

Zaposleni u zdravstvu u transformaciji zdravstvenog menadžmenta

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Employees in the Health care Management Transformation

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KRATAK SADRŽAJ

Uvod: Značaj proučavanja menadžmenta u jednom od najkompleksnijih i najosetljivijih ljudskih delatnosti kao što je zdravstvo od izuzetne je važnosti za budućnost pružanja kvalitetne i efikasne, svakom dostupne zdravstvene zaštite.

Važnost proučavanja ove problematike bitna je ne samo sa gledišta naučne teorije o menadžmentu, već, pre svega, radi donošenja strateški važnih odluka za dalje funkcionisanje i razvoj novog, reformisanog zdravstvenog sistema u kome zaposleni u zdravstvu imaju novu, mnogo kompleksniju ulogu.

Cilj rada je bio da se jasnije prouči, opiše i sagleda uloga zaposlenih u zdravstvu u transformaciji zdravstvenog menadžmenta.

Material i metod: Prilikom istraživanja ove teme materijal za rad je bila strana i domaća literatura, obradjena korišćenjem Analitičkih metoda, a koristio se i Metod posmatranja, kao i Komparativne metode.

Zaključak: Uloga zaposlenih u zdravstvu u transformaciji zdravstvenog menadžmenta je izuzetno kompleksna i važna. Bez temeljne transformacije dosadašnje prakse rukovodjenja u zdravstvu i bez značajnih promena, kako u strukturi, tako i u radu svih zaposlenih u zdravstvenim službama, bilo da se radi o medicinskom ili ne medicinskom osoblju, neće biti ni poboljšanja u zdravstvenom sistemu u celini.

Ključne reči: Menadžment, zaposleni u zdravstvu, transformacija, zdravstvo

SUMMARY

Introduction: The importance of studying management in one of the most sensitive and complex areas of human endeavor that is healthcare is of great significance for providing high quality and efficient easily-accessible healthcare in the future.

Studying the challenges that need to be overcome towards achieving this goal is of great importance not only from the viewpoint of scientific management theory but primarily to help bring about strategically important decisions that are crucial for the continued evolution and reformation of the healthcare system, in which the employees have a new, much more complex role.

The objective: was to more thoroughly study, describe and understand the role the employees have in the transformation of health care management.

Material and method: During this research the material used was foreign and local literature, processed using the Analytical method as well as the Observation and Comparative methods.

Conclusion: In the transformation of the health care management a very important role is played by the health care employees. Without the transformation of the current practice and significant changes in both the structure and work ethic of all the employees in health care services (nurses and people in management alike) there will be no improvement in the health care system overall.

Key Words: Management, health care employees, transformation, health care

Opšte promene u zdravstvu

Reforme u zdravstvu su postale svetski fenomen u poslednjih dvadeset godina prethodnog veka. Socio-ekonomske promene na globalnom nivou, uticaj medija, pristup informacijama, kao i opšta svest ljudi su samo neki od činilaca koji su imali i imaju značajnog udela u menjanju slike o ulozi zdravstva, odlučivanju, kao i načinu korišćenja zdravstvenih usluga.

Usled niza faktora, a pre svega zbog sve učestalije potrebe za poboljšanjem kvaliteta usluga, ali i rezultata, zdravstvo i pružaoci zdravstvenih usluga postaju svesni neophodnosti uvođenja korenitih promena. Jedan od ključnih sredstava za sprovođenje reformi svakako je menadžment, a sam menadžment, prema rečima Druckera "postaje nova socijalna funkcija širom sveta"¹.

Šira definicija bi opisala menadžment kao "znanje praktično, stručno, univerzalno, naučno koje se primenjuje u procesu planiranja, organizovanja, vođenja i kontrole, s ciljem postizanja efektivnosti ("raditi prave stvari") i efikasnosti ("stvari raditi na pravi način") organizacije².

Ministarstvo zdravlja Srbije je u svom reformskom dokumentu "Bolje zdravlje za sve u trećem milenijumu", 3 februara 2003. godine definisalo strateške smernice kojima će se rukovoditi reforma zdravstvenog sistema u Srbiji. Predviđeno je da reforma obuhvati sve nivoe zdravstvene zaštite kao i zaposlene u zdravstvu.

Transformacija menadžmenta u zdravstvenoj službi kao tema u dosadašnjim istraživanjima u Srbiji je nedovoljno ispitivana, pa će cilj ovog rada biti da se jasnije prouči, opiše i sagleda uloga zaposlenih u zdravstvu u transformaciji zdravstvenog menadžmenta.

Značaj promena u zdravstvu

Zdravstvo, kao jedna od najosetljivijih delatnosti ljudskog društva, uvek je imalo i socijalnu funkciju, pa značajne promene u takvoj oblasti imaju šire implikacije na društvo u celini. Dok u nekim drugim oblastima ljudskog delovanja tranzicioni period tokom sprovođenja reformi može proteći tiho, postepenim uvođenjem sistematskih promena, u zdravstvu je situacija daleko kompleksnija. Postoji više faktora koji utiču na to – pre svega složenost zdravstvenih sistema u gotovo svim društvima, manje ili više razvijenim, kao i posebno mesto zdravstva kao delatnosti.

Zdravstvene organizacije se danas suočavaju sa snažnim pritiskom za promenama i to suštinskim. Teško je doneti prave strateške odluke, jer one u sebi uvek nose potencijalni rizik. Mnogi ljudi promene doživljavaju kao pretnju i teže da im se odupru. Strahuju za svoje poslove ili su zabrinuti da njihovi kvaliteti neće biti dovoljni za nove zadatke koji se pred njih postavljaju. Osećanje nesigurnosti postaje snažnije, a poverenje u menadžment se gubi, pogotovu u organizacijama koje su pretrpele otpuštanja radne snage usled reorganizacije.

Global changes in health care

Health care reforms have become a worldwide phenomenon in the last 20 years of the past century. Socio-economic changes on a global level, influence of the media, easy information access and an overall increase in the global awareness are just some of the factors that had an influence in changing the views on the role of health care, decisions and ways to utilize health care services.

Due to a series of factors, primarily the increasing need for an improvement in the quality as well as results of health care services health care employees are realizing the urgency of making some core changes to the system. One of the key ways of implementing the reforms is certainly management, which is, as Drucker puts it "becoming a new social function all over the world"¹.

A broader definition would describe management as the "practical, vocational, universal, scientific knowledge that is applied in the planning process, as well as for organisation, running and control with efficacy ("doing the right things") and efficiency ("doing things right") being the main goals of the organisation².

In its reform document "Better health for everyone in the 3rd Millennium"³ published on the 3rd of February 2003 the Serbian Health care Ministry defined strategically guidelines by which health care reform in Serbia will be achieved. The expectancy was that the reform will encompass all levels of health care protection as well as health care employees.

Transformation of health care management as a topic has not been examined enough in the current research done in Serbia so the goal of this study will be to more clearly look at, describe and give an overall analysis of the role of employees in health care management.

The importance of changes in health care

Healthcare, as one of the society's most sensitive activities always had a *social function* so significant changes usually reflect a wide scope of implications on the society in general. While some other spheres of human activity may experience a calm transitional period in the course of reform implementation by the gradual introduction of systematic changes, the situation in the health care sector is far more complex. Several factors are responsible for that, and in particular *complexity of health care systems* (in nearly all societies, more or less developed) as well as the *special position of health care as an industry*.

Healthcare organizations are today faced with a strong push for core changes. It is hard to make the right strategic decisions as they always carry with them some potential risk. A lot of people see these changes as a threat and try to resist them as best they can. They are afraid of losing their jobs or worry that their qualities will not be enough for the new tasks set before them. The feeling of insecurity is becoming stronger and the trust in management is dwindling especially in organizations that have had to suffer staff downsizing due to reorganization.

I pored značajnih napora, mnoge zemlje, i razvijene i manje razvijene još uvek ne mogu da nađu odgovarajuća rešenja za probleme kao što su:

- Najbolji način pružanja visokokvalitetnih usluga u zdravstvu
- Odgovarajuće regulative vezane za isporučiće zdravstvenih usluga
- Optimalnu ravnotežu između učešća privatnog i javnog sektora u finansiranju i organizovanju zdravstvene službe.
- Uključenje konzumenata i građana uopšte u određivanju prioriteta u zdravstvenoj službi uz obezbeđenje da opšti interesi nisu ugroženi zarad individualnih

Specifičnosti zaposlenih u zdravstvu I transformacija njihove uloge

Zaposleni u zdravstvu su podeljeni u više različitih grupacija: menadžeri, lekari i stomatolozi, medicinsko osoblje, ne medicinsko osoblje, profesionalci raznih struka povezanih na ovaj ili onaj način sa zdravstvom. Svi su oni predstavljeni različitim profesionalnim asocijacijama sa manje ili više različitim ciljevima i pogledima na to šta predstavlja efikasno zdravstvo i efektivnu zdravstvenu službu. Različiti pogledi stvaraju tenzije, pa i sukobe, kako između različitih profesionalnih grupa tako i unutar istih grupacija (recimo kod kliničkih lekara i stomatologa su to grupe ili frakcije sačinjene od istih ili sličnih specijalista).

U zdravstvenom sistemu je uvek postojala ravnoteža snaga različitih faktora koji su težili prevalenciji: Doktori, u ulozi nosioca zdravstvene nege, sa privilegovanom kliničkom autonomijom, kao naručioci i korisnici resursa: Menadžeri (i Upravni Odbor u čije ime odlučuju) kao upravljačko telo i deo organizacije koji donosi odluke; Naručioци usluga, kao fondovi zdravstvenog osiguranja i osiguravajuća društva; Ministarstvo Zdravlja kao regulator zdravstvene politike; Pacijenti (kao korisnici i naručioci zdravstvenih usluga)³.

Ipak, glavno težište svih istraživanja vezanih za ljudske resurse u zdravstvu je bilo uglavnom fokusirano na relaciju dve glavne grupacije i odnos snaga međuf njima: lekari i stomatolozi sa jedne, i menadžeri sa druge strane.

Medicinski stručnjaci, pre svega doktori, su dugi niz godina činili elitnu grupu donosioca odluka u svim zdravstvenim sistemima i uživali najveće pogodnosti iz svog ustanovljenog odnosa sa državom, prestiž i slobodu da praktikuju u okviru zadatog budžeta. Nisu bili spremni da priznaju legitimnost ostalih, "ne-medicinskih" profesija ili su ih smatrali podređenim medicini.

Položaj lekara i stomatologa se poslednjih godina menja – njihov rad je sve više izložen sudu javnosti i pritiscima bez cilja da se ograniči njihova sloboda delovanja.

Despite significant efforts, many countries, both the more and less developed ones still cannot find satisfactory answers to challenges such as:

- Best way(s) to provide high-quality services in health care
- Suitable regulations for the providers of health care services
- Optimal balance between the private and public sector in health care financing and organization of the health care services
- Implementation of consumers and citizens in general in determining priorities for health care services, making sure that public interest is not harmed by individual interests.

Specific traits of health care employees and the transformation of their role

Health care employees are split into many different categories: managers, doctors and dentists, medical staff, non-medical staff and professionals in various fields that are in some way connected to health care. All of them are represented by different professional associations that have more or less differing goals and views on what represents effective health care and service. These different views create tensions and even conflicts equally amongst different professional groups as well as within the same types of groups (for example clinical doctors and dentists often have various sub-groups or factions made up of specialists in one field or similar fields)

The health care system always maintained the balance of powers among various factors, each of whom tended to prevail: Doctors, assuming the role of "key players" in the health sector, with privileged clinical autonomy, as those who purchase and use the resources; Managers (and the Managing Board on behalf of which managers pass their decisions), as a governance body and part of the organization in charge of decision-making; Purchasers of services, as health insurance funds and insurance companies; The Ministry of Health, as health policy makers; Politicians, as global policy makers, affecting all spheres of life, including health industry; Patients (as the users and purchasers of health services) Still, the main aim of all the research on human resources in health care has been mostly focused on two main groups and the relationship between them: doctors and dentists on the one side and managers on the other. Medical experts, primarily doctors, held the decision-making positions for a number of years regarding both all critical issues pertaining to health care and the implementation of the decisions passed. They represented an elite group of decision makers in all health systems and enjoyed many privileges owing to their well-established connections with Government, at the same time having the prestige and freedom to operate within the budget allocated.

Njihove pogreške, loše dijagnoze pa čak i nekompetentnost sve češće bivaju predmet osude medija. izgube promenama, pa su i najveća prepreka uvođenju novina u poslovanje zdravstvenih ustanova. Medicinski profesionalci smatraju da menadžment, menadžeri i direktori izvršnih odbora žele da preuzmu od njih pozicije na "njihovom neprikosnovenom terenu", čime bi oni (lekari i stomatolozi) izgubili slobodu u odlučivanju načina poslovanja i kliničke prakse. Postojao je i strah da menadžeri mogu da ih istisnu iz procesa donošenja odluka i, konsekvntno ignorišu medicinsko mišljenje i savete. Uvek je vladao stav da je zdravstvo posebna i specijalna delatnost, čije osobenosti nisu za menadžerski ili komercijalni pristup. Etičke vrednosti, smatra se, ne treba da budu "uprljane" preduzetničkim mentalitetom. Termini kao što su: konzument, marketing, odnosi s javnošću ili godišnji izveštaj smatraju se kao dokaz da su se vrednosti zdravstvene službe pretvorile od humanih vrednosti u komercijalne⁴.

Za menadžere, s druge strane, jako je važan faktor umešnosti u saradnji sa drugima, timski rad u cilju postizanja boljih ukupnih rezultata. Savremeni menadžeri su u stanju da usvoje strateški pristup zasnovan na dokazima iz istraživanja- menadžment na osnovu dokaza (evidence-based management), da razumeju zdravstveno stanje populacije i uspešno se nose sa kompleksnom analizom faktora koji određuju zdravlje u okviru složenih političkih i ekonomskih uslova, kao i da vode zdravstvenu službu i za vreme trajanja njene transformacije⁵. Naravno, slika nije crno-bela; mnogi iz medicinske profesije imaju konstruktivan i otvoren pristup menadžmentu, a s druge strane mnogi menadžeri poštuju pozicije i profesionalnost lekara i stomatologa.

Ostalo medicinsko osoblje, kao medicinske i stomatološke sestre i tehničari, su bili relativno izvan glavnog fokusa promena. Ipak, i u tim profesijama dolazi do restrukturiranja, tako da od položaja doktorskih pomoćnica, njihov posao se sve više sagledava kao odvojen i komplementaran lekarskom i stomatološkom.

U stomatologiji u Srbiji se njihova uloga unapređuje i usko definiše kroz formulisanje novih profesija kao što su dentalni terapisti i dentalni higijeničari.

Osim medicinskog kadra i nemedicinsko osoblje (čistačice, radnici u kuhinjama, administrativni radnici zaposleni u državnim zdravstvenim ustanovama) podleže restrukturiranju profesija, gde se njihove usluge sistemom franšiza organizuju kao usluge privatnog sektora, to jest spoljnih saradnika, sa ostavljanjem samo vrlo malog broja zaposlenih na održavanju postojećih kapaciteta.

They were not willing to recognize the legitimacy of other "non-medical" professions, but they considered them as professions subordinate to medicine.

However, the position of a doctor, in particular, has changed over the recent years – their work has become more exposed to the public eye and pressures aimed at limiting their freedom of action. Their mistakes, erroneous diagnoses and even incompetence have more often been subject to media criticism. They are the ones who can lose the most, since they used and enjoyed the highest privileges. Therefore, doctors were, and still are, the greatest obstacle to the introduction of changes in operation, because they believe that management, managers and directors of executive boards want to take over the positions of medical experts and "intrude into their claimed territories", where after they (doctors) would lose the freedom of decision- making regarding the method of operation and clinical practice. They also fear that managers could force them out of the process of decision- making and, consequently, ignore the opinions and advice of medical experts. There has always been a view that health care industry is a separate and special activity, too specific for a managerial or commercial approach. It has been deemed that ethical values should not be "tainted" by the entrepreneurship mentality. Terms like: consumer, marketing, public relations or annual report are deemed as an evidence that the values of health services shifted from human values to commercial values.⁴

On the other hand, the factors that seem to be very important for managers are their skillfulness in co-operation and capability of team work in order to achieve better overall results. Modern managers are able to adopt a strategic approach based on research evidence: (evidence-based management), they understand the population's health condition and can successfully tackle a complex analysis of factors that determine health amidst complex political and economical conditions as well as lead the health services during their transformation.⁵ Of course, the picture is not black and white; many from the medical profession have a constructive and open-minded approach to management, but, on the other hand, many managers respect the positions and expertise of doctors and dentists.

Other medical and dental staff, such as nurses and the representatives of other professions connected with medicine and dentistry were relatively out of the main focus of changes since they enjoyed far less privileges than doctors in the past. Yet, those professions are also subject to restructuring. Although traditional nurses did their jobs as doctors' assistants, their positions have been more and more viewed as separate and complementary to doctors' positions.

In dentistry in Serbia their role is upgraded and closely defined through formulating new professions such as dental therapists and dental hygienists.

Apart from the medical staff, non-medical staffs (cleaners, kitchen personnel, administrative workers in public health institutions) are also experiencing this restructuring process where their roles are, through franchise systems organized as private sector services, that is outside partners, leaving very little personnel to tend to existing capacities.

Relacija između zaposlenih u zdravstvu i funkcionisanja zdravstvenog sistema

Kompleksnost funkcionisanja zdravstvenog sistema u vezi sa ljudskim resursima se ne posmatra samo u kontekstu međusobnih odnosa menadžera i ostalih zaposlenih u zdravstvu (medicinskog i ne-medicinskog osoblja).

Relacije između ljudskih resursa u zdravstvu i funkcionisanja zdravstvenog sistema su kompleksne i višeslojne i u mnogome zavise od ravnoteže sledećih faktora:

Broja zaposlenih u zdravstvu u odnosu na finansijske resurse i kompenzacija za rad zaposlenih-Podatak da u našem zdravstvenom sistemu 70% novca poslatog zdravstvenim ustanovama iz Republičkog zavoda za zdravstveno osiguranje ide na plate zaposlenih, pokazuje koliki značaj imaju ljudski resursi i njihova brojčana izbalansiranost u reformi zdravstva.⁶; Regionalnoj raspoređenosti resursa- neke regije su nepokrivene stručnim osobljem, dok su druge (obično veći administrativni centri i gradovi) prezasićeni ponudom specijalista različitih profila; Pripadnosti javnom ili privatnom sektoru ili instituciji; Obrazovanja i obučenosti kadra.

Svi gore navedeni faktori, uz ranije pomenute opšte, globalne promene koje su zahvatile zdravstvo i pripadajuće sisteme, nametnuli su dodatnu težinu potrebi za reformom, pre svega u upravljanju i praksi rukovođenja unutar zdravstvenih organizacija kao i zdravstvenog sistema u celini.

Uloga menadžera u svetlu promena

U uslovima promena i uloga menadžera se nužno menja, naročito u onim sistemima i organizacijama gde je postojao jako izražen hijerarhijski model upravljanja.

Sistemska način mišljenja je postao neophodan za ostvarenje kompleksnih interaktivnih odnosa između različitih delova organizacije i njenog okruženja. Donošenje odluka postaje rizičnije, često bez dovoljno priprema i informacija i za mnogo kraće vreme. Menadžer više nije racionalni donosilac odluka koji kontroliše organizaciju nalik podmazanoj mašini. Inovacije i adaptabilnost postaju ključ uspeha kod organizacija koje se brzo prestrojavaju zahtevima tržišta koje se menja.

U takvim uslovima ključno je otpore promenama usmeriti i pretvoriti u podršku. Zadatak menadžmenta je, pre svega da, kad su ljudski resursi u pitanju, kreira atmosferu timskog rada i lojalnosti organizaciji i tako stvori potrebu za poboljšanjem usluga u smislu postizanja povećane efikasnosti i kvaliteta istih da bi rad profesionalaca bio transparentniji.

The relationship between health care employees and the functioning of the health care system

The functioning complexity of a health care system in relation to human resources is viewed not only in the context of the relations between managers and other health care employees (medical and non-medical staff). These relations between human resources in health care are complex and multi-layered and they depend a lot on the balance of the following factors:

- number of employees in relation to the financial resources and the compensation for employees' work (the fact that in our health care system 70% of the money sent to health care institutions from the Republic Health Insurance Fund goes to employee wages shows the importance of human resources and their numerical balance in the health reform).⁶
- regional allocation of resources - some regions are practically void of experts while others (usually larger administrative centers and towns) are overflowing with specialists of various profiles
- belonging to the public or private sector or institution
- education and expertise of the staff

All of the above stated factors, in addition to others previously mentioned global changes that have taken over health care and its systems have put an extra weight on the need for a reform, primarily in management and administration within healthcare organizations as well as the health care system in general.

The role of human resource managers in light of the changes

Owing to the changes in the management in health care industry, the human resources management is inevitably changed, particularly in the systems and organizations with an apparent hierarchical model of management. The systematic way of thinking has become indispensable for establishing interactive relations between different parts of an organization and its environment. The decision-making process involves higher risks, is often conducted without sufficient preparatory work and information, and takes much shorter time. A manager is no longer a rational decision-maker, who controls the organization in order to ensure its smooth operation. Innovations and adaptability has become a key to success in the organizations, which are quickly transforming in order to comply with the changeable market demands. In such circumstances, of key importance is to redirect the resistance to changes and transform it into support.

It has already been pointed out that the task of management, primarily when human resources are concerned, is to create the atmosphere of team work and loyalty to the organization and develop the need for service improvement in terms of increasing the efficiency and quality of services, as well as to ensure a higher transparency of the work of medical experts.

U većini slučajeva treba pribеći nekoj vrsti konsenzusa u smislu da je strateški najvažnije povezati sve relevantne faktore u zdravstvu i da je uloga menadžmenta od ključnog značaja za dobro funkcionisanje kako pojedinih učesnika, tako i zdravstva u celini.

U klasičnim sistemima uloga menadžmenta ljudskih resursa se svodila na upravljanje kroz hijerarhijske lestvice i strogu podelu na odlučivanje u okvirima nivoa odlučivanja bilo da je u pitanju viši, srednji ili niži menadžment.

Novi pristup odlučivanju stavlja akcent na "mi" u smislu posvećenosti vrednostima organizacije i u kontekstu preplitanja različitih struktura unutar organizacije. Sve se više shvata potreba da ljudi učestvuju u donošenju odluka koje ih se tiču, ohrabruje se i stimuliše individualna i grupna inicijativa i samo-usmerenje, međufunkcionalni način rešavanja problema umesto klasičnog, hijerarhijskog.

Uključenje medicinskog osoblja u transformisani menadžment

U novom pristupu menadžmentu ljudskih resursa teži se većem angažovanju stomatologa i lekara, njihovih medicinskih sestara i tehničara, fokusiranjem na "merljiva poboljšanja u zdravstvenoj zaštiti kroz bolje iskorišćenje resursa".⁷ Medicinsko osoblje treba da bude informisano na precizan i koristan način o svojoj praksi i troškovima usluga u poređenju sa drugim kolegama u istoj organizaciji (bolnici, klinici), opštini ili regionu.

Informacija treba i vertikalno i horizontalno da bude transparentna kako bi se omogućio konstantan monitoring u smislu smanjenja grešaka i, konsekvntno, smanjenje troškova pružanja zdravstvenih usluga.

Pravilna menadžerska informacija je od bitnog značaja da bi se, pre svega izbegle velike greške, smanjile tenzije i shvatilo da povećanje kontrole ne znači i gubitak autonomije i slobode medicinske struke.

Kao glavni razlozi za angažovanja većeg broja lekara i stomatologa u savremenom menadžmentu navode se sledeći:

Potreba za smanjenjem troškova i uštedama, smanjenjem prekoračenja budžeta

Potreba za asistiranjem lekara i stomatologa u finansijskim problemima zdravstvene ustanove, naročito tamo gde resursi ne odgovaraju zahtevima

Takodje, uvođenjem menadžmenta u kliničku praksu, stomatolozi, lekari i drugo medicinsko osoblje se edukuje u praksi menadžmenta i metodama i alatima kao što su:

Decentralizacija i delegiranje

Usavršavanje u radu sa informativnim sistemima

Rušenje ili "omekšavanje" barijera unutar profesionalne hijerarhije

Poboljšanje kvaliteta kliničkih usluga

In most cases, the strategically most important task is to integrate all relevant factors in the health care system and convince them that the role of human resources management is of crucial importance for the proper operation of individual segments of health service, as well as of the health industry as a whole. The role of human resources management in traditional systems was reduced to the management through hierarchical ladder and explicit division of decision-making responsibilities as per decision-making levels, no matter whether top, medium-level or low-level management is concerned. The new approach to the decision-making process is focused on "we" in terms of dedication to the values of the organization and in the context of intertwining of various structures within an organization. There is a growing understanding of the need that people should participate in the decision-making process that concerns them, and that individual and group initiative as well as self-orientation and the inter functional approach to problem solving instead of traditional, hierarchical approach should be encouraged and stimulated.

Involvement of medical staff in health care management

The new approach was to aspire toward a greater doctor and nurse engagement, with a focus on "measurable improvements in health care through better resource utilization".⁷

Medical staff should be informed in a precise and useful manner about its practice and costs for services compared to other colleagues in the same organization (hospital, clinic), municipality or region. This information should be both vertically and horizontally transparent in order to provide constant monitoring in terms of error reduction and consequently, the reduction of costs for the provision of health care services.

The main reasons cited for hiring more doctors and dentists in modern management are:

The need to reduce costs and avoid overstepping the budget

General assistance in financial problems of a health care institution, especially in a situation where the resources do not meet the demands

Also, by introducing management into clinical practice, dentists, doctors and other medical personnel are being educated on the practice of management and useful methods and tools such as:

Decentralization and delegation

Information system improvement, development and the introduction of new ones

Removing or "softening" the barriers within the professional hierarchy

Improving the quality of clinical services

Smanjenje visokih troškova zdravstvenih usluga

Timski rad u grupi radi otvorenog, kritičkog ocenjivanja kliničkog rada i rezultata.

Značajan udeo edukacije shvaćen je među teoretičarima menadžmenta u zdravstvu vrlo rano, pre svega zbog potrebe da se jaz među polarizovanim stranama premosti. Medicinsko osoblje, a pre svega lekari i stomatolozi nisu bili mnogo zainteresovani za menadžerske pozicije što zbog: - Nedostatka treninga, sposobnosti i veštine u menadžmentu

- Nedostatka odgovarajuće finansijske nagrade za bavljenje menadžmentom

- Surevnjivosti kolega kako prema onima angažovanim puno radno vreme kao "prebezima na drugu stranu", tako i prema onima koji rade pola radnog vremena zbog teškoća u usklađivanju dveju različitih funkcija.

Strategijom uključenja medicinskog osoblja u transformisani menadžment

menadžerske odluke se decentralizuju i delegiraju lekarima, stvarajući tako "kliničare-menadžere." Meslin, E.M., Lemieux-Charles, L. i Wortley, J. u svom istraživanju iz 1997.⁸ definišu kliničare-menadžere kao "osobe (uglavnom je to medicinsko osoblje - lekari i med. sestre) kojima je dat autoritet od strane zdravstvene institucije da donose menadžerske odluke u vezi sa budžetom, osobljem (ljudskim resursima) i ostalim institucionalnim resursima".

Ključno pitanje je: kako da se medicinski radnici najbolje uključe u bavljenje menadžmentom u zdravstvu?

Prva faza uključenja stomatologa i lekara u menadžment je obično na mikro nivou – delegira im se obaveza recimo rukovođenja budžetom u okviru njihovog odeljenja ili specijalnosti. Ono što doktori treba da prihvate je da su takve inicijative zato da postanu odgovorniji lekari, a ne potez ka njihovom pretvaranju u finansijske menadžere.

Na srednjem, "mezo" nivou, kao direktori odeljenja ili bolnice, stomatolozi i lekari preuzimaju širi stav ka menadžmentu resursa za koje su zaduženi, a od srednjeg ka višem nivou, kao klinički direktori ili direktori regionalnih centara oni faktički postaju generalni menadžeri. Na visokom nivou, nivou strategijskog menadžmenta, doktori se obično susreću sa dilemom: da li potpuno preći na "drugu stranu" i napustiti kompletno kliničku praksu ili nastaviti da "balansiraju" svoje obaveze i u kliničkoj i menadžerskoj struci.

Lekari i stomatolozi koji sve više bivaju "uvučeni" u menadžment, moraju da posmatraju probleme u širem kontekstu, a ne samo trenutnu patologiju ispred sebe. Klasične barijere između donedavno suprotstavljenih profesija postaju "meke", transparentne, i mnogi sve više prihvataju menadžerske funkcije.

Većina stomatologa i lekara koji rade u zdravstvenim ustanovama (klinike, bolnice, da ne pominjemo one koji rade u privatnim ordinacijama!) neizostavno bivaju uključeni u menadžment osoblja, odeljenja i resursa.

Reducing high service costs

Team work with consultants as a group for an open, critical evaluation of clinical work and results

Management theorists very early understood the importance of medical staff training in accepting and implementing health care management, primarily because of the need to bridge the gap between the opposing sides. Medical staff, particularly doctors, was not especially interested in managerial positions mainly due to:

Lack of managerial training, ability and skills

Lack of appropriate financial stimulation for taking part in management colleagues' envy toward those who are full-time engaged in management as "deserters who joined the other side" difficulties faced by those employed part-time who have to coordinate two different functions

The strategy of medical staff involvement in health care management is to decentralize managerial decisions and delegate them to doctors, creating the so-called "clinician-managers". Meslin, E.M., Lemieux-Charles, L. and Wortley, J. in their research published in 1997⁸ define *clinician-managers* as "persons (mainly medical staff – doctors and nurses) who have been authorized by a health care institution to make managerial decisions regarding the budget, personnel (human resources) and other institutional resources".

The key question is: what is the best way to force medical workers to take part in health care management?

First phase of involving doctors and dentists in management is usually at the micro level – for instance, they are delegated the responsibility of managing the budget within their ward or specialization. What doctors should understand is that such initiatives serve to make them better doctors and not financial managers.

At the medium level, as the directors of hospital wards or hospitals, doctors assume a wider approach to the management of resources they are responsible for; and from the medium to the higher level, as the directors or clinics or regional centers, they actually become general managers. At top level, doctors usually face the dilemma: whether to completely move on to "the other side" and leave their clinical practice or continue to "balance" their obligations in both their clinical and managerial professions.

Doctors and dentists are becoming more "involved" in management; they now have to see the problems in a wider context, and not only in the context of the patient that they see before them. Classical barriers between professions that were until recently opposed are becoming "soft", transparent and many doctors are assuming more and more managerial functions. Most doctors who work in health care institutions (clinics, hospitals, not to mention those who work in private surgeries!) are unavoidably included in the management of staff, wards and resources, regardless of whether they recognize these functions as managerial or not.

Uloženi napor na poboljšanju menadžmenta stomatoloških i medicinskih usluga, bilo u kontekstu ušteda kroz povećanje efektivnosti ili u smislu generisanja većih prihoda u celini, za posledicu treba da ima primanje većih zarada na organizacionoj jedinici, kao posledicu pravilnog upravljanja resursima, a ne da sredstva nestanu u centralnim fondovima zdravstvene ustanove.

Zaključak

Jedan od ključnih faktora u organizaciji i implementaciji promena u zdravstvenim organizacijama i sistemu u celini je primena odgovarajuće strategije, metoda i alata, a jedna od najefikasnijih je strategija promena ljudskih resursa⁹. Bez temeljne transformacije dosadašnje prakse rukovodjenja u zdravstvu i bez značajnih promena, kako u strukturi, tako i u radu svih zaposlenih u zdravstvenim službama, bilo da se radi o medicinskom ili ne medicinskom osoblju, neće biti ni poboljšanja u zdravstvu u celini. Za kvalitetno i efikasno pružanje zdravstvenih usluga zaposlenima u zdravstvu će sve više biti potrebna mešavina različitih veština i stručnosti. Moraće da se sa jedne strane uklope u trendove delegiranja radnih zadataka niže kvalifikovanom osoblju, a sa druge strane da kontinuiranom edukacijom i treningom rade na poboljšanju kvalifikovanosti za obavljanje poslova u novom okruženju. Transparentnost između operative i supervizora, kao i između različitih odeljenja za pružanje usluga, timovi različitih stručnjaka na istom zadatku i brži i efikasniji promet informacija, kako interno tako i u odnosu na spoljne faktore, biće obeležja novog, fleksibilnog zdravstvenog menadžmenta.

Transformacije zdravstvenog menadžmenta će učiniti da se kompleksna uloga zaposlenih u zdravstvu usmeri pre svega ka korisnicima zdravstvenih usluga uz konstantan rad na obrazovanju kako svom, kao pružalaca usluga tako i obrazovanju korisnika.

If a doctor makes an effort to improve the management of his services either in terms of saving through greater efficiency or in simply generating a larger profit in general, it is essential that his/her ward receives the larger part of revenues from the *appropriately managed resources*, rather than to have them disappear in some central funds of the organization.

Conclusion

“One of the key factors in the organization and implementation of changes in health care organizations and the system in general is the implementation of an appropriate strategy, methods and tools, one of the most efficient being *the human resource change strategy*”.⁹ Without a major overhaul of the current practices in health care administration and significant changes, in structure as well as work ethic of all the employees in health care institutions (medical staff and managers alike) there will be no improvement of the health care system in global. To be able to provide high quality and efficient health care services, employees will more and more need to need to call upon a variety of skills and expertise’s. They will have to on the one hand adjust to the trend of delegating tasks to less qualified personnel and on the other, through continuous education and training work towards improving their own abilities to better suit the jobs in the new environment.

The transparence between those working and their supervisors as well as between various service departments, teams of differently specialized experts working on the same task and a faster and more efficient flow of information (internally as well as in relation to outside factors) will be the signatures of a new, flexible health care system.

Transformations within the health care management will shift the complex role of health care employees primarily towards the users of health care services with a constant effort to work on educating not just the employees as services providers but those in need of health services as well.

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