

# On the issue of types of supervision (control) over compliance with standards in the field of healthcare

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**Abstract.** *The article emphasizes that in modern society, it is impossible for regulatory bodies to adapt to new realities without understanding the full range of changes, which requires new approaches, methods, and interactions, which in their aggregate form the basis of new types of supervision (control).*

*It has been noted that supervision (control) over compliance with standards in the field of healthcare can also be classified depending on the focus on strategic (solving general strategic tasks), operational (implementing operational activities) and tactical (performing individual tactical tasks). It has been determined that in the field of supervision (control) over compliance with standards in the field of healthcare, it is important to ensure the priority of strategic control, the foundations of which are formed at the level of the Cabinet of Ministers of Ukraine and the Ministry of Health of Ukraine, in relation to operational and tactical control. Given this concept, strategies for the development of the healthcare system should establish a clear vector for implementing control measures at the level of a separate healthcare institution.*

**Key words:** *supervision, control, compliance with standards, health protection, species, international control, administrative and legal support.*

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## **Problem statement.**

In order to fully comprehend such a multifaceted issue as the administrative and legal principles of supervision (control) over compliance with standards in the field of health care, it is necessary to consider in detail individual types of relevant supervision (control). It is probably no coincidence that Erasmus of Rotterdam noted that "the wisdom of nature, which, with such infinite diversity, has managed to equalise everyone, is striking" [1].

Thus, classification helps not only to divide the whole into parts but also significantly simplifies the search for the necessary information in the course of further research and allows to form thematic "pillars" around which scholars are able to further build new approaches to understanding phenomena and processes.

**State of the study.** The issues of supervision (control) in various spheres of human life have repeatedly formed the basis of fruitful scientific research by such domestic administrative scientists as V. B. Averyanov, O. F. Andriyko, O. M. Bandurka, Yu. G. Barabash, Borets, Yu. A. Vedyernikov, A. V. Denisova, O. V. Zaychuk, I. K. Zalyubovsky, D. P. Kalayanov, A. T. Komzyuk, I. M. Korostashova, P. S. Lyutikov, O. M. Muzychuk, O. Yu. Salmanova and many others. However, given the interdisciplinary and highly specialised content, scientists have actually left out of their attention the problematic issues of types of supervision (control) over compliance with standards in the field of healthcare.

**Purpose and objectives of the study.** The purpose of the article is to identify the main types of supervision (control) over compliance with standards in the field of healthcare. To achieve this goal, it is necessary to solve the following tasks: to find out the approaches of leading domestic scientists to the classification of supervision (control); to propose our own criteria for classifying supervision (control) over compliance with

standards in the field of healthcare.

**Scientific novelty of the study.** The novelty of the article lies in the fact that the author has been the first one in domestic administrative and legal thought to raise the issue of classifying supervision (control) over compliance with standards in the field of healthcare and conducted a comprehensive and interdisciplinary study, which allowed her to propose approaches to classifying supervision (control) over compliance with standards in the field of healthcare that are new to administrative and legal science.

**Presentation of the main material.** It is precisely for the normalisation of the infinite features, sequences of phenomena and processes in the modern multifaceted world that their classification serves.

An important issue in the study is the classification of supervision (control), because in modern society it is impossible for regulatory bodies to adapt to new realities without understanding the full diversity of changes, which requires new approaches, methods, and interactions, which in their aggregate form the basis of new types of supervision (control).

O. F. Andriyko identifies the following features by which types of control can be classified: "1) subjects exercising control; 2) nature of control; 3) scope of control powers; 4) spheres of control; 5) nature of relations between the subject of control and the controlled object, etc." [2, p. 77].

Yu. P. Bytyak identifies the following criteria that can be used as a basis for classifying control: "the bodies that carry it out; the sphere of activity subject to control; the forms of its implementation" [3, p. 235].

At the same time, the approach to the classification of control by O. M. Muzychuk embodies a broad vision of the essence of the latter in view of the current digital, environmental, and epidemiological realities of society, which have recently become even more significant in the context of the coronavirus pandemic and the large-scale restructuring that it has caused both in the

healthcare sector and in public administration. Thus, O. M. Muzychuk draws attention to the appropriateness of using the following criteria for classifying control: “1) the object (subject) of control (“civil control”, “antimonopoly control”, “currency control”, “genetic control”, “financial control”, “environmental control”, “tax control”, “economic control”, “banking control”, “immunological control”, “medical control”, “radiation and technological control”, “operational control”, “economic control”, “sanitary control”, “toxicological control”), which is the most common; 2) control method (“automated control”, “statistical control”, “strategic control”, “complex control”, “remote control”, “thematic control”, “operational control”)” [4].

In the field of health care, special attention should be paid to such types of control as “genetic control”, “medical control”, and “toxicological control”, identified by O.M. Muzychuk. However, in the medical field there are other types, in particular economic control, because every experienced manager, first of all, must be a skilled manager, regardless of whether he holds a position in the field of agriculture or is the chief physician. It is possible to organise the successful work of the team only when proper working conditions are provided for each employee, when the issues of purchasing equipment and finding premises are promptly resolved, and when a mechanism for rapid response to each technical malfunction is established, which sometimes can prevent the operation, as a result of which human life will be saved.

M. G. Isakov, analysing in his article the types of state control in the sphere of entrepreneurial activity, considers the following types of control: “international control, state control (to the subspecies of which he includes parliamentary, presidential, administrative, judicial, and prosecutorial supervision), self-government control by local self-government bodies, as well as public control” [5, p. 388].

In today’s context, the importance of international control is increasing. In the context of international control of compliance with health standards, it is worth noting that on a global scale, epidemics and outbreaks in any geographical region can constitute international health emergencies, and this type of threat requires a global response. Thus, given the need to strengthen global capacity to confront infectious disease threats, a framework for cooperation in notifying the world about epidemics and responding to health emergencies is needed. This is necessary to guarantee a high level of security against the spread of infectious diseases in an increasingly globalised world. In response to these needs, international health agencies have put into practice a number of strategies to contribute to the fight against infectious diseases in the developing countries. The main strategies include: 1) the implementation of mechanisms for international epidemiological surveillance; 2) the use of international law to support the fight against infectious diseases; 3) international cooperation on health issues; 4) strategies for strengthening primary health care services and health systems in general, etc. [6, p. 731].

N. Vygovska and A. Slavitska in their article consider the essence of external and internal control. As the researchers emphasise, “internal state control services are created within individual departments and organisations, while external control services are not part of the organisational structure of the institutions being inspected. External control is carried out by a control body that is external to a given government body, department, or organisation and is not part of its structure (for example, an inspection by the tax service of any other ministry or department). [7, p. 221].

It is worth noting in this context that historically, given the centralised nature of control and supervision activities during the Soviet administrative-command system, the issues of internal control, the resolution of problematic issues within the organisation itself, and the formation of corporate culture and ethics were not given sufficient attention in the domestic administrative-legal doctrine. Providing instructions from above in a directive form, the focus of any control and supervision activities on identifying shortcomings on the ground, bureaucratisation and limited control by the public have been established practices in the territory of modern Ukraine for decades, which in many ways complicates the implementation of supervision (control) over compliance with standards in the field of healthcare at the present stage.

It is also worth paying attention to the position of V. M. Dorohykh that “depending on the organisational forms of exercising their powers by supervisory bodies, two types of supervision can be distinguished. First, this is the supervisory activity of administrative bodies, which is carried out episodically, most often not on the initiative of the subject of management, but on the basis of applications received by it, complaints and cases. The second type of administrative supervision is supervision carried out by special departments, departmental services, or bodies for which this function is the most important or even the main one. As a rule, its subjects are endowed with functional power and broad supra-departmental powers; their activities are a type of inter-branch management” [8, p. 112].

It is worth noting that supervision (control) over compliance with standards in the field of healthcare can also be classified depending on the focus on strategic (solving general strategic tasks), operational (implementing operational activities), and tactical (performing individual tactical tasks).

Thus, foreign experts note that with the help of strategic control, managers find out whether the company is moving in the right direction and whether current trends and changes are being taken into account. To answer this question, it is necessary to implement strategic control. Strategic control involves monitoring the strategy during its implementation, assessing deviations and making necessary adjustments. Strategic control may involve reassessing the strategy due to the occurrence of an unforeseen event. For example, if the company’s main product becomes obsolete, the company must immediately revise its strategy. Strategic control also

involves monitoring internal and external events. Monitoring events requires numerous sources of information [9].

Operational control involves monitoring medium-term operations and processes. Operational control systems ensure that activities are in line with established plans. Middle management uses operational controls to make interim decisions, usually within one to two years. When performance does not meet standards, managers take corrective action, which may include training, discipline, motivation, or dismissal. Unlike strategic control, operational control focuses more on internal sources of information [9].

It should be noted that in the field of supervision (control) over compliance with standards in the field of healthcare, it is important to ensure the priority of strategic control, the foundations of which are formed at the level of the Verkhovna Rada of Ukraine, the Cabinet of Ministers of Ukraine and the Ministry of Health of Ukraine, in relation to operational and tactical control. Given this concept, healthcare system development strategies should establish a clear vector for implementing control measures at the level of an individual healthcare institution.

Depending on the order in which the decision is made to supervise (control) compliance with standards in the field of health care, we can distinguish such varieties as supervision (control) on the principle of "top-down" and "bottom-up". The first variety is implemented within the framework of a bureaucratic system, when the formal powers of the manager are used to manage productivity. The decisions of lower-level managers cannot contradict the orders of higher management.

Depending on the indicators that are taken into account during supervision (control), the latter is divided into objective and normative. Objective control is based on facts that can be measured and verified. Instead of creating a rule that may be ambiguous, objective means of control measure the observed behaviour or result [9]. Objective control is based on indicators formed within the organisation itself, which directly depend on its profile, corporate culture and values shared by its employees. Normative control is based on externally established requirements, the sources of which are the laws of Ukraine and subordinate regulatory legal acts.

We cannot ignore such types of supervision (control) over compliance with standards in the field of healthcare as clinical audit and self-assessment. As for self-assessment, it "can be used to determine a development strategy, develop long-term plans for improving activities and increasing the satisfaction of all parties interested in the quality of medical care. It is desirable to conduct self-assessment according to key quality management criteria by means of a step-by-step point self-assessment of the descriptive characteristics of the existing system. A feature of self-assessment should be considered the need to take into account all levels of achievement of criteria sequentially, without excluding any when moving to a higher level" [10, p. 15-16].

Yu. V. Voronenko draws attention to the fact that "clinical audit is aimed at improving the processes and results of patient care through a systematic review of the components of medical care in comparison with the established criteria and the implementation of changes where care or its results do not reach the expected level. In close connection with clinical audit, aimed primarily at establishing the correctness of patient management, it is logical, in accordance with quality criteria, to conduct a management audit – an audit of compliance with organisational technologies (timeliness, accessibility of medical care), rationality and efficiency of the use of medical equipment, medicines, human resources; audit of compliance with non-clinical activities (accreditation standards for the conditions in which medical care is provided); audit of compliance with the functioning of the quality control system" [10, pp. 14-15].

Some foreign researchers point out that a clinical audit is a systematic and critical analysis of the "quality of medical care" with the aim of improving clinical care. Limited resources, poor information management systems, lack of audit support centres, excessive workloads and time constraints, lack of organisational support for creating an audit team, lack of scientifically based recommendations and bureaucratic obstacles have been highlighted as organisational barriers in clinical audit. On the other hand, educational support, effective training programmes, high potential for quality improvement, intensive feedback mechanisms, resource commitments, a rational basis for allocation and scientifically based research for setting standards are mentioned as factors contributing to the effectiveness of clinical audit [11, p. 38].

**Conclusions.** Thus, within the framework of this article, it has been noted that in modern society, it is impossible for regulatory bodies to adapt to new realities without understanding the full diversity of changes, which requires new approaches, methods, and interactions, which in their aggregate form the basis of new types of supervision (control).

In modern conditions, the importance of international control is increasing. In the context of international control over compliance with health standards, it is worth noting that on a global scale, epidemics and outbreaks in any geographical region can represent international health emergencies, and this type of threat requires a global response.

Historically, due to the centralised nature of control and supervision activities during the Soviet administrative-command system, the issues of internal control, the resolution of problematic issues within the organisation itself, and the formation of corporate culture and ethics were not given sufficient attention in the domestic administrative-legal doctrine. Providing instructions from above in a directive form, the focus of any control and supervision activities on identifying shortcomings on the ground, bureaucracy and limited control by the public have been established practices in modern Ukraine for decades, which in many

ways complicates the implementation of supervision (control) over compliance with standards in the field of healthcare at the present stage. Currently, internal control in the field of healthcare is based on the policies, procedures and systems designed to protect resources, ensure compliance with regulatory acts and maintain accurate financial reporting.

Supervision (control) of compliance with standards in the field of healthcare can also be classified depending on the focus on strategic (solving general strategic tasks), operational (implementing operational

activities) and tactical (performing individual tactical tasks). It has been determined that in the field of supervision (control) of compliance with standards in the field of healthcare, it is important to ensure the priority of strategic control, the foundations of which are formed at the level of the Cabinet of Ministers of Ukraine and the Ministry of Health of Ukraine, in relation to operational and tactical control. Given this concept, healthcare system development strategies should establish a clear vector for implementing control measures at the level of an individual healthcare institution.

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