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## HEALTH CARE IN RURAL AREAS IN UKRAINE: CURRENT BUSINESS PROCESSES AND PROSPECTS

**Abstract.** *The pandemic period showed uneven access of the population to quality medical care. The rural population was the most vulnerable. Accordingly, the study's primary purpose is to determine the level of satisfaction of the rural population with the quality and accessibility of medical services (for example, the rural population of Sumy City Council), establish causal link, and develop recommendations for improving health care in rural areas. The meta-analysis, as well as patient surveys, were used as methodological tools in the study. The sources of information were the legislative framework in health care and survey results. The study results showed that 79.4% of respondents in the area of residence could receive medical care at a medical assistant and obstetric center or hospital. For most respondents (88.5%), getting to a medical institution is not a problem. After all, they spend no more than 40 minutes on the road. However, some patients need to travel by train, which reduces their satisfaction with the facility's location. 91.5% of respondents turn to family doctors. 69% of them are satisfied with the quality of medical services. Nevertheless, it is necessary to pay attention to the following problems: 1) the required services were not provided; 2) the doctor was not present; 3) uncomfortable conditions. It will help to increase the level of patient satisfaction. The causal link of the low level of accessibility of the rural population to quality medical care was built using the obtained results. In general, the study results helped highlight the problems in medical services organizations to the people in rural areas. Understanding these issues allows finding the best ways to solve them, which will help strengthen health care in general. Accordingly, the authors identified the most promising areas for forming the regulatory framework for health care. It also reaffirmed the need to focus on the digitalization of health care. As for now, it is a global trend. Digitalization in health care will create more favorable conditions to ensure equal access of*

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*all populations to quality health services. The authors' findings can be used to develop and implement measures to increase the availability of health services for the rural population at the state level.*

**Keywords:** health care, rural area, survey, causal link, virtual, or remote, healthcare, business process.

**Introduction.** Currently, the national health sector is in the process of reforming adapting to market economy conditions. Therefore, given the vastness and complexity of the tasks of improving the industry, the importance of public administration mechanisms for the restructuring of health care at various levels arises. After all, the economic and social value of public and individual health is one of the essential functions of the country.

Qualitative and quantitative indicators of the health and life expectancy of the population primarily indicate the country's economic development level. Proof of this is that the population's fitness level is one of the components of the human development index.

Moreover, according to (Deloitte, 2021a), between 2020 and 2024, global health spending is expected to rise at a 3.9% compound annual growth rate. The fastest growth will be in Asia and Australia (5.3%) and Central and Eastern Europe (5.2%), including Ukraine. In particular, population aging, increasing demand for care, countries' gradual economic recovery, clinical and technological advances, and public health care systems will promote health care spending growth (Deloitte, 2021a).

Accordingly, in current conditions, the development and formation of such a health care system in Ukraine are crucial, meeting the ever-growing needs of humanity in quality and affordable health care, regardless of residence and income.

Particular attention should be paid to the quality and accessibility of medical services in rural areas. Thus, the shortage of licensed medical professionals in rural and tribal regions meets in India. Few physicians want to serve there due to lower pay, lack of professional development opportunities, and non-monetary aspects such as living conditions, infrastructure, and access to primary medical resources to perform effectively (Deloitte, 2021b). African countries face the same problem. Rural communities lack health care facilities and have the poor infrastructure – roads, power (electricity), communication connectivity - to support the health care ecosystem. There is also a lack of health care professionals (Deloitte, 2021b).

Economically developed countries also observed problems of unequal access to medical services. In particular, this problem exists in the United States. It is because the population's income level in rural areas is lower than in urban areas. In addition, rural areas have higher unemployment rates and higher rates of uninsurance or underinsurance.

Also, rural Americans often experience longer travel times to reach their healthcare practitioners and frequently lack access to public transportation. They usually have limited access to high-speed internet and modern technology. Between 2008 and 2018, 500 rural nursing homes closed or merged, leaving approximately 10% of rural counties without a nursing home. Since 2010, more than 137 rural hospitals have closed (Graves and Hammarlund, 2021).

Thus, the issue of equal access of the population to quality medical services regardless of the place of residence is becoming important worldwide.

Thus, the article aims to determine the current level of accessibility of medical services for the rural population (for example, the people within the Sumy City Council) and develop appropriate recommendations for its strengthening.

**Literature Review.** The problem of «health care» and «rural area» is highly investigated in the Scopus Database and Web of Science Database publications. In total, in the Web of Science Database, 513 articles in English on this topic were published from 2011 to 2021. These articles were cited 5 145 times.

The most cited was (Grimes et al., 2011). This article was cited 201 times. The focus was on barriers to lack of facilities, equipment, and expertise in district hospitals across many low- and middle-income countries. Among the main obstacles were the difficulty of accessing surgical services due to distance, poor roads, lack of suitable transport; lack of local resources and expertise; direct and indirect costs related to surgical care; and fear of undergoing surgery and anesthesia.

The paper (Delobelle et al., 2011) identified problems with the lack of nurses in rural South Africa and the tendency to their migration. Increased financial rewards, improved working conditions, and adequate human resource management were the main ways to combat this trend.

The paper (Agudelo-Suarez et al., 2012) described individual and structural barriers to health services encountered by economic migrants from developing countries due to lack of health control by migrants and their social vulnerability.

In Scott et al. (2013), the authors conducted a study of the preferences of general practitioners for the rural locations using a discrete choice experiment to determine ways to overcome the maldistribution of doctors across geographical areas and establish the size of financial incentives for doctors to move to rural areas.

The article Liu et al. (2012) evaluated and compared the equity in healthcare access in the rural health insurance system in China and Vietnam. It was found that the implemented health care financing reforms helped to achieve more significant equity in health service utilization in both countries. The interaction between these two countries would help to achieve better results.

Twelve thousand one hundred eighty-one results were found for the exact search in Scopus Database.

Thus, the results obtained in (Meng et al., 2012) confirmed the data of (Liu et al., 2012) on remarkable increases in insurance coverage and achieving equal access to services and insurance coverage within regions in China.

In the article MacDowell et al. (2010), the authors addressed the issue of shortages of rural physicians and other healthcare professionals. A survey on this issue showed a need to develop programs to attract specialists in rural areas.

The article Petrie et al. (2021) presents the research project results that aimed to examine the potential for health and care services in small rural areas to identify and implement innovations in service delivery. Within the project, the authors summarized the capacity of the rural communities with fewer than 5,000 residents to respond to the COVID-19 challenge and highlight the gaps in innovative strategies in Canada, Sweden, Australia, and the United States.

The data of Das et al. (2012) confirmed the low overall levels of medical training among health care providers in rural India, which requires improving the quality of medical education and continuing education programs. Additionally, in the following articles (Kuzmenko et al., 2020; Letunovska et al., 2021; Letunovska et al., 2021; Levchenko et al., 2018; Plastun et al., 2020; Samoilkova, & Kunev, 2020; Vasilyeva et al., 2020), the authors paid attention to the problem of regions' vulnerability to the health problems. Thus, the problem of medical services quality in rural areas of Ukraine needs to be investigated in more detail.

**Methodology and research methods.** The theoretical and methodological basis of the research relies on a systematic approach. To achieve the purpose of the study, the authors carried out a meta-analysis and users' survey to prove the hypothesis of the study (Syhyda et al., 2018). The study's hypothesis is the possibility of increasing the quality of health care in rural areas in Ukraine by improving its accessibility and solving current weaknesses.

While conducting a meta-analysis, the authors investigated program documents, laws, regulations, and other official documents concerning medical services. Synthesis and structural and logical analysis of these documents helped to highlight the specific state policy in health, including the organization of medical care for the rural population. After that, a survey of direct users of medical services living in rural

areas was conducted using a questionnaire. The authors made the questionnaire. Within the research, 343 people of the rural population in the Sumy City Council were interviewed. The survey helped identify the reasons for the low level of health care provision in rural areas and potential consequences. A more detailed approach to the study is in Fig. 1.

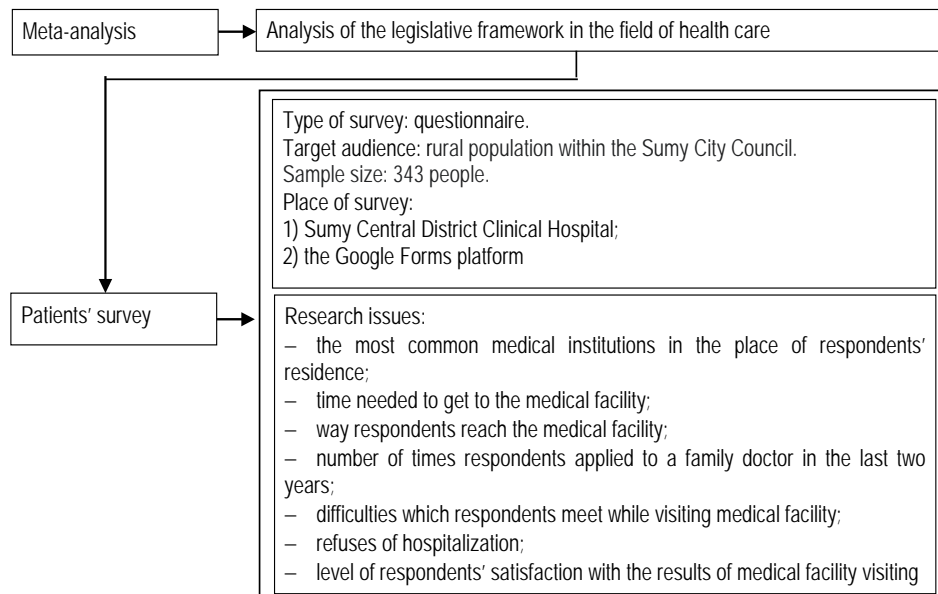


Figure 1. The methodological steps of the research

Sources: developed by the authors.

Thus, the study results became the basis for the development of recommendations for overcoming the inequality of health care in rural areas.

**Results.** The dynamics of morbidity, the amount of health care facilities, the political and socio-economic situation in the country determine the strategy of the health care system development.

The availability of medical services for the population determines a person's health and well-being. The ability to receive health care regularly allows to get such positive results as (HealthyPeople, 2020):

1. Prevent disease and disability.
2. Detect and treat illnesses or other health conditions.
3. Increase the quality of life.
4. Reduce the likelihood of premature (early) death.
5. Increase life expectancy.

In addition, primary care providers play an essential role, as they provide (HealthyPeople, 2020):

- greater patient trust in the provider;
- good patient-provider communication;
- increased likelihood that patients will receive appropriate care.

Robust tools for implementing the health development strategy are state target programs, which form a mechanism for:

- implementation of state policy in the priority areas of development;

- coordination of the activities of local and central executive bodies, institutions, enterprises, and organizations in solving the most critical problems of the industry;
- the concentration of material and technical, financial and other resources, scientific, technical, and production potential.

However, considering the gap in providing quality medical care in rural areas in many countries, we will determine the level of access to health services and satisfaction for rural people within the Sumy City Council.

So, a survey was conducted.

According to the Main Department of Statistics in the Sumy region, the permanent rural population by sex, type of area, and certain age groups within the Sumy City Council on January 1, 2020, was 2420 people aged 16 older. It is the general population (N).

The calculation of the sample was conducted using formula:

$$n = \frac{1}{\Delta^2 + \frac{1}{N}} \quad (1)$$

where n – sample size, people; N – the whole population, people;  $\Delta$  – the maximum error, % (5%, 7%, 10%).

The maximum error was 5% ( $\Delta$ ). Probability was 95%.

Thus, the sample size was 343 people. The authors conducted the survey using an anonymous questionnaire. The sample included rural people within the Sumy City Council: 1) Sumy Central District Clinical Hospital patients; 2) potential patients through the Google Forms platform.

In general, most respondents were women – 64.4%, the percentage of men was 35.6%. The most significant respondents were aged 26-40 years (35.2%) and 19-25 years (29.5%). Smaller percentages were 41-50 years (16.2%) and 50 years (14.3 %). Only 4.8% of respondents were in the age group of 16-18 years.

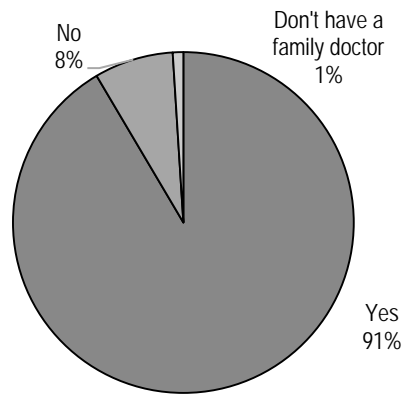
In the place of residence of the respondents, the most common medical institutions are:

1. Medical assistant and obstetric clinics (45.8%).
2. Hospitals (33.6%).
3. Family outpatient clinic 15%.
4. Ambulance stations and private clinics (5.6%).

Almost half of the respondents (49.5%) spend less than 20 minutes to get to a medical facility, which indicates their proximity. For 39% of respondents, this time is 20-40 minutes, which is also acceptable. However, 11.4% of respondents spend more than an hour.

Accordingly, 52.9% of respondents can reach the medical institution on foot, 26.9% have the opportunity to use a route taxis, 14.4% – have their car, 5.8% get to the hospital by train. Given 69.2% of respondents are satisfied with the convenience of the location of the medical institution. Nevertheless, almost a third (30.8%) of respondents are dissatisfied.

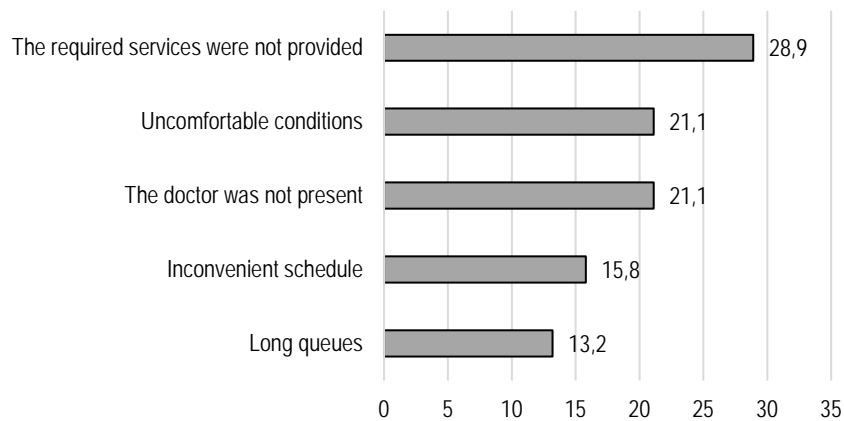
In general, 91.5% of respondents have applied to a family doctor in the last two years, 7.5% – haven't, and another 1% do not have a family doctor (Fig. 2). Among those who visited the doctor, 69% were satisfied with the results of communication with the doctor, 9% were dissatisfied, 22% of respondents could not answer unequivocally.



**Figure 2. Visiting a family doctor for the last two years**

Sources: developed by the authors.

Additionally, the respondents met some difficulties while visiting a doctor (Fig. 3). In the first place was such a problem as «the required services were not provided» (28.9%), and such difficulties shared the second place as «the doctor was not present» and «uncomfortable conditions» (21.1%).



**Figure 3. Patients' difficulties while visiting hospital**

Sources: developed by the authors.

In addition, the survey found that more than a third of respondents (39.6%) were refused hospitalization, which is unacceptable. However, 60.4% did not face this problem and were hospitalized. The main reasons for refusal of hospitalization are in Fig. 4.

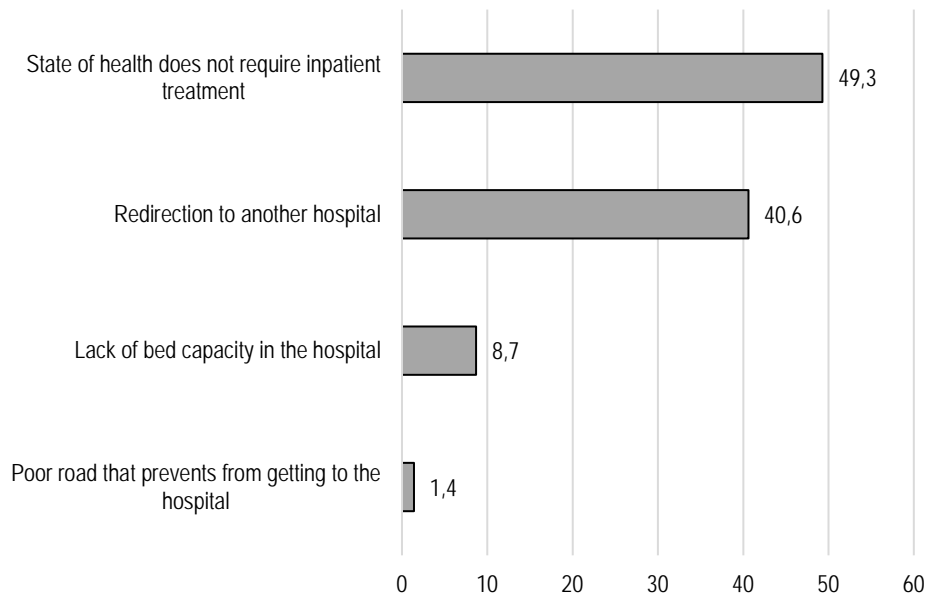


Figure 4. Reasons for refusing hospitalization, %

Sources: developed by the authors.

Thus, the main reasons for refusing hospitalization were two 1) the state of health does not require inpatient treatment (49.3%) and 2) redirection to another hospital (40.6%). The other two reasons (lack of bed capacity in the hospital and poor road that prevents from getting to the hospital) occurred in 10% of cases.

Thus, the results of the survey allow us to draw the following conclusions:

- in rural areas, in most cases, medical care can be obtained either in a medical assistant and obstetric clinics or in a hospital;
- 1% of the population in rural areas do not have a family doctor and have not sought medical help in the last two years;
- health care facilities are not territorially accessible to all people. Some respondents spend more than an hour on the way to the medical facility and use public transport. Accordingly, it reduces the percentage of satisfied with the location of the medical institution;
- in general, most of the respondents were pleased with the results of the visit to the doctor. Almost a quarter did not indicate the exact answer. Most respondents were dissatisfied as they hadn't received the required services;
- some respondents were refused hospitalization. However, there was an objective reason for this in most cases - the state of health didn't require inpatient treatment.

The obtained results show that the current mechanism for providing medical services to the rural population does not provide sufficient access to quality medical care for the rural population and needs to be reviewed and improved.

To determine further directions of modifying the mechanism of providing medical services for the rural population, consider the causes and consequences of the low level of availability of quality health care in rural areas (Fig. 5).

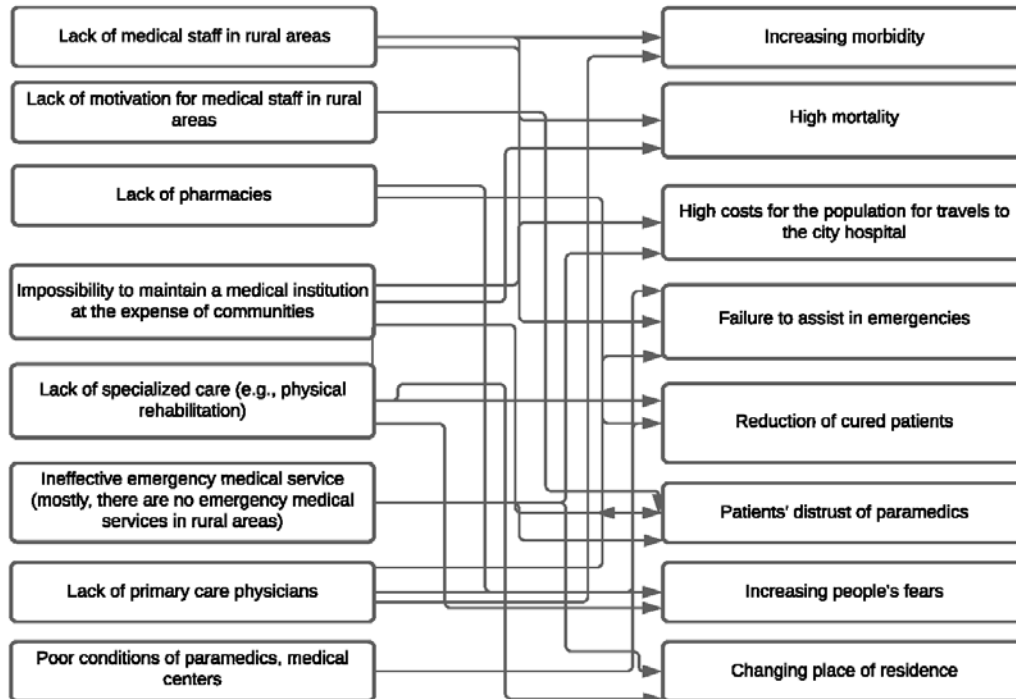


Figure 5. Causal link between the causes and consequences of the low level of availability of quality health care in rural areas

Sources: developed by the authors.

The identified problems and their potential consequences show that patients in rural areas do not have full access to medical professionals and the necessary medical facilities. There is an uneven distribution of available resources of medical services. It is vital to increase the limited healthcare resources, find ways to keep professionals' migration and create conditions for their relocation to rural areas to overcome this inequality. After all, patients need to receive comprehensive qualified care at the right time.

Of course, it is essential to make appropriate changes at the legislative level to overcome inequalities and achieve high-quality health care for all people. The most promising areas of formation of the regulatory framework of health care are:

- introduction of advanced mechanisms for rational and efficient use of financial, logistical, and human resources of the industry;
- development of an effective system of health care quality management according to international experience;
- introduction of standardized medical care;
- ensuring the participation of patients and representatives of the medical community in the implementation of measures to reform the industry;
- confirming the development of doctors' professional self-government;
- amendments to current legislation, aimed at updating methods and forms of motivation, encouragement, and incentives for physicians;
- introduction of insurance mechanisms to compensate the harm caused by doctors' mistakes;



- improvement of normative regulation of requirements of medical workers' professional ethics;
- improving the legislative decree of the mechanism of out-of-court protection of patients' rights;
- introduction of constant monitoring of public opinion on the results and processes of industry reforming, highlighting the negative consequences of transformations and prompt response to them;
- regulation at the legislative level of the procedure and conditions for providing paid medical services in municipal and state health care institutions.

However, the resources of medical systems worldwide are exhaustible. Therefore, one of the options to create opportunities for medical care for the entire population is to provide remote health care.

In particular, in response to the challenges of the pandemic, there is a trend to digital transformation and healthcare delivery model convergence (Deloitte, 2021b). Hospitals and health systems are turning to cloud computing, 5G telecommunications, artificial intelligence (AI), and interoperable data and analytics (Deloitte, 2021b).

The results of the PwC survey (PwC, 2021) of 10,000 consumers in ten territories, conducted in January 2021, showed that many consumers are open to interacting with the healthcare system on digital platforms. So, one way to make a healthcare system more effective from clinical and business perspectives, more flexible and transparent, more dynamic is to turn to virtual, or remote, healthcare.

Respondents within the research approved that they liked to use virtual settings to receive healthcare treatment and would be willing to use these again. For instance, respondents from different countries mentioned the following willingness to use mobile app to get medical help: 1) China (87%); 2) India (86%); 3) US (85%); 4) South Africa (84%); 5) UK (75%); 6) Singapore (75%); 7) Canada (72%); 8) Australia (71%); 9) Japan (70%); 10) Germany (63%) (PwC, 2021).

According to (PwC, 2021), the use of patient-facing tools that reduce the number of visits to traditional trial centers can also make medical services more appealing to patients in rural populations.

The European Union is also actively promoting digitalization in healthcare. Thus, in April 2021, a new body was launched – the European Health and Digital Executive Agency.

Ukraine is also on the path to digital transformation and healthcare delivery model convergence. Some steps have already been taken in this direction: eHealth Electronic Healthcare System has been implemented. It allowed arranging an appointment with a doctor remotely, receiving an electronic prescription, e-referrals, and e-off sick.

Thus, virtual or remote healthcare is a modern trend that can help solve the problem of medical resource distribution and improve the quality and accessibility of health services in rural areas.

Nevertheless, the issue of access to information technologies remains relevant for the rural population of Ukraine. In many parts of the country, there is no quality Internet connection. Not all citizens have modern mobile devices. These issues need to be addressed for further successful digitalization in health care.

**Conclusions.** The research conducted in the article provided valuable results related to the state policy in health care and the organization of medical care for the rural population. A survey examined the rural population's level of access to health care within the Sumy City Council. The survey showed that the level of satisfaction of the rural population with the quality of medical services needs to be increased. In particular, some respondents had problems with the remoteness of the medical facility and the difficulty of reaching it. Also, not all respondents received qualified medical care.

In addition, the survey results identified the reasons for the low availability of quality health services for the rural population, as well as the negative consequences. These are the consequences related to the deterioration of public health (increasing morbidity, high mortality, reduction of cured patients and others), the consequences of declining public confidence in health care (raising people's fears, patients' distrust of paramedics), and the consequences of forced change of residence (change of residence).

Accordingly, there is a need to make changes at the legislative level, which will relate to the availability

of medical services for the population in rural areas. Moreover, given the global trends in health care, the authors propose strengthening the digitalization process.

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**Охорона здоров'я в сільській місцевості України: сучасні бізнес-процеси та перспективи**

Період пандемії показав нерівномірність доступу населення до якісної медичної допомоги. Найбільш вразливим виявилось населення в сільській місцевості. Відповідно, основною метою проведеного дослідження є визначення рівня задоволеності сільського населення якістю й доступністю медичних послуг (на прикладі сільського населення Сумської міськради), встановлення причинно-наслідкових зв'язків та розроблення рекомендацій щодо посилення охорони здоров'я в сільській місцевості. Як методичний інструментарій при проведенні дослідження використовувався мета-аналіз, а також опитування пацієнтів. Джерелами інформації стали програмні документи, нормативно-правові акти та результати опитування.

Результати дослідження показали, що у місцевості проживання 79,4% опитаних людей медичну допомогу можна отримати у фельдшерсько-акушерському пункті або в лікарні. Для більшості респондентів (88,5%) не є проблемою дістатися до закладу надання медичної допомоги. Адже на дорогу вони витрачають не більше 40 хвилин. Однак, деяким пацієнтам необхідно їхати потягом, що знижує рівень їх задоволення місцем розташування закладу. 91,5% опитаних звертається до сімейних лікарів. 69% з них є задоволені якістю медичних послуг, які їм були надані. Для підвищення рівня задоволеності пацієнтів необхідно звернути увагу на такі проблеми: 1) не надавались послуги, які були потрібні пацієнту; 2) лікаря не було на місці; та 3) некомфортні умови. Отримані результати дослідження дозволили побудувати причинно-наслідкову схему низького рівня доступності сільського населення до якісного медичного обслуговування. Загалом результати дослідження допомогли висвітлити проблеми в організації надання медичних послуг населенню в сільській місцевості. Розуміння цих проблем дозволяє знайти найкращі шляхи їх вирішення, що допоможе посилити сферу охорони здоров'я загалом. Відповідно було визначено найбільш перспективні напрямки формування нормативно-правової бази охорони здоров'я. Крім того, підтверджено, що варто зосередитися на діджиталізації сфери охорони здоров'я, оскільки це є світовим трендом, який створить більш сприятливі умови для забезпечення рівномірності доступу всього населення до якісних медичних послуг. Напрацювання авторів можуть бути використані для розроблення та імплементації заходів щодо посилення доступності медичних послуг для сільського населення на рівні держави.

**Ключові слова:** охорона здоров'я, сільська місцевість, опитування, причинно-наслідковий зв'язок, віртуальна, або дистанційна охорона здоров'я, бізнес-процес.