

# MANAGEMENT OF MODERN HEALTHCARE

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## Abstract

For medical services the following is applied: monopoly prices (set by the manufacturer); nominal prices taking into account cost and minimum profitability; wholesale prices (large quantities of goods are sold to organizations at a significant discount); retail prices (in the store), taking into account acceptable markups and the benefits of the selling organization (seller); market prices (equal to retail prices) (determined by a group of selling entities, taking into account the overall benefit); sliding prices (set taking into account various conditions); fixed prices (determined by the state, consumer associations, contracts) [ 2 ].

**Keywords:** Marketing, public speaking, medicine employees.

## Introduction

When marketing medical services, medical institutions must take into account: consumer capabilities (quantity, concentration, solvency, morbidity structure); capabilities of the medical institution (equipment, state of staff, licensing of services, capital availability of new equipment, experience in commercial activities); quality, level and accessibility of medical services (set of services, their quantity, additional, desirable and mandatory services, opportunities for improving and updating services, their novelty, practical and medical effect, etc.); competition (the number of similar services, their quality and efficiency, equipment with the latest technology, the professional level of specialists and their authority in other institutions). [ 1,2,3 ].

Analyzing the healthcare sector in many developed countries from this perspective, it should be noted that there are such restrictions that appear in a variety of forms. For example, the American Medical Association, which unites about half of all privately practicing doctors, plays an important role in artificially restraining the supply of medical services in the United States. It limits enrollment in medical faculties, increases tuition fees, and controls the influx of emigrant doctors and their access to medical practice. Without the association's knowledge, no significant health care initiatives can be approved. [ 4 ].

It should be noted that there are additional artificial barriers for manufacturers of medical services when they enter the market: frequent certifications, the need to obtain a new license when a doctor moves from state to state, etc. this is due to the fact that, in purely economic terms, it is relatively easy for an already formed specialist to enter and leave the medical services market, since the provision of many types of medical care is not associated with large initial costs, significant start-up capital (unlike activities in industry, trade, and most other areas). On the other hand, dynamic demand, the emergence of new needs and “niches” in the market of medical services and related products are actively attracting new specialists and pseudo-specialists to this area. Therefore, it is quite understandable that the already established contingent of producers wants to use all possible, and not only economic, means to minimize the likelihood of potential competitors appearing on



the market, limit supply, and maximize prices and income. [ 4,5,8 ]. The limitations of competition and information noted above mean that the market for health care services will differ significantly from a perfectly competitive market. Under conditions of perfect competition, if a firm discovers a better way to produce a good, it simply lowers prices and thus takes away buyers from other producers. Production is always efficient and prices reflect the production costs of the most skilled producers. If these conditions are not met, then those producers whose prices significantly exceed production costs can survive. The market for medical services and the market for resources are closely interconnected. On the one hand, the demand in the resource market is derived from the demand for medical services, and on the other hand, the price level and, in general, the situation in the resource market determine the potential opportunities and boundaries for the development of medical institutions.

Therefore, it is no coincidence that the level of professional training of medical workers, the availability of medicines, and the low level of material and technical base of healthcare have become the most acute problem of the healthcare crisis observed in our country. The state monopoly that has prevailed in these areas for many years, the insignificant amount of funds allocated from the state budget, and the predominance of extensive development methods are the main reasons for the difficulties that have arisen . [ 1,2,3 ].

For effective management, motivation (interested activity and commitment of personnel), a combination of production, physiological and psychological guidelines are important. Among the qualitative methods of influencing the team in management, leadership style (a set of management methods and management psychology) plays an important role.

There are 6 main leadership styles: Director style, when the leader is guided by the principle of "do as I say," keeps employees under control and uses encouragement, punishment, and initiative as a driving force. A leader-organizer is a strict but fair leader. Gives clear instructions to his subordinates, influences with persuasion, communicates to everyone his assessment of his qualities and achievements. Personal style, when the leader follows the motto "people first, business second." Trusts people and values good relationships in the team. As an incentive, it provides employees with additional benefits, a feeling of comfort, security, and peace of mind [9]. Democratic style, when the leader adheres to the principle of "one person - one vote." Such a leader encourages employees to actively participate in decision making, each person is personally controlled and encouraged to take active action. The desire to set the pace of work. A leader who strives to do more himself takes on many tasks, works a lot, assuming that other employees will follow his example, gives many the opportunity to plan and work independently .

Mentoring style, when the leader is guided by the principle "you can do it." This type of leader helps members of the "team" and encourages them to perform better, giving them the opportunity for personal development . Successful leadership of a manager is possible through the use of various leadership styles engages in attracting and retaining clients or customers. [10].

### Conclusions

He studies the market to understand what services or goods are most in demand, what an attractive offer should look like, what should cost and how much, and how best to promote and sell a service or product.



**References**

1. V.S. Luchkevich . Fundamentals of social medicine and healthcare management, St. Petersburg, 1997.
2. V.S. Luchkevich , I.V. Polyakov. Basics of health insurance in Russia. St. Petersburg , 1995
3. I.V. Polyakov, T.M. Zelenskaya, P.G. Romashov, N.A. Pivovarova. Health care economics in the system of market relations. Tutorial. St. Petersburg, 1997.
4. V.D. Seleznev, I.V. Polyakov. Economic foundations of population health reproduction in a transition economy. St. Petersburg, 1996
5. Rodionova V.N. Management in healthcare in new economic conditions //Economics and healthcare management /ed. Yu.P. Lisitsyn. - M., 1993, pp. 43-83//.
6. Lipsits, Igor. Marketing for top managers. – Eksmo, 2007.
7. McDonald, M., Dunbar, Y. Market segmentation. - Business and service, 2002.
8. Malcolm MacDonald Marketing Plans. – Technologies, 2004.
9. Mann, Igor Marketing 100%. – Mann, Ivanov and Ferber, 2005.
10. Marketing (edited by Prof. I.V. Lipsits). – GEOTAR-Media, 2012.

