

and implementation of the programs for adapting employees to new conditions. Therefore, the problem raised in the present work should undoubtedly be attributed to the national one, since the effectiveness of the implementation of regional, federal, and generally national healthcare projects depends on the medical workers' competence.

Currently, the shortage of skilled staff in hospitals is caused by insufficient attention being paid to personnel adaptation. An employee has to resign, if he or she is not able to reach his potential, does not master the new working conditions and responsibilities, and does not blend into the team. Eventually, if the dropout rate is too high, personnel department has to redevelop its schemes for searching for and selecting new employees. This procedure takes a great deal of time and money to develop. Implementation of the adaptation procedure into human resource management is a difficult task, although its solution contributes to cost reduction, a decrease in staff turnover, achieving planned financial performance, psychological inclusion in the team, and reducing the new employee's anxiety and uncertainty [2]. The importance of adaptation depends on the increase in employees' mobility. They change their jobs and master new activities searching for higher wages and better working conditions. In this regard, personnel adaptation in healthcare system is relevant and significant issue, requiring a detailed study of the function of human resource management.

The goal of the present research is to study the management system for personnel adaptation in healthcare institutions and to develop recommendations for its improvement. **The object** of the study is the system of the human resource management in healthcare institutions. **The subjects** of the research are the technologies and tools for personnel adaptation in healthcare institutions.

LITERATURE REVIEW

The authors explored both foreign and domestic scientific works on human resource management in healthcare institutions. Currently, staff operational improvement—by means of implementing the practices of human resource management (HRM), among which adaptation plays a significant role—is regarded as a strategic component of organizational performance [27]. Romanian researchers note that the economic development of any country depends on the effectiveness of its healthcare system [3]. In a number of scientific works, HRM in healthcare institutions is considered from a global point of view. At the same time, the correlation between HRM systems and treatment results has been investigated [4]. These researchers focused on training systems for medical workers

and the level of government funding of the healthcare system. The number of healthcare workers, their training systems, and staff migration are considered to be the key problems of HRM in the healthcare systems of both developed and developing countries. A number of scientific research studies have been conducted in order to correlate the effectiveness of HRM systems in healthcare institutions and the population morbidity [5]. A large number of works are devoted to the problems of professional burnout and increased fatigue of medical staff [6]. In addition, there are works devoted to the psychological characteristics driving the behavior of healthcare personnel [7].

Staff shortage in healthcare is global. This fact was confirmed by the results of the world's largest forum dedicated to healthcare workers and global healthcare, which was held in Dublin in 2017 [8]. At the meeting, it was decided to invest in medical education in order to attract youth, and to create safe working conditions.

Healthcare institutions in leading European countries develop HRM guidelines [9]. As a rule, they are focused on such issues as recruitment, certification and business career management. The function of HRM is reduced to the developing of the employees' necessary competencies. Most researchers note that staff is the most important resource of any organization, regardless of the sphere of activity. The purpose of HRM practices in healthcare institutions is to provide maximum development of the employees' potential, correspondence of the wages to the results of work, and also the possibility for the employer to create working conditions complying with the employees' motivating needs. The authors of the guidelines under discussion apply a systematic approach for HRM practices. Thus, Kanellopoulos Dimitrios identifies the following most significant problems of HRM in healthcare institutions in most of the countries:

- insufficiently developed incentives for the career growth of medical personnel,
 - low levels of doctors' competence,
 - low wages,
 - lack of correlation between the indicators of health quality and the population's income level,
 - uncoordinated and inconsistent training of healthcare workers [9].
- Undoubtedly, a lot of these problems are relevant for contemporary Russia. In this regard, a significant role is played by the technologies for the effective HRM in healthcare system. According to the scientific works' analysis conducted by the authors of the present study, there is a gap in scientific research on the HRM in healthcare institutions. In particular, insignificant attention is paid to personnel adaptation as one of the most important HRM practices in healthcare sector.

The definitions of personnel adaptation technologies, which are known to science, have one similarity, namely, they consider adaptation as the process of the employee adjustment to the new working conditions [10-14]. Nowadays, the adaptation of healthcare workers is quite relevant due to the growing shortage of qualified personnel, its turnover and migration from municipal institutions to the private sector. Most studies are devoted to the development of the effective motivation system, prevention of the professional burnout, and informational support of the staff. The authors of the present study revealed that the question of adaptation of medical personnel is insufficiently studied. In this regard, a more in-depth study of personnel adaptation in healthcare institutions is relevant objective of the performance improvement.

WORLD EXPERIENCE IN DEVELOPING A SYSTEM OF PERSONNEL ADAPTATION

The relevance of the HRM problems in the healthcare sector is indicated in the works of scientists from Russian and around the world. Researchers from the UK noted that healthcare remains one of the most important services in any country and is constantly connected with numerous problems solving efforts [15]. They emphasized that medical services are still at risk of inoperability. First of all, the researchers highlighted the increasing burden on medical workers, stress, and requirements for performance improvement. Employees largely do not feel attached to their workplace and do not believe that they have enough flexibility to take the initiative. Consequently, the motivation to work is decreasing. Therefore, HRM problems in the healthcare system are relevant for Russian medical institutions, as well as those in other countries.

The process of HRM through the implementation of the adaptation mechanism plays an important role in Russia and abroad. In the United States and Japan, much attention is paid to personnel adaptation.

Japan is known for its unique culture. Therefore, its approach to adaptation also has distinctive features [16]. First, the employers in Japanese companies often use a mentoring system, which is considered to be the most important for HRM. Company management tends to recruit young people directly from school. A lack of work experience is considered an advantage. It means that employees have not developed specific habits yet, and they are thus ready to perceive and learn new things, study, and adhere to the organizational norms and rules of behavior. Therefore, newly-hired young people must undergo an adaptation course, which typically requires two months to complete. After receiving a degree, each new employee is assigned to a

mentor, who has great powers and helps to overcome various types of conflict and misunderstandings. Moreover, they also communicate at home. The mentor grooms his protégé until they are about 35 years old. The Japanese HRM system differs in that significant attention is paid to the employee education, their familiarization with the corporate culture, and pride in their organization. To accomplish these objectives, the staff is involved to the company's affairs, its objectives and mission. Japanese companies utilize special programs for employees training, which often take several months to develop. This is a type of training. It is implemented in such a way that employees take part in solving the problems and tasks of their department and the company as a whole. This contributes to a deep understanding of the company's activity, its mission, and concept. As a result, employees are expected to be committed to the company in any circumstances [17].

In the US, there is a completely opposite practice of implementing the adaptation programs. The managers focus not on a corporate culture, but on the employees' competence. In addition, significant attention is paid to individual training. The most popular methods are the following: E-learning, Blended learning, Secondment, Mentoring, Buddying, and Job Shadowing.

Mentoring is used as a method of adaptation programs implementation in all foreign healthcare institutions for a long time. The term "mentoring" comes from the character Mentor from the "Odyssey", written by Homer in the 8th century BC. The mentor served as a teacher and guide for Odysseus's son, Telemachus. Despite its historical name, mentoring became a part of contemporary scientific literature only in the 1970s, although it has recently gained popularity. In many areas, such as law, business, and medicine, there is strong evidence that mentoring contributes to the career growth and job satisfaction. Mentoring is a significant factor in improving the efficiency of medical services and is the primary method for improving the doctors' competences at all stages of their education and also throughout their career [18].

Some modern clinics abroad include educational centers in their structure, where mentors adapt newcomers to work in a particular healthcare institution. Thus, Mayo Clinic in the United States implements a training program for hired employees [19]. This training course is based on the colleagues' work observation. This allows the newcomer to establish social ties, to understand the corporate culture, traditions, and principles that have developed in the organization. The doctor must not only be competent in his sphere, but also follow the principles of behavior that have been

developed in the organization. In addition, the adaptation of the doctors comprises the training of communication with patients.

Middle medical workers in Mayo Clinic also take an intensive on-the-job training course of "patient orientation". It is based on practical exercises rather than on lectures. Before working independently, administrators work under a mentor doctor in order to learn how to avoid conflict situations in communication with doctors. Sometimes, tension can arise between colleagues. In this case, they do not figure out who is right and who is to blame. The administration must find the possibility to work with these two employees separately. If a similar situation occurs with another partner, then a doctor will be removed from a managerial position. In the case with an administrator, he will be offered another work inside or outside the clinic.

An important principle of HRM in Mayo Clinic is that senior management positions are occupied by the clinic practitioners and not the outsourced managers. However, according to Berry, proper selection of personnel is not enough, "leaders need to be trained."

This clinic implements the so-called formal and informal mentoring programs. For example, this is non-formal training by peers. Often, informal communication continues outside the clinic. A new employee is being familiarized with the peculiarities of a corporate ethics, helped to adapt to a new environment as quickly as possible, explained the matter of the last meeting and the discussion that took place there, etc. Formal adaptation programs involve formal training programs in the form of mentoring.

The Association of Surgeons in Training (ASiT) from the UK in its research indicates that formal mentoring can improve patients' outcomes and contribute to the employees learning and personal [18]. In its investigations, ASiT offers a structured mentoring program that will be available to all interns in surgery. It is noted that a lot of new employees do not have their own mentors, although they need to consult with someone in the working process.

ASiT researchers point out that for the effective implementation of mentoring programs, students should be able to choose mentors themselves. A mentor can be either a colleague or a remote employee. In order to become a mentor, one must undergo special training in an accredited

organization. As far as the schedule of the classes is concerned, it is indicated that they can even be twice a month, not necessarily more often. Moreover, to improve the interaction between the mentor and the mentee, a manager, i.e., the head of the mentoring scheme should be assigned.

In the Soviet era, mentoring was also promoted and widely implemented. This training system was in almost every enterprise. A more experienced employee coordinated the newcomer's activity, monitored his work, made adjustments, and provided both professional and psychological assistance. Being a mentor was an honor. In addition, the mentor received a reward.

Nowadays, Russian companies do not pay significant attention to this HRM technique. Mentoring is very rare. Only large organizations can afford the development and implementation of adaptation programs, which can be explained by austerity of both time and material resources.

The growing number of healthcare institution in the world leads to the revision of HRM strategies so as their services comply with the patients' needs. Currently, the competitiveness is becoming an important criterion for the performance of not only business entities, but also social institutions. Scientists from the Multimedia University in Malaysia note that the sustainability of healthcare is primarily influenced by training, mentoring, and leadership, which lead to employee retention and satisfaction; effective management methods, willingness to adapt and to work in a team [20].

Comparing HRM procedure abroad and in Russian medical institutions, the authors of the present research make a conclusion that there is no correct approach to the process of personnel adaptation. Each method, as well as relating to the sphere of adaptation, depends on the system work, its complexity, and the existence of an actual program.

THE DEVELOPMENT OF THE RUSSIAN HEALTHCARE SYSTEM AND HRM PECULIARITIES

According to statistical reports of the Ministry of Health of the Russian Federation, the authors of the present study note that the number of doctors per 10 thousand of the country's population in 2018 compared to 2013 decreased by 8.6%, the number of middle medical workers - by 4.4% [21]. This trend cannot be regarded as favorable one (Figure 1).

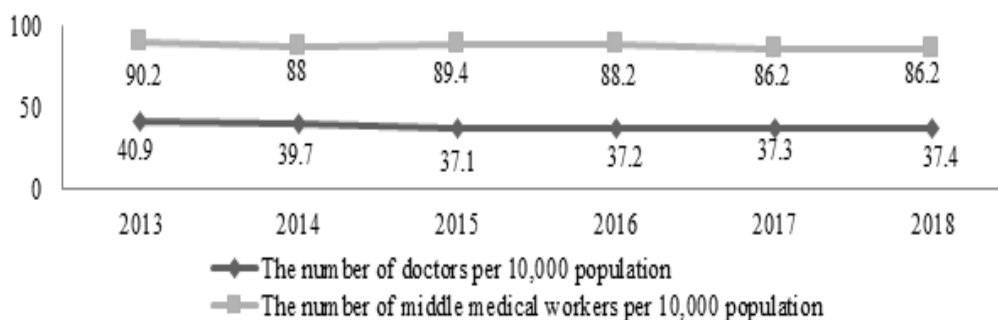


Fig.1: Dynamics of the number of medical personnel in Russia (people)

The number of pediatricians per 10 thousand citizens decreased from 18.73 people in 2013 to 16.31 (12.9%) people in 2018. The value of this

indicator was the lowest in 2017 and amounted 16.10 people per 10 thousand population (Figure 2).

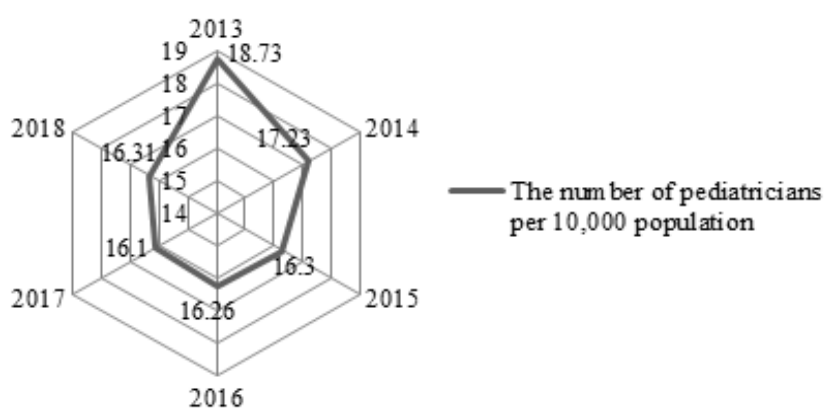


Fig.2: The number of doctors in children's polyclinics (people)

It is worth highlighting the natural decline in medical personnel, for example, because of the retirement. However, such a decrease in the number of medical workers may be caused by the

reform in the healthcare sector, and in particular, a cutting in the number of medical organizations (Figure 3).

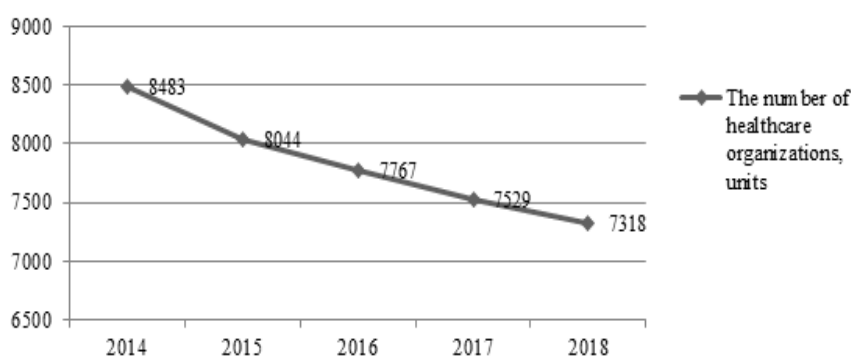


Fig.3: Dynamics of the number of healthcare organizations

Moreover, the prestige value of work in these institutions continues to decline. In 2013, the Ministry of Health of the Russian Federation introduced a list of factors affecting the medical workers' retirement. Among them, we emphasize the following: low wages, negative public attitude to the medical profession, and the lack of transparent payroll mechanisms [22]. The shortage

of human resources undoubtedly leads to a lower quality of medical services. This problem is global and covers medical institutions not only in Russia. At the Third Global Forum on Human Resources for Health, World Health Organization (WHO) presented dismal figures. According to the statistics data, there will be a shortage of about 13 million medical workers around the world by 2035 [23].

Therefore, the development of programs aimed at retaining medical workers in this area is relevant. In this context, adaptation is a decisive factor that forms the employee's dedication to the profession and the organization, which he works for. The study of HRM technologies in the healthcare system revealed their specific types [24] (Figure 4). The peculiarities of the HRM technologies implementation in medical institutions are not sufficiently revealed in the scientific literature. An analysis of the practitioners' work contributed to the conclusion that not all HR technologies are fully applied. In practice, staffing of the medical personnel is conducted not by the HR department,

but by the head of the medical institution. The function of maintaining the staff performance is carried out by the heads of departments (divisions), although in order to get the greatest effect, the primary work on motivation and personnel assessment should be carried out by HR-department. The third function regarding the optimization of the personnel potential remains unfulfilled in most organizations. The executives of the medical institutions primarily have no time, no competence, and no opportunities for the implementation of this function. At another point, HR-department is not authorized to implement it.



Fig.4: The most significant HRM technologies for the performance of medical organizations

In terms of primary adaptation, such a widely known and proven method as mentoring is applied, but not systematically. As a rule, the solution to this problem is achieved by informal mentoring. However, with regard to a secondary adaptation, mentoring is practically not applied. It is worth highlighting, the functions of HR-departments of most Russian budgetary medical institutions include staff records management and monitoring of the working schedule. In this regard, their additional duty of the development of an adaptation regulation will undoubtedly meet resistance. In these institutions, HRM is often carried out by the heads of the organization and departments (chief physician, heads of the departments), who, first of all, are focused on performing their basic professional functions. In terms of primary adaptation, it is important to a newcomer to determine the possibilities for professional growth in the organization, to receive assistance and support from both the executives and the colleagues. Since, the employee's salary is set by higher authorities with no possible growth, the development of a young specialist's commitment to the organization can retain him. In the framework of the secondary adaptation, when a hired specialist has certain professional

experience, it is important to create comfortable working conditions for him, provide stability and career prospects.

According to the results of a study conducted by the Higher School of Economics in the framework of assessing the effectiveness of the implementation of the national project "Healthcare", the time for professional practicing (real medical care providing) was significantly reduced in medical educational institutions. Graduates of the Russian medical universities are allowed to work immediately, while in developed countries they must have two years of practice. Narrow spectrum specialists in our country are allowed to work from 2 to 3 years after of graduation, while abroad, the internship is from 5 to 8 years [25]. In this regard, professional adaptation on-the-job can improve the professional competence of an employee.

MATERIALS AND METHODS

The assessing technique for the existing adaptation system in healthcare institutions and its improvement

According to the analysis of the provision of medical services, the authors of the present research have identified the following problems in the Russian healthcare system such as: a shortage

of qualified personnel, personnel policy difficulties due to low wages, inappropriate working conditions, poor and retrograde training, and the migration of the professionals to a private sector. Therefore, the research objective is to develop

optimal measures for improving the process of personnel adaptation in medical institutions. The methodology for assessment and improvement of the existing adaptation system in healthcare institutions is presented in Figure 5.

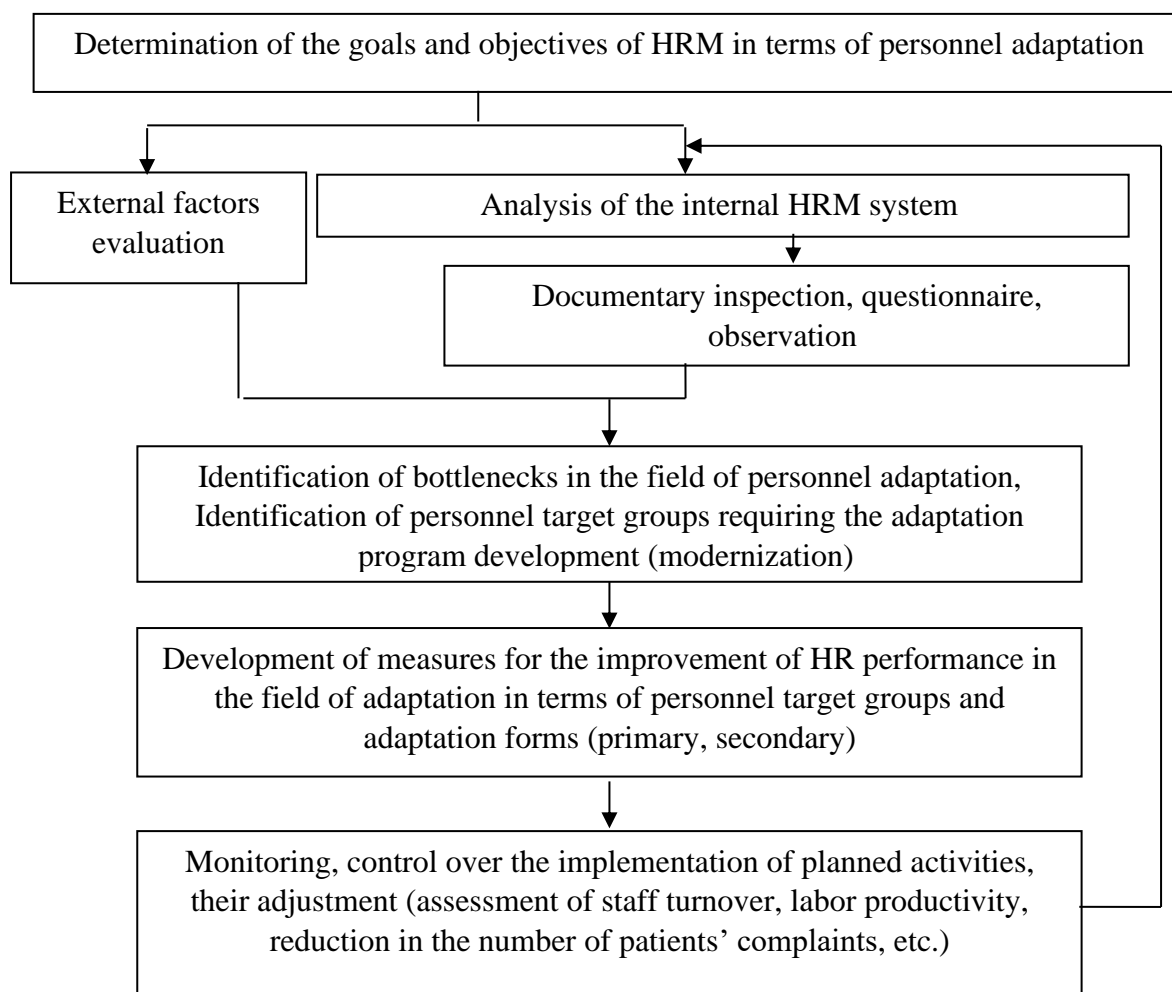


Fig.5: The methodology for assessment and improvement of the existing adaptation system in healthcare institutions

At the first stage of the implementation of the introduced model, it is necessary to determine the goal of the adaptation program. The most common goals usually include: to reduce staff turnover, to drive the employees' loyalty to the organization and its executives, to prevent conflicts, to raise moral satisfaction with work, to get accustomed to a new position as quickly as possible, etc.

The identification of a goal requires determination of the tasks for its achievement. For example, if a medical institution has defined a goal to reduce staff turnover, then the following tasks can be set:

1. To analyze the employees satisfaction (survey, interviews, electronic applications with anonymous answers to the questions).
2. To analyze the reasons for the staff turnover basing on internal statistics.

3. To analyze the market.

4. To analyze the procedure of the staff selection.

The analysis of the external environment involves the study of the regulatory base in the sphere of HRM in order to ensure personnel adaptation compliance with the legislation.

The analysis of the internal environment comprises a study of the labor resources available in the organization, the degree of their satisfaction with the assigned duties and working conditions. The goal of this marketing research is to identify problems in personnel adaptation. At this stage, it is also necessary to study human resources in the organization, the interaction of peers with newcomers, and psychological climate in the team. At this stage, alongside with an audit of the organization's local regulations in the field of HRM,

the problems of personnel adaptation are identified.

Procedure block of the research

To conduct the procedural block of the study, we suggest using the following methods: the analysis of HRM documents, questionnaire survey, and observation. The analysis of the documents allows us to determine the existence and the essence of regulations on personnel adaptation. Questionnaire helps to get a general picture of the

adaptation process in the organization, and also to evaluate the individual adaptation process of a particular employee. It allows us to get both quantitative and qualitative results. The questioning of the employees identifies the existing problems of adaptation in the organization, confirms the hypothesis and justifies the application of legislative and regulatory acts of the organization.

The object of the study was the data of the municipal healthcare institution Budgetary Health Care Institution (BHCI) in Oryol region "Children's Polyclinic №1". The scheme of the study is introduced in Figure 6.

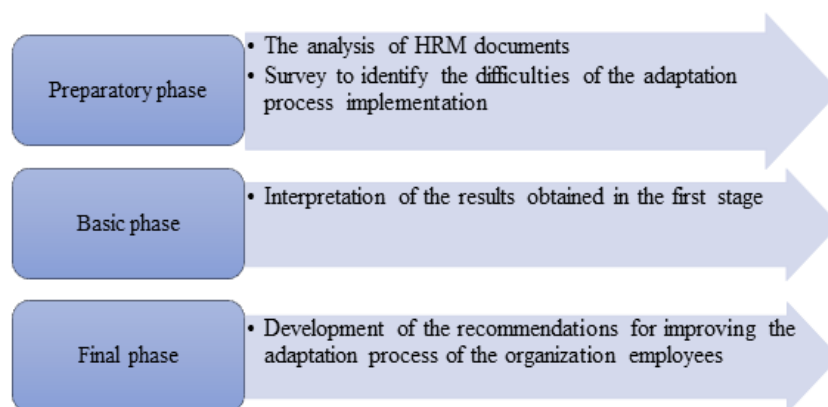


Fig.6: Phases of the application and implementation of personnel adaptation procedure in the organization

The authors have conducted the analysis of HR documentation in the BHCI in Oryol region "Children's Polyclinic №1" in Oryol. According to the obtained results, it was concluded that HR specialists carry out only part of the HR functions. However, other important functions are not taken into account, including the work on the professional adaptation of the employees. There is no analysis of the reasons for the employees' resignation (resignation audit). The results show that the main reason for the employees' resignation is "voluntary exit". It may include various motives, i.e., related to insufficient wages, unsatisfactory relationships with colleagues, and working conditions dissatisfaction.

The weak points in personnel adaptation were identified by means of marketing research (questionnaire). The general population comprises all the employees of BHCI in Oryol region "Children's Polyclinic №1" consisting of 211 people. Confidence level (accuracy of calculation) is set at 90%, the error is 7%. The sample totaled 57 people. The representative sample suggests that it matches the structure of the population. The results of the study allow us to evaluate both the general and individual level of personnel adaptation in the organization, as well as to identify the employees' main problems and needs in terms of adjustment to the working environment.

The authors have developed a special questionnaire in order to solve the goals and objectives of the study, basing on the problems that can arise in the context of the adaptation for the new working conditions.

RESULTS

According to the marketing research, it was found that for the employees, who work in the organization for less than one year, mentoring, i.e., the assistance from the colleagues, is the most significant. For the employees who have changed their position within the same medical institution, a personal conversation with the immediate supervisor is important.

The integral criterion of personnel adaptation level in the regional medical institution was calculated as the geometric mean of the product of all the obtained weighted average points. The value is 0.358 or less than half of the desired level, i.e., 1. This means that the adaptation system in the healthcare institution is not effective. According to the analysis of the overall level of adaptation based on the employees' answers, the authors of the present research made a conclusion that not all of them consider themselves fully adapted to the organization. These are mainly young, newly hired employees.

The results of a survey conducted allow us to conclude that the management of a personnel adaptation in the healthcare institution under study is based on traditional methods, such as mentoring, the study of the regulations and instructions. This is not effective enough for a complete adaptation of the employee. At the same time, the employees noted that their level of adaptation is not high enough, especially young, recently hired workers.

The criteria of the effectiveness of personnel adaptation program most often include the dynamics of the staff turnover rate, the dynamics of labor productivity, and the employee satisfaction index. The first two criteria are calculated according

to the data of HRM and economic department. The third indicator can be estimated using the results of marketing research, most often, questionnaires. The authors considered it expedient to supplement this group of indicators with an indicator of the value of costs per one adapting person. The entire adaptation procedure can be represented as a sequence of stages (Figure 7). Each stage is evaluated in terms of the costs incurred for its implementation. The authors recommend using the functional-cost analysis in order to make these criteria objective. It involves evaluating each element of the adaptation process in accordance with the process approach scheme.

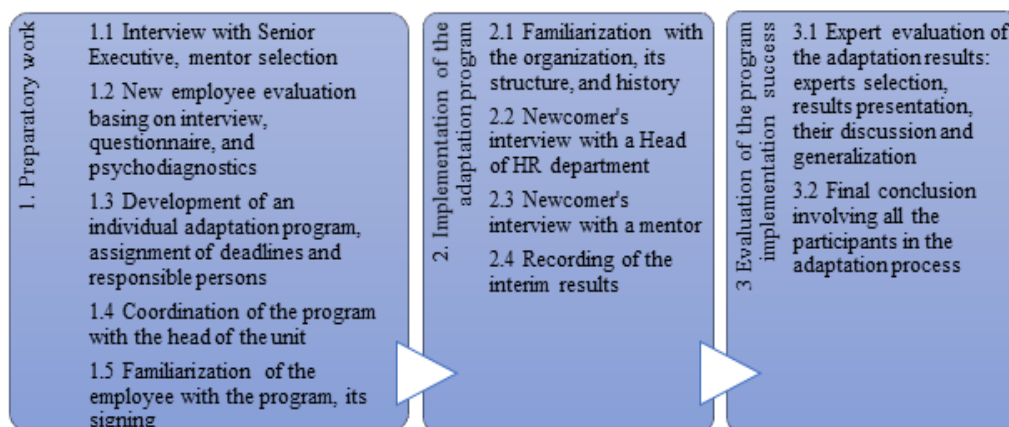


Fig.7: The scheme of the adaptation process of a doctor in a medical institution

In this context, we consider adaptation as a process. Each stage of the adaptation process should be calculated in terms of the costs incurred for its implementation. Having calculated the costs of implementation of each stage of the adaptation process, HR manager can compare them with the organization’s losses.

Adaptation measures for primary and secondary adaptation of the healthcare workers should vary. This is especially important for doctors and middle medical workers. Therefore, the authors presented the main stages of the implementation of personnel adaptation program for medical institutions (Figure 8).

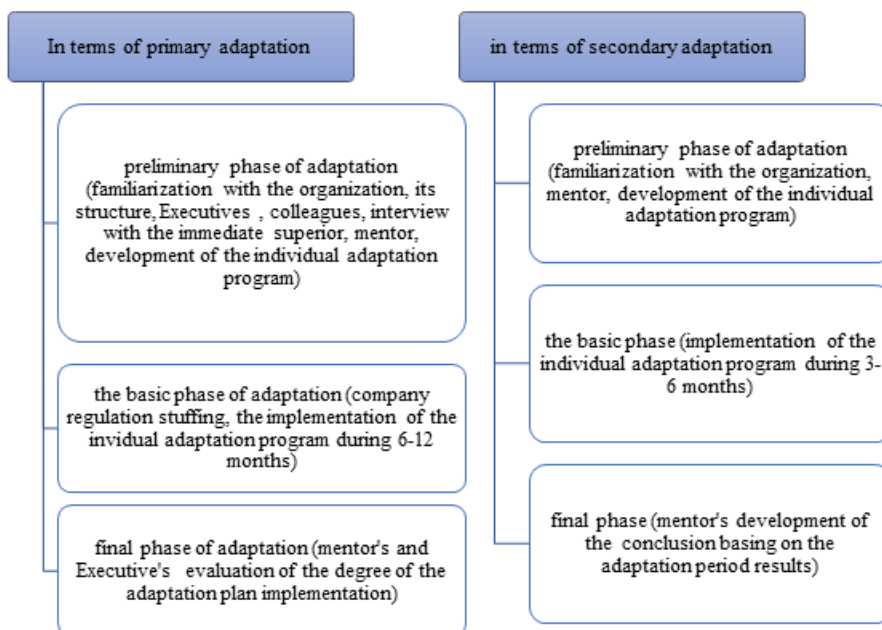


Fig.8: The main phases of the implementation of personnel adaptation program for medical institutions

Adaptation measures in the context of each group of workers and forms of adaptation can be relatively divided into preliminary, basic and final ones. In the case of primary adaptation, the preparatory measures involve the familiarization with the organization, its structure, executives and colleagues. For the secondary adaptation, the measures can be the same, although the terms for their implementation are significantly reduced, since the employee has work experience in a similar medical institution and he or she rather needs personal contacts with immediate superiors and colleagues with whom the interaction will be carried out.

DISCUSSION

The work of budgetary medical institutions is focused on a social effect, which is difficult to evaluate in contrast to the commercial one. It can be characterized by the degree of population satisfaction with the quality and quantity of medical services [26]. To eliminate the identified defects in the HRM in healthcare institutions, the authors have developed a mechanism for evaluating and improving the existing adaptation system. Its main peculiarity is that it can be applied to any medical institution. It is based on a strategic approach to assessing the organization's activity, which includes goal-setting, evaluation of the factors of the organization's external and internal environment, identifying deficiencies in the HRM system, development of the corrective actions, and control over the implementation of the developed adaptation program. In addition, the authors introduced a scheme of the adaptation process of a doctor in a medical institution based on a process approach. It is recommended to use a functional-cost analysis for its implementation. This procedure will provide an economic assessment of the adaptation procedure's effectiveness.

The practical relevance of the research results lies in the possibility to implement recommendations and improve the process of personnel adaptation in healthcare institutions.

CONCLUSION

The authors of the research declare that the measures for the adaptation of new employees in healthcare institutions should be classified in accordance with their position and experience. For doctors and middle medical workers without work experience, it is recommended to implement adaptation measures in the sequence: "professional adaptation - corporate adaptation". For doctors with work experience, the following sequence should be applied: "corporate adaptation - socio-psychological adaptation - professional

adaptation". For middle medical workers with work experience, the following sequence is suggested: "psychophysiological adaptation - professional adaptation". For junior medical staff, "organizational adaptation - professional adaptation" is recommended. The most effective adaptation programs are developed for a specific group of personnel in the context of their primary and secondary forms of adaptation. Unfortunately, Russian budget medical institutions pay scarce attention to personnel adaptation, especially the secondary one. Adaptation is believed to be required for young professionals without work experience. However, workers who change their jobs or move up the career ladder need socio-psychological and corporate adaptation. Therefore, measures for the secondary adaptation of medical workers should take into account a professional burnout. This feature is inherent for all communicative professions. To prevent this syndrome, implementing personnel adaptation measures to maintain the socio-psychological climate in the team and with a person—such as psychological training, seminars, and group holidays—is recommended.

REFERENCES

1. □ National Project "Healthcare". (2018). Ministry of Health of the Russian Federation <http://www.roszdravnadzor.ru/ii/upload/images/2018/7/25/1532512237.26174-1-15781.pdf>.
2. □ Almaskari, M.S.N.S., Marni, N.B. (2020). Human Resource Management Role in Improving Employees' Performance in the United Arab Emirates' Health Sector. *Journal of Southwest Jiaotong University*, 55(3). <http://jsju.org/index.php/journal/article/view/622>
3. □ Celia Dana Besciu (2014). The Romanian Healthcare System and Financing Strategies. *Procedia - Social and Behavioral Sciences, Volume 149, 2014, Pages 107-113*, <https://doi.org/10.1016/j.sbspro.2014.08.169>.
4. □ Kabene, S.M., Orchard, C., Howard, J.M. et al. (2006). The importance of human resources management in healthcare: a global context. *Human Resource Health*. 4, 20. <https://doi.org/10.1186/1478-4491-4-20>.
5. □ Shishi Wu, Imara Roychowdhury, Mishal Khan (2017). Evaluating the impact of healthcare provider training to improve tuberculosis management: a systematic review of methods and outcome indicators used. *International Journal of Infectious Diseases, Volume 56, 2017, Pages 105-110*, <https://doi.org/10.1016/j.ijid.2016.11.421>.
6. □ Dawn Querstret, Katie O'Brien, Debra J. Skene, Jill Maben (2020). Improving fatigue risk management in healthcare: A systematic scoping review of sleep-

- related/fatigue-management interventions for nurses and midwives. *International Journal of Nursing Studies*, Volume 106, <https://doi.org/10.1016/j.ijnurstu.2019.103513>.
7. Kostromina S. (2015). Actualization of Future Medical Staff Personality Potential at the Stage of Mastering their Profession. *Procedia - Social and Behavioral Sciences*, Volume 171, Pages 1194-1203, <https://doi.org/10.1016/j.sbspro.2015.01.231>.
 8. Action to avert an 18 million health worker shortfall announced at the 4th Human Resources for Health Forum in Dublin (2017). WHO. <https://www.who.int/hrh/news/2017/action-to-avert-an18-million-health-worker-shortfall/en/>.
 9. Kanellopoulos Dimitrios (2012). Comparative Approach at the European Level of the Human Resources Management of the Health System. *Procedia - Social and Behavioral Sciences*, Volume 46, Pages 5274-5279, <https://doi.org/10.1016/j.sbspro.2012.06.421>.
 10. Yesnin, V.R. (2008). Human Resource Management. Theory and Practice Moscow. TC Velby. <http://www.smartcat.ru/Personnel/UpravleniePersonalomTeoriyaPraktika.shtml>
 11. Erolenoka B., Dukule O. (2017). Personnel adaptation in the workplace, the quality of working life and subjective well-being. *The 15 th International Scientific conference information technologies and management 2017, April 27-28, 2017, ISMA University, Riga, Latvia*. https://www.isma.lv/FILES/SCIENCE/IT&M2017_TH_ESES/03_MDM/06_IT&M2017_Frolenoka.pdf/
 12. Bensahel L. & Chamsoutdinova-Stieven T. (2008). The Adaptation of Western Management Methodology to the Investigation of Personnel Management Practices in Russia. *Journal of Innovation Economics*. № 1. DOI: 10.3917/jie.001.0087.
 13. Odegov, Yu.G. (2017). Human Resource Management. Moscow. YuRAYT. <https://www.biblio-online.ru/viewer/1EBOE319-C6DB-4A3B-8B40-A737500BE562#page/2>.
 14. Kibanov, A.Ya. (2019). The basics of HR management. Moscow. INFRA-M.
 15. Achour N., Munokaran S., Barker F., Soetanto R. (2018). Staff Stress: The Sleeping Cell of Healthcare Failure. *Procedia Engineering*. Volume 212. Pages 459-466. <https://doi.org/10.1016/j.proeng.2018.01.059>.
 16. Khomov, A.V., Khomova, N.A. (2016). Features of the process of personnel adaptation in modern organizations, taking into account world experience. *Electronic periodical "NovalInfo"*. No. 55-3.
 17. Alharthy, A.A.H., Marni, N.B. (2020). Training Impact on the Human Resources Performance. *Journal of Southwest Jiaotong University*, 55(3). <http://jsju.org/index.php/journal/article/view/619>
 18. Sinclair P., Fitzgerald J.E.F., McDermott F.D., Derbyshire L., Shalhoub J.J. (2014). Mentoring during surgical training: Consensus recommendations for mentoring programmes from the Association of Surgeons in Training. *International Journal of Surgery*. Volume 12, Supplement 3. Pages S5-S8. <https://doi.org/10.1016/j.ijssu.2014.08.395>.
 19. Berry, L., Seltman, K. (2013). Management Lessons from Mayo Clinic: Inside One of the World's Most Admired Service Organizations. Moscow. Publishing house "Mann, Ivanov y Ferber" Eksmo. 384 p. <https://ru.b-ok.cc/book/2903201/622dab>.
 20. Goh Ch.Y., Marimuthu, M. (2016). The Path towards Healthcare Sustainability: The Role of Organisational Commitment. *Procedia - Social and Behavioral Sciences*. Volume 224. Pages 587-592. <https://doi.org/10.1016/j.sbspro.2016.05.445>.
 21. Statistical Digest, 2018. (2018). Ministry of Health of the Russian Federation. <https://www.rosminzdrav.ru/ministry/61/22/stranitsa-979/statisticheskie-i-informatsionnye-materialy/statisticheskij-sbornik-2018-god>.
 22. Methodological recommendations for the preservation of medical personnel in the healthcare system of the Ministry of Health of the Russian Federation. <http://docs.cntd.ru/document/499061181>.
 23. Motivation as a way of retaining and attracting medical workers in medical preventive institution. (2017). *Academy for Professional Development OOO*. <https://academy-prof.ru/blog/privlechenie-kadrov-v-lpu>.
 24. Zaitseva, N.V. (2016). A comprehensive medical and sociological study of the use of HR technologies in medical organizations management. Ph.D. thesis in Medical Science. Moscow. I.M. Sechenov First Moscow State Medical University. 206 p. https://www.sechenov.ru/upload/medialibrary/087/dissertatsiya_zaytseva_n.v._godnyy.pdf.
 25. Healthcare system: current condition and possible scenarios of development. (2017). *National Research University "Higher School of Economics"*. Moscow. Publishing. House of the Higher School of Economics. 54 p.
 26. Perekrestova, L.V., Vasilyeva, M.V., Mokrova, O.S. (2012). Risks of budgetary establishments of health care in conditions of funding mechanism modernization. *Finance and Credit*, Vol. 18, Iss. 40, 56-63.
 27. Ahmad S. & Schroeder R.G. (2003). The impact of human resource management practices on operational performance: Recognizing country and industry differences. *Journal of Operations Management*, 21 (1), 19-43. [https://doi.org/10.1016/S0272-6963\(02\)00056-6/](https://doi.org/10.1016/S0272-6963(02)00056-6/)