

ТЕОРЕТИКО-МЕТОДОЛОГІЧНИЙ АНАЛІЗ ПАРТНЕРСЬКОГО УПРАВЛІННЯ У ЗАКЛАДАХ ОХОРОНИ ЗДОРОВ'Я

THEORETICAL AND METHODOLOGICAL ANALYSIS OF PARTNERSHIP MANAGEMENT IN HEALTHCARE INSTITUTIONS

Modern management of a health care institution consists of optimal solutions aimed at both internal and external solutions with constant consideration of the political and economic and social situation. Approaches to such processes are determined by the personal interests of the medical institution.

The availability and quality of medical care is determined not only by the adequacy of structural and organizational forms and the state of material and technical support of the medical institution, but also to a large extent by the availability of qualified employees, which is the effectiveness of the management system of the medical institution. That is why partner management is increasingly common today in the modern conditions of medical institution management.

Partnership management of the medical sphere is a combination of the public and private sectors for effective financing and implementation of projects, as a general system of effective economic policy in the field of health care. When considering partnership management in the field of health care, attention should be paid to the provision of medical services as the final result received by the consumer. It is in the process of providing medical services that it has a value and is paid by the consumer, organization, and the state, which forms the complexity of such a process.

Such interaction is aimed at increasing the efficiency of the health care system, as a system that is implemented through the improvement of the quality of management, and therefore, the medical field needs a rethinking of the role and function of management. Partnership management must be at the heart of any health care reform that includes what is needed to improve public health without increasing the cost of health care services. Therefore, the role of partnership management of health care, which exists until now, is managed by the organization entrusted to it in the conditions of a market economy. However, the transition to health care management from the standpoint of modern partnership is complicated by a number of peculiarities.

Key words: *medical service, partnership management, socio-economic relations, partnership relationship.*

Сучасне управління закладом охорони здоров'я складається із оптимальних рішень спрямованих як на внутрішнє так і на зовнішні рішення з постійним урахуванням політичної та економіко-соціальної ситуації. Підходи до таких процесів визначаються особистими інтересами лікувального закладу.

Доступність і якість медичної допомоги визначається не тільки адекватністю структурно-організаційних форм та станом матеріально-технічного забезпечення медичного закладу, а й значною мірою наявністю кваліфікованих співробітників, що є ефективністю системи управління медичною установою. Тому сьогодні все частіше у сучасних умовах управління медичним закладом, зустрічається партнерське управління.

Партнерське управління медичною сферою – це об'єднання державного і приватного сектору задля ефективного фінансування і реалізації проектів, як загальної системи ефективної економічної політики у сфері охорони здоров'я. Розглядаючи партнерське управління у сфері охорони здоров'я, слід приділити увагу саме наданню медичних послуг, як кінцевому результату, який отримує споживач. Саме у процесі надання медичних послуг вона має вартість і оплачується споживачем, організацією, державою що формує комплексність такого процесу. Така взаємодія спрямована на підвищення ефективності системи охорони здоров'я, як системи що реалізуються через поліпшення якості управління, а отже, медичній сфері необхідно переосмислення ролі та функцій управління. Партнерське управління повинно бути у центрі будь-якої реформи в охороні здоров'я, що включає в себе необхідне для поліпшення здоров'я населення без підвищення ціни на медичні послуги. Тому роль партнерського управління охороною здоров'я, яка існує дотепер, керується ввіреній їй організації у умовах ринкової економіки. Однак перехід до управління охороною здоров'я з позицій сучасного партнерства ускладнюється низкою особливостей.

Ключові слова: *медична послуга, партнерське управління, соціально-економічні зв'язки, партнерський взаємозв'язок.*

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Kupriichuk V.M.

Doctor of Science in Public Administration, Professor, at the Department of Law and Public Administration Zhytomyr Ivan Franko State University

Kiian O.S.

Graduate student at the Department of Law and Public Administration Zhytomyr Ivan Franko State University

Formulation of the problem. World paradigms of the development of the partner market of medical services are often formed under the influence of the introduction of modern technologies and globalization processes. The influence of globalization processes increases the interdependence of national markets, as a result of which the medical service sector is actively included in the partner market as an element of international trade, and the expansion of opportunities for providing quality medical services and

the appearance of new market participants lead to the growth of international competition in this area. Partnership management of the provision of medical services, the migration of health care specialists, leads to the emergence of new methods of treatment, the introduction of telemedicine technologies along with the standardization of the production and consumption of medical services are new trends that contribute to the further development of the global market of medical services on an innovative basis.

In the conditions of a new technological system that is being formed and deep demographic shifts, all aspects related to improving the quality and extending the life span of people are becoming crucial for all countries of the world. In this regard, the market of medical services, like the markets of many innovative goods and services, has a huge potential for development, including due to the active integration of national markets of medical services into it, which involves the development of strategic priorities for the development of the field of health care in Ukraine in the direction of its integration into the world market of medical services. These circumstances determine the extreme relevance of the researched topic.

Analysis of recent research and publications. Theoretical aspects of the formation and development of partnership management in health care institutions have become a special field of scientific interests of such researchers as M. Horowitz, J. Figueiras, M. Wilson, scientists paid special attention in this topic to the study of the role of telemedicine and information and communication technologies that aimed at strengthening the competitiveness of medical services with reference to partnership relations in the works of such scientists as V. Lobas, A. Bloch, G. Starostenko, S. Vovk [1], R. Robertson, K. Hamilton, Z. Chen and others.

However, despite the large number of studies on the prospects for the development of the partner market of medical services, the attention of researchers is focused only on certain aspects, and the general dynamics of its growth, the features of structural shifts in it remain insufficiently researched and require further analysis. In our opinion, the study of modern trends in the development of the partner market of medical services is also relevant. Therefore, the definition of partnership interactions and prospects for its effective integration in the market of public services.

The purpose of this study is to analyze methodological approaches to partnership management in the field of health care and to separate the main approaches to its study of medical services.

Presenting main material. The appearance of a product in the form of a service caused the need for the formation of a service market that serves the processes of production, distribution, exchange and consumption of services, ensures their balanced and effective interaction and development, acts as an intermediary between their production and consumption, between a specific producer and a specific consumer, creates competition for goods, produced in the main (material) production, replacing the absence or impossibility of using material goods with services.

The services market is a specific, complex, heterogeneous, branched socio-economic sphere, which includes various types of activities that have not only certain similarities, but also sometimes quite significant differences. It is different from other markets mainly for two reasons: the service does not exist until it is provided. This makes it impossible to compare and evaluate services before they are received. Therefore, only expected and received benefits can be compared; services are characterized by a high degree of uncertainty, which puts the consumer at a disadvantage, and makes it difficult for sellers to promote services to the market [2].

A type of service is a medical service. The first attempt to characterize the economic essence of medical services belongs to K. Marks. In *The Theory of Productive and Unproductive Labor*, he divided the world of goods into two large parts, the commodity "labour power" and all other commodities that differ from it. The purchase of the training of the workforce, preservation and maintenance of its healthy state is the purchase of services that provide a marketable workforce. These services are included in the costs of production or reproduction, that is, the services of a doctor can be classified as labor "repair" services [3]. K. Marks classifies medical services as "non-economic services".

In modern scientific literature, a broad interpretation of the concept of "medical service" is provided. Thus, T. Kaminska defines a medical service as a summary of activities aimed at a qualitative change in a person's condition, namely his health [4]. According to V. Moskalenko, medical service is the result of the actions of individuals and institutions that provide medical care, a beneficial effect aimed at meeting the needs of the population in preserving and restoring health, an identifiable element of medical care, as well as its monetary expression [5]. S. Stolyarov defines medical service as any professional action aimed at changing or preserving physical or mental health, with the aim of benefiting its consumer (patient) in one way or another [6].

According to the Charter of the World Health Organization (WHO), which takes care of health care issues on a global scale, a medical service is a special good, the consumption of which satisfies the individual needs of a person, as well as a good, the consumption of which satisfies a social need – the reproduction of working forces [7]. And according to the definition of the World Trade Organization (WTO), medical services are provided by health care workers (specialists, general practitioners, paramedics, nurses and workers in related medical fields) in the form of consultative and diagnostic services, patient care for the

prevention or treatment of diseases, injuries or other physical and psychological disorders [8]. At the same time, it should be noted that in the field of modern health care, two concepts are used simultaneously to characterize the activity of a doctor in the treatment of a patient: “medical service” and “medical assistance”.

Thus, according to L. Shcherbachenko, medical service is a service of a curative and preventive nature, which is carried out by one or a team of medical workers in the process of treating a patient, that is, the author equates medical care with treatment [8]. M. Shutov understands the medical service as the actions of the medical staff to meet the urgent needs of patients in the restoration and maintenance of health, believing that the medical service is a part of medical care, that is, medical care consists of separate medical services [9]. O. Smotrov proposes to define the medical service as “the activity of the service provider, which is aimed at achieving such a result, the useful properties of which are able to satisfy the needs of a person in the restoration and (or) maintenance of his health, directly in the course of the appropriate activity of the service provider, which does not have an objective expression (material form) and cannot be guaranteed by the service provider”.

In the official documents of Ukraine, a medical service is defined as “an event or a set of events that go beyond the limits of medical care determined by a doctor and are provided at the request of an individual or on the order of a legal entity on a paid basis.” In turn, medical care is proposed to mean only that part of the activity of medical workers, which contains a set of measures aimed at improving the health and treatment of patients in a condition that at the time of providing assistance threatens their life, health and ability to work.

Since, in our opinion, the term “medical care” is close to, but not identical to, the term “medical service”, let’s find out the essence and relationship of these concepts. In the Oxford Medical Dictionary, the concept of “medical” is defined as “one that has relation to medicine, diagnostics, treatment and prevention of various diseases” [10]. In the Economic Encyclopedia, a service is defined as “a special consumer value of the labor process, expressed in a useful effect that satisfies the needs of a person, a team, and society” [11]. In the Great Explanatory Dictionary of the Modern Ukrainian Language, “service is an action, an act that gives benefit, help to another,” and help is defined as “1) assistance, support in something; 2) material support; 3) protection, rescue in trouble; 4) assistance in treatment, alleviation of suffering.” Thus, based on these definitions, it is possible to generalize that, on the one hand, medical service is a part of medical care, and on

the other hand, medical care is the basis of medical service. Medical care consists of basic parts of medical services, self-help, mutual help and other actions aimed at preserving human health. A medical service has a cost and is paid for by its consumer (individual), organization or state, and therefore can be provided only by an organization or other economic entity that has permission for this, in accordance with current legislation – the presence of a license, state registration, etc. (hence the requirements for the availability of medical education on the part of the personnel providing these services). Medical assistance can be provided in any circumstances, both within organizations and outside them. On the one hand, medical assistance as the basis of a medical service must have a value, since its provision involves the work of a doctor, which has its own payment norms, and on the other hand, it may not have a value, that is, it may be free of charge, for example, in the case of emergency medical assistance to a sick person on an airplane by a random passenger-doctor has no value (since the person who provided assistance is not a business entity).

From our point of view, in contrast to “medical service”, which has mainly a socio-economic meaning, “medical assistance” has, first of all, a socio-psychological and medical focus, not burdened by cost considerations. These are related, but not identical types of activity, and medical services are optional, complementary to medical care. Medical service is a component of medical care, its specification, namely, a set of professional actions of medical workers aimed at qualitatively changing the patient’s health indicators, which has a cost estimate, is standardized and regulated by state bodies. It should be noted that, in addition, in the field of health care, a distinction is made between medical service, medical activity and medical care, which are also related to each other.

Thus, medical activity is part of medical care provided at a professional level, which, in turn, includes medical services as part of medical activity. The field of service is a part of the field of services, characterized by systematic activities to change and maintain 35 characteristics of the service object in a given state for a long period of time. Accordingly, medical care involves a complex of services as units of activity (actions), which has a relatively stable form of organization.

Medical service, together with the traditional properties of services, such as intangibility, inseparability from the producer, the impossibility of transportation and preservation, variability has a number of specific features peculiar to it: the medical service can be very long in time, for example,

in the case of a chronic disease, the medical service can be provided throughout the patient's life; the effect of service consumption is not always noticeable, for example, in the case of preventive measures; medicine to a greater extent than any other industry feels the influence of government regulation, which is observed in the presence of mainly government funding, the need for licensing, requirements for personnel qualifications.

In addition, M. Shutov cites the following features of the medical service: it is built on the consumer's trust in the provider; the consumer of the service participates or is present during its performance until the goal is achieved; quality assessment is subjective, depends on the personality of the consumer; when providing a medical service, there is a risk of death [9].

It is important to analyze medical services from the point of view of the level of their provision. Thus, primary medical services are aimed at treating the underlying disease and include regular medical examinations, vaccination services, dental services and first aid. Secondary (specialized) medical services include specialist consultation, local operations, ambulance and emergency care. Tertiary (highly specialized) medical services include the use of advanced treatment technologies and complex operations, inpatient treatment, etc. The fourth level of providing medical services is represented by high-risk complex operations (for example, organ transplantation, etc.).

Medical services have an intangible nature, which makes it impossible to transport, store and accumulate them, and their production and consumption are closely related to each other, they cannot be separated in time. When providing medical services, the presence of both the producer and the consumer is mandatory. A characteristic feature of medical services is their intangibility, the impossibility of assessing the quality of services until they are received or purchased. In turn, the production of services is always associated with the impossibility of demonstrating the medical services offered and evaluating their expected beneficial effect.

The availability of medical care depends on the possibility of receiving medical services when they are needed, the territorial location of the medical institution, the presence of highly specialized specialists in the health care institution, the necessary medical equipment for diagnosis and treatment [5].

Conclusions. Therefore, the availability of medical services is an opportunity for consumers to receive medical services in the shortest possible time, at competitive prices and quality.

The general development of international trade in medical services, the spread and introduction of new technologies and innovative treatment methods have led to the formation of the world market of medical services, and the standardization of their production and consumption, due to the specifics of the health care sector, has long been the subject of international specialized organizations and states.

Thus, it can be concluded that the formed world market of medical services is a segment of the world market of services, a special sphere of international commodity exchange, which is characterized by stable, systematic transactions for the exchange of medical services, including medical technologies, medical equipment products, methods of organizing medical activities, pharmacological means, medicinal effects, disease prevention measures, etc., aimed at qualitative changes in human health indicators, as well as standardized, regulated and regulated by special bodies and organizations at various levels.

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