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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии
საქართველოს სამედიცინო სიახლენი

GEORGIAN MEDICAL NEWS

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GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

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GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

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WEBSITE

www.geomednews.com

К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman (Кириллица)**, для текста на грузинском языке следует использовать **AcadNusx**. Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - <http://www.spinesurgery.ru/files/publish.pdf> и http://www.nlm.nih.gov/bsd/uniform_requirements.html В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректур авторам не высылаются, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

При нарушении указанных правил статьи не рассматриваются.

REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or computer-printed on a single side of standard typing paper, with the left margin of 3 centimeters width, and 1.5 spacing between the lines, typeface - **Times New Roman (Cyrillic)**, print size - 12 (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: http://www.nlm.nih.gov/bsd/uniform_requirements.html
http://www.icmje.org/urm_full.pdf

In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

**Articles that Fail to Meet the Aforementioned
Requirements are not Assigned to be Reviewed.**

ავტორთა საქურაღებოლ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დაიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx**. შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგის ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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ORGANIZATIONAL AND FUNCTIONAL MODEL OF IMPROVEMENT OF THE SYSTEM OF PREVENTION OF CONFLICT SITUATIONS IN THE FIELD OF HEALTHCARE

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Abstract.

In order for any organization, including a medical one, to function effectively in modern conditions, the entire management system, including the human resources management system, needs constant development and improvement. The staff of health care institutions is a community of people with different levels of conflict. The ability to build constructive relationships, use the most effective strategies of behavior in conflict situations and resolve conflict contradictions is an important indicator of the effectiveness of the work of managers at all levels.

The aim: To substantiate, develop and implement in the health care system a functional and organizational model of conflict prevention in medical organizations.

Materials and methods: 582 medical workers of primary care centers and hospitals of the Chernivtsi region were involved in the study, who passed an individual survey about conflict situations in medical institutions and, applying a systemic analysis, developed a functional and organizational model for the prevention of conflict situations in the field of medicine.

Results and discussion: One of the most important functions of medical managers, doctors and secondary medical personnel in medical institutions is to ensure a balance between rights and obligations in the triad «administration – medical worker – patient». This function is implemented thanks to control over the creation of regulatory documents and analysis of the work of direct performers. To resolve conflict situations and disagreements that arise directly between the manager and medical workers regarding «acute» issues, we suggest using a general conflict management algorithm in a medical organization. Directly to improve the system of prevention of conflict situations in the field of health care, an organizational and functional model has been developed, the basis of which is the correction of pre-conflict situations and their exacerbation.

Conclusion: The functional-organizational model of prevention of conflict situations in medical organizations developed in the course of the study reflects modern trends in health care and allows a medical worker to predict the further aggravation of conflict situations or resolve an existing conflict in a non-conflict way.

Key words. Conflict in medicine, prevention model, patient, head of a medical institution.

Introduction.

Problems of conflicts between patients and doctors have arisen since the birth of medicine as a science. But in modern medical organizations, in addition to these problems, there are a number of other factors that shape the conflict management system. However, not every contradiction can be called a conflict. Contradictions lead to conflicts when they affect the social status of a group or individual, material or spiritual interests of people, their prestige, and moral dignity. There are different definitions

of conflict, but they all emphasize the presence of contradiction, which takes the form of disagreement, when it comes to human interaction.

A conflict related to the provision of a medical service should be understood as a conscious or unconscious violation by a party (parties), as a result of action or inaction, of the social and/or economic rights and interests of the subjects of legal relations, provided for and protected by the relevant legislation, related to provision of medical services.

The study of the scientific works of modern foreign scientists on conflict studies showed the probability and usefulness of applying some ideas in Ukrainian conditions. First of all, we mean Fisher's model of «principled negotiations» [1], the model of «management intervention» in intra-organizational conflicts, L. Kozler's concept of «positive conflict» [2] in the organization, the technology of step-by-step regulation of conflict relations between opponents.

Managers must take into account the fact that everything is interconnected in the market. If a valuable employee leaves the organization during a conflict, the manager not only loses, but also allows competitors to win. In fact, maintaining key, highly qualified employees are the main task of any company, including and medical, which wants not only to survive, but also to develop successfully in the modern market.

Under the modern approach to resolving conflicts in management, E. Deming [3] in his works meant the partnership of employees and managers, where the manager is given the role of a mentor, an older friend who can show the employee the way to his professional growth. He also believes that one of the main reasons for the emergence of contradictions between employees and units is that everyone pursues only their own goals, not noticing the importance of the tasks of others [4]. It is necessary to be able to identify employees who go to work only to receive money, and those who are proud of their professionalism, their team, their company. Such methods as honor boards and award certificates are still relevant today.

Conflict prevention is «an attempt to influence socio-psychological phenomena that can become constituent parts of the future conflict structure, future opponents and the resources they use» [5,6]. Since any conflict leads to the limitation of people's needs and interests, it is necessary to start its prevention from the earliest prerequisites, with the identification of potential causes of the future conflict [7].

A feature of the professional environment of medical workers is that almost every field of their activity involves working in a team, for example in an operating team, or constant interaction with colleagues (with adjacent, auxiliary units, other specialists of their department), as well as communication with patients and their relatives [8,9]. Despite the fact that each participant in the process of providing medical care performs his own direct professional duties, in one way or another, all employees

of a medical organization are related to each other. The tension of the work of medical workers (high responsibility, physical and emotional stress, lack of clear demarcation of responsibilities, nursing standards, etc.) leads to disputes, rivalry, misunderstandings between employees and causes various kinds of conflicts.

There are several points of view on the role of conflict in the organization [10,11]. Some scholars suggest that conflict should be avoided, as it indicates disruptions in the group's work. This approach is called traditional. Other scholars argue that conflict can not only be a driving force for successful and effective group work but is a necessary condition for it. Such a point of view is marked as interactionist [12]. Modern research shows that it is not necessary to encourage «good» conflicts or to avoid «bad» conflicts; the most important thing is to resolve the conflicts that have arisen productively. In other words, it is important to be able to manage conflict.

The aim. To substantiate, develop and implement in the health care system a functional and organizational model of conflict prevention in medical organizations.

Materials and Methods.

582 medical workers took part in the study, of which 48 were managers, 160 were nurses, and the rest were actually doctors of primary care centers and hospitals in Chernivtsi and Chernivtsi region. The research methodology was based on anonymous individual interviews with managers, doctors, and nurses, focusing on in-depth study of conflict situations in medical teams, allowing participants to express their opinion freely, without pressure. Based on the answers of the respondents and the considered specific points regarding the determination of the behavior of practicing doctors and nurses in resolving conflict situations, using the methods of modeling, structural and logical analysis, and the method of expert evaluations, a functional and organizational model for the prevention of conflict situations in medical organizations was developed.

Results and Discussion.

Any professional work, in addition to psychological and physical characteristics, is based on personal qualities that contribute to the success of human activity. First of all, this refers to professions where the object of a person's business activity is another person; this type of «person – person» interaction depends on the qualities of both one and the other subject of the relationship. There is no doubt that a medical worker must possess a certain list of high personal qualities.

The medical profession is based on respect for human life and its quality. Not causing harm and harm is the first duty of a medical worker.

The profession of a medical worker refers to complex types of work, which requires the specialist to continue the process of learning and professionalization, versatile education, erudition, as well as the possession of personal and professional qualities. A medical worker is endowed with the trust of society, therefore, the humanism and attention of a medical worker, his respect for the patient should not be determined by high politeness.

The work of medical workers is very responsible. It involves constant excessive psycho-emotional stress, which requires

endurance and the frequent need to make medical decisions in extreme situations [13]. An important principle of the work of medical workers is the collegial solution of the most complex and difficult issues in their practical activities, friendly mutual assistance. It is important that a medical worker owns his own emotions, knows how to control his reactions and behavior in general, and maintains confidence. Politeness and patience are constituent elements of a good work style, with the help of which attention to one's patients and care for them is expressed [14].

Among the various features of the medical profession, contact with the patient and a benevolent attitude towards him are very important. The success of the treatment is mainly determined by the ability of the medical worker to win the trust of the patient and find an approach to him. The high qualification of a medical worker, his skill are manifested, first of all, in restraining his reaction to often a sharp act of the patient, in understanding his condition. The communicative side of the activity of a medical worker is of great importance, since in the process of its implementation, the worker of the health care institution must provide assistance to the patient, and often such assistance is not so much medical as psychological side [15].

The process of providing medical care includes all kinds of relationships in the triad «medical worker – patient–society» (ethical, legal, economic, informational, etc.), as well as various types of social interactions – cooperation, competition, conflict, taking into account the set of functions of each of them [16]. Conflict situations concerning the doctor's personality – internal conflicts, or the doctor's interaction with others: colleagues, patients, his relatives – external conflicts – where various conflict situations are reflected on the doctor's internal state (Figure 1).

The level of conflict between a medical worker and patients depends on:

- qualifications of medical personnel.
- the material and technical base of the medical institution.
- the quality and cost of services provided.
- patient evaluation of subjective and objective components of medical help.

Socio-economic characteristics of medical workers and their partners in conflict interaction – patients – are almost the same. The only difference is that doctors with high professional qualifications are often involved in the conflict. Despite the conscious choice of specialty and significant experience working with people, low wages, corresponding only to the subsistence minimum, are one of the main factors that determine the social discomfort of medical personnel and affect the nature of relationships at the time of providing assistance [17]. The most common conflicts in medicine are depicted in Figure 2.

Undoubtedly, the problem of conflicts in medical practice is not only the problem of an incompetent medical worker and a «victim – patient» or an «angry patient» and a «sufferer – doctor»; this problem is complex and needs to be solved at different levels. But, speaking of medical workers, it is important to remember that a doctor must clearly know his rights and responsibilities perform his work honestly and professionally, treat his colleagues with dignity, and then the entire team of the medical institution will come to his defense [18].

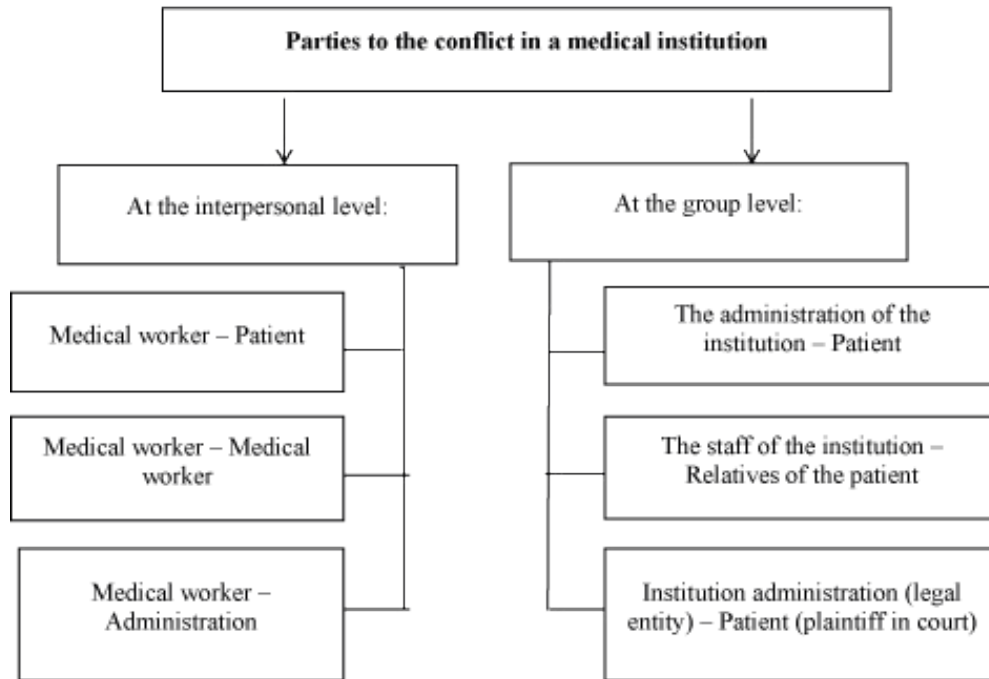


Figure 1. Parties to the conflict in medical institutions.

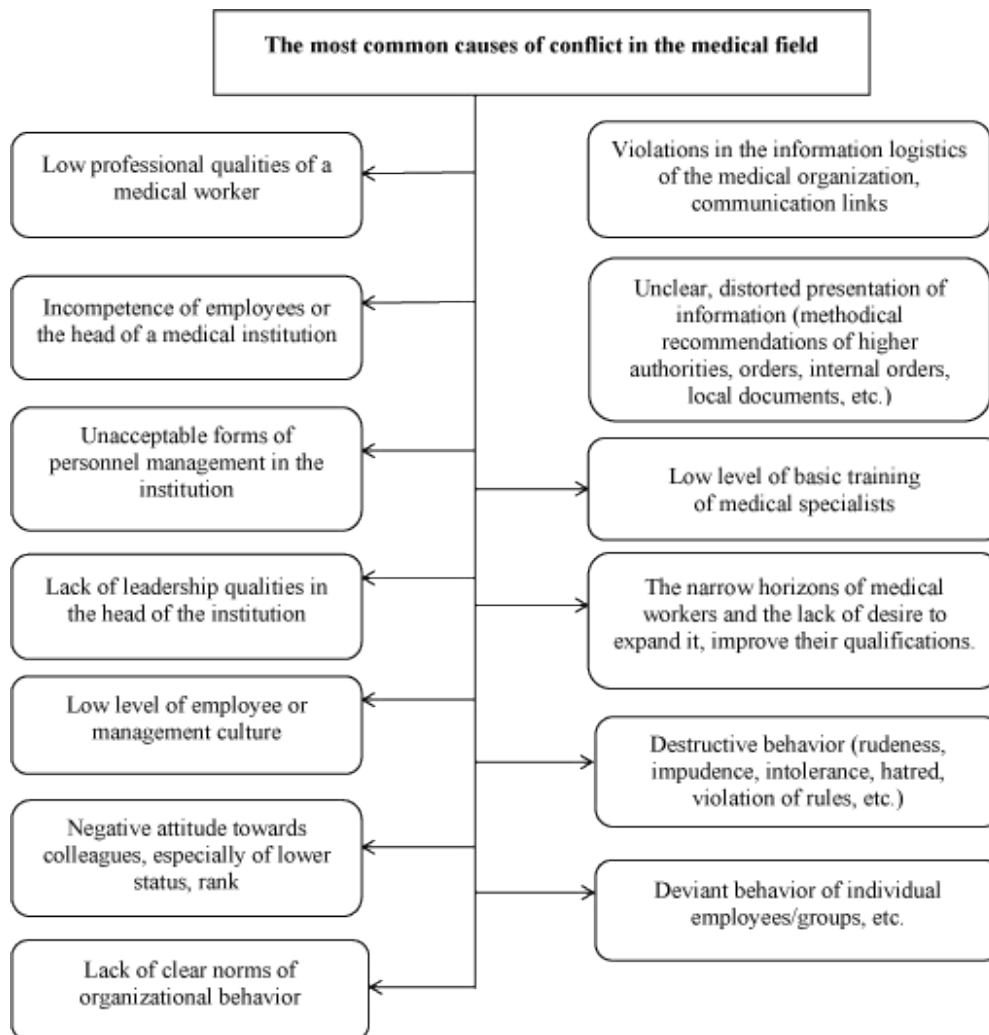


Figure 2. The most common causes of conflicts in the medical field.

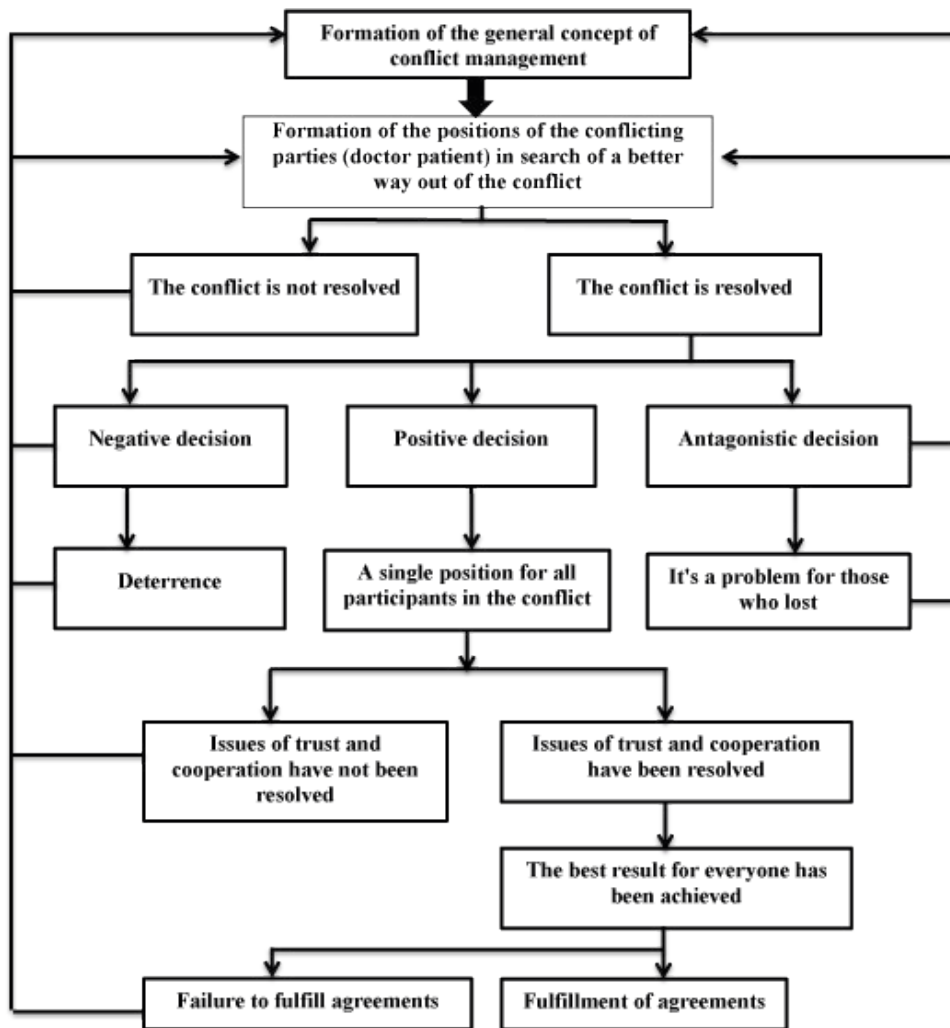


Figure 3. Conflict management algorithm in a medical organization.

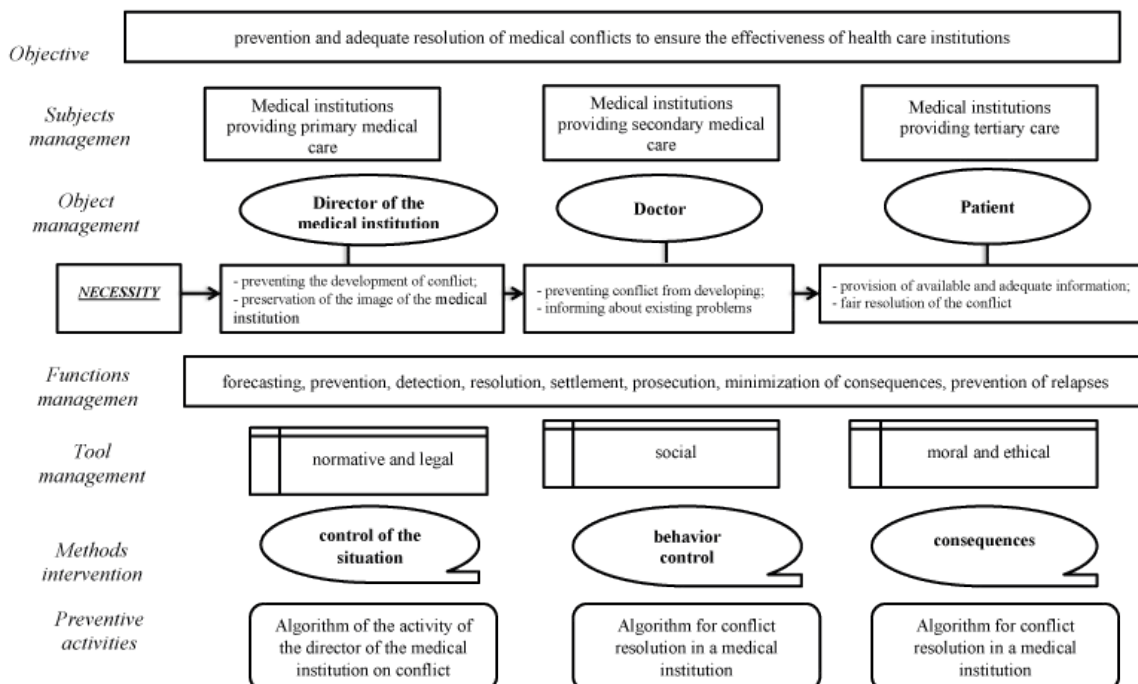


Figure 4. Functional-organizational model of conflict prevention and management in a medical organization.

As a result of our research, summarizing the received information, applying structural and logical analysis and the method of expert evaluations, a general algorithm for conflict management in a medical organization is proposed (Figure 3).

The process of providing medical care includes various types of relationships in the «doctor – patient – society» triad (informational, economic, legal, ethical, etc.), as well as various types of social interactions – competition, cooperation, conflict, taking into account the set of functions of each of them. One of the forms of realization of the relations of social subjects in the medical field is the conflict, which acts as an interpersonal method of development of the social institution of medicine.

The most effective method of preventing conflict relations related to the provision of medical services is their prevention and resolution at an early stage of development. Having conducted an analysis of conflict situations that arose in medical institutions during the period of our study, we concluded that an effective way to prevent conflicts is not so much to directly affect emerging pre-conflict situations as to create conditions that prevent their aggravation, as well as to develop handling pre-conflict situations in non-conflict ways. A different approach of employees to self-assessment and mutual assessment of each other's individual performance results is one of the typical direct causes of conflicts between them. Competent, objective, multifaceted evaluation of the results of the activities of subordinates and managers is the most important condition for the prevention and prevention, first of all, of interpersonal conflicts.

Therefore, our proposed model of prevention of conflict situations in medical institutions is conceptually oriented, first of all, to the medical worker at all levels of medical care (Figure 4). The effectiveness of the proposed scientifically based functional and organizational model for the prevention of conflict situations reflects modern trends in health care and allows the doctor to predict the further aggravation of conflict situations or to resolve an existing conflict in a non-conflict way.

Preventive measures in conflict situations determine the socio-economic and ethical significance of all preventive work; it is only a matter of its real implementation, activation of reserves of practical health care services. All this is possible under the condition of appropriate organization and motivation at all levels of providing medical care, when it is beneficial for a person to be morally calm and patient, which will definitely have a positive effect on the health of the whole body.

Conclusion.

The functional-organizational model of prevention of conflict situations in medical organizations developed in the course of the study reflects modern trends in health care and allows a medical worker to predict the further aggravation of conflict situations or resolve an existing conflict in a non-conflict way. This will undoubtedly have a positive effect on the atmosphere in the team, which, in turn, will definitely have a positive effect on patients.

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РЕЗЮМЕ ФУНКЦИОНАЛЬНО-ОРГАНИЗАЦИОННАЯ МОДЕЛЬ СОВЕРШЕНСТВОВАНИЯ СИСТЕМЫ

ПРОФИЛАКТИКИ КОНФЛИКТНЫХ СИТУАЦИЙ В ЗДРАВООХРАНЕНИИ

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Для того чтобы любая организация, в том числе и медицинская, эффективно функционировала в современных условиях, вся система управления, в том числе и система управления человеческими ресурсами, требует постоянного развития и совершенствования. Персонал учреждений здравоохранения – это сообщество людей с разным уровнем конфликтности. Умение строить конструктивные отношения, использовать наиболее эффективные стратегии поведения в конфликтных ситуациях и разрешать конфликтные противоречия являются важным показателем эффективности работы руководителей всех уровней.

Цель. Обосновать, разработать и внедрить в систему здравоохранения функционально организационную модель профилактики конфликтных ситуаций в медицинских организациях.

Материалы и методы. В исследование были привлечены 582 медицинских работника центров первичной медико-санитарной помощи и больниц Черновицкой области, которые прошли индивидуальный опрос по конфликтным ситуациям в медицинских учреждениях и, применив системный анализ, разработана функционально-организационная модель профилактики конфликтных ситуаций в области медицины.

Результаты. Одной из важнейших функций медицинских руководителей, врачей и среднего медицинского персонала в медицинских учреждениях является обеспечение баланса между правами и обязанностями в триаде «администрация – медицинский работник – пациент». Эта функция реализуется благодаря контролю за созданием регламентирующих документов и анализа работ непосредственных исполнителей. Для разрешения конфликтных ситуаций и разногласий, возникающих непосредственно между руководителем и медицинскими работниками по «острым» вопросам, предлагаем использовать общий алгоритм управления конфликтом в медицинской организации. Непосредственно для усовершенствования системы профилактики конфликтных ситуаций в области здравоохранения разработана организационно-функциональная модель, основой которой является коррекция предконфликтных ситуаций и их обострение.

Вывод. Разработанная в ходе исследования функционально-организационная модель профилактики конфликтных ситуаций в медицинских организациях отражает современные тенденции в здравоохранении и позволяет медицинскому работнику спрогнозировать дальнейшее обострение конфликтных ситуаций или разрешить уже существующий конфликт неконфликтным способом.

Ключевые слова: конфликт в медицине, модель профилактики, пациент, руководитель медицинского учреждения.