

## HEALTH MANAGEMENT IN THE SLOVAK REPUBLIC

**Vladimír MASARYK**, PhD.

Central Military Hospital in Ružomberok  
Ružomberok, Slovak Republic

bratislava2013@centrum.sk

**Eva MUSILOVÁ**, PhD.

Faculty of Nursing and Health Professional Studies  
Slovak Medical University in Bratislava, Slovak Republic

eva.musilova@szu.sk

**Marta VAVERCÁKOVÁ**, PhD.,

Trnava University in Trnava, Faculty of Health Care and  
Social Work, Slovak Republic

marta.vavercakova@gmail.com

**Timo KEPPLER**

PhD student at Bucharest University of Economic Studies

keppler@eu-edu.li

### **Abstract:**

*Lack of time is a prevailing problem in both private and working life. The paper presents some principles that promote the best use of time, such as communication, planning, and delegation. Time management is one of the key managerial tasks, and health care management is no exception. The paper outlines the framework of health care and health care education in the Slovak Republic, as well as the range of professions in health care system. The system of further education of health professionals is presented. Furthermore, the paper discusses the structure, specific features and tasks of different levels of management in health care.*

**Keywords:** *Health management, time management, health care, working conditions*

Employees today more than ever complain about the lack of time. What is the reason behind? Our time and health are probably the most important things we have, but are limited and it's not possible to multiply them by any used force. Who, however badly schedules time (unproductively), produces precisely what he/she wanted to avoid and this is what is called lack of time. To schedule our time precisely also requires investment into the time at least at the beginning. But, has an individual the time to deal with this, when there is so little time? After all, in the real life we do not have many free moments. We are constantly swallowed by further and additional tasks which are not possible to refuse. And then, when additional tasks should be done immediately, we think "I do hate this job!". The constant rush and greater demands, who should withstand this? But on the other hand, we can despair because we certainly can consider ourselves. Our time is not planned.

I think that there is a reason, which causes the consumption of our time. Simply, it could be an inability to distinguish between what is important and what is unimportant (to that we should dedicate as least time as possible). We must eliminate „time eaters“, which are responsible for loses of our valuable time. These could be unproductive meetings, where we talk too much, but we resolve only a little, or when we are using bad working procedures and therefore are later occurring common mistakes and we need to go back to the original task, also not defined competencies followed by document shifting or list of to do work spread between each other, than perfectionism could be dangerous, too - taking time into account, because with repeating control we are losing time. What about not planned visits and problems, they require our time, too. Finally, there are also tasks about which we know from the beginning that are pointless and tasks about which we know that we will be no table to finish them. This is the everyday reality that we don't know how to cope with. Despite of this, this phase of exhaustion is making our team leaders and managers happy, because it could lead to new ideas, thoughts and solutions, which will nobody find at the ministry. Must this be at our health expense? Is it not possible to prevent it?

If we are satisfied with our self, also our supervisors will be satisfied, so we must work effectively and rationally. We must focus on things which are impor-

tant, separate them from those which are unimportant, be quick in decisions and if it's possible assign additional work to somebody else. We must exercise our memory and forget all not important things, because we will start to do something unnecessary to fill the time. When we have tasks at one place or if they are connected together somehow, accomplish them together. Let's try to remove distortions and do not interrupt the commencement of work, reduce stress and nervous tension and do not panic when unpredictable situations occur. Let's keep order during situations, plan what in in which order we will do and be clear what is expected from us by others during the tasks submission. Improve self-control and attitude at the workplace, but more importantly is that we have joy from our work and good feeling at the end of the day, which will motivate us to further effort and we will higher our performance and better our personality, too.

## PRINCIPLES AND TECHNIQUES WHICH PROMOTE THE BEST USE OF TIME:

### COMMUNICATION

We need correct information that we can plan and decide about the work. It is very important to know about every new fact, that our decision will be the best in concrete situation. Our communication mistakes could lead to wasted time and unnecessary time expenditure. The right information are ensure the following steps (9). In communication is also important feedback, which should be used for improving and enhancement of our result.

### PLANNING

If we want to effectively use the time, we need to plan our activities, while the actual planning could last longer than the actual performance of activity. Planning is sorting steps by the relevance. Every minutes spend with planning is saving time on execution of activity. We want to achieve outstanding result in short period of time and with the least exertion. If we plan the real time of performance, we will lower the stress at work, which represents the negative phenomenon for our work. Important is not to delay things, who we are not satisfied with, because unpredictable situations could occur and we should be prepared also for them.

## DELEGATION

If we do not have time to do something, we could use delegation method, which could seem to us as easiest and so we achieve the completion of work, which is planned. Alignment of objectives with priority:

For every day we should identify the main objectives, their schedule and allocate the necessary energy. If we want sort the tasks, objectives and duties by priority, we need to know characteristic of particular work, the exact procedure and personnel provision. All the methods, procedures and strategies could help us, but the most important word has our person, which is an individuality and has its own experience. All depends on that how we cope with the problem, how much energy we invest and what procedure we choose. Every human know his/her time needs and lifestyle, which is based on personal habits and characteristics. People oriented on negotiation have tendency to perceive the time in presence and organize activities gradually, that they can be executed immediately. These people don't like unpredictable tasks and have tendency not to manage them by priority, because they perceive every task as important. People oriented on ideas are creative and usually they don't pay attention to the time. It's hard for them to manage dates and estimate the correct use of time. Logically minded are decent, rational and continuous working planners, who do manage time good and they also like it. Individuals oriented on work with people are very effective in building of team and they don't need to see time as a priority. Many times they are over-committed. They have tendency to underestimate the time, which is necessary to finish of the task.

For sure, every person will find him/her self in this personality types. Which one is the best is hard to say, as in every type is something good and less good for the given profession and it also depends on the angle of view. Every person has different experiences and knows what is for his/her team the most important.

For the purposes of management education in any field is important to know and master its general principles, concepts and definitions, which are in their base valid in every field and also in healthcare.

## MANAGEMENT:

It's an economical term (from English *management* from to *manage* "drive, handle" < Italian *maneggiare* = „handle“ < Latin. *manidiare* = "handle" < lat.

*manus „hand“*), it characterise process management and leading of whole or part of the organization, many times of a company, through deployment and manipulation of resources (human, financial, material, intellectual or intangible resources). It is also possible to take into account management from functional point of view as a activity of a routine measurement of amount and adjustment of the original plan and as activities carried out for the purposes to achieve the objectives. This is valid also for cases, when is planning not carried out. The efficient management may be prevented and replaced with situational management. The definitions of the various economists differ and often takes into account also other aspects of management. (1)

Definitions:

- Emphazing roles of leadership:
  - “Management is the process of creating and maintaining a particular environment in which individuals work together in groups and efficiently / effectively are reaching selected targets” (*H. Koontz, H. Weihrich*)
  - “Management is carrying out tasks through the work of others” (*American Management Association*)
  - “Management is doing things through other people” (*E. Dale, J. Hays*)
- Highlighted specific functions performed by managers
  - “Management is the process of planning, organizing, leading and control of organizational activities aimed on achievement of organizational objectives” (*K.H. Chung*)
  - “Management are typical activities carried by manager as decision making, organizing, planning, controlling, leading, coordinating, motivating etc.” (*K. Muller*)
- Highlighting the subject and its objectives:
  - “Management is a field of study that deals with the determination of procedures on how best to achieve the organization’s objectives” (*S.P. Robbins*)

- “Management is the process of optimizing the use of human, material and financial resources to the achievement of organizational objectives (J.A. Pearce, RB Robinson)
- “Management can be seen as the process of creating a further active development of business-oriented behaviour of the organization” (L. Vodáček)
- Overall view:
  - “Management is a dynamic process in which managers in conditions of constantly changing environment seek through human potential of the organization reach its goals in the economical and efficient use of scarce resources” (J. Papula)
  - “Management must be understood not only as a control but also as an art of drive. Expertise in management is given by the ability to plan, organize, motivate and lead people to coordinate, communicate and control, so that enterprises operate successfully” “Management is the process of working through people to achieve organizational objectives in a changing environment” (R. Kreitner)
  - “Management is a business-oriented and marketing based management of company, ensuring its prosperity (J. Stefanik)
  - “Management is a set of approaches, views, experiences, recommendations and methods that lead workers (managers) used to manage specific activities (management functions), towards achieving the goals of the organization system” (L. Vodáček) (1)

The concept:

- executors of management functions are people (managers)
- is applicable to a number of organizational units (industrial and non-industrial enterprises, their organizational parts)
- is applicable to different levels of management (enterprise division, operation, parts, team)
- is applicable to a variety of activities (commercial, technical, production, personnel)

mission is to achieve the objectives of (1)



### **Management functions are:**

- planning (aim the objectives and procedures to achieve them)
- organization (as determined people have to perform scheduled tasks),
- formation of personnel (establishment of the necessary staff demands, staff selection and deployment)
- Leadership (direct and indirect guidance of the staff so, that they timely and efficiently perform the tasks assigned)
- Control (process monitoring, analysis, evaluation and drawing of conclusions regarding the discrepancies between the plan and execution). (1)

### **Categories and implementation of management:**

- Time Management
- Financial management
- Comparative management
- Crisis Management
- Operations Management
- Personal Management
- Enterprise Management
- Project Management
- Managerial Economics
- Management of IT
- Information Management
- Quality Management
- Human Resources Management
- Waste management
- Management of Public Administration
- Production Management
- Management of Education
- Change Management
- Environmental Management
- Marketing Management
- Strategic Management

- School management
- Health Care Management
- Knowledge management (1)

#### **Manager:**

- Head leading worker, supervisor, director, professional leading worker,
- organizational employee, agent of sporting, artistic or other transactions, organizer

## **1. EDUCATION IN HEALTHCARE**

In our healthcare, according to the results of various independent surveys and studies is training, medical knowledge, as opposed to management, on an excellent level. Workers, who will perfectly control management of health facilities problems are still desperately not many. In contrast to the huge amount of educational activities aimed at medical issues, is to the management education of health workers paid far less attention. However, the difference between managerial and medical knowledge is abysmal and colossal, which generally the hospital is, may tighten only coordinated team of managers who have economic thinking and managerial skills. To understand the education system of managers in the health care is important to know and be familiar with

### **1.1 HEALTHCARE EDUCATION**

Conditions for the exercise of the medical profession and the education of health professionals provides the Slovak Act No. 578 of 21 October 2004 Laws on healthcare providers, health workers and professional organizations in the health and amending of certain acts. From this Act we selected key definitions to describe concepts in medical education, which form the basis for specialized managerial extension in the field of organization and management of health.

To better understand the education system of managers in the health care is important to know and be familiar with the basics such as: what is the medical profession, category of health workers, the conditions for the exercise of the medical profession, expertise and so on. (2)

Medical profession:



(1) Medical profession is a set of work activities carried out by health care professionals in

- a) The provision of health care,
- b) Protection of human health,
- c) Medical assessment activities,
- d) Control activities or
- e) Exercise of supervision over the provision of health care.

(2) Part of the medical profession may be scientific activity and teaching activities under special regulations and the management and organization of health care (2).

Medical profession is carried out by health workers in these categories:

- a) doctor if the profession is doctor,
- b) a dentist if the profession is dentist,
- c) the pharmacist when the profession a pharmacist,
- d) nurse, where the profession is nurse,
- e) a midwife if the profession is midwife,
- f) laboratory, in the case of occupational medicine laboratory technician, medical-technical laboratory technician, medical laboratory and pharmacy technician,
- g) assist in the case of occupational community health, radiology assistant, paramedic, dental hygienist, assistant hygiene and epidemiology, nutrition assistant, masseur, sanitation and health care assistant,
- h) techniques, in the case of occupational optometrists, dental technician, optician, orthopaedic technician and electrical engineer,
- i) other health professional, in the case of occupational physiotherapist, speech therapist, psychologist, remedial teacher, special education teacher, a biologist, physicist, chemist and geneticist

Conditions for the exercise of the medical profession:

- (1) Conditions for the exercise of the medical profession are:

- a) the capacity to act in its entirety,
- b) medical fitness,
- c) competence,
- d) integrity under this Act or under special regulations

(2) The condition for the exercise of the medical profession's is credibility and, if required under this Act

(3) The conditions referred to in paragraph 1 shall be met at all times exercise of the medical profession. (2)

#### Professional qualification:

- (1) Professional qualifications for pursuing the medical profession under this Act, the competence to exercise professional work activities competence for specialized working activities and competence of the performance of certified work activities.
- (2) Professional capacity to exercise professional work activities have proof of obtaining the desired degree in a relevant field of study of the category of health workers.
- (3) Professional capacity to exercise professional work activities is demonstrated by obtaining a certificate of training to perform work in health care, in the case of other categories of health workers.
- (4) Professional capacity for specialized working activities have proof of obtaining the desired degree in a relevant field of study of the category of health workers and a diploma of specialization in the relevant specialization.
- (5) Professional qualifications for the operations of a professional representative shall provide evidence of obtaining the desired degree in a relevant category of health workers.
- (6) Professional qualifications for the performance of certified work activities is demonstrated by
  - a) proof of obtaining the desired degree in a relevant field of study of the category of health worker (§ 27) and a certificate for the performance of certified work (the "Certificate") or
  - b) evidence of obtaining the desired degree in a relevant field of study of the category of health worker (§ 27), a diploma of specialization in the respective specialization and certificate.

- (7) Professional competence for specialized working activities can be obtained only in accredited specialized study programs and professional ability to perform certified work only accredited certification study programs (2).

## 1.2 FURTHER EDUCATION OF HEALTH CARE WORKERS

On the method of further education of health professionals, the system of specializations and system of certified work activities speaks Government Ordinance of the Slovak Republic no. 322/2006. For the purpose of obtaining medical education in managerially direction for health care workers is needed specialized accredited learning.

### Further education of health care worker

- (1) Further training of medical staff includes specialized training for specialized working activities, certification preparation for the performance of certified work activities and continuing education. For other healthcare professional it includes also preparation for the performance of work in health care.
- (2) Further training of medical staff is professionally and methodically carried out by the Ministry of Health.
- (3) The process of continuing education of health professionals, the constitution of specializations and a set of certified activities will be established by decree of the Government of the Slovak Republic. (2)

### Specialized study

- (1) Specialised study in an accredited specialized program of study is extended the knowledge and skills acquired through study and professional Health practice. Specialized study must confirm the personal participation of the health professional in the activities specified in an approved specialized program of study relevant to the specialized field.
- (2) Specialised training consists of practical training and theoretical part of the training, the practical part prevails.
- (3) Practical undergo specialized training medical staff by a senior official of the competent department of medical equipment or under the guidance

of a health care professional with appropriate professional qualifications for specialized working activities. (3)§ 7

Health workers into specialized study ranks the Slovak Medical University, Bratislava, in cooperation with educational institutions, chambers and relevant central government authorities pursuant to special regulations. Proposal for inclusion in the specialized training of health workers who have employment in health care facilities is the employer on the basis of application. Proposal for inclusion in the specialized training of health workers, who holds a license or permit to operate medical equipment by a doctor Autonomous Region, pharmacist or nurse Autonomous Region Autonomous Region under the relevant specialized field, at his request. (3)

Specialised training of health workers is broken down by category and listed in Annex of the Government Ordinance no. 322/2006 on the method of further education of health professionals, the system of specializations and system of certified work activities.

#### Specialization units

##### a) Category doctor and category dentist

- Health management and financing,
- Social medicine and health organization,
- Organisation of Military Medicine.

##### b) Category pharmacist

- Social pharmacy and health organization.

##### c) Category nurse after obtaining a Master education

- Health management and financing,
- Social medicine and health organization, a higher education bachelor education and advanced training
- Management in nursing.

##### d) Category midwife a higher education bachelor education and advanced training

- Management of midwifery.

e) Category Technician, Assistant Technician after obtaining higher education and advanced training

- Management in the relevant field.

f) Category another health professional after obtaining higher education

- Management in the relevant field,
- Health management and financing.

Studying for all categories of health workers with a university degree

- Management specialists in public health Master of Public Health. (3)

## 2. HEALTHCARE MANAGEMENT

### 2.1 SPECIFICATION OF HEALTHCARE MANAGEMENT

Healthcare as a system interacts with the surrounding systems and is sensitive to social and economic change. At present time, the healthcare at such a high level of knowledge, that even in the most advanced economies, there is no guarantee, that the latest technology will be available to the general public. This paradox is called “medically possible - economically feasible” and requires new approaches to health care management, especially in view of the economy. “The health care is closely linked to the ethical standards of the society, therefore conflicts between economic and health point of view at the system, could occur (11).

In the healthcare does not need to be valid that activity is efficient, when the result obtained is at the lowest cost and with the lowest expended resources. Profit from the spend sources may appear after few years or within the next generation in the form of resources savings. However, it has an ethical dimension - if it allows us to expend considerable resources to achieve the expected return in the future. Whether the new generation will appreciate the costs incurred in the past and how actually has to be intergenerational solidarity. (10)

In healthcare, most of the top managers have medical education and are bound by professional medical ethics. This is based on other principles as management ethics. For health care workers are the most important by GŁADKA (2003), the following principles:

- Seeking help (Beneficence);
- Try not to harm (non-maleficence);
- solidarity;
- subsidiarity;
- availability;
- Justice (Equity);
- the freedom of choice (autonomy);
- economic efficiency.

Manager by Bělohávek et al. (2001) must follow different principles:

- finances,
- work,
- status safety,
- personal growth,
- personal status,
- friends and co-workers,
- company.

At first glance, after comparing the two sets of values, it is clear that ethical behaviour of an individual physician is from philosophical and factual point of view inconsistent with ethical behaviour and decision making of a physician manager. The physician should first have in mind the good of the patient, while the manager this value determines by the economic possibilities of the facility. (4)

Healthcare is a specific market, as services that provides health care are a specific commodity. Specific position is also apparent from the fact that:

- Health has no substitute, though usually there is more potential therapies to achieve cure (although it is not certain that these treatments are equally effective for all patients)
- loss of health will cause that the patient is unable to ensure income and fully contribute to GDP. The longer the disease continues, the more takes up resources from the health system and second, also reduces his/her own savings.

- demand for health care is not dependent on the price of services. Demand may be identified as necessary, because the patient usually does not act on the basis of the market but on the subjective sense of his/her disease
- in most cases is not possible to plan or predict demand for health care, nor is it possible to move respectively postpone the time of service.

## 2.2 THE STRUCTURE OF HEALTHCARE MANAGEMENT

In healthcare, the development management process developed three basic levels:

- 1) First line managers (upper management) carries on the business performance of everyday tasks. The hospitals are typified by head nurse, head section and the doctors.
- 2) Middle managers (middle management) are representatives of a balanced connection between conceptual skills and skills of control. In healthcare they represents top of professional skills. Thus, they are mid-level managers and senior professionals for their activities, such as primary or heads of departments, and the upper nurses.
- 3) Top managers (top management) are top managers, whose main tasks has conceptual nature, strategic management and change management. In hospitals, this includes the director and his deputy or head nurse or deputy for nursing. Their expertise from various disciplines of medicine may not be high and predominant is their knowledge of management.

For healthcare managers are characterized two elements of their behaviour:

- Teamwork - typical for healthcare, this does not preclude the need for autocratic decision-making in critical situations (for example decision of head of the operating team).
- Strong opinion on an ethical approach – in healthcare particularly important, because healthcare with its activities may affect the most important values, life, the quality and health itself. (4)



## BIBLIOGRAPHY

1. [- CRAINER, S.: \*Kompendium managementu \(50 knih, které změnily management\)\*. Praha: Computer Press, 1988. 196 s. ISBN 80-7226-109-6
- COLEMAN, R. - BARRIE, G.: \*525 spôsobov ako sa stať lepším manažérom\*. Praha: Management Press, 1993. 381 s. ISBN 80-85603-27-5
- DONELLY, J. H. - GIBSON, J. L. - IVANCEVICH, J. M.: \*Management\*. Praha: Grada, 1997. 824 s. ISBN 80-7169-422-3
- KAMP, D.: \*Manažer 21. století\* Praha: Grada, 2000. 216 s. ISBN 80-267-0005-0
- KOONT'Z, H. - WEIHRICH, H.: \*Management\*. Praha: Victoria Publishing, 1993. 664 s. ISBN 80-85605-45-7
- MILGROM, P. - ROBERTS, J.: \*Modely rozhodování v ekonomii a managementu\*. Praha: Grada, 1997. 824 s. ISBN 80-7169-411-8
- TRUNEČEK, J. a kol.: \*Management I\*. Praha: VŠE, 1995. 217 s. ISBN 80-7079-929](http://sk.wikipedia.org/wiki/Mana%C5%BEment_%28%C4%8Dinnos%C5%A5%BĚLOHLÁVEK, F., KOŠŤAN, P., ŠULEŘ, O.: <i>Management</i>. Olomouc: Rubico, 2001, 642 s. ISBN 80-85839-45-8</a><ul style=)
2. Zákon NR SR č. 578 z 21. októbra 2004 Z.z o poskytovateľoch zdravotnej starostlivosti, zdravotníckych pracovníkoch, stavovských organizáciách v zdravotníctve a o zmene a doplnení niektorých zákonov
3. Nariadenie vlády SR č. 322/2006 o spôsobe ďalšieho vzdelávania zdravotníckych pracovníkov, sústave špecializačných odborov a sústave certifikovaných pracovných činností.
4. Vyhláška MZ SR č. 366/2004 Z.z. o kritériách a spôsobe hodnotenia sústavného vzdelávania zdravotníckych pracovníkov
5. KOVÁČ, A.: Potreba manažérskeho vzdelania v zdravotníckej praxi, IN: Verejné zdravotníctvo, 2007, číslo 4. Dostupné na: <http://www.szu.sk/ine/verejnezdravotnictvo/index.html?par=456>
6. [http://www.sls-sis.sk/pages/legislativa-157\\_pril3-6.html](http://www.sls-sis.sk/pages/legislativa-157_pril3-6.html)
7. MAČKINOVÁ, M., GAŽOVÁ, Z. 2014 Manažment a komunikácia v sociálnej práci Skriptá. SZU. Bratislava , ISBN 978-80-89-702-04-6, 137 s.
8. MAČKINOVÁ, M., Keketiová, J. 2013. Social Work in the Slovak Republic. In: Soziale Arbeit. - ISSN 0490-1606. - č.11. 2013. s. 438-444.
9. MAČKINOVÁ, M.2009. Sociálne zabezpečenie v SR Bratislava : SAP, 2009. - 120 s. - ISBN 978-80-8095-056-9.
10. FÜLÖPOVÁ, A.: Tvorivý manažér v zdravotníctve, IN: Verejné zdravotníctvo, 2008, číslo 1. Dostupné na: <http://www.szu.sk/ine/verejnezdravotnictvo/>
11. SLOVÁK, P. Vzdelávaním k zmene myslenia. Sociálny rozvoj sa začína zachovávaním morálnych princípov. In: Sociálne investovanie [Zborník príspevkov z medzinárodnej vedecko-odbornej konferencie (CD-ROM)]. - Bratislava : Stála konferencia III. sektora SR v Bratislave, 2014. - ISBN 978-80-971606-0-9. - S. 93-101.