

## CONDITION AND PROBLEMS OF PERSONNEL PROVIDING OF HEALTH CARE SYSTEM OF UKRAINE

PE «Ukrainian Institute of Strategic Researches of MHC of Ukraine», Kyiv, Ukraine

*Personnel policy is called to provide effective activity of medical branch. For elimination of risks to the achievement of national and global purposes in the health sector it is necessary to create contingent of qualified and competent health care workers.*

**Purpose** – to highlight the basic purposes and objectives of personnel policy designed to ensure of effective activity of medical branch, on improvement of its productivity.

**Methods:** bibliographic, statistical, the comparative analysis.

**Results.** The data of personnel provide of medical branch, their dynamics for 2010–2015 have been analyzed. The need for experts and necessities of ensure the proper professional level is determined.

**Conclusions.** It is necessary to achieve proper efficiency of available resources, their concentration on promising directions first of all further implementation of PHC based on GPFM. It should intensify vocational work, at all levels to promote restore the prestige of the profession of medical worker and his social security.

**Key words:** personnel policy, permanent appointments, professional level, manning, security.

### Introduction

The human resource of health care system, level of its training – the important component for provide to population quality medical aid. Especially important it gets in conditions of reforming the healthcare branch. From the analysis of indicators of human resource management, calculations of the forecast of their dynamics, need for specialists and ensure their appropriate professional level in large extent depend on the results of branch reformation.

**Purpose** – to highlight of the basic purposes and objectives of personnel policy designed to ensure of effective activity of medical branch, on improvement of its productivity.

### Materials and methods

In the article the following methods of research have been used: bibliographical, statistical, comparative analysis.

### Results and discussion

For Ukraine the main task on an effective use of human resources lay in the plane of the integrated approach to the improvement and management of branch, preparations and preservations of medical personnel, optimization of infrastructure and resource provide. The main current staffing problems, which have developed in health care are: variety and complexity of structure of human resources; low quality pre- and postgraduate training; non-uniformity of provision of public health personnel in terms of administrative areas; large number of medical specialties; lack of motivation of medical personnel to effectively work for imperfect system of payment; low level of staffing positions for certain medical specialties; general shortage of staff; excessive specialization of doctors; discrepancy of certification system; high share of

workers of pension age; outdated legal framework on human resources policy in health care [8].

The purpose of personnel policy of the World Health Organization is preparation necessary qualified employees, providing with them health care institutions and also performance by these medical workers of respective tasks. Developed jointly by WHO Member States ten-year plan of action for 2006–2015, which includes activities in management, training and human resources planning, based on national leadership and global solidarity.

Deficiency of staff exists, first of all, in primary care, especially in rural areas. Outflow of medical personnel from donor countries leads to incomplete of health care facilities (HCF) in these countries, reducing the capacity of health services, increasing employment costs and consolidate personnel. In the USA deficiency of nurses in 2015 was 500 thousand, Canada in 2011 – 113 thousand, Finland – 112 thousand, Great Britain in 2008 – 35 thousand, Australia in 2006 – 21 thousand.

In the countries of the European region shortage of training family doctors and nurses and other primary care workers has been felt; preparation of health workers is carried out without taking into account necessary parities between doctors of narrow specialties, between physicians and nurses. According to WHO data, in the world lacks 2 million health workers.

Provision of medical staff in the EU countries is 104.0 per 10 thousand of population, including doctors – 35.2, in the CIS – 37.3. Indicator of availability of the WHO European Region by nurses is 67.0 per 10 thousand. In the EU countries accordingly – 73.1; CIS – 78.5 per 10 thousand of population (last possible indicators for comparison in the WHO database) [2]. High enough levels characterize such indicators in Ukraine: security of doctors (individuals) per 10 thousand of population in 2015 was 38.0; healthcare workers – 80.78 (Table 1).

Table 1  
Provision of the population of Ukraine  
by medical workers in 2010 and 2015 (per 10 thousand of population)

Indicator	Year	
	2010	2015
<i>Provision of doctors</i>		
Health care facilities of system of Ministry of Health of Ukraine	43.20	38.0
<i>Provision of nurses</i>		
Health care facilities of system of Ministry of Health of Ukraine	94.10	80.78

Development of human capacity is characterized by tendency of stabilization and even decline in the ratio of nurses to the number of doctors in the health care facilities system of Ministry of Health of Ukraine. Dynamics of the availability of doctors and nurses has become a decrease (Table 2–3).

Table 2  
Availability of permanent appointments and individuals physicians in 2010–2015

Administrative and territorial unit	Provision per 10 thousand of population			
	permanent appointments		physical persons	
	2010	2015	2010	2015
AR Crimea	59.4	-	45.52	-
<i>Region</i>				
Vinnitsa	51.90	51.0	46.17	45.6
Volyn	45.45	43.1	37.18	36.3
Dnipro	55.80	51.3	41.99	39.6
Donetsk	55.02	20.6	41.36	12.6
Zhytomyr	48.58	45.8	35.51	35.3
Transcarpathia	39.54	37.2	38.20	37.5
Zaporizhzhia	58.65	56.7	42.83	43.2
Ivano-Frankivsk	53.02	54.1	55.87	56.9
Kyiv	51.04	49.5	37.97	37.0
Kirovohrad	49.58	47.5	33.24	33.5
Lugansk	52.46	17.5	39.02	8.9
Lviv	50.84	48.4	52.19	50.7
Mykolaiv	44.56	42.6	31.75	29.9
Odessa	53.15	49.4	43.11	40.9
Poltava	53.96	55.0	44.48	44.9
Rivne	48.54	45.7	38.02	38.5
Sumy	48.61	47.8	35.28	37.0
Ternopil	52.22	51.5	48.99	50.0
Kharkiv	56.57	55.5	48.53	46.6
Kherson	44.57	42.8	31.18	30.7
Khmelnytsky	46.67	45.4	38.19	38.3
Cherkassy	46.98	45.8	35.42	35.2
Chernivtsi	55.25	54.5	58.42	55.9
Chernihiv	48.89	48.1	35.76	35.5
<i>City</i>				
Kyiv	75.80	70.3	59.57	56.0
Sevastopol	59.71	0.0	43.06	0.0
Ukraine	53.50	46.2	43.22	38.0

Table 3  
Availability of permanent appointments and individuals nurses in 2010–2015

Administrative and territorial unit	Provision per 10 thousand of population			
	permanent appointments		physical persons	
	2010	2015	2010	2015
AR Crimea	102.18	-	92.20	-
<i>Region</i>				
Vinnitsa	97.65	92.24	102.36	101.82
Volyn	96.65	89.81	106.88	102.81
Dnipro	97.78	90.58	86.89	80.29
Donetsk	101.29	37.34	88.69	30.73
Zhytomyr	104.53	98.59	106.59	102.99
Transcarpathia	79.92	75.66	89.01	84.48
Zaporizhzhia	105.05	101.15	92.60	86.64
Ivano-Frankivsk	96.88	93.59	106.94	106.39
Kyiv	102.46	101.01	89.20	82.52
Kirovohrad	107.73	102.44	100.82	97.01
Lugansk	96.44	35.28	92.51	23.67
Lviv	92.19	87.61	101.09	97.97
Mykolaiv	89.08	83.19	80.40	75.26
Odessa	96.42	87.48	85.38	76.08
Poltava	102.19	99.66	97.13	94.17
Rivne	100.76	93.91	110.93	104.86
Sumy	106.02	102.52	103.94	103.05
Ternopil	99.25	95.39	110.11	106.86
Kharkiv	93.07	87.67	84.39	77.99
Kherson	93.47	88.41	89.09	83.51
Khmelnitsky	94.41	90.89	99.33	97.51
Cherkassy	103.15	98.11	99.72	95.81
Chernivtsi	88.76	83.19	101.56	98.35
Chernihiv	113.12	108.04	110.09	104.67
<i>City</i>				
Kyiv	104.14	100.05	81.52	75.59
Sevastopol	106.33	-	85.14	-
Ukraine	98.74	84.64	94.01	80.78

Number of regular medical positions in facilities of Ministry of Health of Ukraine system every year is reduced (in 2010 – 234.9 thousand; 2015 – 196.8 thousand). The difference in those years amounted – 38.1 thousand medical positions. During the same period the number of doctors – physical persons has decreased by 35.5 thousand. As a result of these processes gap between the number of permanent appointments of doctors and physical persons was reduced. Thus, in 2010 this difference was in absolute numbers 46.8 thousand, in 2015 – 35.2 thousand.

According to WHO data, in Ukraine indicators of

ensure with health workers have come closer to Central European (Fig. 1 and 2) [6].

Negative changes in number of physicians during 2015 were formed through the AR Crimea, Donetsk, Luhansk, Dnipropetrovsk regions and Sevastopol. Furthermore, it should be noted the disturbing fact that in 2015 (compared to 2010) the number of working doctors (physical persons) completely in all administrative and territorial units has decreased. In general, in Ukraine the number of doctors for the accounting period has decreased on 35,444 persons (18.0%) (Table 4).

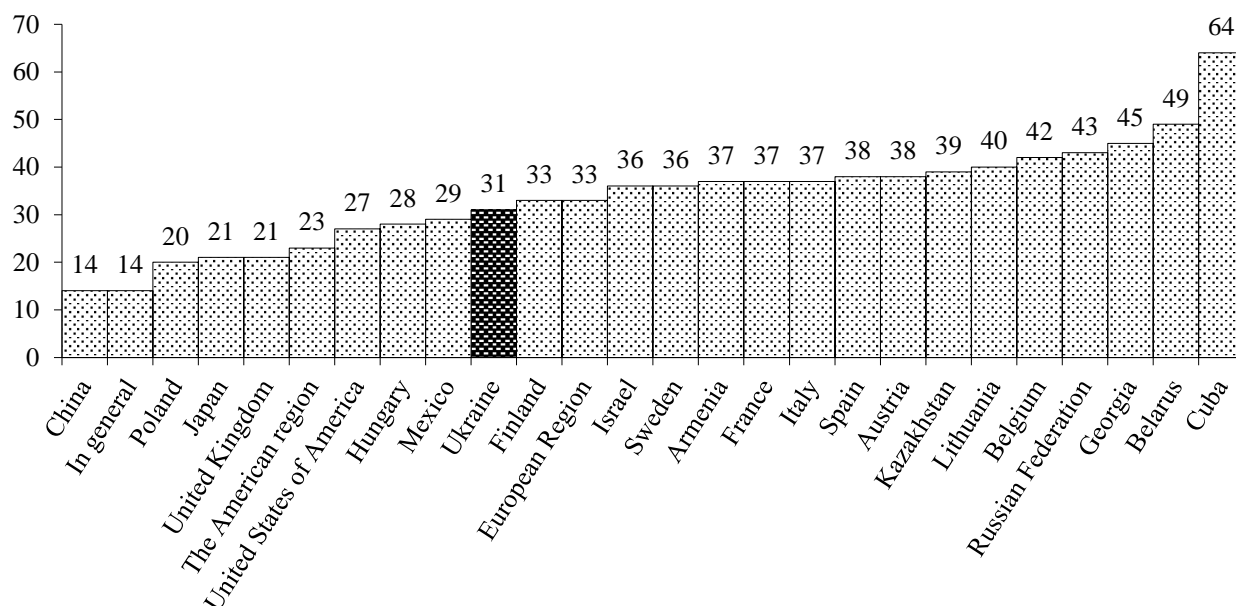


Fig. 1. Providing of the population of the world by doctors (per 10 thousand)

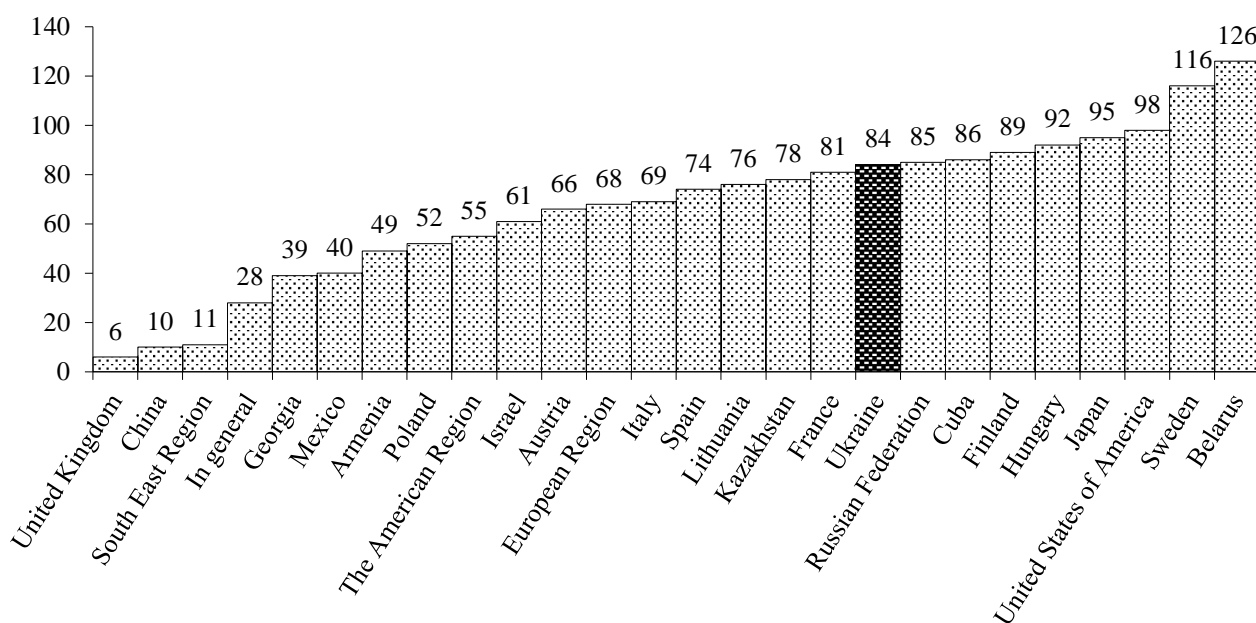


Fig. 2. Providing of the population of the world by nursing and midwifery personnel (per 10 thousand)

Table 4  
Changes in the number of doctors on regions in 2010 and 2015

Administrative and territorial unit	Number of physicians (excluding dental), persons		Changes in the number 2015 to 2010
	2010	2015	
AR Crimea	8898	—	-8898
<i>Region</i>			
Vinnitsa	7544	7276	-268
Volyn	3846	3771	-75
Dnipro	13 996	12 880	-1116
Donetsk	18 283	5344	-12939

Continuation of Table 4

Zhytomyr	4544	4402	-142
Transcarpathia	4754	4713	-41
Zaporizhzhia	7712	7570	-142
Ivano-Frankivsk	7693	7854	-161
Kyiv	6500	6380	-120
Kirovohrad	3336	3236	-100
Lugansk	8923	1966	-7007
Lviv	13 185	12 758	-427
Mykolaiv	3755	3460	-295
Odessa	10 250	9725	-525
Poltava	6582	6421	-161
Rivne	4378	4466	-88
Sumy	4090	4110	-20
Ternopil	5295	5312	-17
Kharkiv	13 295	12 607	-688
Kherson	3389	3253	-136
Khmelnysky	5056	4951	-105
Cherkassy	4540	4363	-177
Chernivtsi	5265	5066	-199
Chernihiv	3897	3683	-214
<i>City</i>			
Kyiv	16 428	16 054	-374
Sevastopol	1631	–	-1631
<i>Ukraine</i>	197 065	161 621	-35 444

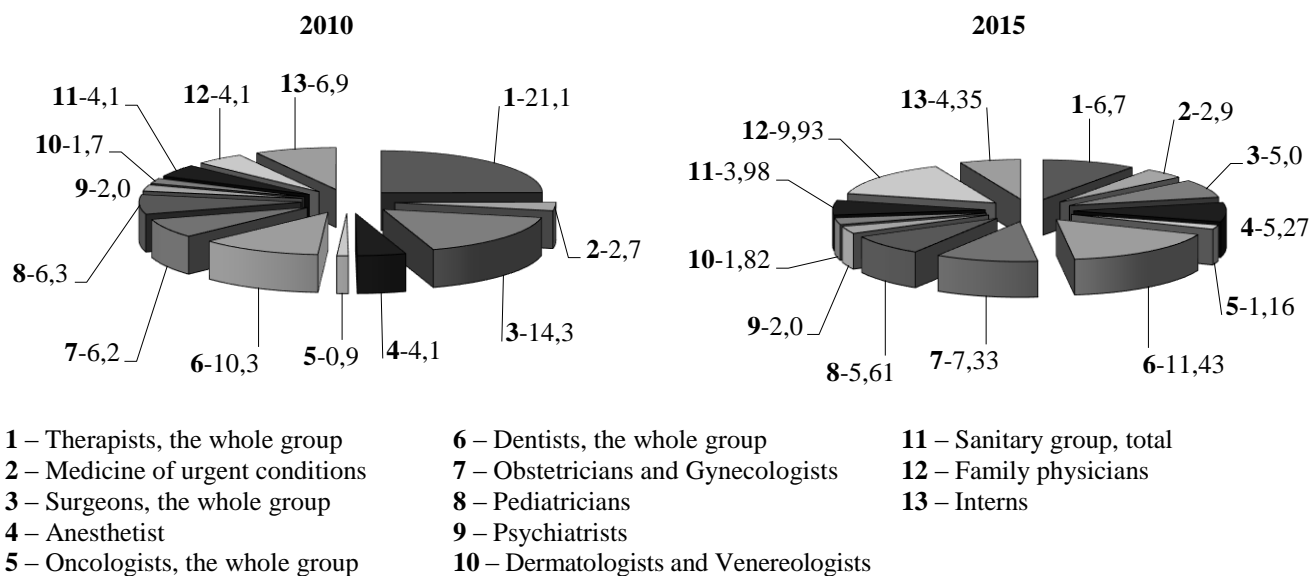
In the branch during 2015 there were problems with complete of permanent appointments by medical workers (Table 5).

Fluctuations indexes of structures of doctors on separate, the most significant groups of specialists in 2010–2015 in densities (in total number of physicians) were

insignificant [1]. The positive tendency characterized changes in the number of GP – FM: their share for the specified period has increased on 5.8% (in absolute terms – on 4595 person). General characteristic of structure of medical specialist groups is resulted on Fig. 3.

Table 5  
Number of permanent appointments of health workers and their staffing of health facilities Ministry of Health of Ukraine in 2010 and 2015

Indicator	Year	
	2010	2015
<i>Physicians (excluding dentists) (thousand)</i>		
Number of permanent appointments	244.00	196.78
from them occupied	223.70	175.06
Number of physical persons	197.10	161.62
<i>Nursing staff (thousand)</i>		
Number of permanent appointments	450.20	360.49
from them occupied	431.60	338.39
Number of physical persons	428.70	344.03
<i>Level of staffing permanent appointments by physical persons (%)</i>		
Physicians	80.80	82.14
Nursing staff	95.20	95.43
<i>Gap between permanent appointments and number of physical persons (thousand)</i>		
Physicians	46.90	35.16
Nursing staff	21.50	16.46



**Fig. 3.** Densities of doctors of separate specialties in total number of physicians of health care facilities of Ministry of Healthcare of Ukraine system in 2010, 2015 (%)

Among problems which are necessary solving is increase of densities of workers of pension age. In 2015 the proportion of retired doctors was about 25.7%. Among the employees in positions of nursing staff number of pensioners

was 16.4%. The share of working pensioners among the main nurses was 25.9% (Table 6). This requires finding reserves in the future to prepare medical personnel based compensation for this loss factor.

**Table 6**  
Number and proportion of working pensioners - doctors and the average medical personnel in the total number of doctors and nursing staff in health facilities of Ministry of Health of Ukraine in 2015

Administrative and territorial unit	Pensioners			
	physicians		average medical personnel	
	number of persons	% to doctor – physical persons	number of persons	% to AMP – physical persons
<i>Region</i>				
Vinnitsa	1357	23.3	1886	12.3
Volyn	867	25.0	1742	16.9
Dnipro	2971	26.9	4504	19.0
Donetsk	1736	34.8	3205	23.4
Zhytomyr	1067	25.1	1820	14.2
Transcarpathia	1092	25.5	1034	10.1
Zaporizhzhia	1694	26.2	2718	18.3
Ivano-Frankivsk	1367	21.6	2176	15.4
Kyiv	1624	27.7	2926	21.7
Kirovohrad	972	31.8	1373	15.2
Lugansk	555	31.7	540	11.4
Lviv	2763	24.6	4164	17.4
Mykolaiv	1019	30.9	1482	17.9
Odessa	2239	28.3	3140	19.2
Poltava	1327	24.5	2125	16.4
Rivne	918	22.0	1290	11.0
Sumy	882	23.0	966	8.8
Ternopil	1120	25.3	1493	13.4
Kharkiv	2341	22.7	3900	19.0

Continuation of Table 6

Kherson	978	30.1	1188	13.5
Khmelnytsky	1272	26.9	1869	15.0
Cherkassy	1336	32.2	2172	18.9
Chernivtsi	786	19.6	805	9.2
Chernihiv	975	27.3	1601	15.1
<i>City</i>				
Kyiv	2563	22.2	3749	20.0
Sevastopol	35821	25.7	53868	16.4

A separate problem was migration of the medical staff, especially high qualification. Western European countries actively involved for work of physicians from other countries. Over the past 30 years in the countries of Western Europe number of medical workers, which have received education abroad has considerably increased. Such problems are typical for Ukraine, especially an external migration of the qualified medical staff in the countries of EU, the USA, the Russian Federation and Belarus. It demands additional charges of government on prepare appropriate medical personnel to compensate for losses on such use of human resources.

This situation is caused by low level of wages, lack of appropriate social conditions and deficient infrastructure of settlements. Annually leaves over 6 thousand of doctors due to natural fluidity. Therefore, the priority direction of development of human potential of branch should become preservation of stable staffing situation in primary care, especially in rural areas, with use of levers in training of medical personnel on target direction; findings resources with

involvement of private investors to provide housing for young professionals. Separately should take care of increase the prestige of the profession of medical worker by increasing their financial security [3]. Nevertheless, in 2010–2015 positive dynamics of manning medical staff was outlined: manning of doctors in 2015 amounted 82.14% (in 2010 – 80.80%) and shortage of medical staff – almost 35.16 thousand persons (46.90 thousand); manning of SMP – 95.43% (95.20%), shortage of staff – 16.46 thousand person (21.50 thousand).

Ministry of Health of Ukraine last years pays significant attention to completion posts of doctors who provide primary care, in particular, GP – FP. However, within 2010–2015 due to negative tendencies in the AR Crimea, Donetsk and Lugansk regions manning GP – FP (according to statistical reports) has decreased by 7.2 percentage points (Table 7) [4].

Manning by doctors health care facilities different levels are resulted in Table 8.

Table 7  
Manning permanent appointments of family physicians by physical persons in 2010–2015 (%)

Administrative and territorial unit	Year					
	2010	2011	2012	2013	2014	2015
<i>Region</i>						
Vinnitsa	72.32	77.04	75.18	78.02	79.43	77.64
Volyn	65.89	71.68	73.94	64.70	74.00	76.55
Dnipro	68.16	72.00	65.05	65.71	72.74	75.31
Donetsk	66.36	70.21	65.70	68.05	-	-
Zhytomyr	71.32	76.64	72.53	70.55	72.08	73.10
Transcarpathia	85.14	87.97	93.56	89.40	88.22	91.30
Zaporizhzhia	71.08	77.32	76.21	71.02	75.49	74.80
Ivano-Frankivsk	69.67	77.21	81.90	95.45	88.82	82.23
Kyiv	58.18	70.11	54.10	63.84	62.42	69.35
Kirovohrad	66.26	70.22	54.81	57.54	46.63	53.33
Lugansk	69.55	70.94	75.64	58.40	-	62.81
Lviv	92.09	93.55	89.25	89.25	27.50	28.97
Mykolaiv	60.00	65.41	48.97	59.21	66.16	65.74
Odessa	66.01	72.47	65.26	68.58	66.68	67.49
Poltava	73.03	75.76	65.19	77.22	71.95	72.73
Rivne	64.94	78.90	78.74	67.90	75.26	80.37
Sumy	70.07	72.93	66.78	69.38	71.70	72.30
Ternopil	83.64	86.52	89.20	87.53	82.06	81.15
Kharkiv	70.74	71.90	68.77	69.74	70.16	71.73

Continuation of Table 7

Kherson	58.81	67.68	63.62	53.27	54.69	57.14
Khmelnytsky	79.63	86.88	85.90	82.76	79.32	81.37
Cherkassy	74.83	71.27	-	66.20	66.99	68.47
Chernivtsi	79.25	76.23	94.05	86.08	85.50	82.10
Chernihiv	79.20	80.32	78.44	66.44	62.44	62.45
<i>City</i>						
Kyiv	76.06	59.87	-	68.50	76.09	76.94
Sevastopol	73.47	76.46	71.66	71.44	64.84	66.27

Table 8

Manning by doctors health care facilities in 2010–2015 (%)

Administrative and territorial unit	Health care facility				
	Regional Hospital		Regional Children's Hospital		Centers of primary care
	2010	2015	2010	2015	2015
AR Crimea	93.1	-	86.2	-	-
<i>Region</i>					
Vinnitsa	98.7	99.0	97.7	80.0	78.00
Volyn	99.5	94.0	97.4	85.0	78.00
Dnipro	94.4	94.0	93.4	87.0	78.00
Donetsk	97.8	-	93.4	-	65.00
Zhytomyr	97.1	86.0	95.3	72.0	73.00
Transcarpathia	100.0	108.0	100.0	85.0	95.00
Zaporizhzhia	89.5	79.0	91.8	73.0	76.00
Ivano-Frankivsk	93.8	102.0	96.8	101.0	81.00
Kyiv	95.0	85.0	77.6	69.0	74.00
Kirovohrad	96.6	73.0	93.3	84.0	68.00
Lugansk	94.2	6.0	99.2	22.0	65.00
Lviv	99.0	108.0	98.7	99.0	0.00
Mykolaiv	100.0	60.0	96.7	62.0	67.00
Odessa	99.7	83.0	98.3	81.0	71.00
Poltava	94.5	80.0	92.9	78.0	74.00
Rivne	92.8	91.0	96.4	85.0	84.00
Sumy	97.5	89.0	94.8	78.0	58.00
Ternopil	97.4	99.0	99.4	98.0	89.00
Kharkiv	92.3	77.0	92.3	78.0	75.00
Kherson	96.3	81.0	96.3	70.0	63.00
Khmelnytsky	95.1	93.0	94.6	81.0	82.00
Cherkassy	98.1	83.0	-	74.0	70.00
Chernivtsi	99.2	105.0	98.2	98.0	91.00
Chernihiv	94.3	87.0	93.9	69.0	64.00
<i>City</i>					
Kyiv	0.00	0.00	99.5	0.00	77.00
Sevastopol	0.00	-	-	-	-
Ukraine	96.1	84.0	85.00	79.0	75.00

To characterize the human resource capacity of health care branch qualifying characteristics of doctors of system MOH of Ukraine are extremely important. At the level of training for attestation categories in branch such groups of

doctors have considerably affected: GP – FD, therapists, surgeons, anesthesiologists, dentists, obstetricians, pediatricians and doctors of medicine of emergency conditions, as demonstrated comparative characteristics (Table 9).



Table 9  
General characteristics of skill levels in the industry  
as a whole compared with the specified group in 2010 and 2015

Specialists	The number of doctors in group (persons)		Qualified for qualification category in group (% to total physicians)	
	2010	2015	2010	2015
Doctors on the organization and management of health	12 532	8443	71.0	85.0
Therapists	18 883	14 824	75.4	91.0
Medical of emergency conditions	5290	4037	79.9	95.0
Surgeons	9127	7198	78.9	94.0
Anesthesiologists	8106	5562	76.9	97.0
Stomatologists	15 729	5782	71.1	93.0
Obstetricians and Gynecologists	12 263	9303	82.8	95.0
Pediatricians	12 453	8148	74.6	93.0
GP – FD	8140	12 972	60.0	95.0
Total in the industry	197 065	161 621	68.3	67.5

The most widespread problems for personnel resources of public care both in Ukraine, and in the world are [7]:

- deficiency, imbalance and not optimal combination of professional skills;
- increased mobility and migration of health workers;
- discrepancy of purposes of strategy of professional training and formation of health care policy;
- unsatisfactory working environment;
- insufficient base of knowledge on questions of personnel resources of health and lack of evidence for policy and decision making.

### Conclusions

Thus, the carried out analysis of personnel provide of medical branch allows to define the purposes and priorities on the future. It is necessary to achieve proper efficiency of available resources, their concentration on promising directions first of all further implementation of PHC based on GP – FM and further improvement of rural medicine. It should increase the professional level of medical workers by improving postgraduate education. It should intensify vocational work; at all levels to promote restore the prestige of the profession of medical worker and his social security [5].

### References

1. *Волинкін І. І.* Аналіз та перспективи кадрового забезпечення галузі в умовах її реформування / І. І. Волинкін // Щорічна доповідь про результати діяльності системи охорони здоров'я України. 2011 рік. – Київ, 2012. – 211 с.
2. *Європейська база даних «Здоров'я для всіх»* (онлайнова база даних). – Копенгаген : ЄРБ ВООЗ, 2015 [Електронний ресурс]. – Режим доступу : <http://www.euro/who.int/hfadb>. – Назва з екрана. – Останнє оновлення: грудень 2015 р.
3. *Кадрові ресурси охорони здоров'я* : стат. збірник / В. В. Вороненко, Г. Л. Пустовойтова, І. І. Фещенко [та ін.]. – Київ, 2012. – 367 с.
4. *Кудря А. В.* Основні показники моніторингу розвитку сімейної медицини в Україні / А. В. Кудря // Україна. Здоров'я нації. – 2015. – № 2 (34). – С. 123–131.
5. *Кучеренко Н. Т.* Аналіз кадрового забезпечення галузі охорони здоров'я / Н. Т. Кучеренко // Державне управління людськими ресурсами у сфері охорони здоров'я в Україні : матер. щорічної Всеукр. наук.-практ. конф. за міжнародною участю. – Київ, 2016. – С. 99–100.
6. *Мирова* статистика здравоохранения 2010 год. – Режим доступу : [www.who.int/whosis/whostat/2010/gu.index.html](http://www.who.int/whosis/whostat/2010/gu.index.html). – Назва з екрана.
7. *Слабкий Г. О.* Актуальні питання підготовки кадрів для системи громадського здоров'я України / Г. О. Слабкий, Л. О. Качала // Державне управління людськими ресурсами у сфері охорони здоров'я в Україні : матер. щорічної Всеукр. наук.-практ. конф. за міжнародною участю. – Київ, 2016. – С. 165–167.
8. *Слабкий Г. О.* Проблеми кадрового забезпечення галузі охорони здоров'я [Електронний ресурс] / Г. О. Слабкий. – Режим доступу : [www.eu-shc.com.ua](http://www.eu-shc.com.ua). – Назва з екрана.

Дата надходження рукопису до редакції: 16.08.2016 р.

**Стан та проблеми кадрового забезпечення системи охорони здоров'я України***Н.Т. Кучеренко, О.Р. Ситенко*ДУ «Український інститут стратегічних досліджень  
Міністерства охорони здоров'я України»,  
м. Київ, Україна

Кадрова політика покликана забезпечити ефективну діяльність медичної галузі. Для усунення ризиків на шляху досягнення національних і глобальних цілей у сфері охорони здоров'я необхідно створити контингент кваліфікованих і авторитетних працівників охорони здоров'я.

**Мета** – висвітлити основні цілі та орієнтири кадрової політики, спрямованої на забезпечення ефективної діяльності медичної галузі, на поліпшення її результативності.

**Методи:** бібліографічний, статистичний, порівняльний аналіз.

**Результати.** Проаналізовано дані кадрового забезпечення медичної галузі, їх динаміки за 2010–2015 рр. Визначено потребу в спеціалістах і необхідність забезпечення належного професійного рівня.

**Висновки.** Проведений аналіз кадрового забезпечення медичної галузі дає змогу визначити цілі та пріоритети на майбутнє. Необхідно досягти належної ефективності використання наявних ресурсів, їх концентрації на перспективних напрямках, передусім подальшого впровадження первинної медико-санітарної допомоги на засадах загальної практики – сімейної медицини. Слід підвищити професійний рівень медичних працівників шляхом удосконалення післядипломної освіти. Потрібно активізувати профорієнтаційну роботу, на всіх рівнях сприяти відновленню престижу професії медичного працівника та його соціальної захищеності.

---

**Ключові слова:** кадрова політика, штатні посади, професійний рівень, укомплектованість, забезпеченість.

**Состояние и проблемы кадрового обеспечения системы здравоохранения Украины***Н.Т. Кучеренко, Е.Р. Сытенко*ГУ «Украинский институт стратегических исследований  
Министерства здравоохранения Украины»,  
г. Киев, Украина

Кадровая политика призвана обеспечить эффективную деятельность медицинской отрасли. Для устранения рисков на пути достижения национальных и глобальных целей в области здравоохранения необходимо создать контингент квалифицированных и авторитетных работников здравоохранения.

**Цель** – осветить основные цели и ориентиры кадровой политики, направленной на обеспечение эффективной деятельности медицинской отрасли, на улучшение ее результативности.

**Методы:** библиографический, статистический, сравнительный анализа.

**Результаты.** Проанализированы данные кадрового обеспечения медицинской отрасли, их динамики за 2010–2015 гг. Определена потребность в специалистах и необходимость обеспечения надлежащего профессионального уровня.

**Выводы.** Проведенный анализ кадрового обеспечения медицинской отрасли позволяет определить цели и приоритеты на будущее. Необходимо достичь должной эффективности использования имеющихся ресурсов, их концентрации на перспективных направлениях, прежде всего дальнейшего внедрения первичной медико-санитарной помощи на основе общей практики – семейной медицины. Следует повысить профессиональный уровень медицинских работников путем усовершенствования последипломного образования. Нужно активизировать профориентационную работу, на всех уровнях способствовать восстановлению престижа профессии медицинского работника и его социальной защищенности.

---

**Ключевые слова:** кадровая политика, штатные должности, профессиональный уровень, укомплектованность, обеспеченность.

**Відомості про авторів**

**Кучеренко Наталія Тимофіївна** – к.е.н., завідувач відділу економічних досліджень охорони здоров'я та медичного страхування ДУ «Український інститут стратегічних досліджень Міністерства охорони здоров'я України»; пров. Волго-Донський, 3, м. Київ, 02099, Україна.

**Ситенко Олена Ростиславівна** – к.мед.н., с.н.с., завідувач науково-організаційного відділу ДУ «Український інститут стратегічних досліджень Міністерства охорони здоров'я України»; пров. Волго-Донський, 3, м. Київ, 02099, Україна.