

# **Public Health Administration, Management, and Policy in Ukraine**

Prepared for

The 11th NISPAcee Annual Conference  
Enhancing the Capacities to Govern: Challenges facing the countries  
Bucharest, Romania, April 10-12, 2003

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February 2003

## ***I. INTRODUCTION***

Though since 1991 the Ukraine has undergone significant changes such sphere as health care has been little transformed. The country is undergoing a significant deficit in terms of public health managers training. The problems of educating public health managers in Ukraine are defined by the contemporary needs of the Ukrainian state to solve a complex set of problems associated with the demands for improved public policy to improve the health conditions of the Ukrainian population. They are further complicated by the emergence of new approaches directed to the improvement of the health system through the introduction of new management technologies (financial, personnel, economic, planning, etc.) as well as the introduction of new approaches to financing health care. Consequently, it is necessary that Ukraine adopt the appropriate components

of training programs for Public Health managers that are compatible with the growing requirements of the contemporary world.

The phenomenon of crisis in Ukrainian public health system administration, management and policy require from the authorities to improve the quality of public health managers education. The administrative reform conducted in Ukraine presupposes the solution of different tasks among which (applying to health sphere) there are such strategic ones as:

- The necessity and goal of public health management education reforming;
- General strategy of public health management education improvement;
- The reforming of public health management training standards;
- The improvement of specialists training for public service;
- The reforming of short-term up-grading training;
- The introduction of personnel training reforms.

There are several reasons which are to be taken into account to improve the system of PH administrators training. First of all, in administrative reform the role and tasks of the government are radically changing. Second, the reforming of public health is also presupposing the radical improvement including public health managers training. Third, as the national system of public health managers training is in the process of developing it hasn't acquired such characteristics as in full-scopes and co-ordination, full structuring and wholeness.

That is why aiming to reform the training of public health managers it is necessary to create the appropriate (both in qualitative and quantitative aspects) efficient and flexible system of their preparation in accordance with the requirements of public administration.

Integrating into world community Ukraine needs to improve the training of managers in different areas. They have to be experts capable to react on changes quickly and in an adequate way, to think globally, to implement innovations effectively, to improve constantly their professional skills.

The professional activity of the specialists having specialty “managers of organizations” in health area consists of:

- General functions realization by means of execution of preferably administrative and partially operational procedures;
- Practical and tactical decision making (within their competence);
- Tactics with the elements of strategy in clinics management;
- Linear (main activity) or functional (personnel, commercial, transport, delivery, logistics, supply etc. activity) as well as organizational activity on all stages of the circle;
- Personnel management .

The traditional functions of PH manager (administrator) were planning, organizing, administration and controlling. As the situation is changing and administrative system is becoming more oriented towards PH management practice it is important for administrators to understand better the health status of the population.

Changes in the Ukrainian system for health management education are taking place within an environment in which the management of educational policy is changing according to such tendencies as: formation of the system of management education, expanding the level of management education programs, growing orientation to world standards of management education and the strengthening of existing training programs in CEE countries. As a result, the implementation of any suggested scheme of reformation of the management mechanism of the PH system must be concerned not only with the sphere of

administrative relations but also the sphere of corporate and economic ones. This causes the following beneficial consequences: change of the system of control allows for increasing transparency, manageability, effectiveness of PA establishments performance; managers today face an increased responsibility, along with more rights and opportunities in decision-making.

We think that the effectiveness of formation and development of healthcare in Ukraine can be achieved with improvement of health system, and the introduction of new management technologies to respond to the conditions of crisis in Ukraine's medical establishment and taking into account the specific character of medical establishment.

## ***II. THE LAST INITIATIVES ON PERFECTION OF QUALITY OF STATE MANAGEMENT (LEGISLATION, INSTITUTES AND LAST PRACTICE).***

The foreign and native scientists, specialists in public administration underline, that quality of public administration depends on a set of conditions and factors. Last initiatives on improving of public administration quality can be represented in such aspects as legislation, institutions and last practice. Last years on legislative level it was adopted a number of normative-legal documents, which were directed on improving of public administration quality. They are: The President's Decree #1035 On Approval of Personnel Support of Public Service and of Program of Work with State Enterprises, Establishments and Organizations Managers (November 10, 1995 // Bulletin of Public Service of Ukraine, 1995, #3-4); The President's Decree #682 On Approval of Regulations about the Ukrainian Academy of Public Administration and its General Structure (August 2, 1995); The President's Decree #398 On System of Training, Re-training and Raising the Level of Public Servants Skill (May 19, 1995 // Bulletin of Public Service of Ukraine, 1995, #2); Cabinet of Ministers of Ukraine Decree On In-Service Centers for

Public Servants, State Enterprises, Establishments and Organizations Managers #224 (February 19, 1996 // Bulletin of Public Service of Ukraine, 1996, #2); Cabinet of Ministers of Ukraine Decree #167 On Approval of Regulations on the System of Training, Re-training and Raising the Level of Public Servants Skill and On Approval of Regulations about the Common Order of Training, Re-training and Raising the Level of State Enterprises, Establishments and Organizations Managers Skill (Bulletin of Public Service of Ukraine, 1997, #2); Cabinet of Ministers of Ukraine Decree #560 On Measures for Raising the Level of Executive Bodies Public Servants Skill (July 28, 1995 // Bulletin of Public Service of Ukraine, 1995, #2).

This legislation shaped the main directions for PA system development, including improving the context for PH managers education, training and re-training. The legislation also established guidelines for implementing a new system of managers training and formalized a government commitment to the provision of adequate system of PA administrators' preparation.

On institutional level, according to demands of administrative reform, it was offered to reform the system of public servants training, which will provide the formation of effective, efficient and flexible system for executive and local bodies personnel training (in both quantitative and qualitative attitudes). The important directions of activity are: improving of teaching strategy, reforming of training content, reforming of managers personnel training, improving of public servants training, reforming of short-term training system and inculcation of personnel training reform.

### ***III. HEALTH CARE MANAGEMENT SYSTEM***

There were identified by us three basic hierarchical levels of health management in Ukraine: base, regional and state (or national). All of them are closely associated with one another.

Base level covers a village and town administrative region. In village administrative regions a general director personifies the territorial unit (former rayon main doctor). At the same time he/she is a main doctor of the central rayon hospital. He/she fulfills the functions in health care performed by rayon state administration and works within the administrative sub-system of rayon central hospital.

In towns (cities) the base management level in health care is somehow different. Here in system of city state administrations the Health Agencies exist and are headed by the chairs. There is a group of administrators composing from the main specialists (physician, surgeon, pediatricist, etc.). Management system also exists within the administrative structures of town (city) hospitals.

The state administrations have such functions in health care: management and prognoses of development in health protection establishments network; organization of medical care; control organization over sanitary of environment and observation of regulations in sanitary protection, realization of arrangements on prevention of infectious diseases; control over the privileges given to mothers and children, improvement of life conditions for those families having many children; control over labor protection regulations, accident prevention, sanitation, ecological demands for enterprises, in organizations and institutions. Base level is a basic one in the system of medical care. Here its primary and secondary branches are concentrated. They are structurally joint. 90% of ambulatory-clinics and 80% of stationary help are concentrated here. The activity results of all system depend on quality and management effectiveness of this level.

Administrative activity of base level is directed on the development of separate specialized types of medical care. A main specialist (member of the staff, who works regularly in the Agency or not on the permanent staff, as a rule, he/she is a main doctor of town (city) specialized establishment) is responsible for each of them.

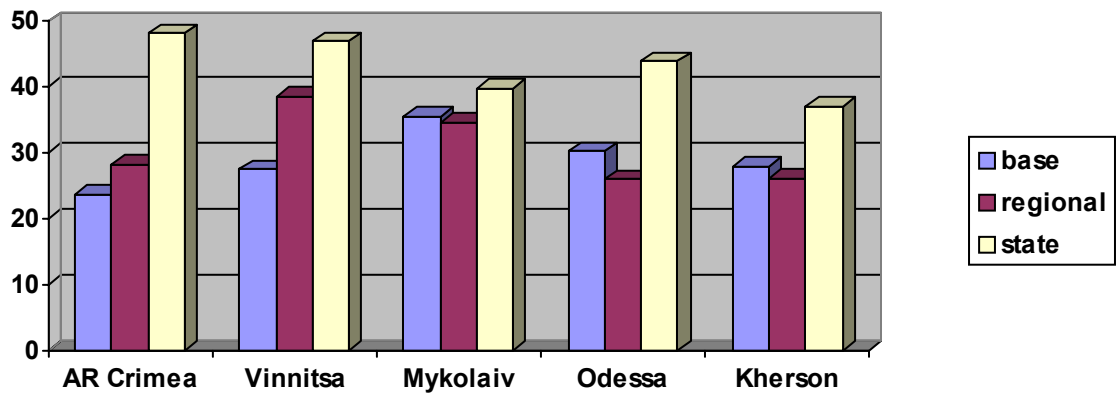
Health management on base level has many demerits:

- to begin with, it does not engaged into social health problems, because of absence of suitable information and obligations;
- secondly, it does not engaged into economic problems of medical care because of absence of proper specialists, their ignorance etc.;
- thirdly, it remains administratively-command method as the basic management method.

Realization of previously identified principles of health organization in market conditions is impossible without the cardinal change of administrative activity on base level. First of all it is to be its democratization. The issues of organization and assignment of qualitative and effective medical care become one of the functions of medical association, which consolidates medical establishments. Medical establishment, by analogy with an enterprise, gets rights to solve all its problems independently but within the existing legislation. It forms its own regularly-organizational structure, gives grounds for economic principles of its activity, develops qualitative medical services in accordance with peoples need.

Primary and secondary medical help are clearly demarcated. It is identified as basic or primary, sometimes as household medicine. It is to provide nearly 90% of all medical care.

It is presented the thought of public officials in health management concerning the influence of three hierarchical management levels on health policy in Ukraine: base, regional and state (graph 1).



Graph 1. Influence of three hierarchical management levels on health policy in Ukraine

The realization of complicated tasks in health sphere is impossible without the existing of normatively legal base, Law On Local Government in Ukraine.

The main element here is the assured budgetary guaranteeing of delegated powers to local health bodies, that is determination of standards, resources, obligations and work conditions of medical establishments of different levels, that operate in oblasts .

Today health system is to function in an environment the regulation of which has been considerably changed. It can be illustrated taking the example of the Law of Ukraine "On local government in Ukraine", that specified authorities and responsibility of executive bodies of local government for services provided to citizens of territories in social sphere; defined the principles of local medical establishments (which are in communal property) funding from local budgets.



It was provided by us the experimental work on study the quality of public health care in contemporary conditions (on example of medical establishments of different types in Odessa oblast). The methodology of the experiment consisted of the questionnaires which were specially developed, tasks, and also adapted test method. 36 PH managers, 128 workers of PH institutions and 480 patients of medically-sanitary establishments took part in the experiment. An experimental methodology was formed according to two series of tasks .

The purpose of the first series was to analyze the attitude of clients and patients (consumers of medical services) towards the level of services quality, presented by medical establishments; to define the main reasons of difficulties, which prevent the high-quality medical service in our society. For its realization there were developed two variants of questionnaires (A and B).

The aim of the second series was to set up the level of medical services quality management technologies possession by PH managers. The methodology of this series included a set of tasks, which gave a possibility to PH manager to demonstrate the level of his/her administrative competence in marketing and management.

To answer the first question of the questionnaire (A) "Underline, please, how often you address PH institutions (clinics, hospitals etc.) to get medical services?" it was offered four variants of answers: permanently, frequently, sometimes, never. 13% of respondents answered, that they permanently use the services of medical establishments, 64% - frequently, 23% - sometimes and only one respondent had never addressed medical institutions services.

The analysis of responses on second question "Which services of medical establishments do you prefer" showed that the majority of respondents (53%)

prefer medical establishments, which are completely financed with the state; 27% prefer the private clinics, 20% prefer mixed types of medical establishments the existence of which is possible in conditions of insurance medicine.

The third question "What does the quality of medical care depend on?" offered to range the answers according to such criterions: such reason as social-economic conditions in society was defined by 32% of respondents; doctor (personally) - 19%; medical establishment - 21%; consumer of medical services (patient, client, sick) - 9%; use of last science achievements - 17%; introduction of new management principles in public health protection - 11%; existence of normatively-legal relations: doctor (medical establishment)- client (patient) 4%; in point "other answer" there were marked such aspects - that depends on the manager of medical establishment, qualities of medical personnel training, client's purse, level of medical culture among the population, orientation of state policy on propaganda of healthy life image etc.

Answering the fourth question the respondents were asked to define the criterions according to which they personally value a quality level of medical services. In addition to counted criterions (cost of medical service (more expensive means more qualitative) 7%; result of medical treatment - 42%; lack of sideline reveal 19%; health state - 16%) there were also the criterions, which were formulated by the respondents themselves (doctor's attitude to sick (client) 1%, quality of medical preparations 2%, high level of diagnostic methods 5% etc.).

To answer the last question of the questionnaire (A) it was necessary using the scale of semantic differentiation from 10 to 1 (very high and very low level) to estimate the level of services quality given by contemporary medical institutions. The highest services quality of medical establishments is estimated with mark "7"

as think 11% of the respondents; “6” was chosen by 18%; “5” - 19%; “4” - 31%; “3” - 20%; “2” - 1%.

Let us analyze the results of the questionnaire (B) offered for the medical personnel. Answering the first question “Do any conflict situations arise in your practice with the clients (patients, consumers of medical services) based on their non-satisfaction with the quality level of medical services which they receive?” the respondents had to choose one of the offered variants: permanently, frequently, sometimes, never. 27% of respondents think, that such conflicts are permanent, 41% - a frequent phenomenon in attitudes between doctor and patient, 32% of respondents think, that they can be sometimes. Nobody has chosen the last criterion “never”.

On request to name the basic causes of such conflicts the respondents gave answers of different interpretation, but they reflected approximately identical thoughts. That's why, we picked out the main areas of these causes: a patient's lack of confidence to a doctor; lack of work habits in conditions of market-oriented relations from the side of both doctors and patients; psychological dependence on old system of medical services presentation (free medicine); disparity between the price which the client pays for service and its quality etc.

It was also proposed to workers of medical establishments (as well as the patients) to respond the question and scale their answer “What as you think does the quality of medical care depend first of all (secondly, thirdly etc.) on?”. There were accorded such results: 22% of respondents think, that on social and economic state of society; 12% - on a doctor (personally); 24% - on medical establishment; 19% - on consumer of medical services (patient, client, sick); 17% - on utilization of contemporary science achievements; 31% - on implementation of new management principles in health protection; 23% - on existence of normatively-legal relations: doctor (medical establishment) - client (patient).

Answering the fourth question "Name, please, the criterions according to which you personally value the quality level of medical services" it was necessary to take into account both offered criterions and own ones. 16% of respondents think, that this is a cost of medical service (the more expensive medical service is the more qualitative), they give such reason as "the contemporary cure technologies require more investments"; 31% - cure result; 23% - lack of sideline symptoms; 30% - health.

Making use of scale of semantic differentiation it was proposed for the medical personnel to estimate a quality level of health services presented by medical institutions according to the criterions of very high and very low level (from 10 to 1). The highest estimation level was fixed on the figure 9, it was chosen only by 1 respondent, mark 8 was chosen by 14% of those, who answered the questionnaire; 7 - 39%; 6 - 32%; 5 - 10; 4 - 5%. More lower estimation was not chosen by the respondents.

A General analysis of the results showed, that problem of services quality presented by medical establishments is a very actual problem both for consumers of these services and for those, who these services give. Cross analysis of some aspects of this problem, which were used in the questionnaire testify the existence of appropriate tendencies in quality estimation of medical services.

Consequently, for example, balancing personnel answers working in medical establishments and the clients (consumers of medical services, patients) the question "Name, please, the criterions according to which you personally value a quality level of medical services" it was received such picture: 16% of doctors and almost in twice less clients (7%) think, that this is a cost of medical service (more expensive means more qualitative) giving such reasons as large money

investments into modern cure technologies; cure result - 42% of clients and 31% of doctors; lack of sideline symptoms - 19% of clients and 23% of doctors; health - 16% of clients and 30% of doctors. There were also the criteria, which were formulated by the respondents themselves (doctor's attitude to sick (client) - 1%, quality of medical preparations - 2%, high level of diagnostic methods - 5% etc.)

For establishing the level of management technologies possession in quality of medical services it was supposed to develop the complex of tasks, which give a possibility for a medical manager to show a level of his/her administrative competence in health protection system marketing and management. The received factual material gives us possibility to affirm, that the managers of contemporary medical establishments do not always have management skills at all and do not specifically possess management methods in the process of qualitative medical services presentation.

To evaluate the level of medical services quality management technologies by health managers, after execution of the 2-nd series of tasks, there were developed four criteria of such estimation: high, sufficient, middle and low. Estimation was provided according to 100 scale and included the execution of results of test tasks + the results of cases tasks + results of the essay on medical services quality improvement program (presented by some medical establishment). The respondents who gathered marks from 80 to 100 belong to high level, to sufficient level belong those who have marks from 65 to 79, middle from 35 to 64, to low – from 0 to 34.

Table №1

***The level of quality of medical services management technologies possession by medical establishments managers.***

<i>High</i>	<i>Sufficient</i>	<i>Middle</i>	<i>Low</i>
2%	27%	56%	15%

As the table testifies only 2% of health managers can be referred to the high level of medical quality management technologies, to sufficient - 27%, to middle - 56%, and to low level there were referred 15% of respondents. Analysis of got factual material showed, that not all of medical establishment managers pay sufficient attention in their management issues activity in the process of qualitative medical services presentation. The majority of respondents do not display steadiness in stress conditions, when it is necessary to decide the problems urgently, 6% have the high level of conflict conduct, and the cases were solved of the same type, without usage of modern technologies of strategic, tactical and operational management.

***PA EDUCATION PRACTICES IN THE AREA OF HEALTH CARE ADMINISTRATION, MANAGEMENT, POLICY***

As the independent state Ukraine exists only eleven years (from August 24, 1991). However, in Ukraine for this small period the considerable changes in public servants training and teaching system took place.

Consequently, during 1995-1997 there were realized the radical steps on public servants training system formation. In 1995 the President of Ukraine adopted the Decree On Personnel Support of Public Service with the Chapter on Training, Re-training and Raising the Level of Public Servants as well as arrangements concerning the realization of this Program. In this year the

Presidential Decree creates the Ukrainian Academy of Public Administration and its four Branches. In 1996 the governmental decision initiated the foundation of regional In-Service centers of public officials. At the beginning of 1997 the government of Ukraine approves the Regulation On Training, Re-training and Raising the Level of Public Servants. Besides, some other important arrangements were applied.

The initial analysis of public health servants training (education) programs suggests that such purposeful preparation exists in the system of 7 higher medical schools and the Ukrainian Academy of public administration, Office of the President of Ukraine (the faculties of public administration with the specialization "PA in health sphere" are opened in Kyiv, Odessa and Lviv). The core modules of their programs are the same as in the specialty of "public administration", but optional modules consist of "State Policy and Strategy in PH", "Theory and Practice of PH Management", "Public Administration of Citizens Health", "Strategic Planning and Management in PH Establishments", "PH Economy", "PH Financing", "Healthy Way of Life Formation".

Concerning the collection of education statistics, the situation in Ukraine was always very difficult and there is no improvement now. The last decade of editions of reports of the central state authorities demonstrate the decrease of the information collected. As higher education in Ukraine is subordinated to the Ministry of Education and Science (and almost 20 other authorities) it is not able to publish complete data on institutional performance, and as a result to present qualitative and quantitative analyses of the higher education system.

The complex of disciplines consisting the program (Economics and Finances; Law and Legislative Process; Policy Sciences; Public Administration and Management; Social and Humanitarian Policy; Informational Technologies) give

full knowledge about the health establishments environment and present the bases for its functioning. Besides the disciplines mentioned before there is a set of subjects included into the course of professionalisation. They are: Theory and Practice of Health Organization and Administration; Public Policy and Health Strategy; Social and Individual Health; Health Economics; Health System Financing; Marketing in health System; Legislature on Health; Theory and Practice of Contemporary Health Statistics; Personnel Management in Medical Establishments; Medical Aspects of Social and Demography Policy; Health Quality Management; Medical Insurance; Strategic Planning and Health Management.

The proposed synergy of disciplines (which reflects the contemporary reality of social, legislative, economic and public environment, modern doctrines about the principles and methods of organization, administration and functioning of health system on the whole and clinics in particular) allows the higher medical school not only to change the approaches but to give the practical skills to the health managers for health system reforming.

*Bachelor in health management area* studies all special disciplines. That is why he/she can work in other areas of economy being occupied with marketing, audit, inter-economy, educational, scientific professional activity.

*Specialist in health management* is to know and be able to solve a set of specific problems connected with health establishments' organization, medical care, with organization of prophylaxis and sanitary-epidemic measures. He/she is to know the structure and organization of different divisions in state and non-state health establishments organization; be able to solve the issues of operational and perspective planning, provide the analysis of medical, prophylaxis and sanitary-epidemic, resort establishments, entrepreneurial and commercial enterprises in the



area of health care; be able to solve audit, accounting, personnel issues and to provide technical and medical equipment supply; to organize technical service; to be able to organize medical food supply of patients; be able to supply sanitary and anti-epidemic conditions, labor security and fire security requirements in clinics.

*Specialist in medical service management* is to have proper theoretical and practical preparation to be able to work in clinics as well as educational and scientific institutions, enterprises of medical and micro-biological industry, in administrative bodies on different levels. With this purpose he/she is to be able to run documents, use office equipment and PC; speak foreign languages; to be trained in biology and theoretical medicine, to follow professional ethics and deontology; to orient well in legislature and utilize knowledge in everyday practice; to know well the basis of rehabilitation, sanitary and epidemic service and pharmacy service; to be able to make economic ties; to supply the requirements of labor security; to organize marketing researches and supply efficient commercial activity; to provide operational control over the quality of medical services; to provide analysis and evaluation of medical firms activity efficiency in conditions of competition.

So, the specialist of specialty “management of organization”, qualification “health management ” having proper experience can adapt to such main directions of his/her professional activity as:

- Organization and administration;
- Administrations and economics;
- Information and analyses.

Supporting directions:

- Marketing;
- Audit and control;
- Inter-economics;

- Education;
- Scientific research.

Total number of higher educational establishments which train PH professionals is presented in TABLE # . On the whole 22 of them teach economics subjects to students of medicine (preferably Economics Theory, Management, marketing etc.) but only 7 of them (including the Ukrainian Academy of Public Administration, Office of the President of Ukraine) give special bachelor, specialist, master programs oriented on managers (administrators) as well as economists and marketing experts training.

### ***CURRENT EDUCATION PRACTICES ON PH MANAGERS PREPARATION***

There are many skills pertinent to the development and enhancement of public health (PH) management and administration, which are needed to address new techniques and strategies as a manager (administrator) in the PH system. The PH administrator has a broad range of diverse responsibilities due to the nature of his/her job. The senior officer acts particularly at the executive level and is responsible for strategic planning. The regional administrator is obliged to follow the budget process and initiate the creation of new programs for PH development. Establishment managers must provide leadership to diverse departments presenting health services. Besides they must possess the ability to communicate with inside and outside contacts. A survey that we proposed to do of a group of PH managers helped us to indicate skills needed in future with the purpose to implement as part of the training in PH education programs.

To start with we analyzed the surveys conducted in different regions of Ukraine (Ternopil region – western Ukraine, Cherkassy region – central Ukraine and Odessa region – southern Ukraine).

Sociological survey conducted by Ternopil state medical academy, Khmel'nitsk oblast, demonstrated that 70 respondents aged 26-68 took part in it (See: Litvinova O., Perebeynos P. Social, psychological and professional characteristics of public health managers in Ukraine // Bulletin of social hygiene and health organization in Ukraine.- #1, 2002.-P.49-51). The survey identified that (as respondents think) the main characteristics for health system leaders according to their importance are:

1. Competence (professionalism) – 55 (6%)
2. Honesty, fairness – 20 (4,8%)
3. Humanness – 12 (3,9%)
4. Communicability – 6 (2,8%)
5. Self-organization – 16 (4,4%)
6. Charisma (leadership) – 6 (2,8%)

Judging from the answers to the question “What do you consider to be the main thing for the health manager?” the ideal PH manager is to be a professional, expert in health area, honest and fair personality, disciplined worker. Besides, it was underlined that he/she is to be confident in tomorrow but be able to organize activity in existing conditions of health area financing.

Odessa Regional institute of Public administration in 1998 worked over a questionnaire and asked 111 administrators and managers of Odessa oblast clinics (Korvetsky O.D., Lytvak A.I. Up-grading Training of Health Managers is the Important Element of Health System Reforming // Actual Issues of Public Administration.- Edition #2, 1999). It was revealed that more than a half of those who were examined before occupying their positions had not any preparation in

the sphere of health organization and management. In 1999 nearly 30% did not have any preparation. Only 14,9% of respondents evaluated their activity on the post of Chair Doctors as effective; 41,1% put the satisfactory mark. 24,3% considered themselves to be well prepared for health management. At the same time, 31,5% of respondents assessed the level of their preparation as satisfactory.

75,2% of those who were questioned expressed their wish to pass the training on health administration program.

As for the interest in administrative activity it was divided as follows:

- Health quality management – 61,3%;
- Fundraising – 50,4%;
- Medical establishments activity evaluation – 48,6%;
- Marketing – 47,8%;
- Budget and taxation – 43,2%;
- Accreditation and licensing – 43,2%.

Such issues as personnel management, audit techniques, time management had also interest.

The investigations of Cherkassy Institute of Management (Bayeva O., Cherniy V., Buzhyn O., Zagorujko N., Vorona V. The Formation of Qualification Characteristics of PH Management Specialist on the Basis of State Standard of the Specialty // Enhancement of Ukrainian Management Education. Materials of the III-d Annual Conference (USAID), Kyiv, 2001.-P.17-22) testify that professional activity of health manager presupposes the possession of such knowledge and skills as:

- knowledge of modern nature study, theoretical and clinical medicine;
- skills to give urgent (pre0doctoral) medical help;
- skills to organize and accomplish general care of patients;

- knowledge of principles of health system organization, understanding of perspectives of development and reforming of health system in transitional period towards market-oriented relations, introduction of medical insurance system;
- knowledge of structure and peculiarities of clinics (medical establishments) functioning on both state and non-state forms of property;
- skills to organize the activity of different services, divisions, medical establishments;
- knowledge of medical care technologies;
- knowledge of principles of financing, planning, audit, control and analyses of clinics economic activity;
- skills to organize the medical care and to give medical services;
- special knowledge in health system management;
- special knowledge in health system marketing;
- knowledge of ethics and legislature aspects in health management;
- skills to realize the general functions of management by means of accomplishing administrative and operational procedures of work;
- readiness to make operational decisions within their competence;
- functional and informational preparation of draft decisions;
- operational management of initial (linear) clinical divisions (main activity);
- personnel management (technical servants and junior specialists);
- organization of prophylaxis.

The results received from the work done demonstrate that:

1. The majority of those who occupy the administrative positions in health system do not have special training;
2. Among the practicing managers there are many of those who did not have any training in health organization and management;

3. The absence of special training has negative result on management effectiveness;

4. The content and quality of existing system of special training on health organization do not satisfy the need of health establishments' administration.

These items allowed to make a conclusion about the necessity of PH managers up-grading courses development that could answer the needs of transformation from the former system of organization, administration and economics in the system of health care to that one able to function in conditions of democratization and market relations.

We have also conducted the experimental work on studying the management peculiarities of public health personnel. The methodology of experiment consisted of specially developed questionnaires, tasks, and also adapted test methods were used. In experiment there took part 50 Public Health Establishment managers and 140 workers of clinics and hospitals. The experimental methods were formed from two series of tasks.

The goal of the first series was to reveal the dominating contemporary strategy of personnel management as well as difficulties appearing in public health personnel management for medical establishment managers. For its realization there were developed two variants of questionnaires (A and B).

The goal of the second series was to set up the level of management technology possession by PH managers. The methodology of this series included a set of tasks, which gave a possibility for PH managers to demonstrate the level of their administrative competence.

Now the results of the first series of experiment tasks accomplishment. For receiving of more objective results it was developed the questionnaire for PH managers (A) and PH personnel (B). They were developed on the base of methods of "crossing questions", that gives a possibility to study a problem from different aspects.

The first questionnaire (A) question was "Had you the aim to be a manager?" 31% of respondents answered "yes", 62% - "no", 7% gave other answers, for example: "I wanted to be a highly skilled professional but no one except me agreed to manage the clinic (hospital) in contemporary financing conditions", "I became a manager because my friends had invited me to work in their team", "This happened because the personnel had voted for my candidature", "I thought a little: why not me?", "This was the possibility for self-realization" etc.

The responses to the second question "Which style of personnel management do you use?" showed, that the majority of managers use the authoritarian management style - 53%, democratic - 41%, liberal - 6%, and tolerant style is not used at all.

After analyzing the responses on "What is the main thing in personnel management" such results were received: labor motivation - 93%, development of qualifying structure - 79%, optimization and guaranteeing of labor and rest conditions - 63%, forming of labor payment system - 94%, personnel estimation - 54%, the support of idea of "team organization" - 41%, maintenance of creative talented workers - 20%, assignment of freedom to personnel - 12%, strict control over personnel work - 65%. The respondents mentioned some other criterions: "self-realization conditions", "forming of new thinking connected with market-oriented relations in PH system", "forming of contemporary labor-market " etc.

As 53% of respondents think the problems of personal character are prevailing in PH management system, 46% - of organizational character, 1% - think, that on contemporary stage both personal and organizational problems have equally actual status.

The last question of questionnaire (A) "Which, as you think, three main problems prevent today the effective personnel management in PH establishments?" there were accorded answers of different interpretation, but they reflected approximately identical thoughts. That's why, we have identified the main areas of these problems: social and economic non-provision and low level of life, strong centralization in PH management system, lack of purposeful regular staff policy in PH management system.

The analysis of results on questionnaire (B) was founded on estimation methods due to scale semantic differentiation. It is represented by figures from 1 (absolutely bad) to 10 (absolutely satisfactory). His/her answer the respondent must estimate within the frames of these figures. This methodology allows estimating the respondents' answers more objectively.

The first question of the questionnaire (B) "Are you satisfied with your work on the whole?" was evaluated according to the criterions "absolutely no" and "absolutely satisfied". 12% of respondents evaluated as mark 1 the level of satisfaction with their work, 35% - mark 2, 23% - mark 3, 15% - mark 4, 11% - mark 5, 3% - mark 6, 1% - mark 7. Neither of the respondents used for satisfaction level estimation with their work marks 8, 9, 10.

Respondents according to criterions «it is bad» and "it is fine" valued the second question «How do you like the estimation system of your work?». 37% of



respondents think, that estimation system of their work is absolutely bad and estimated it into 1 point, 29% - 2 points, 21% - mark 3, 16% - mark 4, 7% - mark 5. Such marks as 6, 7, 8, 9, 10 were not used by the respondents.

For personnel mood estimation in the collective there were offered the criterions "bad" and "fine". Very high estimation mark was 8. It was chosen by 9% of respondents, 12% - mark 7, 23% - mark 6, 29% - mark 5 marks, 25% - mark 4, 2% - mark, very low marks for estimation (1 and 2) were not chosen. This gives a possibility to affirm that a personnel builds its attitudes according to personal criterions not organizational ones.

The level of responsibility, which is possessed by the respondents who have some professional obligations was valued according to the criterions "absolutely small" and "absolutely large". The analysis of results showed a big polarity in this estimation, so, 24% of respondents estimated their level of responsibility as 10 marks, and 22% of respondents think, that it is absolutely small and value it as mark 1. 14% - mark 2, 5% - mark 3, 9% - mark 4, 2% - mark 5, 7% - mark 6, 4% - mark 7, 3% - mark 8, 16% - mark 9.

The Criterions "absolutely effective" and "absolutely non-effective" gave a possibility to respondents to estimate the level of effectiveness of administrative subdivision manager activity. 21% of respondents think that the subdivisions managers activity, whom they are subordinated, is valued as mark 1; 27% gave estimation – 2; 29% - 3; 21% - 4; 13% - 5; 7% - 6; 3% - 7. High marks (8, 9 and 10) for managers activity estimation were not marked by the respondents.

The respondents were asked to underline two most important qualities of PH manager. 42% of them think, that such qualities are "art to create and to support the system of interpersonal relations; art to be a leader – skill to manage personnel,

to manage all complications and problems appearing in manager activity together with authority and responsibility"; 38% - "art to prevent conflicts, and if they happen, to act as the arbitrator between two sides in conflict, to regulate the troubles (as the result of psychological stress)"; 57% - "art to work out information and on this base to build communications system in organization, to obtain reliable information and evaluate it effectively"; 52% - "art to make non-typical administrative decisions as the skill to find problems and decisions in conditions, when alternative variants of actions, information and aims are vague or doubtful"; 43% - "art to distribute effectively resources in organization – skill to choose the most necessary alternative, to find an optimum variant in conditions of short period of time and of lack of resources"; 32% - "entrepreneurial art – skill to meet justified risk and introduce innovations into organization"; 28% - "self-examination art – skill to value objectively his/her manager position, role in organization; ability to see, which influence you can produce in organization".

The last question of questionnaire (B) "Which problems, as you think, appear in relations between the PH managers and PH personnel?" such different answers were obtained, which generalize and pick out most important problems of PH sphere. They are:

- organization low provision with necessary resources for work;
- low labor payment;
- absence of growth perspective for talented workers;
- lack of labor conditions;
- organization instability and lack of perspective of its existence;
- social non-protection of PH worker;
- high level of conflicts in organization (personnel-personnel, personnel-manager, personnel-client etc.) and others.

The tasks execution of the second series of the questionnaire aimed to find the level of personnel management technologies possession and also the level of the administrative competence of PH managers. The respondents fulfilled a set of tasks consisting of cases and tasks of test control.

The solution of tasks gave a possibility to the respondent to demonstrate such abilities as:

- To be able to work with working group (team) demonstrating the knowledge of social and psychological existence of the group and conformities of inter-group relations. The result of such work is ought to be the presentation of jointly made decision. The group work was evaluated according to 10 scale system (mark 10 - for the group members who can co-ordinate their actions and points of view, use the ways and principles of influential argumentation, defend correctly their suggestions, follow the norms of communication culture, where work group atmosphere is positive, well-disposed. Mark 5 is given to the group members who follow partially in their work the criterions which were described above. Mark 0 is presented to group members who do not follow these criterions at all, and whose work group atmosphere is negative);

- to show the level of their speech competence in business intercourse. The respondent was valued according to criterions of three levels ( the 1<sup>st</sup> level (high) – are the respondents who can conduct a talk in 10 standardized situations of business intercourse following the rhetoric laws, norms and rules of speech (grammar of the language, its expediency, distinctness etc.) culture regulations etc.); (the 2<sup>nd</sup> level (sufficient) – the respondents who follow partially the criterions which were counted above); (the 3d level (low) – the respondents who in the process of business intercourse do not follow the speech culture, ignore etiquette norms, and whose speech activity can create the conflict situation);

- to be able to compose and to present psychological subordinate personality description, inter-group and group mutual relations in business

intercourse, professional manager qualities using the methods of socially-psychological analysis. The respondent's work is evaluated according to 50 scale system (marks 40-50 are received by those who present the work prepared in accordance with all demands that were identified in recommendations on essays writing; marks 30-39 are given for the works with some deviations from demands; marks 20-29 mean, that the work is evaluated as satisfactory; marks 0-19 are received by those whose work needs much improvement);

- to execute the tasks of test control, gave a possibility to estimate the level of exposing to conflicts and stress, level of communication and also some other personal features of respondents.

For evaluation of the level of personnel management technologies possession, after execution of 2<sup>nd</sup> series tasks there were developed four criterions of such estimation: high, sufficient, middle and low. Estimation was provided according to 100 scale system and included the execution test tasks results + the results of cases + results of essays on psychological description of the personality of the subordinate, inter group and group mutual relations in business intercourse, professional manager qualities. Those respondents who got marks from 80 to 100 were related to high level, from 65 to 79 – to sufficient level, from 35 to 64 – to middle level, from 0 to 34 – to low level. The results of estimation of personnel management technologies possession are represented in table №1.

Table 1

***The level of personnel management technologies possession by PH managers***

<i>High</i>	<i>Sufficient</i>	<i>Middle</i>	<i>Low</i>
2%	27%	56%	15%

As the table demonstrates to high level of personnel management technologies possession belong only 2% of PH managers, to sufficient 27%, to middle 56%, and to low level belong 15% of respondents. The analysis of the factual material which was received show, that not all of PH managers pay enough attention to personnel management activity, giving the ground that they were not taught to do this. The majority of the respondents do not demonstrate the steadiness in stress conditions, when it is necessary to solve problems quickly. 6% of respondents have high level of creating conflicts. As for cases, they were solved of the same type, without using of any modern technologies of strategic, tactical and operational personnel management.

The conclusion is that PH personnel management needs immediate improvement with taking into account the contemporary demands and specific character of medical organizations. Especially it important in crises conditions, which are the conditions of insurance medicine in Ukraine formation and development.

***Appendix***

Higher Educational schools of Ukraine

I-IV level of Accreditation

I-II level of Accreditation

#	Institution	Management in Public Health	level of Accreditation
The Autonomous Republic of Crimea			
	Crimea State Medical University named after S.Georgievsky (Simferopol City)		I-IV
	Kerch Medical School		I-II
	Medical School of Crimea State Medical University named after S.Georgievsky		I-II

	(Simferopol City)		
	Crimea Medical Colledge		I-II
	Sebastopol Medical School		I-II
	Yalta Medical School		I-II
Vinnitsa oblast			
	Vinnitsa State Medical university named after M.Pirogov		I-IV
	Bershadsk Medical School		I-II
	Gaysyn Medical School		I-II
	Mohiliv-Podilsk Medical School		I-II
	Pogrebyschensk Medical School		I-II
Volyn' oblast			
	Kivertsivsk Medical School		I-II
	Kovel Branch of Lutsk Medical School		I-II
	Lutsk Medical School		I-II
Dnipropetrovsk oblast			
	Dnipropetrovsk State Medical Academy		I-IV
	Dniprodzerzhynsk Medical School		
	Dnipropetrovsk Medical School #1		
	Dnipropetrovsk Medical School #2		
	Kryve Ozero Medical School		
	Nikopolsk Medical School		
	Pavlograd Medical School		
Donetsk oblast			
	Donetsk State Academy of Administration		
	Donetsk State Medical University		
	Donetsk Institute of Administration		
	Donetsk Medical School		I-II

	Gorlivka Medical School		
	Artemivsk Medical School		
	Kostyantynivsk Medical School		
	Makiivsk Medical School		
	Mariupol Medical School		
	Toresk Medical School		
Zhytomyr oblast			
	Berdychivsk Medical School		
	Zhytomyr Medical School		
	Novograd-Volynske Medical School		
Zakarpatska oblast			
	Beregivske Medical School		
	Mizhgirske Medical School		
	Hustske Medical School		
Zaporizhzhya oblast			
	Zaporizhzhya State Medical University		III-IV
	Berdyansk Medical School		I-II
	Zaporizhzhya Medical School		I-II
	Zaporizhzhya Medical School of the Dnipro Railway Road		I-II
	Melitipol Medical School		I-II
Ivano-Frankivsk oblast			
	Ivano-Frankivsk State Medical Academy		III-IV
	Ivano-Frankivsk Medical School		I-II
	Kolomyya Medical School		I-II
City of Kyiv			
	Kyiv Medical Academy in Post-graduate Education	Organization and Management of Health Care (certification)	
	European University (Finance, Information Systems, Management and	Management of Health Care	

	Business)	Organization (Bachelor, Specialist, Master)	
	Kyiv Bogomolets National Medical University		III-IV
	Kyiv Medical School #1		I-II
	Kyiv Medical School #2		I-II
	Kyiv Medical School #3		I-II
	Kyiv Medical School #4		I-II
Kyiv oblast			
	Bila Tserkva Medical School		I-II
	Makarivka Medical School		I-II
	Obukhiv Medical School		I-II
Kirovograd oblast			
	Kirovograd Medical School		I-II
	Oleksandriysk Medical School		I-II
Luhansk oblast			
	Luhansk State Medical University		III-IV
	Anratsyt Medical School		I-II
	Lysychansk Medical School, Kreminsk Branch		I-II
	Lysychansk State Medical School		I-II
	Luhansk Medical School		I-II
	Stakhanovsk Medical School, Pervomaysk Branch		I-II
	Sverdlovsk Medical School		I-II
	Starobilsk Medical School		I-II
	Stakhanovsk Medical School		I-II
Lviv oblast			
	Regional Academy of Personnel Management	Medical Management and Marketing; Pharmacy Management (Junior Specialist, Bachelor, Specialist)	



	Lviv State Medical University		III-IV	
	Boryslav Medical School		I-II	
	Lviv Medical School of Lviv railway Road		I-II	
	Lviv Medical College		I-II	
	Sambirsk Medical School		I-II	
Mykolaiv oblast				
	Mykolaiv Medical School		I-II	
	Pervomaysk Medical School		I-II	
Odessa oblast				
	Odessa national Medical University		III-IV	
	Bilgorod-Dnistrovsk Medical School		I-II	
	Odessa Medical School		I-II	
Poltav oblast				
	Ukrainian State Medical Dental Academy (Poltava)		III-IV	
	Kremenchug Medical School		I-II	
	Lokhvyske Medical School		I-II	
	Lubensk Medical School		I-II	
	Poltava Medical School		I-II	
Rivne oblast				
	Dubnivske Medical School		I-II	
	Rivne Medical School, Kostopilsk Branch		I-II	
	Rokytnivsk Medical School		I-II	
	Rivne Medical College		I-II	
Sumy oblast				
	Glukhivsk Medical School		I-II	
	Konotop Medical School		I-II	
	Lebedynsk Medical School		I-II	
	Sumy Medical School		I-II	
	Shostkynsk Medical School		I-II	
Ternopil oblast				
	Ternopil Gorbachevsky State Medical Academy		III-IV	
	Kremenetsk Medical School		I-II	
	Chortkivsk Medical School		I-II	
Kharkiv oblast				
	Kharkiv Medical Academy in Management			

	Post-graduate Education	and Economics of Health Care (Specialist)	
	National Pharmacy Academy of Ukraine (Kharkiv)	Economics of the Enterprise; Marketing; Management of Organization s (Bachelor, Specialist, Master)	III-IV
	Kharkiv State Medical University		III-IV
	Bogodukhiv Medical School		I-II
	Vovchansk Medical School		I-II
	Izyumsk Medical School		I-II
	Krasnograd Medical School		I-II
	Kup'yansk Medical School		I-II
	Kharkiv Medical School #1		I-II
	Kharkiv Medical School #2		I-II
	Kharkiv Medical School of South Railway Road		I-II
Kherson oblast			
	Beryslav Medical School		I-II
	Genychesk Medical School		I-II
	Kherson Medical School		I-II
Khmelnysk oblast			
	Kamyanetsk-Podilsk Medical School		I-II
	Khmelnysk Medical School		I-II
	Chemerovetsk Medical School		I-II
	Shepetivka Medical School		I-II
Cherkassy oblast			
	Cherkassy Institute of Business Administration	Management in medical services (Bachelor, Specialist)	

	Cherkassy Medical College, Vatutinsk Branch		I-II
	Uman' Medical School		I-II
	Cherkassy Medical College		I-II
Chernivtsi Oblast			
	Bukobyna State Medical Academy (Chernivtsi)		III-IV
	Vashkivets School, Bukobyna State Medical Academy		I-II
	Novoselytsk School, Bukobyna State Medical Academy		I-II
	Chernivtsi School, Bukobyna State Medical Academy		I-II
Chernihiv oblast			
	Nizhyn Medical School		I-II
	Novgorod-Siversk Medical School		I-II
	Prylutsk Medical School		I-II
	Chernihiv Medical School		I-II

We think that a management system of qualitative medical services in medical establishments is to be immediately improved with taking into account the contemporary demands and specific character of medical organizations development in Ukraine in the period of economic crises.

