

ASSESSMENT OF THE COMPETITIVENESS OF HIGHER EDUCATIONAL INSTITUTIONS IN THE HEALTHCARE SYSTEM

Jonibekov Jasurbek Jonibekovich - Assistant Professor of the Department of Medical Radiology and Nuclear Medicine at the Abu Ali ibn Sino Bukhara State Medical Institute
<http://orcid:0009-0004-4155-2650>

Аннотация. The operational efficiency strategy is aimed at achieving results that significantly exceed the results of competitors engaged in similar activities. Strategic positioning is aimed at carrying out activities that are fundamentally different from those of competitors or include alternative approaches to similar activities. This article discusses marketing strategies for the development of medical higher education institutions. It provides data on the impact of external and internal factors on the quality of education in medical higher education institutions.

Key words: medicine, marketing, management, quality, service, competitiveness, strategy.

ОЦЕНКА КОНКУРЕНТОСПОСОБНОСТИ ВЫСШИХ УЧЕБНЫХ ЗАВЕДЕНИЙ В СИСТЕМЕ ЗДРАВООХРАНЕНИЯ

Джонибеков Джасурбек Джонибекович - ассистент кафедры медицинской радиологии и ядерной медицины Бухарского государственного медицинского института имени Абу Али ибн Сино
<http://orcid:0009-0004-4155-2650>

Аннотация. Стратегия операционной эффективности направлена на достижение результатов, которые значительно превосходят результаты конкурентов, занимающихся аналогичной деятельностью. Стратегическое позиционирование направлено на осуществление деятельности, которая принципиально отличается от деятельности конкурентов или включает альтернативные подходы к аналогичной деятельности. В данной статье рассматриваются маркетинговые стратегии развития медицинских вузов. Приводятся данные о влиянии внешних и внутренних факторов на качество образования в медицинских вузах.

Ключевые слова: медицина, маркетинг, менеджмент, качество, сервис, конкурентоспособность, стратегия.

Intraduction. In the context of the ongoing transformation of the healthcare system of Ukraine, the task of finding a model of an effective national healthcare system, adequate to the modern realities of society and competitive in the global space, remains extremely relevant. Before proceeding to the analysis of the competitiveness management system of health care institutions, it is necessary to conditionally characterize the current state of the national health care system. Unfortunately, the existing health care system in Ukraine does not allow to implement the desired principles of marketing relations in the emerging market of medical services [1]. It is well known that a market economy cannot be imagined

without such concepts as "competition" and "competitiveness". In countries with developed market economies, public and private health care institutions have existed for many years in conditions of sectoral competition, but in Ukraine the competitive environment is still not developed. The main factors of low and sometimes even absent competitiveness among Ukrainian healthcare institutions are as follows: – a revolutionary transition from the administrative and planning system of the Semashko healthcare model to the uncontrolled process of forming marketing relations in the context of the evolutionary formation of the healthcare market; conservative form of ownership of health care institutions, as well as uncertainty of the formation and development of small and medium-sized businesses in the existing health care system[2]. This does not correspond to classical economic laws and conditions of competition and competitiveness; – the predominance of the public sector in health care in Ukraine, which is absolutely regulated and financed by the state. This creates a state monopoly in the healthcare sector; – lack of modern managers in the public health system who are able to competently solve organizational, financial and other management problems and tasks of the health care institution; – absence in the educational programs of Ukrainian medical universities of such discipline as "Management of competitiveness in health care", and unfortunately, as a rule, even the absence of the discipline "Management in health care"; – unjustified caution in the implementation of evidence-based planning methods, such as system analysis, forecasting, optimization of medical activities, etc. in the context of the formation of the health care market; – lack of political will in making sound management decisions to bring to the logical implementation of modern mechanisms, methods and forms of continuous improvement of the quality of medical care. Other factors contributing to the inefficiency of the competitive environment in Ukrainian healthcare are the following: – gaps in legislation (permitting and incentive mechanisms, such as licensing and accreditation); – poor access to medical information, for example, on the quality of services provided; – high differentiation of services, which leads to significant variation in prices and the need of the population for different health services, as well as interference in pricing; – heterogeneity of patients (level and structure of morbidity and disability, socio-economic characteristics, etc.[4]. When studying the problem of formation and management of the competitive environment of production and consumption of medical services, it is necessary to understand the negative role of incentives in the health care system, which contribute to the creation of conditions for the absence or unproductive competition. Some factors that cause this problem and in principle do not allow to form a competitive environment in health care are listed below. 1. Multilevel system of consumers (intermediaries) of medical services, such as: a) the state (program of state guarantees of free medical care); b) patients (exclusion of the consumer of medical services from the system of active influence on the quality of medical care); c) management of health care institutions (bureaucratic directive-command regulation of relations between patients and health care workers); d) physicians (making decisions about treating their patients and

providing that treatment takes place in a competitive and economic vacuum); e) health insurance organizations (in the Ukrainian healthcare model there is just voluntary medical insurance). 2. Conflicting interests of the subjects of production and consumption of medical services. 3. Patients are responsible for paying for medical services, and doctors are not responsible for the quality of medical services provided. 4. Lack of objective indicators of the quality of medical care for patients and doctors. 5. Impossibility of establishing an unambiguous link between the price and quality of the provided medical service. 6. A specific feature of the patient as a consumer of medical services, which distinguishes him from consumers of other (non-medical) goods and services, is a kind of absolute priority of preserving life and health, without regard to possible costs. 7. Lack of opportunity and extremely insufficient awareness of patients about the prices of medical services from different doctors. Certain sensitivity in obtaining such information directly from the attending physician; 8. Lack of financial resources for the majority of the population to pay for quality medical care according to their wishes and choices; 9. Subjectivity of the decision-making process among the population regarding the choice of institution, specialist, treatment and preventive measures, based only on their own impressions and opinions of friends, image, reputation and ability to persuade doctors. In general, health care is of great importance for society and has a number of features that distinguish it from other spheres of socio-economic activity, which greatly complicates the transition of this sphere to market conditions and creates preconditions for a number of reservations in the application of market principles. Unresolved aspects of the problem. All of the above leads the researchers to the conclusion that in the current state of domestic health care (more precisely, in the emerging sphere of production and consumption of medical services), there is no fundamental management system. And, consequently, there are no relevant relations of subjects, such as competition. This makes it virtually impossible to implement such a mechanism to improve the quality of medical services [5].

Materials and methods. The purpose of the article. Thus, the challenge is to offer theoretical tools for creating a system of competitiveness management of health care institutions that will ensure their sustainable growth and market stability. 2. Theoretical foundations of competition in the healthcare sector Analyzing various literature sources, starting with Adam Smith, it can be argued that there are many definitions of the concept of competition. Much less research is devoted to competition in the healthcare sector. Thus, it is necessary to adapt the existing definition of competition to this practical area. While analyzing different definitions, the authors came to the following understanding of the term competition in the healthcare sector: is a state and process of relations between the subjects of production and consumption of medical services within the framework of a specific civilized form of competition between medical workers (doctors) to achieve the highest degree of satisfaction of the patient's target needs. Today, competition in the field of health care exists both between state, municipal and private health care institutions, and between state and municipal institutions

(district and regional polyclinics, hospitals, etc.), as well as between doctors themselves as specialists providing medical services. Its accessibility is ensured by law, based on the patient's right to choose a doctor and medical institution, as well as in fact, as evidenced by modern medical practice. Thus, competition is an objective and necessary function of the activity and development of the health care market. The key role of competition in health care is the potential to provide a mechanism for reducing health care costs. According to the authors, many aspects and factors of functioning and development of health care institutions and medical practice can be synthesized in competitiveness. At the same time, the competitive environment itself is ambiguous and contradictory.

Conclusion. Researchers identify some contradictions that arise in the functioning of competition in the healthcare sector. In particular, they include the following:

The purpose of the standard is to provide a common management tool for institutions that provide educational services and products. The importance of assessing the extent to which students and stakeholders meet the requirements, as well as continuously improving them, lies in regulating the activities of educational institutions.

Based on this document, the most likely interests of an organization that implements a management system for educational institutions are:

- aligning goals and objectives with educational policies;
- ensuring equal and comprehensive quality education for all, as well as promoting a sense of social responsibility;
- improvement of individual educational processes, as well as the possibility of continuous education for all students, especially those in need of special attention, and users of distance learning;
- balanced processes that allow for awareness and improvement of efficiency levels, as well as evaluation of criteria

REFERANS:

1. Harris, I. C., & McDaniel, R. R. (1993). Untangling healthcare competition, health care managers must recognize the three-dimensional nature of competition. *Health Progress*, November, vol. 30, pp. 20–23. Mark, T. L., & Coffey, R. M. (2001).

2. Studying the effects of health plan competition: are available data resources up to the task? *Health Services Research*, vol. 36 (no. 1, part II), pp. 253–275. Miller, R. H. (1996).

3. Competition in the health system: good news and bad news. *Health Affairs*, Summer, vol. 15 (no. 2), pp. 312–320. Porter, M. E. (1998)

4. *Competitive Advantage: Creating and Sustaining Superior Performance*. New York: The Free Press. Porter, M. E., & Teisberg, E. O. (2004).

5. Redefining competition in health care. *Harvard Business Review*, vol. 82 (no. 6), pp. 65–72.

СПИСОК ЛИТЕРАТУРЫ:

1. Harris, I. C., & McDaniel, R. R. (1993). Развязывая конкуренцию в здравоохранении, менеджеры здравоохранения должны признавать трехмерный характер конкуренции. Прогресс здоровья, ноябрь, т. 30, с. 20-23. Марк, Т. Л. и Коффи, Р. М. (2001).
2. Изучение последствий конкуренции в плане здоровья: соответствуют ли имеющиеся ресурсы данным задаче? Исследования в области здравоохранения, т. 36 (No 1, часть II), стр. 253-275. Miller, R. H. (1996).
3. Конкуренция в системе здравоохранения: хорошие новости и плохие новости. Здравоохранение, Лето, т. 15 (No 2), стр. 312-320. Портер, М. Э. (1998).
4. Конкурентное преимущество: Создание и поддержание превосходных результатов. Нью-Йорк: The Free Press. Porter, M. E., & Teisberg, E. O. (2004).
5. Переопределение конкуренции в здравоохранении. Harvard Business Review, vol. 82 (н. 6), стр. 65-72.