management system. Common features are characterized by direct personnel management and reveal adaptation as one of the management functions. Specific features are characterized by the influence of subjective factors (gender, age, psychophysiological characteristics, education, motivation, values, previous work experience, employee skills. Increased attention to subjective factors of influence is due to the dependence of heterogeneity and quality of medical services on the human factor. The right combination of subjective and objective impact factors allows you to comply with the developed standards of customer service.

During the period of health care reform in the new economic conditions of health care, the health insurance model was taken as the basis for the development of the health care system. The current trends in health care reform and in the sphere of medical services cause significant changes in the nature of the work of health care workers. There are a number of features of the formation of a personnel management system in a medical institution.

1. The health care system based on the health insurance model changes its orientation in medical activity. In the work of medical workers, priorities change from treatment to prevention, from inpatient care to outpatient care, from the quantity of services provided to their quality.

2. The emergence of extrabudgetary sources of funding public health.

3. The need for professional and logistical improvement.

4. A distinctive feature of the activities of medical institutions is the focus on the quality of services, since it is from this that the profit of the institution depends.

5. Labor activity of a medical worker should be aimed at reducing the likelihood of making mistakes and their timely elimination, which requires an appropriate level of qualification.

6. In institutions related to the state and municipal health care sector, it is difficult to regulate the level of remuneration, as a result of which its incentive function is reduced.

7. Connecting additional services that are not included in the compulsory health insurance program and targeted comprehensive programs of health management.

8. Changes in the nature of labor in human resources for health. By reducing the financing of health facilities by means of the budget, the financial burden on medical institutions has increased. The introduction of the extra budgetary sector of financing requires that medical professionals take initiatives and new ideas to increase the effectiveness of both treatment and preventive care and the management apparatus.

9. In the conditions of lack of budget funds, municipal health care institutions provide paid medical services. At the same time, it is necessary to attract additional financial resources, expand the material and technical base, increase the use of modern medical equipment, meet the needs of the population for new types of professional medical services, and stimulate labor productivity.

10. Taking into account the specifics of the manifestation of the results of professional activities of persons engaged in health care. The result may be different: the provision of services by one doctor to only one patient, one doctor to a group of patients, different in number, specific of diseases. Thus, to build an effective health care system, it is difficult to take into account the result of labor, the effect of stimulating labor.

11. The transfer of personnel management functions from the higher levels of leadership to the downstream. Most hospitals are beginning to restructure their activities with the possibility of obtaining funds from non-budget funds.

In connection with the transition to new economic levels of health care in the medical field, competitiveness, creativity, and innovation emerged. Heads of health care institutions need to become competitive in the market for medical services. Personnel management in healthcare institutions has a number of characteristic features:

1) monopolism of department;  
2) bureaucratism in a management, including division of labor;

3) strict hierarchical structure;

4) professional prejudices, for example unwillingness of specialists-physicians to acknowledge the role of another workers in the areas of health protection - economists, lawyers, managers on a personnel including.

5) hard specialization;

6) the focus of the organization, especially on consumers;

7) linear-functional management structure.

The use of a linear-functional management structure in health care organizations is due to the specifics of the work of medical institutions, which implies a functional distribution of responsibilities in various areas of medical services: gynecology, neurology, surgery, traumatology, diagnostics, and so on.

The subjects of management are health care:

- the Ministry of Health.
- non-state structures (recruitment agencies, training centers, etc., including those involved in working with medical personnel);
- internal specialized subjects of personnel management: personnel departments or individual specialists in the field of personnel management.

The staff of the health care facility is divided into:

- by content: medical and non-medical;
- by category: administrative staff, doctors, nurses (nurses), nurses (junior nursing staff), general hospital staff.

The goal of human resources management in medical institutions is the formation of a highly qualified team of employees who perform their work functions efficiently. Labor productivity includes the following indicators: a decrease in the incidence rate among a certain age group of the population; reducing mortality in the departments of the institution; reducing the level of medical errors; the number of satisfied patients in the health facility; the number of medical manipulations performed during a certain period of time; the number of recovered patients, etc. It must be noted that until today there is no single integrated personnel management system in health care. In the field of health, the most frequently used functions of personnel management are personnel development and personnel certification. Special attention is paid to training, retraining and professional development of health workers. Stimulation of labor is mainly based on the material incentive. Moral stimulation is in the presentation of certificates, socio-psychological incentives, at least - creative and organizational. Such personnel management subsystems as, selection, labor movements, motivation management, adaptation and planning of personnel require transformation in the light of current trends in health

care reform. The main functions of the HR specialist are:

- prioritizing the problems of managing health care personnel;
- evaluation of personnel characteristics and decision making;
- selection of program activities focused on solving problems in the field of personnel management;
- setting targets for action programs with staff and patient participation of the institution;
- the acquisition and use of material resources necessary for program implementation;
- implementation of high-quality selection of personnel necessary for program implementation;
- carrying out activities to be carried out by the personnel of the institution;
- staff training to carry out program activities;
- Selecting benchmarks and using them to evaluate the impact of action programs.

To orient the process of controlled adaptation of personnel of a specific medical organization, it is necessary to develop a Regulation on the adaptation of workers. According to the document, the involvement of the team in the implementation of the adaptation program at each of the four stages means taking responsibility for the implementation of a joint decision regarding the accompaniment of employees' work activities. The main participants of the program should be: a specialist of personnel service (personnel), direct manager, mentor, etc. The immediate leader, who understands the purpose of the work and tasks in the relevant work place, has not to be limited to a personal conversation and representation of the team member, but to be a mentor (mentor) or to get acquainted with a mentor appointed for the adaptation period. To acquaint the worker with the adaptation program, to determine specific goals and objectives for the adaptation period; analyze his official duties, that is, maintain the adaptation period. Next, make a report on the results of the passage of adaptation. The report should reflect the results of the assessment of professional and personal qualities and employee performance; his self-esteem and further recommendations. All colleagues must be actively involved in the adaptation process. These points should be described in the Regulation on Organizational Culture (in the paragraph "Formation of a favorable psychological climate in a team"). It is necessary to indicate the possibility of using foreign experience in adapting. The most interesting are such popular methods as: secondary training (mastering the necessary skills in another division); attraction of external consultants; protection of one person by another (help

guidance and protection of an employee by another person in order to achieve his results). When building personnel management systems in healthcare, it should be borne in mind that there are a number of features of management in general and personnel management, including in individual healthcare institutions, in individual teams. Understanding the need for scientific personnel management in this area came relatively recently. Thus, those managers and organizations who are on the path to forming a personnel management system in a health care institution need not develop new methods of personnel management.

### Conclusions.

1. The management system of medical institutions has a number of features that have evolved gradually and under the influence of the market principles of the economy, which must be taken into account in an integrated approach to the construction of a human resource management system.

2. Improving the process of adaptation in the personnel management system will allow effective management of human resources, will bring both economic and social results to the individual, the team, the organization as a whole.

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