



Conference Proceedings

SUSTAINABILITY OF THE DEVELOPMENT OF THE MEDICAL SYSTEM IN SERBIA

Žaklina Nikolić-Ilić¹

DOI: 10.5937/EEE24080N

JEL: I11, O11, Q56

Review Scientific Paper

ABSTRACT

We are witnessing investments in the medical system of Serbia, both during Covid-19 and in the post-covid period. Continuity of investment in medical infrastructure guarantees the development and quality of the medical system. However, it is not the only factor. The sustainability of the medical system is influenced by many factors. We can freely say that all actors in the medical system, and beyond, indirectly or directly contribute to its sustainability. For the survival of the medical system, employees are important, that is, primarily medical personnel. They directly affect its functionality, so the emphasis is placed on their education, professionalism and knowledge of the financial area, as well as the area of management. Direct factors for the sustainability of the medical system can be various areas, which indirectly influence or can influence, so that it takes place to the best extent possible. Here we also include ecology, that is, solving the issue of medical waste disposal. Medical waste is a big problem everywhere in the world, including here. The technological possibility of removing medical waste consequently affects the protection of the environment and raising awareness among workers about further sorting, handling and disposal. If there is no developed organizational system for its quality disposal, we cannot blame the employees and talk about their carelessness. This problem must be solved at the state level. Another immediate factor is the existence of ethics and ethical principles. Although there are already certain ethical norms and principles in medicine that include the moral values of doctors and other medical workers, we believe that most of them are not followed.

KEYWORDS

medical system, education, management, motivation and investments

INTRODUCTION

The sustainability of the development of the medical system implies the cohesion of the entire activities of a country. Starting with the application of ethics and ethical principles, ecology and better working conditions with an emphasis on human resources, their education, as the main factor of the health system.

Global economic and environmental crises force people to migrate, resulting in multicultural populations. It starts from the position that health behavior can be improved depending on the knowledge of cultural factors that influence the health behavior of the community. In the field of medicine, ethics includes fundamental moral issues related to decision-making in medical waste management. It aims to support well-reasoned decisions in the field of medicine.

¹ Belgrade Banking Academy, Belgrade, Serbia, PhD candidate, zaklina.nikolic-ilic@hotmail.com



Conference Proceedings

Ethics and ethical aspects, in the communication of the health sector, represent the bond of development of the medical system. Where communication is impaired, employees become demotivated, who achieve lower work performance and indirectly lead to higher costs. Economics as a science is omnipresent in all spheres of life, has points of contact with different areas, and is closely related to them. Each economic or non-economic area requires many investments of different resources, which results in higher costs and revenues, so that it is inevitably the "queen" of all events.

In order to make our country attractive for attracting foreign direct investments (FDI), it is important to attract human capital. The goal of human capital is the education of doctors and nurses, for the sake of raising the quality, then the sustainability and development of the medical system. Considering the period of the coronavirus pandemic, as well as the post-covid period, continuous investments were made in the medical system of Serbia and their impact on the employed medical staff.

The subject of the research is to list, explain and emphasize certain factors, important for the sustainability of the medical system. Cultural health care has been aware of the prevention of inequality and discrimination in health care for many years. In this regard, it is important that members of the healthcare team must be equipped with the necessary knowledge and skills in terms of cultural differences, communication, management, financial knowledge, risk identification and control processes.

The aim of the work is to point out the importance of the employed medical staff, their motivation, persistence and expertise in the business of the medical system, as well as the complexity of their work. The global Covid-19 pandemic has passed, but the focus is still on the analysis of the sustainability of the medical system in the form of tangible and intangible investments, then measures and proposals for its further functioning.

METHODOLOGY

Three research hypotheses were tested in the paper:

- H1: Continued state investments in healthcare workers after COVID-19 contributed to maintaining a high level of motivation of healthcare workers.
- H2: Continuous state investments in the health care system after COVID-19 contributed to maintaining a high level of motivation of health care workers.
- H3: State investments in the prevention of COVID-19 during and after the pandemic significantly increased the motivation of healthcare workers.

Hypothesis testing is performed using descriptive statistics and desk research. The methods applied in the work are inductive, deductive, descriptive-statistical method, comparative method, compilation method, as well as analysis of relevant theoretical literature.

Empirical research includes hypothesis testing through information obtained through a questionnaire on a sample of 158 respondents (nurses and doctors). The software tool SPSS (Statistical Package for the Social Sciences) was used for data analysis. The survey method aims to evaluate the satisfaction of employees in the healthcare system of Serbia. The respondents' answers will indicate the problems that employees face and provide guidelines for solving numerous problems of health institutions.



Conference Proceedings

SCIENTIFIC CONTRIBUTION

The scientific contribution of the work indicates the satisfaction of employees in the medical sector through investments by the state. The paper explored how the medical system can be improved and developed. The expected results and contributions of this work are as follows:

1. To emphasize the importance of education of medical workers in the field of ethics and ecology, as essential factors for the sustainability and development of the medical system.
2. To indicate the existence of alternative models that influence the motivation of medical workers, education, interpersonal relations, all for the purpose of greater employee motivation.
3. To investigate the motivation of medical staff, managers and nurse-technicians in relation to tangible and intangible investments by the state during and after the Covid-19 pandemic.
4. To emphasize the positive side of the continuity of investment, as well as investment in prevention, by the state, during and after the Covid-19 pandemic.

ETHICS

The basic ethical principles have evolved significantly since their working beginnings. Key ethical values and standards that must be adhered to are respect for the individual, welfare of the individual, confidentiality, tolerance, welfare of the community, integrity. Health workers have moral obligations as professionals and must behave politely and civilly. On the other hand, the relationship between employees is also important. They should be accommodating to their colleagues and help each other, without any excuses, resentment, or disrespect. However, this way of dealing unfortunately does not exist. Interpersonal relations are completely broken, especially in insufficiently organized or disorganized systems, systems where there is no sufficient business control, etc. The collective in the health sector is badly damaged. There are mobbing between doctors and nurses, as well as between nurses. This kind of treatment must be solved with the application of many penal and legal measures that should be incorporated into the laws.

Nowadays, there is a big change in the technological and scientific sense and there is a need for good communication. Modern times are subject to numerous challenges of contemporary technology, then the change in the culture of communication is widely recognized. Communication is a clinical skill that is learned and taught in practice. One of the most important outcomes of successful communication between doctors and patients is gaining respect and trust of patients in medical staff and doctors.

Ethical aspects of communication in the healthcare system

Communication provides the healthcare worker with important information needed for successful treatment. Providing information gives the patient a sense of control over the situation and their own health condition. Then, in addition to the care received by the medical worker, the patient builds a relationship through communication, which gives him some confidence in the certainty of self-healing. Human relationship is primarily one of the more important factors besides treatment. Communication is



Conference Proceedings

an integral part of socialization for the establishment of interpersonal relationships. Specific factors of communication are: qualities of health care, qualities of relationships between nurses, nurse and patient. Communication skills are an important factor for success in the process of implementing health care. It is a basic prerequisite for medical workers to have two-way communication. That is why education and mastering the methods for the best possible communication is important. The quality of relationships in the workplace consequently affects better relationships among colleagues and a better atmosphere. Above all, focus on empathy, active listening, respect, honesty, etc. is needed.

An important factor in the process of communication is constructiveness and destructiveness. Constructive communication is creative and focused on solving problems, the interlocutors are respected, the conversation is open and tactful. On the other hand, destructive communication is not creative, it is dishonest and rude, it leads to insults and ignoring. Interlocutors here worsen the further flow of communication.

Changes in the social status of nurses are a prerequisite for the establishment of better relations among the members of the health care team. In order to improve the performance of the health team, it is necessary to increase the degree of respect for nurses as equal members of the health team.

In order to improve the final goals of the health team, it is necessary to improve the socioeconomic climate, interpersonal relations. Communication is important in health care, because it is the basis of interpersonal relationships, it affects the improvement of work results, the level of interest in personal development increases, the improvement affects the resolution of disagreements and conflicts, and the level of performance of the health team increases. It is important that ethics are respected and that these relationships complement each other. The older worker should introduce and show the younger worker everything about the job. Conflicts between sisters in communication are fatal to teamwork. Such situations reflect negatively on the work process itself and on the entire environment. Good and high-quality communication with colleagues has a very stimulating effect on the emergence of new ideas, development and expression. Scientific activity is a public and social activity and includes intensive communication between scientists, but it must also include quality connections with the general public for physicians with patients and their families, as well as caregivers. Discussions are taking on a greater character at the national, but also at the international level. Symposia, round tables and public presentations, books, journals, scientific results can be included here.

ECOLOGY IN MEDICINE

The impact of climate change on food safety, working and living environment, air quality is significant for the health sector and population migration. Many ecologists study the impact of the environment on ecosystem function, but there are insufficient studies on the impact of the environment on human health. It is obvious that many public health experts do not relate the impact of changes caused by anthropogenic activity to the environment in which they operate. Health ecology as a science connects health, ecology, earth science, in order to better understand the impact of environmental factors and create a multidisciplinary approach to solving environmental problems that affect people's health. We witnessed the NATO bombing two decades ago and the air pollution with uranium. The damage is summed up over the years with the number of deaths from cancer, as well as the number of patients and those cured. The indirect effect on the economy is that the population has significantly decreased and is decreasing, which has reduced a significant number of the former working population.



Conference Proceedings

The consequences are long-term, because the pollution of water, food, air, and soil represent a danger for the whole of humanity. Disruption of ecosystems on a global scale occurs mainly due to the influence of man, industrialization and everything else that man works on. The chain reaction of pollution leads to the emergence of viruses, infectious and non-infectious diseases. The latest is the Covid-19 pandemic, which created catastrophic proportions in terms of human mortality and affected the economy.

A great advantage is the existence of an institutional framework for monitoring the health consequences of various external factors resulting from climate and non-climate changes. In this way, the protection and the risk of the same are analysed, prevented. For the risk of disasters and extraordinary events, it is necessary to be well prepared beforehand in material and non-material sense.

Medical waste as an important factor in the sustainability of the healthcare system

Ecological processes are the drivers and consequences of demographic changes, which are reflected in the number, structure and spatial distribution of the population. They must have responsibility for the preservation of the environment, in the preservation and use of the availability of natural resources. There are clear differences in terms of health, public health, and types of prevention within the health care system. Socioeconomic and ecological processes are simultaneously the drivers of the consequences of demographic changes, which are reflected in the number, structure and spatial distribution of the population. The goals of sustainable development are elaborated through specific sub-goals. The achievement of goals is monitored through indicators, where variables are carefully selected and by monitoring.

Improper handling of medical waste can contain hazardous and infectious materials, and medical waste handling procedures can pose a number of risks to healthcare workers. Of the total waste from healthcare institutions, it is considered that about 14% of the waste is risky and therefore requires special attention. This includes infectious, chemical, pharmaceutical and pathological waste. The collection, disposal and removal of medical waste, until its final treatment, for example incineration, includes many measures, principles and supervision.

As far as Serbia is concerned, almost all types of medical waste are disposed of in communal landfills, which are not organized according to European and world standards. The first institution in Serbia to introduce a waste management process is the City Public Health Institute of Belgrade, whereby infectious waste goes through a sterilization process and is then ground. According to some calculations, it is pointed out that about 20% is disposed of in containers. City cleanliness in Belgrade receives medical waste after steam sterilization, where it is then disposed of at the landfill in Vinča. The German organization for international cooperation called GIZ, in cooperation with the Serbian Chamber of Commerce, gave our country recommendations for the disposal of medical waste during the Covid-19 pandemic. The procedure is such that if there is no thermal treatment of medical waste, the first option involves disposal at a sanitary landfill. There workers classify and must not come into contact with medical waste disposal. This waste must be disposed of immediately after unloading, so that it does not represent a source of infection for humans, animals, even though there are waste collectors at the landfill (GIZ, 2020).

Medical waste management in Serbia is currently at a very low level. It is necessary to find long-term management solutions where the role of the state is primarily important, because it is potentially about large investments in this part of the sector. We see existing simpler methods in the treatment of existing autoclaves, whose capacity can be increased by increasing their working hours, in order to avoid



Conference Proceedings

additional investments. It is only one of the temporary solutions, bearing in mind that autoclaves are only suitable for infectious waste.

It is of utmost importance to provide an economical treatment of the generated medical waste that would be in line with sustainable development. That is, through responsible behavior of individuals, the entire community and continuous education, the necessary funds for the sustainable development of the medical system, and thus the preservation of the environment, could be provided.

Human resources as an important factor in the development and sustainability of the medical system

In every company, institution, organization, the important factor is man. An individual who represents an employed worker is part of the system, and individuals together make up the "fuel", so their presence is very important. The same applies to the medical system, where the employed medical personnel form the backbone of this system. We are witnessing the Covid 19 pandemic, where nurses, technicians, doctors were in the "first line of defense" as the main fighters for the life of every citizen. In this regard, investment in human resources is inevitable for the further development and sustainability of the medical system.

After many decades of activities, neglect, insufficient investment and many other failures have led to poor organization, and it is necessary to emphasize the qualities of a health manager in the part of managing this essential system. Also, great attention should be given to the further and wider education of nurses, bearing in mind population migrations and the mixing of cultures, religions, etc. As the top of the pyramid, for the preservation and better functioning of the medical system, the perception of risk in business, the addition of value, the existence of an Internal Auditor, i.e. the Audit Department, is mandatory in almost all health institutions at the level of local self-governments.

Health management and the introduction of project managers

General management developed faster than health management. The managerial function in the health service is performed by a physician administrator, not a trained health manager.

In recent years, many directors of health care institutions, based on their own experience in general management, incorporate certain models in management, while management of the same has been left out. In this regard, it is necessary to employ, or to educate the existing manager in managing the system or its part, implementing, working out and monitoring the development of the project in order to manage the efficiency of the medical system.

Otherwise, health management is complex and has great responsibility for the good functioning of individual parts of the health system and the system in general. The development of mentoring skills of all healthcare managers is essential. Health managers work as a team and in a coordinated manner. They are responsible for patient care, because the quality of service provision and the satisfaction of patients' needs, such as treatment, provision of medicines, equipment and service quality, depend on it. Care management skills include knowledge and skills in regulatory compliance, insurance claims processing, and even marketing process improvement. They need to be composed in the most chaotic situations, to make decisions based on evidence, not decisions made in fear. Therefore, health managers must be trained in analytical skills. It is necessary to identify the systems, collect data, generate the obtained information, discover the reasons for inefficiency and provide solutions for the improvement of the system.



Conference Proceedings

Managing healthcare facilities is much more demanding than it used to be. The complexity of medical billing on the one hand, the satisfaction and demands of patients on the other, initiates a capable manager who will monitor all actions and be familiar with financial operations.

The role of the internal auditor in risk management and control processes

In the medical system, one should work not only on projects for the formation of quality managers, economists for business control, but also on risk analysis. In this regard, professionals with financial skills are necessary. In order for a system to function adequately, financial control is necessary, which can include control of operations in accordance with laws, regulations, procedures, and control of financial reports.

Hospital performance measurement is measured through financial and non-financial indicators, using quarterly, half-yearly or annual financial reports. In fact, an analysis is performed between two time periods, by comparing the financial reports from the previous year with the current report and by looking at the deviations of all the items of the financial reports. On the other hand, the board of directors evaluates the degree of achievement of the hospital's goals by comparing income, expenses, occupancy of beds, number of patients undergoing treatment and many other parameters.

In this way, the management of the company is looking for a way to better establish control of the company, which is a continuous process. It receives full support from the internal control and internal audit of the company's operations, while in the medical system it would be an established internal audit service. The managerial approach to internal control and internal audit can be applied in the function of management (Popović, Mijić, Grublješić, 2014). The internal auditor's job is to identify internal control weaknesses and report them to senior management, and they play the biggest role in the effectiveness of the internal control system. In addition to public inspection, the lack of independent audit affects the effectiveness and efficiency of operations, and in accordance with international rules, the hospital management should establish an appropriate model.

Employees should develop an awareness of risks and opportunities for risks, with the application of appropriate procedures. The mutual relationship of the medical staff in healthcare represents a team for successful management of the system and precaution against potential risks. A good integration of risk management would have a positive effect on the entire internal and external health structure.

According to all of the above, in case of high risks such as contributed by the pandemic and many others (natural disasters, economic crises), the harmonization of internal controls of a large volume of hospitals and their role in ensuring efficiency could be carried out.

Transcultural nursing

Individuals as cultural, physical, ecological and sociopolitical beings are in constant interaction with each other. From a medical point of view, cultural diversity imposes an obligation to provide culturally adequate care. The transcultural approach can be applied at all levels of healthcare institutions, but nurses are in a privileged position. The profile of a nurse with an important role in the medical team, with knowledge of culture and its effects on health diseases, can bridge the gap between the care of individuals of different cultures. Global trends in terms of migratory changes impose the need to change the current practice in education and application of transcultural nursing among nurses, in order to improve the quality of health care provided in Serbia (Pajić, Marjanović, Savić, 2022).



Conference Proceedings

RESEARCH RESULTS

The data set refers to the continuity of state investment in the health system after the COVID-19 pandemic. These questions explore how state investment after the pandemic is directed towards improving the working conditions of medical workers and improving the health system as a whole. Questions in this category also explore the state's investment in professional training and improving the working conditions of medical workers after the pandemic. These investments are important for continuous professional development and employee satisfaction, which directly affects the quality of healthcare services. The following hypotheses emerged from this data set:

H1: Continued investments by the state in healthcare workers after the COVID-19 contributed to maintaining a high level of motivation of healthcare workers.

The Shapiro-Wilk test (Table 1) showed that for the variable "State investment in health workers after KOVID-19" the p-value is < 0.001 , which is less than the threshold of 0.05. This result indicates statistically significant deviations from normality, i.e. the data distribution is not normal. Therefore, for further analysis of this variable, it will be necessary to use non-parametric statistical tests.

Table 1. Shapiro-Wilk Test of Normality for variables tested in Hypothesis 1

Variable	p-value
State investments in healthcare workers after KOVID-19	< 0.001

The results of Spearman's correlation (Table 2) show that there is a positive and statistically significant relationship between government investments in health workers after the COVID-19 pandemic, as well as the motivation of health workers. The correlation coefficient (ρ) is 0.373 with a p-value less than 0.001, which indicates a statistically significant association at the 0.01 level.

Table 2. Sperman's correlation among the variables tested in Hypothesis 1

Variable	Correlation coefficient (ρ)	p-value
Investments in healthcare workers after KOVID-19 and motivation of healthcare workers	0.373	< 0.001

The results of the regression analysis showed that there is a positive correlation between state investments in health workers after the COVID-19 pandemic and the motivation for the work of health workers ($R = 0.377$). The coefficient of determination (R^2) is 0.142, which means that investments in health workers explain 14.2% of the variation in work motivation. The adjusted coefficient of determination (Adjusted R^2) is 0.137, which takes into account the number of predictors in the model. The standard error of the estimate (Std. Error of the Estimate) is 0.644.

Analysis of variance (ANOVA) shows that the model is statistically significant ($F(1,156) = 25.837$, $p < 0.001$), which indicates that state investments in health workers after the pandemic significantly affect the motivation to work of health workers.

The results of the regression analysis support Hypothesis 1 that the continuous investments of the state in healthcare workers after the COVID-19 pandemic contributed to maintaining a high level of motivation of healthcare workers. This result suggests that greater government investment in healthcare workers contributes to greater motivation to work, which is key to maintaining high performance and quality of services in the post-pandemic period.

H2: Continuous state investments in the health system after KOVID-19 contributed to maintaining a high level of motivation of health workers.



Conference Proceedings

The Shapiro-Wilk test (Table 3) shows that for the variable "Investment in the health system after the pandemic" the p-value is 0.005, which is less than the threshold of 0.05. This result indicates statistically significant deviations from normality, i.e. the data distribution is not normal. Therefore, for further analysis of this variable, it will be necessary to use non-parametric statistical tests.

Table 3. Shapiro-Wilk Test of Normality for variables tested in Hypothesis 2

Variable	p-value
Investment in the health system after the pandemic	0.005

The results of the Spearman correlation (Table 4) showed that there is a positive and statistically significant relationship between state investments in the health system after the COVID-19 pandemic and the motivation of health workers. The correlation coefficient (rho) is 0.293 with a p-value less than 0.001, which indicates a statistically significant association at the 0.01 level.

Table 4. Spearman's correlation among the variables tested in Hypothesis 2

Variables	Correlation coefficient (rho)	p-value
Investment in the health system after the pandemic and motivation of health workers	0.293	< 0.001

The results of the regression analysis showed that there is a positive correlation between the continuous investments of the state in the health system after the COVID-19 pandemic and the motivation for the work of health workers ($R = 0.334$). The coefficient of determination (R^2) is 0.111, which means that investments in the health system explain 11.1% of the variation in work motivation. The adjusted coefficient of determination (Adjusted R^2) is 0.106, which takes into account the number of predictors in the model. The standard error of the estimate (Std. Error of the Estimate) is 0.656.

The analysis of variance (ANOVA) shows that the model is statistically significant ($F(1, 156) = 19.573$, $p < 0.001$), which indicates that the continuous investments of the state in the health system significantly affect the motivation for the work of health workers.

The results of the regression analysis support Hypothesis 2 that the continuous investments of the state in the health system after the COVID-19 pandemic contributed to maintaining a high level of motivation of health workers. This result suggests that greater state investments in the health system contribute to greater motivation for the work of health workers, which is crucial for maintaining high performance and quality of services in the post-pandemic period.

H3: State investments in the prevention of COVID-19 during and after the pandemic significantly increased the motivation of healthcare workers.

The Shapiro-Wilk test (Table 5) showed that for the variable "Investments in prevention" the p-value is less than 0.001, which is significantly less than the threshold of 0.05. This result indicates statistically significant deviations from normality, i.e. the data distribution is not normal. Therefore, for further analysis of this variable we will use Spearman's rank correlation.

Table 5. Shapiro-Wilk Test of Normality for variables tested in Hypothesis 3

Variable	p-value
Investments in prevention	< 0.001

The results of the Spearman correlation (Table 6) show that there is a positive and statistically significant relationship between state investments in the prevention of COVID-19 (prevention) and the motivation of health workers. The correlation coefficient (rho) is 0.397 with a p-value less than 0.001, which indicates a statistically significant association at the 0.01 level.



Conference Proceedings

Table 6 Sperman's correlation among the variables tested in Hypothesis 3

Variables	Correlation coefficient (rho)	p-value
Ulaganja u prevenciju i motivacija zdravstvenih radnika	0.397	< 0.001

The results of the regression analysis showed that there is a positive correlation between state investments in prevention during and after the COVID-19 pandemic and the motivation for the work of healthcare workers ($R = 0.445$). The coefficient of determination (R^2) is 0.198, which means that investments in prevention explain 19.8% of the variation in work motivation. The adjusted coefficient of determination (Adjusted R^2) is 0.193, which takes into account the number of predictors in the model. The standard error of the estimate (Std. Error of the Estimate) is 0.623.

Analysis of variance (ANOVA) shows that the model is statistically significant ($F(1, 156) = 38.560$, $p < 0.001$), which indicates that state investments in prevention significantly influence the motivation to work of health workers.

The results of the regression analysis support Hypothesis 3 that state investments in the prevention of COVID-19 during and after the pandemic significantly increased the motivation of healthcare workers. This result suggests that greater state investments in preventive measures contribute to greater motivation to work, which is crucial for maintaining high performance and service quality in high-risk situations.

CONCLUSION

Research results show that material investments (such as salary increases, bonuses and improvement of working conditions) and non-material investments (training, education and recognition) significantly influenced the motivation of healthcare workers. The positive correlation between investment and motivation suggests that investment during a pandemic may be crucial to maintaining high motivation and efficiency of the medical system. Motivation is one of the key determinants of achieved performance, especially when it comes to healthcare organizations. Employees in healthcare, due to the specific knowledge and abilities they possess, should be motivated by material and non-material factors. In order to ensure the growth of motivation for the sake of the sustainability of the medical system, it is necessary to educate and train nurses, in the cultural, ecological and managerial direction and provide rewards related to intrinsic motivation factors.

REFERENCES

- Avlijaš, R., Avlijaš, G. (2011). Project management. Singidunum University, Belgrade.
- Brnjas, Z., Radović-Marković, M., Golubović-Stojanović, A. (2020). The Review of the Selected Methods of Estimating Non-Market Costs of Human Health as a Base for Cost-Benefit Analysis of Specific Health Care Policy Measures. *Digital Finance* 2020, pp. 157.
- Barisic, D. (2014). Health ecology in health promotion (Doctoral dissertation, University of Zagreb. School of Medicine. Department of Environmental and Occupational Health).
- Brkljačić, M. (2013). Ethical aspects of communication in healthcare. *Medicina Fluminensis*, 49(2), 136-143.



Conference Proceedings

Erić, D., Đukić, Đ. (2012). Financial markets in crisis conditions. Institute of Economic Sciences, Belgrade.

Finkler, S. A., Calabrese, T. D., Smith, D. L. (2022). Financial management for public, health, and not-for-profit organizations. CQ Press, Washington DC.

Jergović, M. (2017). Impacts, vulnerabilities and adaptation measures to climate change – health. In: Workshop for officials at the regional and local level and other interested public-Osijek-Strengthening the capacity of the Ministry of Environmental Protection and Energy for adaptation to climate change and preparation of the Draft Strategy for Adaptation to Climate Change.

Marojević Glibo, D., Topić Stipić, D. (2019). Principles of successful communication in healthcare. Mostarientia: Journal of Social and Human Sciences, 23(1), 81-93.

Mićović, P. (2009). Health management. Health Care, 38(5), 73-78.

Pajić, N. L., Marjanović, M., Savić, S. M. (2022). Transcultural nursing in the Republic of Serbia: An important factor for health equality. Sestrinska reč, 25(84), 26-29.

Popović, S. M., Mijić, R., Grublješić, Ž. (2014). Internal control and internal audit in the function of management. International Journal of Economic Practice and Policy, 1, 95-107.

Radović Marković, M., Salazadeh, A. (2018). The importance of communication in business management. The 7th International Scientific Conference on "Employment, Education and Entrepreneurship", Belgrade, Proceedings, pp. 11-28.

Radović-Marković, M., Jovanović, J. (2021). Impact of COVID-19 on Working from Home in Serbia: Possibilities and Consequences. Macroeconomic Responses to the COVID-19 Pandemic: Policies from Southeast Europe, pp. 319-343.

Rakić, A., Ćurin, K. (2015). Medical waist. Public Health, 9, 25-28.

Đurić P. (2021). What do we mean when we say. New Health System. Institute for Philosophy and Social Theory, Belgrade.

<https://www.ibm.com/spss>

<https://nemackasaradnja.rs/giz-sr/>