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PLANNING IN HEALTH CARE: MODERN APPROACHES AND SPECIFICS

Health care in any country is one of the most socially significant industries. Health care institutions create not only conditions for maintaining health and preventing diseases. They take an active part in treatment, i.e. providing services using medical protocols. In the conditions of the deterioration of the ecological situation, unfortunately, the health of the population is deteriorating. This negative phenomenon is especially intensified in the conditions of the spread of the pandemic. Therefore, the activity of health care institutions becomes especially relevant.

Planning involves taking into account threats and dangers, and therefore allows you to avoid a number of negative phenomena associated with the use of available limited resources.

In practice, planning in the activities of a health care institution is implemented as a process related to determining the amount of necessary financial resources. In it, the so-called production indicators (volumes of activity - number of patients, number of bed-days of stay of patients in the hospital, etc.) and cost norms are important. It is worth noting that planning in the field of health care should be distinguished as sectoral and specific to the institution itself. In other words, it can be argued that it is carried out at the macro and micro levels. In addition, in both cases, planning is strategic and operational. But in the scientific literature there is a much wider distinction.

In the conditions of decentralization, strategic planning has acquired a special role. The strategic plan for the development of communities must contain a section that relates to the field we are investigating. In accordance with the provisions summarized in this plan, medical institutions located on the territory of the territorial community plan their work in the future.

Theoretically, it is possible to distinguish plans that are made in health care into those that cover the regional and national levels (macro level) and those that concern the economic entities themselves (micro level). The first ones, as a rule, contain

information about the network of medical institutions, personnel, material support, etc. Capital construction and the budget are also an important component of such plans. If we consider that the plan is a formalized management decision, then this decision is formed by the departments and the ministry. At the micro level, planning is carried out by relevant departments or officials who implement quantitative mapping of the goals of the medical institution and formulate measures to achieve them. If the plan is real, then it can be considered a model which into account the actual state of the economic environment. The classic idea of a plan involves seeing it in a digital sense. That is, for all positions in the classical sense, appropriate funds are provided for their implementation. But instead, in the field of health care, plans (in addition to the budget/estimate) have a verbal content character. For example, the hospital's work plan for the year contains 4 columns, which have the names: activities, due date, responsible persons and notes. The basis for the development of such plans is, firstly, those official programs implemented by the health care institution and financed from the budget. Secondly, the real medical needs and requests of the population for medical services. Thirdly, the very fact of management in general, one of the functions of which is planning. Modern planning in health care institutions in connection with the administrative reform is significantly different from that which was carried out in accordance with the requirements established as part of the budget process. Such planning in science and practice was called estimated. It was carried out in accordance with the relevant principles and methods (for example, program-targeted), based on the use of expenditure norms for production indicators (in recent years, these were actual activity indicators).

The key difference between the modern foundations of planning the activities of health care institutions and the estimated planning is that the latter was practically not based on strategic plans and forecasts, but stemmed from state initiatives in the field of health care and allocated budget funds [1; 2]. Therefore, the estimated financing of health care facilities, as well as the budgetary sector in general, was carried out at the expense of external funds and in compliance with such principles as target nature, planning, accountability. Today, the approaches have changed. Health care institutions as communal institutions implement planning according to scientific principles and comprehensive sequence. In particular, the construction of current and annual plans is carried out on the basis of strategic plans. Plans are made in December for the next calendar year. Moreover, planning covers many employees, from nurses to managers. That is, we can state that there are activity plans (personal work plans) and financial plans that contain information about forecast costs. The plans are formed taking into account accounting data, norms and volumes of expenses, as well as taking into account the volumes of activity. Instructive and methodological support for the formation of plans consists in the use of relevant

orders, letters, regulations and other legal acts of Ukraine and the Ministry of Health of Ukraine [3; 4]. Detailing such a component as the legislative basis, it should be noted that they include the requirements of regulatory legal acts (including orders of the Ministry of Health), risk registers and plans for their minimization, decisions of medical councils, customer requirements, results reports compliance with technological standards, capital investment programs, conclusions of internal audits, etc. For the management and staff of a health care institution, a correctly drawn up work plan is an important document for management. It defines the prospects, tasks and purpose of the institution and its subordinate structural units. Thanks to its formation and implementation, an objective possibility of conducting an evaluation of the management of a medical institution appears. It enables, in particular, control, application of motivational measures and evaluation of organizational and preventive actions (risk prevention, organization of activities, etc.). The basics of planning, especially regulatory and methodological ones, need to be developed and improved. The active use of a risk-oriented approach in the management and planning of the activities of health care institutions is especially relevant in modern conditions of instability (pandemics, wars). The task of improving planning in these conditions is extremely important and necessary.

It is also essential to take into account the specifics of the medical institution when choosing and establishing a list of types of plans, establishing the persons responsible for their preparation, and solving many other organizational issues. In our opinion, in this context, the basis should be the development of a step-by-step planning scheme. It should include: 1) Description of the normative basis of planning (including internal instructions); 2) Justification of the choice of types of plans to be drawn up; 3) Methodology of drawing up plans; 4) Responsibility (establishment of responsible persons, their powers, duties, deadlines for drawing up plans, etc.). Such an organizational component will significantly improve the process of drawing up plans, their quality, accuracy and contribute to solving many problematic issues that arise during planning. This process should be preceded, first of all, by establishing the types of plans that will be drawn up in the health care facility. It goes without saying that such institutions must draw up the plans stipulated by the current legislation. But for the quality organization of activities, the management of the institution can independently resolve the issue of expanding this list to satisfy its information and management requests.

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ДОСЛІДЖЕННЯ СУТНОСТІ ПОНЯТЬ КЕРІВНИЦТВА ТА ЛІДЕРСТВА В СИСТЕМІ УПРАВЛІННЯ ЗАКЛАДОМ ОХОРОНИ ЗДОРОВ'Я

Розвиток організацій неможливий без ефективної управлінської діяльності, в першу чергу, керівника. Уміння керівника створити сприятливий соціально-психологічний клімат в колективі, його здатність вирішувати конфліктні ситуації, зацікавити роботою працівників, застосувати адекватний мотиваційний механізм управління, проявити свої лідерські здібності, – все це залежить від обраного стилю керівництва, використовуваних соціально-психологічної і професійної моделей керівника. Останні чинять істотний вплив на ефективність роботи закладу охорони здоров'я та результативність діяльності його працівників.

Поняття «керівництво» і «лідерство» тісно співвідносяться між собою. З однієї сторони дані поняття не мали б мати суттєвої відмінності, оскільки особа, яка наділена повноваженнями здійснювати керуючі функції, має владу