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**521.03 ECONOMICS AND MANAGEMENT IN THE FIELD OF ACTIVITY**

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The doctoral thesis and the abstract can be consulted at the Scientific Library of the Academy of Economic Studies of Moldova and on the website of ANACEC ([www.cnaa.md](http://www.cnaa.md)).

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## THE CONCEPTUAL FRAMEWORK OF RESEARCH

**Relevance and importance of the research topic.** The reforms from the healthcare sector in the Republic of Moldova have involved the introduction of mandatory healthcare insurance with a minimum package of medical services guaranteed by the state, the transition of primary healthcare to financial autonomy based on performance indicators, the increase of the number of beds in hospitals with the introduction of codification diagnoses and procedures through the system of homogeneous diagnosis-related groups (DRG), the large-scale implementation of information technologies in the process of providing healthcare services, the development of private medical institutions network, etc. These reforms make vital the improvement of medical institutions' management, especially of the public ones, considered a support for a high-performing strategic approach in the entire health system.

Among changes that take place in healthcare system, a special role plays the management strategies implemented in medical institutions, which allow decision-makers to control the transition process from the current state to a future one, considering the environmental constraints at which these institutions are subject to.

Since the activity of health system institutions is regulated technically, administratively and through price control by the state, through its authorities, it is mainly based on clinical and operational management activities, implementing reforms approved at the government level and less based on the visions of the institutions' management, and the approved strategies often having a formal character. This is due to the fact that most managers in healthcare institutions, especially in public ones, are clinicians, having no work experience in the real sector of the economy, hence, not being used to thinking strategically, in a competitive environment. On the other hand, some managers avoid accepting a strategic approach because of the speed with which these changes and reforms take place, and because of the instability of environmental factors, especially economic and political ones.

**The degree of problem scientific development.** In order to synthesize all theoretical approaches towards strategy, strategic planning and strategic process, there have been analysed the works of: P. Vagu, I. Stegăroiu [22], V. Doga, V. Şeptelici [6], A. Istocescu [8], O. Nicolescu [13], M.E. Porter [15, 16], B. Băcanu [1], C. Hinţea, C. Mora [7], F. Perera, M. Peiró [14], J.M. Bryson [3], A. Kinicki, B. K. Williams [9], G. Steiner [19].

Theoretical reflections on these concepts have been made by: P. Drucker., A. Chandler, I. Ansoff, O. Nicolescu [7], K. R. Andrews, G. Hofer şi D. Schendel, B. Quinn, W. F. Glueck, T. Hafsi şi J.-M. Toulouse, J.M. Higgins, F. R. David, L. W. Rue şi Ph. G. Holland, J. A. Pearce şi R. B. Robinson, G. Johnson, R. Whittington şi K. Scholes [22, 1, 7], M. E. Porter [22, 15, 16], H.

Mintzberg [8], J. M. Bryson [3], T. Zorlențan, E. Burduș și G. Căprărescu [6], A. Kinicki și B. K. Williams [9], G. Steiner [19], D. Osborne și T. Gaebler [7], P. M. Ginter, L. E. Swayne, W. J. Duncan [21], F. Trullenque [14]

However, the analysis of approaches determines an evolution of concepts over time. If in 1954, P. Drucker stated that "the strategy shows what the business consists of and what should be the object of the company's activity" [4], then in 2011, G. Johnson, R. Whittington and K. Scholes defined the strategy as "the long-term direction and goal of an organization, which, in a changing environment, acquires an advantage by configuring resources and competences to meet stakeholders' expectations." [1]. This fact was the basis of the analysis carried out by H. Mintzberg, who studied around 1500 papers on strategy and grouped all approaches into 10 schools of managerial thought on strategy [2].

The concepts of management strategies or managerial strategies have also been defined in management theory. The paper outlines the approaches of O. Nicolescu [13], J. Spacey [18], J. Stewart [20], P. Vagu, and I. Stegăroiu [22].

**The purpose of research:** the evaluation of management strategies in healthcare institutions for developing a strategy model relevant to the conditions of the Republic of Moldova, which would improve the institutional strategic processes in the local healthcare system.

In order to achieve the final goal, there have been set the following **objectives**:

1. To outline conceptual approaches regarding strategy, strategic planning and strategic management, and analysing the existing models.
2. To analyse international experience and the national context regarding management strategies in healthcare institutions;
3. To assess the process of management strategies development and implementation by specifying the attitude of the management and operational personnel to the strategic process in healthcare institutions;
4. To develop a model of management strategies for the healthcare institutions from the Republic of Moldova;
5. To propose recommendations on improving strategic processes by following the elaborated management strategies model.

**Scientific hypothesis.** The development of a management strategy model for the institutions of the healthcare system in the Republic of Moldova, would facilitate the improvement of the strategic process at the institutional level. In this way, the process of developing and implementing management strategies within public medical institutions would no longer be a deliberate one, and the structure of the strategies would no longer be based on individual and

subjective approaches of the managers of the institutions, with a low involvement in this process of middle and lower-level managers, and employees.

**The research object** is represented by management strategies. The undertaken research has proved that it is quite difficult to identify a common approach of researchers regarding the concept of strategy, moreover, since experience reveals that it is often associated with strategic planning and/or strategic management. On the other hand, these concepts also have many similarities, and it is quite difficult to precisely determine the elements of each one.

**Research methodology.** The research is based on documentary analysis and descriptive-normative, cross-sectional, mixed: quantitative and qualitative survey. The survey was organized in 5 successive basic stages: defining the problem, planning the survey, gathering primary material, mathematical-statistical processing of the accumulated material, analysing and capitalizing on the obtained results, drawing conclusions and proposing recommendations.

The data collection methods for the research were: historical method, statistical method, observation method, investigation method, sociological method and analytical method.

For the investigation method there have been applied two tools: the questionnaire and the evaluation grid. *The evaluation grid of management strategies*, applied to managers of public hospitals, is an elaborated grid, containing 17 closed questions and the compartment for comments and clarifications, which ensured the qualitative component of the study. *The questionnaire for analysing management strategies in healthcare institutions* provided for public hospitals' employees, is a questionnaire developed by the author for the study purpose, which contains 39 closed questions, structured in 6 chapters: the general characteristics of the healthcare institution and its employees; the general strategy establishing; strategy formulation; strategy communication; strategy implementation; strategy monitoring, reviewing and evaluating.

The evaluation grid was applied to a group of 31 top-level managers. The survey inclusion criteria were: holding a position of senior manager in a public hospital or any other management position responsible for institutional strategic processes; agreement on participating in the survey; confidential assessment. The criterion of excluding managers from the survey is lack of participation agreement.

The group of public hospital employees constituted 422 people. The criteria for including the respondents in the survey were: employment in a public hospital; verbal agreement to take part in the survey; higher education; confidential and anonymous survey. The criteria for excluding staff from the survey were: lack of participation agreement, staff with secondary education background.

**The scientific novelty** resides in: researching management strategies through the role of the state in the process of regulating the activity of public medical institutions in the Republic of Moldova; conducting an empirical survey on the public hospital managers' experience in developing and implementing management strategies and engaging these institutions' employees in the institutional strategic process; elaborating and proposing a management strategy model, framed in the theoretical approach of H. Mintzberg's School of Environment, intended to facilitate the strategic process in health system institutions.

**The main scientific results** consist in the elaboration and substantiation from a methodological point of view of the management strategy model for the institutions of the healthcare system in the Republic of Moldova, in order to facilitate and optimize the institutional strategic processes.

**The solved scientific problem.** The elaborated management strategy model will lead to a better understanding by the health system managers of the theoretical recommendations for the development and implementation of management strategies, in the context of the regulations of the activity of public institutions from the state.

**The theoretical significance** consists in the conceptual delimitation of management strategies and its treatment from the perspective of the specifics of public healthcare institutions activity and the local healthcare system.

**The practical significance** of the thesis resides in the fact that the obtained results outline an overview of the whole situation regarding management strategies in public healthcare institutions and offer concrete ways of solving the identified problem by developing a management strategy model, which contains explanations for all stages to be followed in order to achieve an effective institutional strategic process.

**Research approval.** The research results were disseminated both at national and international conferences, as well as in the articles published in specialty journals. They were reflected in 3 publications (2022) in the international journal *Journal of Intercultural Management and Ethics*, ICV 2020:96.12, and in the journal *One Health & Risk Management*, category B. There have also been published 2 articles in the proceedings of national and international scientific conferences. Based on the research carried out by the author and the developed strategy management model, there have been updated the continuing medical education curriculum for the *Strategic Management* discipline within the Public Healthcare Management School of the State University of Medicine and Pharmacy "Nicolae Testemițanu". There have also been developed a training course for the members of hospital Boards of Directors and other stakeholders, available on an online learning platform. There has been carried out a training in the field of strategic

planning for the management and members of the hospitals Boards in the Northern region of the country, during which the management strategy model was presented and explained. The recommendations suggested by the author, as well as the management strategy model for healthcare system institutions have been used by the National Health Insurance Company, the State University of Medicine and Pharmacy "Nicolae Testemițanu", the National Agency for Public Health, and at least three hospital institutions.

**The volume and structure of the research paper.** The research paper consists of: introduction, three chapters, general conclusions and recommendations, bibliography encompassing 125 titles, 18 annexes, 134 pages of basic text (up to the Bibliography), and 70 figures. The findings are published in 5 scientific papers.

**Key words:** management strategy, strategic planning, strategic management, healthcare system, regulation, public healthcare institutions, hospitals, management strategy model, healthcare services.

## THESIS CONTENT

*Chapter I* is entitled *Theoretical-methodological approaches regarding management strategies in health system institutions* and includes a comprehensive synthesis of conceptual approaches, notions and models of strategy, strategic planning and strategic management. In order to outline the field of research, there has been started from the etymological, anthropological and chronological approach to the notions of *strategy*, *strategic planning* and *strategic management*, which are frequently used as synonyms, although they have different meanings. At the same time, these concepts have much in common, and it is rather difficult to precisely distinguish the features of each one. However, there can be compared some approaches regarding the concepts of strategy, strategic planning and strategic management, in which can be found common elements, such as: general purpose/objectives, resources, environment:

- In 1998, T. Zorlentan, E. Burduș and G. Căprărescu define strategy as: "the science and art of establishing general objectives of the organization on the medium and long terms and developing action options in order to achieve them, taking into account all existing resources, in order to effectively adapt the organization to the requirements of the environment in which it operates". [6]
- In 1993, G. Johnson and K. Scholes argued that: "strategic planning helps to establish the long-term direction and purpose of an organization, align resources to its changing environment and, in particular, to its markets, buyers and customers, to meet the expectations of stakeholders". [7]



- In 1983, J.M. Higgins tackled strategic management as, “The process of simultaneously examining the present and future environment, formulating the organization's objectives, and making, implementing, and controlling decisions focused on those objectives in the current and future environment. [1]”

However, **Henry Mintzberg** had a considerable contribution to the development of the strategy concept, who, based on the study of about 1500 works, identified 10 schools of managerial thought regarding strategy. In the paper "*Strategy safari. The complete guide through the wilds of strategic management*", published in 1998, H. Mintzberg, together with B. Ahlstrand and J. Lampel, grouped the diversity of approaches to strategy into ten schools [2]: Design School, Planning School, Positioning School, Entrepreneurial School, Cognitive School, Learning School, Power School, Cultural School, Environmental School, Configuration School. The analysis of these schools' approaches has served as a theoretical foundation for the author to frame the model of the management strategy for the health system institutions elaborated in the most appropriate school of managerial thought: Environmental School.

In management theory, contrary to the conceptions by which *management strategies* are identified with the notion of strategic management or with the notion of strategy in general, they represent a separate category in the totality of theoretical and pragmatic approaches regarding the typology of strategies. O. Nicolescu reveals the fact that management strategies consist in the fundamental remodeling of the structural and functional characteristics (decisional, informational, organizational, methodological and managerial) of the organization's management system. [13]

A more recent approach, by John Spacey (2015) [18], defines management strategies as techniques that are used in order to manage and control an organization in achieving a set of objectives. These include leadership, administration and activity implementation strategies.

Based on the concepts described above, many authors have created models that, on the one hand, integrate the notions of strategy, strategic planning and strategic management, and, on the other hand, highlight their distinctive characteristics and relationships.

Grounded on the approach of J. Pierce and R. Robinson, O. Nicolescu states that strategy does not have the same content and is often confused with strategic management, which "is a set of decisions and actions, embodied in the formulation and implementation of plans designed for achieving the company's objectives". [13, p.39] Thus, strategic management refers to the entire management of the organization, based on strategy. These concepts constituted the basis for the development of the *Strategic Management Model*, which includes several stages, as the establishment of the mission and strategic objectives, and the development, application and evaluation of the organization's strategies [13, 17].

J. M. Bryson, in his turn, states that strategic planning is not synonymous with creating an organizational strategy and that strategic planning can help organizations implement effective strategies. For public and non-profit organizations, the author comes up with a personal approach, called the *Ten-Stage Strategic Change Cycle*, which he considers to be both a strategic management process and a strategic planning process, which includes ten stages [3].

On the other hand, P. Vagu, I. Stegăroiu and others, tackled the stages of strategy development and implementation through strategic process and proposed a more complex model called *Strategic Process and its Stages*, developed on a simplified model, created by A. Rugman and T. L. Brewer [22, p. 87]. Romanian authors mention that the establishment of the mission and objectives, the analysis of the strategy in force, the development of strategic variants, as well as the choice and implementation of the strategy are not isolated stages, but closely related to each other.

In 2014 E. Burduş and I. Popa proposed the *Methodology for Developing the Organization's Strategy*. In the authors' view, the organization's strategy aims to change the organisation's behaviour under the constraints of the external environment in which it operates. The strategy development methodology consists of "a set of stages that have to be completed to set strategic objectives, strategic options, resources and deadlines, as well as the applied methods during these stages" [4, p. 141]. The authors believe that the methodology represents the application component and has an important impact in the process of integrating the organization into the external environment and, respectively, on its competitiveness.

The analysis of the strategy, strategic planning and strategic management models offered the author a comprehensive vision of the theoretical background regarding the stages of developing and implementing a strategy.

At the same time, the approach to strategies in health system is most often identified by American authors, who, however, treat the subject from the perspective of the neo-American or Anglo-Saxon model of the market economy, which is different from the economic model of the Republic of Moldova. The neo-American model has the following features: the market plays the key role in the regulation of economic life; the direct involvement of the state in the economic activity is insignificant; the state develops the legal framework and monitors its strict compliance; competition and business development are encouraged; the level of taxes is low; *health and education systems are composed of (mainly) private organizations*; wealth and wage disparity; social security (risks in case of illness, unemployment) is a personal burden and not a state concern. [5]

One of the American models in this field of research is *Strategic Thinking Map*, developed by L. E. Swayne, W. J. Duncan, P. M. Ginter (2006), which serves as a general model for managers in healthcare system and provides a framework for strategic management. This model consists of three elements: strategic thinking, strategic planning, and strategic drive, which are interdependent, and the activities within each element have an impact on and are influenced by others. [12]

A common element identified by both the American authors and the European ones are *value-added strategies*, also called *strategies based on the value chain* (fig. 1.1), which served as an innovative research component, included in the model developed by the author.

Service Delivery	PRE-SERVICE Market/ Marketing Research Target Market Services Offered/ Branding Pricing Promotion Distribution/ Logistics	POINT-OF-SERVICE Clinical Operations Quality Process Innovation Marketing Patient Satisfaction	AFTER-SERVICE Follow-up Clinical Marketing Billing Follow-on Clinical Marketing	Add Value
Support Activities	ORGANIZATIONAL CULTURE Shared Assumptions Shared Values Behavioral Norms			Add Value
	ORGANIZATIONAL STRUCTURE Function Division Matrix			
	STRATEGIC RESOURCES Financial Human Information Technology			

Figure 1.1. Value chain (Swayne L.E. Duncan W.J. Ginter P.M. *Strategic Management of Health Care Organizations*. Blackwell Publishing Ltd, 2006, p. 335)

The management strategies of the healthcare system in the Republic of Moldova, where most medical institutions are public, must be regarded through the role of state and government authorities and agencies, and the way it involves in the regulation of the healthcare services market, which limits the decision-making power regarding strategic aspects of the medical institutions management.

From the economic point of view, the state, through government authorities and agencies, has an important role in the process of regulating the healthcare services market, and namely: *technical regulations* – refer to medical and non-medical personnel (number and qualification), healthcare goods/services, institutional providers (number, recommended structure, necessary equipment); *administrative regulations* – the state supervises the number of suppliers on the

market imposing bureaucratic barriers, such as obtaining accreditations, licenses or territorial jurisdiction; *price control* – setting taxation by the state (compulsory healthcare insurance premiums), setting tariffs for medical services provided by public institutions and controlling profit margins for some goods (medicines). [23, 11]

Several specific situations are characteristic to the healthcare services market: *market failure*, a situation in which free markets would not be able to provide these services efficiently, in sufficient quantity, at an affordable price and would lead to the appearance of social inequality, due to the *non-exclusion* and *non-rivalry* characteristics of some healthcare services. *Failure of competition* that occurs when monopoly cannot be avoided (*deliberate monopoly*) is also specific to health system. Thus, there is a range of specialized services (psychiatry, narcology, physiopneumology), when the state, as the only provider, has the opportunity to control this market segment. In this case, market deregulation leads to inefficient use of resources, at the same time, not being appealing to private economic agents.

Another situation when the national economy could not reach its full potential without state intervention is the presence of *externalities* – cases when the actions of an individual (consumer or producer) influence the actions of other individuals. In health system, externalities can be *positive* – activities that bring benefits to the third parties: information campaigns, immunizations – vaccinating an individual protects other individuals from infectious diseases. *Negative externalities* are those production or consumption activities that generate costs for the third parties (population, the public health system), negatively influencing the individuals' health: tobacco products, alcoholic products, water pollution, air pollution, etc.

Another specific situation that requires state involvement in the provision of services or in the production and sales of goods in the health system is *informational asymmetry*, a dysfunction that occurs due to the fact that those who act on the market have different and, often, opposing interests, and one of the transaction parties (usually the consumer) has limited access to data about the good or service, or one of the parties has limited capabilities to analyze these data, or consumption decisions are made on cognitive biases (e.g. antibiotic consumption). [6, 8]

Since hospitals are considered the most complex units from the structural, resource consumption and complexity of services' points of view, public healthcare institutions have been selected to carry out the empirical survey on the research subject.

***Chapter II. Preliminary and confirmatory investigations regarding management strategies in public hospitals*** present the outcomes of the descriptive-normative survey in which participated two target groups: top-level hospital managers and employees with higher medical or non-medical education, with or without a managerial position. The research aimed at determining

the respondents' knowledge, perception, practices and experiences regarding the process of developing and implementing management strategies in public hospitals.

Senior managers are the first who should be aware of the importance of an effective strategy development and implementation process at the institutional level. So, they should have a clear understanding of the notion „strategy” and of the fact that it contributes to the long-term institutional development. At the same time, top managers should be concerned, first of all, with the adaptation process of the healthcare institution to the influence of environmental factors, which must be thoroughly analyzed, in order to establish the best development priorities for the institution. Establishing strategic objectives and the action plan, integrating institutional policies into the strategic process, estimating the resources needed to implement the strategy, optimizing expenses and attracting external resources should be the basic concerns of management. In order to attribute added value to healthcare services it is worth understanding what the support activities are and how they influence the quality of the medical record. In order to analyse these aspects, the management strategy evaluation Grid, developed by the author for the survey, was applied to a group of senior managers.

Top managers from republican level hospitals 59% (10 institutions out of 17), municipal level 60% (6 institutions out of 10) and district level 43% (15 institutions out of 35) participated in the survey. Six out of ten respondents (58.6%) are hospital managers, and four out of ten managers delegated this activity to vice directors (34.5%) or any another person from the institution management (6.9%), such as the head of Economy and Planning Department.

Public hospitals' employees of, especially those with higher education, regardless of whether they occupy a management or executive position, medical or non-medical, also have an important role in the process of developing and implementing the strategy, as they are involved in the process of institutional change and development. Thus, the employees should participate in the development of general strategy, agree on the vision, mission and institutional values, get involved in the process of setting strategic objectives and the action plan, and understand the priority areas of institution activity. It is also important that effective communication tools are applied in hospitals for a successful implementation of strategic provisions, and that employees are involved in the process of managing and allocating institutional resources (financial, human, material, informational, time) for achieving development priorities. At the same time, the more employees understand the need to monitor and review the provisions of strategy, the easier the institution can adapt to environmental changes. In order to analyze these aspects, 422 respondents of the second studio group completed the *Questionnaire for analysing management strategies in healthcare*

*institutions*. Hospital employees with higher education took place in the survey, who, at that moment, were holding a managerial position or non-managerial position. (fig. 2.1, fig. 2.2).

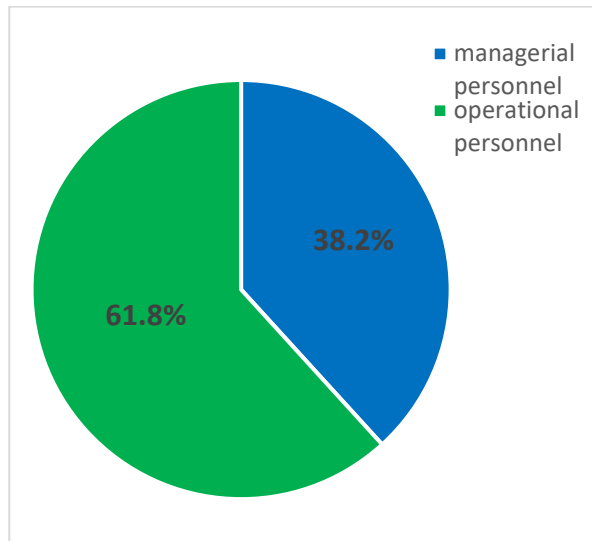


Figure 2.1. Categories of personnel

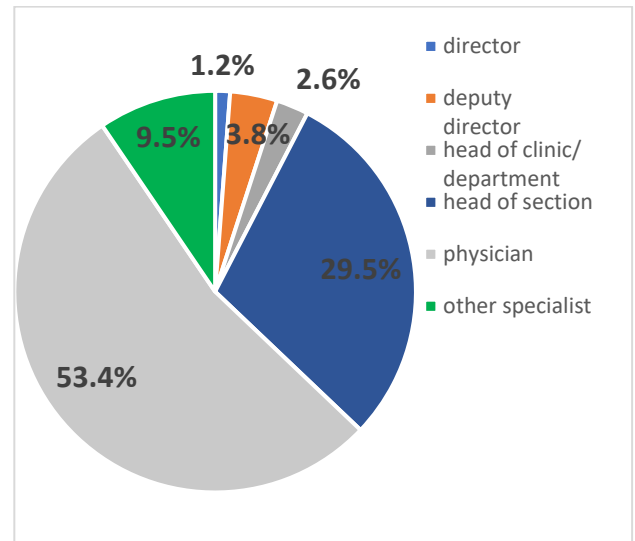


Figure 2.2. Position held

The research reveals that almost half of public hospital employees (47%) do not have management training/education. Most of those who have training/education in the field of management are those who have short-term continuous training courses (1-2 weeks) – 30.4%, every tenth respondent (10.4%) declares that they attended long-term continuing education courses (3-4 weeks). Only 12.3% of the people surveyed declare that they have a bachelor's degree (4.2%) or a master's degree (8.1%) in the field of management. At the same time, only about a fourth (27.5%) of the people who were questioned stated that they had participated in training courses in the field of strategic management/strategic planning/strategy development and implementation. Among the people who said they have no training in this field are also people who hold managerial positions at different hierarchical levels.

100% of senior managers of public hospitals who participated in the survey stated that they understood the concept of strategy. Asked to define it through their own perception, the respondents approached this topic from different perspectives: *long-term development, short- and medium-term development, action plan, decision, setting goals, achieving goals, and achieving results*.

The survey shows that more than half of the respondents from the senior management of public hospitals (56.7%) stated that the institutional development strategy was approved for a period of five years, about a quarter of them mentioned the period of 3 -4 years, and 2 out of 10 respondents indicated periods of 6, 7, 8 and 11 years.

Eight out of ten senior managers from public hospitals (80.6%) say they understand the concept of a hospital's value chain, and 19.4% state they don't know this concept. At the same time, more than half of the respondents (around 65% or 18 out of 28) who stated that they had established the sets of primary and supporting activities at the institutional level did not identify any activity from these two groups or were not able to differentiate the activities directly related to the provision of healthcare services (primary activities) and the activities supporting primary activities (supporting activities).

The analysis of the action plan presence reveals the fact that nine out of ten public hospitals have an action plan, and one out of ten does not. At the same time, from the point of view of periodicity, we have detected that some high-level managers (12%) prefer to adopt short-term planning (1-2 years) in order to accomplish the strategy. However, the majority (80%) of respondents say that plans are approved for a period of 4-6 years, whereas other 4% opt for 8- and 11-year plans.

Three out of ten employees of public hospitals (29.5%) mention that they had participated in the development of the action plan of the institutional strategy. Four out of ten respondents (43.1%) say that they did not participate in the development of the action plan, but have already received the approved plan, ready to implement, which reveals a low involvement rate of the respondents in the decision-making process. However, ¼ of the respondents (23.8%) state that they did not participate in the process plan development, nor do they know what its provisions are.

The survey shows that the majority of senior managers of public hospitals prove their knowledge of the organization's internal environment factors that have a good impact on the activity (strengths), internal environment factors that have a negative impact on the activity (weaknesses) (96.9%), as well as external factors (96.8%). At the same time, 22.6% of the senior manager respondents confused internal environmental factors with external environmental factors. The same is observed in the strategies under analysis: strengths are often confused with opportunities and weaknesses with threats.

When asked if they agree with the vision of the institution they work in, ¾ (74.8%) of public hospital employees answered affirmatively, 22.1% of respondents did not know if the institution has a vision and 2.9% disagree with the approved vision.

According to the survey outcomes, four out of ten employees (38.4%) of public hospitals state that they have participated in the development of their institution mission, the number of managerial staff being higher than the operational staff in this regard (by 18.5%). The number of respondents who have not participated in the elaboration of the mission is 61.6%.

The number of employees who participated in the determination of values (35.1%) is approximately equal to that of respondents who know that the institution has a set of values, but did not participate in their development (33.7%), and only a little higher as that of the respondents who declared that they neither participated in the development of the set of values nor do they know if they exist in the institution (31.2%). Being asked to name three institutional values, we found out that 76.1% of public hospital employees could not name any value of the institution in which they work and only in one institution, 91% employees were able to name 3 values.

The most of top-level managers in public hospitals (93.5%) state that they have set strategic objectives for areas of activity, and 6.5% have not set them.

Being asked if they have participated in the development of strategic objectives, only 24.9% of public hospitals employees answered affirmatively, which means that only 1 of 4 employees actively participate in this process. The rate of managerial personnel is higher than the operational one by 27.5 per cent (fig. 2.3). The rate of operational staff who received strategic objectives from senior managers to implement them is higher compared to that of managerial staff (45.5% versus 38.2%), and the rate of operational staff who did not participate in the development of strategic objectives and does not even know them is twice higher than that of managers (40% versus 19.7%).



Figure 2.3. Participation in the development of the strategic objectives of the institution by personnel category

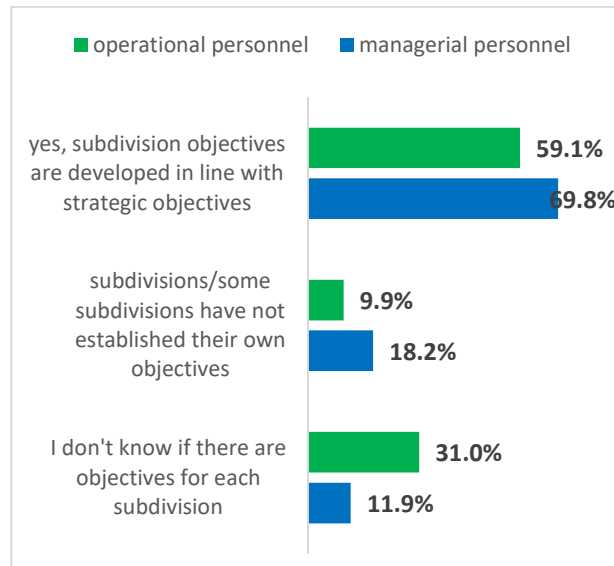


Figure 2.4. Harmonization of the objectives of the subdivisions with the strategic objectives of the institution by personnel category

The stage of adjusting the objectives of the subdivisions to the strategic goals of the hospital is also perceived differently by employees. 63.3% of the hospital staff say that the objectives of the subdivisions are developed in compliance with strategic objectives. At the same time, 13.1%



of respondents state that the subdivisions or some subdivisions do not have their own objectives, and ¼ (23.5%) of the respondents say that they do not know if there are objectives for each subdivision, the rate of the operational staff being by 19.1 % higher than that of managerial staff (fig. 2.4).

The analysis of the ways of making employees aware of what they have to do to achieve the strategy, reveals a top-down communication system, predominantly bureaucratic. The main methods selected by the respondents were meetings: those led by the director (70.9%) and those led by the hierarchical superior (38.2%), as well as provisions, internal orders (40.9%). Bilateral meetings with the top manager of the institution and those with the hierarchical superior are less used in communication with employees: 23.1% and 20.7%, respectively, and the use of e-mail for this purpose is very low too (10.3%). 8.4% of employees also state that they were not informed about what they had to do to accomplish the strategy.

Following the survey, there has been determined that the role and responsibilities of public hospital employees in the process of achieving strategic objectives are clearly perceived by four out of ten respondents (40.3%). Others state that they are more involved in daily activities and less in achieving strategic objectives (39.3%) or it is not their accountability to achieve strategic objectives and their role is quite different (20.4%). So, more than half of the respondents do not realise the connection between strategic objectives and operational activities designed to achieve these objectives.

The process of integrating the objectives of subdivisions into the institutional strategy is considered difficult by the majority of public hospital employees (60.2%), and the collaboration with other subdivisions for implementing strategic objectives is also qualified by the hospital staff, in most cases, as difficult (41.1%) or satisfactory (27.8%).

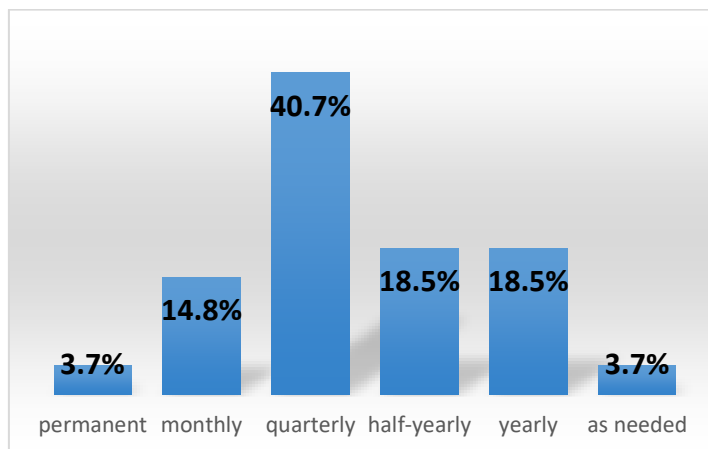
When asked how to assess the resources needed to implement the strategy, more than half of senior managers avoided answering this question. Other managers described this process as follows: "when developing the operational plan for the next calendar year, procurement plan, income and expenditure estimate", "within the administrative board, medical board, quality board", "at the working group meetings", "at the operations meetings of medical council, administrative council", "the necessary financial resources are planned annually within the contract signed with the National Health Insurance Company and founder's allocations, the human resources are evaluated annually when the staff is hired and approved by the administrative council (...)".

According to the findings of the survey, more than half of the respondents employed by public hospitals (54.7%) declare that they are involved in the strategy monitoring process: 7.3% -

every time and 47.4% - if it is related to their field of their responsibility or competence. 14.2% - state that they get involved in this process sometimes or rarely, and every third respondent (31.1%) - never.

The most often used tools in monitoring the strategy at the institutional level are the presentation of information at the request of high-level managers (40.7%) and the systematic submission of reports (40.7%). However, 37.3% of hospital staff say that they participate in monitoring sessions. At the same time, ¼ of employees do not participate in this process and do not have any idea of the tools used to monitor the strategy.

As a result of the research carried out, there has been found out that every third respondent (29.4%) believes that the strategy should be reviewed annually and around 1/3 believe that the strategy should be reviewed: monthly (12.7%), quarterly (14, 2%) or every six months (5.6%). The rate of those who believe that the strategy should never be revised is very small 0.8%, and 3.3% believe that it should be done when necessary. The number of respondents who do not know and are not involved in the strategy review process is relatively high, of 34%. These data reveal the fact that the employees of public hospitals do not realise the essence, importance, and their role in the revision of the institutional strategy.



*Figure 2.5. Frequency of strategy results evaluation*

The survey outcomes prove once again that top-level managers misunderstand the concept of evaluation and the need to carry it out, considering that most of them state that they evaluate the strategy results: quarterly (40.7%), half-yearly (18.5%), monthly (14.8%) and even permanently (3.7%) or as needed (3.7%). The rate of those who say that they do it annually is 18.5% (fig. 2.5). Only one manager stated that he makes a comparative analysis of the results once every 2-3 years.

The analysis of public hospital employees' participation in the strategy evaluation process reveals that half of them take part in this process: 7.1% - every time and 43.1% - if it is their area

of responsibility or competence; 15% of respondents participate rarely or sometimes, and 34.8% - never. These results show a low involvement of public hospital employees in the strategy evaluation process.

**Chapter III** called *Empirical study regarding the management strategy model for healthcare institutions* includes a comprehensive presentation of a management strategy model developed by the author and a detailed description of its stages.

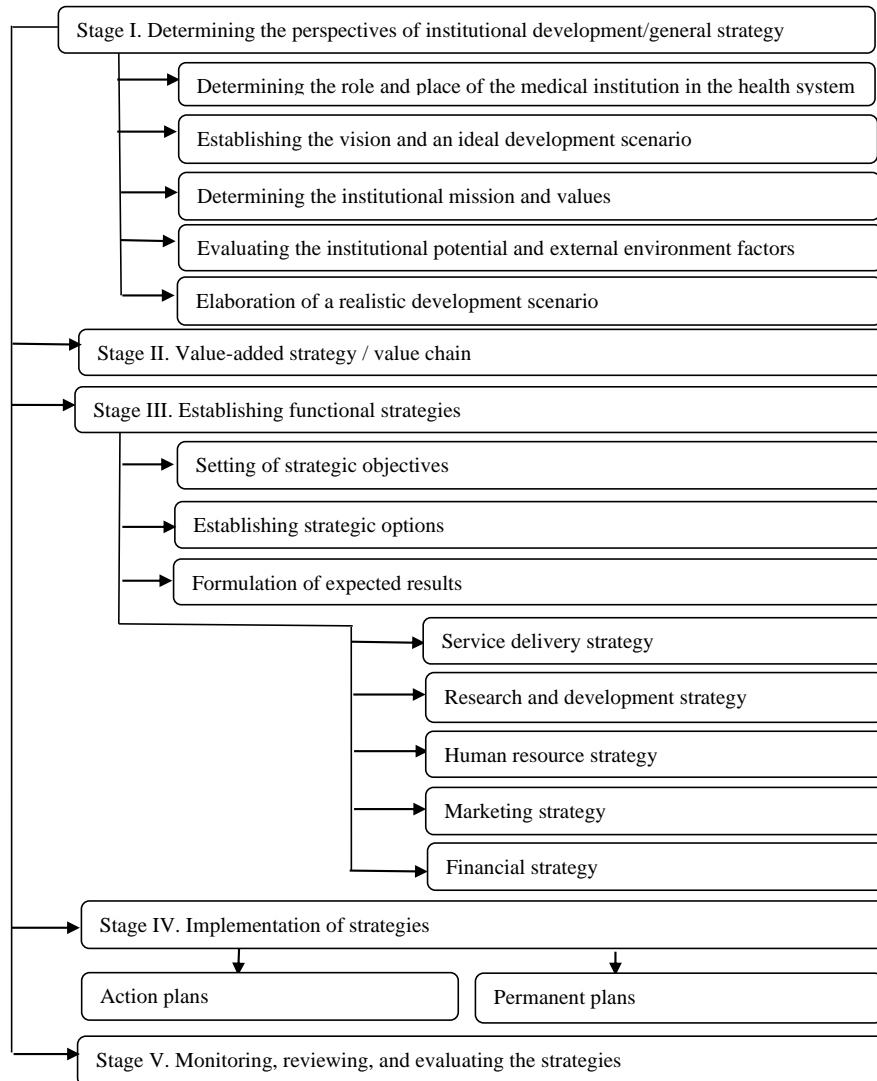


Figure 3.1. Management strategy model for healthcare institutions (developed by the author).

The management strategy model for healthcare institutions (fig. 3.1) is developed by the author based on the analysis of the models and approaches of J. Pierce and R. Robinson (*Strategic Management Model*), R. Rothwell (*Strategic Mechanism*), J.M. Bryson (*Ten Stage Strategy Change Cycle*), I.G. Johnson and K. Schols (*Strategic process: the stages of strategy development*

*and accomplishment*), E. Burduş and I. Popa (*Methodology of developing the organization's strategy*), P. Vagu and I. Stegăroiu (*Strategic process and its stages*), etc. . [12, 22, 6, 4]

The developed model is mainly based on H. Minzberg's Environmental School approach for several reasons: the strategies developed by the management of public healthcare institutions are based on state regulations on various basic areas: the range of provided services, management, human resources, investments and equipment procurement, etc., decisions being coordinated with the authorities to which the institution report (central and/or local public authorities). The proposed model comprises five consecutive stages.

The first stage of **determining the perspectives of institutional development/general strategy** includes a series of steps that have to be carried out: (1) *determining the role and place of the medical institution in the health system* is the process by which the institution identifies itself as an entity, realizes and assumes responsibilities at the community and societal levels and establishes links with stakeholders; (2) *establishing the vision and an ideal development scenario* which is a must for the healthcare institution evolution and the external environment factors, which would favor the achievement of strategic objectives for the period for which the strategy is intended to be developed; (3) *determining the institutional mission and values* is the activity that refers to the relationships among management, employees and beneficiaries, and those commitments that the institution undertakes towards its stakeholders; (4) *evaluating the institutional potential and external environment factors* refers to the diagnostic analysis of the healthcare institution's own constituent factors, which determine its functionality and performance, and the analysis of external factors, to which, in most cases, the institution must adapt. (5) *the elaboration of a realistic development scenario* is based on the information from the institutional potential analysis and external environment factors, which aims to recommend the approach that ensures the best alignment between internal and external environment. Choosing the right strategy is for the benefit of healthcare institution development.

The second stage refers to the **value-added strategy**. The value, for an institution in health system, represents the totality of performances, characteristics, and particularities of healthcare services, offered to the beneficiaries, whose rationale is to fulfill the social mission in the most effective way possible. The value is the result of the process of efficient transformation of the health system's production factors (labour, nature, capital and neo-factors of production) into healthcare goods and services, demanded by the beneficiaries in a certain quantity and quality, and at a certain time.

The process of creating value for medical institution, called the value chain, is a complex one and contains a series of interdependent activities, carried out by individual employees or by

different subdivisions. From a strategic point of view, the value chain is the tool that enables determining the activities that bring additional value to beneficiaries or contribute to reducing the costs of healthcare services.

At the stage of **establishing functional strategies** (the third stage), the medical institution has two options: to develop separate strategies on functional areas (service provision, research and development, human resources, marketing, finance) or to develop strategic objectives for these functional areas and integrate them into general strategy.

*The setting of strategic objectives* is based on the purpose of the functional strategy (for the first option) or the institution mission (for the second option) and is the result of the analysis of the available institutional resources and decision-making prerogatives at different hierarchical levels, and of the action forces and trends in the environment [6] in which the healthcare institution operates. Another factor that determines the way the strategic objectives are set is the view of top management, which is responsible for the institutional strategic process. Thus, this process depends on the managers' training and education background, their beliefs and experience, the decision-making culture promoted within the institution, the information on which these decisions are made, etc.

*Strategic options* represent those options/ways through which the strategic objectives can be achieved. It is worth having several options in the portfolio for achieving each goal, including the status quo option - the state that existed before and is being maintained today to. The analysis of these variants is the basis of the development decisions of the organizational strategic areas and the knowledge of the possible reactions towards pressure and influential factors. [12]

*The service delivery strategy* results from accomplishing the main function of the healthcare institution, that of providing medical assistance. Since the range of services provided by public institutions is regulated by normative acts and depends on the level of medical assistance and the specifics of the institution, the institutional management should focus on achieving performance in the provision of healthcare services.

Thus, strategic decisions regarding healthcare assistance should be based on the following criteria: (1) *quality* (presence and compliance with national and institutional guidelines and standards for diagnosis and treatment, risk management, patient safety, etc.), (2) *efficiency* (the analysis of service cost-effectiveness/diagnosis and treatment methods, provision of medical personnel according to regulations, number of patients served, number of investigations per medical equipment, etc.), (3) *usage* (the number of patients served compared to the capacity of the institution / division/ equipment, the rate of used beds, etc.), (4) *access* (physical access, financial access, informational access, service availability, non-discrimination according to certain criteria:

ethnicity, religion, etc.), (5) *training* (continuous training for healthcare workers and exchange of experience, implementing innovations in service delivery, patients' feedback, etc.) and (6) *sustainability* (political support, financial support, community and patient support, staff commitment, etc.).

***The research and development strategy*** refers to the establishment of strategic objectives in the field of research and innovation at the institutional level regarding the introduction of high-performance technologies: machines, equipment, software and hardware, the introduction of new services to ensure access to the latest diagnostic and treatment methods and techniques, which should have a positive impact on patients' health.

***The human resource strategy*** derives from the accomplishment of the organizational function of the personnel and has the role of ensuring effective and efficient management at the institutional level of the most important production factor in providing healthcare services - the human resource. The human resource strategy defines the institution's intentions regarding the course of human resources development, as well as the needs or requirements that should be met in order to facilitate the achievement of the established strategic objectives.

***The marketing strategy*** is based on the marketing mix or the four Ps: product/service, price, promotion and place, which can be approached differently in a public and a private healthcare institution, which behaves like any economic agent that aims at commercialising services and gaining profit. Thus, public healthcare institutions, compared to the private ones, cannot select the range of services offered or give up some services, if their cost is higher than the sum contracted by the National Health Insurance Company.

In terms of prices, the fees for healthcare services provided by public healthcare institutions are also regulated by the state and, as a rule, are lower than the fees for similar services provided by private institutions, and the public provider cannot decide by himself to increase the tariffs if the costs grow up. These services are non-market services, and their pricing cannot be determined by the relationship between the demand and supply. Some of the public healthcare services, in the context of mandatory health care insurance, are not the subject of the buying and selling acts and, apparently, are free of charge for beneficiaries.

There is no market (market failure situation) for public health services too, due to monopolies, non-exclusion, information asymmetry and externalities, which make marketing research impossible.

At the same time, promotion in public medical institutions differs from that in private institutions. First of all, public providers do not have budgets for promotion and its costs are not included in the price of healthcare services. Promotional activities are mainly focused on

promoting the image of the institution and medical worker, and on involving in information, disease prevention and risk reduction campaigns. This kind of promotion is more like showing social responsibility, especially towards community.

The *financial strategy* is based on the financial-accounting function of the institution. By performing this function, the attraction and use of financial resources is ensured for reaching the mission/goal of the institution and is based on its economic, financial and accounting activity. To fulfill the financial-accounting function, all the methods and techniques of recording the income and expenses are used in accordance with the legal framework of the Republic of Moldova, and financial information is provided along with other information (for example: clinical, technical, regarding the quality, etc.), necessary for making management decisions.

Financial strategy should also be focused on achieving efficiency: the degree to which a certain intervention produces results, related to the resources used. The needed resources are expressed in costs, and the obtained results can be manifested by a certain type of consequences (effects, benefits, utilities). This strategic approach towards decisions regarding financial resources presumes a deep understanding of efficiency not only at the level of the healthcare institution, but also in relation to beneficiaries. However, decisions can be made regarding the introduction of new methods of treatment, the use of high-performance equipment, which may lead, in the short term, to a cost increase, and, to a cost decrease, in the long term, thus having beneficial effects on the patient's health and life quality.

The main tools used in the **implementation of strategies** (fourth stage) are plans. In addition to action plans, which traditionally describe how to put strategy provisions into practice, permanent plans are also used: policies, standard procedures and rules, which must be revised every time strategies change.

*Action plans* represent the basic tool used by the management of medical institution to implement strategic objectives, which are usually complex and for their achievement it is necessary to follow a sequence of actions, limited from the point of view of time and available resources.

*Permanent plans* are also used to implement the strategy: policies, standard procedures and rules. *Policies* represent general guidelines for actions and decisions that have the role of facilitating the objectives achievement. Institutional policy in a certain field can be considered as a "code of laws", which explains how the objectives can be achieved, establishing certain benchmarks, in order to avoid certain decisions based on momentum criteria. *Standard procedures* describe the sequence of actions to be performed in a concrete situation and constitute planned

decisions based on previous experience. *Rules* determine precisely how the employees of a healthcare institution act in a concrete situation.

The last stage of **monitoring, reviewing and evaluating a strategy** aims to ensure the achievement of the planned results at the stage of setting strategic objectives.

*Monitoring* is a continuous process of collecting and analyzing information, through which appointed persons establish the progress achieved. The tool for determining the progress are indicators, which, being correctly developed, facilitate this process lot.

If, during the monitoring process, there have been detected deviations from the provisions of the strategy or the management of the institution decides to change the development vector due to changes in environmental factors (for example, changes in the patients' needs, the influence of economic factors, changes in the regulatory framework), in most cases, it is decided *to revise the strategy*. Usually, only certain provisions/objectives of the strategy or a type of functional strategy are subject to the revision process, if legislative or normative changes have appeared on this segment, which impose certain technical or administrative regulations, different from the existing ones.

*Evaluation* is a thorough analysis of the activities in the process of implementation or completed in order to determine the level of achievement of the planned objectives and their contribution to the accomplishment of the healthcare institution's mission. The evaluation can be carried out in the middle of the strategy implementation period and after its fulfilment. This process allows to determine the level of objectives achievement, analyse and explain the divergences between the planned and accomplished actions/objectives, and to examine the relevance, effectiveness, efficiency, sustainability and impact, if any.

## **GENERAL CONCLUSIONS AND RECOMMENDATIONS**

This research paper aimed to provide a clear vision of the process of developing and implementing management strategies within public healthcare institutions and the way this process is perceived by employees: managers and executive staff. Thus, following the undertaken investigations, which goal was to evaluate management strategies in the health system institutions, and the achieved outcomes, the author can draw up the following **conclusions**:

1. Management strategies derive from the concepts of strategy, strategic planning and strategic management, having both some common and distinct elements. At the same time, the approach to management strategies in the public sector differs from their approach in the business environment.



2. The approach to management strategies in healthcare institutions, especially in the public institutions from the Republic of Moldova, is influenced by the involvement of the state, through public authorities, in controlling their activity. This aspect is inferred from the analysis of theoretical approaches to strategies, especially, of American authors, who treat them as strategies for business environment given the fact that most healthcare institutions are private institutions.
3. The activity of public healthcare institutions is regulated by the state, as the main actor of the market, responsible for the provision of healthcare services. In this regard, the state gets involved through technical and administrative regulations and price control, due to market and competition failures in the health system, positive and negative externalities, non-exclusion phenomena, non-rivalry and information asymmetry. Thus, state regulations are transposed into normative acts and policy documents, which the management of healthcare institutions use as a basis in developing institutional strategies.
4. The survey results show a low participation rate of public hospitals' employees in training courses on strategic management/strategic planning/strategy development and implementation. This indicates a lack of interest or lack of access to training in these fields. The research also highlights a very different and not always comprehensive understanding of the concepts „strategy” and „value chain” by senior managers.
5. The research reveals the dependence of the management strategy establishment on the reforms and regulations in the health system, and the term for which the strategy is developed, in most cases, corresponds to the term of the director's mandate - 5 years.
6. The survey results prove that only half of the public hospital employees perceive themselves as being engaged in the institutional strategic process by participating in the decision-making on the long-term development of the institution and by taking part in the planning of resources to achieve the provisions of the strategy, but less by being involved in making decisions on allocating resources for the strategy implementation. At the same time, the process of establishing the institutional vision, mission and values proved to be more a formal activity.
7. Although the majority of senior managers distinguish between environmental factors that influence the activity of the healthcare institution and state that they have experience in carrying out economic evaluations before an intervention or strategic organizational change occur, a significant number of respondents wrongly treat environmental factors or do not practice economic evaluation.

8. The survey shows that, in most cases, the employees of public hospitals, including those with managerial functions, receive strategic objectives from their superiors already approved for being implemented. They do not participate in the process of setting them and/or do not even know them, and the way of communication regarding strategy topics is a bureaucratic one, through meetings conducted by the director. The research results also prove that the majority of employees do not realise the dependence of the effectiveness and quality of operational activities on the established strategic objectives, and most of them confirm to be less involved in the achievement of strategic objectives or state that it is not their responsibility to reach them.
9. The results of the survey demonstrate that the process of implementing management strategies is monitored and evaluated by the most of employees, especially if it is their field of competence. At the same time, the obtained results show that the majority of respondents, no matter they occupy a managerial or executive position, do not distinguish between the monitoring process and the evaluation process, wrongly approaching the periodicity of evaluating a strategy.
10. As a result of the research, having completed the essential stages of substantiation, testing and adjustment, there has been developed a management strategy model for healthcare institutions, feasible in the conditions of the Republic of Moldova, which aims to facilitate the understanding and implementation of the institutional strategic process, both by the managers from different hierarchical levels and by the executive employees. The management strategy model for healthcare institutions includes five consecutive stages: determining the development prospects or setting the general strategy; developing the added value strategy; establishing functional strategies; implementating the strategy; monitoring, reviewing and evaluating the strategy.

In the process of solving an important scientific issue, which consists in developing a management strategy model, which aims to facilitate the strategic process within healthcare institutions, the author suggests the following **recommendations**:

*Ministry of Health:*

1. Developing and adjusting national and regional policy documents (policies, strategies, national programmes), so that they contain development priorities for the health system and represent sustainable foundations for developing management strategies in healthcare institutions.
2. Monitoring the implementation of strategic plans, management strategies presented by the managers selected at the contests organized by the central public authority for the position

of director, so that, based on them, the performance of the healthcare institution's manager, as well as the institutional performance are evaluated.

*National Health Insurance Company:*

3. Making decisions as per contracting and adjusting the volume of contracted healthcare services and allocating funds, in compliance with the priorities established in the management strategy, based on the needs of the population served and the economic evaluations of efficiency.

*The authority responsible for health assessment and accreditation (currently, the National Agency for Public Health):*

4. Presenting the management strategy (in addition to the organization chart, health authorization and organization and operation regulation) as a basic institutional document for initiating the evaluation procedure, for assessing managerial and institutional performance, and for making the accreditation decision.

*The State University of Medicine and Pharmacy "Nicolae Testemițanu" and other educational institutions:*

5. Promoting professional development courses and continuous training in the field of strategic management and strategic planning among medical workers and other employees of healthcare institutions with higher education background, to ensure effective institutional strategic processes.
6. Including a mandatory course on institutional strategic processes in the education plan for Master's students of the Management School in Public Health of the State University of Medicine and Pharmacy "Nicolae Testemițanu".

*Managers of public healthcare institutions:*

7. Applying the management strategy model in the development of institutional strategies.
8. Involving employees in the institutional strategic processes, according to their functional competences.

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**ADNOTARE**  
**Niculiță Ana**  
**Strategii de management în instituțiile sistemului de sănătate**  
**Teză de doctor în științe economice**  
**Chișinău, 2022**

**Structura tezei:** teza include: introducere, trei capitole, concluzii generale și recomandări, bibliografie din 125 de titluri, 18 anexe, 134 de pagini text de bază (până la Bibliografie), 70 de figuri. Rezultatele obținute sunt publicate în 5 lucrări științifice.

**Cuvinte-cheie:** strategie de management, planificare strategică, management strategic, sistem de sănătate, reglementare, instituții medicale publice, spitale, model de strategie-tip de management, servicii medicale.

**Scopul lucrării:** evaluarea strategiilor de management în instituțiile sistemului de sănătate, pentru elaborarea unui model de strategie-tip aplicabil în condițiile Republicii Moldova, care ar îmbunătăți procesele strategice instituționale în sistemul de sănătate.

**Obiectivele cercetării:** delimitarea abordărilor conceptuale ale noțiunilor de strategie, planificare strategică și management strategic și analiza modelelor existente de strategie; analiza experienței internaționale și a contextului național privind strategiile de management în instituțiile sistemului de sănătate; evaluarea procesului de elaborare și implementare a strategiilor de management prin elucidarea percepției personalului managerial și a celui operațional cu privire la procesul strategic în instituțiile sistemului de sănătate; elaborarea unui model de strategie de management pentru instituțiile sistemului de sănătate din Republicii Moldova; elaborarea recomandărilor de îmbunătățire a proceselor strategice prin prisma modelului de strategie de management elaborat.

**Noutatea și originalitatea științifică:** rezidă în cercetarea strategiilor de management prin prisma rolului statului în procesul de reglementare a activității instituțiilor medicale publice în Republica Moldova; efectuarea unui studiu empiric privind experiența managerilor spitalelor publice în elaborarea și implementarea strategiilor de management și antrenarea angajaților acestor instituții în procesul strategic instituțional; elaborarea și propunerea unui model de strategie-tip de management, încadrat în abordarea teoretică a Școlii de Mediu a lui H. Mintzberg.

**Rezultatul obținut care contribuie la soluționarea unei probleme științifice importante:** constă în elaborarea și fundamentarea din punct de vedere metodologic a modelului strategiei-tip de management pentru instituțiile sistemului de sănătate din Republica Moldova, în vederea facilitării și optimizării proceselor strategice instituționale, fapt ce conduce la o înțelegere mai bună de către managerii din sistemul de sănătate a recomandărilor teoretice de elaborare și implementare a strategiilor de management, în contextul reglementărilor activității instituțiilor publice din partea statului.

**Semnificația teoretică:** constă în delimitarea conceptuală a strategiilor de management și abordarea acestuia din perspectiva specificului activității instituțiilor medicale publice și a sistemului de sănătate autohton.

**Valoarea aplicativă** a tezei rezidă din faptul că rezultatele obținute conturează o imagine de ansamblu a situației privind strategiile de management în instituțiile medicale publice și oferă căi concrete de soluționare a problemei identificate prin elaborarea unui model de strategie-tip de management, care conține explicația tuturor etapelor de urmat pentru realizarea unui proces strategic instituțional eficace.

**Implementarea rezultatelor științifice:** Rezultatele cercetării au fost diseminate atât în cadrul conferințelor naționale și internaționale, cât și în articolele publicate în reviste de specialitate. În baza cercetării efectuate de autor și a modelului strategiei-tip de management elaborat a fost actualizat curriculum de educație medicală continuă la disciplina *Management strategic* în cadrul Școlii de Management în Sănătate Publică a Universității de Stat de Medicină și Farmacie „Nicolae Testemițanu”. A fost dezvoltat un curs de instruire destinat membrilor Consiliilor Administrative spitalicești, dar și altor părți interesate, disponibil pe o platformă de învățare online. De către autor, a fost realizată o instruire în domeniul planificării strategice, pentru managementul și membrii Consiliilor Administrative a spitalelor din regiunea de Nord a țării (Bălți, Edineț, Soroca, Florești, Drochia), în cadrul căruia a fost prezentat și explicat modelul strategiei-tip de management. Recomandările sugerate de autor, dar și modelul strategiei-tip de management pentru instituțiile sistemului de sănătate au fost valorificate de Compania Națională de Asigurări în Medicină, Agenția Națională de Sănătate Publică și cel puțin trei instituții spitalicești.

**АННОТАЦИЯ**  
**Никулицэ Ана**  
**Стратегии управления в учреждениях системы здравоохранения**  
**Докторская диссертация по экономическим наукам**  
**Кишинэу, 2022 г.**

**Структура диссертации:** Диссертация включает: введение, три главы, общие выводы и рекомендации, библиографию из 125 наименований, 18 приложений, 134 страницы основного текста (до библиографии), 70 рисунков. Полученные результаты опубликованы в 5 научных статьях.

**Ключевые слова:** стратегия управления, стратегическое планирование, стратегическое управление, система здравоохранения, регулирование, государственные медицинские учреждения, стационары, типовая модель стратегии управления, медицинские услуги.

**Цель исследования:** оценка стратегий управления в учреждениях системы здравоохранения для разработки типовой модели стратегии, применимой в условиях Республики Молдова, которая улучшит институциональные стратегические процессы в системе здравоохранения.

**Задачи исследования:** разграничение концептуальных подходов к понятиям стратегии, стратегического планирования и стратегического управления и анализ существующих моделей стратегии; анализ международного опыта и национального контекста в отношении стратегий управления в учреждениях системы здравоохранения; оценка процесса разработки и реализации стратегий управления путем выяснения восприятия стратегического процесса управленческим и оперативным персоналом в учреждениях системы здравоохранения; разработка модели стратегии управления для учреждений системы здравоохранения Республики Молдова; разработка рекомендаций по совершенствованию стратегических процессов через призму разработанной модели управленческих стратегий.

**Научная новизна и оригинальность:** заключается в исследовании стратегий управления через призму роли государства в процессе регулирования деятельности государственных медицинских учреждений в Республике Молдова; проведение эмпирического исследования опыта руководителей государственных больниц в разработке и реализации стратегий управления и вовлечение сотрудников этих учреждений в институциональном стратегическом процессе; разработка и предложение типовой модели стратегии управленческого, основанной на теоретическом подходе Школы окружающей среды Х. Минцберга.

**Полученный результат, способствующий решению важной научной проблемы:** заключается в разработке и обосновании с методологической точки зрения типовой модели стратегии управления для учреждений системы здравоохранения Республики Молдова, с целью облегчения и оптимизации институциональных стратегических процессов, что приводит к лучшему пониманию со стороны руководителей системы здравоохранения, теоретических рекомендации по разработке и реализации управленческих стратегий в контексте регулирования деятельности государственных учреждений со стороны государства.

**Теоретическая значимость исследования:** состоит в концептуальном разграничении стратегий управления и его подходе с позиций специфики деятельности государственных медицинских учреждений и местной системы здравоохранения.

**Практическая значимость диссертации** заключается в том, что полученные результаты дают общее представление о ситуации со стратегиями управления в государственных медицинских учреждениях и предлагают конкретные пути решения выявленной проблемы путем разработки типовой модели стратегии управления, содержащей объяснение всех этапов, которые необходимо пройти для достижения эффективного институционального стратегического процесса.

**Внедрение научных результатов:** Результаты исследования были распространены как на национальных, так и на международных конференциях, а также в статьях, опубликованных в специализированных журналах. На основе исследования, проведенного автором, и разработанной типовой модели стратегического управления, учебная программа непрерывного медицинского образования была обновлена по дисциплине «Стратегический менеджмент» в Школе управления общественным здравоохранением Государственного университета медицины и фармации им. Николае Тестемицану. Для членов административных советов больниц и других заинтересованных сторон был разработан учебный курс, доступный на платформе онлайн-обучения. Автором был проведен тренинг в области стратегического планирования для руководства и членов Административных советов больниц Северного региона страны (Бельцы, Единцы, Сороки, Флорешты, Дрокия), в ходе которого стратегия была представлена и объяснена типовая модель стратегии управления. Предложенные автором рекомендации, а также типовая модель стратегии управления для учреждениях системы здравоохранения были использованы Национальной медицинской страховой компанией, Национальным агентством общественного здоровья и не менее чем тремя больничными учреждениями.



## ANNOTATION

Niculita Ana

### Management strategies in the institutions of healthcare system

#### Doctoral Thesis in Economic Sciences

Chisinau, 2022

**Thesis structure:** the thesis includes introduction, three chapters, general conclusions and recommendations, bibliography of 125 titles, 18 annexes, 134 pages of basic text (up to the Bibliography), 70 figures. The obtained results are published in 5 scientific papers.

**Keywords:** management strategy, strategic planning, strategic management, health system, regulation, public medical institutions, hospitals, management strategy-type model, medical services.

**The purpose of the paper:** Evaluation of management strategies in the institutions of the health system, for the elaboration of a type-strategy model applicable in the conditions of the Republic of Moldova, which would improve the institutional strategic processes in the health system.

**Research objectives:** the delimitation of conceptual approaches to the notions of strategy, strategic planning and strategic management and the analysis of existing strategy models; analysis of the international experience and the national context regarding management strategies in health system institutions; evaluating the process of developing and implementing management strategies by elucidating the perception of managerial and operational personnel regarding the strategic process in health system institutions; the development of a model of management strategies for health system institutions in the Republic of Moldova; developing recommendations for improving strategic processes through the lens of the developed model of management strategies.

**The scientific novelty and originality:** resides in the research of management strategies through the prism of the role of the state in the process of regulating the activity of public medical institutions in the Republic of Moldova; conducting an empirical study on the experience of public hospital managers in the development and the implementation of management strategies and the involvement of employees of these institutions in the institutional strategic process; the elaboration and the proposal of a management type-strategy model, framed in the theoretical approach of H. Mintzberg's School of Environment.

**The result obtained that contribute to the solution of an important scientific problem:** consists in the elaboration and the substantiation from a methodological point of view of the management strategy-type model for the institutions of the healthcare system in the Republic of Moldova, in order to facilitate and to optimize the institutional strategic processes, which leads to a better understanding by the managers of the healthcare system of the theoretical recommendations for the development and implementation of management strategies, in the context of the regulations of the activity of public institutions from the state.

**The theoretical significance:** consists in the conceptual delimitation of management strategies and its approach from the perspective of the specifics of the activity of public medical institutions and the local health system.

**The applicative value of the thesis** resides in the fact that the obtained results outline an overview of the situation regarding management strategies in public medical institutions and offer concrete ways to solve the problem identified by developing a *management type-strategy model*, which contains the explanation of all stages to be followed in order to achieve an effective institutional strategic process.

**The implementation of scientific results:** The research results were disseminated both in national and international conferences and in articles published in specialized journals. Based on the research carried out by the author and the developed management type-strategy model, the continuing medical education curriculum was updated in the Strategic Management discipline within the Public Health Management School of the *Nicolae Testemițanu* State University of Medicine and Pharmacy. A training course was developed for members of hospital Administrative Boards and other interested parties, available on an online learning platform. A training in the field of strategic planning was carried out by the author for the management and members of the Administrative Boards of the hospitals in the Northern region of the country (Balti, Edinet, Soroca, Floresti, Drochia), during which the management type-strategy model was presented and explained. The recommendations suggested by the author, as well as the management type-strategy model for health system institutions, were implemented by the National Medical Insurance Company, the National Public Health Agency and at least three hospital institutions.

**ANA NICULITA**

**MANAGEMENT STRATEGIES IN HEALTHCARE INSTITUTIONS**

**521.03 Economics and management in the field of activity**

**Summary of the doctoral thesis in economics**

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