

Reasoned Opinion**Problems of teamwork in the health care system****Ekaterine Buadze**

University Geomedi, Tbilisi, Georgia, 0114

Email: ekaterine.buadze@geomedi.edu.ge

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2025**Abstract**

To improve the economic efficiency and quality parameters of healthcare organizations, in clinics and polyclinics, at all levels of management, we should use the three-person team management method, because in constantly changing conditions, the provision of medical services through such a team system more accurately corresponds to the urgent needs of healthcare. Such systems have functioned to some extent before, but at the modern level of scientific and technical innovations, it is necessary to modernize and intensify this method. Such teams will coordinate the more operational, cost-effective and high-quality implementation of specific goals.

Keywords: Healthcare institution, medical service team, coordination, team management method.

Introduction

All countries around the world, in accordance with their economic situation, are trying to implement a flexible policy in the field of health care for the population. The development of health care policies and programs is carried out with the assistance of the World Health Organization (WHO), for which it prepares relevant documents to resolve various issues and also provides consultations to those who need such assistance.

WHO, on its part, is trying to manage health care and public health problems in the conditions of global changes, its efforts are directed towards the development of health care, research into new technologies,

Scientific progress and the introduction of various medical innovations, and by their financing in some cases.

One of the important decisions of WHO is the definition of the health care system and the formation of its content, which shed light on many issues in a new way. Thus, the definition of the health system is as follows: the system includes the provision of medical care (individual and public), primary and secondary prevention, treatment, care and rehabilitation, and the actions necessary to provide services. Important here are: financing, resource generation and management functions, governance activities in various sectors. market, resources (medical,



managerial, auxiliary), medical equipment, new technologies, medical devices, sources of financing and the system, information and computer technologies, management and leadership [1].

Main Text

The priorities noted in the introduction were considered at the 2008 Tallinn WHO Conference. Of particular interest to us is the part of the report prepared by the WHO Secretariat in April 2016 on the issue of training human resources for 20-330 years in the report "Global Strategy for Training Human Resources for Health" [2]. Paragraphs 25 and 26 of this report accurately reflect the state and development prospects of the Georgian healthcare system. In particular, the article deals with the effectiveness, fair distribution, retention, satisfaction and optimization of motivation of healthcare cadres. Here, there is a focus on the manifestation of attitudes and attention towards cadres, which takes into account the geographically uneven distribution of specialists, which leads to an unfair approach towards them. Georgia paid attention to this problem in a timely manner, it was resolved by adopting the so-called "Mountain Law", on the basis of which doctors, nurses and others working in primary healthcare institutions located in high-mountainous villages are given increased salaries and pensions. In addition, they are provided with appropriate infrastructure, the stability of expenses is taken into account here and, what is more, the service is stable. WHO recommendations take into account the need to equip medical and sanitary service facilities with information and

communication technologies and raise their qualifications to a new level, their professional training, study and master new progressive knowledge and skills, in order to effectively and qualitatively conduct management activities and provide medical services. Improve management and leadership.

In order to increase the efficiency of the activities of healthcare facilities and the quality of medical services, we believe that the three-person team / group method of management should be used in healthcare facilities at all levels of management, since in constantly changing conditions, the provision of medical services through a group system is exactly consistent with healthcare. Such systems have traditionally operated here, but against the backdrop of the modern development of science and technology, it is necessary to update this classical method and conduct activities using methods that are consistent with modernity.

First of all, a team in the healthcare system is a group consisting of two or more people who combine their actions and labor efforts, coordinate them to achieve specific goals, to which they aspire and consider themselves responsible for their implementation towards each other. Thus, the definition of a medical service team includes four main components: 1. Team members are doctors, nurses, managers, support staff, etc., but at a minimum it can consist of only 2 members - a doctor - a nurse, and their relationship is regulated in a constantly changing situation [3]. The work of team members - medical services are aimed at performing a specific goal - surgery, examination, care, treatment,



etc[4].

Team members are focused on the goal - the daily plan - the implementation of medical services and feel mutual responsibility for the results. Teamwork in the healthcare system is a daily task that is characterized by high interdependence, and the team can provide the level of coordination of activities, information dissemination and resource exchange that is necessary to obtain the desired result.

Although the team is the same group of people, their names are not mutually exclusive, the content is very different. An

employer, a teaching clinic doctor can gather a group of people, but he cannot gather a team. The concept of a team assumes that all its members are subject to a single mission – activity and have collective responsibility [Tab. 1]. The difference between a team and a group is given on the example of the activities of the medical personnel of the US Army [3]. The personnel include: surgeons, nurses, anesthesiologists and technicians. The surgical team, consisting of 8 specialists, successfully operated and had the sole goal of saving people. They had 4 trucks at their disposal to transport the team's equipment and were on standby for an hour.

Table 1. Difference between teams and groups [3]

| Group | Team |
|---|---|
| Has a designated strong leader Individual approach to the goal is the same as the organization's output - the product of individual labor Meetings "necessary and sufficient". Efficiency is determined indirectly in the form of impact on the business (e.g. financial performance) Each member of the group has their own circle of meetings, makes decisions independently, performs special work tasks. | The role of the leader is transferred from one to another, individual and interdependent (each subordinate to each) with a specific vision or goal. The solution is the product of collective labor. At meetings, time-limited discussions are held and all problems are solved, and the effectiveness is determined directly in the form of an assessment of collective labor. Meetings, decision-making and work assignments are carried out jointly. |

Here we would like to note the factors that contribute to the efficiency of team activities, which are trust in the work and in each other. Disputes and conflicts between each other about the case, which is natural when performing medical services and this prevents better decisions for the performance of the case. Loyalty - because there is an open discussion about all ideas and team members

simultaneously act towards common goals and making the right decisions. Team members consider themselves accountable to each other and all these qualities converge on a result-oriented approach, mainly on the interests of the team, which expresses collective success and high-quality service delivery.



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After the privatization of healthcare facilities began in Georgia and healthcare facilities independent of the state, or medical service facilities under private law, emerged. The idea emerged that healthcare facilities treat people, others make money, in our opinion, treatment requires compensation or expenses, this is the income of the other party, profit. Accordingly, teamwork is underway, both in public and private structures. The law on mutual cooperation is in force in Georgia, and the law also worked well in the fight against Covid-19. The state has a Ministry of Health with its own budget, health facilities, an insurance fund, and most importantly, research and educational institutions and universities, state policy and a state program aimed at ensuring the health of the population.

Healthcare policy is necessary so that the population of Georgia knows how much importance the government attaches to protecting the health of the country's population, takes all measures and makes decisions. The facilities of the Ministry of Healthcare are provided with highly qualified medical personnel, administrators and managers, are equipped with modern medical devices and equipment, communication and computer technologies, and have a well-functioning infrastructure. In recent years, budget financing has been increasing annually, the State Insurance Fund, the Pension Fund, innovations are being introduced, international-style hospitals are being built, and the entire

system being built, and the entire system is functioning properly.

The healthcare system has been introduced with a flexible structure of management [5]. The system is so flexible that teamwork at the highest levels of management is successful.

There are about three hundred inpatient institutions, outpatient - polyclinic institutions, about 2500 rural doctors in the country, which is a great strength, the beginning of teamwork is at least the primary healthcare institution, which is the main provider. Here, a team is formed with a rural doctor, nurses, midwives and a representative of healthcare authorities and a first aid brigade. Such a team is always ready to provide medical services. In the conditions of a family doctor (city), a team is formed with a doctor - a medical sister, a registrar, diagnostic cabinets-laboratories, doctors of various fields and a manager. A patient who comes to the clinic is a patient of this clinic, lives in the territory determined by the clinic, they will not be served here from other settlements, to meet a member of the service team - a doctor, they will fill out a registration card, after waiting, they will go through registration and stand in a live queue with the doctor, interview with the doctor, receive the necessary information, materials, Form 100, medicines and referrals, if necessary and desired, send to another specialist doctor, send to a diagnostic laboratory, pass analyzes, etc. Receive laboratory research information and use it according to its purpose. This path of the patient is made according to the guideline and is not subject to change. It is almost the same scheme in hospital conditions, but he must definitely submit Form 100 to the hospital,



then he will go through an interview and be sent to the doctor. As we have mentioned, the doctor has his own team prepared in advance, which acts to fulfill the set goal and together with the team resolves the issues necessary for the patient's service.

Here we would like to consider an effective business model that operates in a modern

clinic [Tab. 2]. This clinic is a private structure, it is not attached to any geographical area of the city, in this sense it operates in a fully competitive environment, and the work teams created here work more on finding patients, retaining them and providing quality treatment [6]. The business model looks like this:

Table 2. Patient movement center [ibid]

| Patient movement center and its subsequent procedural elements |
|--|
| Identifying interest in the service by website |
| Calls or applies in writing |
| Makes an appointment |
| Receives a doctor's consultation |
| Purchases a treatment program |
| Leaves a review |
| Returns to the dispensary program |

Conclusion

In the above cases, a team is created around a doctor, there is registration with a doctor, specifically a letter of appointment, after the consultation the patient acquires the program, gets acquainted with it, makes a decision and joins the dispensary program. This team in such a case is oriented towards the result - on obtaining profit, therefore the patient is valuable to him if he is a target patient, if he becomes an asset before he comes to the doctor, a convincing conversation is held with him about how professional specialists will decide on his program effectively and in a timely manner. With this attitude, he will appear before the doctor, who, with his

consultation and conversation, has turned this patient into their customer.

In this model, the team consists of 7 people and the work around the patient lasts a total of two hours, one hour of which is completely devoted to the doctor, the actual success of the team at that time - the result, the receipt of profit - depends on his behavior, knowledge, culture, experience and dedication to the work [7]. Accordingly, what is embedded in the content of the team requires the fulfillment of all conditions at an absolutely perfect level, which is why the team is "we" and not "me". The team creates leaders, and they are always successful.



ჯანმრთელობის დაცვის სისტემაში გუნდური მუშაობის პრობლემები

ეკატერინე ბუაძე

უნივერსიტეტი გეომედი, თბილისი, 0114

ელფოსტა: ekaterine.buadze@geomedi.edu.ge

აბსტრაქტი

ჯანდაცვითი ორგანიზაციების ეკონომიკური ეფექტიანობისა და ხარისხობრივი პარამეტრების გასაუმჯობესებლად, კლინიკებსა და პოლიკლინიკებში, მენეჯმენტის ყველა დონეზე, საჭიროა, მართვის სამკაცრიანი ჯგუფური მეთოდის გამოყენება, რადგან, მუდმივად ცვალებად პირობებში, სამედიცინო მომსახურების ასეთი გუნდური სისტემის მეშვეობით, მიწოდება მეტად ზუსტად შეესაბამება ჯანდაცვის გადაუდებელ მოთხოვნებს. ასეთი სისტემები გარკვეულწილად ფუნქციონირებდა ადრეც, მაგრამ მეცნიერულ-ტექნიკური ინოვაციების თანამედროვე დონეზე, აუცილებელია ამ მეთოდის მოდერნიზებული ინტენსიფიკაცია. ასეთი გუნდები კოორდინაციას გაუწევენ კონკრეტული მიზნების მეტად ოპერატიულ, რენტაბელურ და ხარისხიან შესრულებას.

საკვანძო სიტყვები: ჯანდაცვის დაწესებულება, სამედიცინო მომსახურების გუნდი, კოორდინაცია, გუნდური მართვის მეთოდი.

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