



# Kolegji AAB

FACULTY OF ECONOMICS

DEPARTMENT: FINANCIAL MARKETS AND BANKS

MASTER THESIS

**ACHIEVEMENTS AND CHALLENGES OF TIME IN MANAGING  
HEALTH MARKETING IN THE REPUBLIC OF KOSOVO**

Mentor:

Prof. Ass. Dr. Shaip Bytyçi

Candidate:

Lulzim Demiri

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## **Part I**

### **Introduction**

In many ways, health marketing management is a "hidden" career. When we think of a hospital or clinic, we pretend to think about a doctor, nurses, and other assistants. The infinity of people who work in organizations that support organizations that provide health services such as health insurance and health management companies, regulatory agencies, and policy makers are even more hidden and are not the ones we think about when we hear "health services". However, they play an important role in making healthcare services available and accessible. There is no term in the field we talk about or the people who practice it - health marketing management, healthcare administration, and other variations can be used swiftly. People who practice this habit can be appointed as health care providers, health administrators, health care providers, or similar names. This may be confusing if you are new to health care, but this will become of the second nature. Another source of ambiguity is the fact that administrators can be identified by a specific type of organization they work in, such as a hospital manager or housekeeping administrator. However, the meaning of such terms is usually clear.

The development of health marketing management as a career field at a high level has followed the development of medical sciences and hospital hospitals in the United States. Until the early part of the twentieth century, little could have been done in hospitals to improve the health of patients. People who had enough money accepted medical care at their homes when they were sick or near death or when they were children. Those who came to hospital patients were usually poor and without family or friends to care for them.

However, with the emergence of antisepsis and anesthesia, the development of modern operations and the detection of antibiotics by the late 1800s and early 1900s, hospitals became places that could provide healing and relief of suffering. Between 1875 and 1925, the number of hospitals in the United States increased from 170 to about 7,000, while the number of hospital beds increased from 35,000 to 860,000.

Early hospital administrators were termed "super-caregivers" and typically had little specific training on their work - most of them were simple health care staff who took administrative responsibilities. More than half of the "super- caregivers" who belonged to the American

Hospital Association in 1916 were health care graduates and the first formal program of the hospital administration and administrative school for health education in the healthcare economy was established in 1900. Other "super-caregivers" were doctors, catholic sisters etc.

The first degree program in the hospital administration was established at Marquette University in Wisconsin. The original idea for this program came from Father Moulinier, who was a force behind the Catholic Association of Hospitals and a member of the Rockefeller Commission of the year 1922 for the Training of Hospital Managers. In 1927, two students, a pair of both religious women, received their diplomas, but in 1928 without having other graduates, the program was canceled.

In addition to these complications, this field continues to support three principal objectives.

- First, health care administrators are responsible for the business and finance aspects of hospitals, clinics, and other healthcare organizations and are focused on increasing efficiency and financial stability. Their roles include resource management, financial management, cost accounting, data collection and analysis, strategic planning, marketing, and various organization maintenance functions.
- Secondly, healthcare administrators are responsible for providing basic social services: the care of dependent people at the most vulnerable points in their lives.
- Thirdly, healthcare administrators are responsible for maintaining the morale and social order of their organizations, serving as patients advocates, arbitrators in situations where the values are competing, and mediators for various professional groups that practice within organizations.

Since health care services have become extremely expensive and the environment for the organizations that offer these services have become more turbulent and harsh, these three objectives appear to be more contradictory. However, the three objectives remain. The biggest challenge for health service managers and educational programs that train them is to discover the skills and competences that are needed to balance these goals and achieve them in an environment that is constantly changing.

## **Importance of the research**

This paper is thought to be of special importance because, apart from the fact that it summarizes the problems and challenges that the health system faces in Kosovo, it also gives recommendations for successfully addressing these problems. In addition, anticipating the challenges that the health system expects in the future is an important element for its management.

On the other hand, identifying the problems of health staff is a valuable contribution, which can be used well by interest groups. This paper can serve health system managers, human capital managers in the healthcare system as well as those in the healthcare system so that with the lessons learned from dealing with the problems to date, we can successfully cope with challenges in the future.

Also, this paper could serve researchers of the health system in Kosovo, academics and students of this field, who can use it as a good guide for another similar work, besides the usefulness of this paper for study purposes.

In conclusion, this paper can also be used by a simple individual or other fields to obtain the necessary information on the functioning of the health system, its problems and challenges, and the motivation of human capital in the health system.